Welcome!

Community Health Choices

Participant Education

Additional Information: 1-844-824-3655
Visit: www.enrollchc.com
• **WHO & WHAT** will be covered by CHC
• **HOW** things will be different & **WHEN**
• **WHY** the change was made
• **WHERE** to turn if you have questions or need help

• Provide information about an alternative to CHC the **LIFE** Program.

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WHAT IS COMMUNITY HEALTHCHOICES (CHC)?

• Pennsylvania’s mandatory managed care program for people with both Medicare and Medical Assistance, older adults and adults with physical disabilities.

• CHC uses managed care plans (CHC plans) to make sure that all of your physical health services and home and community-based waiver or nursing home services work together.
Improve opportunities for community-based services.

Do a better job of coordinating health care & home and community-based waiver services or nursing home care.

Coordinate better with Medicare.
Health Care

Home and Community-Based Waiver Services or Nursing Home Care
WORKING TO IMPROVE THE SYSTEM

Home Health → Physical Therapy → Primary Care

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WHAT WILL THE CHC PLAN DO?

1. Help you manage your health: Manage chronic health conditions

2. Get long-term services and supports: Arrange for home and community-based services or nursing home care

3. Coordinate care: With your Medicare, doctors, specialists

Healthy at Home
Improve the coordination of health care and home and community-based services or nursing home care to maintain your independence.

CHC Plan

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Each CHC plan is:

- Responsible for having an adequate network of providers.
- Held accountable for how well services are delivered.
- Measure & monitor how well they are doing.
WHO IS COVERED?

Medicare & Medicaid (Dual-eligible)

Adults age 21+ who are:

Eligible for both Medicare & Medicaid (or medical assistance.)

This is known as being a dual-eligible.

CHC does not change Medicare at all.
WHO IS COVERED?

Home and Community Based Services

Adults age 21+ who:

• Need the level of care provided by a nursing home.

• Receiving services through a Medicaid home & community-based waiver.
WHO IS COVERED?

Nursing Home

Adults ages 21+ who:

- Need the level of care provided by a nursing home.
- Receive services-in a nursing home paid for by Medicaid.
• 65 and older or have a severe disability
• Not based on income
• **CHC DOES NOT** change your Medicare

**MEDICARE**

- Doctor visits
- Prescription drugs
- Hospital care
- Outpatient care
- Mental health
- Lab work & tests
- Renal dialysis
- Diabetic supplies
- Durable medical equipment
- Prosthetic devices
- Physical therapy
- Occupational therapy

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MEDICAID

- Also known as Medical Assistance
- Covers physical health, mental health and long-term services

Pay for Medicare premium & deductibles

- Chiropractor
- Podiatrist
- Transportation to Medical Appointments
- Long Term Services & Supports
- Home Health Aide
- Nursing Home Transition
- Some Home Modifications

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Both Medicare & Medicaid

Received Home and Community-Based Waiver Services

Lives in Nursing Home
CONTINUITY OF CARE

Physical Health

The transition period is 60 days for physical health services like doctors visits and lab work.
CONTINUITY OF CARE

Home and Community-Based Waiver Services

For the first 180 days, individuals can keep their current home and community-based service providers and service coordinators.

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CONTINUITY OF CARE

Nursing Home

If you are living in a nursing home on January 1st you can stay in the current facility even if it is out of network with your plan as long as you remain a resident of the nursing home.
WHAT HAPPENS AFTER CONTINUITY OF CARE?

CHC Plans will have a network of providers under contract.

- If your current provider is under contract with the one you choose, you can keep your provider.
- If your current provider is not under contract, you will be asked to choose a new provider.
- You can continue to use your Medicare providers.
Under Community HealthChoices participants can keep their direct care workers & continue to work with the financial management service as they do today.
WILL I LOSE SERVICES?

No, you might actually gain some.

• CHC plans must honor participant preferences to live in the community if they want.

• If you are in the community or transition from an nursing facility to the community, the CHC plans must have services in place to make this possible.
BEHAVIORAL HEALTH SERVICES

• Provided through existing behavioral health plans.
  • Unless you choose the LIFE Program & Behavioral Health is included.

• NEW for individuals living in nursing facilities & Aging Waiver participants.

• CHC plan coordinates all services.
So, what do you need to do now?
DID YOU GET THIS LETTER IN THE MAIL?

Important information about your health care choices.

Open now!
Pennsylvania uses an Independent Enrollment Broker (IEB) to:

• Walk you through the enrollment process
• Help in selecting a CHC plan
• Provide & discuss options (often by asking about current providers & preferences.)
CONTACT PENNSYLVANIA’S IEB

1-844-824-3655
Open Monday through Friday 8 am-6 pm

www.enrollchc.com

Additional Information: 1-844-824-3655
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HOW DO I CHOOSE A PLAN?

- Make a list of your providers
- Use the Health Plan Comparison Chart
- Contact the Independent Enrollment Broker

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**How do I choose a plan?**

**Community Health Choices**

**Health Plan Comparison Chart**

For participants who can get physical and behavioral health benefits, and are eligible for Medicaid long-term services and supports (LTS).

Please turn the page for covered benefits.

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### How do I choose a plan?

- **Make a list of your providers**
- **Use the Health Plan Comparison Chart**
- **Contact the Independent Enrollment Broker**

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### Copays:

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<thead>
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<th>Provider Type</th>
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<tr>
<td>Dental care</td>
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<tr>
<td>Prescriptions</td>
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</tr>
<tr>
<td>Drugs</td>
<td>$3</td>
</tr>
</tbody>
</table>

### Cost-Sharing Examples:

- **Ambulance:** $0
- **Dental care:** $0
- **Inpatient hospital:** $3
- **Medical centers:** $3
- **Medical equipment:** $0
- **Medical visits:** $0
- **Outpatient hospital:** $3
- **Prescriptions:** $1
- **Drugs:** $3

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### Physical and Behavioral Health Benefits:

- Covered registered nurse practitioners
- Chiropractors
- Clinic services
- Crisis services
- Contact lenses and eyeglasses frames and lenses for persons with aphakia (no lens-left)
- Dental care
- Diabetes
- Emergency room and ambulance services
- Family planning services and supplies
- Federally qualified health center services and rural health clinics
- Home health services
- Hospice services
- Hospital services
- Laboratory services
- Mental health services
- Mobile mental health treatment

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THINGS TO CONSIDER WHEN CHOOSING A PLAN:

If You Have Both Medicare & Medicaid

Any extra benefits?

What providers are in the network?

Or, is the LIFE Program a better option for me?
THINGS TO CONSIDER WHEN CHOOSING A CHC PLAN:

Receiving Home and Community-Based Services

Which agencies help me get services now?

Are they in network?
THINGS TO CONSIDER WHEN CHOOSING A CHC PLAN:

Lives in Nursing Home

Is my nursing home in network?

How much help can I get to transition back home?
CHC does **NOT** replace or take away your Medicare

Your Medicare and Medicaid will now work **BETTER** together

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MORE ON MEDICARE

You may choose to change your Medicare – but you do **NOT** have to.

Continue to have all of the Medicare options available today.

You may choose to have the same plan for both Medicaid & Medicare, or they can be different.

Medicare will continue to cover the same services with the same providers that it does today.
Each health plan will also offer a Medicare plan. Like today, enrolling in one of these plans is voluntary.

Some people find that having one company for both Community HealthChoices & Medicare works best for them.

If you have a different company for Medicare, your CHC plan will still work with your Medicare plan & providers.
MEDICARE PLANS

If you have original Medicare or any of these Medicare plans you do not need to make a change to your Medicare coverage:

- Advantra Cares
- Allwell Dual Medicare
- AmeriHealth Caritas VIP Care
- Cigna-HealthSpring TotalCare
- Gateway Health Medicare Assured Diamond or Ruby
- Geisinger Gold Secure Rx
- Health Partners Medicare Special
- Humana Gold Plus
- Keystone VIP Choice
- United Healthcare Dual Complete
- United Healthcare Dual Complete ONE
- UPMC for Life Dual
IMPORTANT ENROLLMENT DATES

✓ Choose your plan by the date that’s on your letter.

✓ If you do not choose a plan the state will choose one for you which you then can change if you like.

✓ You can change your plan in the future if you wish.
WHAT HAPPENS ONCE I’M ENROLLED?

Get a new card & member handbook

Keep your ACCESS card!

Tell your plan what you need (health risk screening)

Continue getting your home & community-based services or nursing home care.
LIVING INDEPENDENCE FOR THE ELDERLY (LIFE)

LIFE is an alternative to Community HealthChoices

A team-based, holistic care for older adults who want to live independently, but want to stay connected in the community.

Who Qualifies?
- Ages 55+
- Financially eligible
- Need long-term care
- Can live safely at home with long-term services

To find a LIFE Center near you
1-800-753-8827
www.dhs.pa.gov/citizens/LIFE
WHERE TO TURN FOR HELP AFTER TODAY:

Independent Enrollment Broker (IEB)
Compare CHC plans, look up your providers, enroll
1-844-824-3655

Apprise (through Area Agency on Aging)
Compare Medicare plans, get free on-on-one help
1-800-783-7067

Long-Term Living Participant Hotline
Questions, concerns about home based waiver services
1-800-757-5042