



# Commonwealth Coordinated Care Program Evaluation Update (Final Meeting)

Evaluation Advisory Committee  
September 29, 2016

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Gerald Craver, PhD

Gilbert Gimm, PhD



# Meeting Agenda

- **Introductions**
- **Commonwealth Coordinated Care (CCC) Program Update**
- **Review of Evaluation Findings and Final Activities**
- **Commonwealth Coordinated Care Plus Program Update**
- **Next Steps**



# Introductions

## EVALUATION ADVISORY COMMITTEE

- Jack Brandt
- Debbie Burcham
- Jason Rachel
- Parthy Dinora, PhD
- Sheryl Garland
- Debra Grant
- Maureen Hollowell
- Steve Ford
- Jamie Liban
- **Sarah Henry\***
- E. Ayn Welleford, PhD
- Stephanie Lynch

*\*New member*



# Introductions *(continued)*

## CCC EVALUATION TEAM

### DMAS

- Gerald Craver, PhD
- Matthew Behrens, MPA
- Fuwei Guo, MPH
- Elizabeth Smith, RN
- Katie Hill, MPH

### 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



# CCC Enrollment (August 2016)

Category <sup>1</sup>	Central	Northern	Roanoke	Tidewater	Western	Total
<b>NF</b> (12.3%)	1,104	426	968	943	377	3,818
<b>EDCD</b> (12.5%)	1,160	401	1,057	878	380	3,876
<b>CW</b> (75.2%)	7,419	2,651	4,599	6,735	1,971	23,375
<b>Total<sup>2,3,4</sup></b>	<b>9,683</b> (31.2%)	<b>3,478</b> (11.2%)	<b>6,624</b> (21.3%)	<b>8,556</b> (27.5%)	<b>2,728</b> (8.8%)	<b>31,069</b>

<sup>1</sup>Nursing Facility (NF), Elderly or Disabled with Consumer Direction (EDCD), and Community Well (CW)

<sup>2</sup>31,069 (50.4%) dual eligible beneficiaries are enrolled (active and passive), while 30,526 (49.6) declined enrollment

<sup>3</sup>Anthem Healthkeepers: 13,196 (42.5%), Humana: 11,658 (37.5%), and VA Premier: 6,215 (20.0%)

<sup>4</sup>4,482 (14.4%) enrolled beneficiaries have a severe mental health diagnosis and 2,733 (8.8%) enrolled beneficiaries are receiving targeted case management through a Community Service Board

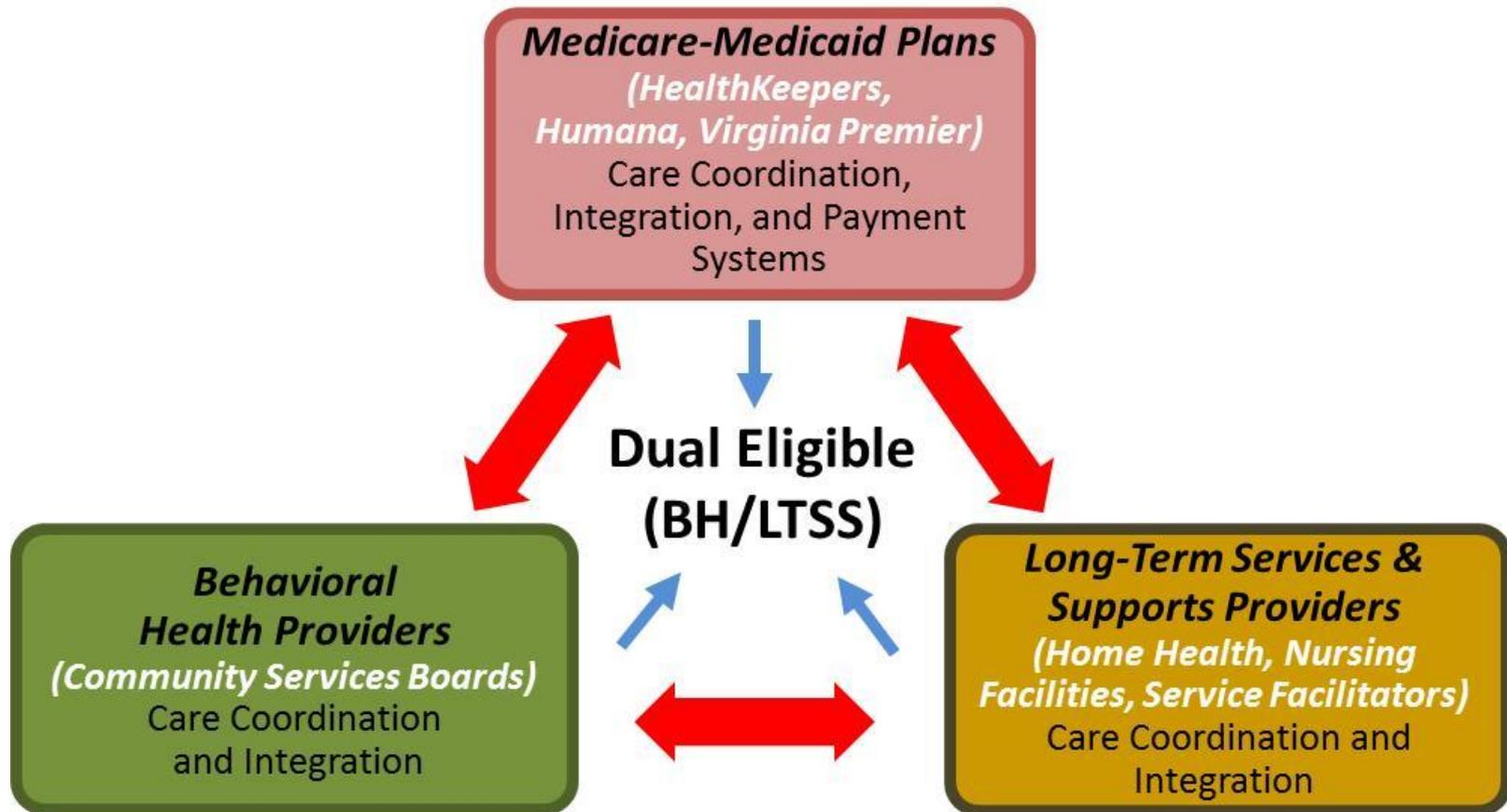


## Evaluation Plan Overview

- 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 various perspectives
  - Surveys of EDCD waiver beneficiaries (out in/out) and analysis of enrollment/disenrollment data
    - Surveys of BH beneficiaries and longitudinal analysis of cost, quality, and utilization outcomes planned but not implemented due to funding



# CCC Evaluation Scope





## Provider Interview Summary

- Purpose was to capture perspectives of selected LTSS/BH providers involved with the CCC Program
- Approximately 38 interviews (initial/follow-up) were conducted with providers/representatives from the following groups:
  - 3 Area Agencies on Aging
  - 4 Adult Day, Adult Home, & Home Health/Service Facilitation
  - 10 Behavioral Health/Community Service Boards
  - 4 Centers for Independent Living
  - 10 Nursing Facilities
  - 6 Care Centers/Medical Homes
  - 1 Hospital



## Beneficiary (or Family Member) Focus Group and Interview Summary

- Purpose was to gain insight into what CCC looks and feels like to the people involved by using semi-structured discussions to explore their perspectives
- Between October 2014 and September 2016, 8 focus groups and 34 interviews were conducted with beneficiaries (or family members/caregivers)
  - Data collected from 81 total participants (65 CCC beneficiaries)
  - Average age 61.3 (range: 29 – 98)
  - 59% Female and 51% EDCD Waiver
  - 12 interviews conducted with CW/BH beneficiaries



# Care Coordination Observation Summary

- Purpose was to observe the delivery of CCC services in real time to develop a more holistic understanding
- Between June 2014 and September 2016, conducted 71 observations (HRAs, POCs, ICTs, Follow-Ups, and MMP Meetings) totaling 191 hours across all five demonstration regions
  - Interviewed 55 care coordination staff members during the observations
  - Observed 176 beneficiary encounters
    - NF (122), EDCD (32), and CW/BH (22)
  - Observations conducted in various settings
    - Clinic (10), Community/CSB (7), Home (27), and NF (30)

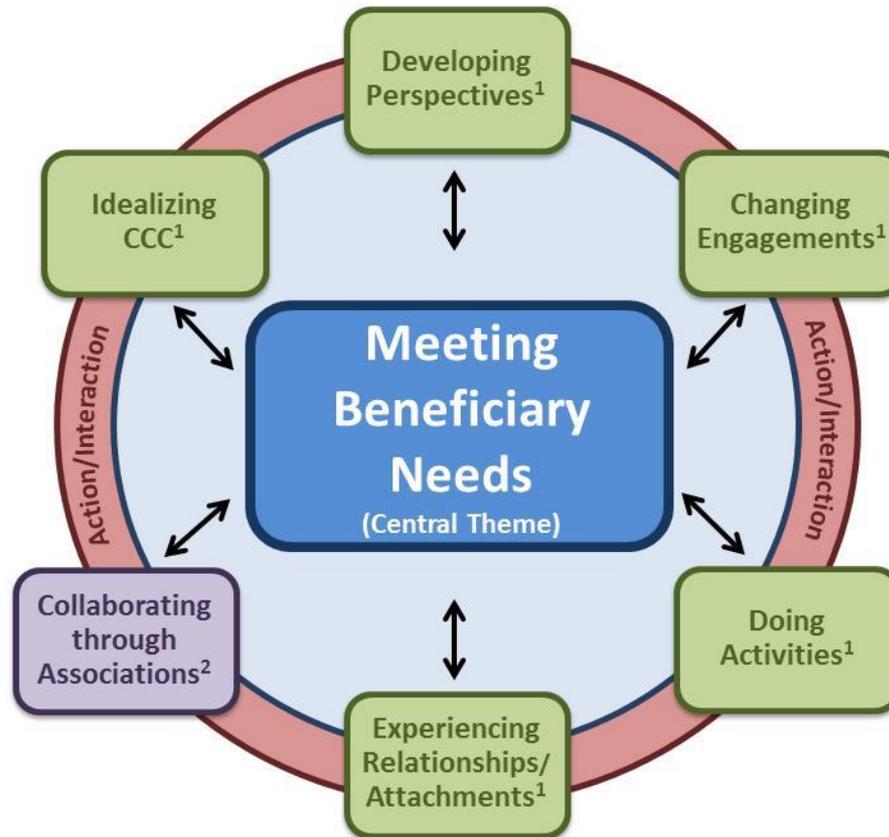


# What's Going On Inside the CCC Program?

- Seven themes emerged to account for patterns identified in the interview/observation data
  - **Meeting Beneficiary Needs (Central Theme):** Offering More Resources
  - **Developing Perspectives:** Conceptualizing & Understanding CCC
  - **Changing Engagements:** Sequencing of CCC Enrollments
  - **Doing Activities:** Performing CCC-Related Tasks
  - **Experiencing Relationships/Attachments:** Forming Interpersonal Bonds
  - **Collaborating through Associations:** Encompassing Efforts of Others
  - **Idealizing CCC:** Perceiving CCC Improvements



# The Relationship Between Themes is...



<sup>1</sup>Derived mostly from beneficiaries /family members, care managers, and providers.

<sup>2</sup>Derived mostly from care managers and providers.



# Theme Overview (Condensed)

- **Meeting Beneficiary Needs (Central Theme)**
  - [My coordinator] always has the resource, is the resource, or will find the resource – *CCC Beneficiary*
  - I love [the MMP]. It's been awfully good to me. They take care of my needs...they're always there to help – *CCC Beneficiary*
  - I don't see any benefit for [nursing facility] residents, but there's great benefit when they move into the community...they get more services and care coordination – *LTSS Provider*
- **Developing Perspectives**
  - She got information [on CCC] last fall, we thought it would provide extra services...we thought it would be a good change – *Family Member*
  - When I read the [letter], I was terrified...my mother and aunt had been assigned to doctors I'd never heard of and that was a red flag – *Family Member*
  - They're there to make their money...they don't give a hoot about what [we] need – *Dual Eligible Beneficiary (Opt Out)*



# Theme Overview (Condensed)

## • Changing Engagements

- I didn't have a problem [enrolling]...didn't have any problems – *CCC Beneficiary*
- I'm not looking at leaving [CCC]...things have been smoother...coverage for over-the-counter medicine, dental, vision, and getting my attendants more hours are so invaluable – *CCC Beneficiary*
- When we [opted out], we had an awful time with CCC transferring our caregiver timesheets for two months...everything is sign up quick but when you do, you have a hell of a time getting out of it – *Family Member*

## • Doing Activities

- My mom's prescriptions are filled, her personal care attendants keep coming, and she can see her doctors...I'm pleased – *Family Member*
- [All his providers] had to be changed and that was stressful – *Family Member*
- I have ordered DME and trained members on how to use it...before they were not taking their blood pressure or blood sugar, but now they are...some are even documenting it – *Care Coordinator*



# Theme Overview (Condensed)

## • Experiencing Relationships/Attachments

- I mean it's huge...I'm quadriplegic and [she's] my advocate...it's me first and whoever she works for second – *CCC Beneficiary*
- I don't think we have much of [a relationship]...[we've] had those people come in [from] other agencies and they all do [an] assessment so [she] is just one more big assessment person – *Family Member*

## • Collaborating through Associations

- I try to get into the PCP offices...the key is getting through the front office staff. Get them to warm up to you – *Care Coordinator*
- [The coordinator] was the first person I talked to [about CCC], and I had my guard up and she had her guard up...we talked...and realized we're both on the same page...it's been very helpful to build that rapport – *LTSS Provider*
- Each time I talk to [the beneficiary] I send an email to [his therapist] and [BH CM]...we've been working on medication reconciliation...calling his providers, getting them to send lists of medications to [his PCP]...a lot of [our communication is]...updating each other – *Care Coordinator*



# Theme Overview (Condensed)

## • Idealizing the CCC Program

- Things that they're telling us, it's hard for me to [understand]...I need somebody to explain what's happening...I need somebody to talk to me about it – *Dual Eligible Beneficiary (Opt-Out)*
- The biggest problem I have is how information was presented...I don't believe we reached out to the providers...communication was not good – *Care Coordinator*
- Getting authorizations is more difficult now compared to FFS...it takes longer and requests for skilled nursing seem to be denied more frequently – *LTSS Provider*
- [The MMP] will pay to have my teeth extracted but won't pay to have them replaced and that's an issue – *CCC Beneficiary*
- For that initial contact, don't put some arbitrary doctor down...seriously that's gonna scare a lot of people...don't arbitrarily choose a doctor – *Family Member*



## Beneficiary Experience Case Study #4 (Draft)

*David enrolled in CCC with VA Premier in Oct. 2014, but was unengaged because of incorrect contact information. In Feb. 2016, he was hospitalized due to diabetes and gangrene (toe). Afterwards, David transitioned to a skilled nursing facility (SNF) for rehabilitation services. While at the SNF, David lost his apartment and became homeless, so staff found him a new apartment and also contacted VA Premier care management (CM) staff for assistance in coordinating his transition. Because David had no belongings or family support, SNF and CM staff worked together to set up his apartment. CM staff also worked with the local Dept. of Social Services and Health Dept. to arrange for his EDCD Waiver services. In addition, they arranged for him to get food stamps, an Assurance cell phone, a Primary Care Physician, and transportation to provider appointments.*



## Beneficiary Experience Case Study #5 (Draft)

*Eugene enrolled in CCC with Virginia Premier in April 2014, but then switched to Humana in April 2015. Because Eugene has a behavioral health condition, he has two care coordinators: a Humana care coordinator (telephonic) and a Beacon Health care manager (in-person). Eugene's immediate support network consists of both care coordinators, a mental health skill builder, and his brother (POA). Since enrolling with Humana, Eugene's support network has reconciled medications and worked to facilitate communication among his providers. His support network maintains frequent contact to ensure that Eugene is adhering to his medication regimen, attending all provider appointments, and working toward his goals. Eugene is engaged and is using Humana's dental, vision, pharmacy, transportation, and gym membership benefits.*

# Beneficiary Experience Case Study Participants



**Case Study #4:** David, a CCC Beneficiary (center), with Christy, his Virginia Premier Care Manager, (left) and John, his Virginia Premier Social Worker (right)



**Case Study #5:** Eugene, a CCC Beneficiary (center), with Albert, his Mental Health Skill Builder, (left) and Elizabeth, his Beacon Health Care Manager (right)



## Commonwealth Coordinated Care Plus

- CCC ends on December 31, 2017 at which time all beneficiaries will transition into a new mandatory managed care long-term service and support initiative that will launch on **July 1, 2017**
- CCC Plus will serve three groups of individuals (~212,000) with complex care needs receiving either
  - Medicare and full Medicaid (dual eligible) benefits
  - Medicaid LTSS in a facility or HCBS waiver (excluding Alzheimer's Assisted Living and ID/DD/DS waivers) services
  - Full Medicaid coverage and  $\geq$  65 years old, blind, or disabled



## GMU Beneficiary Survey – Overview

- 2015 survey of EDCD waiver participants in the CCC program
- **Domains:** Health status, medical care, specialty care, care coordination and assessment, LTSS, overall satisfaction with health plans
  - Telephone surveys: (N=516)
  - Follow-up mail surveys: (N=151)
  - Among those with valid contact information, 67% RR



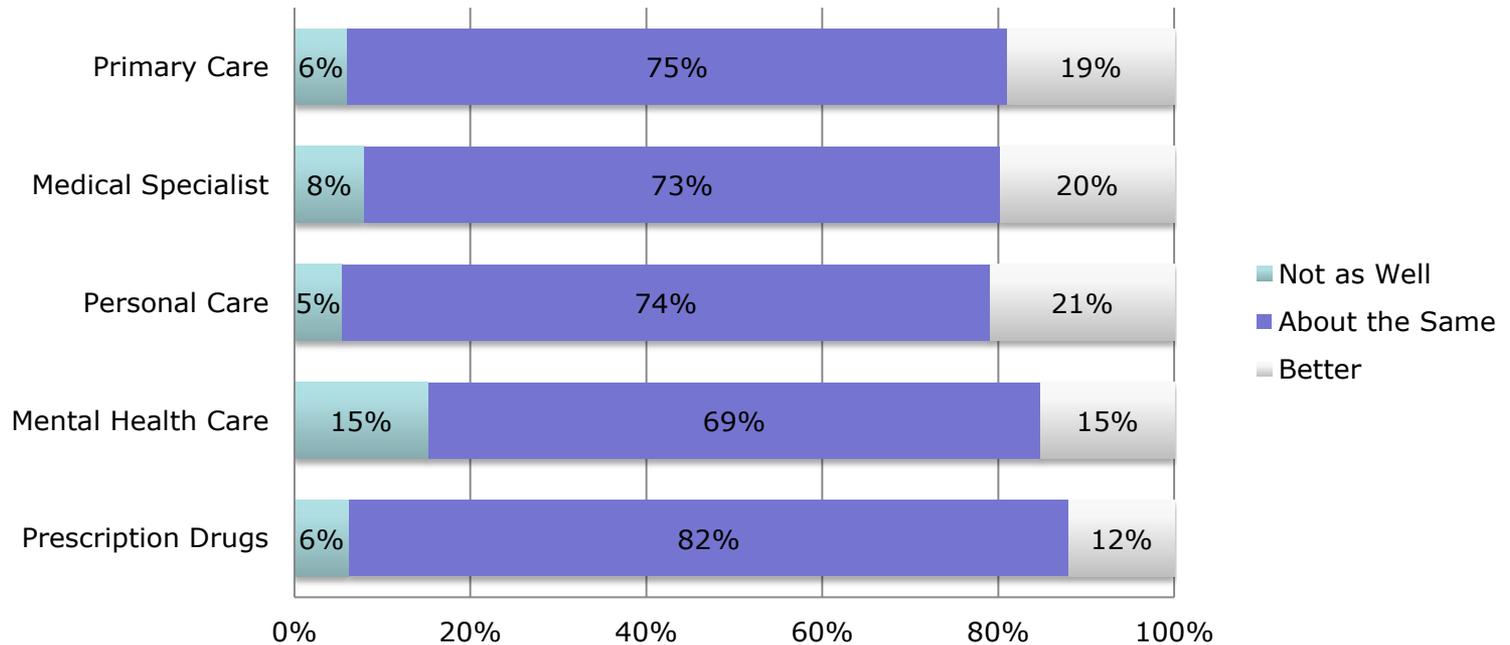
## GMU Beneficiary Survey – Key Findings

- Overall Satisfaction & Primary Care Access
  - 58% reported having fair or poor health status
    - 59% of individuals had 3+ chronic conditions
  - Overall, **very high levels of satisfaction** with MMPs (i.e., HealthKeepers, Virginia Premier, or Humana)
  - **93% have a primary care/personal doctor**
    - Primary care service needs were being met (75% had reported no change, 19% reported improvement)



# Health Care Needs - Same or Better

**Perceived Change in How Well Needs are Met, Compared to 6 Months Ago**





# Care Coordinators – High Satisfaction

- High satisfaction with MMP **care coordinators** (67% very satisfied, 29% somewhat satisfied)
- High satisfaction with the **care coordinator needs assessment** process
- Overwhelmingly positive comments on survey about the care coordinator's responsiveness, information, and communication with beneficiary.



## 2016 Enrollment & Disenrollment Report

- Key findings from analysis of enrollment and exit patterns from **Apr 2014-Sep 2015** (n=35,754)
  - **Vast majority (92%) of CCC enrollees** came from passive (automatic) enrollment vs. voluntary opt-in (8%).
  - Tidewater & Central VA regions had the highest enrollment (~12,000 each); Northern VA & Charlottesville (~4,000 each)
  - Overall, **26% opted-out of CCC, 19% exited due to loss of Medicaid eligibility, and 4% no longer met CCC-specific rules.**
  - Interestingly, **disenrollment rates were similar** for the opt-in and passive enrollment sub-groups.



## Conclusions & Policy Implications

- **Exit rates for CCC stabilized**, but still remained at 5% of the enrolled population each month.
  - This “churning” represents a major challenge for MMPs, because some dual-eligible beneficiaries have complex needs for health care services and LTSS.
- **The success of CCC program enrollment** and lessons learned about outreach, implementation, and meeting beneficiary needs can help to guide the rollout of “CCC-Plus” in 2017.



## Questions? Thank You!

- **Thank you for sharing** your helpful input and feedback on our 2015 beneficiary survey!
- Based on your input, we developed a **behavioral health (BH) survey** for future data collection.
- Please let us know if you have any questions.
  - Dr. Alison Cuellar (aevanscu@gmu.edu)
  - Dr. Gilbert Gimm (ggimm@gmu.edu)



## Next Steps

- DMAS staff and Mason faculty will finalize evaluation activities and reports
- All evaluation documents will be posted on the **CCC Evaluation website** ([http://www.dmas.virginia.gov/Content\\_pgs/ccc-eval.aspx](http://www.dmas.virginia.gov/Content_pgs/ccc-eval.aspx))



# THANK YOU

- ***THANK YOU FOR SERVING ON THE CCC EVALUATION ADVISORY COMMITTEE!!!***
- Please let me know if you would like to be involved in future DMAS evaluation activities
  - **Gerald Craver**  
gerald.craver@dmas.virginia.gov  
804-786-1754