

Commonwealth Coordinated Care Plus Contract

January 2021 Mid-Year Amendment

Contract Changes

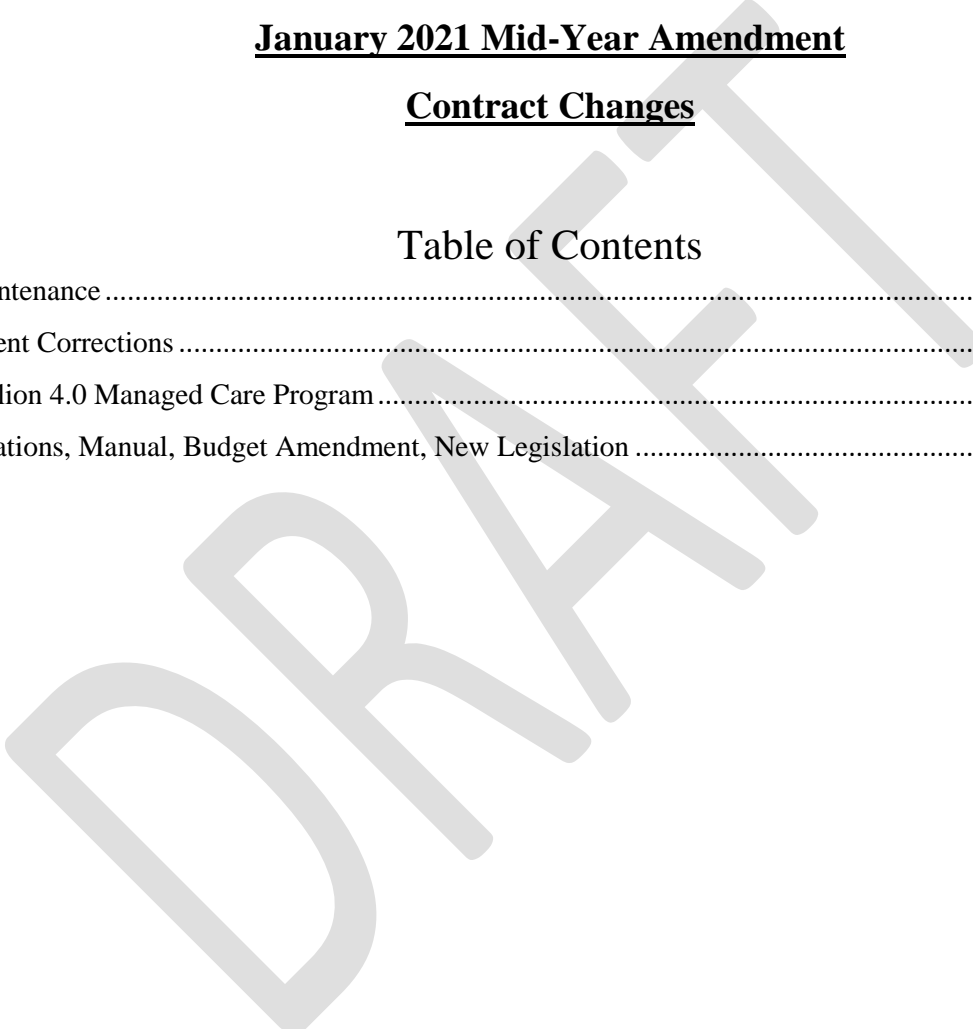
Table of Contents

I. Typos and Contract Maintenance 2

II. Clarifications and Content Corrections 2

III. Alignment with Medallion 4.0 Managed Care Program 2

IV. Alignment with Regulations, Manual, Budget Amendment, New Legislation 3



I. Typos and Contract Maintenance

<u>Change #</u>	<u>7.1.2020 Contract Section Number</u>	<u>1.1.2021 Contract Section Number</u>	<u>1.1.2021 Contract Section Title</u>	<u>1.1.2021 Change Made</u>	<u>1.1.2021 Purpose for Revision</u>

II. Clarifications and Content Corrections

<u>Change #</u>	<u>7.1.2020 Contract Section Number</u>	<u>1.1.2021 Contract Section Number</u>	<u>1.1.2021 Contract Section Title</u>	<u>1.1.2021 Change Made</u>	<u>1.1.2021 Purpose for Revision</u>

III. Alignment with Medallion 4.0 Managed Care Program

<u>Change #</u>	<u>7.1.2020 Contract Section Number</u>	<u>1.1.2021 Contract Section Number</u>	<u>1.1.2021 Contract Section Title</u>	<u>1.1.2021 Change Made</u>	<u>1.1.2021 Purpose for Revision</u>

IV. Alignment with Regulations, Manual, Budget Amendment, New Legislation

<u>Change #</u>	<u>7.1.2020 Contract Section Number</u>	<u>1.1.2021 Contract Section Number</u>	<u>1.1.2021 Contract Section Title</u>	<u>1.1.2021 Contract Section Title</u>	<u>1.1.2021 Purpose for Revision</u>
1	4.7.6.4	4.7.6.4	<i>Personal Care Assistant/Employee New Hire Packet Requirements</i>	<p>Added to bulleted list:</p> <ul style="list-style-type: none"> • <u>Verification methods in place to verify a live in attendant's legal name and physical address. Forms of identification can include but are not limited to driver's license, voter registration card, banking statement, credit card statement, utility bill statement, and cell phone statement;</u> 	Special General Assembly Session 2021 Budget Item
2	4.7.6.6	4.7.6.6	<i>Electronic Visit Verification</i>	<p>...Effective January 1, 2021, attendants with a live-in status are exempt from EVV requirements. The Contractor's F/EA shall have a process approved by DMAS and systems edits in place to identify attendants with a live-in status and reside at the same address as the Medicaid member receiving care. The Contractor's F/EA shall verify and collect proof of residence documentation for all attendants with a live-in status...</p>	Special General Assembly Session 2021 Budget Item
3	4.7.6.7	4.7.6.7	<i>Contractor Database and Automated Payroll Systems</i>	<p>...The Contractor's F/EA payroll processing system shall have the ability to calculate and make accurate payments to employees. The Contractor must calculate and make accurate payments to attendants who live in the home of a Medicaid individual and work more than forty (40) hours in one work week to be compensated at the regular hourly rate in accordance with Fair Labor Standards Act (FLSA) and the Department guidelines. Overtime payment for more than forty (40) working hours in one work week is not permitted.</p>	Special General Assembly Session 2021 Budget Item

				<p>The Contractor must calculate and make accurate payment to attendants who are authorized to receive time and a half up to eight (8) hours and effective July 1, 2021, up to sixteen (16) hours for a single attendants who works more than forty (40) hours per work week. employees not to exceed forty (40) hours per work week for one Member. Employees that live in the home of the Member and work more than forty (40) hours in one work week shall be exempt from the forty (40) hour work week restriction and shall be compensated at the regular hourly rate in accordance with FLSA and Department guidelines. Overtime pay is not permitted.</p> <p>Employees who live in the home of the Member are exempt from overtime payments in accordance with the FLSA. Overtime pay is not permitted for any employee who lives in the home of the Member...</p>	
4	23.1	23.1	<i>Definitions</i>	<p>Telemedicine – A service delivery model that uses real time two-way telecommunications to deliver covered physical and behavioral health services for the purposes of diagnosis and treatment of a covered Member. Telemedicine must include, at a minimum, the use of interactive audio and video telecommunications equipment to link the Member at an approved originating site to an enrolled provider approved to provide telemedicine services at a distant (remote) site.</p>	Reflect GA Special Session changes.
5	4.9	4.9	<i>Telemedicine and Telehealth Services</i>	<p>Telemedicine is a service delivery model that uses real time two-way telecommunications to deliver covered physical and behavioral health services for the purposes of diagnosis and treatment of a covered Member. Telemedicine must include, at a minimum, the use of interactive audio and video telecommunications <u>(see temporary exception for audio only telecommunications in this section)</u> equipment to link the Member at an approved originating site to an enrolled provider</p>	Reflect GA Special Session changes. Addition of #2 in numbered list is to align M4 and CCC Plus contact language.

				<p>approved to provide telemedicine services at the distant (remote) site.</p> <p>Telehealth is the use of telecommunications and information technology to support remote or long-distance physical and behavioral health care services. Telehealth is different from telemedicine because it refers to the broader scope of remote health care services used to inform health assessment, diagnosis, intervention, consultation, supervision and information across distance. Telehealth incorporates technologies such as telephones, facsimile machines, electronic mail systems, remote patient monitoring devices and store-and-forward applications, which are used to collect and transmit patient data for monitoring and interpretation.</p> <p>The Contractor shall provide coverage for telemedicine and telehealth services as medically necessary, and within at least equal amount, duration, and scope as is available through the Medicaid fee-for-service program as an innovative, cost effective means to decrease hospital admissions, reduce emergency department visits, address disparities in care, increase access to and/or enhance existing services, and increase timely interventions. <u>The Contractor must provide telemedicine and telehealth services regardless of the originating site and regardless of whether the patient is accompanied by a health care provider at the time such services are provided.</u></p> <p><u>The Contractor cannot require providers to use proprietary technology or applications in order to be reimbursed for providing telemedicine services.</u></p> <p>The Contractor <u>must allow the prescribing of controlled substances via telemedicine and requires such scripts to comply with the requirements of § 54.1-3303 and all applicable federal law.</u></p>	
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				<p>The Contractor also shall encourage the use of telemedicine and telehealth to promote community living and improve access to health services.</p> <p>The Contractor may use the following types of providers for Medicaid-covered telemedicine and telehealth services: physicians, nurse practitioners, certified nurse midwives, clinical nurse specialists-psychiatric, licensed clinical psychologists, licensed clinical social workers, licensed professional counselors, licensed marriage and family counselors, licensed substance abuse practitioners, and credentialed addiction treatment providers. The Contractor may propose additional provider types for the Department to approve for use.</p> <p>The decision to participate in a telemedicine or telehealth encounter will be at the discretion of the Member and/or their authorized representative(s), for which informed consent must be provided, and all telemedicine and telehealth activities shall be compliant with Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Department's program requirements. Covered services include:</p> <ol style="list-style-type: none"> 1. Store and Forward Applications: The Contractor shall reimburse for teleretinal screening for diabetic retinopathy. The Contractor is required to provide coverage for teleretinal screening for diabetic retinopathy that is at least equal in amount, duration, and scope as is available through the Medicaid fee-for-service program. The Contractor cannot be more restrictive and cannot require additional fields or photos not required by the Medicaid fee-for-service program. The Contractor may also reimburse for additional Store and Forward Applications, including but not limited to, tele-dermatology and tele-radiology. 2. <u>The ability to cover remote patient monitoring, especially for members with one or more chronic</u> 	
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				<p><u>conditions, such as congestive heart failure, cardiac arrhythmias, diabetes, pulmonary diseases or the need for anticoagulation. Examples of remote patient monitoring activities include transferring vital signs such as weight, blood pressure, blood sugar, and heart rate.</u></p> <p>3. The ability to cover specialty consultative services (e.g., telepsychiatry) as requested by the Member’s primary care physician.</p> <p>All telemedicine and telehealth services shall be provided in a manner that meets the needs of vulnerable and emerging vulnerable subpopulations and consistent with integrated care delivery. Telemedicine and telehealth services can be provided in the home or another location if agreeable with the Member.</p> <p><u>The Contractor must continue to reimburse for Medicaid-covered services delivered via audio-only equipment and by telemedicine services, as described in guidance issued by the Department on March 19, 2020, provided in Attachment 20 of this contract, until July 1, 2021.</u></p>	
6	19.10.1	19.10.1	<i>Payment to the Contractor</i>	<p><u>In accordance with the Item EEEEE (1) of 2020 Appropriation Act, The Department will implement an actuarially sound risk adjustment model that addresses the behavioral health acuity differences among the MCO’s for the community well population of individuals who are dually eligible for Medicare and Medicaid and currently served through the Commonwealth Coordinated Care (CCC) Plus program.</u></p>	Reflect GA Special Session changes.

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