



# COMMONWEALTH COORDINATED CARE PLUS

**CSA CONFERENCE**  
**MAY 2, 2018**

Department of Medical Assistance Services

- ❑ CCC Plus Program Update
- ❑ Community Mental Health and Rehabilitation Services & ARTS
- ❑ Care Coordination Efforts
- ❑ Next Steps

# CCC Plus Implementation Recap

CCC Plus phased in regionally August 2017 – January 2018

Tidewater

Central

Charlottesville

Roanoke  
Alleghany &  
Southwest

Northern &  
Winchester

CCC &  
Remaining ABD



August

September

October

November

December

January

## CCC Plus Implementation Highlights:

- Planning and design phase included Stakeholder input – Began March 2015
- Plans were selected via competitive procurement (April 2016 – December 2016)
- CMS waiver authority 1915( b) and 1915 (c) – Approved April 2017
- MCO readiness activities - December 2016 – July 2017
- Regional member and provider town halls – June 2017 – November 2017
- Regional implementation - Aug 2017 – Jan 2018
- August 2017 Contracts and Rates - approved by CMS December 2017
- January 2018 Contracts and Rates – submitted to CMS for approval December 2017

*DMAS has worked with stakeholders on every phase of the project including to resolve implementation concerns such as provider payments, coordination with Medicare, and continuity of care*

# CCC Plus Enrollment by Plan by Region

As of 3/5/2018							
MCO	Tidewater	Central	Charlottes-ville	Roanoke Alleghany	Southwest	Northern VA/ Winchester	Total
Aetna	5,379	8,862	3,908	3,578	3,931	4,695	30,353
Anthem	13,329	16,057	5,446	4,887	3,532	16,105	59,356
Magellan	6,486	4,783	2,872	2,432	2,157	3,398	22,128
Optima	10,531	7,383	7,544	2,447	2,612	3,088	33,605
United	4,289	4,619	2,201	3,143	2,262	6,995	23,509
VA Premier	5,106	9,588	7,126	8,787	6,613	3,870	41,090
Total	45,120	51,292	29,097	25,274	21,107	38,151	210,041

# CCC Plus Enrollment by Plan by Age

CCC Plus Totals by Age		
21 TO 64	< 21	>= 65
114,215	28,466	67,723

**\*9,276 children in CCC Plus are enrolled in an LTSS Waiver**

**\*There are still waiver enrollees in FFS due to the HIPP exclusion**

# Waiver Enrollment by Age

## Table of Waiver by Age Group

Waiver	Age Group			Total
	< 21	21 TO 64	>= 65	
Building Independence Waiver	4	205	8	217
Community Living Waiver	1,035	8,702	848	10,585
Early Intervention	721	-	-	721
Elderly or Disabled Waiver with Consumer Direction	6,896	11,015	15,101	33,012
Family and Individual Supports	393	843	5	1,241
Hospice	-	33	139	172
Long Stay Hospital	21	32	16	69
Medicaid Works	-	2	-	2
Nursing Facility	66	3,146	13,395	16,607
Technology Assisted Waiver	140	82	9	231
Total	9,276	24,060	29,521	62,857

# Care Coordinator Role

Every member is assigned an MCO Care Coordinator who performs the following functions



## Assess

- Conduct/coordinate Health Risk Assessment
- Identify barriers to optimal health



## Plan

- Drive the development of person-centered, individualized care plan
- Include plan to support social determinants of health



## Communicate

- Establish collaborative relationships that connect the enrollee, MCO, and providers



## Coordinate

- Help navigate the health care system
- Coordinate team of health care professionals
- Support care transitions



## Monitor

- Track progress towards goals
- Monitor status to avoid disruption in care
- Update plan of care

# Care Coordinator Contact Information

- CCC Plus Members are assigned a Care Coordinator to personally assist members and their treating providers
- For assistance identifying a member's Care Coordinator, please contact the assigned health plan directly at:

Aetna	Anthem	Magellan	Optima	UnitedHealthCare	VA Premier
1-855-652-8249 press #1 and ask for CC.	1-855-323-4687 Press #4 TTY: 711	1-800-424-4524	757-552-8398 OR Toll Free:1-866-546-7924	Members: 1-866-672-7982 Providers: 1-877-843-4366	1-877-719-7358; Select Prompts: 3-3-4-1



# Care Coordinators Can Help

- Serves as point of contact to ensure members get services and care they need
- Available to answer questions about programs for enhanced care planning options and risk management
- Helps to resolve barriers to care such as possible network and transportation issues
- Ensures appropriate authorizations are in place and that changes occur promptly
- Leads the Interdisciplinary Care Team for individualized care planning and transition of care needs
- Advocates for members and providers helping members

# Transportation

CCC Plus Reservations	Phone Number	Type of Transportation
Aetna Better Health of Virginia	(800) 734-0430 Option 1	All ages and all levels of service
Anthem HealthKeepers Plus	(855) 325-7581	All ages and all levels of service
Magellan Complete Care of Virginia	(877)790-9472	All ages and all levels of service
Optima Health Community Care	(855) 325-7558	All ages and all levels of service
United Healthcare Community Plan Regions 2,4,5 (Central, Roanoke/Alleghany/Southwest)	(844) 604-2078	All ages and all levels of service
United Healthcare Community Plan Regions 1,3,6 (Tidewater, Charlottesville/Western Northern/Winchester)	(888) 258-0521	All ages and all levels of service
Virginia Premier Elite Plus	(877) 719-7358	All ages and all levels of service

# Continuity of Care Period

## After April 1, 2018

- Maintain the Member's current providers for up to **30 days**, and
- The health plan will honor the service authorizations issued by DMAS or the DMAS Contractor for the length of the existing service authorization or 30 days (whichever is sooner).
- The health plan will extend this time frame as necessary to ensure continuity of care pending the provider's contracting with the health plan or the Member's safe and effective transition to a contracted provider.

# Implementation Monitoring

## Two Pronged Approach

### Standard Monitoring Activities

- Host weekly Implementation Monitoring Calls with each Health Plan
- Review and discuss weekly dashboards
- Track and discuss progress of items on Issues log
- Review and discuss weekly missed trip log

### Dynamic Monitoring Activities

- Respond to concerns from members, advocates and providers
  - Resolution of specific concern
  - Research root cause of the concern and take necessary action
- Examples:
  - Chart reviews to address quality of care concerns

# Implementation Monitoring: Weekly Dashboards

- Health Risk Assessment completion rates by effective date by subpopulation
- Care Coordinator staffing and ratios
- Claims Processing by service category
- Continuity of Care Authorizations
- Complaints, Grievances and Appeals
- Call Center Activity

# Compliance Plan

## Compliance Plan Development

- Identify all deliverables in contract, by section
- Determine data needs and availability required to monitor each deliverable
- Prioritize deliverables
- Determine method of monitoring
- Determine frequency of monitoring activities-consider “natural” set points, e.g. data availability (quarterly reports, etc)
- Review internal resources and expertise-tap into other DMAS subject matter expert as indicated
- Finalize compliance plan for management approval

Ongoing monitoring includes follow-up on information received through complaints, grievances and appeals, calls with plans, etc.

- Develop tracking mechanism for points assessment
- Assess points based on Contract specifications and non-compliance
- Process for recommending corrective action plans and financial penalties – discussion with management

# CCC Plus Encounters and the Data Warehouse

## Potential for Data Sharing Across Systems

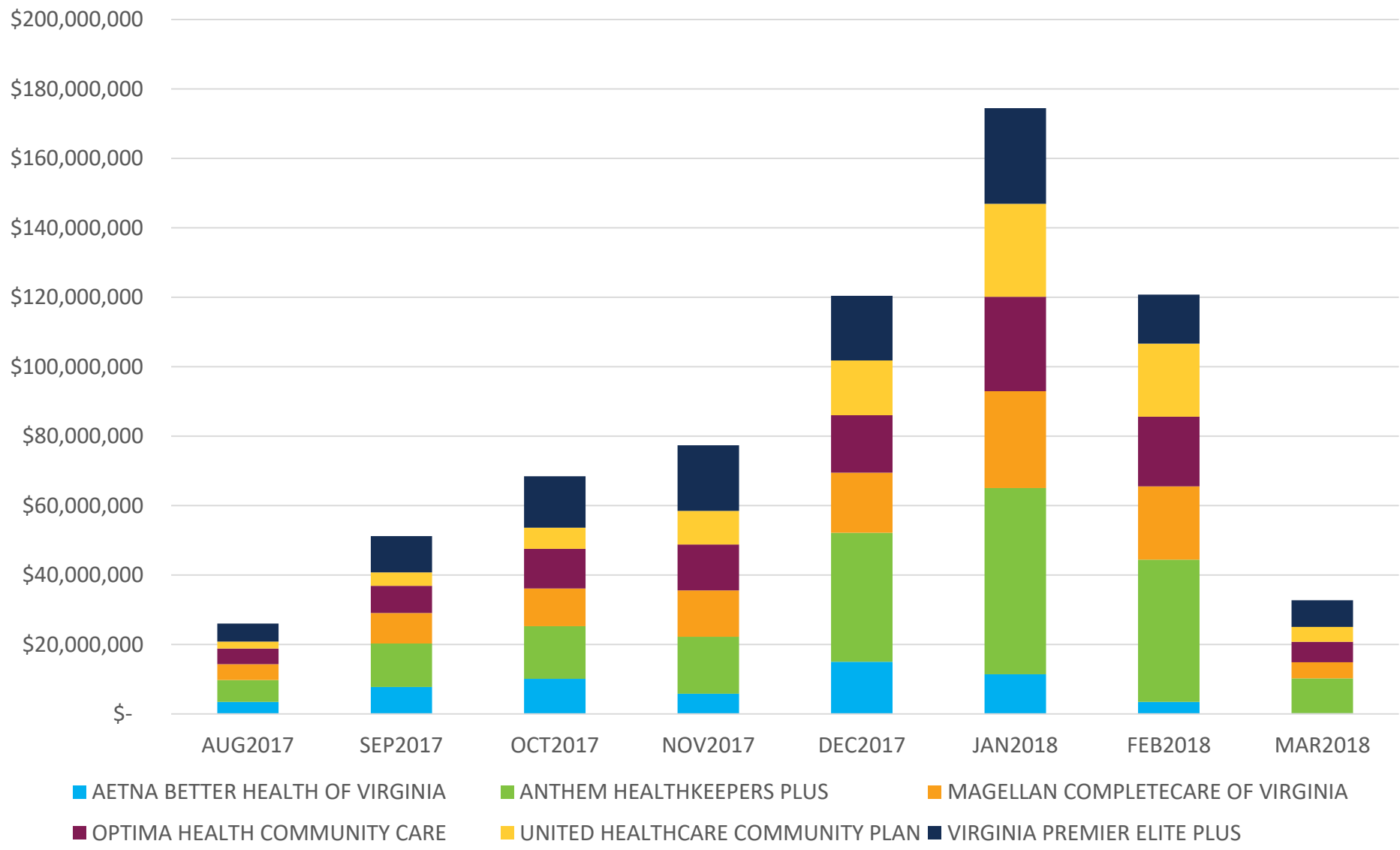
CCC Plus uses the new Encounter Processing System (EPS) for encounters. Along with transportation, CCC Plus was in the first group to use the new EPS system. MCOs started submitting encounters in Fall 2017.

- ❖ Encounters include medical, practitioner, facility and pharmacy claims.
- ❖ Meets CMS requirements and DMAS business requirements via a series of data validation edits.
- ❖ Validated data is reliable and used to analyze service utilization, quality and cost trends
- ❖ Interfaces with other data systems that track such data as, but not limited to:
  - Member demographics, eligibility, and enrollment
  - Provider demographics, taxonomy, and enrollment
  - Medicaid Pharmacy Benefit Manager (PBM) Contractor for collection of pharmacy rebates
- ❖ CCC Plus uses data quality monitoring tools to ensure that valid and reliable data enters the EPS.
- ❖ This data will be transferred downstream to the data warehouse where quality data reports and other feedback loops can be developed and distributed to end users.



# MCO Payments Submitted in Encounters

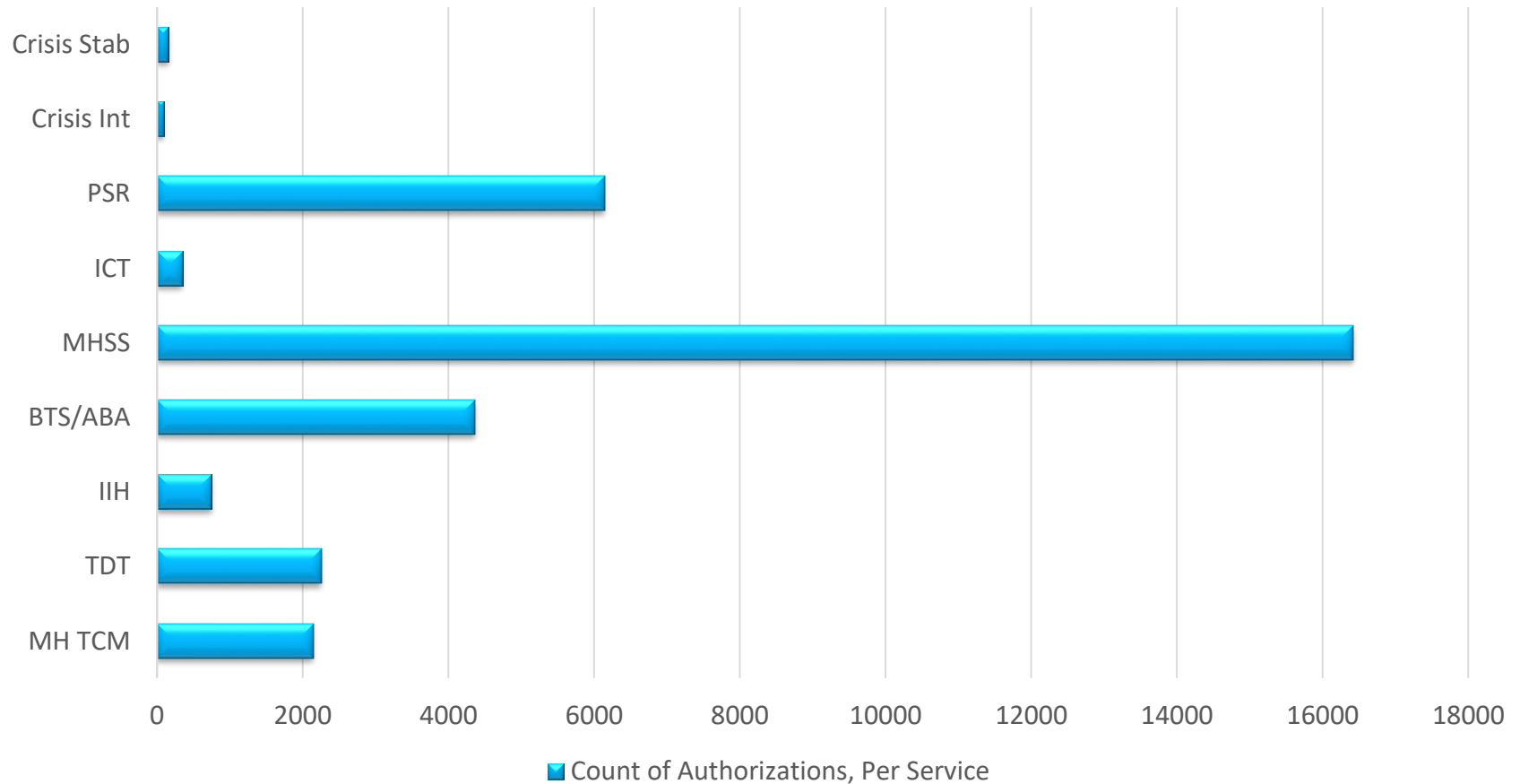
based on service date





# CCC Plus CMHRS Service Volume

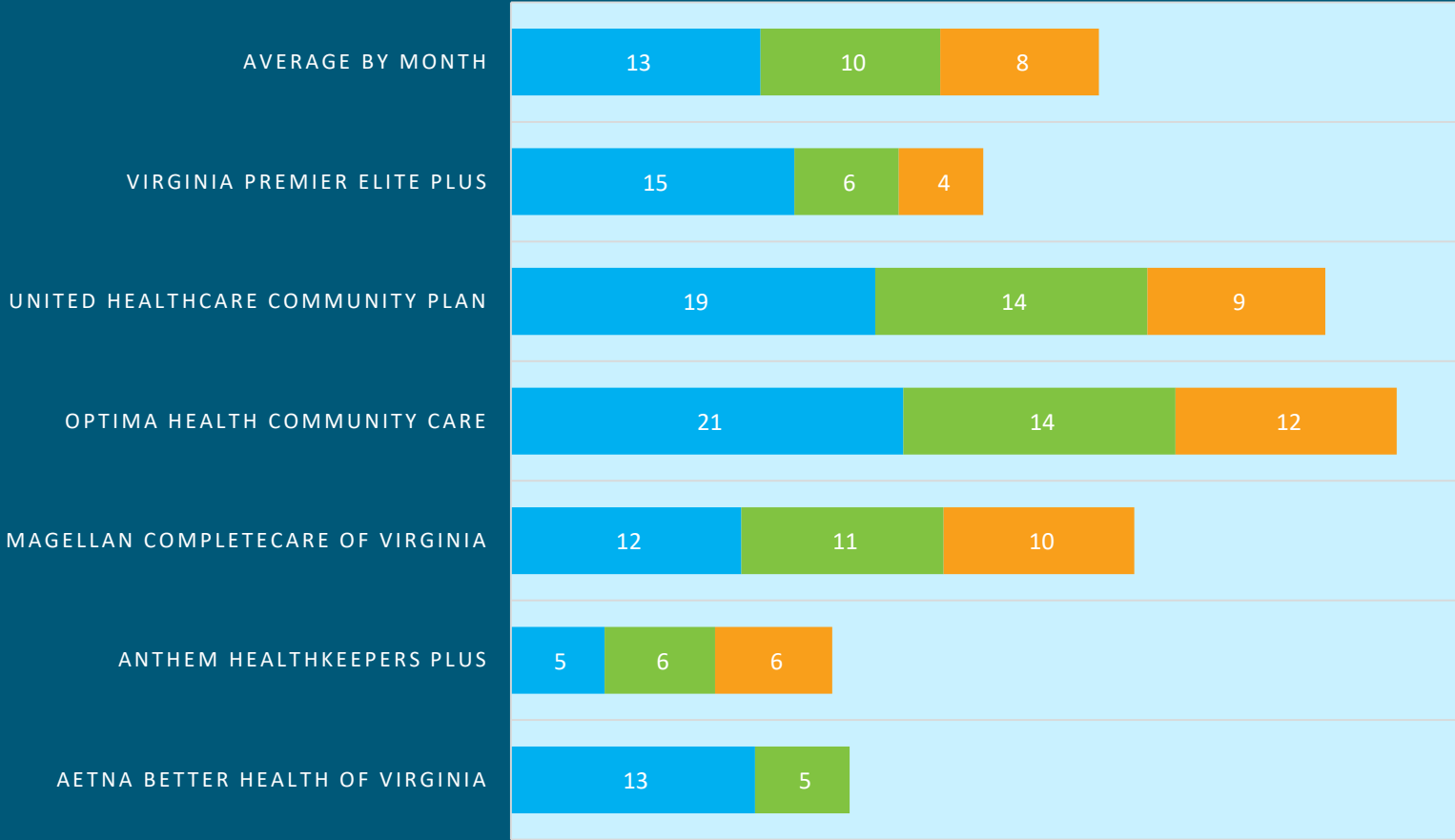
## Number of CMHRS Individual Authorizations



# CMHRS Claims - Average Processing Time

CMHRS CLAIMS PROCESSING TIME BY PLAN BY MONTH

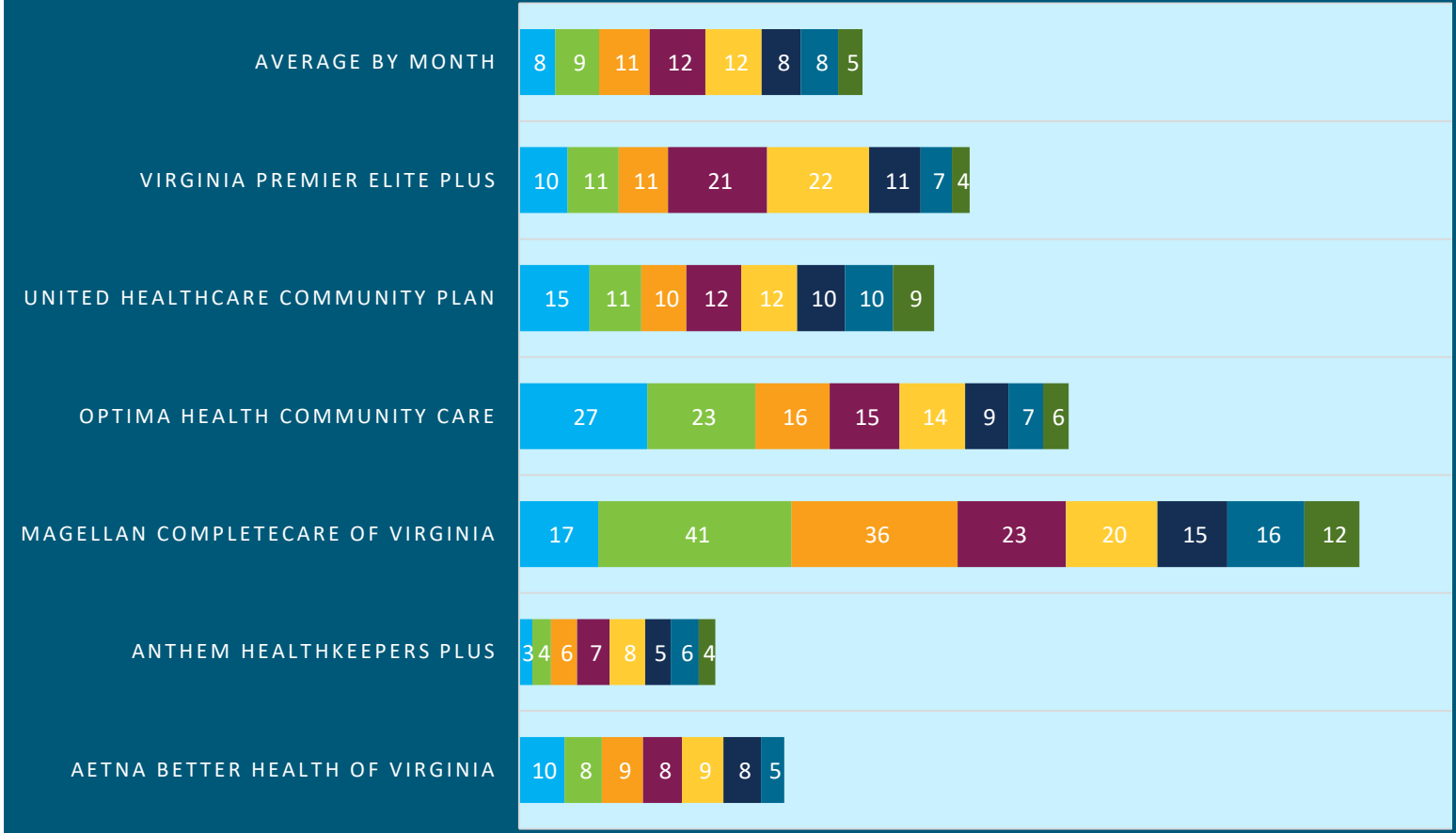
JAN2018 FEB2018 MAR2018



# ARTS Claims - Average Processing Time

ARTS CLAIMS PROCESSING TIME BY PLAN BY MONTH

■ AUG2017  
 ■ SEP2017  
 ■ OCT2017  
 ■ NOV2017  
 ■ DEC2017  
 ■ JAN2018  
 ■ FEB2018  
 ■ MAR2018



# Common Operational Issues Since CMHRS January 1, 2018 Implementation

## **Provider Complaints**

**Plan unresponsive during credentialing/complicated process**

**Provider complaints of unpaid claims\***

**MCO system not showing claims submitted**

**Complaints of not having questions answered timely and correctly**

**Excessive time spent on phone calls trying to resolve issues and/or staff  
unknowledgeable**

**Not issuing Continuity of Care Authorizations\***

*\*DMAS is monitoring and working closely with the MCOs as they resolve and correct issues associated with claims processing and Continuity of Care Authorizations.*

# Recent Outreach Activities

Dates	Type
10/2017 - present	Provider Conference Calls
1/2018-present	CMHRS Provider Calls
7/2017- 1/2018	Member Calls

# Community Mental Health Rehabilitation Services

CCC Plus Health Plans began managing the following services on January 1, 2018:

- Mental Health Case Management
- Therapeutic Day Treatment (TDT) for Children
- Day Treatment/ Partial Hospitalization for Adults
- Crisis Intervention and Stabilization
- Intensive Community Treatment
- Mental Health Skill-building Services (MHSS)
- Intensive In-Home
- Psychosocial Rehab
- Behavioral Therapy
- Mental Health Peer Supports

The **90 day continuity of care period** for these services ended 3/31/2018. Please visit the [CMHRS website](#) for more information.

# MCO Readiness and DMAS/Provider Engagement on CMHRS Transition

## October-November 2017

- Weekly CCC Plus CMHRS MCO Implementation Workgroups
- Medicaid Memo to Providers
- Dedicated CCC Plus CMHRS Inbox for Provider Questions
- Weekly Provider Calls with MCOs
- CCC Plus State Steering Committee Meetings and Standardization Sub-Committee
- VACSB Fall Conference
- Virginia Psychosocial Rehabilitation Association Conference
- Virginia Coalition of Private Provider Association

## December 2017

- CMHRS Provider Webinars
- DMAS Website Updated with CMHRS FAQ and Multiple Operational Resources for Providers
- Onsite Readiness Visits at the MCOs
- Dedicated CCC Plus CMHRS Inbox for Provider Questions
- CCC Plus State Steering Committee Meetings and Standardization Sub-Committee

## January 2018 to Present

- Weekly CCC Plus CMHRS Provider Calls
- DMAS Website Updated with Post-Implementation Resources Based on Provider Input
- VACSB MH/SUD Council
- Virginia Association of Community Based Providers
- Dedicated CCC Plus CMHRS Inbox for Provider Questions
- CMHRS Training for MCO Care Coordinators
- CCC Plus State Steering Committee Meetings and Standardization Sub-Committee

# Community Mental Health Rehabilitation CMHRS Service Standardization

- Maintain current DMAS program rules
- Compliance with Mental Health Parity
- Enhanced individualized clinical management with focus on member progress
- Standardization Sub-committee streamlined authorization processes and registration forms
- DMAS rates are the minimum
- Continuity of care period through March 31, 2018
  - Some plans extended the COC Period to ensure credentialing is complete.



# DMAS Website Resources

[http://www.dmas.virginia.gov/Content\\_pgs/mltss-trn.aspx](http://www.dmas.virginia.gov/Content_pgs/mltss-trn.aspx)

## CMHRS TRANSITION

- ◆ [Provider Training Information and Registration](#)
- ◆ [CMHRS Transition One Pager](#)
- ◆ [Updated MCO Contracting/Credentialing Contacts](#)
- ◆ [Provider Reference Guide](#)

## CCC PLUS ELIGIBILITY TRACKING, AUTHORIZATION AND CLAIMS PROCESSES FOR CMHRS

- ◆ [CMHRS Provider Reference-Doing Business with CCC Plus MCO's](#)

## PROVIDER WEBINAR TRAINING SLIDE DECKS

- ◆ [AM Session - CCC Plus CMHRS Transition Overview](#)
- ◆ [PM Session - CCC Plus CMHRS Service Authorization Form Overview](#)

## FREQUENTLY ASKED QUESTIONS

- ◆ [AM Session](#)
- ◆ [PM Session](#)

## PROVIDER WEBINAR RECORDED SESSIONS

- ◆ [CMHRS Transition to CCC Plus – Morning Session](#)
- ◆ [CMHRS Transition to CCC Plus – Afternoon Session](#)

## CCC PLUS STANDARDIZED FORMS FOR CMHRS

- ◆ [Important Tip for Opening Forms](#)
- ◆ [CCC Plus Registration Form](#)
- ◆ [CMHRS & Beh Therapy Continued Stay SRA](#)
- ◆ [Day Tx PHP Rehab Services Initial SRA](#)
- ◆ [EPSDT Beh Therapy Initial SRA](#)
- ◆ [ICT Rehab Services Initial SRA](#)
- ◆ [IIH Rehab Services Initial SRA](#)
- ◆ [MHSS Rehab Services Initial SRA](#)
- ◆ [PSR Services Initial SRA](#)
- ◆ [TDT Rehab Services Initial SRA](#)
- ◆ [CIR Revised Final.11-02-2017.FormFill](#)

# Registration Vs. Authorization

Community Mental Health Rehabilitation Services	Procedure Code	Registration vs. Authorization <u>INITIAL</u> REQUEST	Registration vs. Authorization <u>CONTINUED STAY</u> REQUEST
Mental Health Case Management	H0023	R	R
Mental Health Peer Support Services – Individual	H0025	R	A
Mental Health Peer Support Services – Group	H0024	R	A
Crisis Intervention	H0036	R	A
Crisis Stabilization	H2019	R	A
Intensive Community Treatment	H0039	A	R
Intensive In-Home	H2012	A	A
Therapeutic Day Treatment (TDT) for Children *TDT School Day	H0035 *HA	A	A
Therapeutic Day Treatment (TDT) for Children *TDT Afterschool	H0035 *HA *UG	A	A
Therapeutic Day Treatment (TDT) for Children *TDT Summer	H0035 *HA *U7	A	A
Day Treatment/ Partial Hospitalization *Adults	H0035 *HB	A	A
Mental Health Skill-building Services (MHSS)	H0046	A	A
Psychosocial Rehab	H2017	A	A
EPSDT Behavioral Therapy (ABA)	H2033	A	A

# MCO Authorization Processes

Submission of SA/Registration Requests to the MCOs	Can Providers create service authorization forms and upload directly from their EHR platforms?	Fax?	Provider Web Portal?
Aetna	No	Yes	Yes
Anthem	No	Yes	Yes
MCC	No	Yes	Pending/ TBA 2018
Optima	No	Yes	Yes
United Healthcare	No	Yes	Yes
Virginia Premier	No	Yes	Yes [Projected Go Live 4/1/18 per Beacon]

# MCO Authorization Processes Cont'd

How will Providers Be Notified of Approvals/Denials*	Fax?	Letter?	Phone?
Aetna	Yes	No	Yes
Anthem	Yes	No	Yes
MCC	No- will consider in lieu of letter	Yes	Yes
Optima	Yes	No	Yes
United Healthcare	No- will consider in lieu of letter	Yes	Yes
Virginia Premier	No	Yes	Yes (For Inpatient Services and All Denials)

# MCO Authorization Processes Cont'd

Timeframes for Submission and Turnaround (Concurrent)	CMHRS Services (excluding CI/CS)	CI/CS	MCO UM Decision Turnaround
Aetna	7 business days	48 hrs.	All MCOs will rely on Contract Standards- 3 business days or up to 5 business days if additional clinical information is required
Anthem	14 business days	48 hrs.	
MCC	7 business days	48 hrs.	
Optima	7 business days	48 hrs.	
United Healthcare	14 business days	48 hrs.	
Virginia Premier	14 business days	48 hrs.	

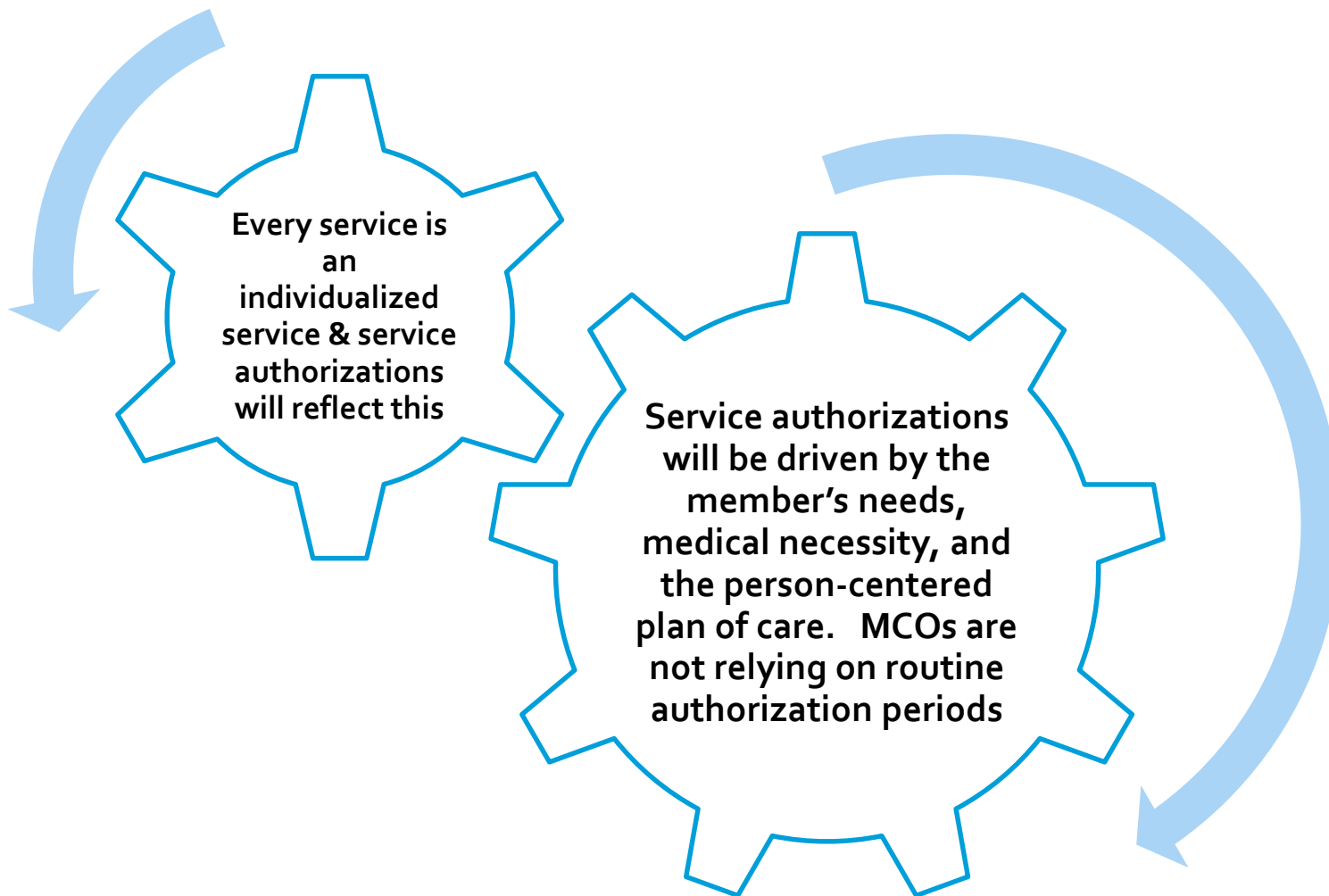
\*NOTE: for denials, a letter would be sent by the MCO to both the provider and member, to meet NCQA requirements.

# MCO Authorization Processes Cont'd

## Authorization Requests Following Continuity of Care Period

- The MCOs will honor service authorizations (SAs) issued by the BHSA (Magellan of Virginia) prior to enrollment for up to 90 days or the expiration of the authorization, whichever comes first.
- Providers are not required to complete an Initial Authorization for members at the expiration of the service authorization.
- Unless the member is new to a service, then providers are to complete an authorization for continuing care using the Continued Stay Authorization form.

# Individualized Service Authorizations/Registrations



# CCC Plus CMHRS Web Resources

- The new versions of the CMHRS authorization pdf forms are available on the [CMHRS Transition](#) website. Providers should use these forms for all CCC Plus registrations and authorizations.
- DMAS continues to add provider resource materials to the DMAS [CMHRS Transition](#) website and also periodically updates the [CCC Plus CMHRS Implementation FAQs](#) and [CMHRS Provider Reference-Doing Business with CCC Plus MCO's](#).
- Please check the [CMHRS Transition](#) website for a new schedule of future Community Mental Health and Rehabilitation Services (CMHRS) Provider conference calls on Fridays from 11:00am to 12:00pm with the CCC Plus health plans.
- More CCC Plus resources can be found at: [www.dmas.virginia.gov](http://www.dmas.virginia.gov)



# Next Steps

- CMHRS Resources on DMAS Website:  
[http://www.dmas.virginia.gov/Content\\_pgs/mltss-trn.aspx](http://www.dmas.virginia.gov/Content_pgs/mltss-trn.aspx)
- Friday CMHRS Provider Call Continues
- Partnering with VCU to evaluate initial Care Coordination efforts
- Carving in Residential Services

Questions? [CCCPlusCMHRS@dmas.Virginia.gov](mailto:CCCPlusCMHRS@dmas.Virginia.gov)

**THANK YOU!**