

## State Profile for the Capitated Financial Alignment Demonstration

<b>Virginia: Commonwealth Coordinated Care</b>	
<b>Dates</b>	
Memorandum of understanding signed	May 21, 2013
Opt-in enrollment starts	April 1, 2014
Passive enrollment starts	July 1, 2014
Scheduled end date	December 31, 2017
<b>Enrollment</b>	
Covered population	<ul style="list-style-type: none"> <li>• age 21 and older;</li> <li>• not enrolled in certain waivers, and not residing in certain institutions or receiving certain services; and</li> <li>• living in one of five regions: Central Virginia, Western/Charlottesville, Northern Virginia, Tidewater, and Roanoke</li> </ul>
Number eligible as of March 2016	67,000
Number enrolled as of December 2017	22,991
Percent of eligible that opted out as of December 1, 2017	Not available
<b>Payment</b>	
Number of participating plans	Three
Savings percentage range	1–2 percent
Number of rating categories	Four
Other risk mitigation strategies	Medical loss ratio
<b>Benefits</b>	
Expanded benefits	None
Carved out benefits	<ul style="list-style-type: none"> <li>• targeted case management services</li> <li>• dental</li> <li>• case management services for participants of auxiliary grants</li> </ul>
Required community involvement	Not specified
<b>Care Coordination</b>	
Number of days to complete health risk assessment	<ul style="list-style-type: none"> <li>• within 60 days for enrollees classified as a vulnerable population</li> <li>• within 90 days for all other enrollees</li> </ul>
Number of days to establish individualized care plan	<ul style="list-style-type: none"> <li>• within 30 days of enrollment for Elderly or Disabled with Consumer Direction Waiver participant</li> <li>• within 60 days of enrollment for vulnerable subpopulations</li> <li>• within 90 days of enrollment for all other enrollees</li> </ul>
Education requirements for care coordinator	<ul style="list-style-type: none"> <li>• required to have at a minimum a bachelor's degree or be a registered nurse licensed in Virginia with at least one year of experience working as a registered nurse</li> </ul>
Care coordinator caseload requirements	Not specified
Number of days to maintain continuity of care from previous coverage	<ul style="list-style-type: none"> <li>• maintain enrollee's preauthorized services for the duration of the prior authorization or for 180 days from enrollment</li> <li>• enrollees in nursing facilities at the time of program implementation may remain in the facility as long as they continue to meet state criteria for nursing home care, unless they prefer to move to a different nursing facility or return to the community</li> </ul>
<b>Consumer Protections</b>	
Integrated Medicaid and Medicare appeals process	No
Ombudsman	Virginia Department for Aging and Rehabilitative Services Long-Term Care Ombudsman Program

**Sources:**

Centers for Medicare & Medicaid Services (CMS), U.S. Department of Health and Human Services. 2017. Monthly enrollment by plan. Baltimore, MD: CMS. <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAdvPartDEnrolData/Monthly-Enrollment-by-Plan.html>.

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