

An Evaluation Report Prepared for the Virginia Department of Medical Assistance Services

Commonwealth Coordinated Care Plus

Survey of Member Experiences with Care Coordination and Health Plans

October, 2019

Report authors

This report was prepared by faculty, staff, and students at Virginia Commonwealth University, Department of Health Behavior and Policy, including:

Heather Saunders, MSW, *Graduate Research Assistant*

Department of Health Behavior and Policy

Peter Cunningham, PhD, *Professor*

Department of Health Behavior and Policy

Lauren Guerra, *Research Assistant*

Department of Health Behavior and Policy

Erin Britton, MPH, *Graduate Research Assistant*

Department of Health Behavior and Policy

Andrew Barnes, PhD, *Associate Professor*

Department of Health Behavior and Policy

Also contributing to this report was Lauryn Walker, Ph.D., R.N., M.P.H, currently a Senior Economic Advisor at the Department of Medical Assistance Services. Dr. Walker contributed to this report while a Graduate Research Assistant at Virginia Commonwealth University.

Acknowledgments

We would like to thank the Department of Medical Assistance Services for providing their technical expertise on the CCC Plus Program and reviewing earlier drafts of this report.

The conclusions in this report are those of the authors, and no official endorsement by the Virginia Commonwealth University School of Medicine or Virginia Department of Medical Assistance Services is intended or should be inferred.

TABLE OF CONTENTS

Executive Summary	4
CCC Plus.....	7
Description of CCC Plus Member Survey.....	9
Characteristics of CCC Plus Members.....	10
Activities of Daily Living.....	11
Health Status.....	13
Contact with Care Coordinators	14
Help From Care Coordinators in Obtaining Needed Services.....	15
Overall Assessment of Care Coordinators.....	17
Changes in Providers After Enrolling in CCC Plus.....	18
Assessment of Health Plan.....	19
Regional Variation in Members' Experiences with CCC Plus.....	22
Variation in Members' Experiences by Health Plan.....	23
Conclusion.....	24
Appendix A (Characteristics of survey respondents and CCC Plus population).....	26
Appendix Tables 1-6 (see attachment)	
Survey Questionnaire (see attachment)	

EXECUTIVE SUMMARY

Commonwealth Coordinated Care Plus (CCC Plus) is a Medicaid managed long term services and supports (MLTSS) program that the Commonwealth of Virginia began in August, 2017 to serve members with complex care needs. CCC Plus is an expanded successor program to Commonwealth Coordinated Care (CCC), one of 12 such programs nationally that were a part of the Center for Medicare and Medicaid Services Financial and Administrative Alignment Demonstrations for Dual-Eligible Beneficiaries. While enrollment in CCC was voluntary, enrollment in CCC Plus is automatic for those who qualify for long-term care services or otherwise meet program eligibility requirements. These include not only dual Medicare-Medicaid beneficiaries (dual eligibles), but many Medicaid members with physical and intellectual disabilities or are otherwise identified as medically complex. Over 240,000 members were enrolled in CCC Plus as of April, 2019, compared to around 28,000 who had enrolled in the CCC demonstration.

A central feature of CCC Plus is that medical, behavioral health, and long-term services and supports services are provided to members through one of six managed care organizations (MCOs) that utilize care coordinators to assist members in identifying and arranging for the full range of their health, personal, and long-term care needs. Prior to implementation of this program, members received coverage for services through fee-for-service as opposed to managed care Medicaid. CCC Plus is designed to provide more person-centered care delivery, as well as greater integration of members' medical, behavioral health, personal assistance, and long-term care needs through the use of care coordinators. However, many members requiring MLTSS services are likely to have had little prior experience with managed care.

To understand members' early experiences with the CCC Plus program, a representative survey of 1,042 CCC Plus members was conducted between May and August, 2018. The survey was administered by mail and excluded those in nursing facilities or other institutional settings. The purpose of this report is to describe members' early experiences with CCC Plus based on the survey results. This includes members' experiences with their care coordinators and the health plans in which they were enrolled. In addition, the survey obtained information on members' functional limitations, physical and mental health conditions and social needs.

Members have extensive health and social needs

While CCC Plus members account for 28 percent of Virginia’s Medicaid population, they account for 68 percent of costs.¹ This is reflected in high prevalence of functional limitations, health conditions, and other complex health conditions among CCC Plus survey respondents.

- Members who qualify for CCC Plus have significant care needs. Almost 50 percent of survey respondents have difficulty with one or more activities of daily living, including 37 percent who have difficulty walking, 34 percent who have difficulty bathing or showering, and 23 percent who have difficulty getting in or out of bed. By comparison, only 2 percent of all adults nationally – and 6 percent of persons ages 65 and over – have difficulty with at least one activity of daily living.²
- Survey respondents report high prevalence of chronic conditions, including 54 percent who report high blood pressure, 50 percent report arthritis, 27 percent report diabetes, and 46 percent report mental health conditions such as depression. Almost half of respondents (48 percent) report having four or more chronic conditions, compared to only 14 percent of people nationally.
- Many survey respondents experience food or housing insecurity. Half of respondents were concerned in the past year about having enough food. Nearly one in five (18 percent) report either not having housing or are worried about losing their housing.
- While most survey respondents have some form of social support, 31 percent live alone, and seven percent report that they do not have anyone that they can count on for help.

Respondents have had positive experiences with their care coordinators

- More than three-fourths of survey respondents (77 percent) have met with their care coordinators since they enrolled in CCC Plus. Consistent with program requirements, a higher percentage of respondents reporting more serious health and functional limitations met with their care coordinator compared to respondents with fewer health problems.

¹ Department of Medical Assistance Services. CCC Plus at a Glance, March 2018. <http://www.dmas.virginia.gov/#/cccplusinformation>

² National Center for Health Statistics. Limitations in Activities of Daily Living and Instrumental Activities of Daily Living, 2003-2007. https://www.cdc.gov/nchs/health_policy/adl_tables.htm

- Care coordinators are required to complete Health Risk Assessments for CCC Plus Waiver, nursing facility residents, and others identified as having high and moderate health risks, but not for members identified as minimum risk of high cost health care use. About half of survey respondents (51 percent) report that their care coordinator had conducted a Health Risk Assessment since they enrolled. Consistent with the requirements, completion of a Health Risk Assessment was more likely among respondents who reported more serious health problems and functional limitations.
- Overall, survey respondents received help from their care coordinators 85 percent of the time when they requested it. However, the percent receiving requested help varied by type of service, ranging from 58 percent who received help with food or housing services, to 88 percent who received assistance with mental health services when requested.
- Overall, 77 percent of survey respondents rated the care they received from their care coordinator as excellent, very good, or good, while 72 percent of respondents would recommend their care coordinator to a family or friend.

CCC Plus respondents are satisfied with their health plans

- The vast majority of survey respondents (90 percent) are satisfied with the services provided by their health plan, including 40 percent who were very satisfied and 50 percent who were satisfied.
- 7 percent of respondents reported that they were very likely to switch health plans during open enrollment, and 16 percent were somewhat likely to switch health plans. Respondents who had more negative experiences with their care coordinators reported that they were more likely to switch health plans during open enrollment.
- Since they first enrolled, about one in five members (21 percent) report they were required by their health plans to change health care providers, such as primary care providers, specialists, or personal assistance providers. Among those who changed providers, similar numbers were more satisfied, less satisfied, or just as satisfied with their new provider as their previous provider.

Respondents' experiences vary by health plan and region

- There is some variation across Virginia regions in terms of the experiences that survey respondents have had with their care coordinators and health plans, with respondents in the

Eastern region reporting somewhat more positive experiences compared to respondents in other regions. For example, a high of 94 percent of respondents in the Eastern region received services they requested from their care coordinators, compared to a low of 78 percent of respondents in the Central region.

- While there was some variation across the six MCOs in respondents' experiences with care coordinators and their health plans, the differences were not statistically significant.

Despite the general lack of experience with managed care among this population, the results suggest that most members have had positive experiences with CCC Plus during the first 6 to 8 months of their enrollment. Especially important are the positive assessments of care coordinators, who are the "linchpin" of the new program because of their role in connecting members with their needed services. Although it is too soon to assess outcomes of care, a strong and trusting relationship between members and their care coordinators will help to ensure that members feel comfortable in reaching out to their care coordinators when they need assistance and that coordinators are being responsive to the needs of members.

COMMONWEALTH COORDINATED CARE PLUS (CCC PLUS)

Commonwealth Coordinated Care Plus (CCC Plus) is a Medicaid managed long term services and supports (MLTSS) program implemented by the Commonwealth of Virginia in August, 2017. The program seeks to improve the efficiency and quality of care for over 240,000 Virginians with complex care needs by providing an integrated model of care delivery. The program relies on care coordinators to assist members in identifying and providing the full range of their medical, personal assistance, and long-term care needs. CCC Plus benefits are provided through one of six managed care organizations (MCOs) that are paid on a capitated (per-member per-month) basis. Nationally, the number of states with MLTSS for their Medicaid programs has increased in recent years, from 4 states in 2004 to 24 states as of January, 2018.³

CCC Plus is the successor program to Commonwealth Coordinated Care (CCC), one of 12 such programs nationally that were a part of the Center for Medicare and Medicaid Services Financial and Administrative Alignment Demonstrations for Dual-Eligible Beneficiaries.⁴ While

³ Medicaid and CHIP Payment and Access Commission. Managed Long-Term Services and Supports: Status of State Adoption and Areas of Program Evolution. June, 2018. <https://www.macpac.gov/publication/managed-long-term-services-and-supports-status-of-state-adoption-and-areas-of-program-evolution/>

⁴ Summer L, and J Hoadley. Early Insights from Commonwealth Coordinated Care: Virginia's Demonstration to Integrate Care and Align Financing for Dual Eligible Individuals. Kaiser Family Foundation Issue Brief (June, 2015). <http://files.kff.org/attachment/issue-brief-early-insights-from-commonwealth-coordinated-care-virginias-demonstration-to-integrate-care-and-align-financing-for-dual-eligible-beneficiaries>

enrollment in CCC was voluntary, enrollment in CCC Plus is mandatory for those who qualify for long-term care services or are otherwise eligible for program benefits. The program is specifically modeled to care for members with complex care needs. This includes not only dual eligibles, but also many Medicaid members with physical, developmental and intellectual disabilities, those requiring technology assisted services, as well as members requiring long-term hospital or nursing home care. Over 240,000 members were enrolled in CCC Plus as of April, 2019, compared to around 28,000 who had enrolled in the CCC demonstration.

CCC Plus members are initially assigned to one of the health plans that operate in their region, with consideration given to their previous health plan enrollment (if applicable), network inclusion of current nursing facility, and services they were receiving. Members can request a change in their health plan after they receive their initial assignment letter, which also includes a comparison chart of the other health plans in their region. Once their CCC Plus benefits begin, members were given an additional 90 days to change their health plan assignment if desired. Otherwise, members can change plans during the annual open enrollment period, beginning October through December. Initial enrollment was phased in regionally between August and December, 2017. In addition, members previously enrolled in the CCC demonstration program, as well as about 77,000 aged, blind, and disabled (ABD) members were transitioned to CCC Plus in January, 2018.

CCC Plus members are some of the most vulnerable and high-cost Medicaid members because of the complex array of health, personal support, social needs, and long-term care services they often require. While CCC Plus members account for 28 percent of Virginia's Medicaid population, they account for 68 percent of program costs.⁵ A central feature of CCC Plus with the transition from fee-for-service to managed care is the use of care coordinators employed by the MCOs to assist members in identifying and providing the full range of their care needs. For high risk members, care coordinators must meet face to face with members and conduct a Health Risk Assessment, usually within one or two months after enrollment. The Health Risk Assessment identifies members' health and personal needs, which are used to develop a person-centered individualized care plan for each member.

Care coordinators can help to greatly reduce the fragmentation of services needed by members, ensure that members receive services from high quality providers, and provide opportunities for members to exercise greater choice and control over the services they receive. For the CCC Plus care model to be successful, a strong and trusting relationship that increases the confidence of members in their care coordinator is crucial.

⁵ Department of Medical Assistance Services. CCC Plus at a Glance, March 2018. <http://www.dmas.virginia.gov/#/cccplusinformation>.

DESCRIPTION OF CCC PLUS MEMBER SURVEY

A representative survey of CCC Plus members was conducted between May and August, 2018 by the Department of Health Behavior and Policy, Virginia Commonwealth University. The primary objective of the survey was to assess members' early experiences with their care coordinators and health plans. Additionally, the survey was intended to obtain information on CCC Plus members' social needs, such as food and housing insecurity, as well as other self-ratings of physical and mental health, general well-being, and difficulties with activities of daily living.

The survey is based on a representative sample of non-institutionalized members who first enrolled in CCC Plus between August 2017 and July 2018. More than 90 percent of members who completed surveys were enrolled by January, 2018. The vast majority of survey respondents had been enrolled in CCC Plus for at least six months by the time they completed the survey. Members who enrolled between August and December, 2017 were mailed surveys in May, 2018, while members who enrolled in January, 2018 were mailed surveys in July and August, 2018.

The survey questionnaire was created through a combination of questions from other established surveys as well as new questions (included as an Appendix). Questions include the following: experiences with care coordinators from their Medicaid health plans, experiences with health plans more generally, health status, patient demographics, and social needs. The survey was designed to be completed in about 15-20 minutes. New questions on the assessment of care coordinators were developed through pilot testing, as well as input received from DMAS, health care providers, and CCC Plus members.

A total of 3,000 members were randomly selected from CCC Plus enrollment files. The sample frame excluded members residing in nursing facilities, members who were deceased, and members who did not speak English as their primary language (less than one percent of members). Paper surveys were mailed to sampled members between May and August, 2018. The mailing included small incentives (incentive levels between \$2 and \$10 were tested). A total of 1,042 completed surveys were obtained by mid-October, 2018, for a response rate of 34.7 percent. About 40 percent of surveys were completed by proxy (relative, guardian, friend, personal care attendants) if the member was not able to complete the survey.

Tests of statistically significant differences in survey estimates between sub-populations were based on chi-square tests. All differences discussed in the text were statistically significant at the 0.05 alpha level, unless otherwise noted.

CHARACTERISTICS OF CCC PLUS MEMBERS

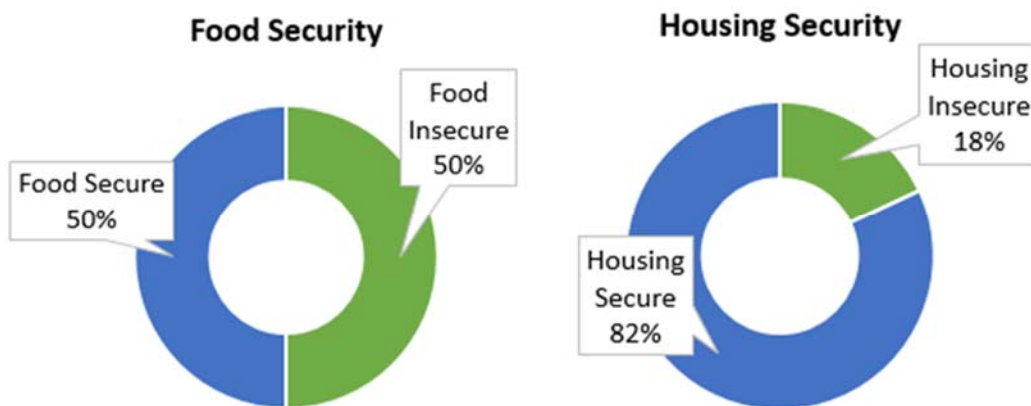
CCC Plus serves a diverse group of individuals demographically. Of the 1,042 members who completed the survey, 58 percent were female. Most (55 percent) were between the ages of

Percent distribution of CCC survey respondents	
Total sample	1,042
Gender	
Female	58%
Male	42%
Age	
0-20 years	13%
21-64 years	55%
65-74 years	19%
75+ years	13%
Race/ethnicity	
Non-Hispanic White	55%
Non-Hispanic Black	40%
Other	5%
Education	
Less than high school	39%
High school	38%
More than high school	23%
Medicaid aid category	
Non-Dual	68%
Dual-Eligible	32%
Living arrangements	
Alone	31%
With family or relative	60%
Assisted living or other community-based facility	9%
Food and housing security	
Concerned about having enough food to last	50%
Lack adequate housing or worried about losing housing	18%

21-64, 32 percent were 65 and older, and 13 percent were less than 21 years of age. More than half of respondents were non-Hispanic white (55 percent) while 40 percent were black. In general, characteristics of survey respondents were similar to all CCC Plus members who were eligible to be selected for the survey, except that survey respondents tended to be somewhat younger. Appendix A compares survey respondents to all members eligible for the survey based on age, gender, race/ethnicity, eligibility group, and health plan.

In terms of living arrangements, 31 percent of respondents live alone, while 60 percent live with family members or relatives. Nine percent are in assisted living or other community-based facilities. Most respondents (93 percent) report at least one person they can count on for social support (not shown).

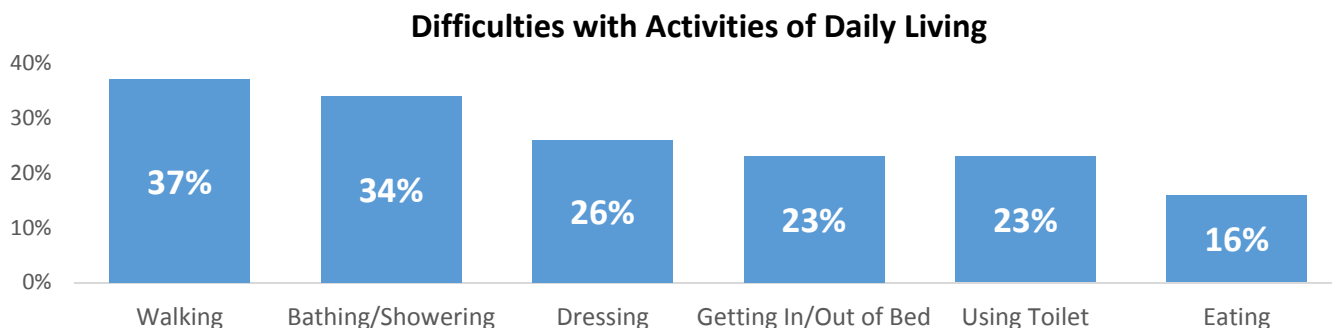
Many respondents also report significant social needs. Half of the surveyed CCC Plus members are sometimes or often concerned about having enough food to last them. Nearly one in five (18 percent) report either not having housing or are worried about losing their housing. Housing instability is consistently associated with poorer health outcomes and higher costs.⁶



ACTIVITIES OF DAILY LIVING

Activities of daily living (ADLs) are basic activities that individuals need to perform on their own or with assistance in order to live independently. Standard assessments of ADL difficulties involve asking survey respondents whether they had difficulty in performing (without using special equipment) bathing or showering, dressing, eating, getting in and out of bed or chairs, walking, and using the toilet.

Among CCC Plus survey respondents, difficulty walking was the most frequently reported (37 percent) while eating was the activity that members had the least difficulty with (16 percent).



⁶ "Housing and Health: An Overview of the Literature," Health Affairs Health Policy Brief, June 7, 2018: DOI:10.1377/hpb20180313.396577

About half of survey respondents (52 percent) reported no ADL difficulties, while 48 percent reported one or more. This compares to only 2 percent of all adults nationally who have at least one ADL difficulty and 6 percent of persons ages 65 over, reflecting the qualifying criteria of medical complexity for the CCC Plus program.⁷ Over one-fourth of survey respondents (28 percent) reported difficulty with 3 or more ADLs. Those with three or more ADL difficulties were somewhat more likely to live with family or friends (64 percent) compared to those with no ADL difficulties (57 percent). Fewer respondents with 3 or more ADL difficulties lived alone (24 percent) compared to those with fewer or no ADL difficulties (34 percent).

	No ADL difficulties	Difficulty with 1 or 2 ADLs	Difficulty with 3 or more ADLs
All members	52%	20%	28%
Medicaid Aid category			
Non-Dual	70%	62%	69%
Dual-Eligible	30%	38%	31%
Living arrangements			
Alone	34%	33%	24%
Family/relative	57%	60%	64%
Assisted living or other community-based facility	9%	7%	12%

⁷ National Center for Health Statistics. Limitations in Activities of Daily Living and Instrumental Activities of Daily Living, 2003-2007. https://www.cdc.gov/nchs/health_policy/adl_tables.htm

SELF-REPORTED HEALTH STATUS

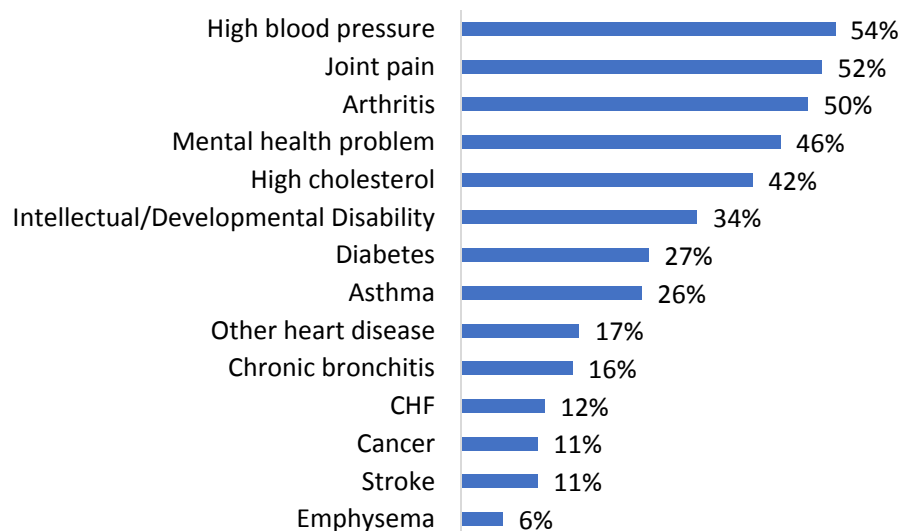
In addition to requiring assistance with activities of daily living, CCC Plus survey respondents also have substantial health needs. Almost half (46 percent) of respondents assessed their general health as “fair or poor,” while 52 percent described it as “excellent, good, or very good.” This compares to 16 percent of all Virginians who describe their health as “fair or poor.”⁸ Also, 38 percent of respondents assessed their mental health as “fair or poor,” and 31 percent rated their quality of life as “fair or poor.”

Self-Reported Health Status



CCC Plus survey respondents also report high prevalence of chronic conditions, such as 54 percent with high blood pressure, 46 percent with a mental health problem, and 27 percent with diabetes.

Prevalence of Chronic Health Problems



⁸ Estimates from the 2017 Behavioral Risk Factor Surveillance System.

Almost half of respondents (49 percent) report 4 or more of these conditions, compared to only 13 percent of people nationally who have 4 or more chronic health conditions.⁹

CONTACT WITH CARE COORDINATORS

The CCC Plus model of care relies extensively on the use of care coordinators employed by the Medicaid health plans to identify and assist with the provision of care for members' medical, behavioral, long-term care, and social needs. For newly enrolled CCC Plus members, care coordinators are required to complete an initial face-to-face Health Risk Assessment (HRA) for high and moderate risk populations residing in the community (usually within 1 or 2 months). For minimal risk populations, an initial HRA is not required, although members may request to meet with their care coordinator.

Overall, 77 percent of CCC Plus survey respondents reported that they had met with their care coordinator (for completion of a health risk assessment or otherwise) at least once since their initial enrollment (see Appendix Table 1 for more detailed results). Consistent with program requirements, respondents with more complex health needs were more likely to have met with their care coordinator. Among those who had difficulty with 3 or more ADLs, 90 percent met with their care coordinator, compared to 70 percent who had no difficulty with ADLs. Similarly, members who report 4 or more chronic health conditions were more likely to meet with their care coordinator (82 percent) compared to those with 0 or 1 health condition (69 percent).

	Percent who met with care coordinator	Percent who completed Health Risk Assessment
Total	77%	51%
Difficulty with ADLs		
No ADL	70%	44%
1 or 2	81%	56%
3 or more	90%	64%
Chronic health conditions		
0-1	69%	42%
2-3	76%	51%
4 or more	82%	55%

In addition to contact with care coordinators, completion of a Health Risk Assessment was more likely among respondents with more ADL difficulties and health conditions, although HRA completion rates overall (51 percent) were substantially lower than the percent who met with

⁹ Agency for Healthcare Research and Quality. Multiple Chronic Conditions Chartbook. (April 2014). <https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/prevention-chronic-care/decision/mcc/mccchartbook.pdf>

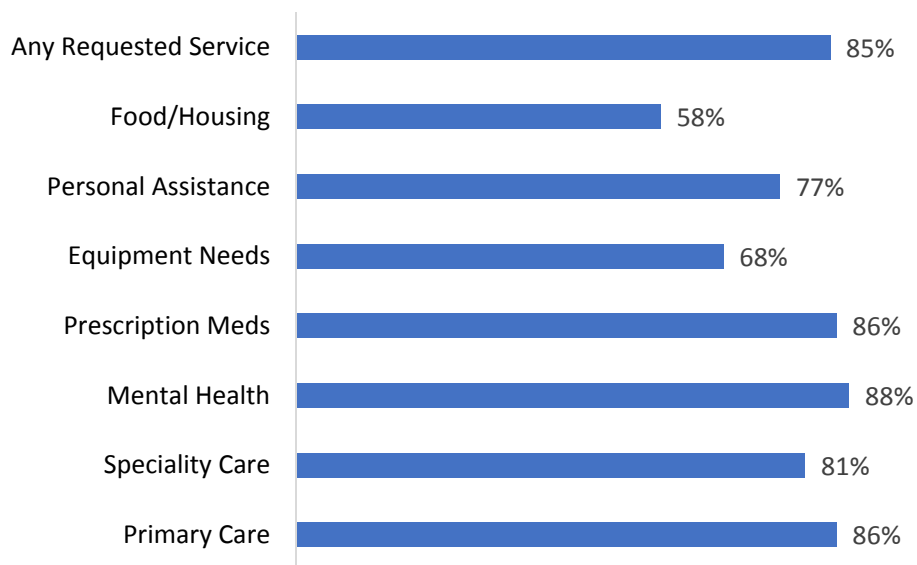
care coordinators (77 percent) (more detailed results in Appendix Table 2). This is likely to reflect under-reporting of HRA completion by survey respondents. For example, 10 percent of respondents did not know whether they had completed an HRA.

HELP FROM CARE COORDINATORS IN OBTAINING NEEDED SERVICES

Care coordinators are the “linchpin” of the CCC Plus program in connecting members with a variety of services necessary to maintain their health and ability to stay in the community, as well as in responding to members’ request for assistance in obtaining these services.

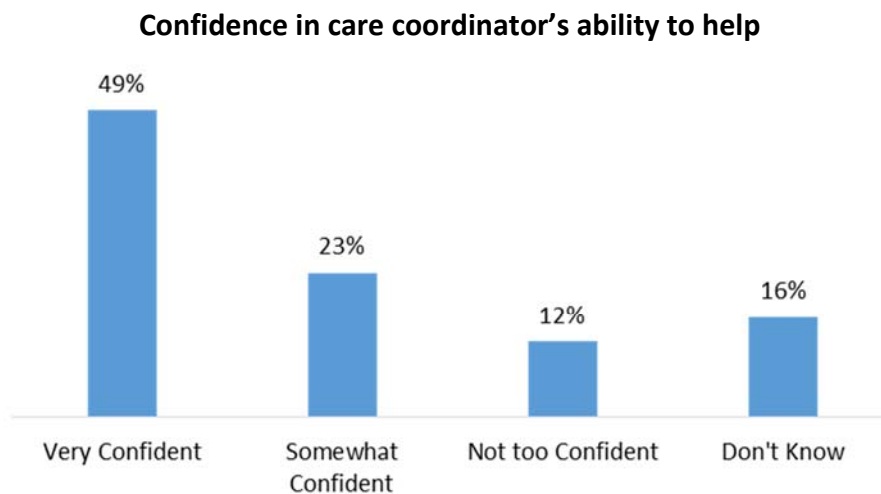
Most survey respondents reported that they received help with at least one requested service from their care coordinator when such help was requested (85 percent) (more detailed results in Appendix Table 3). Reports of help received varied by type of service. Among respondents requesting assistance with medical services, such as prescription medications, mental health care, specialty and primary care, the percent who received such assistance was greater than 80 percent. Among those requesting assistance with personal assistance services and equipment needs such as wheelchairs and walkers, 68 percent and 72 percent, respectively, received help with such services. Those requesting assistance with social needs, such as food or housing, were the least likely to report that they received such assistance (58 percent).

Percent of members who requested and obtained assistance from care coordinators



*Numerator reflects whether the member received help after requesting it. Denominator reflects whether the member requested help in the specified area. Frequency of requests for a specific service range from a low of 32 for substance abuse to a high of 279 for prescription meds. Those services with a frequency of less than 100 were excluded. Tests of significant differences were not run across these groups.

Most respondents also reported that they were confident in their care coordinator’s ability to help them obtain needed services, with 49 percent reporting that they were very confident, and 23 percent reporting that they were somewhat confident. Only 12 percent reported that they were not confident in their care coordinator’s ability to help, while 16 percent did not know.



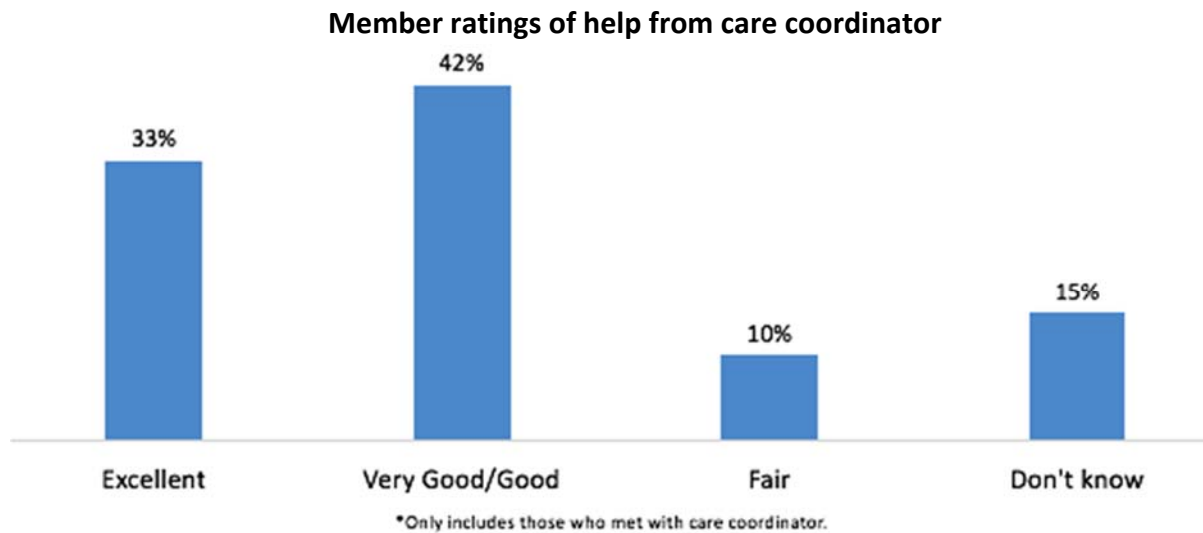
*Only includes those who met with care coordinator

Assessment of the assistance received from care coordinators also varied somewhat by health status. Among those with 3 or more ADL difficulties, 82 percent received help when requested, compared to 87 percent with no ADL difficulties. Respondents with a greater number of ADL difficulties were also slightly less confident in receiving assistance from care coordinators compared to those with fewer difficulties. Few differences in perceived help from care coordinators were observed by number of chronic conditions.

	Received help with any service when requested (overall)	Confident that care coordinator can assist with needed services	Able to contact care coordinator when needed
Total	85%	72%	79%
Difficulty with ADLs			
No ADL	87%	86%	79%
1 or 2	87%	83%	75%
3 or more	82%	81%	81%
Chronic health conditions			
0-1	85%	82%	77%
2-3	84%	85%	81%
4 or more	85%	82%	79%

OVERALL ASSESSMENT OF CARE COORDINATORS

Most survey respondents provided positive assessments of the help they received from their care coordinator, with 33 percent assessing the assistance they received as “excellent,” and 42 percent assessing the assistance as “very good” or “good” (more detailed results in Appendix Table 4). Only 10 percent assessed their experiences with care coordinators as “fair.” In addition, most respondents (72 percent) reported that they would recommend their care coordinator to a family or friend.



Respondents’ experiences with care coordinators varied little by health status, with generally higher ratings for members who did not have ADL difficulties.

	Assistance from care coordinator was excellent, very good, or good	Would recommend care coordinator to family or friend
Total	88%	72%
Difficulty with ADLs		
No ADL	92%	74%
1 or 2	84%	70%
3 or more	87%	71%
Chronic health conditions		
0-1	88%	67%
2-3	89%	73%
4 or more	88%	74%

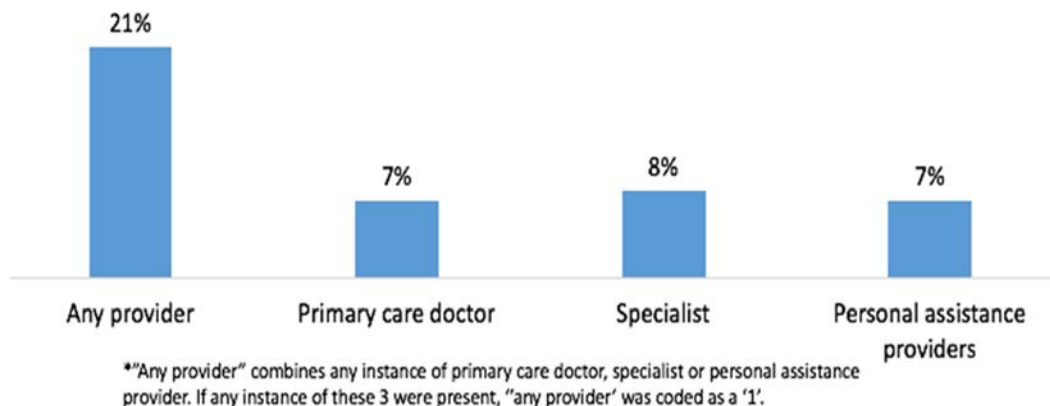
Note: Both columns exclude those who did not meet with their care coordinator. In addition, ratings of care coordinator assistance excludes those who responded ‘don’t know’.

CHANGES IN PROVIDERS AFTER ENROLLING IN CCC PLUS

Members enrolled in CCC Plus must generally obtain their health care and other services from providers who are in their health plan’s network of providers. When members transitioned from fee-for-serve into CCC Plus, it is possible that their previous provider was not in the network of their new health plan. DMAS took several proactive steps in order to maximize continuity of care during the CCC Plus rollout, which included allowing members to request a change in health plans if their established provider did not contract with their assigned MCO. Also, members could continue with their providers for a period of up to 6 months to allow time for these providers to enroll with the MCOs.

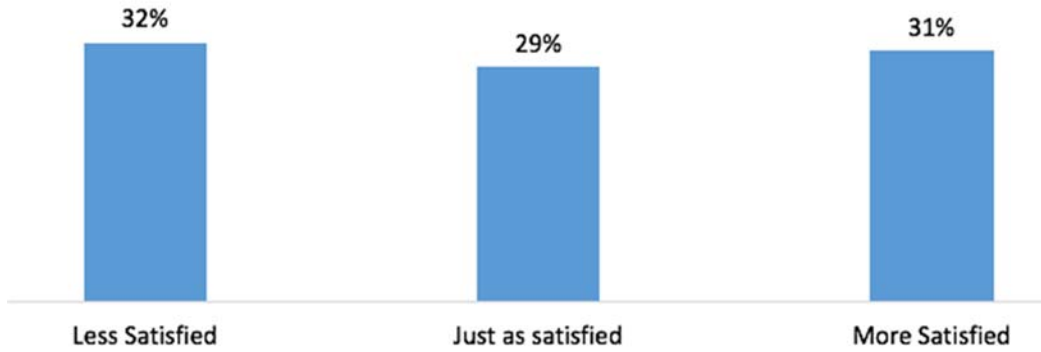
After enrolling in their CCC Plus health plan, 21 percent of survey respondents reported that they were required by their health plan to switch at least one provider because their previous provider was not in the plan’s network. About 7 percent of respondents were required to switch their primary care provider, 8 percent were required to change a specialist provider, and 7 percent were required to switch their personal assistance provider.

Required provider switch after enrollment



Changes in health care providers can have both positive and negative consequences for members. Such changes can disrupt continuity of care and the trust that is central to the patient-provider relationship. Conversely, a change in providers may bring positive benefits if new providers are better able to address the changing health and personal care needs of members. Changing to “in-network” providers may also enhance coordination with other providers within the network. Respondents who reported that they were required to switch health care providers were equally divided between being more satisfied (31 percent), less satisfied (32 percent), and just as satisfied (29 percent) with their new provider relative to their previous provider.

Satisfaction with new health care provider relative to previous provider



*Denominator only includes members who were required to switch either PCP, specialist, or personal care

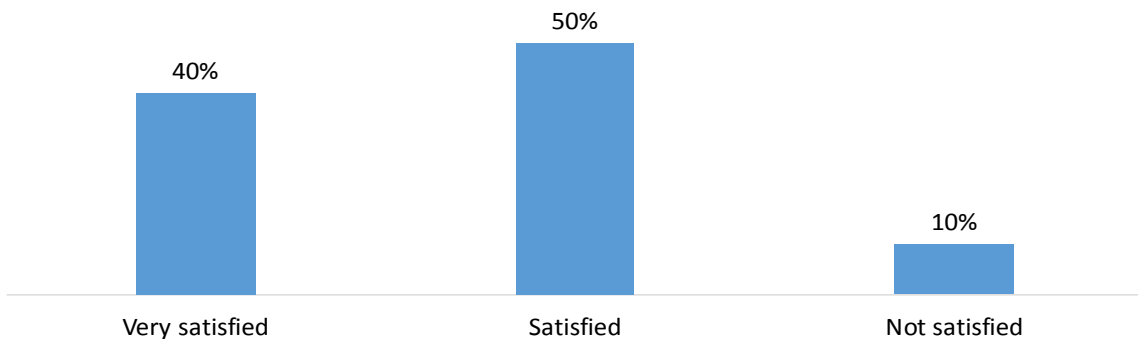
Combining the percent who changed providers (21 percent) with the percent who were less satisfied with their current provider after switching (32 percent), these findings suggest that only about 7 percent of CCC Plus survey respondents experienced negative disruptions in their care after CCC Plus enrollment as a result of required changes in providers.

ASSESSMENT OF HEALTH PLAN

Many CCC Plus members are new to managed care, especially those who were not transitioned from the previous Commonwealth Coordinated Care program. Working with health plans through care coordinators to arrange for their care needs is a change from the system that existed previously, where health care providers were paid directly by the Department of Medical Assistance Services.

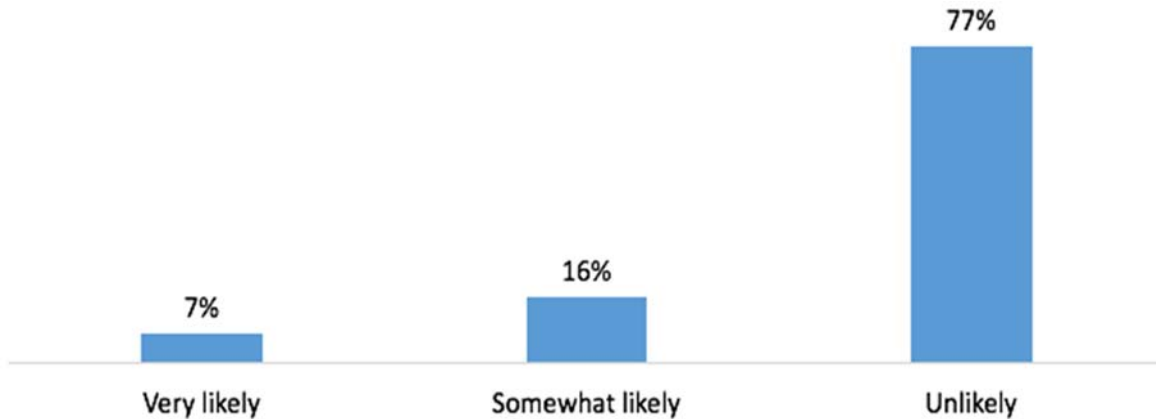
Nevertheless, 90 percent of CCC Plus survey respondents were either very satisfied (40 percent) or satisfied (50 percent) with the services received from their health plan (more detailed results in Appendix Table 5). Only 10 percent of respondents were not satisfied with their health plan.

Satisfaction with services from health plan



Another indicator of plan satisfaction is intention to switch health plans. CCC Plus members are allowed to change health plans during open enrollment, between October and December of each year. More than three-fourths of survey respondents said it was unlikely that they would change their health plan. Only 7 percent of respondents said it was very likely and 16 percent said it was somewhat likely that they would switch health plans (more detailed results in Appendix Table 6).

Likelihood of switching health plans



There were few differences in satisfaction with health plans by member health status. Respondents with 3 or more ADL difficulties were slightly less likely to be satisfied with their health plan (86 percent) compared to those with no ADL difficulty (92 percent), but the difference was not statistically significant. There were also few differences in plan satisfaction based on the number of health conditions.

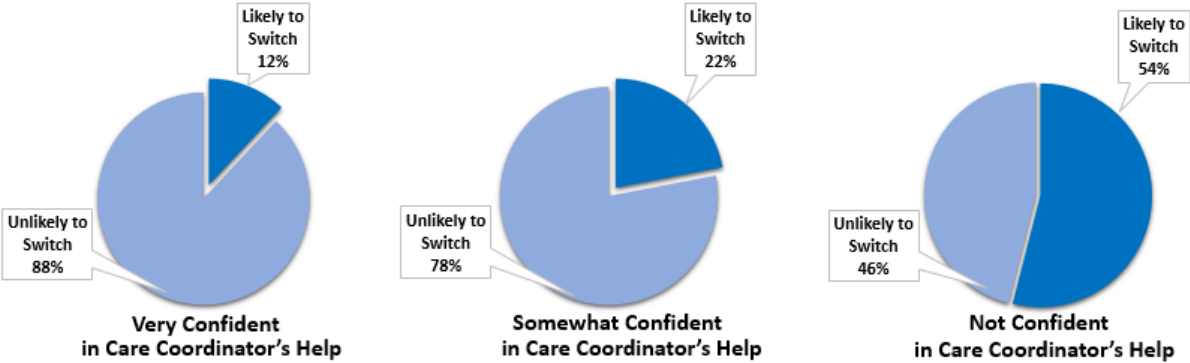
	Satisfied or very satisfied with health plan	Unlikely to change health plans
Total	90%	77%
Difficulty with ADLs		
No ADL	92%	78%
1 or 2	90%	78%
3 or more	86%	76%
Chronic health conditions		
0-1	91%	74%
2-3	89%	77%
4 or more	90%	77%

Given the central role of care coordinators in how members relate to health plans, it is not surprising that there is a strong association between care coordinator and health plan assessment. For example, respondents who are very confident in their care coordinator’s ability to help them are much more likely to be satisfied with their health plan (98 percent) compared to respondents who were not confident about their care coordinator’s ability to help (35 percent satisfied with health plan).

	Satisfied or very satisfied with health plan	Unlikely to change health plans
Total	90%	77%
Member confidence in care coordinator’s ability to help		
Very confident	98%	88%
Somewhat confident	92%	78%
Not confident	35%	46%
Assessment of help received by care coordinator		
Excellent	98%	88%
Very Good	93%	80%
Fair	49%	52%

Similarly, respondents who are very confident in their care coordinator’s ability to help were much less likely to report that they intended to switch health plans (12 percent) compared to those not confident in their care coordinator’s ability to help (54 percent said they were likely to switch plans).

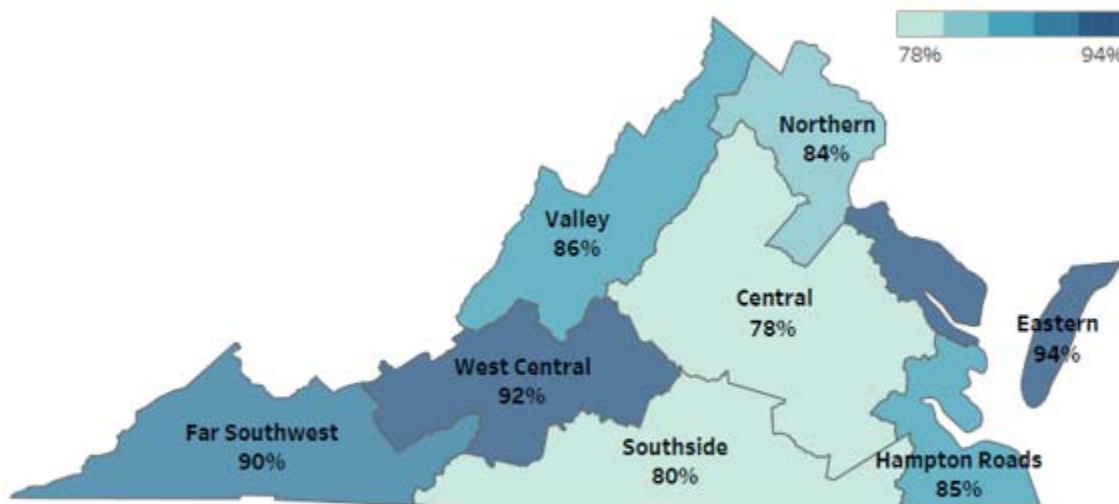
Intention to Switch Health Plan and Member Rating of Care Coordinator



REGIONAL VARIATION IN MEMBERS' EXPERIENCES WITH CCC PLUS

There is some regional variation in survey respondents' experiences with care coordinators and health plans. For example, among respondents in the Far Southwest, West Central, and Eastern regions, 90 percent or more received requested help from care coordinators. This compares to a low of 78 percent and 80 percent of respondents in the Central and Southside regions, respectively, who received requested help.

Percent of time that member received help from care coordinators when requested



Note: Numerator reflects whether the member received help after requesting it. Denominator reflects whether the member requested help in the specified area. Frequency of requests for a specific service range from a low of 32 for substance abuse to a high of 279 for prescription medications. Group difference significance level is $p=0.007$.

Region	Assistance from care coordinator was excellent, very good, or good	Satisfied or very satisfied with health plan
Central	76%	91%
Eastern	87%	97%
Hampton Roads	78%	86%
Northern	69%	88%
Southside	79%	90%
Southwest	78%	93%
Valley	74%	94%
West Central	68%	88%

There was also some variation across regions in members' assessment of help from care coordinators and satisfaction with their health plans. Although the Eastern region rated the highest on these measures, overall regional differences were not statistically significant.

Some regional variation in experiences with care coordinators may be expected due to the regional phase-in of CCC Plus enrollment between August and December, 2017, starting with the Tidewater region in August, the Central region in September, Charlottesville/Western regions in October, Roanoke/Alleghany and Southwest regions in November, and Northern/Winchester regions in December. However, there is no clear correlation between regional variation in experiences with care coordinators and the phase-in by region of CCC Plus enrollment.

VARIATION IN MEMBERS' EXPERIENCES BY HEALTH PLAN

CCC Plus members are enrolled in one of six managed care plans, including Aetna Better Health, Anthem Healthkeepers Plus, Magellan Completecare, Optima, United Healthcare Community Plan, and Virginia Premier. The health plans may differ in terms of the composition of their provider networks, experience with Medicaid populations, how they implemented the CCC Plus model of care, optional services they provide, and the overall quality of services they provide. Members' experiences with CCC Plus may differ in part because of these health plan differences.

Variation in survey respondents' experiences by health plan were greatest in terms of rating the assistance from care coordinators and satisfaction with health plans. The percent who rated the assistance from care coordinators as excellent, very good, or good ranged from 68 percent to 84 percent. The percent who were satisfied or very satisfied with their health plan ranged from 85 percent to 94 percent.

Health Plan	Received help from care coordinators when requested	Assistance from care coordinator was excellent, very good, or good	Satisfied or very satisfied with health plan
Overall	84%	73%	90%
Aetna Better Health	84%	68%	85%
Anthem HealthKeepers	87%	74%	92%
Magellan Complete Care	79%	76%	86%
Optima Health	85%	84%	92%
United Healthcare	82%	75%	94%
Virginia Premier	86%	72%	88%

CONCLUSION

Commonwealth Coordinated Care Plus (CCC Plus), which began in August, 2017, is a mandatory MLTSS program for over 200,000 Virginians with complex care needs, including elderly people who have both Medicaid and Medicare coverage, as well as many Medicaid members with disabilities. A central feature of CCC Plus is that services are provided through six managed care organizations that employ care coordinators to assist members in identifying and arranging for their behavioral health needs, medical, personal assistance, and long-term care needs. As most CCC Plus members are new to the delivery of services through MLTSS programs, the primary focus of the survey and this report was to assess members' experiences with their care coordinators and health plans.

CCC Plus members have extensive health and social needs. Almost half of surveyed members report difficulty with at least one activity of daily living (ADL), such as walking, bathing, dressing, getting in and out of bed, using the toilet, or eating. Another 28 percent report difficulty with 3 or more ADLs. Nearly half of surveyed members report four or more chronic conditions. Half of members report food insecurity and 20 percent worry about housing. These findings support the intention of the CCC Plus program to care for high need members, further suggesting the need for proactive care coordination services.

Overall, survey respondents report positive experiences with their care coordinators. Most respondents (77 percent) report at least one meeting with their care coordinator and about half have completed a Health Risk Assessment. Consistent with program requirements, those with a greater number of functional limitations and other health problems were more likely to report a care coordinator meeting and a completed Health Risk Assessment. Of those who met with a care coordinator, the majority highly rate their coordinator and the care that they receive (75 percent), and most would recommend their coordinator to family and friends (72 percent).

The vast majority of survey respondents are satisfied with their health plan (90 percent). However, about 25 percent of respondents report that they are somewhat likely or likely to switch health plans during open enrollment period. Respondents with more negative care coordinator experiences are far more likely to report an intention to switch health plans. While a substantial minority of respondents (21 percent) report that their new health plan required them to switch providers, 60 percent report that the change in provider was either positive or were indifferent.

Despite the general lack of experience with managed care among this population, the results suggest that most members have had positive experiences with CCC Plus during the first 6 to 8 months of their enrollment. Especially important are the positive assessments of care

coordinators, who are the “linchpin” of the new program because of their role in connecting members with their needed services. Although it is too soon to assess outcomes of care, a strong and trusting relationship between members and their care coordinators will help to ensure that members feel comfortable in reaching out to their care coordinators when they need assistance and that coordinators are being responsive to these member needs.

APPENDIX A

Characteristics of CCC Plus Population and CCC Plus Survey Respondents

	All CCC Plus Enrollees	CCC Plus Survey Respondents
	All members %	Sample %
	219,328	1,042
Female	55%	58%
Age (years)	49.01	52.4
0-20 years	15%	13%
21-64 years	56%	55%
65-74 years	14%	19%
75+ years	16%	13%
Eligibility		
Aged	27%	32%
Blind	1%	1%
Disabled	70%	66%
Children	2%	1%
Race		
White	53%	55%
Black	41%	40%
Hispanic	<1%	<1%
Asian	5%	4%
Other	1%	1%
Current plan		
Aetna Better Health	14%	16%
Anthem HealthKeepers	28%	26%
Magellan Complete Care	10%	12%
Optima Health	16%	17%
United Healthcare	11%	11%
Virginia Premier	20%	19%

APPENDIX B

**Commonwealth Coordinated Care Plus
Member Survey**

Assessment of care coordination from health plan

The CCC Plus program that provides your Medicaid benefits offers six health plans. In which health plan are you currently enrolled?
If you are unsure, look at your insurance card for this information.

- Aetna Better Health
- Anthem Healthkeepers
- Magellan Completecare
- Optima Health Plan
- United Healthcare
- Virginia Premier Health Plan
- Don't know

Definition: **A care coordinator, service coordinator, care manager, or care liaison** is someone from your Medicaid health plan who helps you with your healthcare and works with your health plan to help you get the care and services that you need.

Please answer the following questions about your **care coordinator from your current Medicaid health plan:**

How many different care coordinators have you had since you enrolled in your current Medicaid health plan?

- 1
- 2
- 3+

Since you enrolled in your health plan, how many times have you met with your Medicaid health plan care coordinator over the phone or in person?

- 1 meeting
- 2 meetings
- 3+ meetings
- Never

<p>In the last three months, could you contact your care coordinator from your Medicaid health plan when you needed to?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<p>Definition: A Health Risk Assessment/Survey is conducted by the care coordinator to review your medical and other needs, and to discuss your goals, preferences, and concerns.</p> <p>Since you joined your Medicaid health plan, has your care coordinator conducted a Health Risk Assessment and asked you about your medical and long-term care needs?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A, Don't know

<p>In the last 3 months, did you ask your care coordinator for help in obtaining any of the following services?</p>			
	<p>Received help</p>	<p>Asked for help but didn't receive help</p>	<p>Did not ask for help</p>
<p>a. Primary medical care</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>b. Specialty medical care</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>c. Mental health services</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>d. Substance abuse services</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>e. Prescription medications</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

f. Help getting or fixing equipment (like walker or wheelchairs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Help with personal assistance services, transportation, or finding a job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Help getting enough food to eat, finding a place to stay, or paying for a house/apartment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Occupational/Speech/Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Other, please specify:			

Care Coordinator Continued	
How confident are you that your care coordinator from your Medicaid health plan is able to help you obtain the services that you need to maintain your health and assist you with your personal needs for daily living?	<input type="checkbox"/> Very confident <input type="checkbox"/> Somewhat confident <input type="checkbox"/> Not too confident <input type="checkbox"/> Not confident at all <input type="checkbox"/> N/A; Don't know
How would you rate the help you get from the care coordinator from your Medicaid health plan?	<input type="checkbox"/> Excellent <input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> N/A; Don't know
Would you recommend your care coordinator from your Medicaid health plan to your family and friends if they needed help with these services?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Changes in Health Care Providers and Services

Since you enrolled in your Medicaid health plan, have you been required to change your personal doctor or primary care provider?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes → Are you more satisfied, less satisfied, or just as satisfied with your personal doctor or primary care provider?	<input type="checkbox"/> More satisfied <input type="checkbox"/> Just as Satisfied <input type="checkbox"/> Less Satisfied
Since you enrolled in your Medicaid health plan, have you been required to change any of your specialty medical providers that you see?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes → Are you more satisfied, less satisfied, or just as satisfied with your specialty medical providers now as you were before you enrolled in your Medicaid health plan?	<input type="checkbox"/> More satisfied <input type="checkbox"/> Just as Satisfied <input type="checkbox"/> Less Satisfied
Since you enrolled in your Medicaid health plan, have you been required to change any of the services that provide you with personal care, such as help with everyday tasks, preparing meals, or going places?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes → Are you more satisfied, less satisfied, or just as satisfied with your specialty medical providers now as you were before you enrolled in your Medicaid health plan?	<input type="checkbox"/> More satisfied <input type="checkbox"/> Just as Satisfied <input type="checkbox"/> Less Satisfied

Overall Assessment of Medicaid Health Plan

Overall, how satisfied are you with the services you are receiving through your Medicaid health plan?	<input type="checkbox"/> Very satisfied <input type="checkbox"/> Satisfied <input type="checkbox"/> Not Satisfied
How likely is it that you will change your Medicaid health plan during open enrollment?	<input type="checkbox"/> Very likely <input type="checkbox"/> Somewhat likely <input type="checkbox"/> Unlikely
Do you have other comments regarding your experiences with the care you have received through your Medicaid health plan?	

If you are completing this questionnaire on the behalf of the person who is enrolled in Commonwealth Coordinated Care Plus, your responses to the questions below should describe their health and personal characteristics.

General Health Questions

Do you have difficulty with any of the following everyday tasks, by yourself and without using special equipment?		
a. Bathing or showering	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Dressing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Eating	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Getting in and out of bed or chairs	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Walking	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. Using the toilet, including getting to the toilet	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Other Health Questions	
<p>Would you say that your health in general is excellent, very good, good, fair, or poor</p>	<input type="checkbox"/> Excellent <input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
<p>In general, how would you rate your mental health, including your mood and your ability to think?</p>	<input type="checkbox"/> Excellent <input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
<p>In general, would you say your quality of life is excellent, very good, good, fair, or poor?</p>	<input type="checkbox"/> Excellent <input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
<p>How confident are you that you can manage and control most of your health problems?</p>	<input type="checkbox"/> Very confident <input type="checkbox"/> Somewhat confident <input type="checkbox"/> Not too confident <input type="checkbox"/> Not confident at all
<p>What is your housing situation today?</p>	<input type="checkbox"/> I have housing. <input type="checkbox"/> I have housing today, but I am worried about losing housing in the future. <input type="checkbox"/> I do not have housing (I am staying with others, in a hotel, in a shelter, living outside on the street).
<p>How many people are so close to you that you can count on them if you have serious problems?</p>	<input type="checkbox"/> None <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-5

	<input type="checkbox"/> 5+
<p><u>Please think about how often the following statement is true:</u> Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.</p>	<input type="checkbox"/> Never true <input type="checkbox"/> Sometimes true <input type="checkbox"/> Often true
<p>What are your current living arrangements?</p>	<input type="checkbox"/> Alone <input type="checkbox"/> With family/relative <input type="checkbox"/> Assisted-living <input type="checkbox"/> Other community residential facility

Diagnosed Health Conditions		
Has a physician ever told you that you had any of the following conditions:		
High blood pressure	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Congestive heart failure	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other heart disease (including coronary heart disease, angina, myocardial infraction, and other unspecified heart disease)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Stroke	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Emphysema	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Chronic Bronchitis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
High cholesterol	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cancer	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Joint pain	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Arthritis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Asthma	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Intellectual/Developmental Disability	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Depression/Anxiety/Other mental health problem	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any other chronic disease? Please specify		

Sociodemographic	
What is your age? _____	
What is your gender?	<input type="checkbox"/> Female <input type="checkbox"/> Male
What is your marital status?	<input type="checkbox"/> Single (never married) <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced
What is your highest level of education?	<input type="checkbox"/> 6 th grade or less <input type="checkbox"/> 9 th grade or less <input type="checkbox"/> High school graduate <input type="checkbox"/> Some college <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's degree or higher
Are you of Hispanic origin?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is your race?	<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Other: please specify _____

Are you employed?	<input type="checkbox"/> Part-time <input type="checkbox"/> Full-time <input type="checkbox"/> Unemployed <input type="checkbox"/> Disabled/Retired
-------------------	--

Thank you for your time and sharing your experiences with us. Your time and experiences are greatly appreciated. Please return the survey to us in the stamped/addressed envelope.