**CSB CCC+ Implementation Plan- Recommended Elements to Include**

|  |  |  |  |
| --- | --- | --- | --- |
| **Recommended Tasks** | **Target Date** | **Responsible Party** | **Completed?** |
| **Yes** | **No-Status?** |
| 1. **The CSB will *create a CCC+ Implementation Team* with representatives from all areas of the agency and charge this team with developing/implementing a CSB specific plan. Representation should include:**
* **Executive Director and Management Team,**
* **MH, SUD, ID/DD Directors,**
* **MH, SUD, ID/DD Supervisors,**
* **MH, SUD, ID/DD, Early Intervention direct service staff, and**
* **Finance, Reimbursement, QA, IT, and HR staff.**
 | **NOW** |  **Exec/Admin** **Team** |  |  |
| 1. **The CSB will *provide CCC+ training* to all levels of the CSB workforce, including adult/children BH, ID, and EI direct service staff, supervisors, service directors, executive directors and management team members, finance, reimbursement, QA, IT, procurement, and HR staff. (Note: VACSB PP presentations are available.)**
 | **NOW** |  **Exec/Admin** **Team** |  |  |
| 1. ***The CSB IT Department will develop 2 different caseload printouts* for each direct service staff. One printout will include those CSB consumers who will be transitioned to CCC Plus on the regional start date. The second printout will include the consumers who will transition to CCC Plus on 1/1/18.\* (See note on last page.)**

**The printouts should include the following information:*** **Name of the consumer,**
* **CCC+ eligibility category (ABD, Waivers, etc.),**
* **corresponding CCC+ start date, and**
* **the name of the MCO currently managing their Medicaid insurance plan.**
 | **NOW** | **IT/Finance** |  |  |
|  **4. Background Notes:** **DMAS will attempt to “intelligently” assign all beneficiaries to their current** **MCO under CCC Plus if that MCO is one of the 7 selected to administer the new** **CCC Plus Program.**  **The consumers who will be able to remain under the same MCO when they** **transition to CCC Plus will be more likely to retain their current PCP and other**  **specialty providers and experience enhanced continuity of care.**  **However, even if a consumer stays with the same MCO, they will still be enrolled**  **in a new and totally different Medicaid plan under CCC+, with a different**  **insurance card & insurance number.****The 7 MCOs that were selected to administer the CCC Plus Program are as follows:*** **Aetna,**
* **Anthem HealthKeepers Plus (different from other Anthem plans),**
* **Humana,**
* **Magellan,**
* **Optima Health,**
* **United Healthcare, and**
* **Virginia Premier Health Plan**

**Recommended Tasks:****Recommend that the *caseload list produced by IT highlights those consumers who are currently enrolled with an MCO that will not be part of the CCC Plus program.* These consumers will be “intellectually” assigned to one of the 7 participating MCOs and will receive notification of this assignment 45 days before the “go live” date in their respective regions.**  |  **NOW** |  **IT/Finance** |  |
| **5. *VACSB will provide an analysis* of the 7 different CCC+ MCO plans that will note**  **the following:*** **any differences in major hospital provider networks,**
* **any differences in Rx copays, coverage on injectable meds, etc.,**
* **dental & vision coverage, and**
* **other covered services/supports, etc.**

 **Note:**  **The CSB TCMs working with those consumers who are currently enrolled in a MCO** **that will not be part of the CCC Plus program will need to assist the consumers to**  ***to identify which of the 7 CCC Plus MCOs include the consumers’ PCPs, etc., in***  ***their* *provider networks.*  Impacted consumers may want to select one of those**  **MCOs so they can remain with their PCP/specialty providers.** **If the consumers end up assigned to MCOs that do not accept their existing** **providers, they will be required to select new PCPs/specialty providers.**  | **April****2 mths prior to the “go live” date in that region** |  **VACSB** **TCMs** |  |
| **6. *The CSB will distribute the information* from #5 above to the CSB staff to use as**  **reference material.** | **April** | **Admin Team** |  |
| **7. *The CSB management team will familiarize themselves with the contract***  ***requirements* that DMAS has placed on the MCOs participating in the CCC Plus**  **Program (see DMAS/MCO contract on DMAS website), along with the**  **requirements that the MCOs will be placing on all providers.**  | **NOW** | **Admin Team**  |  |
| **8. *The executive director and the Admin Team will review the contract elements*** ***listed in the proposed “Addendum to the Medicare/Medicaid Provider***  ***Agreement”* that was constructed by VACSB and add other elements as needed.**  **The CSB will utilize this addendum, or at least the elements included, when**  **contracting with the CCC Plus MCOs.**  ***Note: CSBs may be required to renegotiate existing ECC contracts.***  | **NOW** |  **Exec & Admin**  **Team** |  |
| **9. *The CSB Admin Team will identify/implement the revisions* that will need to be**  **made to CSB credentialing, service authorization, billing, and reimbursement**  **systems based on the results of the contract negotiations with the different**  **MCOs.** ***Note: VACSB will meet with the MCOs & attempt to secure agreement to***  ***standardize processes & procedures as much as possible across the 7***  ***participating MCOs.***  |  **NOW** | **Admin Team** |  |
| **10. *The direct service staff will outreach the consumers* who will be moved into CCC**  **Plus at least 3 months prior to the “go live” date in each respective region and/or**  **before the consumers start to receive information from each of the CCC+**  **participating MCOs to assist the consumers to understand the purpose & benefits**  **of the CCC+ program.** | **3 mths prior to** **“go live”****date** | **Direct Service Staff & Sups**  |  |
| **11. *The Service Directors and Supervisors will facilitate meetings* between each of the 7** **different MCO Care Managers and the CSB direct service staff to design protocols to** **address the format and processes that will be used to collaborate & coordinate**  **care; including for routine updates and urgent situations.**  | **3 mths prior to** **“go live”****date** | **Service Dir., Sups, & Direct Service Staff** |  |
| **12. *The direct service staff will proactively outreach* the consumers 45 days before the**  **“go live” date in each respective region to obtain a copy of the letter the consumers** **will receive from DMAS assigning them to a specific MCO.** | **45 days before** **“go live”****date** | **Direct Service Staff & Sups** |  |
| **13. *The direct service staff will assist the consumers to analyze the benefits* of their**  **assigned CCC Plus MCO plan and determine if they need to stay with their assigned**  **MCO or request a change to a new MCO.**  | **45 days before** **“go live”****date** | **Direct Service Staff & Sups** |  |
|  **14. *The direct service staff will assist the consumers to call Maximus* before their regional**  **“go live” date” *and request a change in their MCO assignment*, if they so desire.** | **45 days before** **“go live”****date** | **Direct Service Staff & Sups** |  |
|  **15. *Designated CSB staff will track and record final MCO assignments/selections and***  ***update billing & reimbursement processes* prior to the regional “go live” date.** |  **2 weeks prior to “go live” date** |  **Direct Service Staff &** **Sups, Finance, & IT** |  |
| **16. *The CSB direct service staff will assist their consumers to notify their PCP,***  ***pharmacy, and all other providers* involved with the consumer prior to the “go live”**  **date in their region about the change in their new Medicaid insurance plan and new**  **insurance number. Direct service staff will also remind consumers to carry their new****Insurance cards with them at all times.** | **2 weeks prior to “go live” date** |  **Direct Service Staff &**  **Sups** |  |
| **17. *Designated Admin Team members will facilitate regular meetings* with the MCO BH** **Supervisor and selected CSB staff to monitor the progress all parties have made**  **in coordinating CCC Plus related care. Additionally, all parties will use these**  **meetings to address any systemic issues that may arise, and to monitor CSB specific** **outcome data.** |  **Ongoing** | **Admin Team** |  |

**\*All eligible individuals will be moved into CCC Plus on the “go live” dates for their regions**

 **except for the following individuals:**

 **\* dual eligible individuals (have full Medicaid and Medicare coverage), &**

 **\* those categorized as ABD who are currently enrolled in a Medallion 3 MCO.**

**These individuals will transition into CCC Plus on 1/1/18.**