



Keystone First Community HealthChoices (CHC) Presentation

Presented by:

Denise Ameye, Director of Physical Health Network

Christopher Bruette, Director of Long-Term Services and Supports Network



Keystone First

Delivering the Next
Generation
of Health Care

WHO WE ARE

Rooted.

We began as a mission-driven neighborhood health plan in West Philadelphia and are proud of our passion to serve those most in need.

Multifaceted.

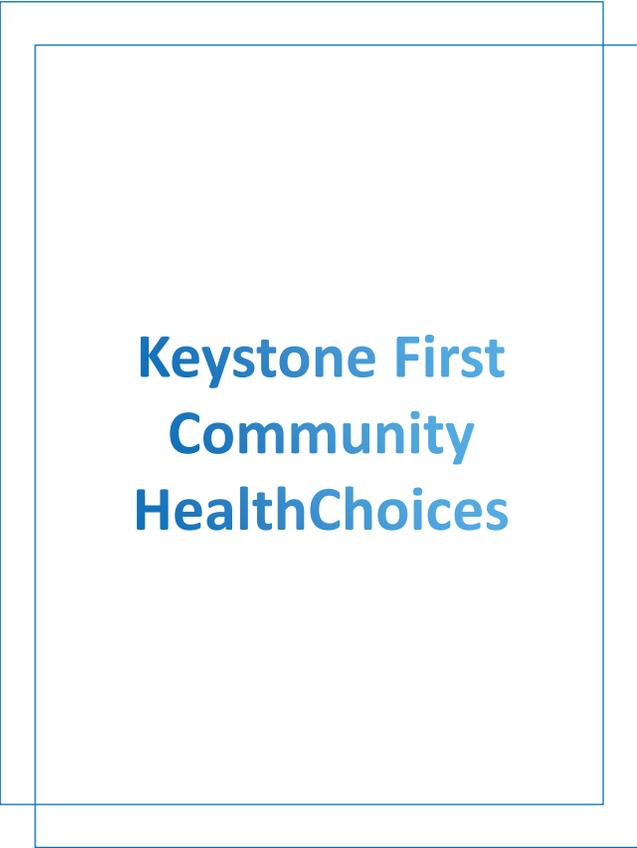
Providing Medicaid, behavioral health services, pharmacy benefit, long term services and supports (LTSS), and administrative services.

Nimble.

Customizing solutions based on our members' and partners' needs.

Evolving.

An industry thought leader giving its customers the edge with innovative, evidence-based products and services.

The logo for Keystone First Community HealthChoices is presented within a graphic of two overlapping blue-outlined rectangles. The text is centered within the inner rectangle.

Keystone First Community HealthChoices

CHC Leadership Team

Pattie Wright – Administrator

Susan McAllister, MD – Chief Medical Officer

Michelle Murphy, PharmD - Pharmacy Director

Danielle Bruette, RN – Director of LTSS

Denise Ameye – Director of PH Network

Christopher Bruette – Director of LTSS Network

Jennifer Rogers, MHA – Director of Service Coordination

Barbara Toney, RN – Director Clinical Quality

Together our team has extensive experience and knowledge in implementation and management of Medicaid, Medicare, LTSS and Waiver services.

Our leadership staff is fully supported by a team of talented individuals in our Philadelphia, Harrisburg and Pittsburgh offices.

Preparing for Readiness Review and Implementation

- We are proud to be part of Community HealthChoices (CHC) in the Southwest region of Pennsylvania. We have a dedicated Readiness Review team that meets on a regular basis in preparation for the January 1, 2019 CHC launch in the Southeast (SE).
 - While we are preparing our policies and procedures to demonstrate how we can meet the CHC contractual requirements, we are also working diligently to educate and prepare our staff for CHC in the SE.
 - We attend Managed Long-Term Services and Supports (MLTSS) Subcommittee meetings, 3rd Thursday webinars, meet & greet sessions, Office of Long Term Living (OLTL) community education and technical assistance sessions. Lessons learned at these events during SW CHC implementation will be beneficial for the SE launch.
 - We have incorporated feedback, comments and suggestions from all areas into our preparations for SE Readiness Review.
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Provider Support and Partnership

- Working with the current HealthChoices approved providers to obtain contracts to help ensure that all Participants continue to receive their services, without interruption, as we implement CHC in the SE.
 - Meeting with providers to understand their concerns related to general program and operational requirements, help identify potential service gaps, and brainstorm delivery of service ideas.
 - Collaborating with providers and associations on how we can provide support and education on topics they identify to help their staff better serve CHC Participants.
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Provider Network Account Executives

Keystone First CHC Provider Network Account Executives have experience with both physical health (PH) and LTSS services.

- They support, advise and educate our providers.
- Committed to providing education and on-site support on the claims process to help ensure prompt payment for rendered services.

The Account Executives will provide training and education for all providers pre- and post- implementation through:

- Face-to-face meetings.
 - Provider forums.
 - Webinars.
 - Association-hosted meetings.
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Provider Contracting

- A majority of the provider agreements have been mailed.
 - We recognize that our PH providers, including Physicians, hospitals, and ancillary providers, play a vital role to the success of CHC and the health and well-being of our Participants.
 - All LTSS providers who provide Home- and Community-Based Services (HCBS) services must be enrolled with Medicaid under provider type 59. Nursing Facilities must be enrolled under provider type 03.
 - Providers must also have a current, active, service location extension for each office and specialty:
 - Home and Community Based Services.
 - Service Coordination Entities.
 - Transportation, Meals etc.
 - Nursing Facility.
 - Please submit all requests and documents to the dedicated CHC provider mailbox.
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Dedicated CHC Provider Mailbox

- Dedicated mailbox for Keystone First CHC providers.
- Submit questions to Keystone First CHC.
- Submit requests to join the Keystone First CHC network.

chcproviders@keystonefirstchc.com

Managing Care for Our LTSS and Community Well Dual Participants

Managed LTSS (MLTSS)

Service Coordinator for NFCE
(Nursing Facility Clinically Eligible)

Service Coordinator's role is personal with face-to-face contact to:

- Help Participants navigate the system and **coordinate their care**.
- Be the **single point of contact** for Participants.
- Provide information to the Participants, Supports, and Providers.
- **Facilitate needed access**, location, coordination and monitoring services and supports.

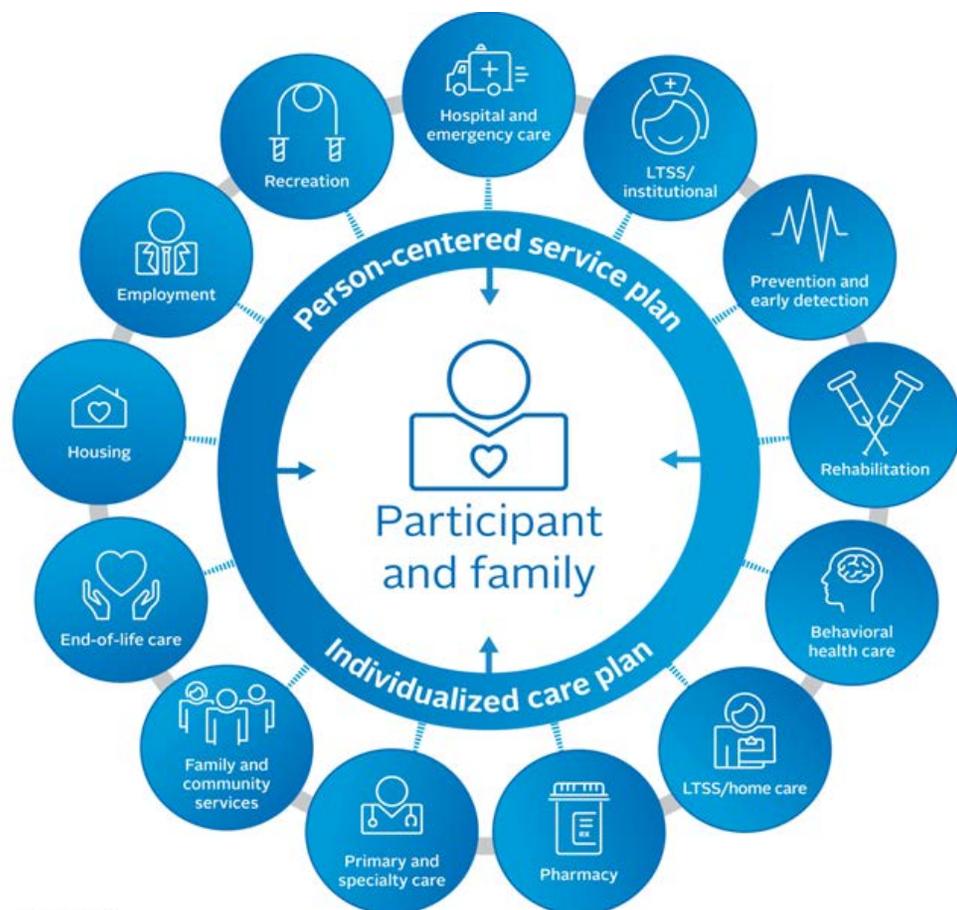
Community Well Duals (CWD)

Care Coordination for the Community Well Duals
(Nursing Facility Ineligible)

Care Coordinator's role with the CWD Participants is to:

- Screen and **identify** CWD Participants who may have unmet needs.
- **Refer** CWD Participants for possible LTSS enrollment.
- **Provide active coordination** during acute/episodic changes in health.
- Facilitate needed access, location and **coordinating care** with Medicare and Medicaid providers and benefits.

Person-centered Approach to Participant Care



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Our multifaceted approach addresses the needs of participants connecting them with health and LTSS services to maximize independence. Our approach includes:

- **Engaging, educating, and empowering participants** to actively participate in improving their health outcomes.
- Helping ensure services and supports are **consumer-directed and family focused**.
- Involving **participants, caregivers, providers, behavioral health care, and representatives from the housing, employment and social service systems** in the care planning and management process.
- Using community-based services to avoid or delay institutional care, supporting members who desire to **remain in a home- and community-based setting**.

Thank You!



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