



## Commonwealth Coordinated Care Update – December 2014

Effective December 6, 2014, there are **26,443** individuals currently enrolled in the Commonwealth Coordinated Care (CCC) program. As 2014 comes to a close, the CCC Team at the Department of Medical Assistance Services (DMAS) would like to thank our partners and stakeholders for your ongoing engagement in the process of implementing the CCC program this year. All that has been accomplished and all of the positive outcomes enrollees are experiencing as a result of CCC could not have been achieved without your feedback and support. The CCC Team looks forward to continuing to work together in 2015!

### Program Updates

#### *Reminder about CCC enrollment and beneficiary flexibility:*

As a reminder, the regional phases of automatic assignment ended November 1, 2014. Moving forward, beneficiaries that become dually eligible for the first time and meet the other CCC eligibility criteria will be jointly identified as CCC eligible in the Medicare and Medicaid systems. Those newly eligible for CCC will receive a letter notifying them of their automatic assignment into CCC sixty days prior to the assignment taking effect. All beneficiaries eligible for CCC remain able to exercise their enrollment flexibility with CCC and can opt-out, change health plans, or opt-in to CCC at any time. Beneficiaries who may have previously opted-out of CCC can choose to opt-in to CCC and select a health plan through the remainder of the Demonstration.

#### *Is it HAP or CCC?*

The DMAS CCC team has received a request to make a distinction between CCC and the new Health and Acute Care Program (HAP) that extends managed care to Medicaid beneficiaries receiving the Elderly and Disabled with Consumer Direction (EDCD Waiver). There are a few important distinctions between HAP and CCC:

- CCC eligibility requires the EDCD recipient have both Medicare and Medicaid. The HAP program is for Medicaid ONLY beneficiaries; therefore, if an EDCD recipient has Medicare, they are not eligible for HAP.
- CCC is a voluntary program and eligible beneficiaries can opt-out of CCC or change health plans at any time. Enrollment in HAP is mandatory for those EDCD members who don't have any other managed care exclusions. EDCD members in Medallion 3.0 HAP cannot opt-out.



Providers can learn more information on the HAP program from the Medicaid Memo dated September 19, 2014. Please direct all questions about the HAP program to [HAP@dmass.virginia.gov](mailto:HAP@dmass.virginia.gov).

### *Commonwealth Coordinated Care Hospice Guidance:*

Providers have asked important questions about how hospice relates to CCC so DMAS is including the following information:

- Under the Commonwealth Coordinated Care (CCC) Program, dually eligible beneficiaries receiving the Hospice benefit are exempt from CCC enrollment.
- Beneficiaries actively enrolled in CCC who become eligible for Hospice services can elect to begin Hospice services with the Hospice provider of their choice while still enrolled in CCC.
  - Hospice services will begin immediately and the beneficiary will remain enrolled in CCC through the end of the current month.
- The Hospice provider will follow the current required practice to notify Medicaid of Hospice election by submitting the DMAS 421A form.
  - Once the DMAS 421A is processed, VaMMIS will identify the beneficiary as no longer eligible for CCC and will automatically return the beneficiary to fee-for-service (FFS) Medicare and Medicaid on the first of the following month.
- During the overlap in CCC and Hospice services,
  - Hospice will bill Medicare as they usually do for hospice-related services.
  - Medicare A and B non-hospice related services are billed to Medicare FFS.
  - Non-hospice related Medicaid specific services (e.g. EDCD Waiver, CMHRS, etc), Medicare Part D drugs, demonstration-only services and plan-specific supplemental benefits are billed to the MMP.
- If the CCC beneficiary elects Hospice while living in a nursing facility, the facility must bill the Hospice, not DMAS or the MMP for reimbursement that would normally be paid to the facility by DMAS (room and board). Hospice and nursing facility providers must follow guidelines outlined in the Medicaid Provider Manual for Hospice.



## Success Stories from the Field:

A recent educational event at a nursing facility highlighted some of the positive interactions that are happening within the CCC Program. A nursing facility in one of the CCC regions hosted a family night educational event to share information about CCC. Beneficiaries, advocates, and staff at the nursing facility attended the event and were eager to learn more about the CCC Program. One of the advocates in the room asked a question about a particular beneficiary and the facility social worker offered to connect the advocate and the appropriate CCC Care Coordinator by phone the next day. Facility staff knew the names of the Care Coordinators from each of the health plans that had been assigned to their building and indicated they see the Care Coordinators on a regular basis. One family member was in the process of enrolling her mother in Medicaid and came to the event because the facility social worker had informed her about CCC and encouraged her to learn more about the program. Also during the event, the facility staff indicated they are working with their representatives from the three health plans to answer questions about Continuity of Care and Service Authorizations. The interactions described during this meeting brought to light the collaboration happening among providers, beneficiaries, and the Medicare-Medicaid Plans (MMPs) as a result of the coordination from the CCC Program. While CCC is still new to their area, the meeting attendees expressed they feel positively about the potential for improved quality of health care services through CCC care coordination.

## Evaluation Update

To date, the evaluation team has conducted four focus groups with dual eligible beneficiaries and caregivers at the following centers for independent living: Peninsula Center for Independent Living (Hampton), the Endependence Center, Inc. (Norfolk), Resources for Independent Living, Inc. (Richmond), and the disAbility Resource Center (Fredericksburg). The team is scheduled to conduct a focus group with dual eligibles at the Independence Empowerment Center (Manassas) on January 7, 2015. The purpose of the focus groups is to provide DMAS management and other stakeholders with information on the early impact of the CCC Program by soliciting accounts of experiences from enrollees with long term service and support and/or behavioral health needs and to identify areas for program improvement.

The evaluation team is continuing to work with the Virginia Association of Area Agencies on Aging and the Virginia Association of Community Services Boards to schedule additional focus groups with enrollees across the demonstration regions during 2015. In addition, the evaluation team would like to announce that Debra Grant, a CCC enrollee, volunteered to serve on the evaluation advisory committee! Finally, individuals interested in the evaluation should direct inquiries to Gerald A. Craver (DMAS lead evaluator: [gerald.craver@dmas.virginia.gov](mailto:gerald.craver@dmas.virginia.gov)).



## Quality Update

Per their contract requirements, the MMPs host quarterly Member Advisory Committee meetings. Beneficiaries or authorized representatives are invited to attend and participate in a presentation with important member information followed by an open forum for members to ask questions and express concerns. Member feedback is routed to the MMPs' Quality and Governing Boards to inform the quality improvement process. The CCC Quality Analyst attended these quarterly meetings for each of the health plans and observed the discussions and feedback from attendees. During a recent meeting, one member shared how her MMP Care Coordinator helped her select a more suitable primary care physician (PCP), which the member had wanted to accomplish prior to enrolling in CCC. The Care Coordinator also helped the member navigate and use the traditional medical benefits and MMP expanded benefits to their maximum potential. The member reports this has improved her health and positively influenced other areas of her life. As a result of a medication change the member enjoys eating again, has a healthier weight and better diabetes control. The member concluded by saying she feels energized to dance and enjoy other activities again.

## Outreach and Education

The CCC Team is currently working with community partners to schedule ongoing CCC educational events in the different CCC regions. If you would like to partner with DMAS to offer CCC education in your area, please reach out to us at [CCC@dmass.virginia.gov](mailto:CCC@dmass.virginia.gov).

## Changes to weekly calls with DMAS and the MMPs!

DMAS is pleased to announce adjustments to the provider and beneficiary call schedules. Virginia providers and beneficiaries have successfully used these weekly calls to learn about CCC and have their questions answered by DMAS and the three MMPs. As knowledge of CCC has increased and stakeholders have developed relationships with the MMPs to address their questions and concerns, the need for weekly calls has decreased. As a result, DMAS will implement a new schedule for beneficiary/advocate and provider calls. DMAS will work with stakeholders to make adjustments to these calls as needed going forward.

**Starting January 2015 the call schedule will be as follows:**

**CCC Calls for Beneficiaries & their Advocates**  
**The Second and Fourth Friday of each month at 10am**  
**Dial-In Information: 1-866-842-5779**  
**Pass Code: 6657847797#**



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<b>Monday Provider Calls (LTSS)</b>		<b>Friday Provider Calls</b>	
Adult Day Services <b>The Second and Fourth Monday of each month</b>	1:30-2p Conference Line 866-842-5779 Conference code 7143869205	Hospitals & Medical Practices <b>The Second and Fourth Friday of each month</b>	11-11:30am Conference Line 866-842-5779 Conference code 8047864114
Personal Care, Home Health & Service Facilitators <b>Weekly</b>	2-2:30p Conference Line 866-842-5779 Conference code 8047864114	Behavioral Health <b>Weekly</b>	11:30am-12pm Conference Line 866-842-5779 Conference code 8047864114
Nursing Facilities <b>Weekly</b>	2:30-3p Conference Line 866-842-5779 Conference code 7143869205		

**NEXT STAKEHOLDER ADVISORY COMMITTEE MEETING: March 2015**