

[Date]

Dear Participant:

You are receiving this letter because you are an AmeriHealth Caritas Pennsylvania (PA) Community HealthChoices (CHC) Participant who hires your own direct care worker (DCW) through your home- and community-based services benefits.

We are writing to tell you that as of **April 1, 2022**, the Fiscal/Employer Agent (F/EA) services currently performed for the Community HealthChoices program by **Public Partnerships LLC (PPL) will be taken over by Tempus Unlimited<sup>1</sup> (Tempus)**. In the coming weeks, you will get more information about this change and next steps.

### **What does an F/EA do?**

- It helps you or your authorized representative complete forms that are needed to hire your DCW.
- It supports you or your authorized representative during the DCW hiring process.
- It processes time worked and pays your DCW.
- It manages payroll taxes and workers' compensation for you or your authorized representative.

### **What do you need to do?**

- You will receive information in the mail about next steps. You do not have to do anything right now.
- You and your DCW will need to complete new paperwork and training. Tempus will mail you information about this.

### **What will change when Tempus becomes the F/EA?**

- The contact information for your F/EA will change. There will be a new phone number, fax number, and email address.
- The websites that you and your DCW use to submit and review time worked and for electronic visit verification will change.
- **Your choice to hire your own DCW will not change.**

### **Our goals are to:**

- Make sure your services are not disrupted.

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<sup>1</sup>Tempus Unlimited will perform these services on behalf of Homecare Software Solutions LLC, d/b/a HHA eXchange (HHA). HHA is AmeriHealth Caritas PA CHC's contracted Financial Management Services vendor.



- Have a simple process to set up and manage your services that includes easy-to-use software and tools.
- Have payroll be correct and on time.

You will receive updates in future mailings, stakeholder meetings, and on an informational website that will be coming soon.

We have included some frequently asked questions to help address any concerns you may have. If your question is not answered, please call the AmeriHealth Caritas PA CHC Personal Care Connection team at **1-855-332-0116**. TTY users should call **711**. Help is available Monday through Friday from 8:30 a.m. to 5 p.m.

Sincerely

AmeriHealth Caritas Pennsylvania Community HealthChoices



## Frequently Asked Questions

### **Q. What do I need to do because of this change?**

A. You and your DCW will need to fill out some paperwork. You will get more information about this when we get closer to the transition date. Tempus will also reach out to you about trainings.

### **Q. Will I be able to keep my current DCW?**

A. Yes. You will be able to keep your DCW.

### **Q. Will the pay rate for my DCW change?**

A. No. The pay rate for your DCW will not change because of this switch.

### **Q. Will the services I get change?**

A. No. The services you get will not change because of this switch.

### **Q. Will any processes or paperwork change?**

A. Yes. There will be paperwork to complete and some new processes. More information will be provided as we get closer to the change.

### **Q. Does Tempus have experience as an F/EA?**

A. Tempus has been providing F/EA services for more than 20 years. It has served over 20,000 members and has a 98 percent satisfaction score.

### **Q. How can I contact Tempus?**

A. Tempus will be sharing contact information soon.

### **Q. What if I need to contact PPL, the current F/EA company?**

A. You can still reach PPL with questions or concerns at 1-877-908-1750.

### **Q. What can I do if I have more questions?**

A. You can call the AmeriHealth Caritas PA CHC Personal Care Connection team at **1-855-332-0116**. TTY users should call **711**. Help is available Monday through Friday from 8:30 a.m. to 5 p.m.



**AmeriHealth Caritas Pennsylvania Community HealthChoices** complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex gender, gender identity or expression, or sexual orientation.

**AmeriHealth Caritas Pennsylvania Community HealthChoices** does not exclude people or treat them differently because of race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex gender, gender identity or expression, or sexual orientation.

**AmeriHealth Caritas Pennsylvania Community HealthChoices** provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

**AmeriHealth Caritas Pennsylvania Community HealthChoices** provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact **AmeriHealth Caritas Pennsylvania Community HealthChoices** at **1-855-235-5115 (TTY 1-855-235-5112)**.

If you believe that **AmeriHealth Caritas Pennsylvania Community HealthChoices** has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex gender, gender identity or expression, or sexual orientation, you can file a complaint with:

AmeriHealth Caritas Pennsylvania  
Community HealthChoices,  
Participant Complaints Department,  
Attention: Participant Advocate,  
200 Stevens Drive  
Philadelphia, PA 19113-1570  
Phone: **1-855-235-5115**, TTY **1-855-235-5112**,  
Fax: **215-937-5367**, or  
Email: PAmemberappeals@amerihealthcaritas.com

The Bureau of Equal Opportunity,  
Room 223, Health and Welfare Building,  
P.O. Box 2675,  
Harrisburg, PA 17105-2675,  
Phone: **(717) 787-1127**, TTY/PA Relay **711**,  
Fax: **(717) 772-4366**, or  
Email: RA-PWBEOAO@pa.gov

You can file a complaint in person or by mail, fax, or email. If you need help filing a complaint, AmeriHealth Caritas Pennsylvania Community HealthChoices and the Bureau of Equal Opportunity are available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services,  
200 Independence Avenue S.W.,  
Room 509F, HHH Building,  
Washington, DC 20201,  
**1-800-368-1019**, **800-537-7697** (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

# Nondiscrimination Notice

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**ATTENTION:** If you speak English, language assistance services, free of charge, are available to you.

**Call: 1-855-235-5115 (TTY 1-855-235-5112).**

**ATENCIÓN:** Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-855-235-5115 (TTY 1-855-235-5112).**

**ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-855-235-5115(телетайп: 1-855-235-5112).**

**注意：**如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-855-235-5115 (TTY 1-855-235-5112)。**

**CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-855-235-5115 (TTY 1-855-235-5112).**

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-855-235-5115 (رقم هاتف الصم والبكم: 1-855-235-5112).**

**ध्यान दिनुहोस्:** तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् **1-855-235-5115 (टिडिवाइ: 1-855-235-5112) ।**

**주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-855-235-5115 (TTY 1-855-235-5112)** 번으로 전화해 주십시오.

**ប្រយ័ត្ន:** បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ **1-855-235-5115 (TTY 1-855-235-5112) ។**

**ATTENTION :** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-855-235-5115 (ATS 1-855-235-5112).**

**သတိပြုရန် - အကယ်၍ သင်သည် မြန်မာစကား ကို ပြောပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့်အတွက် စီစဉ်ဆောင်ရွက်ပေးပါမည်။ ဖုန်းနံပါတ် 1-855-235-5115 (TTY 1-855-235-5112) သို့ ခေါ်ဆိုပါ။**

**ATANSYON:** Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele **1-855-235-5115 (TTY 1-855-235-5112).**

**ATENÇÃO:** Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para **1-855-235-5115 (TTY 1-855-235-5112).**

**লক্ষ্য করুন:** যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নি:খরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন **1-855-235-5115 (TTY 1-855-235-5112).**

**KUJDES:** Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në **1-855-235-5115 (TTY 1-855-235-5112).**

**सुचना:** જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો **1-855-235-5115 (TTY 1-855-235-5112).**