



Commonwealth Coordinated Care Update – November 2014

Beginning November 1, 2014, there are **29,150** individuals currently enrolled in the Commonwealth Coordinated Care (CCC) program. As a reminder, November 1st was also the effective start of coverage for those beneficiaries in Northern VA who were automatically assigned to one of the Medicare-Medicaid Plans (MMPs).

Program Updates

Reminder about Continuity of Care:

The CCC team recognizes Providers and other CCC Stakeholders are at different stages of learning about the CCC program. For this reason, this month's update includes a notice on the Continuity of Care provisions to Providers who are still learning about CCC.

Under the CCC program, the three health plans (MMPs), Anthem, Humana, and Virginia Premier, are contractually obligated to honor existing treatment plans for new CCC enrollees up to 180 days or until the end of the prior authorization, whichever comes first.

The purpose of this Continuity of Care period is to ensure *care should never stop* for a beneficiary just because they have enrolled with the CCC program. Under this provision, providers should continue to render services as indicated in the treatment plan/service authorization developed prior to CCC enrollment. Providers must check eligibility monthly to determine if their beneficiary is in the CCC program and under which health plan they are enrolled. Then they will bill the MMPs for services given after the beneficiary has enrolled in the MMP. The Provider can be reimbursed for services from the MMP during Continuity of Care regardless of network participation. This transition period also gives providers and MMPs time to work through the credentialing and contracting process to enable providers to continue caring for the CCC beneficiary after the Continuity of Care period is complete.

For any questions about Continuity of Care under CCC, please reach out to us at CCC@dmas.virginia.gov.

Success Stories from the Field:

This month's success story highlights the benefit of coordinating care across acute and long-term care settings at a particularly critical moment for one dually eligible beneficiary:

A 71 year old gentleman is currently residing in a nursing home. He recently joined the CCC program and his Care Manager identified his primary medical conditions which include: paralysis on one side due



to several strokes, non-ambulatory, requires total care with all activities of daily living, and is no longer cognitively able to participate in his own care planning. The member's two sons and a daughter-in-law are very involved in his care and his daughter-in-law is his medical power of attorney.

Just prior to enrolling in CCC, this gentleman went to the hospital. His family was concerned, he had "given up", and has expressed that he does not wish to live like this. In the past, he had shared with his family the importance of quality of life and stated he did not wish to live on life support; however, he never completed an Advanced Directive or Do Not Resuscitate order. At the time the Care Manager met with this gentleman and his family, the family was wrestling with whether to sign a Do Not Resuscitate order, allow placement of a feeding tube, send him back to same nursing home or bring him home. The Care Manager (CM) assessed that the family could benefit from additional education, emotional support and discussion about options.

The CM began frequent contact with the family, allowing them to vent, ask questions, and express their fears. The CM educated the family on the MMP benefit options for end-of-life care and options for hospice programs. The CM also interpreted the medical information into plain language so the family understood their loved one's condition. This allowed the family to make informed and educated decisions on how to proceed in their Dad's best interest.

The CM acted as a liaison between the nursing facility's Director of Social Work and the family. The CM conveyed the family's concerns, fears, and issues with the Director of Social Work. The Director of Social Work and CM worked collaboratively with the family to resolve any concerns.

The CM also facilitated a family meeting at the hospital with all of the doctors involved in this gentleman's care. It was during this meeting that the family decided not to place a feeding tube because they knew it would not meet their Dad's standard for quality of life. They discussed issues and concerns with the nursing home staff who also participated in this meeting. A discharge date was set and the family accompanied their loved one back to the nursing home.

The CM continues to frequently follow-up with the family to provide emotional support and ongoing education. The collaboration between MMP, hospital, and nursing facility staff enabled the family to make an informed and educated decision that meets their dad's goals for his care.

Evaluation Update

In October, the evaluation team conducted three focus groups with dual eligible beneficiaries at the following centers for independent living: Peninsula Center for Independent Living (Hampton), the Endependence Center, Inc. (Norfolk), and Resources for Independent Living, Inc. (Richmond). 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. Fifteen individuals (six enrollees and nine disenrollees) participated in the focus groups. A preliminary analysis (subject to change) of information collected through the groups revealed three positive features of the CCC Program (enhanced benefits, care coordination, and customer service) as well as three areas for improvement (enrollment, personal care, and coverage). Additional information on the preliminary analysis is available in the October 2014 Stakeholder Advisory Presentation (http://www.dmas.virginia.gov/Content_pgs/ccc-eval.aspx).

The evaluation team is also 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. In addition, DMAS would like to invite a CCC enrollee and/or their care giver to participate in the evaluation by serving on the evaluation advisory committee! If you know of a CCC enrollee or their care giver who might be interested in participating, please contact Gerald A. Craver (DMAS lead evaluator; gerald.craver@dmas.virginia.gov)

Quality Update

A Few Updates on Quality Activities with CCC:

- DMAS is currently reviewing and approving the Medicare-Medicaid Plan's (MMPs) CY2014 network providers and member satisfaction survey plans. These surveys will be administrated by MMPs through January 31, 2015 with final reports submitted to DMAS by February 28, 2015.
- CCC MMP Elderly Disabled Consumer Directed (EDCD) Waiver Quality Assurances Expectations were finalized and MMPs are in the process of conducting EDCD waiver quality assurances with DMAS monitoring.
- The Centers for Medicare and Medicaid Services (CMS) and DMAS have selected two quality improvement focus areas for MMPs to conduct quality improvement projects starting CY2015. These two focus areas are:
 - Care Management, and
 - Cardiovascular Disease
- The CCC Performance Database has been created to support systematic performance data validation and analysis.



Outreach and Education

The CCC Team is excited to share an upcoming educational event on CCC in the Harrisonburg area:

Harrisonburg Townhall meeting

Tuesday, November 25, 2014

Detwiler Auditorium
Virginia Mennonite Retirement Community
1501 Virginia Ave.
Harrisonburg, VA 22802

- A morning session will be geared towards all provider types
 - Registration begins at 8:30, presentations 9am-12pm
 - For a sample of the slides that will be used at this training, you may visit the DMAS website:
http://www.dmas.virginia.gov/Content_attachments/altc/Training%20for%20Providers%20from%20DMAS%20and%20the%20MMPs.pdf
 - **Please RSVP directly to virginiaproviders@ilshealth.com.**
- An afternoon session will be geared towards beneficiaries and their advocates
 - Registration begins at 1:00pm, presentations 1:30-3:00pm
 - Beneficiary registration is requested but not required

We hope to see you in Harrisonburg! **Future events are in progress.** Stay alert to future CCC Stakeholder Updates for more information.

Reminder: The CCC **Provider Reference Guide** is available on the DMAS website!

http://www.dmas.virginia.gov/Content_pgs/mmfa-isp.aspx

This Guide includes many resources providers may find helpful, including: Background information on CCC; Health Plan (MMP) contact information; Credentialing process; Service authorization requirements; Sample ID cards; Appeals, and more.



DMAS and the MMPs continue to host weekly calls for providers. Providers can email CCC@dmas.virginia.gov to be added to the email distribution lists to receive the weekly Q&A logs. The schedule of calls & call information is below:

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

Community outreach efforts continue with ongoing presentations to stakeholder groups and regular conference calls with Enrollee/Advocate groups. As a reminder, calls for Beneficiaries and their advocates are held as follows:

CCC Conference Calls for Beneficiaries & their Advocates
Tuesdays at 12:30pm & Fridays at 10am
Dial-In Information: 1-866-842-5779
Pass Code: 6657847797#

If you would like to invite the CCC Outreach Team to provide your group with a CCC overview presentation, please let us know by contacting us at: CCC@dmas.virginia.gov.

NEXT STAKEHOLDER ADVISORY COMMITTEE MEETING:
Medicare/Medicaid Financial Alignment Demonstration Advisory Committee: March 2015