

STATUS ON MEDICAID KEY INITIATIVES: CCC PLUS, DSRIP, AND ARTS

Senate Finance HHR Subcommittee

October 25, 2016



AGENDA

- Cindi Jones, Director
 - Commonwealth Coordinated Care Plus (formally known as Managed Long Term Services and Supports)
 - Delivery System Reform Incentive Payment (DSRIP)

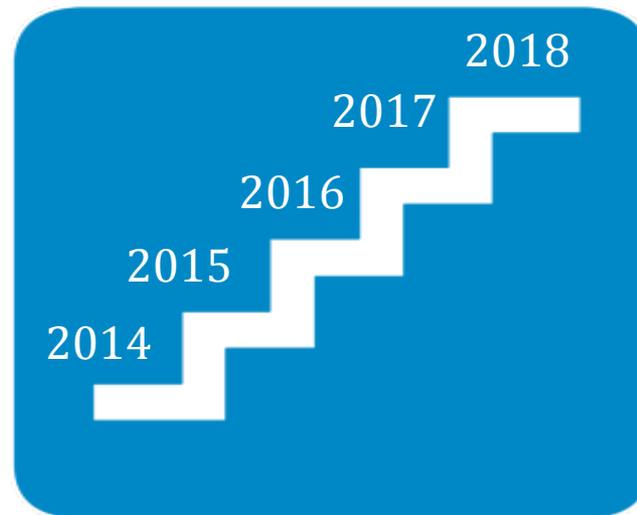
- Dr. Kate Neuhausen, Chief Medical Officer
 - Addiction Recovery and Treatment Services (ARTS)

COMMONWEALTH COORDINATED CARE PLUS



Virginia Legislative Mandates

General Assembly directed DMAS to transition individuals from the Fee-For-Service delivery model into the Managed Care Model to achieve high quality care and budget predictability.



Overview of Commonwealth Coordinated Care Plus (CCC Plus)

- Primary goal is to improve health outcomes
- New statewide Medicaid managed care program beginning July 2017
- Participation is mandatory 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 a interdisciplinary team approach
- Serves over 213,000 individuals

Key Differences

CCC Plus

Statewide in
6 regions

Mandatory Enrollment

Duals/non-duals, children/adults, NF
and 5 HCBS Waivers

Health plans may vary by region

Coordination of Medicare benefits
through companion DSNP or MA Plan

Continuity of care period is 90 days

CCC

5 of the 6 regions

Optional Enrollment

Full Dual adults; including NF and
EDCD HCBS Waiver

3 Health plans across 5 regions

Coordination of Medicare benefits
through same Medicare Medicaid Plan

Continuity of care period is 180 days

Coordination with Medicare and Medicaid

Medicare covers:

- Hospital care
- Physician & ancillary services
- Skilled nursing facility (SNF) care
- Home health care
- Hospice care
- Prescription drugs
- Durable medical equipment

Medicaid covers:

- Medicare Cost Sharing
- Hospital and SNF (when Medicare benefits are exhausted)
- Nursing home (custodial)
- HCBS waiver services
- Community behavioral health and substance use disorder services
- Medicare non-covered services, like OTC drugs, some DME and supplies, etc.

CCC Plus covers:

- Medicaid services
- Medicare coinsurance and deductibles
- Coordination with the members Medicare health plan
- Dual Special Needs Plan (DSNP) contracts facilitate care coordination across the full delivery system
- Option to choose the same health plan for Medicare and Medicaid

Included Populations

- 65 and older
- Adults and children with disabilities
- Individuals living in Nursing Facilities (NFs)
- Individuals in Tech Assisted Waiver
- Individuals in EDCD Waiver
- Individuals in the 3 waivers serving the DD populations for their acute and primary services
- *CCC and Medallion 3 ABD populations transition to CCC Plus



Health Plans Selected for Negotiations in all 6 Regions of the Commonwealth

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

http://www.dmas.virginia.gov/Content_atchs/mltss/Stakeholder%20Notice%20regarding%20negotiations.pdf

CCC Plus Enrollment by Region and Launch Date

Date	Regions	Regional Launch
July 1, 2017	Tidewater	19,863
September 1, 2017	Central	23,342
October 1, 2017	Charlottesville/Western	16,851
November 1, 2017	Roanoke/Alleghany	24,308
November 1, 2017	Southwest	25,620
December 1, 2017	Northern/Winchester	27,281
January 2018	CCC Demonstration (Transition plan determined with CMS)	76,388
January 2018	Aged, Blind, Disabled (ABD) (Transitioning from Medallion 3.0)	19,863
Total	All Regions	213,653

Source: VAMMIS Data; totals are based on CCC Plus target population data as of July 31, 2016

CCC Plus Enrollee Benefits

- Person centered, individualized support plan
- Same standard Medicaid services provided
- Choice between at least 2 health plans
- Care coordinator for each individual
- Team of health care professionals working together
- Assistance with needs related to housing, food and community
- Possible additional benefits offered by health plans



CCC Plus Provider Benefits

- MCOs must pay at least the Medicaid rates for NF, waivers, early intervention, community behavioral health, addiction, recovery and treatment services
- Value based payment opportunities
- Enrollee periodic health risk assessments enhance care planning
- Care coordinator fosters communication among an interdisciplinary care team
- Care coordinator assists with problem solving and connects enrollees to local resources

Next Steps...

MLTSS Health
Plan Readiness
Review and
Contract Award

Work with CMS
on waiver and
contract
approval

Systems
Enhancements

Ongoing
Stakeholder &
Member
Engagement,
Outreach &
Education

Regional
Implementation
& Ongoing
Monitoring &
Program
Evaluation

DELIVERY SYSTEM REFORM INCENTIVE PAYMENT (DSRIP)

Supporting Health Care Payment
Transformation in Virginia



The DSRIP Vision Supports Virginia

DSRIP is:



One time
provider
investment



Funding to
transform
payment
methods



Focused on
improving
results and
efficiencies

Preparation for health care payment changes:



Medicare

Medicare working towards 90% payments in value-based models by 2018



Medicaid

Federal push to new performance based payments to providers

Using Payment to Drive Better Outcomes



Unsustainable Cost Growth

The health care payment structure creates an unsustainable growth trajectory



Misaligned Incentives

Current fee-for-service payment models incent providers to produce greater volume of care, not greater value



Provider Investment Needed

Needed investments at the provider level, such as upgraded technology for better information sharing

Reforming Virginia's delivery system means investing in providers and tying provider payments to quality outcomes

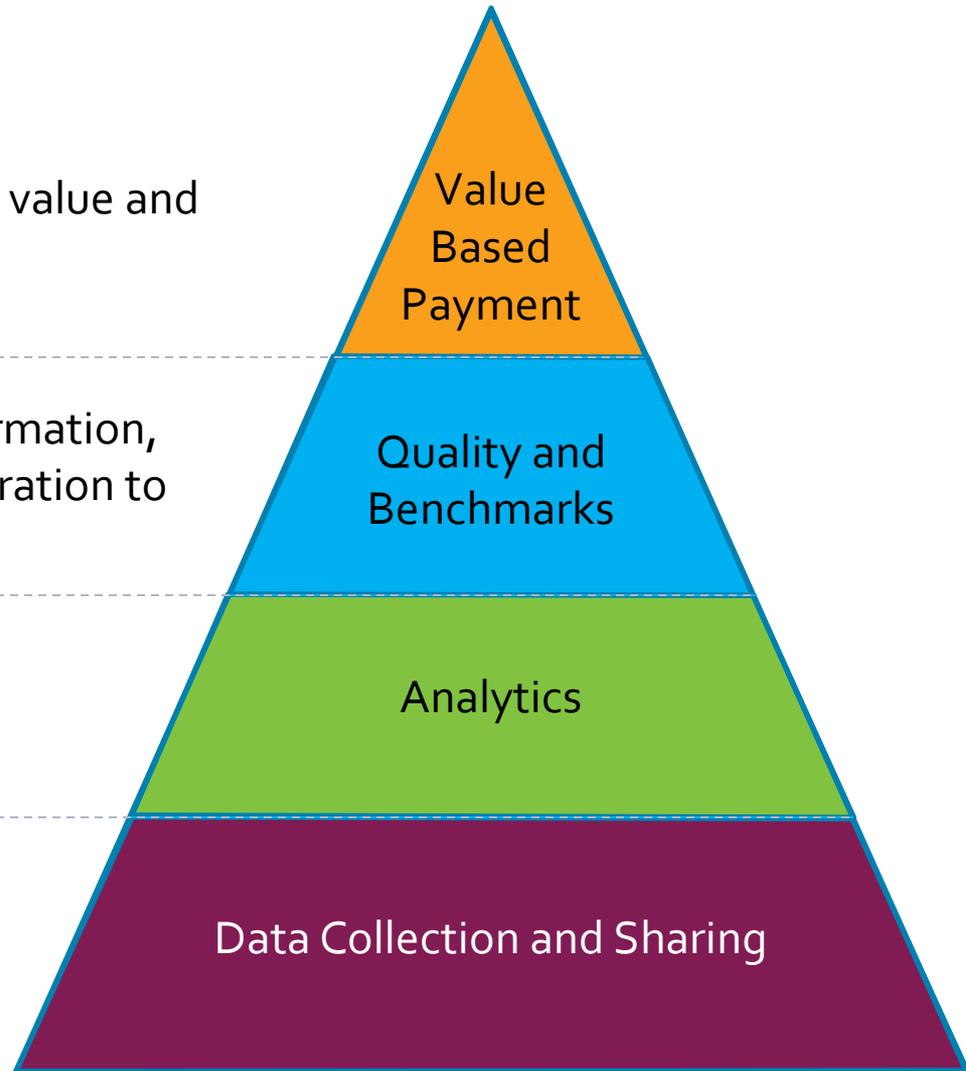
DSRIP Supports Payment Transformation

Transform payment methods to reward value and outcomes

Design and implement practice transformation, provider partnerships, and clinical integration to improve quality of outcomes

Build the “timely” analytics tools

Build the data collection tools and data sharing capabilities



Sample DSRIP Project

Expand Care Transitions Partnerships

Eastern Virginia Care Transitions Partnership (EVCTP) is a provider coalition **reducing hospital readmissions** through patient coaching and evidence-based care transition strategies. DSRIP program can **expand this model across the state.**



**Invests in
Providers**

- Establish relationships and business processes between hospitals and community providers to facilitate stronger care transitions
- Train care coordinators
- Implement timely data sharing

Current Status

- Working with the Virginia Center for Health Innovation (VCHI) to conduct learning sessions
- Resuming extensive stakeholder work once MLTSS contracts are awarded
- DSRIP waiver application submitted in January 2016
 - Positive feedback on program design
- CMS negotiations underway
 - Working through budget and scope with CMS
 - Details of design will be worked out next year through the development of Special Terms and Conditions
 - Working towards CMS negotiation completion in 2017

ADDICTION AND RECOVERY TREATMENT SERVICES

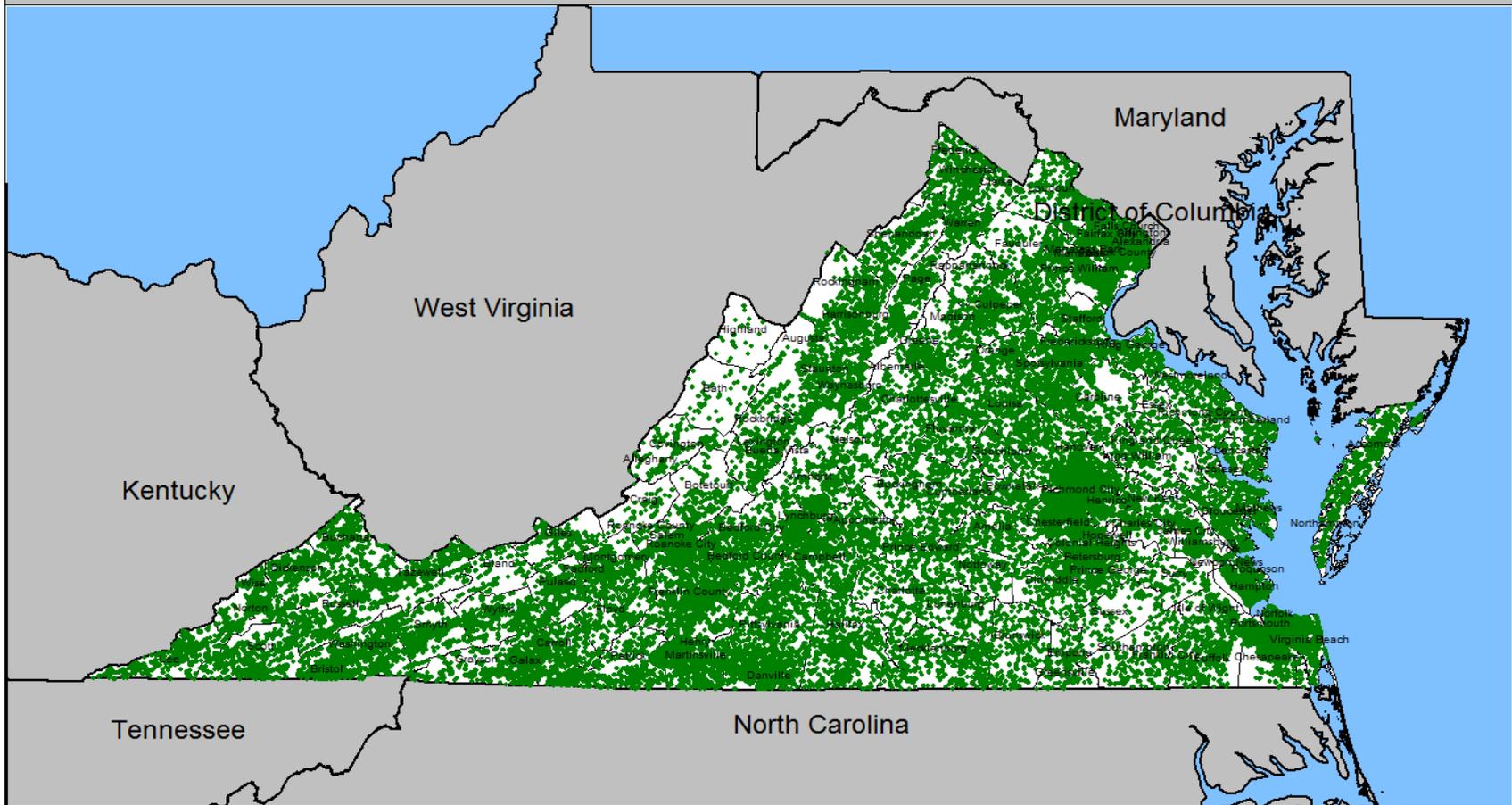
Transforming Medicaid's Substance
Use Disorder Delivery System





Locations of Members Enrolled in Medicaid with SUD Diagnosis

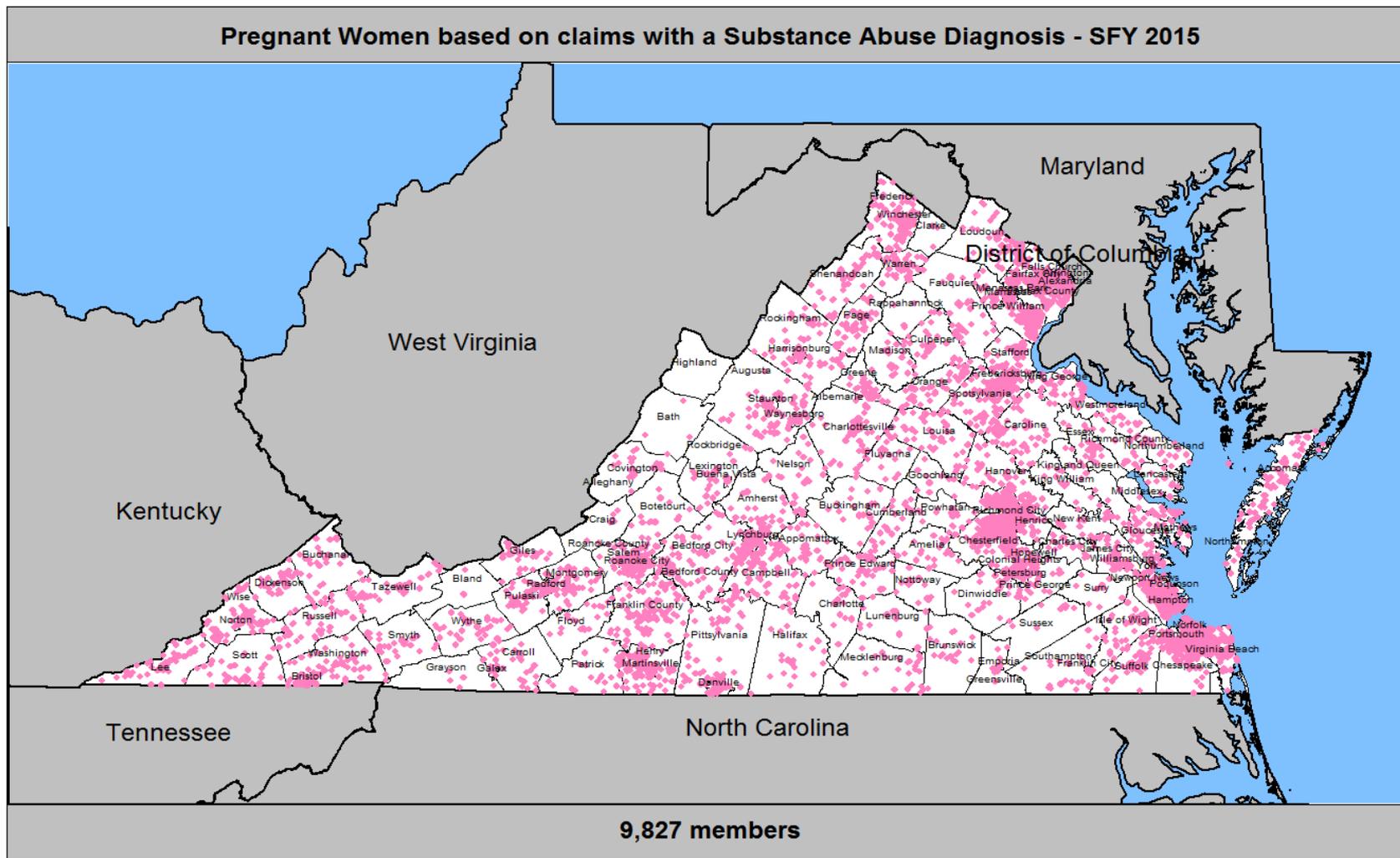
Members based on claims with Substance Abuse Diagnosis - SFY 2015



216,555 members



Location of Pregnant Women enrolled in Medicaid with a SUD Diagnosis





Comprehensive SUD/ARTS benefit included in the budget passed by General Assembly in March 2016



March 2016: Workgroup designed SUD benefit → passed in GA budget
March 2016: SUD benefit → renamed ARTS benefit



April - August 2016:



August 2016: DMAS submitted ARTS waiver to CMS



April 1, 2017: ARTS benefit implemented statewide



July 1, 2017: Peer supports for substance use and mental health conditions implemented statewide

Budgeted Costs for ARTS Benefit

Funding Included in Appropriations Act as “Substance Use Disorder” funding:

- 2017
 - \$2,602,412 GF (\$5,204,824 total funds)
- 2018
 - \$8,376,260 GF (\$16,752,520 total funds)
- This year's Medicaid forecast is not changing these projected costs.

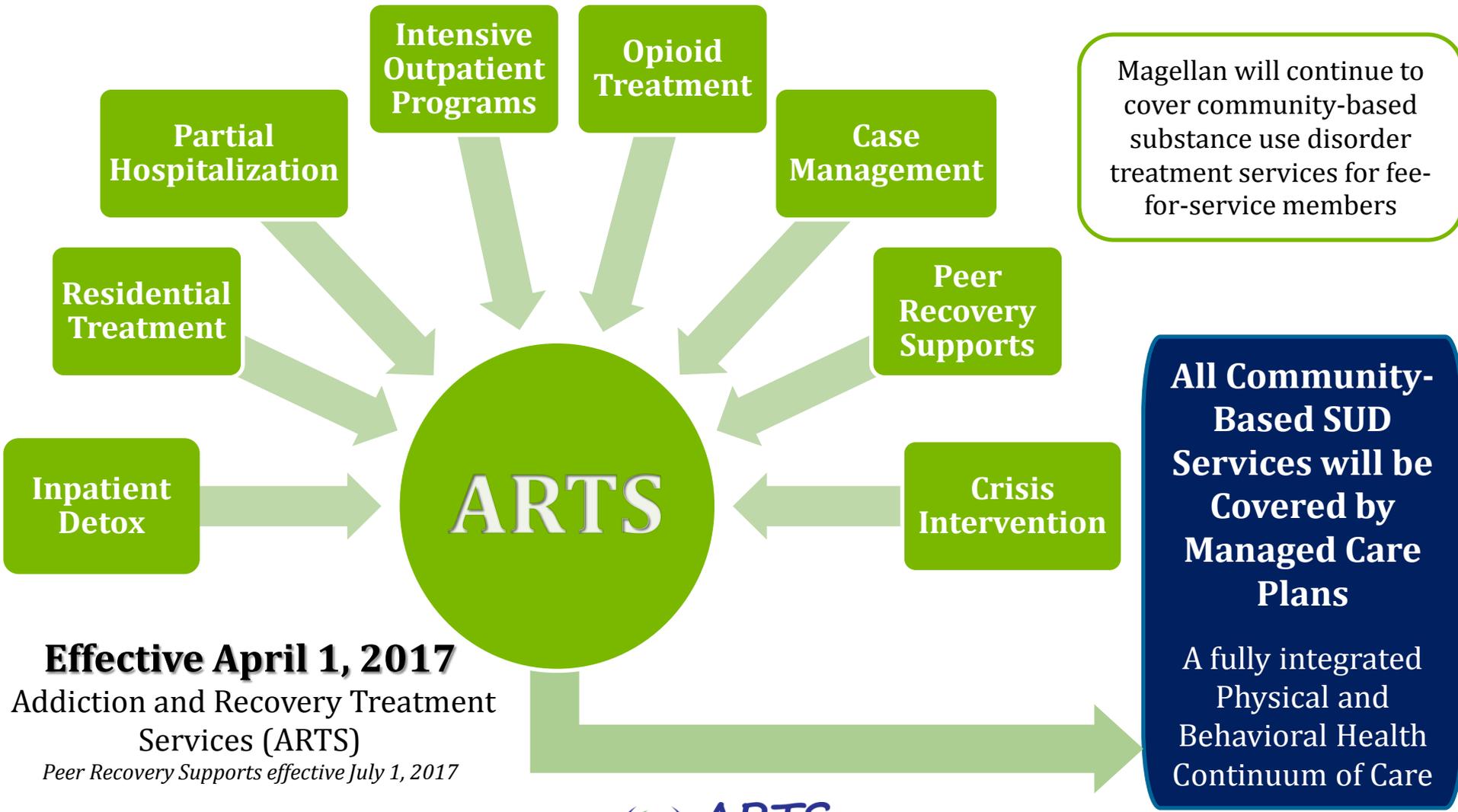
Addiction and Recovery Treatment Services (ARTS) Benefit

Changes to DMAS's Substance Use Disorder (SUD) Services for Medicaid and FAMIS Members

- 1 Expand short-term SUD inpatient detox to all Medicaid /FAMIS members
- 2 Expand short-term SUD residential treatment to all Medicaid members
- 3 Increase rates for existing Medicaid/FAMIS SUD treatment services
- 4 Add Peer Support services for individuals with SUD and/or mental health conditions
- 5 Require ARTS Care Coordinators at DMAS contracted Managed Care Plans
- 6 Provide Provider Education, Training, and Recruitment Activities



Reforming the Current Delivery System for Community-Based Services

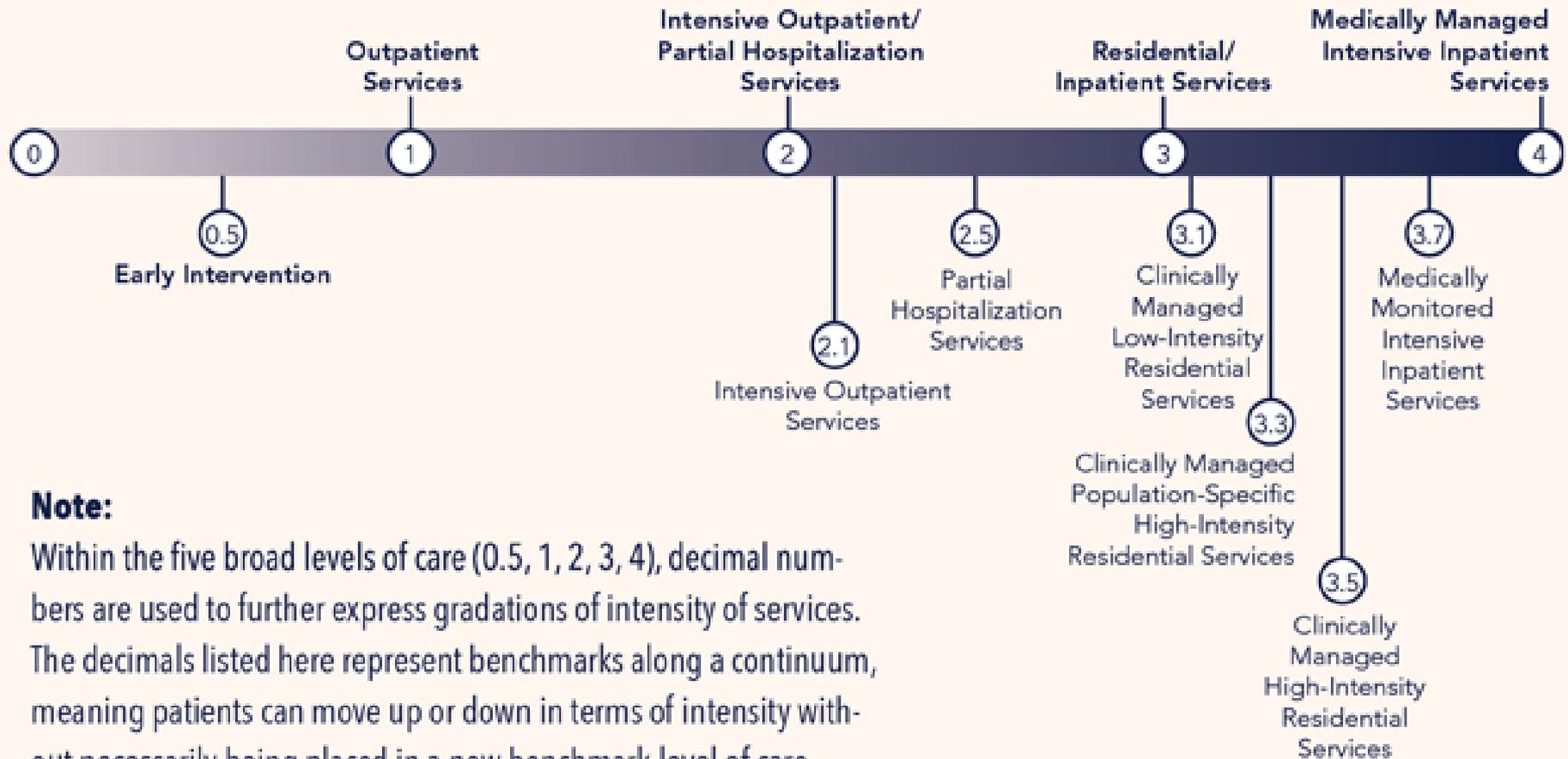


Medicaid 1115 Demonstration Waiver

- After report to GA submitted on July 1, DMAS submitted a Medicaid 1115 Demonstration waiver to CMS on **August 5** to:
 - Allow federal matching Medicaid dollars for services provided in an IMD, which is currently prohibited for mental health or SUD treatment delivered in facilities with > 16 beds
 - Allow Virginia Medicaid to pay for services provided in residential treatment facilities > 16 beds, significantly increasing SUD treatment capacity
 - Waiver will NOT change who is eligible for treatment services
- To obtain the waiver, CMS will require Virginia to:
 - Use American Society of Addiction Medicine (ASAM) criteria in all substance use assessment and treatment including certifying and credentialing providers
 - Conduct an independent evaluation of outcomes and cost savings from waiver
 - Waiver is available at: http://www.dmas.virginia.gov/Content_atchs/bh/VA-ApplicationGAPWaiverAmendment-Aug2016-FINAL.pdf

ASAM Continuum of Care

REFLECTING A CONTINUUM OF CARE



Note:

Within the five broad levels of care (0.5, 1, 2, 3, 4), decimal numbers are used to further express gradations of intensity of services. The decimals listed here represent benchmarks along a continuum, meaning patients can move up or down in terms of intensity without necessarily being placed in a new benchmark level of care.

ASAM LOC Placement	ASAM Level of WM	DBHDS License
<p align="center">4 Medically Managed Intensive Inpatient</p>	<p align="center">4-WM Medically Managed Intensive Inpatient Withdrawal Management</p>	<ul style="list-style-type: none"> Acute Care General Hospital (12VAC5-410)
<p align="center">3.7 Medically Monitored Intensive Inpatient Services (Adult) Medically Monitored High-Intensity Inpatient Services (Adolescent)</p>	<p align="center">3.7-WM Medically Monitored Inpatient Withdrawal Management</p>	<ul style="list-style-type: none"> Inpatient Psychiatric Unit Acute Freestanding Psychiatric Hospital Substance Abuse (SA) Residential Treatment Service (RTS) for Adults/Children Residential Crisis Stabilization Unit Medical Detox License required for all
<p align="center">3.5 Clinically Managed High-Intensity Residential Services (Adults) / Medium Intensity (Adolescent) 3.3 Clinically Managed Population-Specific High-Intensity Residential Services (Adults)</p>	<p align="center">3.2-WM Clinically Managed Residential Withdrawal Management</p>	<ul style="list-style-type: none"> Inpatient Psychiatric Unit (3.5) //Required for co-occurring enhanced programs SA RTS for Adults (3.3 or 3.5) and Children (3.5) SA and MH RTS for Adults and Children (3.3 or 3.5)/Required for co-occurring enhanced programs Supervised RTS for Adults (3.3) Medical Detox License required for 3.2 WM
<p align="center">3.1 Clinically Managed Low-Intensity Residential Services</p>	<p align="center">n/a</p>	<ul style="list-style-type: none"> MH & SA Group Home Service for Adults and Children (Required for co-occurring enhanced programs) SA Halfway House for Adults
<p align="center">2.5 Partial Hospitalization Services 2.1 Intensive Outpatient Services</p>	<p align="center">2-WM Ambulatory Withdrawal Management w/ Extended On-site Monitoring</p>	<ul style="list-style-type: none"> SA or SA/Mental Health Partial Hospitalization (2.5) SA Intensive Outpatient for Adults, Children and Adolescents (2.1) Outpatient Managed Withdrawal Service Licensed required for 2WM
<p align="center">1 Outpatient Services</p>	<p align="center">1-WM Ambulatory Withdrawal Management w/o Extended On-site Monitoring</p>	<ul style="list-style-type: none"> Outpatient Services
<p align="center">0.5 Early Intervention</p>	<p align="center">0.5 Early Intervention</p>	<ul style="list-style-type: none"> N/A; All Licensed Providers
<p align="center">Opioid Treatment Program (OTP)</p>	<p align="center">OTP</p>	<ul style="list-style-type: none"> Opioid Treatment Program
<p align="center">Office-Based Opioid Treatment (OBOT)</p>	<p align="center">OBOT</p>	<ul style="list-style-type: none"> N/A; Physician Offices

Provider Recruitment Activities

Presentations to Provider Associations

- Provider Association Stakeholder Group – Sept. 2016
- VHHA Behavioral Health Workgroup – Sept. 2016
- Virginia Association of Treatment and Recovery Providers – Sept. 2016
- VACBS Conference – Oct. 2016
- Psychiatric Association of Virginia Annual Conference – Oct. 2016
- Medical Society of Virginia Annual Conference – Oct. 2016
- Virginia Health Care Association Annual Conference – Oct. 2016
- Virginia Network of Private Providers – Oct. 2016
- Virginia Academy of Family Physicians Annual Winter Meeting – Feb. 2016

ARTS 101 Provider Information Sessions

- 2 webinars attended by over 140 providers
- 12 in-person informational sessions completed in September and October
- **Over 750 providers attended the sessions**



ARTS 101 – The Basics Informational Sessions

Date	Location	Number of Providers who Attended
09/06 Abingdon	Virginia Highland College Auditorium 100 VHCC Drive, Abingdon, VA 24210	59
09/07 Roanoke	Carilion Roanoke Memorial Hospital 1906 Belleview Avenue, Roanoke, VA 24014	89
09/09 Richmond	Deep Run Facility Ball Room 9910 Ridgefield Pkwy, Henrico, VA 23233	93
09/13 Charlottesville	Charlottesville Central Library 201 East Market Street, Charlottesville, VA 22902	57
09/21 Virginia Beach	VA Beach Central Library Auditorium 4100 VA Beach Blvd, VA Beach, VA 23452	108
09/22 Richmond	Chippenham Hospital, Boshier Auditorium 7101 Jahnke Road, Richmond, VA 23225	75



ARTS 101 – The Basics Informational Sessions

Date	Location	Number of Providers Attended
09/23 Fairfax	Fairfax Government Center Herrity Building, 12055 Govt. Center Parkway, Fairfax, VA 22035	60
09/29 South Hill	VCU Health Community Memorial Hospital 125 Buena Vista Circle , South Hill, VA	17
09/30 Martinsville	New College Institute King Building, Room 300 30 Franklin Street, Martinsville, VA 24112	36
10/13 Winchester	Lord Fairfax Community College 173 Skirmisher Lane, Middletown, VA	64
10/17 Newport News	Main Street Library 110 Main Street, Newport News, VA	96
10/19 Roanoke	Virginia Western Community College 3099 Colonial Ave SW, Roanoke, VA	43



Health System Outreach and Engagement To Date

Health Systems and Medical Groups Already Engaged by DMAS

- Mountain States Health System
- Carillion Clinic
- VCU Health System
- UVA Health System
- Bon Secours St. Francis Hospital
- Bon Secours Medical Group
- HCA CJW Medical Center
- Sentara Medical Group
- Winchester Medical Center

Future Meetings with Health System Senior Leadership

- Sentara Health System – Norfolk General Hospital
- Virginia Hospital Center
- Novant Health
- Centra Health
- Lewis-Gale Medical Center
- Bon Secours Richmond Community Hospital
- HCA Capitol Division



Addiction Disease Management Training for Outpatient Clinical Practice

October 2016: ADM Sneak Peak

<p>Association Meeting Presentations:</p> <ul style="list-style-type: none"> • Psychiatric Society of Virginia <i>October 7, 2016: Roanoke, VA</i> • Medical Society of Virginia <i>October 14-16, 2016: Roanoke, VA</i> • Community Care Network of Virginia <i>October 17, 2016: Henrico, VA</i> 	<p>Meeting attendees completed 3.75 Hours of self- directed PCSS MAT online training prior to association meetings</p> <hr/> <p>Key SME expert presented on benefits and barriers to implementing MAT in an office setting and state level resources for the provider team</p> <hr/> <p>Meeting attendees completed 4.25 Hours of PCSS MAT Online or LIVE training at future VDH events to qualify for certification</p>
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November 2016: ADM Train-the-Trainer Model

<p><u>Specialty Trainer Expert Areas:</u></p> <ul style="list-style-type: none"> • Medical • Behavioral Health • Administrative 	<p>In each MCO region, selected champions will be trained to target and educate local physicians, behavioral health providers, and administrators in the ADM curricula</p>
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January-April 2017: ADM Train-the-Provider Model

<p>Train-the-Provider Model</p>	<p>Approximately 4 trainings will be hosted in each of the 7 MCO regions. Anticipated Reach: approximately 300 providers.</p>
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Integrating ADM: Addiction Disease Management Into Your Practice Training Opportunities

	ARTS 101: The Basics	ADM: Addiction Disease Management Training Sneak Peek	ARTS Summit	ADM: Addiction Disease Management Training for Outpatient Clinical Practice
Date	September 2016	October 2016	November 9, 2016	February – April 2017
Duration	1 hour	4 hours	All day	All day
Location	Statewide	At annual association meetings	Henrico, VA	Regional
Intended Audience	Anyone interested in learning the delivery and business model of Virginia Medicaid and FAMIS reimbursement for integration of evidence-based addiction treatment into clinical practice	Medical association members and broad spectrum healthcare providers interested in integration of evidence-based addiction treatment into clinical practice	Public health and safety sector stakeholders, Virginia SUD waived or waiver eligible providers, broad spectrum healthcare providers, and senior healthcare leaders, executives, and decision makers interested in learning integration of evidence-based addiction treatment into clinical practice.	Practicing MDs/DOs, APNs, PAs, medical students, behavioral health professionals, substance abuse professionals, and administrators supporting provider clinical practice
Objectives	Learn about Virginia Medicaid's ARTS new benefit program including new reimbursement rates, new provider requirements, new payment models, and upcoming trainings	Learn about scope of the burden of the opioid epidemic on a statewide level, benefits and barriers for implementing MAT in an office setting, and state level resources available for the healthcare provider team	Learn about the new Medicaid ARTS benefit going live April 1, 2017, learn how to provide full spectrum of addiction treatment services, and facilitate high attendance at the VDH MAT regional trainings	Learn about the role specific and evidence-based team approach for integrating ADM into outpatient clinical practice. Specialty track instruction will offer education to physicians, behavioral health professionals, and administrators supporting operations in the clinical practice.
Curricula Source	DMAS	VDH & PCSS-MAT	Office of the Governor	VDH & PCSS-MAT
CMEs	0	3.5 (free)	0	12 total for online/live trainings (free)

