Commonwealth Coordinated Care Update – October 2014

Beginning October 1, 2014, there are 26,795 individuals currently enrolled in the Commonwealth Coordinated Care (CCC) program. Approximately 3,500 individuals are scheduled to auto-enroll in CCC on November 1, 2014 in the Northern Virginia region.

Program Updates

1. Changes with KePRO Effective Immediately:
   DMAS is aware that there has been some confusion for providers when an individual disenrolls from CCC and returns back to traditional fee-for-service (FFS) Medicaid and Medicare. Members receive letters confirming their disenrollment, but there is no formal notification to providers of the eligibility change. Given the difficulties providers have had, DMAS is implementing a new service authorization request time frame for continuity of care authorizations upon return to FFS, ***effective immediately***. KePRO will honor the CCC approval up to the last approved date but no more than 60 calendar days from the date of CCC disenrollment under continuity of care provisions. For continuation of services beyond the 60 days, KEPRO will apply medical necessity/service criteria. Should the request be submitted after the continuity of care period, it will be reviewed as a retrospective review for the dates of service outside of the dates honored and timeliness will be waived.

   The following examples illustrate this change:
   Scenario A:
   A member returns to FFS Medicaid effective 10/1/14 and had 40 hours per week authorized by the Medicare Medicaid Plan (MMP). The Provider/Service Facilitator submits a request for 40 hours/week to KePRO on 11/3/14. KePRO will approve 40 hours per week from 10/1/14-11/30/14 and authorize hours as supported by documentation from 12/1/14 going forward.
   Scenario B:
   A member returns to FFS Medicaid effective 10/1/14 and had 40 hours per week authorized by the Medicare Medicaid Plan (MMP). The Provider/Service Facilitator submits a request for 40 hours/week to KePRO on 12/25/14. KePRO will approve 40 hours/week from 10/1/14-11/30/14 and will authorize hours as supported by documentation 12/1/14 forward (this could be a decrease from 12/1/14 if the documentation does not support the requested hours). Timeliness requirements do not apply.

The best way to obtain the most current and accurate eligibility information is for providers to do their monthly eligibility checks at the *beginning* of the month. This will provide information for members who choose to disenroll from CCC at the very end of the previous month.

2. An update went out to Stakeholders last week announcing the requested CCC Provider Reference Guide. As a reminder, this information is also included in this monthly update:

   The CCC Provider Reference Guide has been posted to our website!

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

   This tool includes many resources providers requested, including:

   - Background information on CCC
   - Health Plan (MMP) contact information
   - Credentialing process
   - Service authorization requirements
   - Sample ID cards
   - Appeals
   - And more

   Please share this information freely. You may contact us at CCC@dmas.virginia.gov with any questions.

3. As a reminder, the following Northern Virginia localities have **1 MMP approved**: Eligible beneficiaries in these localities can opt-in to CCC but will not be automatically assigned while there is only one plan available. Automatic assignment may occur once two plans are approved in those localities. Stakeholders will be notified if this occurs.

Northern Virginia Localities with one approved MMP
City of Alexandria
Arlington
Fairfax County and City
City of Falls Church
Fauquier
Loudoun
Manassas Park City

   Please Note: Culpeper, Prince William and City of Manassas have **at least two MMPs available and will move forward with automatic assignment with coverage beginning November 1, 2014.

4. Notice to stakeholders regarding Open Enrollment for Medicare Prescription Drug Plans: CCC enrollees do not need to sign up for a separate Part D plan during the Open Enrollment season

because their Part D coverage is included in their CCC enrollment. Beneficiaries with questions about open enrollment are encouraged to contact their local VICAP counselor.

Success Stories from the Field:

The MMPs continue to receive feedback from their members and contracted providers communicating positive outcomes from the CCC program. Below are a few of these stories:

Humana

Humana, like all three MMPs, recently conducted their first Enrollee Advisory Committees on September 9th. One of the members that attended this Advisory Committee reports she utilizes the $35/month over-the-counter (OTC) benefit every month to order items that she would normally have to pay for at the drug store like Aspirin, Band-Aids and toothbrushes to keep her healthy. She had her first colonoscopy scheduled for the Monday following the meeting and planned to use Humana's transportation to get her to and from the appointment. She also reports that she loves the SilverSneakers benefit. Through SilverSneakers, she was able to join her local fitness center at no cost to her. In addition to providing her a personalized fitness routine, the fitness center is also giving her nutritional counseling. She feels great and is enthusiastic and thankful for the benefits she gets through Humana Gold Plus Integrated, a Commonwealth Coordinated Care Plan.

Virginia Premier

A Virginia Premier Care Manager was performing an assessment with a Member and observed the Member's speech was difficult to understand. He reports he had extensive reconstructive surgery for cancer of the tongue. The Member said he has to take an oxycodone before eating because it is painful and also sees a pain specialist.

When the Care Manager asked him if speaking on the phone was painful and he said: "some," the Care Manager asked if she could meet him in person to do the assessment---he had an upcoming clinic appointment at MCV the same week of their conversation. The Care Manager was able to finish his assessment in person in tandem with his previously scheduled medical appointment at MCV. The assessment was completed with much less discomfort on the Member's part because she could read his lips and his body language. In turn, he could answer many questions with a nod rather than having to speak.

Also, at this appointment, the member was told he is doing so well he does not have to return to the clinic for a year. He proudly showed the Care Manager his nicotine patch and states he has been

cigarette free for over a month. The Care Manager asked him what gave him the motivation to quit, to which he replied, "My great grand kids."

Anthem Healthkeepers

An Anthem HealthKeepers member is receiving the EDCD waiver and living in her own home with attendant care services. She has Alzheimer's disease, congestive heart failure, aphasia, and is incontinent. The member's daughter is the member's primary caregiver and stays with the member when there is no attendant present.

When the Care Manager first met with the member and her daughter to complete the care assessment, the daughter was distressed from the strain of providing care for so much of the time. The burden of being the primary caretaker with little relief was pushing the daughter to consider nursing home placement. The Care Manager discussed the various options for care with the daughter, and completed the Task/Hour Guide assessment. Those results indicated that the member's condition warranted an increase in hours. The Care Manager explained that to the daughter, and facilitated the approval of the increased hours.

Once the increased hours were implemented the Care Manager monitored the situation closely. The member's daughter said that she was so relieved to have the additional assistance and care for her mother that she felt she could continue caring for her mother at home after all. The daughter shared that she really appreciated knowing that she has some support now that her mother is in the HealthKeepers MMP, and that the Care Manager is available to help the family.

The intervention from the HealthKeepers Care Manager and the coordination of care provided was instrumental in enabling the member to remain in the home, and giving the daughter the support she needed to remain the primary caretaker.

Evaluation Update

In September, the evaluation team attended a conference in Chicago that was organized by the Center for Culturally Responsive Evaluation and Assessment at the University of Illinois. The conference was attended by public and private sector evaluators and university faculty from across the United States as well as Canada, China, Italy, Ireland, Mexico, and New Zealand. During the conference, the evaluation team presented on its approach to evaluating the CCC Program and received some suggestions for enhancing its evaluation of the program.

The evaluation team also finalized its plan with the Virginia Association of Centers for Independent Living to conduct a series of focus groups with CCC enrollees. The plan is available online at: http://www.dmas.virginia.gov/Content_atchs/altc/CCC%20Evaluation%20Focus%20Group%20Plan.pdf. The team is currently scheduled to conduct focus groups at the following Centers for Independent Living:

Peninsula Center for Independent Living
Hampton Virginia
October 8, 2014

Disability Resource Center
Fredericksburg, Virginia
November 5, 2014

Endependence Center, Inc.
Norfolk, Virginia
October 21, 2014

Independence Empowerment Center
Manassas, Virginia
January 7, 2015

Resources for Independent Living, Inc.
Richmond, Virginia
October 29, 2014

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. 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

DMAS is working with MMPs to finalize CCC MMP waiver quality assurances procedures and protocols. This enables the MMPs to start on-site quality assurance visits in October for waiver services provided from April through June of this year.

The last CCC MMP Quality Monitoring Meeting was held September 18th. As CCC starts to systematically analyze the initial implementation performance data from multiple sources, analytical finding and reports will be shared with our stakeholders and used to drive quality improvement.

Outreach and Education

September brought the implementation of the new combined provider training at the four Townhall events held across Virginia. Based on provider feedback, the MMPs and DMAS pulled together the existing training materials into a more streamlined single presentation. This presentation can be found on the DMAS website at:
http://www.dmas.virginia.gov/Content_atchs/altc/Training%20for%20Providers%20from%20DMAS%20and%20the%20MMPs.pdf

Additional Townhall meetings are currently being scheduled. An update will be sent to Stakeholders announcing upcoming dates and times.

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.

Contact information for the MMPs is updated on the DMAS website monthly. Providers and other stakeholders may visit the DMAS website http://www.dmas.virginia.gov/Content_pgs/mmfa-isp.aspx to find MMP contacts for their regional care coordination leads, plus lead staff for behavioral health, billing, authorizations, and more.

NEXT STAKEHOLDER ADVISORY COMMITTEE MEETING:

Medicare/Medicaid Financial Alignment Demonstration Advisory Committee

October 22, 2014

1:00 to 3:00 pm

Conference Room 7A&B

Department of Medical Assistance Services

600 East Broad Street

Richmond, VA 23219