



## Important information regarding Community HealthChoices (CHC).

As of January 1, 2020, the PA Department of Human Services has completed its statewide rollout of the Community Health Choices program (CHC). CHC is Pennsylvania's mandatory Medicaid managed care program for individuals eligible for both Medicaid and Medicare.

### Highmark Wholecare Medicare Assured<sup>SM</sup> D-SNP members will maintain access to care.

As a valued provider, we want you to be aware that our Medicare Assured Dual Eligible Special Needs Plan (D-SNP) members will not lose coverage due to the CHC Medicaid program. Members are eligible to receive D-SNP benefits if they receive both Medicaid and Medicare. The CHC Medicaid program does not, in any way, change or impact how members enrolled in Medicare D-SNPs access care.

### Key messages to communicate to Highmark Wholecare Medicare Assured D-SNP members:

- Members will not lose their Medicare coverage with Highmark Wholecare Medicare Assured plans when enrolled in CHC.
- No action is needed by Medicare Assured members and their Medicare coverage will continue uninterrupted.
- Members will continue to receive the same trusted quality of care from their Highmark Wholecare plan.
- Highmark Wholecare Medicare Assured plan providers cannot refuse services to members because they do not participate with the CHC managed care organization (CHC-MCO).
- Highmark Wholecare Medicare Assured plan members may keep their existing primary care physician.

### Billing Medicare and Medicaid: How it works under CHC.

Dually eligible participants continue to have all of the Medicare options they had prior to CHC, including Original Medicare and Medicare Advantage. A participant's Medicare coverage does not change unless the participant decides to change it.

- Medicare continues to be the primary payer for any service covered by Medicare. Providers should continue to bill Medicare for eligible services prior to billing Medicaid. CHC does not change the services that are covered by Medicare
- Under CHC, all Medicaid bills for participants must be submitted to the participant's CHC-MCO, including bills that are submitted after Medicare has denied or paid part of a claim. Medicare and Medicaid providers no longer send these bills directly to the Pennsylvania Department of Human Services.
- Providers cannot bill dually eligible participants for Medicare cost sharing when Medicare or Medicaid do not cover the entire amount billed for a service delivered.
- Medicaid is the payer of last resort.
- Once Medicare and any of the patient's other health insurance coverages have paid or denied the claim, Medicaid can be billed for the remainder of the claim. This does not change under CHC.

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- Participants must have access to Medicare services from the Medicare provider of their choice. The CHC-MCO is responsible to pay any Medicare co-insurance and deductible amount, whether or not the Medicare provider is included in the CHC-MCO's provider network and whether or not the Medicare provider has complied with the prior authorization requirements of the CHC-MCO.
  - The CHC-MCO may not require prior authorization for services covered by Medicare. However, if the service is denied by Medicare or there is a limit on the service of Medicare, the CHC-MCO may require prior authorization for the equivalent Medicaid service, as long as the CHC-MCO has a prior authorization policy that was approved by the State.

**Below are links to the CHC Fact Sheets that provide more detailed information.**

**CHC Fact Sheet:**

<https://www.dhs.pa.gov/HealthChoices/HC-Services/Documents/CHC%20Fact%20Sheet.pdf>

**Adult Benefit Package:**

<https://www.dhs.pa.gov/HealthChoices/HC-Services/Documents/Adults%20Benefits%20Package.pdf>

**Long-Term Services and Supports Benefits Guide:**

[https://www.dhs.pa.gov/HealthChoices/HC-Services/Documents/CHC\\_LTSS-FFSvManagedCare.pdf](https://www.dhs.pa.gov/HealthChoices/HC-Services/Documents/CHC_LTSS-FFSvManagedCare.pdf)

**Coordination With Medicare:**

<https://www.dhs.pa.gov/HealthChoices/HC-Services/Documents/Coordination%20of%20Medicare.pdf>

**Populations Served By CHC:**

<https://www.dhs.pa.gov/HealthChoices/HC-Services/Documents/Populations%20Served%20by%20CHC.pdf>

**Eligibility Verification System (EVS):**

[https://www.dhs.pa.gov/HealthChoices/HC-Services/Documents/Eligibility%20Verification%20System%20\(EVS\).pdf](https://www.dhs.pa.gov/HealthChoices/HC-Services/Documents/Eligibility%20Verification%20System%20(EVS).pdf)

Should you have any questions about this communication, please contact the Provider Services department at 1-800-685-5209 (TTY 711), Monday – Friday, 8 a.m.– 4:30 p.m.

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