

Revised: Community HealthChoices (CHC) to ODP Service Form Instructions ODP Announcement 19-148

AUDIENCE:

Administrative Entities (AEs), County Joinders, Delegated Administrators, Individual Users for Office of Developmental Programs' (ODP) Offices

PURPOSE:

To clarify the forms and instructions used when transferring individuals from Community HealthChoices (CHC) to ODP Home and Community Based Services (HCBS) Waivers or base services.

DISCUSSION:

The process of moving individuals from Community HealthChoices to ODP HCBS Waivers or base services will require the use of specific forms and processes. The instructions below break down the steps to move individuals from CHC Managed Care Organizations (MCOs) to ODP HCBS Waivers or base services.

Registering for the HealthChoices Extranet

Note: These instructions apply to users who do not currently have a Commonwealth of Pennsylvania (CWOPA) user id which would allow them to log into the HealthChoices extranet. Without a CWOPA user id, individuals must register for a business partner (b-account) to access the extranet and forms.

The link to register is <http://www.hc-extranet.dhs.pa.gov/>

The user must click on Request Access. If they already have a b-account, they can click on Login or Request Access.

After clicking on Request Access, you can follow the prompts to create a b-account or if you already have an account, you can click on Existing Business Partner Account – [CLICK HERE](#).

Once registered with a b-account, the user can proceed with the following actions:

Release of Information Form

For individuals whom the AE identifies as eligible for an ODP waiver or base services; a **Release of Information form** must be completed.

The AE completes the **Release of Information** form with the participant/participant representative to obtain CHC service information from the CHC MCO. The ODP AE sends an email with the release of information form attached to the participant email address identified by the CHC MCO. This notification identifies the individual is to be enrolled in ODP HCBS Waivers or base services. The AE should specify ODP HCBS Waivers or base services in the email.

The subject line should have the type of ODP Transfer Request, MCI # and proposed enrollment date for services to begin. Be sure to include a proposed enrollment date for the ODP HCBS Waivers or base services and an ODP AE Contact for coordinating the transition inside the comments section.

The CHC MCO contacts the participant to confirm that the individual wishes to withdraw from CHC and enroll in the ODP HCBS Waivers or base services.

Please note, CHC has a **Release of Information** form, as does each County Assistance Office (CAO). The County Assistance Office may elect to use their own Release of Information form.

If you have questions regarding information from the CHC MCO, please contact the Office of Long-Term Living (OLTL) Participant Helpline at 1-800-757-5042.

The Voluntary Withdrawal Form

The Voluntary Withdrawal Form is completed to confirm the participant wishes to discontinue services with CHC and move to the ODP HCBS Waivers or base services. The CHC MCO completes a **Voluntary Withdrawal Form** with the participant or their representative. The CHC MCO then notifies the ODP AE via email that the voluntary withdrawal form has been completed. The CHC MCO documents the choice made by the

individual or their representative and keeps the form in their record in accordance with document retention requirements

Voluntary Disenrollment Form

The Voluntary Disenrollment Form is completed by the AE once receipt of the Voluntary Withdrawal Form has been confirmed. The individual or their representative has indicated that the participant is disenrolling from CHC to enroll in ODP HCBS Waiver or base services.

Once receipt of the Voluntary Withdrawal Form is confirmed, the AE completes the **Voluntary Disenrollment Form** and submits it to Bureau of Data and Claims Management (BDCM) through the HealthChoices Extranet website.

The CHC MCO notifies the ODP AE via email that the Voluntary Withdrawal Form has been completed. The AE and CHC MCO then coordinate a transfer date for the individual from CHC to ODP services.

CHC to MRX Transfer Form

If the ODP AE determines that manual disenrollment from a CHC MCO is necessary to enroll an individual in ODP services, a CHC to MRX Transfer Form should be completed. This may also occur if an error message in HCSIS is received stating “This waiver/program cannot co-exist with the Community HealthChoices Waiver.” This form will be sent via the extranet process to OMAP/BDCM. OMAP/BDCM will complete the CHC MCO disenrollment and will notify the ODP AE by email when the transaction has been completed.

Please Confirm the following are done **before** submission of the CHC to MRX Transfer Form:

- Individual Eligibility has been verified
- Submit 1768 (for participants entering waiver only)
- Submit MA 103 (when leaving skilled nursing facility only)

The CHC MCO plan's effective end date should align with the waiver programs or base services beginning. ODP HCBS Waivers or base services cannot overlap service dates with CHC. The MCO usually gets a service end date for the last day of a month. If BDCM is notified via a request, they have the ability to modify the dates for CHC enrollment. The end date for CHC services should be one day prior to the begin date of the ODP program.

CHC to MRX Transfer Form Instructions

Listed below are instructions for completing each field. Some fields require completion, or the form will not be transmitted. Some fields are edited and will only allow certain characters or formats to be used. This form will be sent via extranet process to OMAP/BDCM.

The AE staff submitting the request should select the appropriate Program Office. Contact Name, Telephone Number, Recipient's Name, Recipient Number, Current MCO, Effective End Date and Recipient County/Record/Line Number are required fields and must be entered in the format indicated. Additional instruction is listed below in the Form Submission section on proper format.

Effective End Date

Effective End Date is a required field and must be entered in the format indicated. Enter the date that the recipient should be disenrolled from the CHC MCO plan. Note the CHC plan's effective end date must coincide with the waiver or base services begin date.

The additional information box is to be used if more information is needed to explain the request. This can be used to indicate the type of transition taking place.

Form Submission

When the CHC to MRX form is complete and ready to be sent, click on the "Submit" button. The form will be sent directly to OMAP/BDCM via the extranet. The date and time will be indicated on the form that OMAP/BDCM receives.

If a copy of the submitted information is needed, print the CHC to MRX form confirmation page that is displayed upon submitting the form. The date and time will be displayed on the form confirmation page.

If an error is made, submit another CHC to MRX form with the corrected data and an explanation in the area labeled "Additional Information" that it is a corrected form.

To complete the same CHC to MRX form with different data, click the back button on your browser and then the "Clear Form" button. The information previously entered will be deleted.

OMAP/BDCM will complete the CHC disenrollment and will notify the ODP AE when the transaction has been completed.

AEs submitting requests to RA account RA-MEMMANAGEMENT@pa.gov may simply enter dummy data in this field; i.e. '99/9999999/99' for County/Record/Line Number. If the correct County/Record/Line Number can be obtained via eCIS , EVS or PROMISE, its inclusion on the form provides additional verification that the correct record is being adjusted.

AEs sending CHC to MRX forms as an attachment to the Membership Management resource account RA-MEMMANAGEMENT@pa.gov are only able to include an individual's name and recipient number. If there is any ambiguity, BDCM will reach out via email to the ODP AE for clarification.

If there are any questions, please contact MembershipManagement@pa.gov.