Home- and Community-Based Services (HCBS) Provider Education Webinar

May 2023

Community HealthChoices

AmeriHealth Caritas Pennsylvania

Delivering the Next Generation of Health Care

What We Are Going to Cover Today

- Electronic Visit Verification
- Full-Time Equivalent Forms
- Provider Obligations
- Fraud, Waste, Abuse, and Mandatory Screening Information
- Value-Based Programs
- Medical Assistance Renewals
- Critical Incident Process
- Resources and Contact Information

Electronic Visit Verification (EVV)

- EVV is an electronic system that verifies when Provider visits occur and documents the precise time services begin and end.
- Section 12006 of the 21st Century Cures Act requires all states to implement the use of EVV for Medicaid-funded personal care services (PCS), and Home Health Care Services (HHA), including respite services, for in-home and community visits by a Provider.
- As directed by the Pennsylvania Department of Human Services, the Office of Long-Term Living (DHS/OLTL), all Providers must use the EVV system for PCS and respite services. Effective August 2022, home healthcare services are also required to use the EVV system.
- Providers can select their own vendor or use HHAeXchange.
    - If Providers choose to use an alternate vendor, they must send all EVV data to HHAeXchange.
    - All alternate vendor data files must be compliant with DHS/OLTL requirements.

Electronic Visit Verification, continued

EVV compliance is monitored by AmeriHealth Caritas Pennsylvania (PA) Community HealthChoices (CHC) and DHS/OLTL. DHS/OLTL has communicated that Providers are expected to achieve **at least** 50% of EVV records for verified visits **without** manual edits. AmeriHealth Caritas PA CHC also notified Providers of required EVV compliance on December 21, 2022 and April 13, 2023.

In order to achieve, and maintain, compliance with this requirement, please make certain that you and your staff are familiar with the following:

- Matching EVV data is required for claim lines billed with codes **W1793** (PCS) and **T1005** (respite) for dates of service.
    - Claim lines submitted with the above codes that do not have a matching EVV transaction will be denied.
- Providers should monitor their EVV compliance on a weekly basis and educate staff on EVV requirements.

For up-to-date EVV information on our website, go to:

www.amerihealthcaritaschc.com → For Providers → Training

Full-Time Equivalent Reporting Requirements

DHS/OLTL requires Managed Care Organizations (MCOs) to submit the number of full-time equivalent (FTE) employees for the specialty codes listed below:

Specialty Codes Requiring FTE Information	
362 ATTENDANT CARE/PERSONAL ASSISTANCE SERVICE	161 LICENSED PRACTICAL NURSE
209 BEHAVIOR THERAPY	050 HOME HEALTH AGENCY
207 COGNITIVE THERAPIST	231 NON-MEDICAL COUNSELING
525 COMMUNITY INTEGRATION	171 OCCUPATIONAL THERAPIST
551 COMMUNITY TRANSITION SERVICES	361 PERSONAL CARE -AGENCY
502 EMPLOYMENT -BENEFITS COUNSELING	170 PHYSICAL THERAPIST
504 EMPLOYMENT -JOB COACHING	160 REGISTERED NURSE
505 EMPLOYMENT -SKILLS DEVELOPMENT	230 REGISTERED NUTRITIONIST
510 HOME AND COMMUNITY HABILITATION	512 RESPITE CARE -HOME BASED
267 NON-EMERGENCY TRANSPORTATION	173 SPEECH/HEARING THERAPIST
	360 PERSONAL CARE -INDIVIDUAL (CLUSTERED-SHARED LIVING ARRANGEMENTS)

To confirm continued accuracy, Providers are annually required to complete the FTE reporting form provided to them by their Account Executive.

Please thoroughly review the FTE reporting form instructions to make sure the form is accurately completed. If there are any questions, please reach out to your Account Executive.

https://www.dhs.pa.gov/providers/FAQs/Documents/Provider%20Types%20and%20Specialties.pdf

Provider Obligation to Notify the Plan of Changes

As a reminder, Providers are contractually bound to report changes that affect referrals, such as the relocation of an office site, and to make sure that all service locations are registered and enrolled with DHS and have an active Medicaid Management Information System (MMIS) Provider ID and PROMISe™ Provider Identification (PPID) Number for each location.

The Long-Term Services and Supports (LTSS) Provider Change Form can be found in the Provider Center on our website at www.amerihealthcaritaschc.com → For Providers → Provider manual and forms.

Providers are responsible to notify their Account Executive **immediately** of the following changes:

- Change of ownership
- Change to the name of the entity (including doing business as [DBA])
- Change to the Tax ID Number or Employer Identification Number
- Change to the Group Medicaid ID Number (PPID or Master Provider Index [MPI])
- Change in the status of the business filing with the Pennsylvania Department of State
- Change in service location address (change must first be approved by PA DHS as active type 59 with CHC)
- Demographic changes (e.g., remittance address, phone numbers, point of contact, etc.)

****Unreported changes may result in payment delays****

Fraud, Waste, Abuse, and Mandatory Screening Information

Under the CHC program, AmeriHealth Caritas PA CHC receives state and federal funding for payment of services provided to our Participants. In accepting claims payment from AmeriHealth Caritas PA CHC, healthcare Providers are receiving state and federal program funds and are therefore subject to all applicable federal and/or state laws and regulations relating to the CHC program. Violations of applicable federal and/or state law and regulation may constitute fraud*, waste and/or abuse against the Medical Assistance program. Compliance with state and federal laws and regulations is a priority of AmeriHealth Caritas PA CHC.

Reminders:

- **Complete** the Fraud, Waste, and abuse training and attestation annually.
- **Screen** employees and contractors, both individuals and entities, for participation exclusion from Medicare, Medicaid, or any other federal healthcare program.
- **Report** fraud, waste, or abuse concerns and incidents immediately.
    - Calling the AmeriHealth Caritas PA CHC toll-free Fraud Waste and Abuse Hotline at **1-866-833-9718**;
    - E-mailing to FraudTip@amerihealthcaritaschc.com; or,
    - Mailing a written statement to Special Investigations Unit, AmeriHealth Caritas PA CHC, P.O. Box 7317, London, KY 40742.

*An example of Provider fraud is billing for services not rendered or not Medically Necessary, such as billing for personal assistance services while a Participant is in an inpatient setting.

For up-to-date Fraud, Waste, and Abuse information on our website go to:

www.amerihealthcaritaschc.com → For Providers → Training

Value-Based Programs

The Open Arms for Personal Assistance Services Value-Based Program

Improving the cost of quality care and health outcomes

2022/2023

The Open Arms for Nursing Facilities Value-Based Program

Improving the cost of quality care and health outcomes

2022/2023

Value-Based Programs, continued

Value-based programs are reimbursement systems developed by AmeriHealth Caritas PA CHC for participating Providers.

These programs are intended to be fair and open systems that provide incentives for high-quality and cost-effective care, Participant service and convenience, and submission of accurate and complete health data. AmeriHealth Caritas PA CHC reserves the right to make changes to these programs at any time and shall provide written notification of any changes.

- The **Open Arms for Personal Assistance Services** program is structured to reward Providers on their performance across several performance and utilization measures specific to the unique services delivered to CHC Participants.
- The **Open Arms for Nursing Facilities program** is structured to reward Nursing Facility Providers on their performance across several quality performance and utilization measures specific to the services delivered to CHC Participants.

For up-to-date value-based programs information on our website go to:
www.amerihealthcaritaschc.com → For Providers → Resources → Value-Based Programs

Important Medical Assistance Renewal Information to Share With Participants

The Pennsylvania Department of Human Services (DHS) kept Medical Assistance (MA) coverage open for most people during the COVID-19 Public Health Emergency (PHE) even if they were no longer eligible for MA. Now, DHS must make sure that everyone who is receiving MA is still eligible by reviewing each person's information.

What does this mean for Participants who currently receive Medical Assistance?

- When Participants who are on MA receive their renewal paperwork from PA DHS, they must complete and submit their information. If they do not, they will lose their MA coverage.
- Once Participants who currently receive MA complete and submit their renewal paperwork, PA DHS will determine if they are still eligible for health care coverage. If they are still eligible, their coverage will continue.
- If they are found to NOT be eligible for MA, they will no longer have coverage through our plans. For help finding affordable health care coverage, Participants can go to www.Pennie.com, or call **1-844-844-4440** for help.

Important Reminders

Inpatient services

- Providers should **not** bill for services when a Participant is receiving inpatient services.
- Claims submitted while the Participant is receiving inpatient services will be denied.
- In accordance with contractual and/or regulatory requirements, AmeriHealth Caritas PA CHC will recoup overpayments from Providers who billed and were paid, for claims while the Participant was receiving inpatient services.

Critical Incident Process

Enhanced Enterprise Information Management (EIM)

What's New: Critical Incident Service Desk

We are pleased to announce a service desk for your Critical Incident questions.

If you have a question about a Critical Incident or need assistance contacting your Service Coordinator regarding a Critical Incident, the Critical Incident Service Desk can help. Please submit your questions to ltssprovider_scinquiries@amerihealthcaritas.com.

Common questions and topics that the Service Desk can help with include:

- Does the event meet Critical Incident criteria?
- How to enter or complete the first section of a Critical Incident Report within forty-eight (48) hours of discovery
- How to collaborate with the Service Coordinator regarding the Critical Incident
- Providing information that has been requested by our Critical Incident Specialist Team

For more information regarding Critical Incident reporting, please go to Section lll of the Provider Manual, which can be found at www.amerihealthcaritaschc.com → For Providers → Provider Manual and Forms

Who Should Report Critical Incidents?

It is **mandatory** that the Service Coordinator (internal or external) or AmeriHealth Caritas PA CHC representative who discovers or has first-hand knowledge of the Critical Incident, report it.

This applies to Critical Incidents that happen **AT ANY TIME**.

Reporting Suspected Abuse, Neglect, Exploitation, or Abandonment

All CHC-MCO staff and staff of Providers in their networks are Mandatory Reporters under both the Adult Protective Services Act (APS) and the Older Adult Protective Services Act (OAPSA).

Mandated Reporters, acting within his/her professional capacity, shall immediately report incidents of suspected Abuse, Neglect, Exploitation, or Abandonment, to the appropriate external agency.

Mandated Reporters shall follow the steps below if they become aware of suspected Abuse, Neglect, Exploitation, or Abandonment:

- Immediately call 911 for any life-threatening emergencies prior to calling Protective Services
- Immediately make an oral report to the Statewide Protective Services Hotline by calling **1-800-490-8505**
- Within forty-eight (48) hours of making the oral report, the Mandated Reporter shall make a written report per the Mandatory Abuse Report which can be found at https://www.dhs.pa.gov/about/Fraud-And-Abuse/Pages/default.aspx
- For a Vulnerable Adult, send the written report to Liberty Healthcare via email at mandatoryron@libertyhealth.com or fax to **1-484-434-1590**.
    - For an Older Adult, send the written report to the local Area Agency on Aging. The directory can be accessed at https://www.aging.pa.gov/local-resources/Pages/default.aspx
    - If the Participant is a victim of suspected Sexual Abuse, Serious Injury, Serious Bodily Injury, or Suspicious Death as defined by OLTL, in addition to the previous steps, the Mandated Reporter shall immediately make an oral report to both:
- Law enforcement. (Obtain law enforcement's fax number for the submission of the written Mandatory Abuse Report within forty-eight (48) hours of making the oral report.) and
- Pennsylvania Mandatory Abuse Reporting line **1-717-265-7887**.

Reporting Suspected Abuse, Neglect, Exploitation, or Abandonment (continued)

- If the person committing the suspected Abuse, Neglect, Exploitation, or Abandonment is being paid to provide Waiver Services, the Mandated Reporter shall immediately notify the Office of Long-Term Living at **1-800-757-5042**.
- External Mandated Reporters shall document reports filed with external agencies and interventions taken in their electronic care management system within one (1) business day of identification of the incident.

Written Report

The Office of Long-Term Living (OLTL) requires the Health Plan to establish a process to receive and manage Critical Incident reports that require the Health Plan staff or network Provider to submit a Critical Incident report in the Department's Enterprise Incident Management (EIM) system within forty-eight (48) hours of discovery of the incident, excluding weekends and holidays.

The forty-eight (48) hour clock begins at the time the incident was discovered. If the incident was discovered on a weekend or holiday the clock would start at 12:00 a.m. on the first business day following the discovery of the incident. Service Coordinators are responsible for and required to document Critical Incidents in EIM progress notes, reason code "Critical Incident reporting".

Search EIM first to see if a report has already been initiated. If so, to prevent duplication do not create another entry for the same incident.

If the incident occurs over the weekend, enter a report in EIM the first business day after the incident occurred.

Entering an Incident Report in EIM

Document the Who, What, When, and Where of the Critical Incident.

Who

- Reporter information
- Participant demographics and ID #s
- Service Coordinator's contact information
- Witness names and contact information, as well as a note if a witness is employed by a Service Provider, related to Participant, or responsible for the Participant.

What

- Specific details of what happened, statements made by the Participant involved observations about the environment, people involved, and any other information pertinent to the incident.
- Detail of actions taken to secure the Participant's safety and well-being.
- Detail of actions taken to mitigate the risk of the incident recurring.

When

- Time and date of the Critical Incident and/or discovery of the Critical Incident.
- Full Description of the Critical Incident

Where

- Location of the Critical Incident

Note: All information entered in EIM must be written in English.

Critical Incident Reminders

- Deaths other than from natural causes are considered Critical Incidents and should be reported in the EIM system.
- Unscheduled hospitalizations are considered Critical Incidents and should be reported in the EIM system.
- Providers should educate their staff on reporting Critical Incidents/hospitalizations.
- Critical Incidents must be reported even if the Participants involved choose not to report them.
- Notify the Participant's Service Coordinator of any hospital discharge.
- Service Coordinator follow-up with the Participant and the facility discharge staff (as appropriate to the circumstances) is required to provide for the health and safety of the Participant.

For up-to-date Critical Incident training information on our website, go to:
www.amerihealthcaritaschc.com → For Providers → Training → Home- and community-based services (HCBS) provider training

Resources and Contact Information

Authorizations: LTSSUM@amerihealthcaritas.com

Provider Services: **1-800-521-6007**

ConnectCenter Support: **1-800-527-8133, option 2**

NaviNet Customer Service: **1-888-482-8057**

ECHO Support Team: **1-888-492-5579**

ECHO Electronic Funds Transfer (EFT)/Electronic Remittance Advice (ERA) Enrollment: **1-888-834-3511**

To opt out of Virtual Credit Cards (VCCs): **1-888-492-5579** or www.echovcards.com

HHAeXchange Support: **1-718-407-4633** or support@hhaexchange.com

HHAeXchange Electronic Data Interchange (EDI) Support: edisupport@hhaexchange.com

Home and Community Services Information System (HCSIS) Help Desk: **1-866-444-1264**

Critical Incident/EIM questions: CHCCriticalIncident@amerihealthcaritas.com

Critical Incident Service Helpdesk: ltssprovider_scinquiries@amerihealthcaritas.com (Service Coordinator Questions)

Important Contact Information

Email:

ProviderCommunicationsCHC@amerihealthcaritas.com

Provider Services phone line:

1-800-521-6007

Our website:

www.amerihealthcaritaschc.com

Thank you!

Please visit https://www.surveymonkey.com/r/KMLVSMJ

to attest that you have completed this training.

We need and appreciate your feedback!

Coverage by AmeriHealth First.