

Commonwealth Coordinated Care (CCC) Plus Managed Care

Basic Concept of CCC Plus

CCC Plus is managed care, which means that instead of medical and other service providers contracting with Medicaid directly and billing Medicaid directly, each provider will have to go through one of six managed care organizations (MCOs) to enroll, get service authorization, and bill. These MCOs are usually for-profit insurance companies. The move toward managed care is part of a large and growing national trend to contain costs for Medicaid.

What has Changed?

- Instead of simply telling a medical or service provider you have Medicaid, you need to tell them which of the six MCOs you use and ensure they are enrolled with that particular plan. For example, you would ask, “Do you accept the Aetna Better Health Plan through Virginia CCC Plus Medicaid?”
- Your service providers ask for authorizations and bill through an MCO rather than Medicaid. If something you request is denied and you would like to appeal, you first appeal to the MCO, then can ultimately appeal to Medicaid directly.
- Each MCO provides a Care Coordinator for members. The Care Coordinator is a bit like a medical case manager who should be your ongoing point of contact for questions and concerns. They should help you locate services you need both inside and outside of the plan. For example, if you have food or housing needs, they should work to help you locate appropriate resources even if the plan is not directly funding those services. The Care Coordinator should be closely involved with your DD Waiver Support Coordinator and your team, if you have a DD Waiver.
- Individuals with CCC Plus Waivers (formerly called EDCD and Tech Waivers) have both medical and Waiver services managed through the MCO. Individuals with DD Waivers only have their medical services rolled into managed care.
- Medicaid pays for or provide transportation to/from medical appointments, but each of the six MCOs is managing this differently, so you may not be working through Logisticare for these trips.

What Did Not Change?

- You still have Medicaid, even though you’ll be working through an MCO. You still have the same Medicaid card you did before, in addition to a card for your selected MCO.
- Each plan must offer the same services and benefits Medicaid did previously, in the same quantities. They can offer additional benefits as well, but may not reduce what Medicaid provided. Your current authorizations for services continued for the short term, but will soon need to be re-authorized through the MCO, if they have not already. Each plan must offer providers for each service, or allow you to go outside the plan to locate a provider for a service Medicaid offers.
- You may continue to see the same doctors, therapists, and other providers you do now as long as they work with your new MCO. You can continue seeing your current providers for 90 days

after enrollment, even if they do not work with the new MCO, to allow you time to transition to another provider. This 90 period ends in NOVA on March 1, 2018.

- If you have a DD Waiver (Community Living, Family and Individual Supports, or Building Independence), your Waiver services are authorized and funded directly through Medicaid with the assistance of your Support Coordinator, just as they were previously. At some point in the future, these Waiver services will be enrolled in CCC Plus, but no date has yet been set.
- If you're a dual eligible (you receive Medicaid and Medicare), none of your Medicare services will change. You can continue with your current Medicare plan and to see your current Medicare providers. Medicaid will continue to pay your monthly enrollment premium with Medicare. You can enroll in a Dual Special Needs Plan with Medicare starting in January 2018 that will be offered by the same MCO as your Medicaid CCC Plus provider, but we do not yet have enough families doing this to give advice on how it will go. These Dual Special Needs Plans will offer benefits in addition to the CCC Plus benefits.

Who was Excluded?

- For a full list of excluded populations, visit www.dmas.virginia.gov/Content_pgs/mltss-home.aspx
- Most people with developmental disabilities were enrolled. The largest group of exceptions is for people enrolled in the HIPP Program. To learn more about this program, that helps pay monthly insurance premiums for people with employer-sponsored plans and Medicaid, visit <https://www.youtube.com/watch?v=aSHv1MDZxnw> for a three minute webinar on the topic.
- You cannot opt out of CCC Plus enrollment unless you are in an excluded population.

Selecting a Plan, Changing Your Plan, and Enrollment Timelines

- The move to CCC Plus Managed Care is new, so there is not historical data and anecdotes for us to be able to share on which plans tend to be the most beneficial to people with disabilities. The Arc of Northern Virginia will collect any information families share with us and make it available in the future as we built up a knowledge base about each plan. To share your experience, please email Lucy at lucy.beadnell@thearcofnova.org.
- Northern Virginians should have received a letter in mid to late October 2017 that assigned them to a plan. Unless you were already somehow associated with one plan, the assignments were random.
- You can change plans until March 1, 2018. To change your plan, call Maximus at 844-374-9159 or go to <https://cccplusva.com>
- Each year in the future, you will be able to change your plan in October-December. If you have a "good cause" reason (e.g., providers not available for the services you need, continued service failures), you should be able to change plans at any time.
- The best way to choose a plan is to contact every Medicaid doctor, therapist, specialist, pharmacy, hospital, and Waiver (if you use CCC Plus Waiver) provider you now see to determine which plan(s) they will accept. Determine if the providers you rely on most will be enrolled in the same plan(s), which may be the wisest plan to choose. You should be able to verify provider enrollment at <https://cccplusva.com/>, but since glitches are common as new systems are rolled out, it is safer to directly confirm with your providers.

- Each plan offers benefits in addition to what Virginia Medicaid currently offers, including adult dental cleanings. See the CCC Plus Comparison chart you received with your enrollment letter (or email lucy.beadnell@thearcofnova.org for a copy) to see a complete list of what services plans offer. Historically, Optima and Virginia Premier have had fewer Arlington/Alexandria/Fairfax area providers, so if you look at those plans, ensure there are local providers who meet your needs. Aetna and Anthem have the most “extras” for enrolled clients, especially in relation to dental services.

Contacts

- For a full list of benefits, providers, and provider directories, visit <https://cccplusva.com>
- You can call the free CCC Plus Helpline M-F, 8:30 AM-6 PM at (844)-374-9159
 - The person with a disability must be present, even if someone else is assisting them with the call. POAs and guardians are responsible for sending their documentation to the CCC Plus provider.
- Basic information about CCC Plus can be found at www.dmas.virginia.gov/Content_pgs/mltss-home.aspx
- You can send CCC Plus comments, questions, and suggestions to CCCPlus@dmas.virginia.gov
- To reach Care Coordinators for each plan, see number below:
 - Aetna: 855-652-8249, Press 1, ask for Care Coordinator
 - Anthem: 855-323-4687, Press 4
 - Molina Complete Care of Virginia: 800-424-4524
 - Optima: 866-546-7924
 - United Healthcare: 866-622-7982
 - Virginia Premier: 877-719-7358
- You can always visit www.thearcofnova.org/answers to submit a question or ask for general help or advice on any topic related to developmental disabilities