Commonwealth Coordinated Care: Executive Leadership Tasks

<table>
<tr><th colspan="2">EXECUTIVE LEADERSHIP – PREPARATION TASKS</th></tr>
<tr><th>Category</th><th>Task Steps</th></tr>
<tr><td>Getting Organized</td><td>1. Assemble a core CCC Planning & Implementation Team to include Directors, Fiscal, Reimbursement, IT/IS, Clinical, QA/QM, etc.
2. Select a Dual Eligible Administrator (your lead person for this team, and Point of Contact for VACSB and for MCOs)
3. Review, negotiate and sign acceptable MCO contracts from Anthem, Beacon, and Virginia Premier
4. Develop and build an agency work plan for all aspects of the Project, including staff training, EHR integration, authorizations and billing, using the ability to monitor time frames and task completion on each area/task.</td></tr>
<tr><td>Assess Population</td><td>1. Search EHR for number of persons fully eligible for Medicaid and Medicare (A,B and D)
2. Determine those receiving MH or SUD services (including those with a primary ID/DD diagnosis)</td></tr>
<tr><td>Assess Services</td><td>1. Determine how many services of each type (program) are being delivered to the targeted dual eligible population currently
a. Determine which consumers eligible for CCC are already receiving TCM
2. Determine how many are known to have one or more of the chronic health conditions to begin to integrate primary health care objectives into the plan of care.</td></tr>
<tr><td>Assess Costs</td><td>IF CONSIDERING BECOMING A PROVIDER OF ENHANCED CARE COORDINATION
1. Using template from June 2013 trainings, determine your cost of the Enhanced Care Coordination service separately
a. Cost of direct service (salary and fringe)
b. Include admin, overhead and risk factor</td></tr>
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Category	Task Steps
Align with Internal Policies and Procedures	1. Assure that internal time frames, documentation practices, etc., are not in conflict with CCCP MCO requirements 2. Study contracts and Provider Manuals from each MCO to assess any points of (potential) conflict 3. Look for areas where internal process or timeline improvements are needed to effectively deliver and/or manage CCCP-contracted services
Make EHR changes as needed	1. Assure that required chronic health conditions are both captured and searchable 2. Determine assessment requirements for each MCO per contract, and verify ability of your EHR to meet these (forms, data elements, etc.) 3. Assess documentation requirements for each MCO per contract, and verify ability of your EHR to meet these (forms, data elements, etc.) 4. Assure that correct coding for procedures, payers, etc., is in place
Authorization and Billing	1. CSBs will complete/submit service authorization requests for SPO services using the newly designed, service specific CCC Service Authorization Report Forms 2. Within 14 business days, the MCOs will review the service authorization requests and will notify the CSBs of the decision/status of their requests 3. The CSBs will bill and the MCOs will reimburse for the provision of authorized services. • Anthem and Virginia Premier will require that CSBs include service authorization numbers on all billing claims issued to them. Anthem and Virginia Premier will send the service authorization numbers to the CSBs within 5 business days following the approval of the services.
Other Details	1. Make sure your CSB/BHA is displayed accurately and completely on MCO websites 2. Assure credentialing process is complete and up-to-date for the agency, including all eligible providers for each service
Staff Training	1. Begin with "CCC 101" training for staff to introduce them to the CCC process, MCOs, etc. 2. Participate in all CCC-related webinars and training events 3. Prepare a model "chart/record" for staff training purposes 4. Train all applicable direct service and QA/QM staff through use of the model chart created in step 3 5. Assure that all providers have taken MCO required training (available on the VACSB website) 6. Submit an attestation of provider training to each of the 3 MCOs (attestation template available on the VACSB website)

Case Managers and Consumers	See associated document entitled Commonwealth Coordinated Care: Case Management Tasks for information on preparing your case management staff.

<table>
<tr><th colspan="2">Case Management - Preparation Tasks</th></tr>
<tr><th>Category</th><th>Task Steps</th></tr>
<tr><td>Identify eligible individuals on your caseload</td><td>1. Review information from the electronic health record to determine which individuals are dually eligible for Medicaid and Medicare. Include in your review individuals that are currently receiving TCM as well as those that are not currently receiving TCM services.
2. Remove from that list individuals that meet the following criteria:
a. Individuals under the age of 21.
b. Individuals served by ID or DD waiver.
c. Individuals with Medicaid QMB Only benefits.
d. Individuals residing in MH/ID facilities.
e. Individuals residing in ICF/IDs.
f. Individuals in Long Term Care Hospitals.
g. Individuals enrolled in Money Follows the Person (MFP).
h. Individuals receiving Hospice care.</td></tr>
<tr><td>Identification of Managed Care Organization Enrollment</td><td>1. Meet with the individual, and as appropriate: caregivers, family members, or other natural supports, to determine if the individual has opted in with one of the Managed Care Organizations (MCOs).
2. As needed, provide support in reviewing educational information received in the mail by the individual and/or developed by your agency's project lead to inform the individual and their support system of the tenants of the project.
3. Assist any individuals with enrollment with the MCO of their choice, or opting out of the project based on their preferences.
4. Work with your agency's project lead to establish a relationship with the assigned MCO's care coordinator to begin treatment planning discussions.</td></tr>
<tr><td>Assessment of Needs</td><td>1. For individuals identified in the steps above, identify any behavioral and physical healthcare needs displayed.
2. Identify existing services that must be coordinated in order to meet the needs of any individual identified in step 1.
3. Identify gaps in available services or under utilization of existing services to meet the needs identified in step 1.
4. As a planning guide, the attached eligibility worksheet may be used to understand the areas of need targeted by the project.</td></tr>
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Coordination with Project Lead	1. Provide a list to your agency's project lead of all individuals on your caseload not currently receiving TCM who have been identified as in need of more supportive services than are currently being received. 2. Provide a list to your agency's project lead of all individuals that are currently receiving TCM, that have physical and behavioral healthcare needs that rise above what is typically covered by TCM.
Treatment Planning	1. Based on assessment information, meet with the individual to identify modifications that can be made to their treatment plan to address any unmet needs. Establish measurable goals that can be used to demonstrate progress/lack thereof as services are adapted to meet the individual's needs. Particular attention should be paid to unmet physical health care needs that include chronic conditions such as: a. Hypertension b. Asthma c. Diabetes d. Cancer e. Hypercholesterolemia f. Heart Disease g. Arthritis h. Chronic Obstructive Pulmonary Disease (COPD) i. Obesity 2. As necessary involve your agency's project lead, nursing staff, and physicians as well as the individual's care coordinator from their MCO of choice in the treatment planning meetings.

Targeted Case Management with a Twist

Are you ready to support individuals on your case load who enroll in the Commonwealth Coordinated Care Project?

Commonwealth Coordinated Care

Resource Packet

Guidance and Resources for Executive Leadership and Case Managers

Why Managed Care?

- Health Care is often fragmented and not coordinated among providers
- Treatment plans are not always aligned and sometimes conflict
- Services are not there when they are needed
- People don’t get better which can lead to acute illness and hospitalization
- Costs go up

What can Managed Care Companies Do For You?

- Serve as a resource to the Case Manager
- Assist with accessing primary and specialty care providers
- Provide a dedicated liaison to every CSB
- Identify what services the consumer may be accessing that you don't know about
- Provide education and health promotion materials for the consumer
  - See associated CCC flyer for additional resources

Commonwealth Coordinated Care Project

- Anthem/Healthkeepers, Virginia Premier, & Humana (Beacon) are the three participating MCOs
- Will authorize and reimburse **ALL** health care services for individuals who are eligible and receive both Medicaid and Medicare

EXCEPT

- Targeted Case Management will be a registered service, reimbursed by Magellan

“New” Role of Case Manager

- Supports adherence with behavioral and physical health recommended treatment,
- Develops comprehensive treatment plans that are recovery oriented, person centered and integrated,
- Assists consumers with access to primary care and specialty medical services,
- Coordinates and monitors care provided by other healthcare professionals,
- Coordinates health education/promotion and supporting health behavior change

Case Example: Consumer #1:

54 y/o Caucasian female Psychiatric Dx: Schizoaffective D/O

- **Medical Dx:** Diabetes, Chronic Renal Failure, Hypertension
- **Psychiatric symptomology and history**: 1st psychiatric hospitalization in 1980's at age 24. Individual experienced auditory and visual hallucinations, delusional thinking, grandiosity and suicidal ideation. Substances were used during this time and she reported not taking medication as prescribed. Individual has 10+ hospitalizations since with a similar clinical presentation. Individual has been at the CSB since 2003 receiving TCM and MHSS services. Last hospitalization was 2010.
- No evidence of substance use since 2003.
- Minimal engagement with medical providers and poor self –care.

"I want to be healthy enough to be able to see and enjoy my grandchildren."

Goals:

1. Manage symptoms of Schizoaffective D/O through medication adherence and behavioral change.
2. Improve physical health by reducing blood pressure and blood sugar to within normal limits and improve and stabilize renal condition.

TCM *Objectives*

Mental Health

1. Individual will attend quarterly psychiatric appointments; will miss 2 days or less per month of meds. and notify clinic staff as soon as symptoms worsen or interfere with daily functioning.

Medical:

1. Individual will take medications for medical conditions as prescribed.
2. Individual will attend PCP appts. as scheduled quarterly and nephrologist bi-annually.
3. Individual will adhere to recommended diabetic diet.

TCM *Interventions*

1. CM will link individual to transportation services for medical and mental health services.
2. CM will monitor appointment attendance and medication compliance for medical and MH medication.
3. CM will provide literature to assist with diabetic meal planning
4. Coordinate exchange of PHI annually with PCP, nephrologist.

Case Example: Consumer #2:

23 y/o single, AA male

- Psychiatric Dx: Paranoid Schizophrenia
- Medical Diagnosis: GERD, Obesity, Diabetes

Symptomology and history:

- Individual has been enrolled in CSB since 2011 after hospitalization for A/V hallucinations, paranoia, and religious ideology. Has responded well to TCM interventions without hospitalizations since 2011.
- This consumer has not engaged a regular primary care provider and when psychiatric symptoms are acute he refuses to take all medications – including medical.

"I want to get a job and live on my own, get married, have children, get off medications."

Goals:

1. Manage symptoms of paranoid schizophrenia through medication adherence and behavioral change.
2. Implement other health practices in order to reduce total number of meds taken.
3. Improve diet and exercise.

TCM *Objectives*

1. Individual will attend quarterly psychiatric appts; will miss 2 days or less/month of meds. and notify clinic as soon as symptoms worse/interfere with daily functioning.
2. Individual will participate in a healthy living class and pre-vocational activities at Club House program.
3. Individual will demonstrate knowledge of long term effects of chronic health conditions.

TCM *Interventions*

1. CM will encourage and remind individual to adhere to and attend medical appts and medication adherence.
2. CM will link and monitor attendance at healthy living classes and pre-voc services, and coordinate with service provider.
3. CM will monitor signs and symptoms through monthly contact and quarterly f-t-f.
4. CM will link to peer specialist for education and support of healthy lifestyles.
5. CM will coordinate exchange of PHI annually with PCP.

TCM and the Health Risk Assessment

1. CSBs are expected to assist the participating MCOs in their completion of the required Health Risk Assessment (HRA) on all CSB CCC consumers.
   - 1. Designate a lead liaison
   - 2. When the CSB has been notified by the MCO that a CSB consumer has officially enrolled in the CCC via the Medical Transition Report, the CSB CCC Coordinator will oversee the transmission of consumer specific consumer data extracted from the CSB health record

MCO Referrals

- Throughout the duration of the CCC project, MCOs may identify individuals who have enrolled in CCC and are in need of, but not currently receiving, CSB services. When this occurs, the MCOs will refer these individuals to their designated CSBs. The CSBs will assess the individuals referred by the MCOs and will admit them to CSB services, as clinically indicated and as resources allow.

Authorization and Billing

1. CSBs will complete/submit service authorization requests for SPO services using the newly designed, service specific CCC Service Authorization Report Forms
2. Within 14 business days, the MCOs will review the service authorization requests and will notify the CSBs of the decision/status of their requests
3. The CSBs will bill and the MCOs will reimburse for the provision of authorized services.

   - Anthem and Virginia Premier will require that CSBs include service authorization numbers on all billing claims issued to them. Anthem and Virginia Premier will send the service authorization numbers to the CSBs within 5 business days following the approval of the services.

COMMONWEALTH COORDINATED CARE

PHASE I AUTOMATIC ENROLLMENT BEGINS IN MAY

Commonwealth Coordinated Care (CCC) is a new initiative to coordinate care for individuals who are currently served by both Medicare and Medicaid and meet certain eligibility requirements. The program is designed to be Virginia's single program to coordinate delivery of primary, preventive, acute, behavioral, and long-term services and supports. In this way, **the individual receives high quality, person centered care that is focused on their needs and preferences**.

CSBs in the Central/Richmond and Tidewater Regions have contracted with the three Managed Care Organizations (MCOs) in Virginia who are participating in the project: Anthem, Humana/Beacon and Virginia Premier. Other CSBs are preparing to contract for Phase II of the CCC project.

Dual Eligible individuals began receiving letters from DMAS in early March. The letter lists the three Managed Care plans and will provide a comparison of each MCO's benefits program. The letter can be accessed from the DMAS CCC Website. Case managers are reminded that they can **encourage, support and assist consumers** as they consider enrolling in the program.

ENCOURAGE: Be ready to talk to consumers about the benefits of enrollment in the program using the MCO benefits guides from DMAS.

SUPPORT: Be prepared to assure consumers that their behavioral health service needs will continue to be met in the high quality manner to which they are accustomed and that they will have improved access to medical care through the program.

ASSIST: Be prepared to assist consumers in the enrollment process should they decide the program is right for them. **Consumer enrollment will be handled by Maximus, a third party vendor that can be reached at 1-855-889-5243.**

CCC WEBSITE IS LIVE

DMAS SENT LETTERS TO CONSUMERS IN PHASE I CSBS IN MARCH

VOLUNTARY ENROLLMENT IS UNDER WAY

AUTOMATIC ENROLLMENT BEGINS IN MAY

ENCOURAGE, SUPPORT, ASSIST!

QUESTIONS?

Maximus:
1-855-889-5243
ccc@dmas.virginia.gov
CCC Website