

Commonwealth Coordinated Care
Medicare & Medicaid working together for you

Virginia Advisory Committee*

Creating a Coordinated Delivery System for Medicare-Medicaid Enrollees

March 19, 2014 from 1:30 to 3:30 pm

Conference Room 7A&B, DMAS

600 East Broad Street

Richmond, VA 23219

Meeting 5

I. Welcome and Introductions	Cindi Jones Director, Virginia Department of Medical Assistance Services (DMAS)	1:30 pm
II. National Updates	Lindsay Barnette Technical Director, Medicare- Medicaid Coordination Office CMS	1:40 pm
III. Virginia Updates	Emily Carr Director, Office of Coordinated Care, DMAS Tammy Whitlock Director, Division of Integrated Care and Behavioral Services, DMAS	2:00 pm
IV. Committee Member Focus Session 1: <i>Outreach, Education, Collaboration with VICAP and Ombudsman</i>	Sarah Broughton CCC Outreach & Education Coordinator, DMAS	2:35 pm
V. Committee Member Focus Session 2: <i>Evaluation Update</i>	Gerald Craver, PhD Senior Research Analyst Policy and Research Division, DMAS	2:50pm
VI. Committee Member Focus Session 3: <i>Q&A Panel with Medicare-Medicaid Plans</i>	Representatives from Healthkeepers Humana, & Virginia Premier	3:05 pm
VII. Wrap Up and Next Steps	Cindi Jones	3:20 pm

*The Department will not hold a public comment period during this meeting; however, stakeholder input is very important to the Department and the Advisory Committee. If you have follow up questions or comments that you would like discussed during a future meeting, please submit them to CCC@dmass.virginia.gov.



Advisory Committee Members

1. Alzheimer's Association (Carter Harrison)
2. Medical Society of Virginia (Mike Jorgensen)
3. Self-Advocate (Joan Manley)
4. State Long Term Care Ombudsman (Joani Latimer)
5. Virginia AARP (Bill Kallio)
6. Virginia Adult Day Services Association (Lory Phillippo)
7. Virginia Association for Home Care and Hospice (Marci Tetterton)
8. Virginia Association of Area Agencies on Aging (Courtney Tierney)
9. Virginia Association of Centers for Independent Living (Maureen Hollowell)
10. Virginia Association of Community Services Boards (Mary Anne Burgeron)
11. Virginia Association of Health Plans (Doug Gray/Laura Lee Viergever)
12. Virginia Health Care Association (Hobart Harvey/Steve Morrisette)
13. Virginia Hospital and Health Care Association (Chris Bailey)
14. Virginia Poverty Law Center (Jill Hanken)
15. Arc of Virginia - Jamie Liban



Virginia Update



Emily Carr, Director Office of Coordinated Care
Virginia Department of Medical Assistance Services

Advisory Committee
March 19, 2014

Virginia Update

Networks

CMT

Feedback



- Phase I (Tidewater and Central)
 - Plans submitted Medicaid & Medicare networks
 - Approved counties on comparison chart
 - Final opportunity for network approval March



Virginia Update

Networks

CMT

Feedback



- Phase II (Western, Northern and Roanoke)
 - Plans initial submission March
 - 2nd round submission April 7th
- Plans received network deficiencies
- Plans submit updated/ corrected networks



Virginia Update

Networks

CMT

Feedback



- Contract Monitoring team
 - Continue Readiness, Pre enrollment measures
 - Three way contract
- CMS and DMAS weekly internal
- CMS and DMAS weekly with MMPs, will transition to daily with implementation



Virginia Update



- Monitor/ review
 - Customer service lines
 - Marketing/ outreach materials
 - Complaints- appeals and grievances
 - Staffing and organization chart
 - Networks



Virginia Update

Networks

CMT

Feedback



- Report
 - Claims processing dashboard
 - Enrollment
 - Access to care
 - Providers
 - Medication
 - Services
 - Systems



Virginia Update

Networks

CMT

Feedback



- Calls and emails to DMAS
 - Beneficiaries
 - Excited to have options
 - Choice
 - Additional information
 - Providers
 - Providers engaged and curious
 - Townhalls
 - Transparency
 - Distribution lists





Virginia Enrollment & Systems Update



Tammy Whitlock, Director
Division of Integrated Care and Behavioral Services
Virginia Department of Medical Assistance Services

Advisory Committee
March 19, 2014

Virginia Update

MAXIMUS

Systems Update



- Third Party Enrollment Broker
- Trained Customer Service Representatives (CSRs) assist callers;
 - Process enrollment and opt-out requests
 - Review information in Comparison Chart
 - Determine which MMP network has their providers
- Process paper applications (average 30+ applications daily)
 - Reach out to beneficiary for any missing information
- Options counseling available through VICAP



Virginia Update

MAXIMUS

Systems Update

Maximus report

Address Changes Requested	31
Calls Received	2274
Calls Answered	2165
Abandon Rate	4.71%
Average Wait Time	32 seconds
Average Call Time	7 minutes
Opt-In Requests	872
Opt-Out Requests	700

*Table reflects verified data through close of business March 14, 2014



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Virginia Update

MAXIMUS

Systems Update



- Claims processing, testing, & authorizations coordination with MMPS and the following Associations:
 - Nursing Facility providers (VHCA) – ongoing
 - Personal care providers- scheduled for March 20th
 - Behavioral health- Ongoing VACSB and exploring need for other BH private provider organizations
 - Service facilitators- scheduled for March 19th
 - Adult day health centers – held on March 12th



Virginia Update

MAXIMUS

Systems Update



- Transition Reports
 - DMAS is sending 2 years of claims history and 1 year of service authorizations to the plans
- DMAS is sending a daily eligibility report to the plans (starting March 20th)



Key Points on CCC Outreach



Stakeholder Advisory Committee

March 19, 2014

Sarah Broughton, MSW

Outreach & Education Coordinator



Enrollee Outreach

- Townhall Meetings
 - **March:** Virginia Beach & Fredericksburg
 - **April:** Richmond
 - **May:** Roanoke, Charlottesville & Northern Virginia
- Twice weekly beneficiary calls
- Presentations by request





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Tidewater Townhall Meeting

Wednesday, March 5, 2014

Beth Sholom Village: Pincus Paul Social Hall
6401 Auburn Drive
Virginia Beach, Virginia 23464

If you receive full Medicare and Medicaid benefits you have several opportunities to learn more about **Commonwealth Coordinated Care**

 Program & Benefits	 Dates To Know	 Your Questions Answered
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TIDEWATER TOWNHALL
Tuesday, March 25, 2014
10am-12pm
Beth Sholom Village:
6401 Auburn Drive
Virginia Beach, Virginia 23464

MARCH
5

CCC UPDATE CALLS
Every Tuesday 12:30-1:30pm & Friday 10am-11am
To Join the call Dial:
1-866-842-5779
Pass Code – 6657847797 #



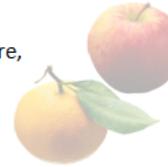
To request special accessibility or other accommodations please email CCC@dmas.virginia.gov



VIRGINIA'S MEDICAID PROGRAM
DMAS
INNOVATION · QUALITY · VALUE

10 Key Points about Commonwealth Coordinated Care

1 Commonwealth Coordinated Care (CCC) is an enhancement: Medicare & Medicaid were never built to work together, creating gaps and overlaps in your care; therefore, Virginia is offering CCC to blend Medicare and Medicaid. With CCC **you keep your Medicare & Medicaid** benefits with the added benefit of **Care Coordination**.



2 When it comes to your healthcare, **choice** is important. That is why with CCC you are not locked in when you choose a CCC health plan. You can even choose to “opt-out” of CCC completely. There is no “open enrollment.” You can opt-in or change your CCC plan at any time.



3 To qualify for CCC you must be 21 & older and receiving Medicare Parts A, B, & D and receiving FULL Medicaid benefits. In addition to individuals living in the community, CCC is also available to individuals receiving the Elderly & Disabled with Consumer Direction (EDCD) Waiver and those living in nursing facilities. You must live in a CCC region to participate. For a list of CCC localities visit the DMAS website at http://www.dmas.virginia.gov/Content_atchs/altc/altc-anst6.pdf



4 Some individuals are exempt from CCC, including: Individuals receiving any other Home and Community Based Waiver, those receiving hospice, or those with other comprehensive insurance. To find out if you are eligible for CCC, you can contact the enrollment broker, MAXIMUS at 1-855-889-5243.

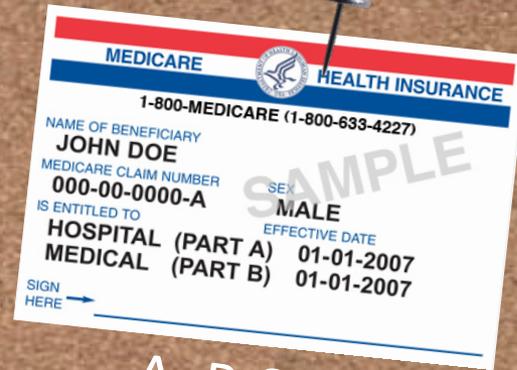


5 **Care Coordination** is the primary benefit of CCC. If you enroll in CCC, a care manager from your plan will get to know you and work with you to achieve your health goals. The Care Manager will coordinate your appointments and services. There is no cost for this benefit and Care Coordination is currently not available under traditional Medicare and Medicaid benefits.

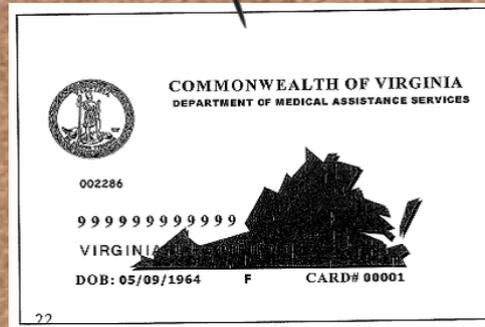


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3 Who is Eligible?



A, B & D



Full Benefit

21 and Older

EDCD & Nursing Home Residents





Population &
geographic
diversity...
a challenge we
are excited to
meet!

Provider Outreach

- Separate Townhall Sessions
- Weekly provider calls- soon to be daily by provider group
- Workgroup meetings



Important Partners



VICAP: Virginia
Insurance
Counseling
Assistance Program

Office of the State
Long Term Care
Ombudsman



VICAP



HELPING YOU NAVIGATE MEDICARE

- 100% federally funded with approximately 200 certified volunteer counselors
- Provide information and counseling on Medicare and other health insurance issues to older adults and adults with disabilities
- VICAP and CCC partnership provides a Coordinated Care Educator to work collaboratively with DMAS to enhance educational opportunities at venues serving the five CCC service regions



Ombudsman

- DARS currently recruiting a CCC Advocates Manager.
 - State level position central to oversee CCC ombudsman support
 - Will assemble local component of direct assistance to enrollees who encounter problems with care/services.
- DARS develop RFP through which DARS will enter into contracts with selected regional entities to provide direct assistance to CCC enrollees living in the community.



Ombudsman

- HB240 and SB572 recently passed the General Assembly. These bills authorize Ombudsman access to:
 - Facilities, clients, patients, and individuals receiving services
 - Records of such clients, patients, and individuals
- This access will allow the Ombudsman proper authority to investigate concerns with care or services under CCC.



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Thank You!
Questions?



Commonwealth Coordinated Care Program Evaluation Update

Stakeholder Advisory Committee
March 19, 2014

Gerald A. Craver, PhD



Overview

- **Evaluation Team and Advisory Committee**
- **Evaluation Plan Update, Data Collection Activities, and Notes from the Field**
- **Next Steps**
- **Questions, comments, or concerns**



Evaluation Team & Advisory Committee

- Evaluation team composed of six internal and two external evaluators
 - Primary Investigators: Gerald Craver and Alison Cuellar
 - Bi-weekly meetings to discuss data collection activities
- Advisory Committee composed of 12 individuals representing disability, behavioral health, and aging communities
 - Individual meetings as needed
 - Next Group Meeting: May 22, 2014

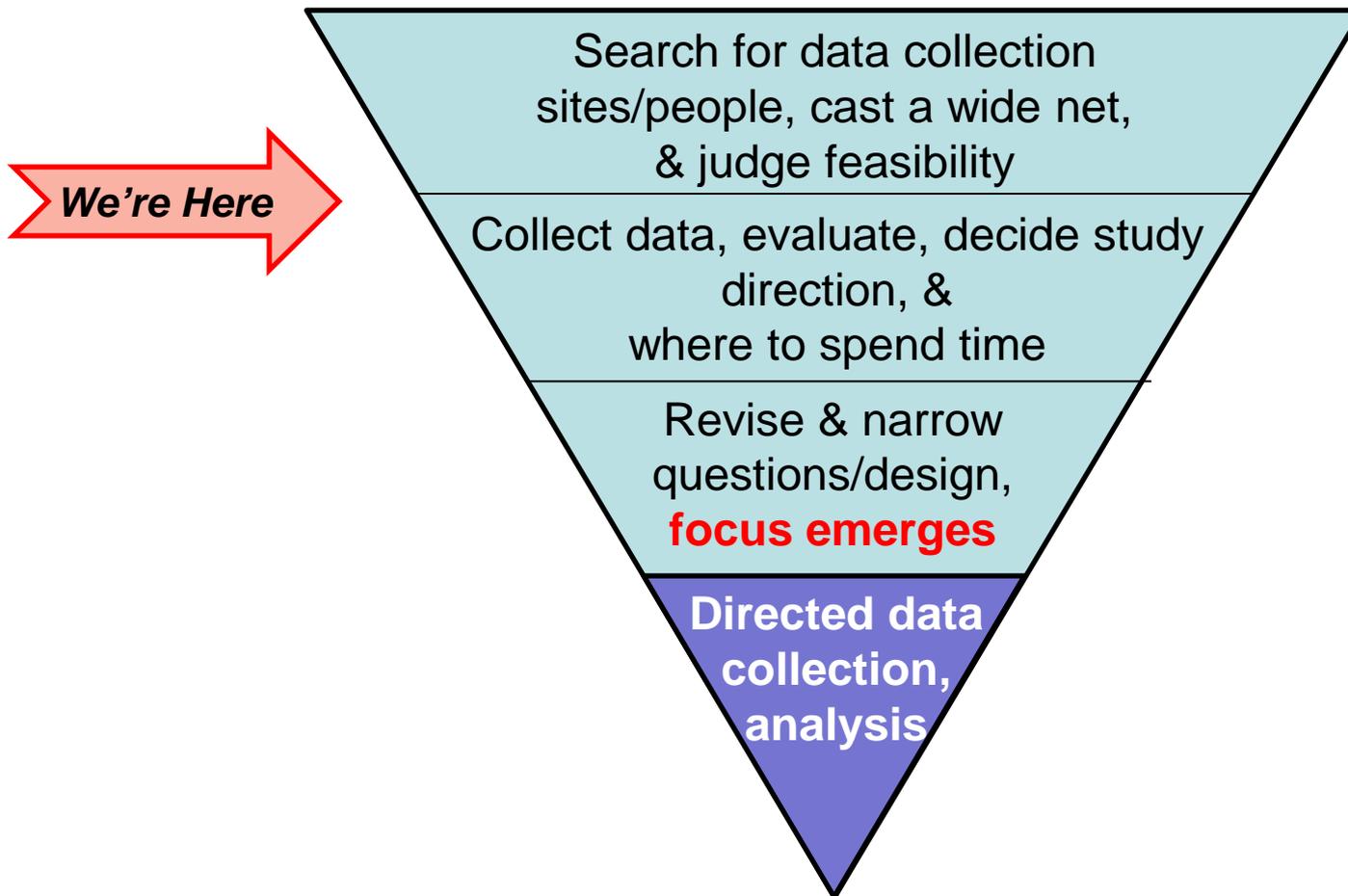


Evaluation Plan Update

- Revised Goal, Objectives, and Scope Statement and Research Questions
- Qualitative analysis of MMP care coordination/payment systems, and Quantitative analysis of beneficiary surveys, administrative data, and quality indicators
 - Assess efficacy of CCC activities among providers serving enrollees with BH/LTSS needs
 - Estimate overall impact on various cost, quality, and utilization outcomes

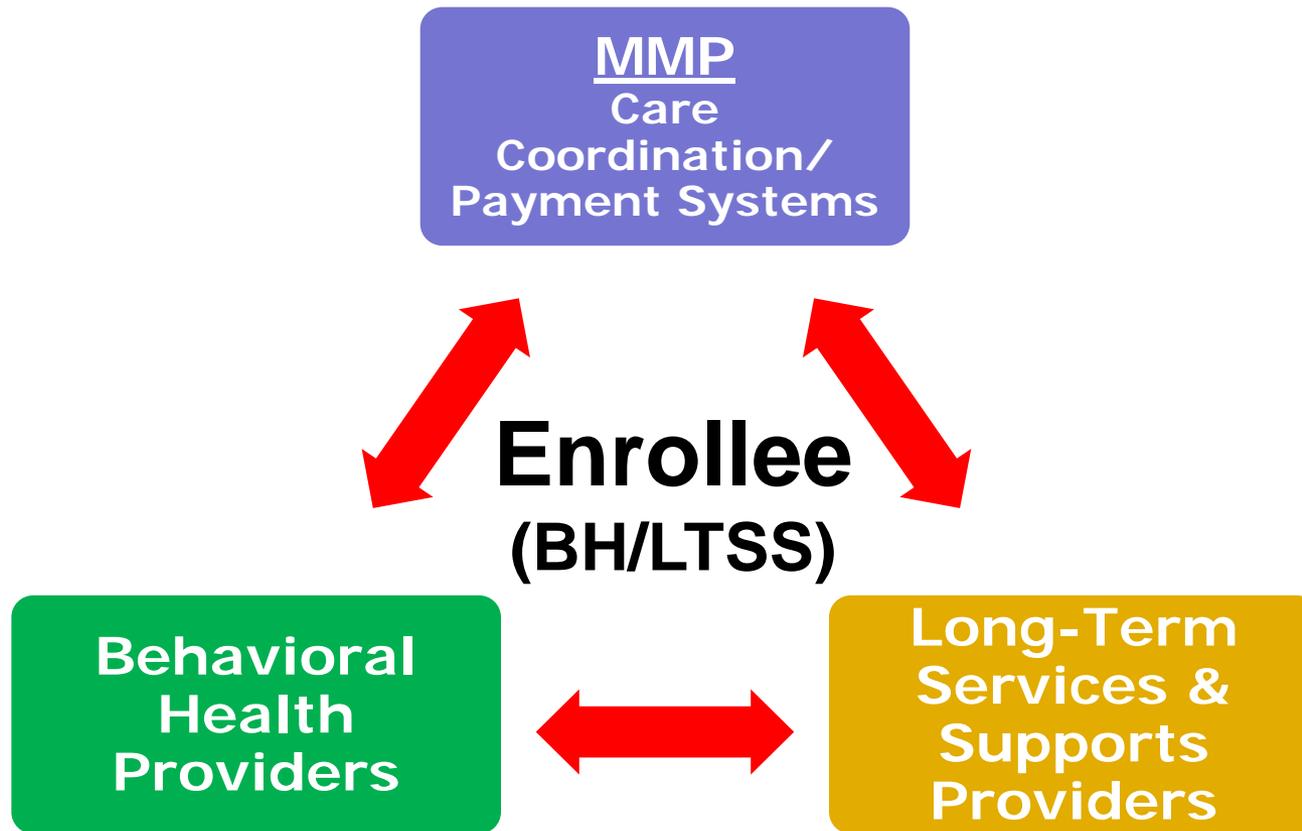


The Case Study Design "Funnel"





Evaluation Concept Map





Data Collection Activities

- Initial Field Work
 - Interviews/Site Visits/Observations with MMPs, stakeholders, & providers (e.g., VaCIL, VaCSB, VAHC, Chesterfield CSB, Workgroups, Vignettes)
- Beneficiary Survey
 - Developing questionnaire (BH/LTSS enrollees)
- Quality Indicators
 - Monitor
- Reporting Frequency
 - Monthly (tentative)



Notes from the Field

- MMPs conducting outreach to promote CCC Program and communicating with providers about BH/LTSS concerns (e.g., VaCSB & VHCA workgroups)
 - Each MMP brings its own “flavor” to the CCC Program (e.g., AAA pilot, CareMore)
- Stakeholders are supportive, but watchful
 - Care coordination is important for BH/LTSS enrollees
 - Speed of implementation, outreach, authorization/claims processing/reimbursement are concerns



Next Steps

- Discuss state-level evaluation with RTI and CMS
- Discuss enrollee focus groups with VaCIL
- Work with MMPs to develop process for collecting data on care management programs
- Develop evaluation webpage to disseminate information on activities and findings



Department of Medical Assistance Services



Questions, Comments, or Concerns

<http://www.dmas.virginia.gov/>

REVISED EVALUATION GOAL, OBJECTIVES, AND SCOPE (March 2, 2014)

Goal:

To determine the extent to which the CCC Program is providing enrollees with high-quality, person-centered services that meet their medical, social, behavioral, and long-term service and support (LTSS) needs through a coordinated and integrated managed care delivery system.

Objectives:

Because the evaluation will provide DMAS management and other stakeholders with feedback on the program's performance over time, it will be evaluated from both implementation and outcome perspectives using a mixed methods research design that incorporates both qualitative and quantitative components.

The **qualitative component** will examine the CCC Program's implementation from the perspectives of health plan staff, providers, and enrollees. It will document how the health plans implement key program concepts and practices; describe and interpret health plan staff, provider, and enrollee perceptions and experiences related to those concepts and practices; and assess the extent to which these concepts and practices contribute to positive program outcomes.

The **quantitative component** will determine what changes occurred in enrollee access and quality of care as a result of the CCC Program by analyzing beneficiary-level administrative and survey data. Initially, it will examine the characteristics of individuals who enroll and potentially disenroll from the CCC program, including their demographics and Medicaid eligibility categories. The initial phase will also encompass an enrollee sample survey to examine changes in access, utilization and satisfaction among individuals who use long-term services and supports. Later phases will examine whether the CCC Program resulted in more appropriate service utilization, better coordination and improved quality, and lower program costs.

Scope:

The evaluation will initially examine care coordination and payment systems at the health plan level, and demographic, enrollment, and satisfaction patterns at the beneficiary level. Over time, the evaluation will focus on assessing the efficacy of care coordination and integration activities among specific provider groups (e.g., area agencies on aging, centers for independent living, and community services boards) that serve enrollees (including those with mental health and/or substance abuse disorders) with long-term service and support needs as well as estimating the overall impact of the program on various cost, quality, and utilization outcomes.

Research Questions:

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?

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?