

November 17, 2016
Third Thursday Webinar
CHC and Related Activities Update

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>> **SPEAKER:** Good afternoon and welcome to the community HealthChoices third Thursday webinar I'm Jen Burnett the deputy secretary for the office of long term living in the Department of Human Services and I'm joined today by Hike al Haile who is the Bureau director in our provider supports area and Kevin Hancock who is our -- office of long term living chief staff also joined by Georgia Goodwin who is helping with the webinar. Okay.

Before we get started, I would like to talk -- go over a few items, so you know how to participate in today's event we have taken a screen shot here, of an interest we are facing for the attendees you should see something like computer desktop in the upper right hand corner to the left, is the go to webinar viewer for which you'll see the presentation.

To the right, is the go to webinar control panel where you can ask questions and select audio mode if it is -- the control panel is closed you just see the slim red rectangle click on that red arrow and, to expand it.

You're listening in -- if you're listening using your computer system by default, if you would prefer to join over the phone, just select telephone in the audio window and the dial in information will be displayed.

You'll be placed in listen only mode you hear the webinar presenters.

You'll have the opportunity to submit text questions by typing in your questions into the question pane of the control panel you may send in your questions at any time during the presentation.

Note, the attendee control panel will collapse automatically when not in use by the attendee.

To keep it open, you can click the view menu and uncheck auto hide control panel.

This is a little bit more detail, giving you a closer look at what I was just discussing.

You can see a closer look at the control panel see how you would participate.

You notice the upper left hand corner is that arrow and that's where, you can -- that's your ability to open and close the control panel.

So with that, we're going to be starting the community HealthChoices webinar today.

And I'm going to go over the agenda.

Briefly here.

We would like to talk about the independent enrollment broker request for proposal release which is right now out in the public domain and we're also going to give community HealthChoices procurement update, we'll talk about the election and community HealthChoices.

And then we're going to go into the meat of today's presentation, community health choice monitoring.

With that, I'll going to turn it over to Kevin, to talk about the IEB -- we have a slide for that.

We have a link on it.

Kevin do you want to start, to review that.

>> **MALE SPEAKER:** Yeah. Thank you Jen, if you are -- in the enrollment enrollment broker.

We the RFP draft, is October 28th, and, comments for the document are due this coming Monday November 21, 2017.

At this point we actually have not received any comments.

We're expecting to receive them all, which is typical of a release like this, in the next couple of days.

But we are, very much looking forward to receiving those comments.

And, looking forward to an opportunity to be able to incorporate, any program design features that people think will be essential to make sure that this program is successful and possible.

We wanted to make sure people had to a chance to review the document and, the reason we're talking about it here, the independent enrollment broker is not tied to the community HealthChoices, there are features in the RFP that do relate to, the community HealthChoices and providing independent enrollment services for the managed care program.

Just, you'll see in the document, community HealthChoices is referenced, and some of create areas where, that community HealthChoices is referenced relate to the independent enrollment broker goal, providing choice commitment, and LTS applicants by enrollment, is conflicted requirements in imagined care.

And, also, reducing the name of auto assignment, related to the CHC MCO under the program by maintaining consistently high MCO and selection rate.

So those are goals that are stated throughout the document and there are they're also additional goals with that.

That's an example of the CHP reference.

Other features that are relevant, there are technical operational requirements that DHC, for example, there are some management information systems or

requirements that are associated with this the managed care organization and, with the independent eastbound rolement broker that are directly related to CHC, like policy changes or other policy changes.

You'll notice that independenten rowingment broker must maintain a web site associated with preenrollment services for community HealthChoices.

So when you look through the document, and you're interested specifically in activity, the independent enrollment broker would be associated with plan selection and, community HealthChoices, you'll see a reference throughout, that if that's an area where you're interested in commenting we would appreciate those thoughts we'll do all we can do, to make sure that, that those are considered in the final design of the RFP.

With that I'll turn it back over to Jen

>> **JENNIFER BURNETT:** I would like it to give a couple of updates for starters, a today, we heard from the centers for Medicare Medicaid services that OBRA waiver amendment to include, employment services, in the OBRA waiver, was approved today by CMS, that is sort of is hot of the press we're very excited about that, we have been given a start date for, recording the employment services in OBRA.

Once that is operational, we will have new employment services we covered in a, in a past webinar when we had Ed Butler come here and talk about the work we're doing in the employment phase.

We, have -- we will have, employment services available, through OBRA COMM care and the independence waiver we're very excited about that.

And just as a reminder, the services that, service definitions that we have included in these 3 waivers, are benefits counseling, employment development, which replaces prevocational services, job coaching which replaces supported employment, job finding and, career assessment.

So, we have, significant service definitions, which also, contain the qualifications for each of those services.

We're actually holding a webinar specific to this on Friday, if you, um, would want to participate in that.

I just wanted to make that -- make Miranda known to you, that on Friday 18th we'll be holding a webinar.

Go to the next slide.

Community HealthChoices update -- let's flip back over to Kevin to talk about that procurement.

Similar to what we just -- we'll give you an update.

>> **MALE SPEAKER:** Okay.

So, it may be known, that we, released the RFP March 2, 2015, received those proposals on May seventh, throughout the early summer the procurement process included proposals and announced our selected offerers calling 30, 2016, from that point forward we were E ten of the, 3 offerers we were announced were UPMC for you, PA's health enrollment, which the Pennsylvania, subsidiary, and Ameri health Caritas, of the, we had a total of 14 proposals and, of the 11 that were not selected, 10 requested a debrief, we completed that at the end of October, end of October by the end of October 2015 and, from those, debriefs we received, four active protests associated with the procurement. Specifically under review, to be, finalized, at the end of November 2016.

So the next step, while we're, this is all taking place we're in what is called a stay, which we'll not engage or have, conducted any, contractor renegotiations with or agreement rate renegotiations of these offerers, until the protests are resolved. So, at this point, that's where we're at.

And we're expecting to have it resolved, in the late November, December time frame, and, I think, we received a question I'll answer right now.

Which of the MCOs were challenging the awards, we receive requested protest its, [inaudible]

Four active protests were from four managed care organizations gate way, united, Melina and [inaudible]

Those are four that are being reviewed now I'll turn it back over to Jen

>> **JENNIFER BURNETT:** Okay.

I wanted to make people a ware of is that, the centers for Medicare Medicaid services, as you may, obviously be familiar with, has issued final regulations, for managed care they were the first update to those regulations for over a decade. And, they issued those earlier in the summer I think it was late to mid spring and, we just received a few days ago, guidance which is basically a set of frequently asked questions available on the CMS web site I wanted to make people a ware of that, it's -- it's guidance, going to help us as a state figure out how to navigate with the new regulations.

I also wanted to talk briefly about something that is, everyone is familiar with, and, that is the election.

I have been receiving questions recently, on the how the recent election of Donald Trump and president elect will effect the Affordable Care Acts effect the programs we administer at OLTL

and the people we serve.

Right now, we don't know, a whole lot who will be appointed as the Secretary of Health and human services so we aren't sure, what that will mean for publically funded health care over all.

We are in a holding pattern at OLTL, until this the dust settles, as far as community HealthChoices I expect, I don't anticipate any hiccups because of the result of the change, historically managed care is well received by both parties, and, is well received for a number of reasons including the ability to improve the quality of services the accountability for taxpayer dollars and for the budget, predictability that comes with managed care.

So we shall see what happens next time in Washington that's all I'm going to say about the election.

Okay.

We would like today, to spend most of our time, sharing with you some of our thoughts on community HealthChoices monitoring.

And, we kind of have broke it into 3 pieces of monitoring for new programs, that we're putting forth.

The first phase is readiness review.

The second phase is the launch.

And what happens during the launch which is going to be different than what happens during steady state.

Steady state is our ongoing, okay, we've started managed care now we've got, it operational.

And then how do we monitor it?

And, we're going to talk today about what each of those different phases, looks like and, I can tell you right now from -- we've been spending a lot of time, figuring some of these things out, operationally, and they're not perfectly clear separate activities.

They really do blend into each other.

But I'm going to turn it over to my expert, Mike Hal.

, Michael hale. Will talk us through, what we're thinking of in terms of the 3, very important activities, information to a high quality managed care program.

>> **MALE SPEAKER:** Thank you Jen and, welcome everyone to the third Thursday webinar.

Hopefully, Jen said we're still working out some of the bugs and some of the things we want to do.

Ongoing monitoring, especially steady state, there are always new things we're discussing when it comes to post implementation of the CHC.

As Jen mentioned, there are 3 phases to the list, the first is readiness review which is the, preimplementation phase of CHC.

The second one is launch and the Jen said, launch is, the immediate implementation phase of CHC and then, third stage is the ongoing portion, the steady state.

I want to start off with readiness review.

And readiness review is probably one of the most important aspects of the monitoring of CHC and of the MCOs selected.

Readiness review is going to, actually give us a good indication prior going to live, how the MCOs are going to be able to function, readiness review criteria benchmarks are set by the department we have, had many meetings, the readiness review team is currently, they currently convene regularly, to develop tools in their -- their areas they're going to be looking at it, and how they're going to look at it and the tools to use to review.

The process some of the items are, for readiness review are based upon on the experiences that DHS has with HealthChoices have been modified for our use.

But, primarily they're going to be done as, completed as desk reviews and on site visits.

Readiness review team will be assigned one team will be assigned to each MCO.

We're going to try to do that, very similar to how OMAP does it with HealthChoices, effective way to monitor but we're going to be looking at initially setting them up so that, through readiness review a team will be assigned, to each MCO.

The average team is going to be 3-4 team through the department.

Each team will have several subject matter experts on it, throughout DHS, Commonwealth department, if necessary.

Bring in the expertise that we may feel is needed to give some clarity around the readiness review status of some of the MCOs.

Physical health is going to be reviewed in conjunction with in conjunction with HealthChoices we know HealthChoices is going on to be rolling out their new MCOs, as well.

And we hope to be able to piggy back on with them, when it comes to doing some of the review of the physical health aspects of CHC, this could change depending upon who the MCOs are as well as the new schedule of HealthChoices shall the new contracts rolling out.

We hope to be able to do some things in tandem with them we're fully aware the schedule is made up, based upon some of the roll outs of HealthChoices and CHC.

For readiness view, and Randy Nolan is heading up the readiness review, has been cover a readiness review, for most people, but at this point in time, most people have seen that and there's been -- yeah.

And we have seen some of this information prior, but MCOs will have to show the department that, they are actually, going to be able to come into compliance with implementation, set by policies and their procedures are what we are looking for as well as, be able to show compliance with all of our expectations, those are outlined in the CHC agreement in particular.

A lot of CMS's recommendations some of those things are listed here and it includes these but it's not limited to these.

Some of the more important ones are going to be member services, administrative functions, some of the systems testing, being able to communicate with the department and be able to submit reports electronically, we count on that in financial functions making sure those are in place, ready to go.

But, we want to make sure the results of the readiness review are provided to ongoing contract monitoring teams as well.

The information we'll receive from readiness review, is whether or not, whether MCOs can, on various issues are going to be pushed forward to not only the launch base but also steady state.

Contract monitoring functions, ongoing oversight of the MCOs, readiness review I think are committed for each state is going to happen.

That's why we have to, really push those informations forward.

One of the issues identified main issue that is identified, with the MCOs during readiness review are going to have to be resolved in the address and resolved prior to the MCO said live, we have set a go, no good date for the MCOs through readiness review, the date is going to be April 30th of 2017.

That's on the first schedule and Kevin assures me that schedule is going.

April 30, 2017 is our current go or no go.

People are asking whether we have, whatever number of vendors we have, I'll go with 3 that's what we currently have been discussing.

If we have 3 vendors we have a go, no go one of them doesn't meet the go date, of April 30th, we will work with them right up until July 1st to make sure they are ready to go whether they're under a corrective action plan or whether we have areas or issues that they have to clear up but they will receive a go-no go as of April 30th.

If it's one person or one MCO that is found to be a no go, then we will launch the other two.

We have two that are not able to perform based on readiness review, then they will have to be further discussion on whether or not, with the entire system is ready to go or no go as of July 1st.

So you can see readiness review is pretty important to making sure that CHC goes live on July 1st.

The resources, to ensure special implementation of phases 2 and 3, are also important and we want to make sure that, that -- they're involved in all of the stages because, we have 3 that are statewide we want to be sure they are ready to go, it will help us with the other phases we roll it out through the entire state. Hopefully readiness review can be something, something that can be easily implemented, with the second and third phase once we have, once we have initial readiness review completed. So the other things that readiness review, the MCOs will have to demonstrate are going to be their coordination with behavioral health MCOs what their plans are around that, whether they have made that contact and ready to go with the behavioral health MCOs we want the interaction what the interaction is with independent enrollment brokers, understanding and knowledge of, what the IEB is going to be doing throughout CHC. And making sure that they have good coordination and effort with the IEB.

And also, with the FMS whoever the FMS provider is, during this period of time making sure they understand financial management services, that they have a coordination of effort, with those financial managements because the FMS provider is going to be contracting with the -- going through the MCOs for billing.

And again, go no go date is April 30th on this of 2017.

So then we come to launch as of July 1.

We have had a lot of internal discussion around, when launch actually begins.

Once an MOC is found to be ready to go, we have a go date.

Or whether it's actually July 1st.

The consensus has been that once the MCO is found to be ready to go, that we then start working with them on launch.

Launch is also been discussed in various forms that, earlier implementation or post implementation.

But we call it launch because we feel that's, probably the best description for it.

Under launch, what we're going to be doing to try to mitigate problems as they come up we'll have a specific team of OLTL lead areship staff, known as the SWAT team being a nonviolent personally try to not use those terms but, we'll call it SWAT for now but it is including the lead areship team going to be meeting on a very, very regular basis, daily, to decide to try to mitigate problems that they have a risen through launch.

The group is going to be led by the current OLTL staff, the composition is going to be deputy secretary, chief of staff, obviously, all the Bureau directors within OLTL, and the MCO contract managers and any other people that we need, again we may bring in, subject matter experts, we may bring in, people throughout the department.

And, various paths, to discuss the problems we may be having. Some of the objectives, and some of the reasons that group is going to be important, we're hoping to be able to address those critical issues that arise from the eventual launch having HCOs be ready with a go-no go, having them at a go stat may sound good in theory we know there are going to be bumps in the road and the launch is going to create bumps in the road we want to be able to have those staff in place, that are going to be able to address those issues.

One of the things that having this team of folks together, daily basis is having conversations with various MCOs we'll be able to assign some of the lesser urgent issues and have those dealt with, from a bureau director standpoint to be able to know who is in which bureau we can assign things to.

To try to -- like I said mitigate some of the smaller issues that come up, that maybe leading to larger issues.

We'll also be looking at a meeting launch dashboard with a data on it as possible.

I've been in update meetings with plans, we will plan on having meeting weekly calls with stakeholders, open calls with st stakeholders the most important part of launch we keep telling ourselves and telling our stake holder group is that participants are going to be served, going to be continued to be served, is that providers are going to be paid.

If either of those two things fall down, then launch is going to be a long and arduous process if we can, if we can -- we can say with certainty, it's going to be served with no interruption in service and provider are going to be paid with no interruption in payment then I think we, would be so much successful in identifying and dealing with some of the other problems that may come up.

One of the other things that launch will do it helps to ensure continuity for pr providers, that's when I talk about participants being served and providers being paid.

Some of the key implementation indicators, which I'll be discussing in a minute, will help us.

One of the reasons we're going to be doing this daily, and the purpose of doing a daily meeting is to, make sure that nothing is, slipping through the cracks.

We're hoping to be able to taper those off as implementation

as the time goes by, but, we don't, none of us are, in the position now, to say that, that -- those daily meetings are going to last a week or two months or six months, it could last the entire year we're still meeting daily going into the second implementation phase, and, so we'll be able to do that.

Once again the Bureau of contract and provider management, would be responsible for monitoring the stages including launch. We're planning on having MCO monitoring teams, that we established, we each team being a specific MCO, currently how it's being done with HealthChoices currently.

And then we're also going to be evaluate reports from the MCOs and various vendors to determine to make sure that, consumers are being served and providers are being paid. That is one of the most important things, that is the most important thing that, that we're going to be keeping this mind.

The other thing that we're going to be looking at is, any corrective action issue, some MCOs, MCO may be able to get started with the go date, but still be under the corrective action.

And because it is something minimal or something that is not going to effect the delivery of services.

So what we're going to do is, also make sure that, anything that you express through a corrective action from a MCO standpoint this team is going to be reviewing that individually with that MCO.

And again I want to make sure that, people understand the concept of, monitoring the teams themselves.

Every MCO is going to be assigned a specific monitoring team which is going to have a specific composition of monitors, direct monitors, supervisors and a seem lead for that MCO.

And W we hope to be able to duplicate what we're currently doing, we lifted this, this description or this format right from the bureau of managed care operations, it has been a successful format for them.

So specifically monitoring readiness review and results, some of the monitoring review the key thing for implementation, a lot of the, the items that, we're described on the readiness review state, is going to be enrollment related functions service provisions network advocacy continuity of care, all though things will be continued to be looked at.

Because, on an ongoing nature especially through launch we're also going to be able to for daily discussion for the executive team, report it is the MCOs which are going to determine compliance with the requirements and corrective actions and bring reports and data in we want to rely heavily on information and

data we're going to be gathering, from our internal data systems team.

As well as our quality team.

We're also, we have an external quality review and doing quality reviews and dump data to us on various items as well.

So we're going to be looking at all this and, diving into it as best as we can and quickly as possible being able to address issues we have seen.

He'll be utilize the consumer provider contact and complaints we'll determine areas needing corrective action there.

Big one that we're going to be looking at, are the incidents that may be occurring we want to be able to identify, problem areas quickly as possible.

Then the other thing that launch at doing is evaluating lessons learned from launch and application for later phases as we roll out the southeast and the third stage the central and northern parts of the Commonwealth, we'll be able to have less problems, and know what the problems are going to be and identify some of the issues that are going to come up we could immediately address.

So the indicators, there's five primary indicators that, we came up with that need to be reviewed by the launch team the SWAT team or the executive team. The first one is, making sure participants are enrolled and receiving LTSS services without interruption.

The biggest goal that we have, as the office of long term living is making sure that services interruption is minimized, and as much as humanly possible.

And that's going to be, done by reviewing, with the MCOs daily participant enrollment disenrollment information.

We're going to focus on that making sure that people are being brought into CHC and soothely as possible.

Making sure that services are not interrupted, as smoothly as possible.

We're also going to be making sure how much of those participants are receiving HCBS in the past week checking for procedure codes, making sure that billings are continuing we'll make that utilization hasn't dipped we'll make sure that all the things we currently monitor on a fairly regular basis, is not as, not on a daily basis or weekly basis we monitor these things quarterly every six months, now, we want to do it on a much quicker basis have the information in at our finger tips so we can, identify if there are issues with participants enrolling and coming into the program.

So we also want to see those participants who receive nursing facility services in the past week.

How many people have been discharged and how many people have been brought in.

That is going to be an indicator, if there are any issues or problems with the nursing services being delivered.

One of the biggest things we'll be reviewing the critical incidents over the past week to see if there are any increases in those.

We want to be able to make sure that we're identifying any critical incidents out there and making sure that participants are comfortable receiving services still.

We're also going to look at participant complaints and grievances we're hoping to be honest, I think a lot of things we'll be getting some complaints and grievances I think that will actually show us that the participants know where they can, who they can talk to, what they can talk to us about and we can show that we are actually listening and identifying publically identifying the problem areas that need to be mitigated and need to be addressed.

From a focus standpoint make sure the MCOs are doing what they're supposed to do.

We're also going to be looking at, participant complaints and grievance trends in the first 90 days, there's -- this has less to do with the daily meetings we'll be looking at trends over 90 day, over the 90 day period.

To be sure we're addressing any trends that we need to or anything we feel we should we address it in that going into place.

The second indicator is service coordination, it's functioning well as I said we want to make sure services are being delivered and also that services are being coordinated from a, service coordination standpoint we know that, it's going to be a huge change, we know CHC is going to be a huge change for the service coordination teams out there we're hoping that service coordination they are entering into agreements with the MCOs they have a service coordinators on hand as well.

We hope that is going to happen, some of the things we'll be looking for on service coordination level is, going to be the total long-term services and supports participants assigned to a service coordinator making sure service coordinators, still have case loads that all of the participants, do have a service coordinator, make sure that we're checking, posts if there's a change in service coordinators we see huge trends huge upward trends any way, in changes we'll be addressing that and finding out exactly why these changes have occurred especially finding out what the problems are, what the specific things we know, we need to know.

That happened with the change in the service coordinators we will want to address that as quickly as possible.

We're also going to be looking through, that participant received an inperson contact service coordinator in the past week.

We're actually hoping that, um, service coordinators actively involved with participants, transitioning to CHC.

Transitioning to their MCO and that, that goes smoothly we'll look to see to make sure there is contact with the coordination, service coordinators and participants also be looking at phone contacts service coordinators making sure that,

needs are being met it's being made we're also going to be pairing with those complaints and grievances we're getting seeing whether or not the service coordinators are involved with those.

We're also going to be looking at the assessments, seeing how many assessments have been done in the prior week.

We're going to be looking at the experience of service coordinators as well, working with the University of Pittsburgh is going to be contracting with us to do that.

Is to be -- have the experience of service coordinator and service coordination entities are in their cooperation, their agreements with the MCOs.

We also want to see what the experience of participants with service coordination is, we'll be looking at the University of Pittsburgh for that information around some of that data as well.

So the third indicator is, that the providers continue to deliver services and paid promptly.

As I said, our focus, our main focus is going to be around participants services are not interrupted.

But in order to do that, you have to have happy providers.

Is so we want to make sure that providers are, are delivering services are being paid promptly we'll be looking at total plans that, we have received for HCBS for the past week we'll be looking at those daily we'll be being looking at cumulative totals weekly.

We'll be looking at those by provider type, service type, how services are delivered and those services that are service plans making sure that those provider types are being billed for.

We'll look at total claims for nursing facilities in the past week see if there's any deviation from the baseline we established prior to CHC and going into CHC.

We'll be looking at various facility claims paid pending rejected in the past week.

As well as HCBS claims, around the same thing.

Being those that are pending those are rejected, because we

want to see if there's the problems that are being caused by the switch over to CHC so where the rejections are part of the transition, we want to look at any provider types and the reasons. We want to make sure that those services that are on service plans are actually being used, that are actually being billed for making sure that, there's no specific service that is being provided out there on a larger scale, because someone wasn't ready or one of the MCOs is not providing that or someone is not providing that.

We'll be looking at, complaints and grievances filed by the LTSS providers.

Those providers services are vital to the success of the program we want it make sure we keep it an open dialogue with them.

We'll probably be meeting with them on a fairly regular basis.

I know it says up here on the slide in the past month, it is my hope that we have those discussions much more regularly than monthly if the very least we'll have those discussions monthly.

We want to make sure that providers of LTSS services are satisfied that they are actually having some interaction with the MCOs, that the agreements between them and the MCOs are going smoothly.

We want to make sure that the talking about the experience of the LTSS providers during the transition making sure that the contracts are in place with each of the individual MCOs that we're dealing with.

Making sure that the transition has gone smoothly for them.

What bugs did see see?

What things are aggravating them, we want to make sure we have that contact.

They're going to be -- they are, important factor to making sure that is received.

Fourth indicator we want to make sure that we, keep an eye on that the executive team is going to be looking at is making sure that networks are robust.

Making sure that networks, network of providers that LTSS providers, have MCO contracts, and the capacity of those providers, we'll be working closely with the Department of Health on making sure that our network of providers, service coordination, is robust and is, large enough to be able to satisfy the needs of the participant in each of the regions as we roll out.

We want to make sure that, we speak with the various providers about their contracting experiences.

Making sure that the contracting experience goes smoothly, it goes easily for all these providers.

And that there's, both parties are living up to their expectations that providers are living up to their end of the bargain as are the MOCs.

We will be looking at complaints and grievances related to the provider access in the past week.

So we'll be looking at access every week and, probably more on daily basis initially as people are brought on, we'll be looking at looking at provider access making sure it's going smoothly as possible.

We'll also be looking at complaints and problems and grievances related to the provider access we'll be looking at trends with that, within the first 90 days to see, if there's any specific area to make sure that we're addressing anything, in a specific MCO a specific part of the southwest as we phase them in, to make sure we address those trends.

Also give us, the network issues will also help us, in our development of networks for phase 2, phase 3, CHC as we roll this out, we hopefully be able to see some of those pitfalls that we were up against, when it came to enrolling in the networking and contracting with the network it may also because we'll have a lot of communication with the MCOs around that we're developing in the first phase, we're hoping that networks will see, that if they are issues things they miscalculated, when it came to providers roll out they can adjust for the second and third phase as well.

The last indicator that I think is one of the most important ones most people would agree with me, that communicate is effective.

Communication is effective.

Stakeholders have all of the information that they need going forward.

We want to make sure that those issues that are raised in weekly, in a week or a day, that we actually, give back to the stakeholders make sure we are answering their questions.

Making sure that there's clarity in what they're seeing.

Making sure that there's clarity in what information we're passing on.

We want to make sure that, all of the communication, um, that we get out, that we get out to people, is, pertinent to what their needs are.

That it's -- relative to relative to the CHC and in asking, addressing the concerns.

We want to make sure, too, if there's a lack of information, that stakeholders are voicing that.

That they tell us where there's a lack of information.

Where we need to beef up information.

Whether it's on a participant level or provider level.

Or even on the MCO level.

So, we want to make sure that we stay, have an open communication with our stakeholders.

The other one that we're going to be looking at is we'll have a provider participant hot line.

We'll be looking at those calls that are coming in, so it's not going to be just complaints that may come in from our meetings or from our discussions in our outward meetings with various groups we'll also be reviewing regular basis, those calls that are coming in, to our hot lines, going to be trying to put those together, in some fashion to be able to see what kind of trending is out there, to see what kind of major missteps we have come across.

And make sure that we address them and correct them.

Weekly basis.

The other one is, we want to make sure that our perception of communication with the stakeholders is good we want people to understand that, we don't want to do this, under a bushel we want to make sure that people feel they are in touch with us, that we are, addressing their needs.

That they are, as big a part of helping to implement CHC as anyone here in at the Commonwealth level.

So other areas of interest during launch, it was told to me there may be issues with IEB and we're trying to address all those issues.

We don't want those issues to continue in CHC.

One of the big things we'll be doing is looking at IEB call volumes and the nature of those calls, what the problems may be with the IEB.

So we'll be making sure that one of the things that this SWAT team will be doing is he making sure that the IEB, their roles and responsibilities are being met, as well as the MCOs, it's -- it's something that, that is, you know, extremely important to the success of the roll out.

So we want to make sure that we keep an eye on that as closely as possible, too.

We want to make sure I said the call center themes those things that come into the call center that we're addressing them.

That we, we hear people no matter how small or how large.

There are not going to be any small problems, with CHC.

We're not going pass off anything other people may consider small.

Because those kinds of issues when they build up, end up being your large problems.

We're going to be looking at CHC web site statistics.

How many times people have gone to the web site, comments those things that may be left on the web site for us to review.

Those kinds of things that we want to make sure that we address, we're hoping to use the web site pretty substantially.

So we're also going to be looking for stake holder feedback that's one of the most important parts of this in our discussions with the various states that have rolled this out, I think they have been kind of surprised at the amount of stake holder involvement we've had at when point in time we don't intend to lessen that involvement going forward with the CH C.

Okay.

So steady state is is going to happen after statewide implementation.

Steady state is going to be as Jen mentioned this is the ongoing forward, through the program, surprisingly the years pass faster every year for us.

So, it seems like seems like steady state will be here in no time.

The purpose of study state is continuous monitoring and program improvement.

You know, it will be an ongoing, we'll be looking at the same items we looked at in launch and readiness

review we want to make sure that, that as we look at those things, that we actually are using new information that we're getting to improve on the program and with using stake holder involvement, ongoing stake holder involvement, to run by some of the things that we're finding and to utilize our stakeholders to help us improve the program as well.

Even though we have those items for launch and readiness review we'll also have a lot more counter data, to use by this point in time.

We're going to have expenditure reports, a lot of the financial functions will be pretty much in play in it's place.

We'll be able to use participant utilization reports we'll have our external quality reviewer EQRO reports corrective action plans if any, so there will be a lot of information that monitoring be able to have to utilize to look at to use for system improvement, to look at for any changes that need to happen and, happen quickly.

But we'll have a lot of that information, available to us, and in addition, to some of those, types of things we'll still have our HEDUS measures we'll be looking at and reviewing on a regular basis to see house health care effectiveness data information set it's a more of a medical side.

It's more of the physical health side.

But, we'll be getting information from MCO records and

reports, and some of those things just to mention a few, hospital readmissions, nursing home readmission, use of the medicine, those are HEDIS measures we want to make sure those things are being done by the MCOs as part of the delivery of service delivery to participants making sure they're meeting those measures.

Some of those, at some point in time could be in place as a -- pay for performance item we have not delved into, P for P items we know we're going to, a lot of the measurements may turn into some of those.

Some of the other areas we'll be looking at too, the CMS adult core measures developed by CMS and the national quality forum, just to mention a few of those, things such as controlling high blood pressure, seeing what kind of breast cancer screenings making sure they're being made available to participants on the MCOs and seeing how many of the participants have been through preventative and inventory health services those are a couple of examples, there's data items that are involved that we have for adult core measures.

The CMS/MDS data for nursing home facilities we'll be looking at short and long testimony, paid days of admission, just to name a few there's 24 or 30MCS items that we have, hospitalized for us on an ongoing basis to keep in mind.

And there's the outlining of the participants, the services, participant in various services Jen I don't know if we could speak to the cap at all?

>> **JENNIFER BURNETT:** It's the consumer assessment of health -- forget the -- it is really the State, it's administered either over the phone or in person to the individual, and who is receiving services, throughout the year basically what it does is, consumer assessment of health providers information. Yeah.

So, it is

[inaudible]

This is, service provided by the consortium and, this tool, was piloted through a grant program that the CMS had from 2013 to 2015 prior to that, the tool had been in development, 3-4 years and, it was tested and then testing through the State and what it involves, it involves in the CAPS tool over the phone, interview, using the tool, they basically go through the consumer based experience of the care and, the tools are available for people who experienced nursing facilities, and finally, CAPS consortium has endorsed this with the home and community based services earlier this year we're going to be, going to be, administering this tool and, we'll be following that tool.

The fact that it's part of a larger range of tools we'll be

using.

>> **MALE SPEAKER:** I think for the one thing that I think we have all, you know, those of us have -- had a discussion about, is knowing whether the program, that we are, the services offered through the program, the success of those really are?

How is it impacting the quality of life for participants?

So I think the CAPS tool will give us a good indication on where the programs are successful or impacted, on participants lives in general.

So some of the other things some of the other things we'll be looking at the Bureau of contract provider management will be responsible for monitoring on most issues.

Most of the issues we'll have, again a team, when the teams are involved, bureau of finance will be financial information and encountered data, risk member niches primarily those shared costs between the DHS and the MCOs when the amounts get extremely high.

If you look at it as those high utilization cases, where the cost exceeds the rate is a shared cost within DHS and the MCO.

Special payments and the subject matter experts are going to be involved with the monitoring as well.

Subject matter experts is something that is going to be really important to the success of the program, there's a host of people a cross the Department of Human Services that has unbelievable experience in delivery of service in managed care.

We're going to hopefully pick their brains going forward through our steady state and monitoring as well.

And steady state, what we're going to be doing with this information?

We're going to be looking at lesson learns for readiness review and launch how to apply in the later phases.

So steady state will allow us to take all the information we've gained, up to up to and through the final launch phase of using the lessons learned.

not to continue the mistakes illicit and evaluate that, and plan determining areas of needing corrective action.

Making sure that we're listening to the consume ares and providers and trying to make sure that those -- those problems don't persist we can eliminate any issues.

We're also going to be looking at recommending contract amendments and clarifications based upon common compliance issues.

So if there are issues out there that are really common that, need to be dealt with, maybe there's areas we don't really need to focus on quite as much, we'll do contract amendments with the MCOs, we'll recommend contract amendments with providers and service coordination and make those

clarifications based upon the compliance issues.

The biggest thing we'll be looking at with steady stays with the MCO adhering to contract standards and the contract standards. Making sure we're keeping our assurances in policy, to be especially Medicare and Medicaid services.

So that's what we'll be looking for there.

Do we need to do everything we've been prompted to do through our waiver?

So that's pretty much monitoring w

That's where we're at right now.

As Jen said we're in the process of developing more things

there's going to be more we're going to be adding.

Maybe some developing team that's we still need to do.

But, that's where we are right now.

>> **JENNIFER BURNETT:** Thank you very much.

That was really thorough.

Here are the resources this is the last page of our PowerPoint.

And, um, that's end of our formal presentation.

And looks like we have 25 minutes to do some QA, we have had -- a number of questions come in I think, we'll just get right to it.

Between four of us we should be able to answer most of these.

In a short -- short 3 week time frame, can you extend the RFP comment deadline beyond November 21st?

Yeah --

>> **MALE SPEAKER:** So first thing, the question we, extended it slightly between the 3 weeks we originally had been intending to have, we gave an extra day we do want to have the it in December, be able to compile for it, release the document in December, sooner we do it the commentary is closed, the sooner we can move on.

Burp buffer the next question, is can you provide anymore information about the home and community based services provider loan program such as, when it might extend the interest rate?

We hope to start accepting applications in December or January.

But we are in limbo right now as we wait for some legal questions to be answered.

The interest rate is one I do not have information on.

But we can look into it and I can report out on it, at the at the next MLTSS sub-MAAC meeting.

Can you please provide an update of some of the issues with the aging waiver enrollment?

The department finalized plan for the ARDCs through elder consumers to complete care in her home

[inaudible]

When do we expect new assistance to be in place.

>> **MALE SPEAKER:** So just to clear, person centered counseling through is currently available.

So it's, service that is already is available.

The plan will start providing this information on the person centered counseling in relation to the enrollment process

December 2016.

And it will be optional and it will be, one of many options that maybe is help for the MLTSS process.

We'll start providing service December 2016 on the service

just to be clear the service is already is available.

>> **JENNIFER BURNETT:** IEB is released what will be the start date for that new contractor contract.?

In other words when does it the current contract expire is this

So two different issues here.

One is the draft RFP is already released and closes next Monday.

However the actual RFP will be, released in the near future once we accumulate all of the comments we receive and integrate into the RFP for final RFP.

So, that being said, our goal is to have a July 1, 2017 start date for the new contract and, current existing procurement will be available through December 31, 2017.

To allow for a transition, smooth transition.

Will the start be delayed again?

There is no planned delay at this time.

Will the PowerPoint be made available to providers?

Yes.

The PowerPoints are all posted on the CHC web site under the third Thursday webinars.

So, if you go to www.pa.gov there's a live link right off that front page for the DHS web site, so community

HealthChoices web page.

If you see it on the your screen, community HealthChoices web site is there.

If you go on there, find the third Thursday webinars that will take you to all of them, recordings all of the webinars as well as the artifacts and archive of the information is listed there with the PowerPoint.

It may take a couple of days to down load that.

Do you have a sense how long it will take to up load.

>> **FEMALE SPEAKER:** Should be up by Monday.?

>> **JENNIFER BURNETT:** Should be up by Monday.?

Okay.

Next one under the URP for the IEB will be the LIFE program, applicants need to go through the IEB for both medical assessment and as well as the financial qualifications. I'm going to put this over to Kevin he is familiar with that

>> **MALE SPEAKER:** I'm asking the person who submitted this question to refer to the draft RFP1667, provide the description of the LIFE program enrollment, highlighted the will be managing the LIFE program in the geographic region where the LIFE program is available, then the referral process will work similar to the way it works now, although the IEB will be involved. We do want to look at that is the way the LIFE program is working on page 67 and, if you have any questions or concerns about that process you may want to submit comments to that effect and let us know.

Thank you.

>> **JENNIFER BURNETT:** Okay.

What is LTSS?

CMS is -- MLTSS, stands for managed long-term services and supports.

And CMS centers for Medicare Medicaid services.

Define long-term services and supports as, services use by all individuals, in chronic illness, who need a row to you tune daily activities such as bath I dressing preparing meals and administering medication.

When will the MCOs start to send contracts to providers?

MCOs may be sending contracts to providers even now.

The Department of Health and Department of Human Services are not able to engage in assessment of network advocacy, especially -- until they have the stay is lifted however that is the State that Kevin referenced earlier in the webinar.

Will there be ongoing meetings webinars with providers?

You do that?

Will there be ongoing meetings webinars with provider?

>> **MALE SPEAKER:** Yes.

>> **JENNIFER BURNETT:** Yes there will be we plan, to continue holding these webinars for one thing, these are open to anyone who wants to join.

We will be doing, conducting significant provider outreach throughout the process.

Once the MCO is ready to go you said it would begin launch.

Is it possible that any plan would actually launch before July 1, 2017?

And we -- in the presentation Mike mentioned the go, no go date.

After the go, no go date, plans for the MCO plans and the department will begin some of the launch activities.

>> **MALE SPEAKER:** I don't want you to think that, that plans are going to start doing services, that is going to be based upon the contract, live first start data lot of the activity we're going to be behind the scenes again, is after go no go, after an MCO is deemed to be ready to go.

So we can work with them, until the launch activities, until the information that we want to gather as quickly as possible start that as quickly as possible.

We don't want to have to wait, into or after July 1st, hopefully they will be ready to go, we will be able to have that information in the communication with them and start earlier than July 1st.

>> **JENNIFER BURNETT:** Okay.

Thank you will providers have the ability to submit MCO issues to OLTL, what happens if a provider identifies an issue. I would say that the managed care organizations, should be first point of contact and they are required to have a provider support area.

However, we will continue to run our provider hot line and be available if there are any issues, Mike demonstrated some of the slides, OLTL will still be available and monitoring all of this.

>> **MALE SPEAKER:** We are going to be monitoring issues and complaints from providers, daily initially, we deem it as ongoing, we hope to, have minimal amount of those.

But we will address those and we will work with providers as always, the providers will always be Medicaid enrolled and since we're responsible for that Medicaid enrollment for the success of you as a Medicaid provider, we will always be able to have contacts with you, if you cannot resolve through your contract that you have with the MCO

>> **JENNIFER BURNETT:** Okay.

How are subject matter experts being selected?

So Mike talked about, some of the subject matter experts participating in the over sight monitoring we're going to do.

And they are being selected or identified we are currently in the process of identifying people in the department and outside of the department, with the experience and related fields in question.

This includes the office of long term living staff and other Department of Human Services staff, our partnered are the office of medical assistance programs, and the office of mental health and substance abuse programs, bureau of informations systems, the Department of Health, the office of income maintenance just to name a few of the programs that have been and will be continuing to trouble shooting.

>> **MALE SPEAKER:** I will a question, when is the FMS PRB

going to be released we're going final work on the FRB it should be out soon, I can't give you an exact date.

We'll do some final, tweaking to what we want in it and, should be out very, very soon.

>> **JENNIFER BURNETT:** Okay.

When should we anticipate hearing from Pennsylvania health and wellness to begin credentialing for the southwest region.

UPMC has already begun reached out to Pennsylvania health wellness, received a generic response from Centene that

was two months ago, the department cannot at this time provide a time frame for the activity, because, of the day it's in place that Kevin mentioned.

Under the MCO system, how will agency models change?

Will workers that work under an agency model, be offered more competitive wages?

Or will MCOs shift more to consumer driven models that's eliminating the need for the agency model?

Agency model will continue to be offered as an option for individuals receiving personal assistance service.

The service delivery choice will be part of the person centered planning process and essentially up to the individual.

Which model they want to use.

This one is for Mike.

>> **MALE SPEAKER:** Great.

>> **JENNIFER BURNETT:** Has his name on it.?

>> **MALE SPEAKER:** Okay.

Hi Mike, regarding all of the reports that you are referring to, will they be published on your web site on a monthly quarterly basis state of Iowa is doing that, we've had discussions what we'll and won't be publishing on the web site.

We hope to make be as transparent as possible.

With the information that we are going to be offering the public, we are still in the finalization state as far as what we will and what we won't be able to make public it is our hope that we'll be sharing as much information as possible about the program as often as possible.

>> **JENNIFER BURNETT:** Well the third Thursday web under continue as a means of feedback after launch?

The answer to that is yes.

We find these third Thursday webinars to be very helpful to us and, we hope they provide a service to you as well.

Is it the CMS measured NQA core measures, can you provide a list?

Yes, once it's finalized

>> **MALE SPEAKER:** Once it's finalized we're still in the

process of selecting those for the core measures we're going to make sure to review.

>> **JENNIFER BURNETT:** We'll provide, we'll make that available?

>> **MALE SPEAKER:** Yeah.

>> **JENNIFER BURNETT:** Okay.

What is the amount of time for the enrollment broker shall take to enroll an applicant into the program CMS mandates that enrollment must be completed in 90 days.

Can you please clarify what the dates are again 7/1 and 4/30/17.

There's a community HealthChoices is, we're using a phased in geographic roll out, phase one includes, 14 counties in South Western Pennsylvania.

To begin, 7/1/17 with July 1, 2017, go no go date for MCO readiness review, which is the date that we use to determine whether or not we can start really working to set up the managed care organizations for the readiness review, that is 4/30/2017 date.

How can OLTL judge managed care organizations performance with less pressure and diabetes control when the majority of the participants have Medicare as their primary medical coverage we are requiring the MCO commit to submit the HEDIS measures so we'll have the information.

Consumer assessment health service is that HEDIS it is not, it is a consumer assessment for home and community based services.

And this is a participant survey CAHPS tool it is a participant survey of the experience and evaluation of the care they're receiving, HEDIS the measurement, measures performance, important dimensions of care and service and it's generally medical measures.

Is there any concern that EQRO is the University of Pittsburgh, will be reviewing these UPMC health plan is that a conflict of interest?

EQRO, University of Pittsburgh is not the EQRO.

As a matter of fact we have an existing EQRO, that we're getting ready to restore and, at the last third Thursday webinar Marie Gonzelez went into the detail what the EQRO is going to be doing for us for now, there's going to be an act of procurement in the future for the EQRO, that's external quality review organization.

So that being said, Pitt is doing an programmatic evaluation answering questions related to the community health choices, like does community HealthChoices result in greater access to home and community based long-term services and supports?

And balance of care, away from the institutional settings for P people to prefer in the community like that question another

question is, does the community HealthChoices, improve coordination of LTSS, and behavioral health that's what -- those are the kinds of things that is going to be evaluated through Pitt over the course of time.

Another question it does, does community HealthChoices improve quality of life for participants and family caregivers? Does community HealthChoices lead to innovation and delivery of physical health and long-term services and supports? If you're looking for more information on the evaluation plan, and, updated plan, is being posted on the community HealthChoices web page in the next couple of days so please, feel free to reference that.

This new revised health plan for evaluation is, it has taken into account, on the over 200 comments that we received about the evaluation plan, when we published it for public comment.

>> **MALE STUDENT:** I have a question is there a service coordination organization start up web site for people that want to join?

Um, provider qualifications information for service coordinators is available honest office of long term living web site.

>> **JENNIFER BURNETT:** One MCO handle each region or providers have to deal with multiple MCOs there will be 3 -- at this point we announced 3, we're in a stay there will be 3MCOs in the region you can have the choice for whatever MCO whoever they want to be covered by.?

Is there a list of which MCO can handle and how do you -- multiple managed care organizations and as you know, we announced 3 statewide on August 30th, currently we're not negotiating with any managed care organizations as we are in a stay.

However, I would recommend, that if you're working on this you get onto the 3MCOs that have been approved, there could be more, you could connect with the MCOs, independently, aside from the department.

Will the current service coordination entities, be monitored by QMET going forward.

The service coordination will be a function of managed care organizations.

And will be monitored by managed care organizations.

However, the QMET will continue in the State, in the zone so the southeast and the northeast, northwest and Lehigh capital zone as we phase this in, we're, if you recall we're going to be fading this in, to continue to operate in other parts of the state, other than the 14 counties in southwest.

>> **MALE SPEAKER:** I have a question, about -- so had some client information we'll make sure we maintain the confidentiality the question, gist of

the question is related to the individual and, the question is whether or not, eligibility, is a function that has an associating with the independent enrollment broker and, it's going to be remain the same, nothing is going to be changing. So, making the suchtion that the was a denial for long-term care financial eligibility and that denial at this point is not going to be changing, either with changes in the enrollment broker or with HealthChoices that being said that recognizing the complexity of the cases can sometimes be impairment for an individuals, we're looking for you don't want its for improvement and in the way that we can get information.

We do have a number of requirements and notices have to be part of what is published to make sure people are aware of what rights they have.

In the appeals process, but as stated we're looking for opportunities to improve the that to make it more understandable and more meaningful we appreciate the comment we're endeavoring to have a better process for that. At this point, our plan is not to change the plan.

The financial eligibility thank you.

>> **JENNIFER BURNETT:** Okay.

Next question, the location of where we find, we can find the copies of the PowerPoint.

The PowerPoint will be posted under the third Thursday webinars.

This is on the community HealthChoices web page, the community HealthChoices web site is on the screen now.

The top one is the that, those it does take you to the, community HealthChoices web site.

Easy way to get there though is go to www.dhs.pa.gov

You go to that and that's the home page for the Department of Human Services, you then can look at the bottom left hand corner, where they have a list of hot topics and community HealthChoices, is listed in that hot topic and that you can take you to the community HealthChoices web site.

Under the community HealthChoices web site, we have a link to the third Thursday webinars.

Every third Thursday webinar has been recorded.

Since we began them in July, of 2015.

So all of the third Thursdays are there for your review if you want to.

And also the -- all of the PowerPoints and other documents, that went with the third Thursday webinars are also available on the community HealthChoices web site under the third Thursday webinars as we said earlier this presentation will be up, by Monday of next week.

Just a little clarification, for you Jen under top issues as we're trying to keep current with top issue some things have been added to the DHS web site, and to get to the CHC web site you want to go into the tab, up top, scroll down and, community HealthChoices you'll be able to get the information there.

Bu

>> **JENNIFER BURNETT:** Go to that tab you'll be able to find community HealthChoices.

Okay.

Could you please explain why do you expect the fluctuation in coordination entities, participants changing service coordination entities.

I'm not sure we do.

I don't know that's something we keep looking at.

Let's see from my colleagues here.

>> **MALE SPEAKER:** Is going to be, which should show no change.? Right.

>> **MALE SPEAKER:** After the care period is built up, from the complements, there will be a -- the service coordination, will be the administrative function of the managed care organizations. So I'm not sure when we can expect or even predict a fluctuation of capable service coordination.

And the date of the function, will change in the population.

Receiving LTSS.

Then there's a program that more people will be served in the community, that be a plausible cause for the fluctuation we're not anticipating significant fluctuation for that.

>> **MALE SPEAKER:** Last question, do we have I think we -- the monitoring visits continue to occur yes they will.

>> **MALE SPEAKER:** Yes they will, as well as the fee for service fee for service programs that, exist after CHC is in in effect.

>> **JENNIFER BURNETT:** One more question that came in. Okay.

>> **MALE SPEAKER:** Two more questions came in.

First part, who will be monitoring appeals between the consumers and managed care organizations?

We talked about appeals -- there are specific roles that said would be followed by the managed care organizations, will be the first level agreement in the process.

And they will be in -- the department will have a responsibility for monitoring that, that is the field, taking place.

>> **JENNIFER BURNETT:** That's a requirement of the managed care regulation, that's the managed care regulation that I

mentioned in the beginning.

We have one more question.

>> **MALE SPEAKER:** No.

We had the answer earlier in the talk.

>> **JENNIFER BURNETT:** Okay.

Questions stopped coming in we're just about out of time.

Thank you very much for your time.

Thank you Michael for the presentation.

And Georgia for today's third Thursday webinar we'll see you next month.

Thank you.

[webinar concluded]