



Philadelphia Regional Office

Virginia Commonwealth Coordinated Care (CCC) Continuity of Care Provisions

CMS and the Virginia Department of Medical Assistance Services (DMAS) continue to implement the Commonwealth Coordinated Care (CCC) demonstration to integrate care for Virginia beneficiaries who are dually eligible for Medicare and Medicaid. Beneficiaries participating in the demonstration receive both Medicare and Medicaid coverage from a single, integrated Medicare-Medicaid plan (MMP).

The demonstration is currently operating in five geographic regions around the Commonwealth: Tidewater, Central Virginia, Northern Virginia, Roanoke, and Western/Charlottesville. Eligible beneficiaries are being passively enrolled each month. Beneficiaries have the right to opt-out of CCC at any time and select Original fee-for-service Medicare or a Medicare Advantage plan for their Medicare coverage.

To prevent disruptions in care during the demonstration's implementation, CCC includes important continuity of care provisions. These provisions allow the beneficiaries to maintain current courses of treatment with providers who may be out of the MMP's network for a specific amount of time. Specifically, the CCC continuity of care provisions requires that:

- All CCC beneficiaries transitioning from Medicare fee-for-service or Medicare Advantage plans receive a 180-day transition period in which they must be allowed to continue a current course of treatment with their existing provider.
- MMPs must honor all prior approvals for non-Part D drugs, therapies, or other services existing in Medicare or Medicaid at the time of enrollment for the duration of the prior approval or 180 days after enrollment, whichever is sooner.
- All CCC beneficiaries transitioning from a different CCC MMP receive a 30 day transition period.
- Beneficiaries residing in a nursing facility at the time of enrollment may continue to remain in the nursing facility for the duration of the CCC demonstration, even if it is out-of-network, so long as they continue to meet DMAS criteria for nursing facility care.
- Note: A beneficiary and an MMP may agree to transition to an in-network provider prior to the end of the transition period.

It is critical that providers are aware of these protections, as MMPs may not deny payment to out-of-network providers who are providing a continued course of treatment to newly enrolled beneficiaries for a period of time. Providers are also encouraged to consider joining the networks of one or more CCC plans in order to provide continuous care to these beneficiaries. For contact information for each of the MMPs and a list of the geographic areas each MMP is serving, please visit this link: http://www.dmas.virginia.gov/Content_pgs/mmfa-isp.aspx.

If your organization has any questions regarding the CCC continuity of care provisions please

contact DMAS at CCC@dmas.virginia.gov.

For more information on the continuity of care provisions under the CCC, please refer to Section 2.7.5 of the CCC 3-way contract beginning on page 51 available [here](#).