Aetna Better Health® of Pennsylvania

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# Community HealthChoices

## Eligible Members in a Skilled Nursing Facility

### Prior to Community HealthChoices Implementation

- MCOs covered the first thirty days of nursing facility (NF) stay
- Members are disenrolled from the MCO and the HealthChoices program after the first thirty days in a NF and moved to the Fee for Service Program

### After Community HealthChoices Implementation

- No change to the first thirty day responsibility
- However residence in a NF will not be cause for disenrollment
- MCOs will still be responsible to cover NF and Non-NF Services for members until Long Term Care Services and Supports (LTSS) eligibility is determined
- NF services are only covered by the MCO if the member is determined LTSS eligible
- If the member is determined LTSS eligible, the MCO must pay the NF until the member moves to CHC
- If a member in a NF is determined to be LTSS ineligible, the member will remain in the MCO but the MCO will not be responsible to pay the NF for any day after the 30th consecutive day
- Non-NF services for members determined to LTSS ineligible will continue to be covered by the MCOs

## FAQs

1. **When does this Policy change begin?**

   This responsibility for NF coverage changes with the implementation of CHC in a HealthChoices Zone.

   CHC was implemented in the HealthChoices Southwest Zone on 1/1/2018.

   CHC will be implemented in the Southeast Zone on 1/1/2019 and in the remainder of the state on 1/1/2020.

2. **Who is responsible for the member's coverage in a CHC zone after the first 30 days in a NF and before member's LTSS eligibility is determined?**

   The MCOs responsibility continues except for the NF services. The MCO is only responsible for the NF services once (and if) the member is found LTSS eligible. The risk is no different than the current process for the NF.

3. **Who is responsible for NF coverage in a CHC zone for day 31 through CHC enrollment once a member is confirmed as LTSS eligible?**

   At the point that LTSS eligibility is confirmed, the MCO will retroactively pay for day 31 through the day prior to enrollment in CHC.

4. **What reimbursement rate is expected for day 31 through date of LTSS determination/CHC enrollment?**

   Payment would be at the MA reimbursement rate once LTSS eligibility is confirmed.

# FAQs (continued)

**5. What information does the MCO require for day 31 through date of LTSS determination/ CHC enrollment?**

In addition to submission of the NF claim, the NF should also submit a copy of the PA 162 eligibility notice. If the NF fails to submit a copy of the PA 162 eligibility notice, the claim will be denied for missing information. The NF can re-submit the claim along with the PA 162 eligibility notice for claim re-consideration.

**6. Who is responsible for the period after the 30th consecutive day of NF services if the member is found LTSS ineligible?**

The member is responsible, and the NF will need to obtain payment from the member.

However, the member's HealthChoices MCO coverage doesn't end for non-NF services unless their MA coverage ends.

**7. How does a member enroll in Community HealthChoices?**

All enrollments are processed through the Independent Enrollment Broker (IEB), currently Maximus. The IEB is an entity that is under contract with the state to provide enrollment choice information to potential members and enrolled members, and to process enrollments into CHC-MCOs.

Most eligible individuals will be automatically enrolled into a CHC-MCO when CHC starts in their part of the state. Eligible individuals receive multiple written notices about their automatic enrollment.

Members will be provided choice of a CHC-MCO during the LTSS enrollment process. If the member fails to choose a CHC-MCO, they will be auto assigned into a plan.

Individuals who are applying for Medicaid LTSS will be counseled as to their plan choices as well as the LIFE option during the process of having their clinical eligibility evaluated. They will be advised to make an affirmative plan choice and, if they do not, they will be auto-assigned into a plan. CHC coverage begins on the date the person is determined eligible.

Individuals who are applying for Medicaid when they already have Medicare or people who are on Medicaid at the time they become eligible for Medicare will be sent notices providing them an opportunity to select a plan and, if they do not select a plan, will be auto-assigned.

**8. Where can I get more information?**

The Department of Human Services (DHS) has a CHC webpage with information including communications sent to Participants, publications, as well as other resources.
www.healthchoices.pa.gov/info/about/community/index.htm

The Aetna Better Health of PA Provider website has important information for providers:
www.aetnabetterhealth.com/pennsylvania/providers

Reimbursement questions can be sent to the PA Medicaid Network Development email box at:
PAMedicaidNetworkDevelopment@aetna.com

For Consumers: The Independent Enrollment Broker's toll-free CHC Helpline at 1-844-824-3655 (TTY:1-833-254-0690), Monday through Friday from 8:00 AM to 6:00 PM.
(Website: www.enrollchc.com)