



## *Notes from the Field – April 2014*

### **Overview of the Commonwealth Coordinated Care Evaluation**

The Commonwealth Coordinated Care (CCC) Program (a Medicare-Medicaid financial alignment demonstration authorized under the Affordable Care Act) is intended to improve care for approximately 78,000 “dual eligibles” (individuals who receive both Medicare and Medicaid benefits) by coordinating and integrating all medical, behavioral health (BH), and long term services and supports (LTSS) they are eligible to receive under a managed care delivery system. For dual eligibles residing in the Tidewater and Central Virginia regions, enrollment into the CCC Program began on March 1, 2014, with services starting on April 1, 2014. Enrollment for dual eligibles residing in the Northern Virginia, Charlottesville, and Roanoke regions is scheduled to begin on May 1, 2014, with services starting on June 1, 2014.<sup>1</sup> Over 1,700 dual eligibles have enrolled in the CCC Program since March 1.

Because the CCC Program represents a new approach to providing care in Virginia, the Department of Medical Assistance Services (DMAS) partnered with George Mason University (Mason) to evaluate the program using both qualitative and quantitative data collection and analysis procedures.<sup>2</sup> DMAS staff are responsible for the qualitative component of the evaluation, while Mason faculty are responsible for the quantitative component. As part of the evaluation, DMAS created its first-ever evaluation advisory committee to assist the evaluators with understanding the unique needs and concerns of the various organizations and dual eligible subpopulations involved in the program. (The members of the evaluation team and advisory committee are listed in Appendices A and B.)

To meet the informational requirements of DMAS management and other stakeholders, the evaluation will focus on estimating the overall impact of the program on various cost, quality, and utilization outcomes over time, with particular emphasis on assessing the efficacy of the MMPs’ care coordination and integration activities among specific groups of providers (area

---

<sup>1</sup> Because the CCC Program is a financial alignment demonstration, it does not cover all regions in Virginia. Initial enrollment will occur on a voluntary basis for all qualified individuals, followed by passive enrollment of the remaining individuals who do not voluntarily enroll. While the program will utilize passive enrollment, all enrollees will have the option to switch health plans and/or withdraw (or opt-out) at any time.

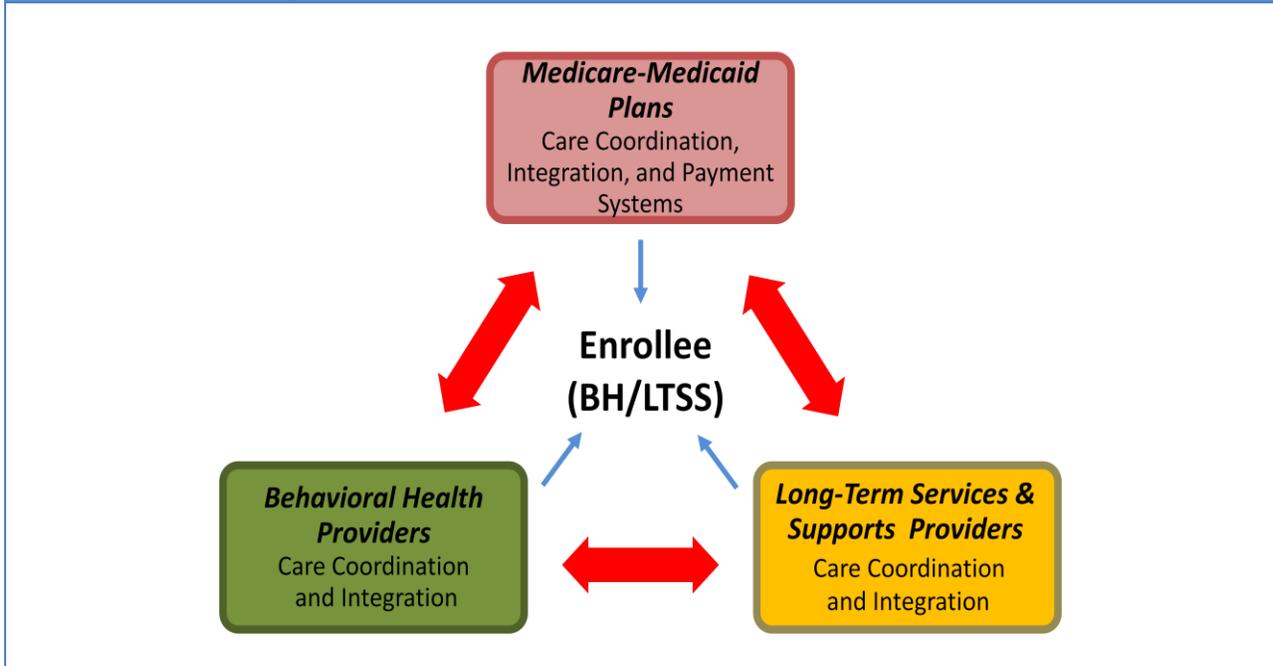
<sup>2</sup> The Centers for Medicare and Medicaid Services (CMS) contracted with RTI International to conduct an overall national evaluation of the financial alignment demonstrations in Virginia and other participating states. While similar in scope, the evaluation that DMAS and Mason are conducting is specific to Virginia and includes data collection methods that RTI is not performing such as intensive fieldwork and an enrollee survey.

agencies on aging, centers for independent living, community services boards, and nursing facilities, etc.) serving enrollees with serious BH and/or LTSS needs.

The evaluation will examine care coordination and payment systems at the Medicare-Medicaid Plan (MMP) level, and demographic, enrollment, and satisfaction patterns at the enrollee level. Care coordination will be a particular focus of the evaluation for two reasons: 1) enrollees with BH/LTSS needs are particularly vulnerable due to their need for care related to one or more chronic diseases, cognitive impairments, mental health disorders, or physical disabilities and 2) the MMPs traditionally have limited experience managing individuals with complex care needs who require non-traditional services from providers such as community mental health specialists, service facilitators, health navigators, rehabilitation counselors, and personal care attendants. The main content areas that will be examined in the evaluation and their presumed interrelationships are presented in Figure 1.

This document serves as a formal record of the DMAS/Mason evaluation team’s data collection and fieldwork activities. Because the document is intended to promote transparency in the evaluation process, it will be updated periodically and posted on the DMAS website.

**Figure 1. A Conceptual Framework for Focusing the Evaluation of the Commonwealth Coordinate Care Program**





Individuals interested in the evaluation should direct inquires to Gerald Craver (DMAS lead evaluator; [gerald.craver@dmas.virginia.gov](mailto:gerald.craver@dmas.virginia.gov)). Additional information on the CCC Program and evaluation are available online at: [http://www.dmas.virginia.gov/Content\\_pgs/altc-enrl.aspx](http://www.dmas.virginia.gov/Content_pgs/altc-enrl.aspx).<sup>3</sup>

## Data Collection Activities to Date

**Qualitative Component.** Using a case study approach, the qualitative component of the evaluation will examine the *hows* and *whys* of the CCC Program from the perspectives of DMAS staff, MMP staff, providers, and enrollees. Thus, it will rely heavily upon observations of the BH/LTSS care coordination and integration process; interviews and focus groups with program staff, providers, and enrollees; and reviews of program-related documents, such as the memorandum of understanding between DMAS and the federal Centers for Medicare and Medicaid Services (CMS) and three-way contract between DMAS, CMS, and the MMPs, MMP readiness reviews conducted to assess the extent to which the MMPs were prepared to implement the CCC Program, and various internal DMAS reports and program marketing materials. Since September 2013, the evaluation team has conducted 23 interviews with staff from DMAS, the MMPs, and various provider organizations and has observed approximately 30 hours of program planning, training, and community outreach activities (See Table 1). In addition, the evaluation team has reviewed over 30 documents related to the CCC Program.

**Quantitative Component.** The quantitative component will seek to determine what changes occurred in enrollee access and quality of care as a result of the CCC Program by analyzing enrollee-level administrative and survey data. Initially, the quantitative component will examine the characteristics of individuals who enroll and disenroll from the CCC program. The initial phase will also encompass an enrollee survey to examine changes in access, utilization and satisfaction among individuals who use BH/LTSS. Later phases will examine whether the CCC Program resulted in more appropriate service utilization, better coordination and improved quality, and lower program costs. Because enrollment into the CCC Program is occurring on a rolling basis, the quantitative component will not be implemented until early 2015 to allow for an adequate number of dual eligibles to enroll in the program and experience services offered by the MMPs. (Findings from the quantitative component of the evaluation will be included in future *Notes from the Field* documents.)

---

<sup>3</sup> Prior to release, *Notes from the Field* – April 2014 was reviewed by staff at DMAS and the MMPs as well as by members of the evaluation advisory committee and their comments were incorporated.



<b>Table 1. Summary of Qualitative Data Collection Activities</b>		
<b>Activity</b>	<b>Definition</b>	<b>Total</b>
Interviews	Collecting information by asking one or more individuals general, open-ended questions and recording their answers.	23 Interviews (DMAS: 5) (Provider Organization: 8) (MMPs: 10)
Observations	Collecting firsthand information by observing people and places at a research site.	30 hours (DMAS/MMP Trg: 15 hrs) (Workgroup: 10 hrs)* (Townhall: 12 hrs)
Document Reviews	Collecting information by reviewing various documents and records related to a program, data collection site, or enrollees.	33 Documents (DMAS: 18) (Provider: 12) (MMP: 8)

\*Two workgroups (one composed of staff from DMAS, the MMPs, and the Virginia Health Care Association; the other composed of staff from DMAS, the MMPs, and the Virginia Association of Community Services Board) were assembled to address BH and LTSS issues related to the CCC Program. This information is current as of April 2014.

## Update on the Evaluation Team’s Initial Fieldwork Findings

A summary of initial findings from the evaluation team’s fieldwork activities is presented in Table 2. Because the findings are based on preliminary analyses of information collected through interviews, observations, and document reviews, they are subject to change as the evaluation team learns more about the program’s implementation and service delivery processes. The table is divided into three columns (DMAS, provider organizations, and MMPs) containing nine cells that reflect “themes” or patterns identified in the data.<sup>4</sup> Information supporting each theme is presented in its respective cell. For example, the first theme listed under the MMP column is “Experienced and Motivated Care Management (CM) Staff,” which is supported by several statements that summarize data collected on CM staff through interviews and observations. The remaining cells in Table 1 are interpreted in a similar manner.

## Next Steps

Currently, the evaluation team is working with the Virginia Association of Centers for Independent Living to recruit enrollees to participate in a series of focus groups to learn about

<sup>4</sup> For this update, the evaluation team interviewed staff representing several provider groups including adult day care, area agencies on aging, centers for independent living, community services boards, and home health care.



their care and service experiences leading up to the CCC Program as well as their experiences during the program enrollment process. The team is also continuing to interview LTSS providers to explore their views on the CCC Program and observing training activities that the MMPs are conducting for CM staff. In addition, the team is scheduled to meet with the evaluation advisory committee on May 22, 2014. Finally, the team is developing a survey questionnaire that it plans to administer to a sample of BH/LTSS enrollees by early 2015.



**Commonwealth Coordinated Care**  
**Medicare & Medicaid** working together for you

**Table 2. Summary of Preliminary Fieldwork Findings**

<b>DMAS</b>	<b>Provider Organizations</b>	<b>Medicare-Medicaid Plans</b>
<p><b><u>CCC Program is Important</u></b></p> <ul style="list-style-type: none"> <li>• First time providing BH/LTSS for dual eligibles through a coordinated and integrated managed care delivery system</li> <li>• Performance of program will influence other health care initiatives in Virginia</li> <li>• Created new office and hired nine staff to administer program</li> <li>• Evaluation to determine extent to which program is providing services that meet enrollees' health and social needs</li> </ul>	<p><b><u>CCC Program Can Benefit Providers and Enrollees</u></b></p> <ul style="list-style-type: none"> <li>• Program can improve quality for dual eligibles by providing additional benefits and care coordination/integration</li> <li>• Allow providers to serve more by maximizing resources</li> <li>• Enrollees will have advocates to help navigate health care system</li> <li>• Providers can share BH/LTSS knowledge with MMPs</li> <li>• Empower enrollees to manage care</li> </ul>	<p><b><u>Experienced and Motivated Care Management (CM) Staff</u></b></p> <ul style="list-style-type: none"> <li>• CM staff are experienced; however, new to a managed LTSS environment</li> <li>• CM staff excited about helping enrollees and are receiving training to enhance skills</li> <li>• LTSS CM staff are locally based in communities around state, while many community well<sup>a</sup> CM staff are centrally located in MMP offices</li> </ul>
<p><b><u>Payment and Care Coordination Are Critical</u></b></p> <ul style="list-style-type: none"> <li>• Provider payment and care coordination are critical to the success of the program</li> <li>• Care coordination is especially important for enrollees with BH/LTSS needs because they have typically lacked this benefit in the past</li> </ul>	<p><b><u>Concerns Exist About CCC Program</u></b></p> <ul style="list-style-type: none"> <li>• MMPs need to do more education and outreach because providers do not understand program (e.g., claim submission, authorizations, discharge planning, care coordination, and interdisciplinary care team)</li> <li>• MMPs need to test claim submission/reimbursement systems</li> <li>• Ensure good information so individuals can make informed decisions about the program</li> </ul>	<p><b><u>Implementation Challenges</u></b></p> <ul style="list-style-type: none"> <li>• Hiring qualified staff on magnitude required by program</li> <li>• Steep LTSS learning curve for MMP staff</li> <li>• Incorrect enrollee contact information</li> <li>• Educating provider community about CCC Program</li> <li>• Contracting with providers to ensure adequate network coverage in demonstration areas</li> <li>• Developing claim submission/reimbursement systems for BH/LTSS providers</li> </ul>
<p><b><u>Outreach is On-going</u></b></p> <ul style="list-style-type: none"> <li>• Working with stakeholders to ensure program meets needs of enrollees</li> <li>• Conducting Townhall meetings to promote program to providers and enrollees</li> <li>• Meeting with various state and national groups to discuss program</li> <li>• Facilitating meetings among BH/LTSS providers and MMPs to promote two-way communication</li> </ul>	<p><b><u>Partnering with MMPs to Improve CCC Program</u></b></p> <ul style="list-style-type: none"> <li>• VACSB, VHCA, and MMPs working to standardize program forms and develop processes for authorization, care coordination, discharge planning, and provider payment</li> <li>• Progress has occurred, but more communication is needed to improve workflow processes among providers and MMPs</li> </ul>	<p><b><u>MMPs Bring Unique Strengths</u></b></p> <ul style="list-style-type: none"> <li>• <u>HealthKeepers</u>: Virginia Medicaid experience since 1995, Medicare experience, Coordinated LTSS experience in other states and dual-special needs plan in Virginia, existing provider network and enrollees, CareMore<sup>b</sup> centers, and Member360<sup>c</sup></li> <li>• <u>Virginia Premier</u>: Virginia Medicaid experience since 1995, existing provider</li> </ul>

(continued)



**Commonwealth Coordinated Care**  
**Medicare & Medicaid working together for you**

		<p>network/enrollees, internal transportation services, CCC Pharmacy management staff, and embedded medical home care management staff<sup>d</sup></p> <ul style="list-style-type: none"> <li>• <u>Humana</u>: Medicaid experience in other states, Medicare/Medicaid experience in Virginia through dual-special needs plan, CM Pilot with AAAs, and Beacon Health Strategies for BH care management</li> </ul>
<p><sup>a</sup>Community Well refers to dual eligible individuals enrolled in the CCC Program who do not have BH and/or LTSS needs.</p> <p><sup>b</sup>CareMore centers are operated by Anthem HealthKeepers and provide coordinated care services to Medicare enrollees (including dual eligibles) who require care from multiple doctors. The centers also offer specialized programs for individuals with chronic conditions such as diabetes or congestive heart failure.</p> <p><sup>c</sup>Member360 provides care managers with a one page snapshot of enrollees' health utilization by providing summary-level information on inpatient and emergency department admissions, immunizations, laboratory, pharmacy, and office visits.</p> <p><sup>d</sup>Virginia Premier is using pharmacy care managers to work with enrollees (including their care managers and interdisciplinary care teams) to assess medications and identify barriers to medication compliance. Virginia Premier is also working with Virginia Commonwealth University's Hospital System to embed care management staff in its medical home.</p>		



## *Appendix A*

### CCC Evaluation Team

#### Department of Medical Assistance Services

**Gerald Craver, Ph.D.\***  
(Policy and Research Division)

**Meredith Lee, M.P.H.\***  
(Policy and Research Division)

Matthew Behrens, M.P.A  
(Office of Integrated Care  
and Behavioral Health)

**Sarah Broughton, M.S.W.\***  
(Office of Integrated Care  
and Behavioral Health)

Fuewei Guo, M.P.H.  
(Office of Integrated Care  
and Behavioral Health)

Elizabeth Smith, R.N.  
(Office of Integrated Care  
and Behavioral Health)

#### George Mason University

**Alison Cuellar, Ph.D.\***  
(Department of Health  
Administration and Policy)

**Gilbert Gimm, Ph.D.\***  
(Department of Health  
Administration and Policy)

\*Staff who contributed to this report.



## *Appendix B*

### **CCC Evaluation Advisory Committee**

Jack Brandt  
Virginia Commonwealth University  
Partnership for People with Disabilities

Sheryl Garland  
Health Policy and Community Relations  
Virginia Commonwealth University  
Health System

Debbie Burcham  
Chesterfield Community Services Board

Maureen Hollowell  
Endeppence Center, Inc.

Emily Osl Carr  
Department of Medical Assistance Services

Betty Long  
Virginia Hospital and Healthcare Association

Parthy Dinora, Ph.D.  
Virginia Commonwealth University  
Partnership for People with Disabilities

Linda Redmond, Ph.D.  
Virginia Board for People with Disabilities

Laura Lee O. Viergever  
Virginia Association of Health Plans

E. Ayn Welleford, MSG, Ph.D., AGHEF  
Department of Gerontology  
Virginia Commonwealth University

Nakia Speller  
Prince William Area Agency on Aging

Jamie Liban  
The Arc of Virginia