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MEDICAID MEMO

TO: All Providers Participating in the Virginia Medicaid Program and FAMIS Program

FROM: Cynthia B. Jones, Director
Department of Medical Assistance Services (DMAS)

MEMO: Special

DATE: 10/31/2016

SUBJECT: Commonwealth Coordinated Care Plus
The DMAS Managed Long Term Services and Supports Program – Update
REVISED

This memorandum (which supersedes the memo dated 10/27/2016 entitled “Commonwealth Coordinated Care Plus-The DMAS Managed Long Term Services and Supports Program-Update”) is a REVISION to the previous memo.

The purpose of this memo is to provide an update on the Department’s managed long term services and supports program initiative known as Commonwealth Coordinated Care Plus.

BACKGROUND

As communicated in the Medicaid Memo dated May 19, 2016, the Department of Medical Assistance Services (DMAS), with support from the Governor and the General Assembly, is currently working to implement a new managed long term services and supports (MLTSS) initiative. The program name for the delivery of MLTSS is Commonwealth Coordinated Care Plus (CCC Plus). CCC Plus is proposed to launch beginning July 1, 2017 and will operate statewide across six regions as a mandatory Medicaid managed care program. CCC Plus will focus on improving access, quality, and efficiency through a coordinated delivery system that emphasizes integrated care and value-based, alternative payment models. CCC Plus will serve approximately 213,000 individuals including adults and children with disabilities and complex care needs. CCC Plus will also include individuals who qualify for both Medicare and Medicaid, as well as individuals that receive long term services and supports through a nursing facility or through the community. For additional information on the CCC Plus program and MLTSS, see the attached CCC Plus Frequently Asked Questions and visit the DMAS CCC Plus webpage at http://www.dmas.virginia.gov/Content_pgs/mltss-home.aspx. Information on CCC Plus populations and services was included in the May 19, 2016 Medicaid Memo.

HEALTH PLANS SELECTED FOR NEGOTIATIONS FOR ALL 6 REGIONS

On April 29, 2016, DMAS published the MLTSS RFP 2016-01. The MLTSS RFP 2016-01 is available at: http://www.dmas.virginia.gov/Content_pgs/rfp.aspx and includes detailed information on the RFP process. On September 21, 2016, DMAS entered the negotiations phase of RFP 2016-01 with seven (7) health plans for all regions of the Commonwealth. The

negotiations phase includes contract and rate negotiations, network development strategies, readiness reviews, and training and education.

The health plans selected for negotiations are:

Aetna Better Health of Virginia
Anthem HealthKeepers Plus
Humana
Magellan Complete Care of Virginia
Optima Health
United Healthcare
Virginia Premier Health Plan

DMAS anticipates making a final RFP award in December 2016. Once a decision to award has been made, DMAS will issue a *Notice of Intent to Award* to announce with whom the Department has selected to execute CCC Plus contracts. The announcement will be posted on the DMAS website.

PROVIDER CONTRACTS

The health plans currently in negotiations with DMAS are working with providers to finalize their participating provider contracts. One of the ways that DMAS will measure a health plan's ability to meet the needs of the CCC Plus program will be based on the strength of its provider network. DMAS will be evaluating health plan networks beginning in December. Providers will need to contract with health plans in order to serve members in the CCC Plus program. DMAS requires the health plans to credential their providers. The credentialing process may take 90 days or more to complete. For this reason, DMAS encourages providers to begin the credentialing and contracting process as soon as possible. Contact information for each of the health plans is available on page 6.

Until further notice, Community mental health providers should continue to contract with Magellan to serve CCC Plus members. Traditional behavioral health and addiction, recovery, and treatment services (ARTS) providers should direct CCC Plus contracting questions to the plans. Additionally, providers who provide only services for CCC excluded populations, or services that are carved-out of, CCC Plus do not need to contract with the plans. CCC Plus excluded populations and carved out services are described in the May 19, 2016 Medicaid Memo, available at: http://www.dmas.virginia.gov/Content_atchs/mltss/Medicaid%20Memo%20on%20the%20Portal.pdf.

The following represents an abbreviated list of the DMAS requirements for health plan provider contracts. This is not intended to be a complete list. The health plans may have additional requirements and may expand on these elements.

Key Elements that must be included in health plan provider contracts:

- ✓ Provider must have a National Provider Identifier (NPI) number.
- ✓ Provider must meet licensure, certification, and credentialing standards and all Federal and State requirements.

- ✓ Provider must comply with the Federal home and community based services (HCBS) Settings Rule detailed in 42 C.F.R. § 441.301(c)(4)-(5).
- ✓ Provider must hold the member harmless for charges for any Medicaid covered service except for any long term care patient pay amounts. This includes those circumstances where the provider fails to obtain necessary referrals, service authorization, or fails to perform other required administrative functions.
- ✓ Applicable payment terms, as follows:
 - Nursing facility and community LTSS providers including LTSS services that are covered under ESPDT, community behavioral health, early intervention and ARTS providers must be paid within fourteen (14) days of receipt of a clean claim.
 - The health plan must pay nursing facilities, community LTSS providers (including LTSS services that are covered under ESPDT), community behavioral health, early intervention and ARTS providers no less than the Medicaid rate or a different negotiated rate as mutually agreed upon by the provider and the health plan.
 - The health plan shall pay all other providers within thirty (30) days of the receipt of a clean claim for covered services.

Elements that are not permissible in health plan provider contracts:

Health plan contracts cannot prohibit providers from contracting with other Medicaid health plans; or from participating in the health plan's other lines of business; or require provisions that impact other Medicaid health plan contracts.

ADDITIONAL INFORMATION

DMAS plans to host outreach and education sessions with interested stakeholders in the Spring of 2017. Additional information about the Department's CCC Plus MLTSS program is available on the CCC Plus webpage at: http://www.dmas.virginia.gov/Content_pgs/mltss-home.aspx.

MAGELLAN BEHAVIORAL HEALTH OF VIRGINIA (Behavioral Health Services Administrator)

Providers of behavioral health services may check member eligibility, claims status, check status, service limits, and service authorizations by visiting www.MagellanHealth.com/Provider. If you have any questions regarding behavioral health services, service authorization, or enrollment and credentialing as a Medicaid behavioral health service provider please contact Magellan Behavioral Health of Virginia toll free at 1-800-424-4046 or by visiting www.magellanofvirginia.com or submitting questions to VAProviderQuestions@MagellanHealth.com.

Magellan's scope as the Behavioral Health Services Administrator does not eliminate the need for providers to contract with individual health plans.

MANAGED CARE PROGRAMS

Many Medicaid individuals are enrolled in one of the Department's managed care programs (Medallion 3.0, CCC and PACE). In order to be reimbursed for services provided to a managed care enrolled individual, providers must follow their respective contract with the managed care plan/PACE provider. The managed care plan/PACE provider may utilize different prior authorization, billing, and reimbursement guidelines than those described for Medicaid fee-for-service individuals. For more information, please contact the individual's managed care plan/PACE provider directly.

Contact information for managed care plans/PACE providers can be found on the DMAS website for each program as follows:

- Medallion 3.0: http://www.dmas.virginia.gov/Content_pgs/mc-home.aspx
- Commonwealth Coordinated Care (CCC): http://www.dmas.virginia.gov/Content_pgs/mmfa-isp.aspx
- Program of All-Inclusive Care for the Elderly (PACE):
http://www.dmas.virginia.gov/Content_atchs/ltc/PACE%20Sites%20in%20VA.pdf

VIRGINIA MEDICAID WEB PORTAL

DMAS offers a web-based Internet option to access information regarding Medicaid or FAMIS member eligibility, claims status, payment status, service limits, service authorizations, and electronic copies of remittance advices. Providers must register through the Virginia Medicaid Web Portal in order to access this information. The Virginia Medicaid Web Portal can be accessed by going to: www.virginiamedicaid.dmas.virginia.gov. If you have any questions regarding the Virginia Medicaid Web Portal, please contact the Xerox State Healthcare Web Portal Support Help desk toll free, at 1-866-352-0496 from 8:00 a.m. to 5:00 p.m. Monday through Friday, except holidays. The MediCall audio response system provides similar information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider.

KEPRO PROVIDER PORTAL

Providers may access service authorization information including status via KEPRO's Provider Portal at <http://dmas.kepro.com>.

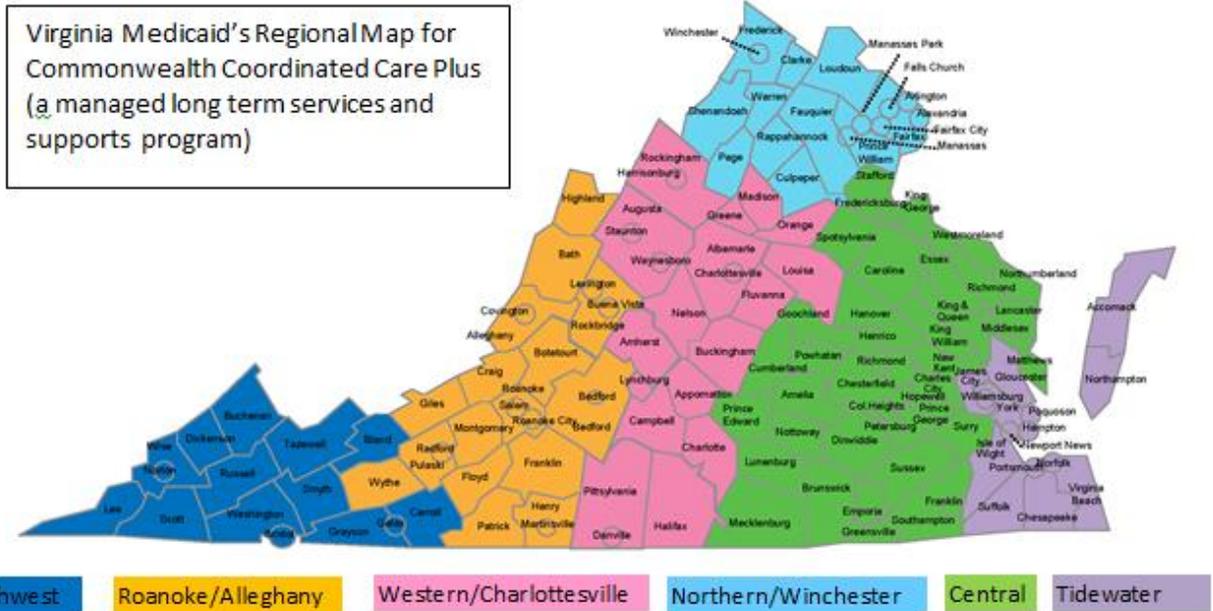
"HELPLINE"

The "HELPLINE" is available to answer questions Monday through Friday from 8:00 a.m. to 5:00 p.m., except on holidays. The "HELPLINE" numbers are:

1-804-786-6273	Richmond area and out-of-state long distance
1-800-552-8627	All other areas (in-state, toll-free long distance)

Please remember that the "HELPLINE" is for provider use only. Please have your Medicaid Provider Identification Number available when you call.

Commonwealth Coordinated Care Plus Regions and Timeline



CCC Plus will operate statewide, across 6 regions. A list of CCC Plus regions by locality is available at: http://www.dmas.virginia.gov/Content_pgs/mltss-proinfo.aspx.

Anticipated Launch Date	Region of Virginia	Regional Launch – Population	CCC	ABD Med 3.0	TOTAL Populations
July 1, 2017	Tidewater	19,822	7,895	17,481	45,198
September 1, 2017	Central	23,203	9,105	19,766	52,074
October 1, 2017	Charlottesville/Western	16,930	2,531	10,362	29,823
November 1, 2017	Roanoke/Alleghany	11,575	4,761	9,405	25,741
November 1, 2017	Southwest	12,698	2	8,831	21,531
December 1, 2017	Northern/Winchester	25,762	3,141	9,473	38,376
January 2018	CCC Demonstration (Transition plan determined with CMS)	27,435			
January 2018	Aged, Blind and Disabled (ABD) (Transitioning from Medallion 3.0)	75,318			

Source – VAMMIS Data; totals are based on CCC Plus target population data as of Sept 30, 2016

Contracting and Credentialing Contact Information for Health Plans in Negotiations with DMAS for Commonwealth Coordinated Care Plus (a managed long term services and supports program)

Health Plan	Contracts	Credentialing
Aetna Better Health of Virginia	Email: Aetnabetterhealth-VAProviderRelations@aetna.com Phone: 800-279-1878 Fax: 844-230-8829 Jann Anderson Email: NetworkDevelopment-VAContact@aetna.com	Email: vacredentialing-aetna@aetna.com Phone: 800-279-1878 Fax: 844-230-8829
Anthem HealthKeepers Plus	Taylor Rhodes Email: William.Rhodes@anthem.com Phone: 804-354-3089 Fax: 804-354-4601	same
Humana	Kristin Lints, Manager, Network Contracting (Medical and LTSS) Email: klints@humana.com Phone: 804-205.5728 Fax: 502-508.7763	same
Magellan Complete Care of Virginia	Brian Smock, Vice President of Network Email: VAMLTSSProvider@MagellanHealth.com Phone: 855-202-1900 Fax: 855-202-1900	same
Optima Health	Medical/Facility Providers: Rachel Schneider Email: MLTSSContracts@sentara.com Phone: 757-552-8892 Fax: 757-552-7576 LTSS Providers: Nancy C Everitt, HEOPS, Inc. dba The CENTIPEDE Health Network Email: neveritt@HEOPS.com joincentipede@heops.com PH: 855-359-5391 Fax: 866-421-4135 Cell: 615-300-7512	same
United Healthcare	UHC Community Plan Provider Services Phone: 877-743-8734	UHC Community Plan Provider Services Phone: 877-743-8734
Virginia Premier Health Plan	Andrew Pridgen Email: Andrew.pridgen@vapremier.com Phone: 804- 819-5151 ext. 55375 Fax: 804-819-5366	Name: Kimberly Paige Email: Kimberly.Paige@vapremier.com Phone: 804-819-5151 ext. 55353 Fax: 804-819-5171

Commonwealth Coordinated Care Plus (CCC Plus)

A managed long term services and supports program

Frequently Asked Questions (FAQs)

What is Commonwealth Coordinated Care Plus (CCC Plus)?

CCC Plus is a new statewide Medicaid managed care program that will serve approximately 213,000 individuals with complex care needs through an integrated delivery model across the full continuum of care. Care management is at the heart of the CCC Plus high-touch, person-centered program design. CCC Plus focuses on improving quality, access and efficiency. CCC Plus is proposed to launch July 2017 and enrollment is required for qualifying populations.

Who will participate in CCC Plus?

Medicaid Members who...	Medicaid Providers who...
Receive Medicare benefits and full Medicaid benefits (dual eligible); includes members enrolled in Commonwealth Coordinated Care (CCC).	Offer Medicaid services to dual eligible Medicaid members (children and adults); includes individuals enrolled CCC.
Receive Medicaid LTSS (dual eligible and non-dual eligible) in a facility or through one of the home and community-based (HCBS) waivers, except Alzheimer's Assisted Living waiver. Individuals with the redesigned Developmental Disabilities waiver will enroll for their non-waiver services only.	Serve Medicaid members (dual eligible and non-dual eligible) who receive LTSS through certain HCBS waivers or nursing facilities.
Have full Medicaid coverage and are age 65 or older or are disabled. (These individuals will transition from the Medallion 3.0 program to CCC Plus.)	Serve Medicaid members (not dually eligible), including ABD individuals currently enrolled in the Medallion 3.0 program.

What choices will be available?

- All CCC Plus eligible individuals will be enrolled in a participating managed care health plan.
- CCC Plus members will have a choice between at least 2 health plans. Health plans are undergoing a competitive selection process and an announcement will be made once plans are chosen.
- CCC Plus members will be able to select their providers from their health plan's provider network.

Are optional benefits available?

DMAS is not mandating that participating CCC Plus health plans offer optional benefits; however, DMAS will encourage the health plans to give strong consideration to doing so. The structure of CCC Plus offers fiscal flexibility for the health plans so it is expected plans will offer optional benefits to members.

Commonwealth Coordinated Care Plus (a managed long term services and supports program) FAQs

How will CCC Plus affect stakeholders?

Medicaid Recipients	Medicaid Providers
All CCC Plus eligible recipients will be enrolled in a participating health plan.	Medicaid providers will verify eligibility and CCC Plus health plan enrollment.
CCC Plus Medicaid recipients will continue to have access to the full continuum of Medicaid services with the added benefit of care coordination and may have access to optional benefits.	Providers will work with health plans to coordinate services and obtain necessary service authorizations.
Some services may require authorization under the new health plan. Care coordinators will assist members to arrange services.	Providers will bill the health plans or the plan's subcontractor directly for services provided to CCC Plus individuals.

When does CCC Plus start?

Proposed timeline is subject to change

Region	Proposed Launch Date
Tidewater	July 1, 2017
Central	September 1, 2017
Charlottesville/Western	October 1, 2017
Roanoke/Alleghany & Southwest	November 1, 2017
Northern/Winchester	December 1, 2017
CCC Enrollees & ABDs transitioning from Medallion 3.0	January 1, 2018

Will CCC Plus coordinate Medicare and Medicaid for the Dually Eligible?

Yes! One of the key features of CCC Plus will be the coordination of care between Medicare and Medicaid for dual eligible individuals. CCC members valued this important service and stakeholders requested that it be continued in CCC Plus. All health plans participating in CCC Plus will be required to coordinate care with the individual's Medicare plan and providers. CCC Plus plans will also operate Dual Eligible Special Needs Plans, also known as D-SNPs, which are a type of Medicare Advantage plan that coordinates Medicare and Medicaid services. Enrollees will be encouraged to enroll in their CCC Plus health plan's companion D-SNP to maximize coordination. *(CCC Plus plans must be approved as a D-SNP within 18 months of CCC Plus operation.)*

Why did Virginia decide not to continue the CCC program?

Virginia's financial alignment demonstration program (CCC) launched in March 2014, and is scheduled to sunset on December 31, 2017. CCC provided Virginia the unique opportunity to integrate health care services and supports for individuals who receive both Medicare and Medicaid, and was the first opportunity for Virginia to coordinate services for individuals with long-term services and supports (LTSS) under a managed care program.

To promote and build upon the goals of CCC for more Virginians, DMAS began planning to expand coordinated care by developing CCC Plus. Implementation of CCC and CCC Plus is consistent with the Virginia General Assembly's directive to transition the majority of the remaining Medicaid fee-for-service populations into a managed long term services and supports program.

Virginia is fully committed to maintaining a robust CCC program through the end of the Demonstration because, until CCC Plus implementation, dually eligible Virginians can only experience the unique benefits of care coordination through the CCC program. Everything DMAS has learned, and continues to learn, during the CCC Demonstration has directly informed the design of CCC Plus and will influence the implementation of CCC Plus going forward.

If CCC is ending December 2017, why should I still enroll?

By enrolling in CCC now, individuals will receive benefits not currently offered in fee-for-service Medicaid. Those benefits include care coordination between Medicare and Medicaid, as well as optional benefits such as vision or dental (note: optional benefits vary among CCC health plans).