

CCCW Quality Committee Meeting Meeting Minutes
CCCW Stevens Point Office
Conference Rm 319 (REAR Entrance)
Wednesday, September 16, 2015, 3:00-4:30 p.m.

Present: Dana Cyra, Shirley Orr, Larry Schroda, Kevin Walker, Marlene Winters, Tricia Mayek, Kris Kubnick, Crystal Klement, Sarah Benson, Penny Bartelt, Charlele Jordan, Jessica Schmitt, Tony Kellner, Kit Ruesch, Stacey Stratton, Deb Josephson

- 1. Meeting called to order at 3:00pm.**
- 2. 6/24/2015 minutes approved.**
- 3. Review of Updated By-Laws.**
 - Article III, Section 1 was updated to reflect demographics of current membership.
 - Article III, Section 2 – Larry Schroda suggested removal of the last line which limits how many terms an individual can serve. There was general agreement with the suggestion.
 - Article III, Section 4 was also updated to reflect demographics of current membership.
 - Article VI (Parliamentary Authority) was amended to specific the committee will move forward utilizing a simplified Roberts Rules of Order. The formal process will be used when there are topics of significance requiring a decision.
 - Motion to approve by Larry Schroda; second by Deb Josephson. Motion carried.
- 4. Election of Officers (Chair, Chair-Elect)**
 - **Chair (Runs meetings)** – Unanimous vote to appoint Larry Schroda.
 - **Chair Elect (Runs meetings in absence of Chair)** – Unanimous vote to appoint Kevin Walker.

5. CCCW Executive Updates (from Kris Kubnick)

- The Joint Finance Committee accepted a motion to reform Wisconsin's long term care system.
- Much of Gov. Walker's language was pulled from the budget.
- Gov. Walker signed the budget in July.
- At this point, DHS proposes to implement statewide changes effective Jan 1, 2017.
- DHS must submit a plan to CMS for both Iris and the Family care program. The plan is expected to:
 - ☑ Focus on integrated services – supports will be managed by integrated health agencies (IHAs) and benefits will include both medical care and long term care
 - ☑ Include a self-directed option
 - ☑ Be administered in no less than five (5) service areas state wide (Gov. Walker vetoed this part and is leaving it up to DHS to determine appropriate regions)
 - ☑ Have open enrollment periods which coincide with Medicare enrollment time frames
 - ☑ Offer rates to IHAs which are set by an independent actuary
 - ☑ Be submitted to the Joint Finance Committee for approval by April 2016 . The Joint Finance Committee must either approve or decline the proposal. The committee cannot approve with suggested revisions or changes.
- If the Joint Finance Committee approves the plan, there will be a 30 day public review – this is expected to occur in Sept 2016, pending approval of the plan submitted by DHS.
- DHS is looking to phase out “any willing provider language” in their contract for IHAs. Currently, a Family Care MCO must contract with any provider who meets specific standards. In the future, IHAs will not be compelled to contract with any willing provider. They may choose to contract with just one or two service providers which may limit choices available to members.
- Governor Walker's Initial budget proposal also included significant changes to ADRC's. Most of this language was pulled out prior to approval. However, there will be a review of processes related to administration of the long term care functional screen that determines

eligibility for Family Care as well as a study of ADRCs and Income Maintenance agencies and opportunities to streamline eligibility-related functions.

- DHS is holding 8 sessions to solicit stakeholder input. This allows stakeholders to come and provide feedback as the concept paper is written for what is being called Family Care 2.0. Information for hearings will be sent out. At this time, there are sessions scheduled in both Wausau and Hayward for September 21st. Written testimony will be accepted too. Additional information about the hearings and how to submit written testimony will be sent to all committee members.
- In the Fall of each year, CCCW receives information about the capitated payment that can be expected the following year. This is the per member per month payments CCCW receives for each person served the amount of the payment is based on a report generated by actuaries working under contract with DHS. Preliminary rates for 2016 indicate CCCW will experience a rate decrease for the 5 counties in the North Central region (GSR 4). The rate for the eleven counties in the North West region (GSR 7) is expected to remain about the same as in 2015. CCCW will have an opportunity to discuss the preliminary rates with DHS in November. Results of the discussion are used to develop a business plan that must be approved by the CCCW board prior to submission.
- CCCW continues work to update/upgrade the computer system that supports Care Management (CareDirector). Staff of the Information Technology (IT) Department and Quality Management have worked together to develop and provide staff training on how to use the functions of CareDirector.
- As part of CCCW's 2015 contract with DHS, representative payee services offered by CCCW had to be discontinued in 2015. Transition of members has successfully taken place. The transition was relatively smooth and CCCW has had good collaboration with new providers.
- CCCW continues to roll out an outcome based payments structure for employment services in the Northwest. This model pays the provider for the hours an individual actually works versus the hours the individual is supported at work by a staff person. This reduces any incentive the provider may have to "over-serve" someone and actually motivates the provider to help those they serve to gain skills to work independently.

CMS (federal) has been very impressed with this model and has provided information about it to other states.

- CCCW is also working to implement a new Residential Rate methodology. Internal staff and providers have been involved in these efforts in hopes that the method developed will be sustainable. The new model is based on total acuity/needs of members but also has an outcome based enhancement in 2017. This allows for increasing rates as outcomes are being met.

6. Reports (Enclosed/Attached):

- **CCCW Membership Reports**

Membership remains stable over time in regard to target groups, age, gender, and living arrangements. No appeals were filed in August. The Member Services Department works hard to resolve issues at the local level. The report also provides basic information related to disenrollment.

- **Quarterly Indicator Report – 2nd Qtr 2015**

This report goes to the CCCW Board of Directors and is a visual representation of our statistics. The report displays CCCW membership by target group, level of care, office serving the members, the percentage of members self-directing supports (in total and by office). The report also provides information about the number of disenrollments each quarter, reasons for disenrollment, significant incidents impacting members during the quarter, and year to date information from CCCW's Member Satisfaction Survey.

Reporting of incidents is significantly different in 2015 than in prior years. In addition, there was a change in the timing of how incidents are reported that makes data from previous periods less comparable to current data. Falls continue to be the most common type of incident experienced by CCCW members.

In regard to the Member Satisfaction Survey, CCCW has noted that many members who are actually self-directing their supports indicate they do not know if they have been offered the opportunity to self-direct in the past year. The percentage who indicate "yes" is significantly higher if "don't know" is eliminated. This ensures CCCW is

looking only at members who fully understand what self-directs supports are.

- [Report of External Quality Review](#) (click to link to full on-line report). A summary of items requiring follow-up was sent to committee members with the agenda. Opportunities for improvement identified via external quality review include the following:

- Continue to work on improvements to the assessment; making sure to include a financial assessment.
- Improve IDT staff follow-up and documentation around significant changes/events in member's lives (e.g. services, doctor appointments, other appointments, etc). A focus group is working to identify the core issue related to ongoing difficulties in this area.
- It was recommended that CCCW update its Appeal and Grievance Policy to specify when CCCW would try to collect payment from a member if they file an appeal and wish to continue having services in place through the State Fair Hearing Process and CCCW's decision is upheld in the State Fair Hearing. At this time we are choosing not to update this policy as an update may require CCCW to collect from a member when the preference is not to do so (as collection has not previously been the standard of practice).

- [State Quality Indicator Data](#) (click to link to on-line report)

This report provides a comparison of the rate of influenza and pneumonia vaccinations among CCCW members, in comparison to the vaccination rates for other MCOs, and in comparison to CCCW's rates for the previous year. This report is for immunizations completed in 2013 to 2014. Results are as follows:

- Influenza – remaining pretty consistent with where we have been in previous years.
- Pneumovax – criteria changed about 2 years ago, so we don't have a lot of comparison data for previous years. CCCW's rates are fairly consistent with state rate.

7. Timely Provider Payments – Update Since Last Meeting

- Claims Manager Update – WPS was really behind in responding to emails, etc. As of 8/20 the turnaround time was up to 6 days and as of 8/27, at 5 business days of turnaround time. We plan to maintain this. This was an issue recognized by the State as WPS serves many of the MCOs. WPS asked to close this issue with the state.
- Reprocessing (WPS short pays or denies a claim) and in order to repay it has to be reprocessed. Longest it was 31 days. Now it is down to 2.5 weeks (17 to 18 days). Progress continues and we hope to see further reductions
- Due to a spike in non-standard paper claims – (WPS subcontracts paper claims) there was a backlog. WPS estimates the backlog will be cleared up by September 10th.
- WPS processing of standard paper claims is current. However, there has been a slight delay in process times of their sub-contract Emdeon. The impact has been a delay of about 1.5 days in processing standard paper claims.

8. Preventative Health Screenings PIP –Progress Report

CCCW is nearing the end of the project and hence, entering the “home stretch” of data collection. This Performance Improvement Project (PIP) focuses on members with intellectual disabilities who have never received a cervical cancer screening. By bringing this to staff’s attention we have discovered members had been screened but the screening had not been documented. For the project we will meet our goal of a 10% decrease in the number of individuals not screened but the decrease will mainly be due to identifying those who were screened but not documented.

9. Dementia Initiative – Overview and Update

In February 2014, the state submitted a redesign plan for Dementia Care statewide. MCOs had not been well-represented in the plan so state staff met with MCO’s in June of 2014. As a result of the meeting, there is a group of MCO staff meeting quarterly to discuss Dementia Redesign Plans. In June, 2015, CCCW held summit and invited all internal interested parties to review and provide feedback on 4 of 5 areas identified in the state Dementia Redesign plan. In the end, the summit resulted in the development of 4

workgroups, each of which is continuing work on one of 4 main topic areas. The workgroups meet quarterly and topics covered include: Community Awareness, Facility Based Long Term Care; Challenging Behaviors; and Dementia Care Standards. The 5th area identified by DHS is Research and Data Analysis but CCCW does not have a group working on this.

10. Discussion – Notice of Ineligibility Letters – (see Reminder Letter-Fiscal and Reminder Letter-LTCFS)

Previously Income Maintenance agencies sent notice letters to inform members when they were at risk of losing benefits. While members are still getting letters, the revised letters do not provide sufficient details for a member to know that if she or he loses eligibility for Medicaid, they also become ineligible for Family Care. .

To address this, CCCW has created and plans to send form letters to members notifying them of the potential loss of Family Care benefits if they do not meet functional or financial eligibility requirements related to Medicaid/Family Care.

11. Discussion – IMS Notification of Outcome of Incident Investigation letter.

Hold for next meeting.

12. Future Meeting Dates-Quarterly; next meeting is December 16, 2015

13. Member and/or Provider Concerns

Members expressed concerns about other members who are receiving representative payee services from new providers. Larry indicated that some individuals he knows are about three weeks late in receiving their check. Larry was uncertain which provider it was. Because CCCW was no longer able to provide Rep Payee services, about 300 members had to convert to another provider. In some areas there are only two providers and members are having difficulties with them. Members were encouraged to inform IDT staff of issues and IDT staff were encouraged to submit incident reports in the Care Management database. This will assist CCCW to track and resolve issues members are experiencing.

14. Future Agenda Items

Members were encouraged to submit any topics they would like to discuss to Samantha or Dana via e-mail or telephone in advance of the next meeting.

15. Next Meeting Date: December 16, 2015

16. Meeting adjourned at 4:35pm.