COMMUNITY HEALTHCHOICES (CHC) is Pennsylvania’s mandatory managed care program for individuals who are eligible for both Medicaid and Medicare (dual eligibles), older adults, and individuals with physical disabilities — serving more people in communities while giving them the opportunity to work, spend more time with their families, and experience an overall better quality of life. When implemented, CHC will improve services for hundreds of thousands of Pennsylvanians.

FOR YEARS, Pennsylvania has provided physical and behavioral health care through a managed care delivery model. That did not include long-term services and supports — that changed with the successful implementation of Community HealthChoices (CHC) in the Southwest in January 2018. Pennsylvania now provides services for older adults and persons with physical disabilities through three CHC managed care organizations (CHC-MCOs). The Department of Human Services (DHS) will have full, ongoing oversight and monitoring, while reviewing and approving processes, policies, manuals, and procedures of each CHC-MCO.

CLAIMS PAYMENT
- Providers will bill the MCO in which the CHC participant is enrolled.
- Providers are required to check the Eligibility Verification System (EVS) to ensure a participant is eligible for services prior to rendering services.
- EVS will include information on the participant’s MCO.
- The provider will need this information to submit claims to the appropriate MCO.
- Providers will not be able to submit claims through PROMIsE for CHC enrolled participants.
- Providers will have the opportunity to participate in claims testing through the readiness review process.
- Medicaid will continue to be the payer of last resort. All other coverage(s) must be exhausted before billing the CHC-MCO.
- More information about EVS can be found on the DHS Provider Quick Tips page: www.dhs.pa.gov/publications/forproviders/QuickTips/

The LIFE Program will continue to be an option for eligible seniors.

QUALITY MONITORING & OVERSIGHT
- Once CHC begins in a zone, home- and community-based service providers rendering services only through CHC will no longer receive Quality Monitoring and Efficiency Team (QMET) visits.
- MCOs will be responsible for the quality monitoring of their providers.

MCOs are required to comply with specific quality monitoring guidelines to maintain compliance with their accreditation requirements.

PROVIDER DISPUTE RESOLUTION
- CHC-MCOs will handle disputes regarding claims submission and payment reconciliation will now be handled by the MCO.

All CHC-MCOs follow a standard process.

- Information on how to begin the appeals process and details about the process will be included in provider manuals created by the CHC-MCO.
DO YOU HAVE QUESTIONS?

- **If you have questions for a CHC-MCO,** call or email them directly. CHC-MCO contact information can be found above.

- **For all other inquiries,** go to www.HealthChoices.pa.gov. Click “Provider Resources” and then “Community HealthChoices.” The CHC website contains trainings, fact sheets, frequently asked questions, and other helpful materials. You also can sign up to receive CHC email updates by clicking “Subscribe.”

- **If you can’t find an answer on the website:**
  - **Email or call:** Providers may submit CHC-related questions to RA-PWCHC@pa.gov or call the CHC Provider Hotline at 1-800-932-0939.
  - **Specific enrollment questions:** Provider seeking additional information about becoming an enrolled provider should submit questions to RA-HCBSEnProv@pa.gov.
  - **All other questions:** All other questions related to the Office of Long-Term Living should be sent to RA-ProviderOperations@pa.gov.