VAPCP SPRING CONFERENCE
MEDICAID UPDATE

DEPARTMENT OF
MEDICAL ASSISTANCE SERVICES

VIRGINIA'S MEDICAID PROGRAM DMAS

Improving the health and well-being of Virginians through access to high quality health care coverage.

SERVICE ▪ COLLABORATION ▪ TRUST ▪ ADAPTABILITY ▪ PROBLEM-SOLVING

March 2020

Agenda

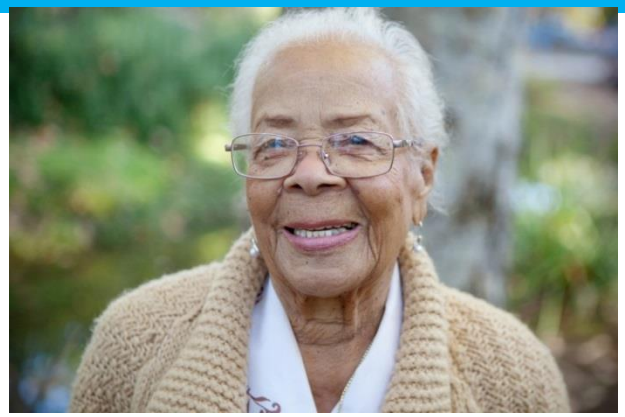
- CCC Plus Update
- Policy Changes
- Best Practices for Providers
- Training Requirements
- Electronic Visit Verification

CCC Plus Program Design

High-quality care in the least restrictive and most integrated treatment setting, through a fully-integrated delivery system, with care coordination, person-centered care and an interdisciplinary team approach

Primary goal is to improve health outcomes

CCC Plus Populations


Approximately 244,468 individuals, including:

- Adults and children living with disabilities
- Adults age 65 and older
- Individuals living in Nursing Facilities (NFs)
- Individuals in the CCC Plus Waiver (formerly the Technology Assisted and Elderly or Disabled with Consumer Direction Waivers)
- Individuals in the three waivers serving the Developmental Disabilities populations for their non-waiver services
- Medically complex individuals eligible through Medicaid Expansion
- Individuals who are dually eligible for Medicare and Medicaid

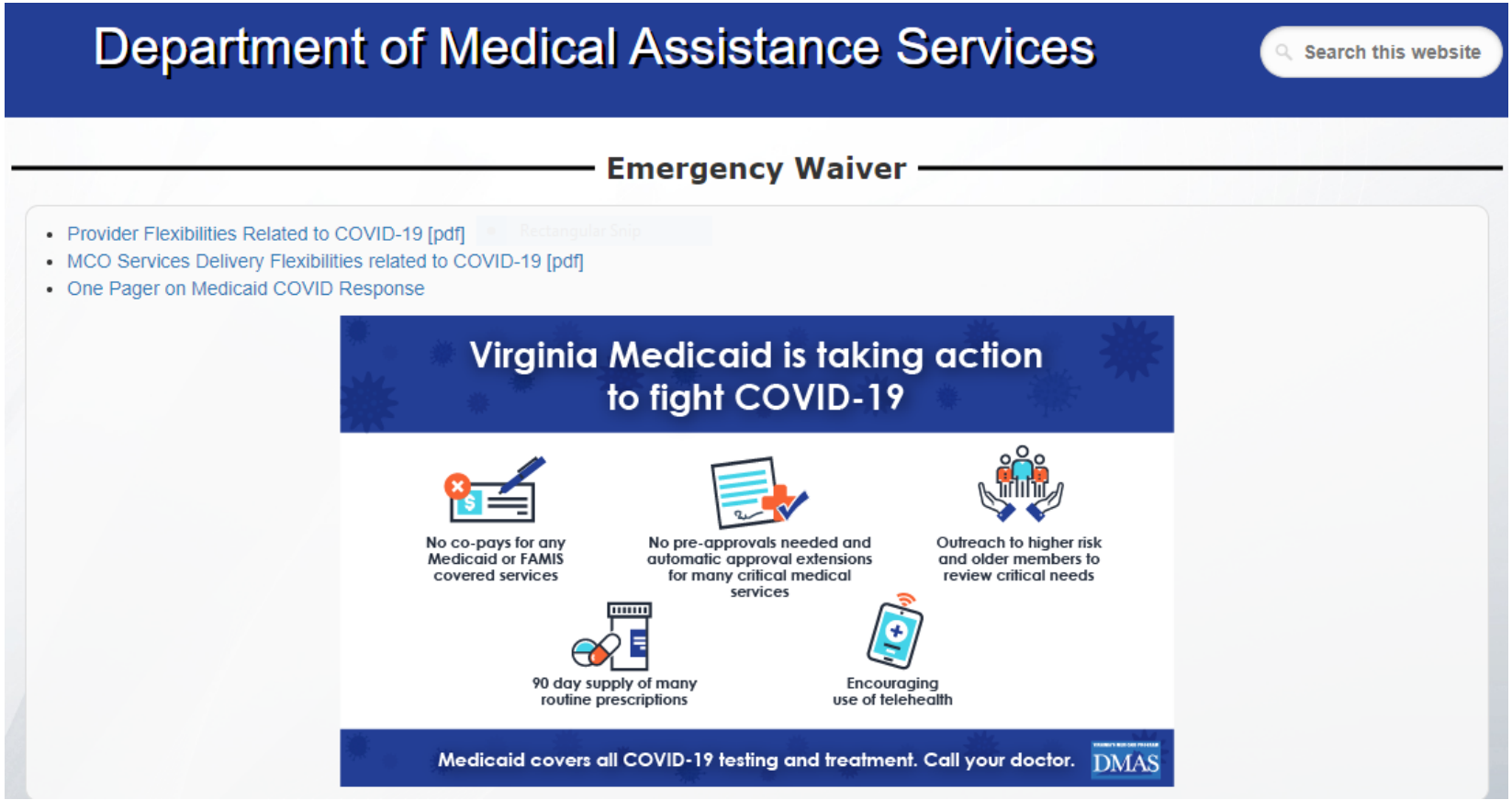
CCC Plus Enrollment By LTSS Benefit

MCO	Non-LTSS	CCC Plus Waiver w/out PDN	DD	Early Intervention	Hospice	Nursing Facility	Long Stay Hospital	CCC Plus Waiver w/ PDN	Grand Total
AETNA	27,175	4,603	2,074	67	107	2,824	7	19	36,876
ANTHEM	47,189	13,013	4,571	180	118	3,847	13	136	69,067
MAGELLAN	17,047	2,439	1,158	29	81	2,377	6	25	23,162
OPTIMA	29,886	5,708	2,366	116	53	2,268	13	48	40,458
UNITED	20,461	3,461	1,296	31	54	2,632	10	8	27,953
VA PREMIER	35,361	6,189	2,305	83	81	2,912	6	15	46,952
Grand Total	177,119	35,413	13,770	506	494	16,860	55	251	244,468

Source: VAMMIS. Feb 2020

COVID-19 Updates: DMAS Website

https://www.dmas.virginia.gov/#/emergencywaiver



DMAS Policy Update

Medicaid Memo: Provider Flexibilities Related to COVID-19

Date:3/19/20

Electronic Visit Verification (EVV) EVV requirements remain in effect for agency and consumer directed personal care, respite, and companion services. In order to ensure prompt and proper payment for services provided to members during the emergency declaration, DMAS will continue paying claims regardless of the status of EVV data on the provider's claims until **June 30, 2020**. This applies to services provided through fee for service, Commonwealth Coordinated Care Plus (CCC Plus) and Medallion 4.0 managed care plans.

DMAS Policy Update

Medicaid Commonwealth Coordinated Care Plus Provider Manual Update

Subject: Commonwealth Coordinated Care Plus Waiver Provider Manual – Chapters II, IV, V, and VI – NEW Manual - Revisions

Date: 5/1/2019

CCC Plus Waiver Emergency Regulations will expire in June 2020.

- If regulations are not finalized before expiration, use the CCC Plus Waiver Manual as a guidance document.

DMAS Policy Update

Medicaid Commonwealth Coordinated Care Plus Provider Manual Update

Subject: Updates to CCC Plus Waiver and EPSDT Personal Care Services Provider Manuals– Billing Instructions for Electronic Visit Verification (EVV)

Date: 8/21/2019

DMAS Policy Update

Medicaid Commonwealth Coordinated Care Plus Provider Manual Update

Subject: Updates to the Commonwealth Coordinated Plus Waiver Provider Manual (Appendix D-Service Authorization). Submitting Requests for Service Authorization through Keystone Peer Review Organization (KEPRO) the DMAS Service Authorization Contractor

Date: 1/23/2020

New information about the transition from CCC Plus benefit back to fee-for-service and Medicaid Expansion

DMAS Policy Update

Medicaid Commonwealth Coordinated Care Plus Provider Manual Update

Subject: Consumer-Directed Employer of Record Manual-January 2020 Revision

Date: 3/2/2020

Visit http://www.dmas.virginia.gov/#/longtermwaivers to access the updated manual.

CCC Plus Contract Change

Service Authorization Timeframes

As of February 1, 2020, service authorization decisions for long term services and supports will be made in 14 calendar days, with a possible 14 day extension.

Changes to service authorization timeframes were made to align with national standards established by the National Committee for Quality Assurance (NCQA) and the Medallion 4.0 program.

Memo: Revisions to CCC Plus Service Authorization Requirements-REVISED

Date: 2/21/2020

Best Practices for Providers

- Build a relationship with the health plan provider representative
- Build a relationship with health plan care coordinators
- Check Medicaid eligibility monthly
- Submit EVV claims now. Do not wait until July 1, 2020.

Resources

- Member resource - CCC Plus Advocates
- Email box: cccplus@dmas.virginia.gov

CCC Plus Model of Care

A person-centered approach
Provides comprehensive care coordination
Integrates the medical and social models of care
Promotes Member choice and rights
Engages the Member, family/caregivers and providers

Care Coordinators are a point of contact for members and providers

Open Enrollment for CCC Plus

October 1, 2020 – December 18, 2020

Members can change health plans annually during open enrollment for any reason.

All changes made prior to December 18, 2020 are effective on **January 1, 2021.**

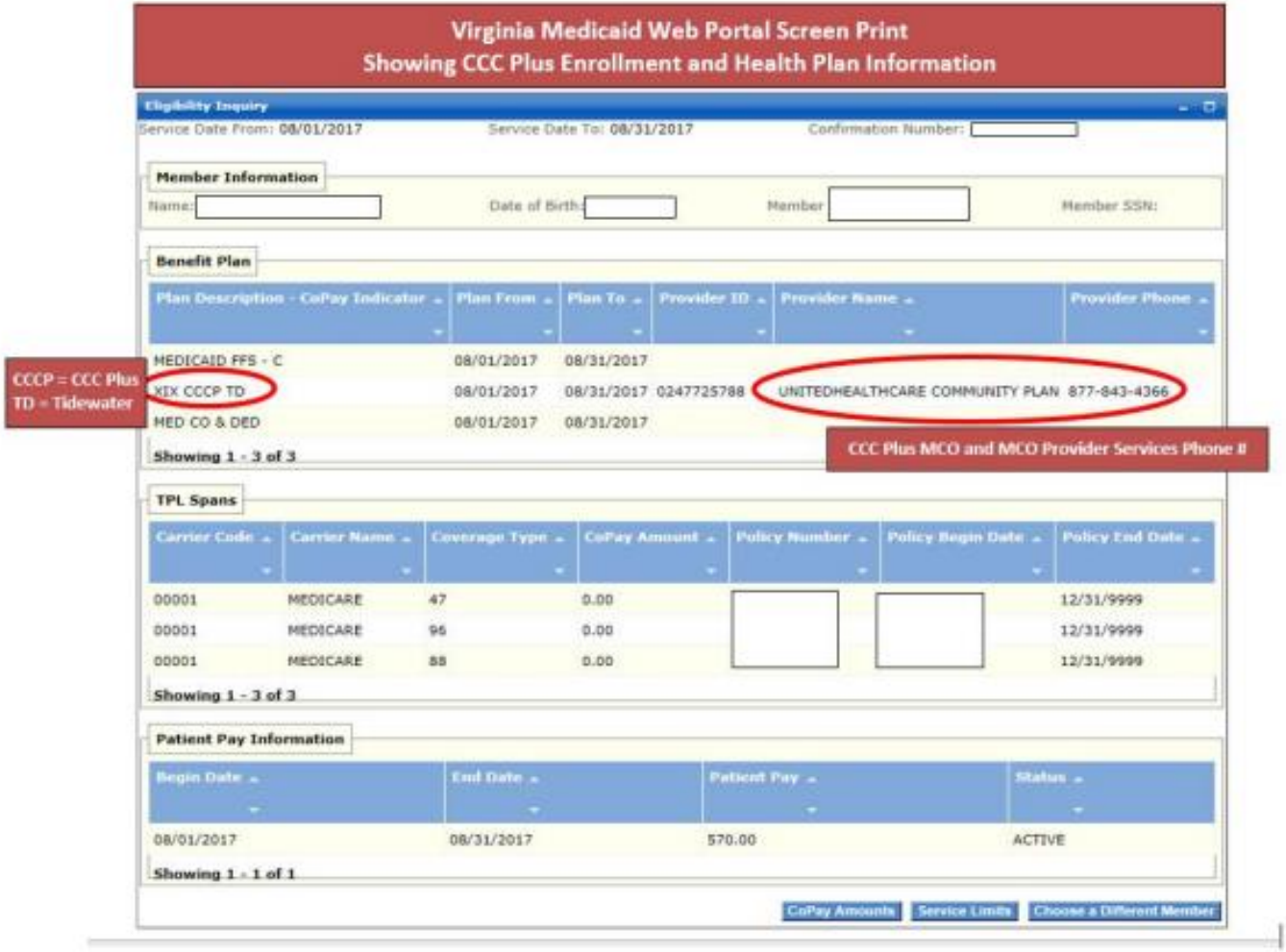
Continuity of Care Period

- During transitions between Fee For Service and between health plans, Member's can see their current providers for up to **30 days**.
- 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.

Medicaid Eligibility

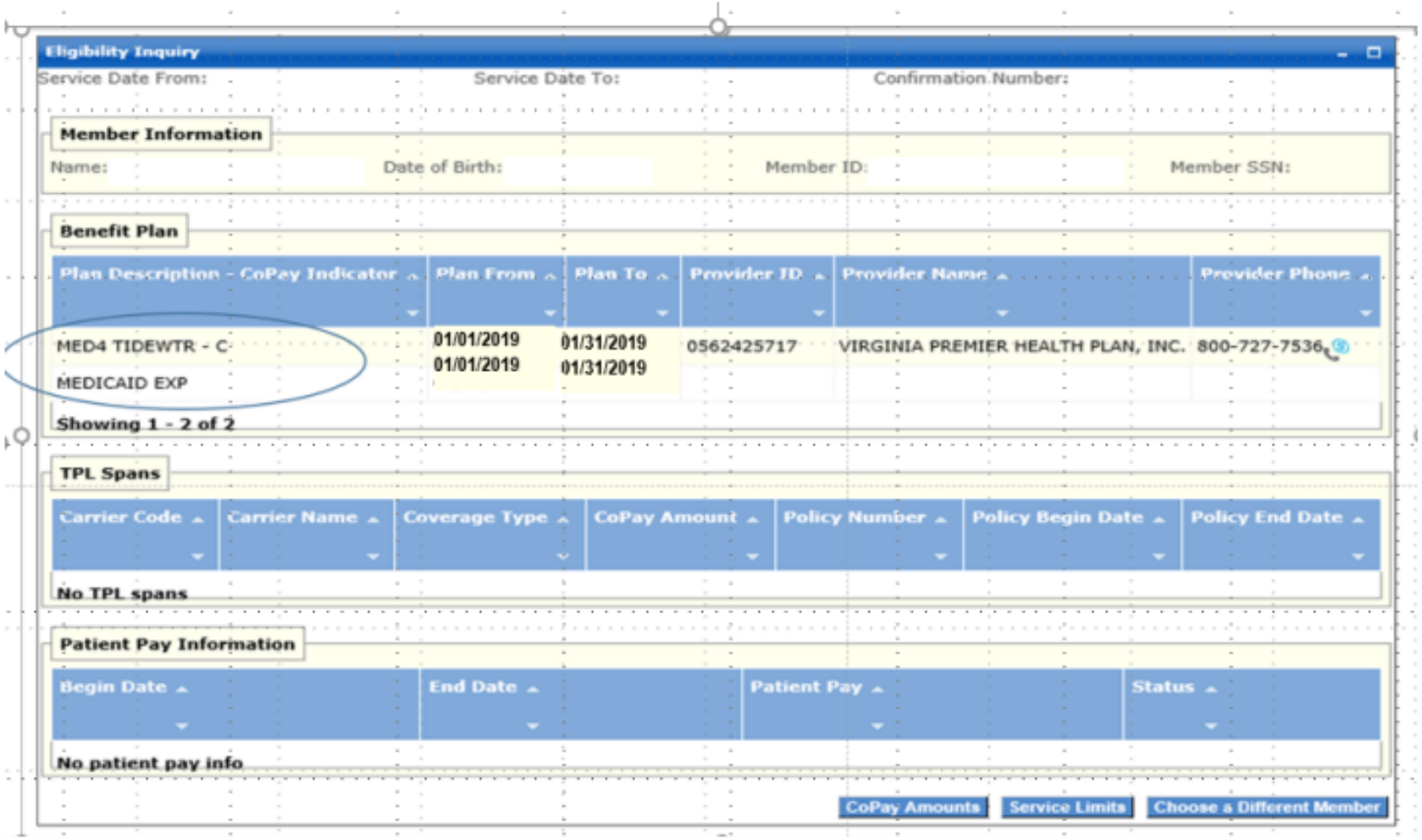
- Check the member's eligibility before rendering any service
- Eligibility can be checked in a number of ways:
  - By contacting the member's health plan
  - Using the toll-free MediCall Automated System 1-800-772-9996 or 1-800-884-9730
  - By logging onto the Virginia Provider web portal at www.virginiamedicaid.dmas.virginia.gov

Medicaid Eligibility: Web Portal



Medicaid Eligibility: Web Portal

Medicaid Expansion example



OFFICE OF THE STATE LONG-TERM CARE OMBUDSMAN: ROLE OF THE CCC PLUS ADVOCATE

CCC Plus Advocates can help with:

- Enrollment and disenrollment
- Continuity of care
- Access to covered benefits, urgent needs, prescription drugs, behavioral health care and long-term services and supports
- Timeliness of plan responses to Member questions and needs
- Questions about bills, care coordination, and plan benefits
- Information and assistance with grievances and appeals

Office of the State Long-Term Care Ombudsman
Department for Aging & Rehabilitative Services
1-800-552-5019 Toll Free
www.ElderRightsva.org

Oversight of Managed Care

Five main oversight functions; goal is continuous quality improvement:

Contract Development and Monitoring ensures MCO operations are consistent with the contract requirements, includes working with members and providers to resolve any identified service and care management concerns

Systems and Reporting manages data submissions from the MCOs in accordance with the DMAS Managed Care Technical Manual

Compliance Monitoring Process oversees, develops and monitors MCO corrective action plans (CAPS) and sanctions

Quality Performance and Improvement measures MCO performance against standard criteria, such as HEDIS, PIP, PVM and facilitates focused quality projects to improve care for all members, including with the DMAS external quality review (EQR) contractor

Financial Oversight monitored in several ways. Plans are licensed by the Bureau of Insurance (meet solvency criteria). MCO rates are determined by our actuary, are certified as actuarially sound, and approved by CMS

Training Requirements—Annual Training

- Chapter II, Page 19-20: “In addition to the initial training requirements for personal care aides, each aide must have a minimum of 12 hours of training annually.”
  - Provided by the agency
  - Must be related to the performance of personal care services
  - Documentation of training kept in employee’s file.
- DMAS will release a bulletin to remind providers of this requirement.

EVV Requirements

6 Federal Minimum Requirements

- First three are already on claim forms:
  - The individual receiving the service(s);
  - Date of service; and
  - Type of service(s) performed (personal, respite, companion, home health).

- Additional claim information via technical guide:
  - Individual providing the service;
  - Location of service delivery (beginning and ending); and
  - Time the service begins and ends.

EVV Services

Required for all services provided on or after July 1, 2020.

The following HCPCS codes require EVV information:

- Personal Care: T1019, S9125
- Respite Services: T1005
- Companion Services: S5135

Each code is a separate clock in and clock out.

Consumer Directed services use a different set of billing codes.

Consumer Directed EVV

- Attendants are required to use a smart device app or interactive voice response system for clock-in and clock-in.
- The smart app and interactive voice response systems are provided by the payroll vendors.

EVV DMAS Website

Department of Medical Assistance Services

Search this website...

LTSS Home | Electronic Visit Verification | PACE | Money Follows the Person | Civil Monetary Penalties | Screening for LTSS

Electronic Visit Verification (EVV)

www.dmas.virginia.gov/#/longtermprograms

Overview

The federal 21st Century CURES Act of 2016 requires states to implement Electronic Visit Verification (EVV). Subsequent legislation extended the deadline for states to comply with the EVV requirement for Medicaid personal care services to January 1, 2020. There was no change in the date for home health services of January 1, 202

The Virginia Appropriations Act expanded the use of EVV to include consumer directed personal care and respite and companion services.

DMAS will implement EVV for Agency and Consumer Directed personal care, respite care, and companion services beginning October 1, 2019. EVV information prior to payment for Agency Directed claims for services beginning April 1, 2020. See the Agency Directed EVV FAQs below.

- EVV One Page Overview [pdf]

The EVV Regulations were published in the Virginia Register of Regulations on January 20, 2020. The comment period runs through March 21, 2020. All comments to the regulations must be submitted through the Virginia Regulatory Town Hall website at: https://townhall.virginia.gov/l/comments.cfm?stageid=8364.

Training

- EVV Notice for Members [pdf]
- Agency Directed EVV FAQ Updated February 26, 2020 [pdf]
- Agency Directed EVV Presentation August 2019 [pdf]
- EOR and Attendant EVV Presentation [pdf]
- Services Facilitators EVV Presentation [pdf]
- EVV Q&A for Services Facilitators [pdf]

FAQS Updated

Virginia Medicaid Resources

- January 3, 2020 Medicaid Bulletin Electronic Visit Verification – UPDATE 2
- September 25, 2019 EVV Medicaid Bulletin Update
- August 21, 2019 EVV Medicaid Bulletin: EVV Provider and Vendor Testing
- August 21, 2019 Medicaid Manual Update: EVV CCC Plus Waiver & EPSDT
- April 22, 2019 EVV Medicaid Bulletin: EVV Update-REVISED
- November 1, 2018 EVV Medicaid Memo: Electronic Visit Verification
- Lifeline Telephone Support [pdf]
- Draft EVV Regulations [pdf]
- AD Services 837P with EVV Information Example [pdf]
- The technical specification guide to submit agency directed fee-for-service claims to DMAS can be found at https://www.virginiamedicaid.dmas.virginia.gov/wps/portal/EDICompanionGuides. Select "837 - Professional Health Care Claim or Encounter (5010)".
- The technical specification guide to submit agency directed claims to a DMAS contracted MCO can be found at https://eps.dmas.virginia.gov/epsportal/#/guides. Select "MES EPS 837P Companion Guide".

ɜs.virginia.gov.

Medicaid Bulletins

Virginia Health Plans

Federal Resources

VIRGINIA'S MEDICAID PROGRAM DMAS

EVV Member Notice

ABOUT ELECTRONIC VISIT VERIFICATION (EVV)

Electronic Visit Verification (EVV) is a way for your provider to record the date, time, and place your aide begins and ends providing services to you. In Virginia EVV is required anytime an aide provides Medicaid personal care, and respite care and companion services. EVV means your aide will be using an electronic device to record the date, time and place services are provided.

Although the requirement does not start until April 1, 2020, many providers are buying and training their staff to use a system now. You may see your aide use a smartphone or other electronic device when they arrive and when they leave.

The EVV system will collect your location at the start and end of each shift and should not limit where you can receive your service. EVV systems are designed to protect your privacy. All your information will be kept private and safe by the laws that protect your medical information.

The federal 21st Century CURES Act of 2016 requires states to implement EVV. If you have any concerns, ask your provider. They will be able to provide more information

Virginia Department of Medical Assistance Services
600 East Broad Street | Suite 600 | Richmond, VA 23219

DMAS

- Available on the DMAS website
- Use to educate members

EVV Regulations

www.townhall.virginia.gov

- Proposed text
- Public comment period ended March 21, 2020
- Over 1,000 comments received

EVV Five Most Common Questions

- How long do we have to comply with EVV?
  - Required with dates of service beginning July 1, 2020!
- Can multiple visits that occur in one day be combined?
  - No! Each visit and service code must be billed separately.
- Will the DMAS-90 Provider Aide Record still be required?
  - Yes!
- When an aide works more than a whole hour, when can the additional minutes be billed?
  - Only when the extra minutes equal one full hour. Rounding occurs with the remaining minutes at the end of the month.
- Where can I find the technical specification guide?
  - Link on the DMAS website

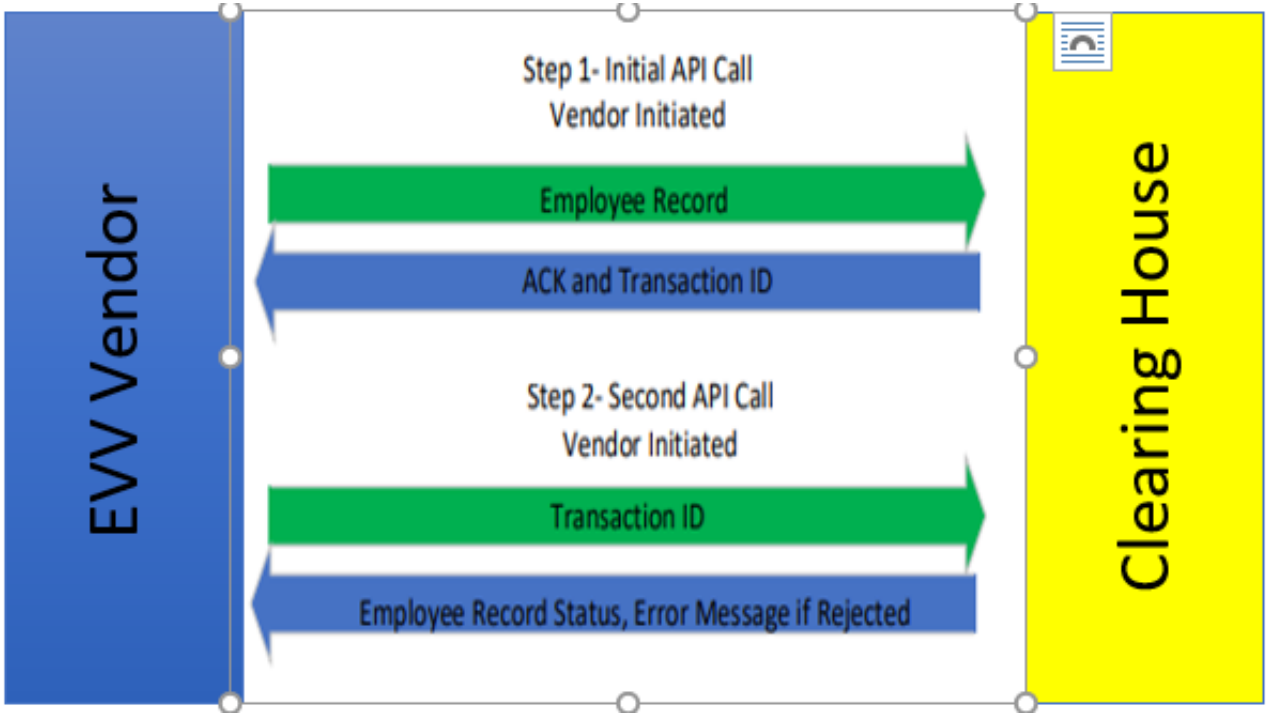
EVV Best Practices

- Submit EVV claims now!
- When the nurse goes to the member's home, take the EVV app to identify connectivity concerns and reasonableness of location.
- Work with your EVV vendor on a training program that can be easily replicated.
- When starting, train staff, reassess issues and workflow, tweak training.
- Have a transition period overlapping manual timekeeping and EVV.
- Have policies!
  - How adjustments are made to EVV records.
  - How electronic signatures are handled.

EVV & Managed Care

Two Different Approaches

EVV File Acknowledgments



Monitoring EVV Status

- Provider Survey was posted to collect specific successes and challenges to compliance
  - 70 out of 81 respondents have an EVV system and 9 in process
- Percent of EVV data elements submitted on personal & respite care claims:
  - 35% Location and 8% Time in & out
- DMAS monitors provider EVV compliance

MCO	Providers with EVV Submitted Successfully	Change from previous report	Providers with EVV Processed Successfully	Change from previous report	In EPS Production
Aetna	7	No	3	No	Yes
Anthem	683	+8	683	+8	Yes
Magellan	6	+1	6	+1	Yes
Optima	170	No	170	No	Yes
UHC	68	+13	68	+13	Yes
VA Premier	33	No	33	No	Yes

Monitoring the MCOs

- Conducted meetings with each MCO to ascertain the status for provider readiness and updates on barriers for submitting claims with EVV data.
- Weekly readiness report
  - Provider name, NPI, claims that were submitted with EVV, number that passed, EVV vendor, clearinghouse and submitter number
- EVV issues and progress are discussed in the MCO Encounter Review, bi-weekly calls

Payment for Services

- Starting July 1, 2020 all claims with EVV data elements will be paid.
- MCOs, except Anthem, will make payments based on the number of units submitted on the claim, not the EVV data.
- Anthem will use EVV data but their vendor has rounding programed in the system.

Questions

CCCPlus@dmas.virginia.gov

EVV@dmas.virginia.gov