

Evaluating the Commonwealth Coordinated Care Program: Virginia Medicaid’s Approach to Culturally Responsive Evaluation

Gerald Craver, PhD
Meredith Lee, MPH
Emily Carr, MBA
Fuwei Guo, MPH
Alison Cuellar, PhD
Gilbert Gimm, PhD

This paper describes the approach adopted by the Virginia Department of Medical Assistance Services (i.e., Virginia Medicaid) for a culturally responsive evaluation of the Commonwealth Coordinated Care (CCC) Program, a financial alignment demonstration authorized under the Patient Protection and Affordable Care Act of 2010. The CCC Program is intended to improve health care services and quality for approximately 78,000 individuals with significant disabilities who receive both Medicare and Medicaid benefits. Known as “dual eligibles”, these individuals represent some of Virginia’s most vulnerable citizens because they have extensive medical, social, and long-term care (LTC) needs. While dual eligibles have access to a range of health and social services, the benefits are generally not well coordinated because they are provided mostly through fee-for-service programs. The lack of coordination is further complicated by the fact that the Medicare and Medicaid programs operate independently of one another, resulting in conflicting coverage and payment policies. By hindering efforts to improve access and care coordination for dual eligibles, this environment contributes to unnecessarily high costs and poor patient care.

The CCC Program seeks to address these issues by coordinating the delivery of all primary, preventive, acute, behavioral, and LTC services and supports for dual eligibles under a managed care delivery system. Because the program represents a new approach to providing care, Virginia Medicaid is interested in determining how it will influence the behavior of providers and dual eligibles as well as its impact on various quality, utilization, and cost outcomes over time. To accomplish this, Virginia Medicaid partnered with George Mason University (GMU) to conduct a rigorous longitudinal evaluation of the program using a mixed methods research design. Agency staff are responsible for the qualitative component of the evaluation, while GMU staff are responsible for the quantitative component.

The evaluation is a critical element of the CCC Program because it provides agency management and others with periodic feedback on the program’s performance. To ensure that the evaluation is responsive, Virginia Medicaid created its first-ever evaluation advisory committee composed of individuals from key stakeholder groups (e.g., area agencies on aging; intellectual, developmental, and physical disability community organizations; health care providers; managed care organizations; and state government) to assist the evaluators with understanding the unique needs and concerns of the various organizations and dual eligible subpopulations involved in the program. The paper will identify the functions of the advisory committee, the process used to recruit individuals for the committee, and how the evaluators have worked with the members to facilitate culturally responsive data collection, analysis, and reporting. The paper will also discuss the advisory committee’s shortcomings as well as lessons learned from working with the committee. Because the literature on the actual practice of advisory committees in culturally responsive evaluations is limited, this paper adds to the discussion by providing insights gained from a group of evaluators working with an advisory committee to evaluate a statewide public health insurance program serving a diverse range of individuals, many of whom have been marginalized.

Key Words

Medicaid, Medicare, Dual Eligible Beneficiaries, Care Coordination, Evaluation Advisory Committee, Mixed Methods, Longitudinal

Additional comments to the conference committee regarding submission

This paper provides an example of a successful partnership between a state agency and a major public university to conduct a culturally responsive evaluation of a large scale public health insurance program serving vulnerable subpopulations.

The evaluation will run through December 31, 2017.

Additional information on the Commonwealth Coordinated Care Program is available online at:

http://www.dmas.virginia.gov/Content_pgs/altc-enrl.aspx.