

- October >> All the mcl's are working with the department on this. As far as participant education we have done or will be doing 72 session. Probably about 64 of them are done at this point in time. Tomorrow will be the last session on those. We'll have some numbers of how many people that participate in those sessions. It's an opportunity for participants to become educated or chc. We're doing outreach.

The department had meetings with providers back in June.

They are doing provider education now. They are doing face to face education in regards to what it is to work with an mcling how to work with the hhh system.

They will be doing training with the service coordinators and entities over the next two weeks. They have two three day session scheduled for that. They will be doing ongoing webinars. Claims testing and other provider outreach and education. We've had close to 4500 participants register for the 72 events.

We have had sessions in a number of languages including English, Russian, mandarin, Chinese, Spanish and can't knees. We're reaching out the service coordination to talk to chc's about the program. We're trying to provide education to the participants through their service coordinator. We have a lot of online training we're currently working on. Medicare and status of it, health choices versus chc, the continue fewty care process and evs system. We have a number of training segments we're working on and we had nine provider summits back in June that included about 2,000 of the providers in attendance. For latest review all three of the mco's submitted their policies and procedures. It's about '9"% at this point in time. The anticipation is within the next week all of the policies and procedures will be reviewed and approved. The mco's continue to submit weekly network provider reports to the department of human services and department of healthment two departments

meet together on a weekly basis to discuss the network accuracy and provide feedback to the mco's on where they are at with network adequacy and questions that either of the departments may have. On the physical health side they are doing well on setting up networks especially with pcp's and specialist -Ts. They are working through that part of the process. All three of them continue to work with the larger health systems and hospitals to try to get them to sign contracts and they are also trying to make a big push to get the contract sign so they continue work through aprocess. We will be doing site visits with all three mco's. We've complete site visits at keystone first without any significant issues. The site health with Pennsylvania health and wellness will be held next week.

The mco's continue to get contracts through their credentialing process and get those done. We talked about the trainings earlier so they continue to do those trainings. There is a lot of information both on the department's website and the mco website in regards to training. Communications, the awareness flyer went out about five most months ago back in July.

We've had the 72 innless which are wrapping up this week.

We've sent out three transition notices and enrollment packets. The pretransition notices went out last so days of August. And enrollment packet versus been mailed to all participants. We're working with the service coordinators and training them on chc and asking them to reach out the participants to inform them about chc. That's an ongoing process we're tracking. We've had a number of discussions with the nurse facility associations and the mco's in regards to getting the nursing facilities contracting within the southeast. Ongoing communications. These are the same. We'll have this presentation in two weeks.

The consumer is next week. We continue to go to other at the Its , the regular Mack, the webinars will continue indefinitely. We have a number of advisory groups that there is information provided to. And website is continuously updated with new information. If you have questions as we go through process send them in. I do have one question that came in. Question was do physicians who are currently participating with ma are they required to sign one all three chcmco's.

The sans you are not required.

To however if you want to continue to provide services for your participants surround discussions with the mco's about becoming a member of their network. During the continuity of care period if you are not a mco and you are serving participants they will pay you as an out of network provider. But in the best interest of the participants we like all the providers that are serving participants to become part of one or more of the three mco's. It is a provider choice. As questions come in, we'll hold them until the end of the presentation. Until the gentlemen are done with their presentation. I'm going to turn it over the them and let them introduce themselves and we'll go from there.

>> Good afternoon. This is Nate, project manager for chc at maximus and program director at maximus.

What we want to cover today is basically information regarding the activities and processes as they relate to maximus role until the statewide implementation. Let's

begin with the current status of the implementation and move to who we enroll and how we receive that information to initiate the enrollment process.

As he spoke to phase someone implemented successfully and we continue to enroll eligible people in the phase one zones. Phase two pretransition is active right now and we're currently enrolling all eligible participants as they come into us from dhs. So let's talk briefly about Lou that information comes into us. Basically dhs provides maximus demographic data to be enrolled in the program. This is people 21 years old and older and people eligible for Medicaid and Medicare. And those that need level of care provided by a nursing facility. Let's drill down to what is inside of the preenrollment packet. And the whole preenrollment packet contents.

After receiving the files containing the information participants to be enrolled into the program, maximus will send this entire population a chc preenrollment packet. The packet is composed of various pieces which contain everything needed for someone to make an informed decision to make an mco selection. They can enroll online, the phone or in the mail. It includes program benefits which include office visits, blood work, wellness programs and phone services. Currently we are complete with 130,000 preenrollment packets sent out to the southeast as we speak. So drilling down into the contents of the preenrollment packet. Everyone will receive a preenrollment proure which gives you everything you need as far as an overview of the program. That packet will contain an enrollment form which is used for participants to make their mco choice selection and this can be mailed back using the self-addressed stamped envelope provided. Also in the packet is the health plan

comparison chart which details all the benefit and services offered by each mco in the program. Community meetings flyer is also included in this preenrollment packet. It's town hall style information, meetings that they can attend in their area. Packet also includes a Medicare fact sheet which basically gives participants high level overview of what to expect as a Medicare Medicaid participant. The preenrollment packet will contain meetings calendar. Basically we're all familiar with meetings. They can attend based on the information provided in that flier.

We also include a nondiscrimination insert.

The nondiscrimination insert is letting participants know that while the packet they received may not be in their preferred language, we can provide translation assistance in person or over the phone if they contact the call center or go online and look for additional information and resources related to translation services. That insert provides that language in over 20 different forms of different languages

so that we're covering a lot of ground making sure we can provide information in multiple languages to everyone. Also included in the packet is the life flier for the 55 plus population. This provide a high level overview and advises participants about the alternative which is life and also provides contact information and more specific information related to providers in their area. Preenrollment packets and other materials are available in English, Spanish, Russian, Chinese, Arabic and Vietnamese. Moving to choice counseling.

As participants receive their packets, maximus is objective to empower population with anxious needed to make an informed decision regarding when chcmco mco meets their needs. This is choice counseling. Choice counseling is provided by our front line staff, enrollment brokers. Maximus will provide counseling by phone or person. Language translation is provided in person or over the phone.

The choice counseling process is to give consumers or participants. We provide them with the resources need to make an informed selection, maximus staff will enroll participants with the mco of their choosing. Participants can select an mco and enroll into the program online, in person or by mail as well as over the phone. Phone numbers listed here obviously to call choice counseling by phone is provided by our customer service reps who are trained to guide you through information and provide you with any additional resources that you may need and can also transfer to you an mco or the life program if you choose to get more information about those programs as well. You can enroll online and -- we encourage all participants or their pla or ar makes the health plan selection they want over being assigned to a health plan. Maximus initiates the health plan selection followup process.

What we turnover as the reminder campaign because it is a series of reminders advising the participant that we need to get a selection voluntarily as opposed to having to assign to you one. So we initiate this followup process as soon as a packet is mailed. We reach out until a voluntary selection is made or auto assignment occurs. So let's go over quickly how we remind participants they need to make a health plan selection. As soon as the packet is sent , the next day we initiate the initial notification call which san automated call that goes out to the participants letting them know there is a packet coming their way and they need to read that information and make a choice.

The next method awe reminder letter. If we still don't hear fray participant by day 10, we initiate a series of reminder calls. These automated calls occur on the 10th day, 12th day and 13th day if we don't have a plan assignment selection from the

participant. We will then manually call from the call center on the 14th day two times to pursue the selection on the participant's behalf to avoid auto assignment. So after a participant makes a choice they receive a post enrollment packet. The post enrollment packet will consist of a confirmation letter and brochure. That auto assignment letter provides part pants the information needed to change plans if the plan they were assigned to is not the one they desire.

If a consumer is auto assigned, they can still transfer whenever they would like. So it doesn't restrict your opportunities just because you didn't make that initial selection. So let's move to the online enrollment process. What we're going to do is play a video that will give a high level overview of resources as well as enrollment process and selecting a pcp to match your enrollment. [Playing video]

>> The video presentation you just viewed and visual guide and presentations are available. For the slide detailed today and the video you saw we should have those up on enroll chc.com by early next week if you want to view those again.

>> And all of the materials will be on our website following the conclusion of today's webinar as well. Please be aware of that. Some part pants are struggling with this.

We want to make sure this information is out there and show you how easy it can be. After logging in, you'll want to select a person to be enrolled and click on the find a provider button. After this you'll select yes if you know your provider's name and click on the search button. At this point you'll want to type your provider's last name or office name into the designated field and scroll down to the county selection menu. You'll select your County of residence and click on the search button. Once your provider is found, you can click select provider next to your pcp's name to complete your selection. After you've selected your provider, you will see your selection confirmation and the mcos that your provider is affiliated with. If you look at the blue circle area, you will see your selected provider is Millner in example and the plans this provider does not participate this are faded. In this particular instance moreen miller is not participating in umc or

keystone first. That conclude our portion of the presentation. Do we have any questions?

>> I'm trying to go through questions here to see if I can pick out ones for maximus. First question was how will individuals know if their doctors have signed up. Part of that is participants have to talk to your doctors and providers to make sure they enrolled in an mco. The other sway go on to the enroll cc website and

you'll be able to look up your provide attorneys website and when plants they are participating in there.

Is two ways, one is talking to your providers themselves or you go on the website or contact the enrollment broker and ask them that question. Is it correct that the mco will be the same as choosing a service coordinator provide around participants will no longer be asked what sg they want?

>> That is two separate things.

The first thing you are doing is choose your mco. You want to choose the mcos that they want to provide services to them. All their service coordinators and physicians and all their services that they are currently getting will continue to be the same through the first six months of 2019 through the continuity of care period. After that they may choose a new service coordinator depending on whether your coordinator continues to operate and contract with the mco. Up front you are choosing your mco and your salves coordinator will not change. Questions about southwest providers, total number of southwest providers who have been terminated in the southwest. No past agencies have been terminated by any of the three mcos. Two mcos have terminated contracts with some of the sc's out there. I don't have the full list here. Umc and merit health both have changed who they are contracting with. You may want to check with them in regards to that. Also our external nht

providers being terminated?

>> My understanding is they continue to work with all the nht providers. I don't know if that will continue in the future or not. They are still putting all their nht processes together. Is there I listing of hospitals that have signed up? Those listed if they have a complete contract with the mco , the mcos are submitting those on their network reports which come in to maximus and they put all their information on the website. If you are looking for a specific hospital peroxider, pcp, you can go to the website and it will have illisioned there if they have a contract.

>> That list is updated weekly.

>> The report comes in on a weekly basis so that list is continuously updated.

>> What phone number does maximus call when the recipient is in a nursing facility?

>> We will call the nursing facility and we actually are looking into the ability to specific ask for automated calls.

What we'll do if we get a connection, we ask to speak tie caseworker or someone more familiar with the whole process.

>> What% of people are response tow your notification calls?

>> When phone numbers come up unknown or spam people don't pick up the call. How are your auto calls identified on a person's phone?

>> I believe they show up as a 1-800 number. We're going to look into making all of our automated calls show up as maximus healthcare contractor.

>> Are all the slides showing real information? Yes. The question is would a pcp in Indiana county be available for someone who puts Alleghany as their county? I'm not sure. They can pick any network. As long as they are in a network and they are a provider they can certainly do that. Those who don't have computer access is there an alternative to go on the website.

>> They can call the call center and we can also schedule an in home visit to perform choice counseling even if that person is in a nursing facility as well.

>> I guess when you talk about enrollment, co-you need to use the first last name when it appears on a Medicare I.D. card. Probably be using the person's given name F. it's on their card that's the way they should sign up and enroll in chc. They should be using that same name.

>> Is the life program available only to individuals 55 and older? The answer is yes. That is part of the eligibility criteria for the life program. By informed selection do you mean selecting the available mco and consumer available other life program options why necessary. How long does it take to schedule an appointment.

>> We'll try and schedule according to your availability. It depends on how soon you are able to have the inhome visit.

>> Contact person schedules group session for non-English speaking populations?

>> Yes, we can do that. As part of our enhanced outreach for zone two, we're looking into doing exactly that. More community based outreach and specifically for those with secondary languages not English their primary language.

>> The next question I'm not sure what we're meaning here, would the language of the medical form be more impolitics on how the pcp must complete it. I'm not sure which medical form you are talking about. If it's the mc51, it's impolitics on how they are supposed to complete it. You may want to send in more clarification if you mean a different form. Curious if you know how many people have requested and gotten in person arrestens.

>> The total number of people who select an in home visit related to the population is 10-20%.

>> Are powers of attorneys going to be selecting plans of participants. There are many who don't allow them to make that decision for the individual. There is various types of powers of attorneys. Some are medical, some are financial. Some are both. Durable power of attorneys. Really depends on the power of attorney whether they have that right and ability to make plan selection for the individual.

>> And from the maximus perspective, we will consider power of attorney anyone we have on record as the power of attorney. So as far as the specifics that he noted, they apply more so to the state side. From our perspective if you are in our system as a poa or ar you will be able to make that selection.

>> Do the mco versus a cap on the number of individuals they will pick up?

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>> No. They are looking to enroll as much of the population into their systems as they possibly can. What happens to people you can't reach by the phone. There is only one reminder letter where people on the phone get several reminders.

>> So the initial packet itself we consider the first attempt. The reminder letter is then obviously the second form. That have it is a series of phone calls. Automated and in person phone calls.

>> Our organization is only listed in the mco provider list basend to county where our home office is located. How do we provide services in other counties? Is consideration being given to list mcos in all counties they provide services in even they don't physically have an office in that county?



>> You have them listed on the website by county.

>> Information comes through the provider files that the mco submits.

>> We will take a look at this and see if we need to make corrections on that.

>> Same concerns about this. We will take a look at that and make sure you are listed or if we can make sure you are listed in every county you are providing services in.

>> Are individual limited to providers in County of residents only. They have a choice of whatever provider they want to go to. If they are comfortable going to a provider that's an hour away. They have a right to as long as that provider enrolls in a network. I'm from a nursing facility in the southwest, I'm trying to understand the transportation clarification that was issued and what type of impact we can expect. Why do we need to be aware they are not providing additional payment. The way transportation is going to work and the clarification is that nursing facilities can do one of two things with transportation. They can set transportation up themselves and run the program and if they have their own transportation providers they can do that. Or they can work through the mco's Brockers. So they can work it either way. As far as the payment mechanism it's part of what was configured into the daily rates as part of the cost report that we determined in the rates

that we're paying the mcos. So therefore it's up to the mcos as part of their negotiation and work with the nursing facilities if they want to pay any addition knoll funds for transportation. We included anytime with the mco's rates so it's an mco decision. We have talked to -- they've gone out to all the mco and nursing facilities.

The mco should be speaking with nursing facilities so they have an understanding of how transportation should work.

>> How do Medicare work for pcp not enrolled in the plans?

>> They won't appear.

>> We're not forcing pcp's to enroll.

We're not enforcing them to enroll in the Medicaid program.

We just realize their Medicare pcp on that side and they are not going to show up on the website. And there is no -- with your Medicare pcp you don't have to change that, you can keep your Medicare pcp. You are not required to make any changes to who your doctor is. Is there documentation on the process for nursing facilities to enroll in a program if they are transitioning. I'll follow up and get clarification on that one. There should be no change in that. The nursing home residents have to pick a different doctor than who they have in the nursing home? That's a discussion they have to have in the nursing home. The nursing home provides physicians and doctors for their residents, then nursing facility is going to work hard to make sure everybody is enrolled in one of the mcos. If you are using your outside physician and they continue to provide services, and they enroll one of the mcos then there should be no need for changes. Our hope throughout this process is

we will limit any changes you have to make in your providers as long as your providers are there to provide the services and work with the chc program. When do you expect staff.

>> Can you explain how a provider specialized in a certain area like brain injury.

>> We're not active right now with the web capability for know show you online. What we can do is you can sort by specialty. You can sort by location, specialty and other criteria and you can also if you don't do that sort in the initial search, you can filter your initial results by specialty and location and other criteria as well.

>> Two mco will provide all services internally for the first few months. All mco have a different process they go through with service coordination. They are utilizing a hybrid model which means they are utilizing external fce and internal hires in regard to service coordinators. They are brand new to the program. We have not provided to the past. All the mco are hiring internal staff to handle nursing facility resident. As far as choice during the continue fewty care period your service coordinator is not going change. There is a 180 day period the mco will remain the same. Throughout that period of time they will be working with the service coordinating agencies. They will be interviewing them. Look at their models and making decisions on whether they will continue to have ongoing contracts and relationships with those fce's. It's a work in progress over the first six to nine months. There is a possibility that the fce's will change and not be contracted with after the care period there.

Is a possibility they will be. Nursing home consumers if they have other health insurances like secondary insurance assurances, and consumer keep that coverage, if awe Lou that consumer to pay the premiums.

The sans there will be no change in that. Fee for service as primary payer and secondary coverage through an art program. Through their retirement plan. It will not change as far as the allowance for eligible. It will remain as it currently is.

>> So that is the questions I have for now. We're going to bait a couple of minutes and see if any others come in. Kathy do I have your comment here. I will discuss that after the call with maximus and-in regards to your concern. So I just want to let you know even though I'm not going to read it on the line, I will have further discussion on them.

>> We provide the mcos with a full complete list of all of the ma enrolled providers so they can reach out to them.

We will continue to work with them and hopefully by the time we go for enroll. That everybody who is a current ma enrolled provider will be educated on the program. We will continue to work on that. This is true for our hospital, initially if you are not fully credentialed and contracted with, you are not going to show up on the website. Our individuals an participants is that the mco's are working with all providers to try and contract with them.

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>> Yes you can currently do that now. You can do it by map view or do it by the filters.

>> Neighbor concern was if they don't have a specific name they'd have to look for them.

>> If you do a search and you pull 400 results. What you'll be able to do is search through that criteria using the filters and the sorts that are in the upper right-hand corner of the search results. And you'll be able to narrow down based upon your preferences. They have a summit mid November.

All the mcos, the transportation brokers for the mcos, pca and a number. The mat program will continue as it does now. We'll be putting a lot of stuff together based on this meeting. If they are currently getting transportation from one county to

another through a program, that should continue as it is now. Who is a transportation broker and how can we reach out to them?

>> The three mcos have different transportation brokers. They are using a group called mcm. What you want to do is go on to the mco's website and the transportation broker information is on that website. Or you can call the provider line at one of the mco's and ask them about becoming a provider we are the transportation broker. Medicare pcp follow one. Question how will the consumer know they will not need to choose another doctor. We have been sending out a lot of communication in regards to this. This was a major point of confusion as we rolled out the southwest that people had change their pcp's. The motion Sarge we're sending out now is there is no change. The plan won't have the pcp listed on it if it's a Medicare pcp. We are doing a lot of communication. It's been a part of the 72 participant sessions that we've been doing that they need to make no changes whatsoever on Medicare or how they get their Medicare services or benefits. Is there a list of all

enrolled providers with mcl. That list is on maximus' website. -T it should be providers can go out to the mco website because they have a list of their provider networks out there also. Any other questions?

>> I don't have any other questions, no.

>> Since we have no other questions we're going to wrap it up. I appreciate everybody joining us. To go over this. I thank the gentlemen for coming in and going over this presentation. If you do have further questions with them their contact information was in the slides. So reach out to them and we will do everything we can to ensure that participants are educated and have everything that they need to make the best possible choice of mco for them as we move into implementation in the southeast. We will also provide -- the thing to remember this information we look at chc and life.

These are acceptable managed care plans.

We will provide information for both of those.

They are programs that are both established options for individuals. We do have a very robust life network in the five county southeast region. So it does provide a lot of options for individuals to choose life if that is into what they want to do and what services they want to receive. So as we move through this and that's one of the conversations we've had with maximus and part of what they will be doing with

their training and education is offering life as an alternative to chc. So we are fully proving that program and moving forward with it. As I gave that spill another list of questions came in so we will go over them.

>> Will the cover out of network [indiscernible]

after 180 days. If the nursing facility does not have a contract with the mco and some of their residents belong to that mco, the continuity of care period for nursing facility resource accidents 1 months, not the 180 days. So they will continue to provide services as an out of network provider to the individuals. The other thing you have to remember and this is a federal regulation, if an individual is in a nursing facility on January 1, 201, they will be able to get services in that this nursing facility for as long as they stay there no matter whether that nursing facility signed up with one of the mcos. By federal regulations we can't force or have an individual change living situation if they don't want to based on who the mco is. The hope is and it did play out in the southwest is all the nursing facilities will contract with the mcos. So we're still working through a part of the process so it doesn't become an issue. There are 7 other programs in

Pennsylvania. So there is a total of 10 of them.

All of those ten plans are offered to all of our participants. They can have a choice of any one of the 10 plans. Nursing home residents who are Medicaid pending do they have to be approved and choose an mco or can they choose an mco prior to Medicaid approval?

>> They can make an advanced plan selection in that case and that selection will be documented and if and when they become eligible they will become enrolled in that plan.

>> What is the process for a participant to transfer from a residential program to a chc county and in a non-chc county? Even outside of the context of it being a residential program. If somebody transfers from a chc county to a non-chc county the good thing is after 2020 that won't be an issue if somebody in Erie county decide to move to Allegheny county so going from a non-chc county to a chc county, they will go through enrollment process and through selection process to select their North Korea into the county they are going into so work going back and forth both ways. That wraps it up for today.

Thank you very much. Goal this the third Thursday of November. Thank you.

