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

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Contractual Obligations To Notify the Health Plan





Entities contracted with the Health Plan are required to comply with state and federal laws and regulations applicable to the services performed under the Agreement between the Health Plan and the Entity, (the "Agreement"). Additionally, Entities must comply with applicable requirements of the Health Plan, the Community HealthChoices Program, and the guidance issued by the Pennsylvania Department of Human Services, Office of Long Term Living. Requirements are memorialized in the Agreement and the Provider Manual available on line at:

https://www.amerihealthcaritaschc.com/assets/pdf/provider/provider-manual.pdf.

Entities shall notify ACHP in writing, within five (5) days of receiving any written or oral notice of the following:

Any adverse action, including, without limitation, any malpractice suit or arbitration action, or other action naming or otherwise involving Provider, ACHP, or any other event, occurrence or situation which might materially interfere with, modify or alter performance of any of Provider's duties or obligations under this Agreement.

Entities shall forward to ACHP any written complaint or grievance of a Participant against Provider within one (1) business day of receipt thereof.

Provider shall maintain a written record of any Participant complaint and provide such record to ACHP promptly upon request.

Entities shall notify ACHP promptly of any action against any applicable license, certification or participation under Title XIX or other applicable provision of the Social Security Act or other State law, State and/or DEA narcotic registration certificate.

Any material change in the ownership or business operations.

- **Please refer to specific language in your Agreement**
- ** Unreported changes may result in payment delays.**

Contractual Obligations To Notify the Health Plan of Material Change of Business





Entities are must notify their Account Executive within 60 days of any material change in the ownership or business operations, including but not limited to the following:

- Change of ownership (CHOW)
- 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/MPI)
- Change in the status of the business filing with the Pennsylvania (PA) Department of State
- Change in service location address (change must first be approved as PA Department of Human Services (DHS) active type 59 with Community HealthChoices (CHC)
- Change in Provider demographics, e.g., remittance address, phone numbers, point of contact, etc.
 - **Please refer to specific language in your Agreement**
 - ** Unreported changes may result in payment delays.**

Contractual Obligations





Entities are required to comply with the following including, but not limited to: Health Plan's Quality Improvement, Utilization Management, Integrated Care Management, Credentialing and Audit Programs.

Entities must be responsive to outreach and requests for documentation from the Health Plan including, but not limited to, the departments below:

- Provider Network Management
- Service Coordination
- Quality Management
- Special Investigation Unit (SIU)
- Credentialing

Mandatory Annual Training*





Fraud, Waste, Abuse, and Mandatory Screening Information https://www.amerihealthcaritaschc.com/provider/claims-billing/fwa.aspx

Home- and Community-Based Services (HCBS) Provider Training https://www.amerihealthcaritaschc.com/provider/training/hcbs-provider-training.aspx

*Please check our website monthly for additional mandatory trainings

Thank you!





- Please attest that you have completed the HCBS Provider Responsibilities Webinar.
- For questions or additional information
 - > Email providercommunicationschc@amerihealthcaritas.com
 - ➤ Contact your Account Executive
 - ➤ Call the Provider Services phone line: **1-800-521-6007**



