



Commonwealth Coordinated Care Update – October 2013

Since the last Advisory Committee meeting on July 31, DMAS has continued to work closely with the Centers for Medicare and Medicaid Services (CMS) in preparation for the launch of the Commonwealth Coordinated Care (CCC) initiative in early 2014. Following is a brief summary of implementation activities:

Three-Way Contract

As discussed during the July Advisory Committee meeting, CMS utilized the Massachusetts contract as a starting template for Virginia. DMAS received this initial contract and has been working to incorporate stakeholder, provider and community feedback to create the 3-way contract for the Virginia Commonwealth Coordinated Care (CCC) program. DMAS was pleased to receive a number of comments following the meeting when the committee was asked to review and provide feedback on the Massachusetts contract. DMAS and CMS continue to move forward through the federal and state review process and are on target to have the health plans review and execute this fall.

Provider Contract Templates with Health Plans

DMAS is in the process of reviewing the health plans' templates for provider contracts for CCC. To date, DMAS has reviewed and approved the contracts from Virginia Premier Health Plan Inc. These include Behavioral Health, Long Term Services and Supports and Nursing facility contracts. In addition the Behavioral Health and Long Term Services and Supports contracts for HealthKeepers have been approved. DMAS is continuing to review and approve contracts for Humana and the Nursing facility contract for HealthKeepers. DMAS will inform stakeholders when these have been approved.

Readiness Review

Following the July meeting, the three health plans chosen to move to the negotiation phase began the Readiness Review process. This rigorous process includes a desk review of materials required as outlined in the RFP and subsequent Readiness Review document. In addition, the



three plans in negotiation will complete an onsite Readiness Review visit with CMS and DMAS. This review includes an evaluation of the capacity of each potential Participating Plan and its ability to meet all Demonstration requirements, including having a comprehensive provider network that addresses the full range of beneficiary needs, and the capacity to uphold all beneficiary safeguards and protections. The desk reviews have been completed and the on-site portion of the Readiness Reviews are expected to be completed by mid- October.

Rate Setting

DMAS and CMS continue to work together to determine the capitated Medicare and Medicaid rates. These rates are in the final review process and once determined will be available to the public.

Outreach and Education

The CCC Outreach Team has been busy reaching out to stakeholder groups to educate and gain input regarding the CCC program. Recent and upcoming meetings have included presentations to:

- VICAP Counselors
- Virginia Network of Private Providers (VNPP)
- Nursing Facility Advisory Committee
- DSS Adult Services
- Virginia Caregiver Coalition
- Virginia Association of Personal Care Providers (VAPCP)
- Geriatric Mental Health Partnership Committee
- Virginia Association of Community Services Boards (VACSB)
- Virginia Association of AAAs (V4A)

These speaking engagements have provided a valuable opportunity to hear from stakeholders on their thoughts regarding CCC and have opened doors to additional venues for education. If you have ideas for stakeholder groups who should hear about CCC, please let us know by contacting us at CCC@dmas.virginia.gov.



Evaluation

Because the CCC Program represents a new approach to improving care for full benefit Medicare-Medicaid beneficiaries, DMAS is interested in determining how the program will affect providers and beneficiaries and impact various quality, utilization, access, and cost outcomes over time. To accomplish this, DMAS is partnering with George Mason University (GMU) to conduct a rigorous evaluation that uses both qualitative and quantitative data collection and analysis methodologies to allow for a thorough understanding of the program's effects. The evaluation will be a critical component of the demonstration because it will provide agency management and stakeholders with periodic, objective feedback on the program's performance. Because the evaluation will be a partnership between DMAS and GMU, staff at both agencies will be responsible for designing and conducting the evaluation. DMAS staff will be responsible for the qualitative component of the evaluation (e.g., document reviews, beneficiary focus groups, and key informant interviews), while GMU staff will be responsible for the quantitative component (e.g., analysis of enrollment data, beneficiary surveys, and Medicaid/Medicare administrative data). To ensure that both components support the needs of DMAS and its stakeholders, DMAS and GMU staff will collaborate in the development and execution of the evaluation.

NEXT MEETING:

Medicare/Medicaid Financial Alignment Demonstration Advisory Committee

Wednesday, November 6, 2013

1:30 to 3:30 pm

General Assembly Building, House Room D