



HealthChoices MCOs.

And, the MCOs will have a relationship with promise, but -- the providers, the network providers for community HealthChoices will be billing directly with community HealthChoices, directly with community HealthChoices. OLTL or MCOs limit the number of providers -- participants have to choose from in their region even if

the providers meet the required level of provider qualifications?

And are willing to work with the standard rate?

Question is -- will the CHCs and MCOs will have the opportunity to be able to manage their networks, but they will be encouraged to be able to provide as much choice as possible, to program participants when it comes to the development of the networks.

Next question -- can you, talk more about intelligent assignment logic process? What types of scenarios will make someone more appropriate for MCO versus LIFE just to be very clear the LIFE program is not part of this intelligent assignment process, we mentioned, LIFE is going to be presented as an enrollment option but the intelligent assignment process is only relating to the community HealthChoices directly and -- at this point the current thinking for the hierarchy, will be -- if an individual, is -- is currently, receiving their services, in or a resident of a nursing facility and that nursing facility, is part of a given network that nursing facility, or the auto assignment -- intelligent auto assignment logic will have them community in the health choices MCO where the nursing facility is currently residing. So -- if they're a current resident and that -- that nursing facility is part of an MCO intelligent assignment will have that as the first point of the hierarchy it relates to the residency of the individual.

The next will relate to the relationship between the special needs plan. Dual eligible is currently enrolled in and -- community HealthChoices MCOs, intelligent assignment logic will have them go to the MCO that is a sister plan of the special needs plan.

Third would be, if a person happens to be, moving from enrollment from the physical HealthChoices program to the community HealthChoices program -- if there's a sister plan, in the community HealthChoices program, that assignment would have them move to the sister plan and, those 3 points are obviously for continuity of services and, the fourth area, which we're currently flushing out from a technical end mathematical perspective is -- relating to home and community based

services, and, continuity of services for home and community based services, and making sure that, that -- that would be part of the intelligent assignment as well.

And then -- the remaining auto assignment logic will relate to similar components that currently relate to -- relate with the HealthChoices program as it currently exists in the physical health program. Next question -- will the whole nursing home population be enrolled?

At this point, and it is anticipated that, if an individual is, receiving services, in a nursing facility and the -- services are, are paid by the Pennsylvania Medicaid program, whether they're dual eligible or not and, they're in our nursing facility services program under broader approach they will be enrolled in community HealthChoices. What supports will be provided to help current providers to transition to MCOs great question we're going to look for every opportunity to be able to -- to -- enhance training and communications, to providers as we transition to community HealthChoices and the first of which, we're offering opportunities for providers in MCOs to meet directly in the very near future.

>>**SPEAKER:** Yes, I was just going to say, we are -- I think yesterday there were notices that went out to the managed care plans, the home and community based providers and the nursing homes around November 4th and 5th meeting to do meet and greets to try to facilitate the discussions and, starting to build some of those relationships.

>>**SPEAKER:** Thank you Pat.

Next question, when he will the -- the CHC enrollment foreperson assistant providers begin?

That is a great question.

We're anticipating that -- that when the plans the community HealthChoices MCOs are selected, they will immediately start building their network for personal assistant service providers. So we would anticipate that to be, in spring of 2016.

And the next question, when does -- HIXUS SAMs fit into the community HealthChoices will they still be used? That's a great question, very specific question -- at this point we're assuming the components of both HIXUS and SAMs will continue to be used in community HealthChoices what modules will be used will be determined. Just as a general technical note in general services from Medicaid are moving to a module basis we're looking for opportunities to modularize what we

know will we'll be able to keep with both systems to make sure that -- that technical transition and technical continuity, but we're not maintaining the systems where we're not

using that functionality anymore. That's a great question.

Once again that's a question that has not been asked at this point.

So really do appreciate it being asked.

3 more minutes -- four additional questions.

I'm told that I have a tendency to speak very quickly so -- I will not try to rush through these questions we'll try to answer them, to the best of you are o our ability you continually be reviewing how the process plays out across the Commonwealth, since it is a roll out? If so, what will be your plan, should you discover there's a law in the program, with a roll out or delay or slow down the time frames if it is in the best interest of the program?

So -- this question has been asked by a number of stakeholders and a number of occasions we will have continuous evaluation p process for the program about to roll out we'll be providing amendments to the program, throughout when we notice there are issues that need to be addressed immediately.

Or where we know that we have to make changes.

And the question will we, will we delay or slow down the time frames if it is in the best interest of the program, we'll take every measure necessary to be able to improve the program, if we determine it is in the best interest of the program.

Next question, will this program change the relationship, with the current OLTL providers already enrolled in OLTL waivers? And also will there be any new validation process for providers to participate in the community HealthChoices? This question was already asked, just going emphasize again, the relationship will change for OLTL providers, already rolled in OLTL waivers in the sense that they must contract, with the community HealthChoices MCOs, but -- has, Pat mentioned earlier, looking for are opportunities to leverage the -- the validation process, that -- many providers have recently completed.

So we're looking for opportunities to be able to make this process as streamlined and as non-duplicative as possible for providers and also to simplify the process for the community HealthChoices MCOs as well.

And last question -- will this program change the relationship with current OLTL providers already enrolled and OLTL waivers I already read

that. Next question with regard to OLTSS with individuals being able to receive some services through CHC and receive other services through ODB base programs consolidated or family -- driven waiver services. Community health choices, as mentioned earlier, um, if a person is, eligible for ODP related services, they will not be part of community HealthChoices.

Last question, that I will be able to answer, AAAs, PDAOLTL continue to play a role in providing services to those, who are receiving PDA waiver services now?

We know we're going to look for every opportunity AAAs to have a role in community HealthChoices.

And -- PDA and the department of human services and through the department of human services OLTL, our partners in the roll out of community HealthChoices.

So, PDA will have a role definitely -- as a part of, full partner with the DHS in the roll out and the framework of community HealthChoices.

And we're anticipating that the AAAs will continue to have a role as well.

Okay. So with that, I have run out of time for questions.

It is 3:00, and we do have additional questions that we'll look to be able to make sure are answered and we'll look for every opportunity to be able to continue to answer questions we look forward to the next third Thursday webinar and -- as a close out for this, if there are particular areas, topic areas that you want to have covered, in the next third Thursday webinar, that you need -- you think need to be emphasized, please make sure that is communicated to us and we'll do every -- make every effort to make sure they're included in the recommendations

>>SPEAKER: Two final things, one, we have recorded the past webinars, both the third Thursdays and the Credentialing webinars those recordings should be I know we mentioned this before, they should be posted to the DHS web site within the next week or so.

So you can check for those, and -- the other item, is -- that participants will receive a follow-up survey where we're asking you questions about the technology, how useful this format is, as well as asking about topics for future webinars so we appreciate your feedback, on those and we have tried to use that in addressing some of the technical issues as well as some of the topics that we covered.

>>**SPEAKER:** With that being said, thank you for your participation, we're going to close out and enjoy the rest of the month of October.
[webinar concluded]