



# Commonwealth Coordinated Care Program Evaluation Update

Evaluation Advisory Committee  
June 10, 2015

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Gerald Craver, PhD  
Alison Cuellar, PhD



# Agenda

- **Introductions**
- **Evaluation Advisory Committee Overview**
- **Commonwealth Coordinated Care (CCC) Program Update**
- **Review Evaluation Activities**
- **Next Steps**
- **Questions, Comments, or Concerns**



# Introductions

## **EVALUATION ADVISORY COMMITTEE**

- Jack Brandt
- Debbie Burcham
- Emily Carr
- Parthy Dinora, PhD
- Sheryl Garland
- **Debra Grant\***
- Maureen Hollowell
- **Steve Ford\***
- Jamie Liban
- Nakia Speller
- Linda Redmond, PhD
- Laura Lee O. Viergever
- E. Ayn Welleford, PhD

*\*New member*



# Introductions *(continued)*

## CCC EVALUATION TEAM

### DMAS

- Gerald Craver, PhD
- Matthew Behrens,  
MPA
- Sarah Broughton, MSW
- Fuwei Guo, MPH
- Elizabeth Smith, RN

### George Mason Univ.

- Alison Cuellar, PhD
- Gilbert Gimm, PhD



## Evaluation Advisory Committee (EAC) Overview

- A group assembled to advise evaluators on how best to conduct an evaluation and use findings
- How you can help
  - Evaluation Scope Refinement
  - Identify Participants & Facilitate Data Collection
  - Identify Target Audiences for evaluation findings
  - Review Evaluation Reports
  - Identify effective vehicles for disseminating findings



# Major CCC Program Activities to Date

- CCC Operational in all Demonstration Regions (except Mecklenburg County)
- Provider Network Development, Beneficiary Enrollment, Service Authorizations, and Claims Processing
- Education, Outreach, and Stakeholder Involvement
- Care Coordination Activities (HRAs, POCs, & ICTs)
- Contract/Quality Monitoring and MMP Support (e.g., Audits, Conference Calls, Meetings, and Training Activities)
- Multiple evaluations (CMS, DMAS, and VaCSB)



# CCC Enrollment by Category (May 2014)

Category	Central	Northern	Roanoke	Tidewater	Western	Total
<b>NF (15%)</b>	1,029	649	426	749	323	3,176
<b>EDCD (26%)</b>	1,422	581	847	1,137	510	4,497
<b>CW (59%)</b>	7,293	3,300	4,025	6,510	2,076	23,204
<b>Total</b>	<b>9,744</b>	<b>4,530</b>	<b>5,298</b>	<b>8,396</b>	<b>2,909</b>	<b>30,877</b>

Both active and passive opt-in enrollments are included in numbers  
 Community Well (CW), Nursing Facility (NF), Elderly or Disabled with Consumer Direction (EDCD)  
 Note: Approximately 5,411 enrollees have been identified with behavioral health issues and 1,782 enrollees are Community Service Board consumers



# CCC Enrollment by MMP (May 2014)

MMP	Central	Northern	Roanoke	Tidewater	Western	Total
<b>Va. Premier (20%)</b>	2,688	63	1,238	1,503	734	6,226
<b>Humana (38%)</b>	3,332	2,212	2,141	3,155	886	11,726
<b>Anthem (42%)</b>	3,724	2,255	1,919	3,738	1,289	12,925
<b>Total</b>	<b>9,744</b>	<b>4,530</b>	<b>5,298</b>	<b>8,396</b>	<b>2,909</b>	<b>30,877</b>

Both active and passive opt-in enrollments are included in numbers  
 Medicare-Medicaid Plan (MMP)

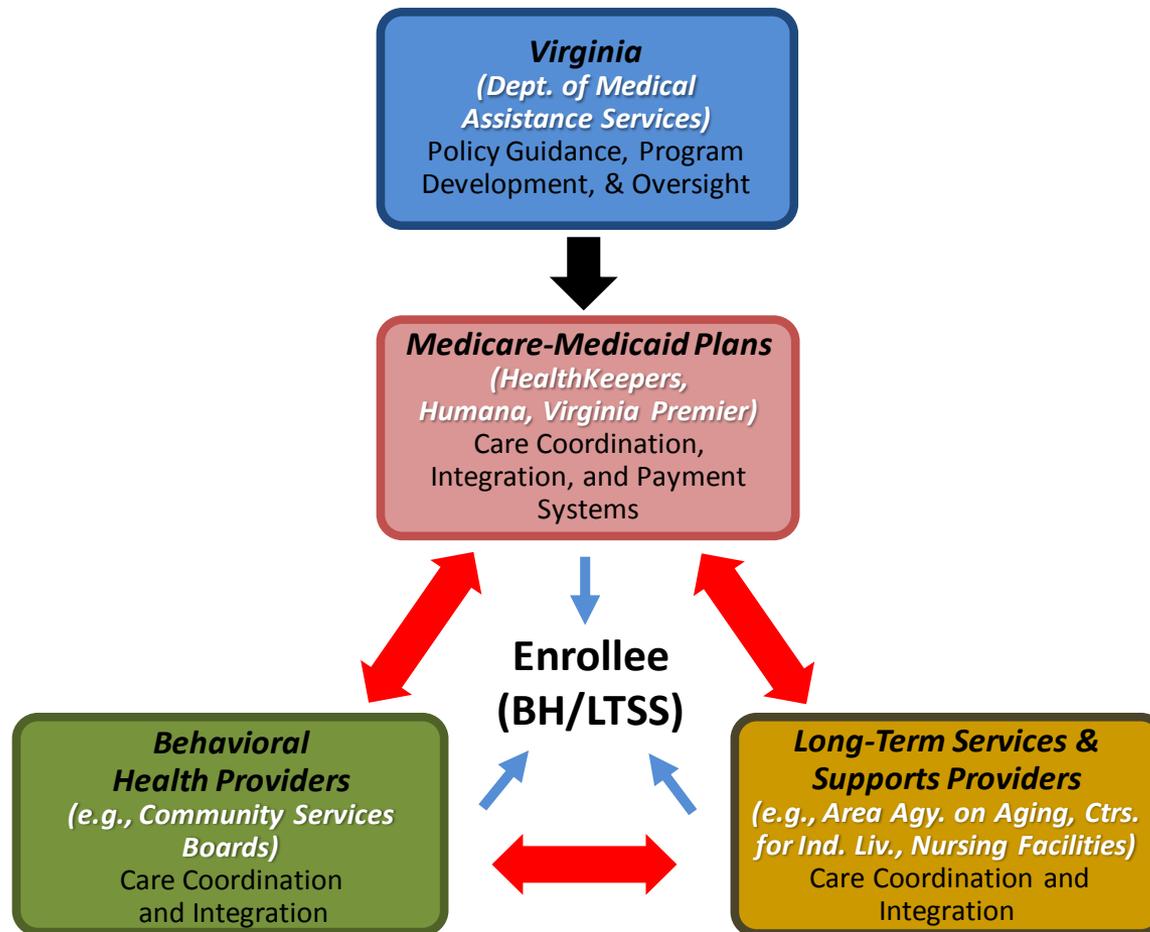


## Evaluation Plan Overview

- Mixed method design; complies with Center for Medicare & Medicaid Innovation guidance and RTI's national evaluation design
  - Case studies based on interviews, focus groups, observations, and document reviews to gain insights into how the CCC Program is working by studying it in person, over time, and from diverse perspectives
  - Enrollee "panel" survey, analysis of enrollment/disenrollment data, and a longitudinal analysis of the program's impact on cost, quality, and utilization outcomes over time (**pending funding**)



# CCC Program Evaluation Scope





# Provider Interview Overview

- Purpose is to capture perspectives of selected providers involved with the CCC Program
- Approximately 26 interviews (initial/follow-up) conducted with providers/representatives:
  - 3 Area Agencies on Aging
  - 2 Adult Day, Adult Home, and Home Health
  - 6 Community Service Boards
  - 2 Centers for Independent Living
  - 6 Nursing Facilities
  - 6 Care Centers/Medical Homes
  - 1 Hospital



# Provider Interview Summary (Tentative)

- Initial Impressions of CCC Program
  - CCC rollout was fast/bumpy, but has potential
- Successes Achieved with CCC Program
  - Communication, relationships, extra benefits
  - Care coordination and quality of care
- Challenges Encountered with CCC Program
  - Communication, LTSS knowledge, turnover
  - Authorization, payment, & service delivery delays
- Advice for CCC Director
  - Better communication with providers & enrollees
  - Improve authorization and payment process



## Care Coordination Observations

- In evaluation, observations are essential because they happen in the “field” where services are delivered, allowing evaluators to learn more about program activities/processes
- Purpose is to observe delivery of CCC services in real time to develop holistic understanding
  - Data collection consists of note taking while observing care coordinators interacting with enrollees, family members, and providers supplemented with interviews of coordinators, family members, and providers and literature reviews



## Observation Summary (Tentative)

- Since June 2014, conducted 27 observations representing 57 (58 hrs) encounters (HRAs, POCs, ICTs, Follow-Ups, MMP Meetings) around regions
- How Does Enrollee Receive Needed Assistance?
  - In-person visit (initial/follow-up) to assess needs
  - Advocacy, communication, education, relationships, contact point
- Is Care Being Coordinated and if so, how?
  - Building relationships and exchanging information with providers to support enrollee needs
  - Monitoring enrollees to ensure services are received



## Beneficiary Focus Groups/Interviews

- Purpose is to gain insight into what CCC looks and feels like to the people involved by using semi-structured discussions to explore their perspectives
- Since October 2014, five focus groups and 9 interviews with beneficiaries (or family members/care givers) have been conducted
  - 36 participants (20 CCC enrollees)
  - Average age 67.2 (range: 49 – 98)
  - Most were female and in the EDCD waiver



## Focus Group/Interview Summary (Tentative)

- **Findings from the CY 2014 focus groups** suggested that participants were confused about CCC, that some providers/families were influencing enrollment decisions, and that more emphasis was needed on improving service delivery to meet LTSS beneficiary needs
- **Findings from the CY 2015 interviews** (to date) suggested that while participants found some aspects of CCC helpful (advocacy/care coordination/ extra benefits/home visits), others tended to be problematic (referrals/provider coverage/bills/communication)



## **Notes from the Field – March 2015**

- The purpose is twofold: 1) to review major activities that DMAS performed to implement CCC and some of its main successes achieved during CY 2014, and 2) challenges that DMAS encountered during the first year and the strategies used for overcoming them
- By serving as a record of DMAS' early experiences, the report may be useful to policy makers and others contemplating similar integrated care initiatives



# Major Pre-CCC Program Successes (2011-2014)

## **2011**

Administration Support,  
Initial CMS/DMAS Conversations

## **2012**

Initial Proposal, CMS/DMAS  
Workgroup, Program Scope,  
Stakeholder Outreach,  
& Advisory Committee

## **2013**

New Directorate, RFP, MOU,  
Three-Way Contract, Readiness  
Reviews, Provider Networks, Training,  
Stakeholder Engagement & Outreach

## **2014**

Implemented March  
2014 as a Phased  
In Program  
(>100 localities)



# Major CCC Success (2014)

<b>CCC Program Implementation, Blended Payment Methodology &amp; Enrollment</b>	<b>Data Sharing &amp; State/Federal Program Enrollment Processing</b>	<b>Contract/Quality Monitoring and Implementation Oversight</b>
<b>Electronic Processing of Long Term Service &amp; Support &amp; Behavioral Health Claims</b>	<b>Health Assessments, Care Plans, &amp; Interdisciplinary Care Teams</b>	<b>Core Competency Training and Capacity-Building Activities for MMPs</b>
<b>Regional Provider &amp; Enrollee Town Hall Meetings</b>	<b>Multiple Stakeholder Outreach Avenues</b>	<b>Collaborative Working Environment to Support CCC</b>



# Major Implementation Challenges (CY 2014)

## Enrollment

Medicare Processed  
Disenrollment  
Requests

Employer Sponsored  
Health Insurance

Enrollment  
Churning

## Systems

Intelligent  
Assignment

Cancellation/  
Disenrollment  
Programming

Daily Enrollment  
Review

Medicare Claims and  
Encounter Data

## Program

Returned  
Mail and  
Notification Letters

Continuity of Care  
and Service  
Authorizations

Beneficiary Choice  
and Network  
Adequacy

Confusion  
About CCC and  
Satisfaction with FFS



## Questions for Discussion

- Is the scope (or focus) of the overall evaluation appropriate?
- What (if any) suggestions do you have for improving on our process for conducting provider/enrollee interviews and care coordination observations?
- How well does ***Notes from the Field*** convey useful information about the CCC Program?
- Where and how should CCC evaluation reports be distributed?
- What additional do you have about the qualitative component of the evaluation?



## Next Steps

- Partnering with VaCSB to schedule focus groups and/or interviews with BH enrollees and/or family members
- Partnering with VICAP to interview enrollees and/or family members about their CCC experiences
- Continue observing care coordination activities and prepare MMP case studies
- Complete, analyze, and submit findings from the enrollee/decliner surveys to DMAS



# Questions, Comments, or Concerns

- ***THANK YOU FOR PARTICIPATING!!!***
- Please do not hesitate to contact me if you would like to discuss the CCC Evaluation:
  - **Gerald Craver**  
[gerald.craver@dmas.virginia.gov](mailto:gerald.craver@dmas.virginia.gov)  
804-786-1754
- Also, please visit the **CCC Evaluation website** ([http://www.dmas.virginia.gov/Content\\_pgs/ccc-eval.aspx](http://www.dmas.virginia.gov/Content_pgs/ccc-eval.aspx)) and let me know if have suggestions for improvement