



Key Facts about Care Coordinators Serving Commonwealth Coordinated Care Plus Members



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Purpose of the Report

This brief policy report describes the role and characteristics of care coordinators serving Virginians in Commonwealth Coordinated Care Plus (CCC Plus), the state's Managed Long-Term Services and Supports (MLTSS) program for Medicaid enrollees. After a brief introduction to MLTSS and Virginia's program overall, new information is presented about who care coordinators are, where they serve Virginians, members' early experiences with their care coordinators, and the positive association between members' satisfaction with their care coordinators and continued managed care plan enrollment.

Key Findings

- Although the use of care coordinators in delivering long-term services and supports is new to Virginia Medicaid, most CCC Plus care coordinators have prior experience providing care coordination services.
- On average, care coordinators spend a little more than half of their time interacting with members or arranging services for members. The bulk of their remaining time is occupied by administrative tasks, such as documenting member needs assessments or individualized care plans. There is considerable variation across CCC Plus health plans in how care coordinators divide their time between direct patient care and administrative activities.
- Most members are satisfied with their care coordinators overall. Most members are somewhat or very confident in being able to get help in obtaining services from their care coordinators. Members with less confidence in their care coordinators are more likely to report an intention to switch health plans at open enrollment.

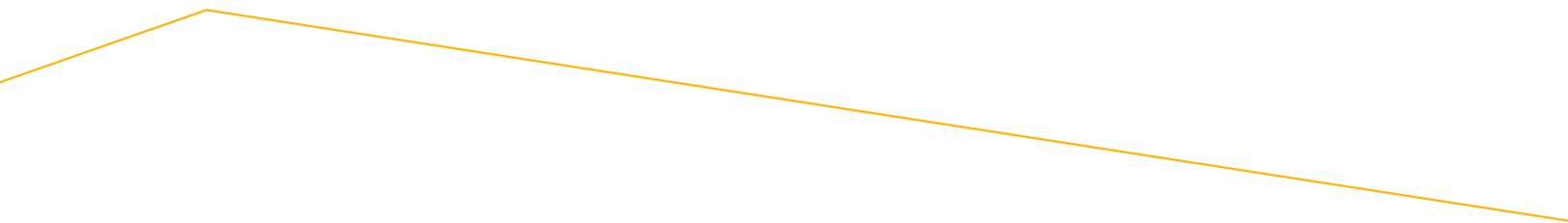
Medicaid Managed Long-Term Services and Supports (MLTSS)

Medicaid managed long-term services and supports (MLTSS) refers to the managed care delivery of services for Medicaid members with complex care needs who require assistance to perform routine daily activities, such as bathing, dressing, preparing meals, and taking medications. States are increasingly turning to managed care models, rather than fee-for-service, in their Medicaid programs to improve the quality of care and manage costs for members who require LTSS. As of January 2018, 24 states operated MLTSS, compared to only four in 2004.¹ Medicaid members who require LTSS are among the most costly and medically complex members, including those with disabilities and individuals who are dually eligible for Medicare and Medicaid (“dual eligible”).² Nationally, Medicaid members requiring LTSS services represented about 6 percent of the total Medicaid population, but accounted for about 42 percent of total Medicaid spending.¹

MLTSS in Virginia

Commonwealth Coordinated Care Plus (CCC Plus) is Virginia’s mandatory Medicaid MLTSS program that was implemented in August 2017. CCC Plus is the successor to the Commonwealth Coordinated Care (CCC) program, Virginia’s voluntary program launched in 2014. Members who qualify for CCC Plus services include Medicaid-Medicare dual eligibles, adults and children with disabilities, and individuals receiving services under developmental disability waivers.³ This population represents a fraction of the Virginia Medicaid population but accounts for a disproportionate share of total program expenditures.⁴ The Department of Medical Assistance Services (DMAS) oversees Virginia’s CCC Plus program, which currently serves approximately 240,000 Virginians.³ These members receive services through one of six managed care organizations (MCOs).

A central feature of CCC Plus is the use of care coordinators employed by the MCOs to assist members in obtaining the full range of services necessary to maintain members’ health and ability to stay in the community. For example, a member may tell her care coordinator that she has trouble bathing independently due to difficulty getting in and out of the bathtub. In order to help the member stay safely in her home, the care coordinator (acting through the MCO) would work closely with the member to have home modifications installed, such as a bath grab bar or other assistive equipment.



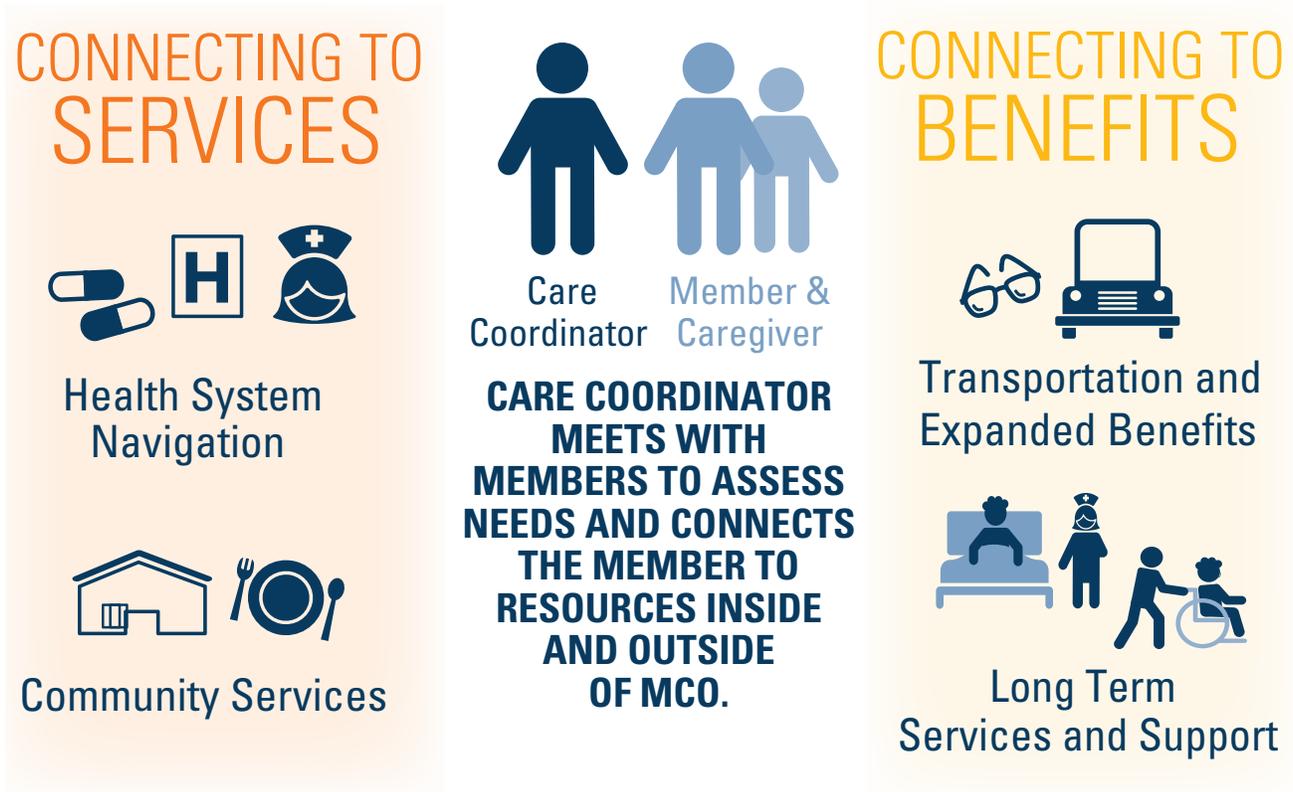
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Data and Methods

Data for this brief are from two surveys: (1) a representative mail survey of CCC Plus members conducted between May and August 2018 about their experiences in the program's first year (1,042 completed surveys) and (2) a web-based survey of CCC Plus care coordinators to gather basic workforce characteristics (531 completed). These data were collected as part of Virginia Commonwealth University's ongoing evaluation of the CCC Plus program.

Care Coordinators are a Cornerstone of Virginia's MLTSS program design

CCC Plus Care Coordinator Links the Member to Resources



Care coordinators are a cornerstone of the CCC Plus program, which aims to maintain community living among the most medically complex populations of the Medicaid program. Care coordinators connect members with a variety of services necessary to maintain members' health and ability to stay in the community. Care coordinators are crucial to the integration of health, personal assistance, and long-term care services that have historically been fragmented among Medicaid populations in the U.S. with complex care needs, frequently resulting in higher costs and lower quality of care. Care coordinators also help members who are inexperienced in the MCO environment to navigate the health system and access needed services.

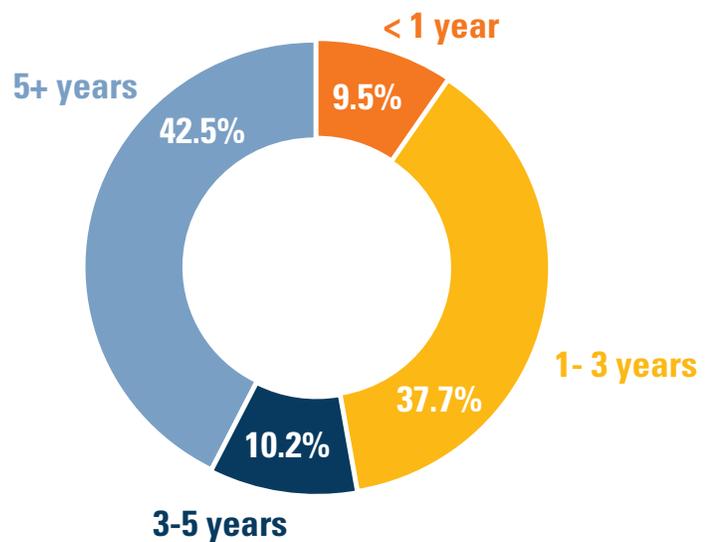
Shortly after enrollment, care coordinators meet with members to complete a Health Risk Assessment to assess member needs and develop an individualized care plan reflective of those needs. Care coordinators also introduce the member to the services available within his/her MCO. Moving forward, the coordinator assists members in using and getting authorization for certain MCO benefits, such as transportation, personal care services, home health aides, assistive technology, and care in nursing facilities. Care coordinators also assist members by connecting them to providers and services, such as helping them find doctors, making appointments, and assisting with prescription medications. Given the high level of social needs among many CCC Plus members, care coordinators may also refer members to community services such as food banks, the Supplemental Nutrition Assistance Program (SNAP), the Women, Infants and Children (WIC) program, utility support programs, or housing resources.

Care coordinators meet with members periodically to update health assessments and individualized care plans. Members have their coordinator's direct contact information and are encouraged to contact the coordinator when they need assistance with benefits or services. In the event of an acute care event (hospital emergency department visit or inpatient stay), the coordinator reaches out to connect the member to any additional services and supports that may be newly needed. Care coordinators also keep providers (for example, primary care physicians) informed of the member's care plan and invite them to participate in its development. Integrating services through care coordinators is intended to help members obtain the full range of needed services and supports that allow them to continue living in the community rather than in a nursing facility or other institutional setting.

Care Coordinators had experience prior to CCC Plus

Virginia CCC Plus care coordinators come from various backgrounds including behavioral health, nursing and other health services fields. Although backgrounds vary, most have had some experience providing care coordination prior to the implementation of CCC Plus. Nearly half of all care coordinators surveyed had three or more years of experience, and only 10 percent had less than one year of experience. While some care coordinators are new to the role, a large proportion of coordinators were already performing this professional role in some capacity prior to CCC Plus.

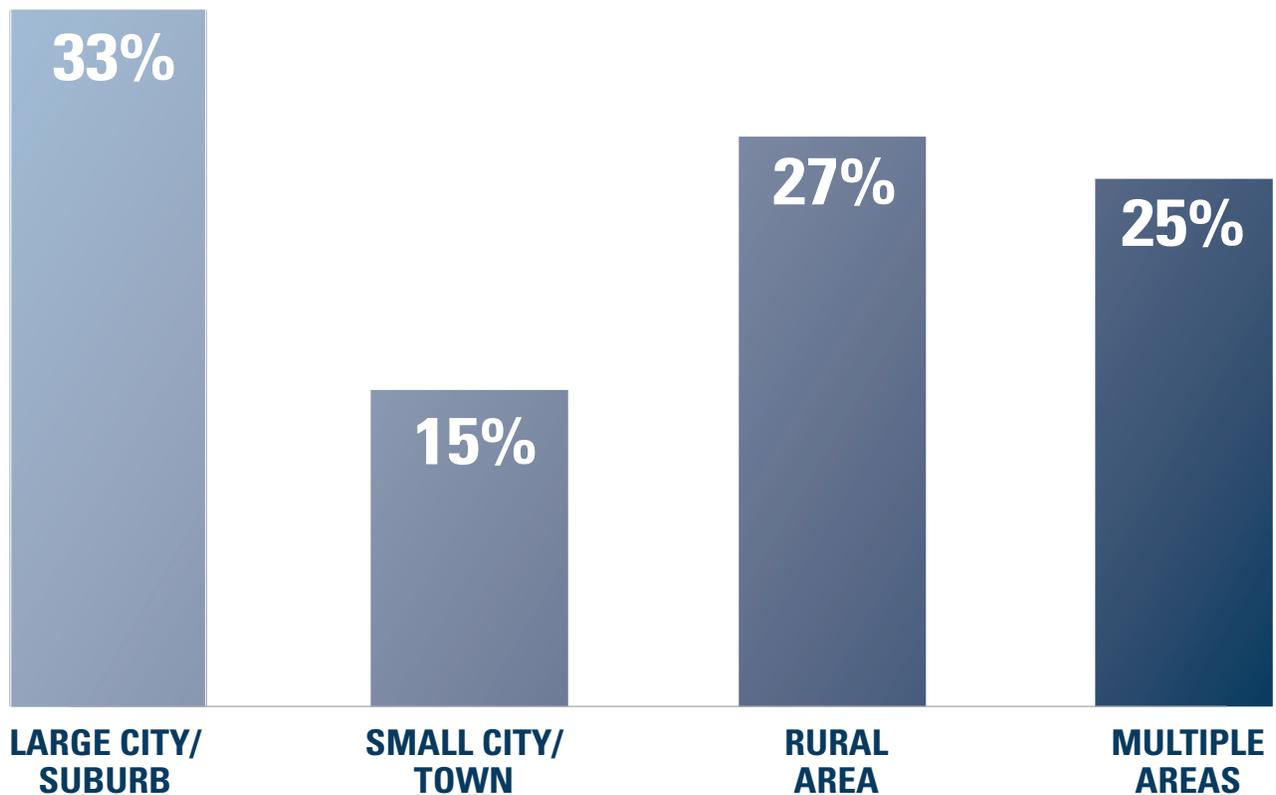
Care Coordinator Experience



Care Coordinators serve Virginians in geographically diverse areas

There are about 1,200 care coordinators employed by the MCOs working with CCC Plus members. The CCC Plus contract specifies the ratio of care coordinators to members, which varies by member complexity and need. For example, CCC Plus waiver populations require a care coordinator to member ratio of 1:75, compared to a ratio of 1:400 for lower-need members.⁶ Care coordinators work with members in all regions across the state, including both large and small urban, and rural areas. Of the 531 care coordinators surveyed, 33 percent are located in large cities or suburbs, followed by rural areas (27 percent) and small cities (15 percent). Some care coordinators work across multiple regions.

Care Coordinators Work with Members Who Live in Geographically Diverse Areas



Care Coordinators spend most of their time on patient care activities

On average, care coordinators reported that they spend 54 percent of their time interacting with members or coordinating member care. Care coordinators report spending about one-third of their time on administrative tasks, such as internal documentation or reporting requirements. Care coordinators spend about 12 percent of their time traveling to and from members' homes or on other tasks. Care coordinators in large city or suburban areas spend somewhat more of their time on direct member care activities (58 percent) and less time on administrative tasks (30 percent) compared to coordinators in rural areas or small cities (52 percent and 35 percent, respectively). There was little difference in the amount of time spent on travel or other tasks by geographic location.

Allocation of time across activities varies somewhat by care coordinator experience. Care coordinators with 0-1 years of experience spent less time on member care activities and more time on paperwork (49 percent and 37 percent, respectively), compared to coordinators with 1-3 years of experience (55 percent and 33 percent, respectively). However, time allocation does not differ significantly between care coordinators with 3 or more years of experience compared to those with 1-3 years of experience.

Percent of Time Care Coordinator is Engaged in Activities

	% OF TIME WITH MEMBERS OR COORDINATING MEMBER CARE	% OF TIME COMPLETING ADMINISTRATIVE TASKS	% OF TIME ON TRAVEL OR OTHER TASKS
Total	54%	33%	12%
GEOGRAPHIC LOCATION			
Rural areas or small towns	52%	35%	13%
Large city or suburb	58%	30%	12%
YEARS OF EXPERIENCE			
0-1	49%	37%	14%
1-3	55%	33%	12%
3-5	55%	31%	15%
5+	55%	34%	11%
MCO RANGES			
	44%–63%	25%–42%	10%–14%

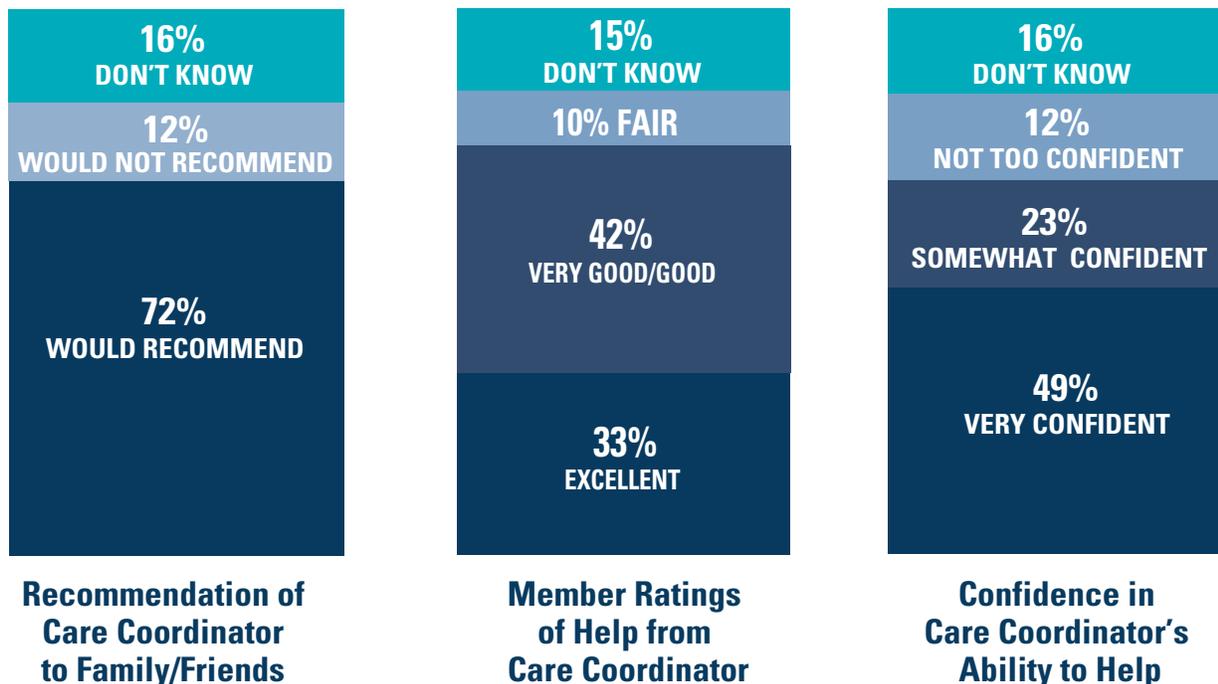
Note: Care Coordinator Time Spent with Members or Coordinating Care include activities like direct interaction, arranging services, and working with other providers. Administrative tasks include activities like documentation. Percent of time spent on travel or other tasks includes activities like travel, researching resources for the member, and other tasks not included above.

There is greater variation across MCOs in how care coordinators spend their time. While DMAS provides MCOs with some specific program requirements for participating in CCC Plus, MCOs have autonomy to shape some elements of program design, such as the design of the health information systems that support care coordinators in their job activities, as well as internal documentation and reporting requirements. These differences may contribute to variation in the amount of time that care coordinators spend on administrative tasks. For example, the average time spent on administrative tasks varied by MCO, from a low of 25 percent to a high of 42 percent. Across MCOs care coordinators report substantial variation in the amount of time spent directly interacting with or coordinating care for members, from a high of 63 percent to a low of 44 percent.

The vast majority of CCC Plus members are satisfied with help received from their care coordinators

A survey of CCC Plus members' experiences with their care coordinators found that 77 percent of CCC Plus members report having had at least one meeting with their care coordinator since their initial enrollment.⁵ Of those who met with their care coordinators, the majority (72 percent) would recommend their care coordinator to family and friends. Overall, members rate the help they received from their care coordinators highly, with 33 percent rating it as "excellent" and 42 percent rating it "very good" or "good". Most members report feeling very confident (49 percent) or somewhat confident (23 percent) that their care coordinator could help them obtain needed services.

Assessment of Care Coordinators by CCC Plus Members



Note: Members who did not meet with their care coordinator are excluded from the above analysis.

Member ratings of the help that they received from care coordinators varied somewhat across plans, with members from Optima Health reporting the highest proportion of members who rated care coordinator help as excellent, very good, or good (84 percent). Conversely, care coordinators with Optima Health, Magellan Complete Care, and Aetna Better Health had the lowest unfavorability ratings by members, with 8 percent, 9 percent and 9 percent, respectively rating their care coordinator as fair. Notably, there was substantial MCO variation in the proportion of members who did not know how to rate the help they received from their care coordinator, ranging from 23 percent of Aetna Better Health members to 8 percent for Optima Health members.

Care Coordinator Satisfaction by Health Plan

MEMBER RATINGS OF HELP THEY RECEIVED FROM THEIR CARE COORDINATOR	EXCELLENT, VERY GOOD OR GOOD	FAIR	DON'T KNOW
Aetna Better Health	68%	9%	23%
Anthem HealthKeepers	74%	12%	15%
Magellan Complete Care	76%	9%	15%
Optima Health	84%	8%	8%
United Healthcare	75%	11%	14%
Virginia Premier	72%	10%	17%
Total	75%	10%	15%

Note: Members who did not meet with their care coordinator are excluded from the above analysis.

Members who are less satisfied with or confident about their care coordinators also report that they are more likely to change MCOs at CCC Plus open enrollment (October - December of each year). Among those who are not confident in their care coordinator's ability to help them, 48 percent said they are likely to switch health plans. By contrast, among those who are very confident in their care coordinator's ability to help them, only 12 percent said they are likely to switch health plans.

Intention to Switch Health Plans

CONFIDENCE IN CARE COORDINATOR'S ABILITY TO HELP	UNLIKELY	LIKELY
Very confident	88%	12%
Somewhat confident	80%	20%
Not confident	52%	48%

Conclusion

A central feature of CCC Plus is that services are provided to members through one of six MCOs that employ care coordinators to assist members in identifying and arranging for their health, personal assistance, and long-term care needs. The pursuit of greater integration of services through care coordinators is expected to improve the quality of care for members, allowing them to stay in the community longer, and help manage the overall costs of services.

A survey of care coordinators in early 2019 found that, overall, they spend a little over half of their time interacting with or arranging services for members, although this varies considerably across MCOs. Most of the differences across MCOs are accounted for by differences in the percentage of time spent on administrative tasks; time spent on travel and other tasks is fairly consistent across MCOs. The survey data collected did not allow us to determine the reasons for MCO variation in how coordinators spend their time, nor whether the variation was associated with quality of patient care. Furthermore, there are no specific guidelines or requirements with which to assess the adequacy of time spent on various activities. Nevertheless, while documentation and other administrative tasks are essential, the survey data indicate that there is a trade-off between the amount of time spent on these activities and time spent on patient care activities. Allocation of time across activities varies somewhat by care coordinator experience. While the majority of care coordinators have 1-3 years of experience (38 percent) or 3 or more years of experience (53 percent), care coordinators with 0-1 years of experience (9.5 percent) spent less time on member care activities and more time on paperwork (49 percent and 37 percent, respectively), compared to coordinators with 1-3 years of experience (55 percent and 33 percent, respectively).

Overall, members are satisfied with their CCC Plus MCOs, as well as with the assistance they receive from their CCC Plus care coordinators. The majority of members (72 percent) would recommend their care coordinator to a family member or friend and the majority (75 percent) rate the help that they received from their care coordinator as excellent, very good, or good. Confidence in coordinators' ability to obtain needed services is more mixed, with only about half of members reporting that they are very confident, and the other half reporting that they are somewhat confident, not confident, or they didn't know. Members who report that they are not confident in their care coordinator's ability to help them obtain needed services (12 percent) are more likely to report an intention to switch health plans (48 percent). Although the majority of members rate their health plan and care coordinator highly, less enthusiastic responses may reflect, in part, a lack of experience among both members and MCOs in working with care coordinators to arrange services for members – most of whom previously received services through fee-for-service arrangements. The CCC Plus evaluation will continue to monitor members' experiences with care coordinators and health plans, as greater experience with managed care among both members and health plans may improve patient assessments over time.

// Overall, members are satisfied with their CCC Plus MCOs, as well as with the assistance they receive from their CCC Plus care coordinators.

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Description of Survey of CCC Plus Care Coordinators

A survey of CCC Plus care coordinators was conducted in January and February 2019. To conduct the survey, a list of all care coordinators, along with their email addresses, was obtained from each of the six participating MCOs. An introductory email was sent to all care coordinators explaining the study and included a link to a web-based survey administered via REDCap. The survey asked respondents to confirm that they were currently providing care coordination services for CCC Plus members, followed by questions about both the structure of their work experiences in care coordination and the members they serve. Questions related to work experience covered topics such as years of experience in direct care coordination and a description of how they structure their time in completing care coordination activities, such as member interaction, administrative activities, training, and travel, among others. Care coordinators were also asked to describe the members they serve, including the proportion of their caseload considered aged, blind, or disabled, the number of and specific regions in Virginia they cover in their caseload, and relative urbanicity of their members. Out of 1,272 care coordinators contacted, we received 566 survey responses from self-identified care coordinators.

Description of CCC Plus Member Survey

A representative survey of CCC Plus members was conducted between May and August, 2018. The primary objective of the survey was to assess members' early experiences with their care coordinators and health plans. The survey is based on a representative sample of members who first enrolled in CCC Plus between August 2017 and July 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. Survey 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 allowed proxy reporting by relative, guardian, friend or personal care attendant if the member was not able to complete the survey. A total of 3,000 members were randomly selected from CCC Plus enrollment files. The sample excluded members residing in nursing facilities, members who were deceased and members who did not speak English as their primary language (less than 1 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. The survey of CCC Plus care coordinators cannot be linked to the survey of CCC Plus members.