Frequently Asked Questions
For Nursing Facilities and Adult Day Providers participating in CCC Plus

Question	Answer
What is CCC Plus?	CCC Plus is a new Medicaid program that provides medical, behavioral, substance use disorder, and long term services and supports all under one program. CCC Plus is a statewide program that is being phased in by region. It began in the Tidewater region on August 1, 2017. Enrollment in CCC Plus does not affect an individual's enrollment in Medicare.
Is there a website that lists the names of providers (PCP, specialists, hospitals, etc.) for each health plan? Also, with the CCC demonstration, we could call in, but the client had to be next to us on the call. Is that still required?	You can search the enrollment website at cccplusva.com for information on participating doctors, specialists, hospitals, etc. for each health plan. You may also call the CCC Plus Helpline at 1-844-374-9159. You need to be an authorized representative if you call the Help Line to assist a member. Members can go on the website and make changes to their health plan as well. The website option is a new addition that your clients can use.
Is there a deadline to contract with health plans?	No; however, there is an advantage for those providers that contract early with a health plan. One is the health plans will operate with narrower networks than fee-for-service. The plans do not need to contract with any willing provider. Also, one of the criteria used in the CCC Plus intelligent assignment process considers member/provider relationships for certain LTSS providers participating with the health plans. For example, members receiving care through nursing facility, adult day, or (Tech Waiver) private duty nursing providers may be assigned to a health plan that is contracted with the member's nursing facility, adult day, Tech waiver or private duty nursing provider.
Are nursing facilities still restricted from completing a Uniform Assessment Instrument (UAI)?	Yes, nursing facilities are still restricted from completing a UAI. A UAI is still required to be completed by the hospital. However, if the individual enters as a skilled or custodial patient and there is no UAI completed by the hospital, health plans will accept the Nursing Facility Admission Form (completed w/in the first 5 days of admission) and the DMAS 96 instead of the UAI. If the individual is changed to custodial status and then moved to the community, a UAI will need to be completed.
What if a Uniform Assessment Instrument (UAI) is not completed?	UAIs are completed by screening teams. It is more difficult when the person is in the hospital. If the nursing facility does not have the UAI, the health plans will accept the Nursing Facility Admissions form (completed

Frequently Asked Questions
For Nursing Facilities and Adult Day Providers participating in CCC Plus

Question	Answer
	w/in the first 5 days of admission) and the DMAS 96 in lieu of a UAI. The UAI process does not change in CCC Plus. The Nursing Facility Admissions Form for CCC Plus members is found on the DMAS website at: Nursing Facility Admissions Form
After enrollment in CCC Plus, the Pre-Admissions Screening (PAS) Team sends the PAS to the contractor. Will the contractor send a copy to the nursing facility or will the PAS Team send a copy to the nursing facility?	In CCC Plus, the PAS Team will send the PAS to the health plan. The health plan Care Coordinator will then work with the member to choose a provider and then will send the PAS to the nursing facility chosen by the member or member's family.
With the 90 day transition plan, each provider will have to sign an agreement with the health plans in order to get reimbursed- even if you are not in contract to be a provider, correct?	On the DMAS website, see the General NF Procedures tab of the Nursing Facility Chart to get specific information on reimbursement as an out of network provider during the continuity of care period.
Is there a chart available that compares each health plan's offerings?	Yes, a comparison chart is available on the CCC Plus website at cccplusva.com under member materials.
How does CCC Plus impact the annual Medicaid re-certification process?	The annual Medicaid re-certification determination will still occur as it does under Fee For Service (FFS). It is important that members submit completed paperwork as early as possible to avoid disruption of services. CCC Plus care coordinators can also assist members with reminders to submit paperwork to avoid disruption.
When family members are responsible, they often allow the individual's Medicaid to lapse. How can we fix this?	That is a challenge that we recognize. We suggest that as you know that members have this issue that you work with the care coordinator at the health plan to see if they can provide assistance to the family.
Is there a portal with the dates of recertification for Medicaid members?	That is not available right now.
Please verify that the health plan will be responsible for submitting the PIRS DMAS-80 form for level and DMAS225 for eligibility information for CCC Plus members in a nursing facility.	For the first month of the regional roll out for each region, we would like NF providers to submit the DMAS – 80 level of care form to DMAS. By Jan 2018, health plans will enter the level of care for all regions. Health plans will submit the DMAS 225.

Frequently Asked Questions
For Nursing Facilities and Adult Day Providers participating in CCC Plus

Question	Answer
How often can a member change plans?	Members can change plans prior to the effective date, or within 90 days of their enrollment date. For Tidewater, members would have until the middle of December to change health plans. Members can change health plans up to 6 times. Once they get back to their original health plan, they cannot change again.
In the CCC demonstration program, to avoid an administrative burden on day programs, the health plans agreed to use the same forms/documentation (301, 99, 302) for the adult day programs. What is the arrangement for CCC Plus?	Please see documentation requirements on the DMAS website in the Adult Day Health Care chart.
For transfers of individuals from one Skilled Nursing Facility (SNF) to another, is there a pre-certification authorization required before the member can transfer SNF's within the same CCC Plus Region?	For these types of transfers, contact the health plan Care Coordinator.
For Long Term Services and Supports (LTSS), how often will a facility need to obtain authorizations for the resident?	Annual re-authorizations are required by some health plans. Information is included on the Nursing Facility Chart on the DMAS website.
If someone will be covered in a nursing facility for 90 days after enrollment, what needs to be done to ensure they continue coverage under CCC Plus beyond those 90 days?	The individual can stay in the nursing facility as long as they meet nursing facility level of care criteria. The Care Coordinator from the health plan will be reaching out to the Nursing Facility.
Can we expect Myers/Stauffer audits and DMAS audits to continue or will the health plans conduct the audits? How often are audits required?	Health plans will conduct audits on the dates of service while that person is enrolled in CCC Plus. DMAS program integrity and the Virginia Department of Health (VDH) are working together to minimize repeat audits from the health plans and DMAS.

Frequently Asked Questions
For Nursing Facilities and Adult Day Providers participating in CCC Plus

Question	Answer
Are all 6 CCC Plus health plans offering the D-SNP program?	In 2017, Anthem and Virginia Premier have D-SNP offerings. In 2018, Aetna Better Health, Optima Health, and United Healthcare have D-SNPs. Individuals can enroll into those D-SNPs beginning October 1. Magellan will have a D-SNP beginning in 2019.
Please confirm that all residents in nursing facilities with dual eligibility will be enrolled in CCC Plus.	If a resident is dual eligible and is residing in a nursing facility and meets all other requirements (no hospice or ESRD), and is not living in an excluded nursing facility, the resident will be enrolled into CCC Plus.
Do the CCC Plus health plans set their own reimbursement rate or do they follow the rate set by Virginia DMAS?	The Medicaid rate is the floor. They do negotiate rates and can do alternate payments with the provider.
Do CCC Plus health plans pay for hospital bed holds? Do the health plans pay for a Leave of Absence (LOA)?	Health plans are not required to pay for bed holds. Some health plans may choose to pay for bed holds in some cases. Please see the Nursing Facility Chart for details.
What is the ratio of individuals to care coordinators?	The care coordinator to member ratios are as follows: Members in waivers 1:70 Members who are NF residents 1:175 Other vulnerable subpopulations 1:100 Members who are emerging high risk populations 1:350
Will the CCC Plus health plans be holding webinars? Is there someone at DMAS that will be able to help nursing facilities if we have problems getting paid by a health plan?	The CCC Plus health plan contact list is on the DMAS CCC Plus website at dmas.virginia.gov. For payment issues, you should contact the health plan first. If you are unable to get an answer, email DMAS at cccplus@dmas.virginia.gov. When emailing, do not include Protected Health Information (PHI) or personal identification information.

Frequently Asked Questions
For Nursing Facilities and Adult Day Providers participating in CCC Plus

Question	Answer
Is it correct that individuals will only be enrolled in a D-SNP if they request to do so?	Individuals enrolled into CCC Plus are not automatically enrolled into a D-SNP. If a member is in the CCC demonstration program, some may be auto enrolled into a corresponding DSNP (Anthem and Virginia Premier). Ultimately it is the member's choice to stay in the DSNP or enroll in one.
Is there a yearly recertification process?	The process for recertification is the standard Medicaid process conducted by the local Department of Social Services.
Who will be responsible for collecting patient liability?	The CCC Plus health plans are responsible for patient liability, through the nursing facility provider. The health plans will not be collecting from the member.
Is there a hospice form that shows a beneficiary is currently enrolled in hospice?	The hospice provider must send the DMAS 421A form to DMAS so that the status can be documented in the MMIS. Individuals enrolled in hospice prior to being enrolled in CCC Plus will not be enrolled; if the individual is in CCC Plus and then elects hospice, they will remain in CCC Plus.
Can we have a list of all of the individuals in our facility who are enrolled in CCC Plus?	For information about how to access the NF enrollment file, please see the July 19, 2016 memo, which can be found on the Virginia Medicaid Web Portal under Provider Services. Please email DMAS at cccplus@dmas.virginia.gov if you need assistance.
In Northern Virginia, letters go out to members on October 18th. If we want our program to be entered into the provider data base, the one that chooses the best plan for enrollees, by what date do we need our agreements signed with the CCC Plus health plans?	Contracts should be signed with each health plan no later than the first week of October. Health plans add your facility to the provider file which is loaded by DMAS to be included in the assignment process. Provider recruitment is ongoing.

Frequently Asked Questions
For Nursing Facilities and Adult Day Providers participating in CCC Plus

Question	Answer
When someone has a patient pay, is that a different process with the CCC Plus program?	The process is the same. Patient pay is evaluated and determined by the local Department of Social Services (DSS). Please see the Personal Care Chart for details on how each health plan is handling patient pay.
If our nursing facility has residents who become enrolled in CCC Plus but my facility doesn't participate with CCC Plus, does the member have to transition to another nursing facility that is in network with the health plan?	No. The health plan will continue to pay the nursing facility out of network as long as the nursing facility is willing to accept a case by case agreement and is willing to allow the MCO care coordinators to visit the member.
If the member requires skilled nursing facility treatment, can they go to a nursing facility that does not participate with the CCC Plus Plan as long as the nursing facility participates with the Medicare plan.	The Member should choose a nursing facility that participates with their Medicare Plan and their Medicaid CCC Plus health plan; the CCC Plus health plan could authorize nursing facility services out of network. However, if the member chooses to go into a skilled facility under Medicare who does not contract with the member's health plan, the health plan may work to transition the member to another nursing facility if custodial care is needed.
Do we need an authorization for current members?	Nursing facilities do not need to submit authorization for current members. The health plan will contact the nursing facility to do a health risk assessment. There is a spreadsheet posted on the DMAS website that tells you whether certain health plans will do re-authorizations. Health plans already have information for the continuity of care period.
At the end of the grace period, when we send the claims, do we need an authorization number?	The notification process should be worked out during the HRA process. Some health plans are not requiring authorizations, but instead require a notification process. See the Nursing Facility Chart on the DMAS website.
I work at an Adult Day center. How will we be notified when someone is enrolled into CCC Plus?	You should check the MMIS for the Medicaid eligibility status of the individual. It will indicate if they are enrolled in CCC Plus and what health plan they are assigned to.

Frequently Asked Questions
For Nursing Facilities and Adult Day Providers participating in CCC Plus

Question	Answer
We had a Virginia Premier member in need of transportation. We would have contacted the case worker but did not know who it was.	In situations such as this, you can call Member Services at the health plan to inquire who the member's care coordinator is and then ask to speak with him/her.
Will there be one care coordinator per health plan per facility?	There will be one per facility when possible, but it will depend on volume and acuity. If a care coordinator is seeing waiver individuals and nursing facility members, there may be a need for more than one care coordinator.
There is a lot in the news about funding being reduced by the federal government and Anthem and Optima withdrawing from the Insurance Exchanges. Are Anthem and Optima going to withdraw from CCC Plus too?	DMAS is aware and monitoring what is happening at the federal level. Anthem and Optima's participation in areas of the State Insurance Exchange has no impact on CCC Plus. CCC Plus health plans are contracted through a separate process.