



VIRGINIA ASSOCIATION FOR HOME CARE AND HOSPICE

Advocacy. Education. Guidance.

House Appropriations Subcommittee on Health and Human Resources January 27, 2015 Commonwealth Coordinated Care

The Virginia Association for Home Care and Hospice supports the concepts of the Commonwealth Coordinated Care program. The integration of acute and long-term care is the future of our overall health care system. There is no question that all parties have devoted an inordinate amount of time on this project. DMAS and the managed care plans continue to meet with the provider community, address concerns to the extent possible and work collaboratively.

Operationalizing the program has presented a number of challenges, some of which have been addressed by DMAS and the managed care plans, while others have not. We realized early on that our Medicaid Waiver provider community was not internally prepared to operationalize the program. A rapid roll-out of the program exacerbated the negative impact on the provider community expanding cover areas when fundamental operational issues remained unresolved.

Ongoing Issues:

Agencies continue to have billing issues.

There can be a five day delay between the patient's status and the CMS Common Working file.

Patients are passively enrolled and their most commonly used physician or primary care physician is not a participating provider.

The patient's ability to opt in and opt out every thirty days creates a number of undue burdens.

Staffing changes at the managed care plans has been a challenge as they ramp up.

Small providers continued to have challenges interfacing in managed care environment.

Personal care providers lack the information technology platform for electronic billing.

Skilled home health care agencies are required to do partial episode payments when patients opt in or out of a plan. This then requires a new start of care along with all of the required documentation.

A recent VAHC survey in which 15 % of agencies responded resulted in the following:

- Over all 27% of agencies had negative experiences contracting with the Commonwealth Coordinated Care managed care plans, while 28% had a neutral experience.
- On average, 28% of respondents had negative experiences with the managed care plans while 15% indicate a positive experience.
- When it came to the billing process 32% expressed a neutral experience with the billing processes of the managed care plans under the program, while 34% expressed a negative experience.
- Fifty-five percent of respondents indicate they were not receiving timely payments for claims that had been submitted.
- Sixty-two percent of respondents indicated that they saw no difference in the continuity of care in the Commonwealth Coordinated Care program vs fee-for-service Medicaid.
- The vast majority of providers found the authorization process to be difficult to very difficult.
- Forty-two percent of respondents ranked the overall customer service that they had received in resolving issues poor, while 29% reported positive customer service.