Provider Rates

Q1. Is the CHC-MCO per member per month (PMPM) rate public information?

A. The Fully-executed CHC agreements will be available on the Pennsylvania Department of Treasury’s website, however the rate information will be redacted.

Q2. Will providers all be paid the same rate by all CHC-MCOs or is the rate up to each CHC-MCO?

A. CHC-MCOs determine their rates. The Department of Human Services (DHS) is requiring an extended continuity-of-care provision for personal assistance and nursing facility services to promote quality of care and quality of life for participants. The CHC-MCOs must develop a rate configuration that assures that the extended continuity of care period condition will be met and that assures access, quality of life and quality of care.

Q3. Will there be any provisions in the contract that will allow for renegotiation of rates in the event that major legislation is passed such as an increase in minimum wage?

A. The CHC Agreement permits adjustments to the CHC-MCOs capitation rates if the Department of Human Services (DHS) determines that a change in the scope of eligible individuals or services, inclusive of limitations on those services that are the responsibility of the CHC-MCO, requires an adjustment to maintain actuarially sound rates. CHC-MCOs and providers may include provisions in their contracts specifying when payment rates may be renegotiated. In addition, a CHC-MCO must demonstrate to DHS that its nursing facility (NF) payment rates have accounted for increased NF costs as a result of any mandates on staffing, wages, and related cost drivers that are imposed after the implementation date.

Q4. Do the CHC-MCOs determine the provider rates?

A. CHC-MCOs may negotiate rates with providers unless otherwise noted in the CHC Agreement. The capitation rates provide sufficient funds that allow the CHC-MCOs to negotiate rates, on average, that are equivalent to the Fee-for-Service (FFS) rates. The CHC-MCOs and the Department of Human Services (DHS) have agreed upon payment provisions to address the risk of high cost participants. DHS is requiring an extended continuity of care provision for personal assistance services and nursing facility services to promote quality of life and quality of care. The CHC-MCOs must develop a rate configuration that assures access, quality of life and quality of care.

Q5. How do providers continue to serve clients if the CHC-MCOs lower the rates?

A. CHC-MCOs must maintain an adequate provider network and will be subject to ongoing monitoring by the Department of Human Services (DHS). CHC-MCOs and providers need to work together to ensure that negotiated rates will enable the providers to provide quality services to participants. For certain services, CHC-MCOs must develop a rate configuration that assures access, quality of life and quality of care.
Q6. Are provider rates increased if a provider is asked to do more?
   A. This should be a topic discussed with the CHC-MCOs as part of contract discussions.

Q7. Will there be a minimum or maximum reimbursement rate set for providers throughout the state? Will the state help determine what these rates will be?
   A. CHC-MCOs will negotiate reimbursement rates with providers. The CHC-MCOs may negotiate with providers to perform specialized services. The CHC-MCO may have regional rate variations. The Department of Human Services (DHS) will not be involved in the negotiations.

Q8. Will the rates set in the initial contract continue after the continuity period or will they be renegotiated?
   A. Providers should contact the CHC-MCOs to discuss reimbursement rates as part of the contracting process.

Q9. What incentive is there for the CHC-MCO to offer a rate to one provider as opposed to another provider?
   A. CHC-MCOs may consider items such as preventable hospital admissions and quality outcomes in contracting with providers. Providers should contact the CHC-MCOs to discuss reimbursement, incentives and contracting.

Q10. How would the reimbursement rate for providers be any different under the current system as opposed to when CHC-MCOs take over? And when will CHC-MCOs discuss rates with providers?
    A. Under CHC, the CHC-MCOs will negotiate rates with providers. Providers should contact the CHC-MCOs to discuss rates, the process, and timing.

Q11. Service coordinators track billable time in 15-minute units. During the continuity of care period, will service coordinators need to continue to bill by unit or will reimbursement be per member per month (PMPM)?
    A. Service coordinators should contact the CHC-MCOs to discuss billing requirements and reimbursement methodology under CHC.

Q12. What are the personal assistant services rates for overtime, holiday, travel time and no show when participant is not home?
    A. Providers should contact the CHC-MCOs to discuss provider reimbursement rates for these services.

Q13. Will the CHC-MCOs be paying agencies for overtime, holiday pay or mileage when transporting a participant?
    A. The CHC-MCOs are required to comply with state and federal regulations. Providers should contact the CHC-MCOs to discuss reimbursement for these items.
Q14. How much per unit for home care services?
A. Under CHC, the CHC-MCOs will negotiate rates with providers. Providers should contact the CHC-MCOs to discuss rates.

Q15. When will a nursing facility rate methodology be established?
A. The Department of Human Services (DHS) emailed a list serve message on July 10, 2017, that describes DHS’ expectations on how CHC-MCOs must reimburse nursing facilities for the first 36 months in which CHC is operational. The CHC-MCOs will need to develop a rate configuration to meet this requirement.

Nursing facilities should contact the CHC-MCOs to discuss rates.

Q16. Will there be the opportunity to request a higher level of nursing home payment for any unique circumstances or more complex residents? And if so, will it require a prior authorization?
A. Under CHC, the CHC-MCOs will negotiate rates with providers. Providers should contact the CHC-MCOs to discuss rates and prior authorization requirements.

Q17. Does the Department of Human Services plan to change for the MA-11 nursing facility cost report?
A. The Department of Human Services has no planned changes for the MA-11 cost report at this time.

Q18. Prior to the nursing facility rate stabilization announcement to support continuity of care, providers signed contracts with some CHC-MCOs. How will these contracts be affected by this announcement?
A. Providers should contact the CHC-MCOs to discuss reimbursement and contracting.

Q19. Will the nursing facility per diem rate on 12/31/17 be the same rate on 1/1/18 or will it be the fourth quarterly average rate?
A. For each CHC phase, the Department of Human Services expects the CHC-MCOs to reimburse nursing facilities at the facility level as the average of each nursing facility’s per diem rates in effect for the four quarters prior to implementation; supplemental payments are not part of this calculation.
Q20. How will the quarterly Case Mix Index (CMI) effect rates in the future?

A. The Department of Human Services (DHS) will continue to set quarterly per diem rates for each nonpublic nursing facility provider under 55 Pa. Code Chapter 1187, and 62 P.S. Chapter 443.1(7)(iv) and annual per diem rates for each county nursing facility provider under Chapter 1189. DHS will take into account fee-for-service (FFS) rate increases and assumed increases to nursing facility costs caused by subsequent mandates on staffing, wages or related cost drivers enacted following implementation when calculating CHC’s capitated rates. These increases can then be negotiated between the CHC-MCOs and the nursing facilities.

Q21. Will the CHC-MCOs follow the correct Department of Human Services regulations & policy for determining Vent and DSH Share payments, i.e. occupancy percentages for DSH Share etc.

A. The Department of Human Services and the nursing facility associations are providing technical assistance to the CHC-MCOs related to these payments. If a nursing facility is currently eligible for one of these payments, they should discuss the payment with the CHC-MCOs.

Q22. Are the current fiscal year nursing facility supplemental payments and County Quality and Access to Care payments for dates of service prior to January 1, 2018, being paid through fee-for-service and payments after January 1, 2018 being paid through CHC-MCOs?

A. Yes, any current nursing facility supplemental payments for dates of service prior to January 1, 2018 will be paid through fee-for-service (FFS). Funds for dates of service on or after January 1, 2018 related to quarterly supplemental payments for nonpublic nursing facilities, assessment-related allowable cost for nonpublic nursing facilities, county MDOI and County quality and access to care payments are included in CHC agreement Appendix 4. CHC-MCOs must pay these amounts in addition to the nursing facility per diem rate. The CHC-MCOs will negotiate with the nursing facility associations how the payments will be made to the nursing facilities based on contractual responsibilities for the delivery of services.

Q23. Will there still be a 15-day hospital bed hold and 30-day therapeutic leave?

A. CHC-MCOs are responsible for payment of medically necessary nursing facility services, including bed hold days up to fifteen (15) days per hospitalization and up to thirty (30) therapeutic leave days per year if a participant is admitted to a nursing facility or resides in a nursing facility at the time of enrollment. Nursing facility providers should contact the CHC-MCOs to discuss specific reimbursement.