AN INTRODUCTION TO COMMONWEALTH COORDINATED CARE PLUS

SEPTEMBER 21, 2017

A Managed Long Term Services and Supports Program

Cindi B. Jones, Director
The DMAS Mission

Ensure Virginia’s Medicaid Enrollees Receive Quality Health Care

Superior Care
Cost Effective
Continuous Improvement
Virginians Covered by Medicaid/CHIP

1 in 8 Virginians rely on Medicaid

Medicaid is the primary payer for behavioral health services

Medicaid covers 1 in 3 births in Virginia

33% of children in Virginia are covered by Medicaid & CHIP

2 in 3 nursing facility residents are supported by Medicaid

62% of long-term services and supports spending is in the community

Medicaid plays a critical role in the lives of over 1.3 million Virginians
Medicaid coverage is primarily available to Virginians who meet specific income thresholds and other eligibility criteria, including:

- children
- pregnant women
- Parents, caregivers
- Seniors, blind, and people with disabilities

Eligibility is complex and not all Virginians with low income are covered.
Funding Medicaid Coverage

- State Appropriates General Funds
- DMAS Pays for Enrollee Health Care Services
- Fee-For-Service (FFS) Providers Paid Directly
- Managed Care: MCO Coordinates Care and Contracts with Providers to Deliver Services
- State Receives Federal Match (50% Match Rate)

Enrollment vs. Expenditure SFY 2016

- 23% of the Medicaid population
- 68% of total expenditures
- 1.3 million enrolled
- $8.41 billion expenditures
- Parents, Caregivers & Pregnant Women
- Children in Low Income Families
- Individuals with Disabilities
- Older Adults

25% of Medicaid Enrollees
75% of Medicaid Enrollees

28%
49%
17%
6%
12%
20%
49%
19%
## Strategic Transition to Managed Care

### Two managed care programs

<table>
<thead>
<tr>
<th>CCC Plus</th>
<th>Medallion 4.0</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Serving older adults and disabled</td>
<td>- Serving infants, children, pregnant women, parents</td>
</tr>
<tr>
<td>- Includes Medicaid-Medicare eligible</td>
<td>- 760,000 individuals</td>
</tr>
<tr>
<td>- 216,000 individuals</td>
<td></td>
</tr>
<tr>
<td>- Long-term services and supports in the community and facility-based, acute care, pharmacy</td>
<td>- Births, vaccinations, well visits, sick visits, acute care, pharmacy</td>
</tr>
<tr>
<td>- Incorporating community mental health</td>
<td>- Incorporating community mental health</td>
</tr>
<tr>
<td>- Implementation started Aug 2017</td>
<td>- New procurement 2017</td>
</tr>
<tr>
<td>- Implement statewide by Jan 2018</td>
<td>- Building on two decades of managed care experience</td>
</tr>
<tr>
<td></td>
<td>- Implement statewide 2018</td>
</tr>
<tr>
<td></td>
<td>- Approximately $30B over 5 years</td>
</tr>
<tr>
<td></td>
<td>- Estimated $10B - $15B over 5 years</td>
</tr>
</tbody>
</table>
Managed Care Alignment

CCC Plus and Medallion 4.0 managed care programs are aligned in many ways

- Regions
- Services (where possible)
- Integrated behavioral health models
- Common core formulary
- Care management
- Provider and member engagement
- Innovation in managed care practices including Value Based Purchasing
- Quality, data and outcomes
- Strong compliance and reporting
- Streamlined processes and shared services
Overview of Commonwealth Coordinated Care Plus (CCC Plus)

Primary goal is to improve health outcomes

- New statewide Medicaid managed care program beginning Aug 2017 for over 216,000 individuals
- Participation is required for qualifying populations
- Integrated delivery model that includes medical services, behavioral health services and long term services and supports (LTSS)
- Care coordination and person centered care with an interdisciplinary team approach
6 Health Plans Contracted Statewide

- Aetna Better Health of Virginia
- Anthem HealthKeepers Plus
- Magellan Complete Care of Virginia
- Optima Health
- United Healthcare
- Virginia Premier Health Plan

A list of CCC Plus regions by locality is available at: http://www.dmas.virginia.gov/Content_pgs/mltss-proinfo.aspx
CCC Plus Program

Regional Launch

Aug 1, 2017 – Jan 1, 2018

Assignment happens on the 18th of each month; CCC Plus enrollment is effective first of the next month following assignment; around 45 days after initial assignment

CCC and ABD effective 1/1/18
CCC Plus Advantages

- Improves **quality of care** for the individual
- Offers a network of **high quality providers**
- More **flexible** – may include additional benefits
- Care coordinators help individuals **navigate** the health care system
- MCOs provide **comprehensive** health coverage
- Local providers, MCOs and health care agencies **collaborate**
CCC Plus Enrollee Benefits

- Person centered, individualized support plan
- Same standard Medicaid services provided
- Choice between health plans
- Care coordinator for each individual
- Team of health care professionals working together
- Assistance connecting to housing, food and community resources
- Possible additional benefits offered by health plans
Enrollee Protections

- During the **continuity of care** period of up to 90 days, MCOs have to pay existing providers

- MCO must go **out of network** to provide a service that they don’t have in network

- Individuals in Nursing Facility (NF) at the time of enrollment **will not be moved** even if the NF does not choose to participate. NF will be paid as an out of network provider.
Care Coordinator

- Point of contact for member and health providers
- Conducts Health Risk Assessment
- Ensure Individualized Care Plan is developed and updated
- Facilitates Interdisciplinary Care Team meetings
- Monitors services
- Assists with transitions.
- For members with disabilities, provides effective communication with health care providers and participates in assistance with decision making with respect to treatment options
## CCC Plus Health Plan Enhanced Benefits Comparison

<table>
<thead>
<tr>
<th>Plan Provider</th>
<th>Contact Information</th>
<th>Added benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aetna</td>
<td>1-855-652-8249 (TTY 711) <a href="http://www.aetnabetterhealth.com/virginia">www.aetnabetterhealth.com/virginia</a></td>
<td>Adult dental: 2 exams and cleanings and 1 set of x-rays each year, plus fillings, extractions, root canal and dentures (up to $525 each year)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Adult hearing: Exam and 1 hearing aid each year (up to $300 each year)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Adult vision: Eye exam and $100 for frames, glasses or contacts each year</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Phone services: Free cell phone with 350 minutes each month, data and free unlimited texting</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Wellness programs: Wellness rewards card, Regional wellness center</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other benefits: No Place Like Home grants for home modifications and rental assistance</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Memory alarms and devices, Community health worker to help with housing, food, employment, community resources and more</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Diabetic shoes or inserts, Meals delivered to your home after discharge, 2 meals each day for 7 days</td>
</tr>
<tr>
<td>Anthem Healthkeepers Plus</td>
<td>1-855-323-4687 (TTY 711) <a href="http://www.anthem.com/vamedicaid">www.anthem.com/vamedicaid</a></td>
<td>Adult dental: 2 exams and cleanings and 1 set of x-rays each year (up to $1,500 each year)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Adult hearing: 1 exam and up to $1,000 for hearing aids and unlimited visits for fitting</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Adult vision: $150 for glasses or contact lenses every two years</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hearing aids and batteries</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Phone services: Free smartphones for texts and appointment reminders</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Wellness programs: Rewards for healthy behaviors</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Wellness programs: Help to quit smoking</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other benefits: Fresh meals delivered to your home after discharge</td>
</tr>
<tr>
<td>Magellan Complete Care</td>
<td>1-800-424-4524 (TTY 711) <a href="http://www.mccfva.com">www.mccfva.com</a></td>
<td>Environmental and home modifications</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Supportive employment services</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Online, interactive cognitive behavioral therapy support</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Community Connections online directory of community services and organizations</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Enhanced short-term services for all members, when needed</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Personal care attendant</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Respite care</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Caregiver training and support</td>
</tr>
<tr>
<td>Optima Health</td>
<td>1-888-512-3171 or 1-757-552-8360 (TTY 711) <a href="http://www.optimahhealth.com/commumitycare">www.optimahhealth.com/commumitycare</a></td>
<td>Adult dental: 1 exam, cleaning and set of x-rays each year (up to $1,500 each year)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Adult vision: Eye exam each year and frames and lenses every 2 years if needed</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Phone services: Free smartphone with 350 minutes each month, unlimited texting, and pre-programmed contacts for benefit and Nusrileine support</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Wellness programs: Exercize at YMCA, YYCA and Curves</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Wellness programs: Smoking cessation services and resources</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Wellness programs: Healthy Heartbeats prenatal and postpartum wellness program</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other benefits: Chronic disease management including self-management education classes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Gift card rewards for wellness and preventive activities</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Online tools for accessing health plan services</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Meals delivered to your home after discharge from hospital or nursing facility, 2 meals each day for 7 days</td>
</tr>
</tbody>
</table>

For a list of doctors and hospitals that work with each plan, go to the plan’s website or call their toll-free number listed above. For a list of basic benefits that all plans offer, see the brochure in this packet.
## Improvements Over CCC

<table>
<thead>
<tr>
<th>CCC</th>
<th>CCC Plus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operates in 5 of 6 Regions</td>
<td>Statewide Operations</td>
</tr>
<tr>
<td>Optional Enrollment</td>
<td>Mandatory Enrollment</td>
</tr>
<tr>
<td>Dual Adults – 30,000</td>
<td>Dual Adults, and ABD Children and Adults ~217,000</td>
</tr>
<tr>
<td>EDCD and Nursing Facility Populations</td>
<td>EDCD, Nursing Facility, Technology Assisted, DD Waiver Populations, and Community Mental Health Services</td>
</tr>
<tr>
<td>Reliant on CMS for Most Outcome Measures</td>
<td>Inclusion of Long Term Care and Behavioral Health Outcome Measures</td>
</tr>
<tr>
<td></td>
<td>DMAS Established Care Management, Data Management, and Reporting Units</td>
</tr>
<tr>
<td></td>
<td>State of the Art Encounters System, ED care coordination system</td>
</tr>
</tbody>
</table>
“Common Core” Formulary in CCC Plus*

- **Common Core Formulary (CCF)**
  - Includes ALL preferred drugs on DMAS’ Preferred Drug List
  - Plans must cover all drugs on CCF without any additional restrictions

- Plans can add brand or generic drugs to the CCF

- **Advantages**
  - Provides continuity of care for patients
  - Decreases administrative burdens for prescribers

*Common core formulary does not apply to dual eligible participants with Medicare Part D*
Nursing Facility Care

- Improved quality of care
  - HEDIS and DMAS performance indicators
  - Quality improvement studies, i.e., pressure ulcers
- Improved care transitions
  - Care coordinator works with interdisciplinary care team, nursing facility and hospital discharge planners to reduce hospital admissions enable smooth transitions
- Enhanced opportunity to transition to the community
  - Blended capitation rate incentivizes community living
  - Transition coordinators (dedicated to assist members who are interested in moving to a community)
Community Based Care

- Improved quality of care
  - Member and provider satisfaction surveys
  - Member quality of life survey
- Improved care transitions
  - Care coordinator works with interdisciplinary care team, community resources, hospital and NF discharge planners
- Enhanced opportunity to remain in the community
  - Blended capitation rate incentivizes community living
  - Care coordinator works with member and support system
  - Links member with resources to address social determinants
- Improved program integrity
Making a REAL Difference

During implementation of program, DMAS and Care Coordinators are working together to ensure seamless transition of care.

- **A waiver child needed formula for feeding tube** and mother struggled getting the nutritional replacement. The Care Coordinator **bought** the formula and took to the member’s home while working to resume the proper delivery schedule.

- **A ventilator-dependent child with ADHD had a medication coverage issue under the new plan.** Upon the Care Coordinator being alerted of the problem, the pharmacy issue was resolved within 15 minutes.

- Upon completing an Health Risk Assessment with the mother/legal guardian of a **35 year old member with Down syndrome, Alzheimer’s, and possible Parkinson’s**, the Care Coordinator learned **the mother and father have been caring for him his entire life without ever having used respite services.** After talking with the parents, the Care Coordinator did some research and found a local agency that has several homes in which respite is provided. The Care Coordinator is meeting the mother on 9/20 to tour one of the homes and to meet the Program Director so the parents can utilize this very important service.
Thank You!

For More Information . . .

Additional CCC Plus information is available at:

Send CCC Plus questions, comments, and suggestions to:
CCCPlus@dmas.virginia.gov