



Commonwealth Coordinated Care Plus Update – February 2018

We are pleased to provide you with the following important updates on the Department's Commonwealth Coordinated Care (CCC) Plus program.

Background

Beginning August 1, 2017, the Department of Medical Assistance Services (DMAS) launched the CCC Plus Managed Care program in the Tidewater region for full Medicaid Members who are either 65 or older, children or adults with disabilities, nursing facility residents, and those receiving services and supports through a home and community based waiver. As of January 1, 2018, Commonwealth Coordinated Care Members and Medallion 3.0 Aged, Blind and Disabled individuals were effective in CCC Plus bringing enrollment to over 200,000 individuals.

As new CCC Plus Members become eligible each month, Medicaid mails an enrollment letter and program information to the Members. The new CCC Plus program provides medical, behavioral health, substance use disorder, and long term services and supports services under one program. The program includes the additional benefit of a Care Coordinator assigned to each Member. Detailed information on CCC Plus is available on the [CCC Plus webpage](#).

Provider Networks

Health plans continue to build their provider networks. Providers may contact provider relations at each health plan to initiate a conversation about joining a network. As a reminder, health plans do not have to accept any willing provider into their networks but are responsible to have a sufficient network that ensures access to quality services covered under CCC Plus. See the [Contracting and Credentialing Contact Information](#) for the participating health plans.

CCC Plus Health Plan Websites

Aetna Better Health	https://www.aetnabetterhealth.com/virginia
Anthem HealthKeepers Plus	https://mss.anthem.com/va/Pages/aboutus.aspx
Magellan Complete Care of VA	http://www.mccofva.com/
Optima Health Community Care	https://www.optimahealth.com/communitycare/Pages/default.aspx
UnitedHealthcare Community Plan	http://www.uhccommunityplan.com/
Virginia Premier Health Plan	https://www.virginiapremier.com/



CCC Plus Enrollment as of 2/20/2018

MCO	Tidewater	Central	Charlottesville	Roanoke Alleghany	Southwest	Northern VA/ Winchester	Total
Aetna	5,257	8,667	3,811	3,449	3,834	4,546	29,564
Anthem	12,539	15,419	5,278	4,729	3,446	15,176	56,587
Magellan	6,434	4,601	2,786	2,368	2,111	3,313	21,613
Optima	9,797	7,121	7,374	2,348	2,551	3,018	32,209
United	4,213	4,486	2,134	3,081	2,213	6,790	22,917
VA Premier	4,864	9,252	6,858	8,409	6,416	3,711	39,510
Total	43,104	49,546	28,241	24,384	20,571	36,554	202,400

Medicare Coordination of Benefits

On December 29, 2017, DMAS released a [Medicaid Memo about CCC Plus and Coordination with Medicare](#). CCC Plus health plans do not require the Medicare provider to be in their network or obtain an authorization prior to payment of a Medicare crossover claim. CCC Plus health plans are working with the Center of Medicare and Medicaid Services to finalize their Coordination of Benefits Agreement (COBA). Once finalized, DMAS will send out a memo with further information.

For Medicare crossover claims, the health plans are required to pay the Member coinsurance and deductible amounts for Medicaid covered services up to the **Medicaid allowable**, or at the contracted rate between the plan and the provider if different. Plans are also required to cover the Medicare coinsurance and deductibles for any Medicaid non-covered services up to the **Medicare allowable** (this includes any services for which Medicaid does not have an established rate/pricing method), or at the contracted rate between the plan and the provider, if different. (In all cases, the negotiated rate between the plan and the provider must be no less than the Medicaid rate for Addiction Recovery Treatment Services, Long Term Services and Supports, Nursing



Facility, Community Mental Health Rehabilitation Services, and Early Intervention Services per the CCC Plus Contract, section 12.4.2.)

Medicare Part D Copays

DMAS became aware that some individuals recently noticed an increase in their copayment amount for prescription drugs under the Medicare Part D benefit. DMAS coordinated with other state and federal agencies to implement a solution, and as of February 13, 2018, copayments have been restored to their appropriate levels. In addition, Part D plans will send refunds within 45 days to any Members who are due a refund. Members should contact their Medicare Part D plan with any questions related to their Part D copayment or if they have questions about the refund process. They may also call the Medicare call center (1-800-633-4227) for assistance in contacting the appropriate Part D plan. DMAS has also shared this information with call centers and other stakeholders that provide assistance to Medicare Members.

Continuity of Care Period

Prior to April 1, 2018, the continuity of care period to maintain the Member's current providers and service levels is up to 90 days. The health plan will honor the service authorizations issued by DMAS or the prior DMAS Contractor for the length of the existing service authorization or 90 days (whichever is sooner). The health plan will extend this timeframe 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. On or after April 1, 2018, the continuity of care period to maintain the Member's current providers is 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 timeframe 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.

For information on how to bill as an out of network provider, please see Appendix B of the [Medicaid Memo about CCC Plus and Coordination with Medicare](#).



Care Coordination

To reach a health plan Care Coordinator, please use these phone numbers.

Aetna	Anthem	Magellan	Optima	UnitedHealthCare	VA Premier
1-855-652-8249 press #1 and ask for Care Coordination.	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

Transition of Community Mental Health Rehabilitation Services (CMHRS) to CCC Plus

On January 1, 2018, CMHRS transitioned into the CCC Plus health plan contract, utilizing DMAS’ current CMHRS coverage criteria and program requirements. CMHRS coverage for Medallion 3.0 Members will continue to be administered through Magellan of Virginia until the implementation of Medallion 4.0 later in 2018. Magellan of Virginia will continue to manage the CMHRS services for individuals enrolled in the DMAS fee-for-service program. Residential services are carved out of CCC Plus.

Additionally, all CCC Plus health plans are required to pay the CMHRS providers using established DMAS reimbursement rates as the minimum payment level. There are no changes made to current program regulations, medical necessity criteria, procedure codes, and unit values for these services at this time. The CMHRS standardized forms, Authorization Process, Provider Reference Guide, CMHRS provider training recorded webinars and more information are available on the CCC Plus website under [CMHRS Transition](#). Please see Medicaid Memo released on October 23, 2017 on [Transitioning Community Mental Health Rehabilitation Services into the CCC Plus Program](#) for more information.

Providers should contact the CCC Plus health plan for any missing authorizations or incorrect units authorized by the health plan. Please see the [CMHRS Reference Guide – doing business with the health plans](#) for contact information.

On January 26, 2018 DMAS launched a new conference call series to focus on Community Mental Health and Rehabilitation Services on Fridays from 11:00am- 12:00pm. Due to high attendance and the provider requests for a live question and answer session with the CCC Plus health plans, the call format will now feature operator assistance. The call will have additional



capacity for callers to ask questions and hear updates on operational enhancements and claims resolution processes by the health plans. Beginning on February 23, 2018, dial 1-855-339-6860 and request to join the DMAS CMHRS Weekly call when speaking to the operator. See the [CMHRS Provider Call Schedule](#) for the full listing of scheduled calls.

DMAS has continued to add materials to the website and update existing materials. Please refer to the new link titled: [CCC Plus CMHRS Implementation FAQ's](#) for more information and to find more specific health plan contacts to address authorization or payment delays.

DMAS has also posted updated versions of [CCC Plus CMHRS authorization forms](#) to the DMAS website. However, DMAS removed the PDF versions of the forms and replaced them with the older MS Word versions of the forms temporarily. DMAS is correcting the print capability of the forms and will post them. Providers are encouraged to use the earlier (MS Word) version of the continuation of services forms until the end of the continuity of care period.

Care Coordination in Action: Thinking Outside the Box

The Care Coordinator visited a Member in her nineties who is legally blind, lives alone and has a limited support system. Due to her risk of falling, the Member cannot answer her door. She informed the Care Coordinator that she leaves her home unlocked at all times so her attendants can enter. Due to her limited personal care hours, her attendants put her to bed at 3:00PM a few days of week.

This Member is part of the Sheriff's Office Adopt a Senior Program. The Care Coordinator spoke to the Deputy that checks on the Member. A Lieutenant spoke with the Member about the option of using a "hide a key" for attendants to access to her home. The Care Coordinator also reached out to the Personal Care Agency. The Personal Care Agency suggested a realtor lock box. The Care Coordinator arranged a lock box donation from a realtor. The Care Coordinator also met with her Supervisor to inquire about increasing the Member's personal care hours. The Agency also tapped into the Member's respite hours for additional support. The Care Coordinator's collaboration with different resources resulted in additional support and improved care and safety for the Member.



Outreach and Education

Provider conference calls are continuing. The next call is March 14, 2018 from 12:30 – 1:15pm. Dial 1-866-842-5779 and enter Conference Code: 9318957138. See the [CCC Plus Provider Schedule](#) for the full list. Please see the changes mentioned in the CMHRS section regarding the CMHRS provider calls.

The next CCC Plus Advisory Committee meeting takes place on March 27, 2018 1:00 – 3:00pm at DMAS, 600 East Broad St, Richmond VA 23219. Photo identification is required to enter DMAS. Please email Tracy.Embry@dmas.virginia.gov to RSVP for this meeting.

If you have questions or concerns about CCC Plus for DMAS, please email the CCC Plus inbox, cccplus@dmas.virginia.gov for assistance.