

CCC Evaluation Questions
(Questions are subject to change)

Health Plans

- 1) What are the key features of the health plans' claim submission and provider reimbursement systems and how do they differ from the previous systems? How were these systems modified during the CCC Program?
- 2) What are the key features of the health plans' care management programs and how do they differ from the previous programs? How were these programs modified during the CCC Program?
- 3) What strategies did the health plans develop for certain vulnerable subpopulations of dual eligible enrollees during the CCC Program? Did these strategies contribute to positive program outcomes, and if so, how?
- 4) What implementation challenges did the health plans experience during the CCC Program and how were they addressed? What factors contributed to successful implementation?
- 5) What suggestions do the health plans have for improving and/or expanding the CCC Program? What policies, procedures, and practices implemented by the health plans could inform managed care delivery initiatives in other states?

Providers

- 1) What perceptions do providers have about the CCC Program and how do they change over time?
- 2) To what extent are providers satisfied with the CCC Program's payment and care coordination systems? How do these systems differ from the providers' previous payment and care arrangements?
- 3) How do providers view the CCC Program as influencing access, choice, options, and quality of care for dual eligible enrollees? To what extent do providers attribute changes in enrollees' health outcomes and quality of life to the program?
- 4) What suggestions do providers have for improving and/or expanding the CCC Program? What implementation challenges did providers experience during the program and how were they addressed?

Enrollees

- 1) For enrollees in the CCC Program, what perceptions do they have about access, choice, options, utilization, and quality of care and life, and how do they differ from the perceptions held under their previous care arrangements?
- 2) How satisfied are enrollees with the health, social, and LTSS services offered through the CCC Program? How well are these services aligned with enrollees' views toward health and wellness? To what extent do enrollees' views about these services change over time?
- 3) How do enrollees view the CCC Program as influencing access, choice, options, and quality of care and life? To what extent do enrollees attribute changes in their health outcomes and quality of life to the program?
- 4) What suggestions do enrollees have for improving and/or expanding services offered through the CCC Program?

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Demographic/Enrollment/Program Impact

1) What are the demographic, utilization, and cost characteristics of the dual eligibles who enroll and disenroll (or opt-out) from the CCC Program?

2) What factors are associated with both enrollment and disenrollment patterns?

3) What is the relative impact of the CCC Program on service utilization and cost by service type (e.g., emergency department visits, hospital admissions, and nursing facility stays) for program participants, after adjusting for other factors?

4) To what extent does the impact differ by health plan and dual eligible subpopulation?