

CCCW QUALITY COMMITTEE

Meeting Minutes - DRAFT

DATE: March 24, 2010

PLACE: Community Care of Central Wisconsin-Stevens Point, Meeting Room 319

TIME: 1:00 – 2:30 p.m.

PRESENT: Ann Stevens, Laura Goetz, Darlene Gering, Lawrence Schroda, Pam Ironside, Nicole Hill, Sheryl Bauer, Cheryl Aspenson, David Thewes, Bonnie Cherwinka, Julie Strenn, Glen Lamping, Dana Cyra

1. Cyra announced that two committee members, both CCCW staff, have chosen to resign from the committee due to other work-related commitments. Cyra plans to solicit replacements for Linda Michaelwicz and Bill Pyke. Larry Schroda, as Chair Elect, has agreed to run meetings until the July meeting when the election of officers occurs. The meeting was called to order at 1:05 p.m. by Larry Schroda, Acting Committee Chair.

2. Motion to approve minutes of January 27, 2010 without revisions by Ironside; second by Thewes. Approved.

3. The CCCW Membership Report was distributed. The reports shows a slight decrease in membership, from 2,578 member in January to 2,566 members in February. Strenn noted that there is often a delay at the ADRC in refilling vacancies created by disenrollment. Cyra noted CCCW needs to do some internal work to ensure consistency in reporting member disenrollments. The membership report indicates four members were involuntarily disenrolled over the past 6 months. By contract, involuntary disenrollments require state approval. Members may be involuntarily disenrolled only in situations where (a) the member has committed acts or threatened to commit acts that pose a threat to the MCO staff, subcontractors or other members of the MCO or (b) the member refuses to participate in care planning or to allow care management contacts to an extent that the MCO is unable to assure health and safety. No CCCW members were involuntarily disenrolled during the past 6 months. The numbers on the Membership report represent members who lost eligibility due to failure to pay a required cost share. Historically, CCCW has considered these to be “involuntary disenrollments” but they are not considered involuntary by contract standards.

4. The CCCW Critical Incident and Appeals Summary Report for 2009 was distributed. There are significant differences in reported numbers for the 4th quarter in the areas of both critical incidents and the provider appeals. The number of critical incidents reported is much lower due to a change in contractual requirements about the types of incidents to be considered “critical” incidents. CCCW previously reported all incidents that negatively impacted (or had the potential to negatively impact) members. The state has clarified that only incidents resulting in serious harm or substantial loss are to be reported as “critical incidents”. CCCW will continue to track and monitor adverse events that impact members but only those with more serious consequences will be reported as “critical incidents”. In regard to provider appeals, Strenn explained that providers received notice in September of CCCW’s intent to enforce timely filing deadlines. Provider claims not submitted within the allowable timeframe are now being denied. The increased number of appeals is likely due to claims denied because the claim wasn’t filed correctly within the timeframe. More than half of these appeals resulted in a decision by CCCW to pay the claim.

5. The CCCW Quality Indicator Report for the 4th Quarter of 2009 was distributed. Highlights of the report include: a small number of member appeals (7) in 2009; detailed information about members disenrollments and the reasons for disenrollment; increased reporting of falls as a result of initial training with staff on the importance of documenting and monitoring member falls; the percentage of members receiving influenza and pneumonia vaccines is consistent with previous year, though the number of members increased significantly; compliance with contractual timelines related to service coordination is very good; percentage of service coordination staff time spent on member-specific activities has increased over the year but did not reach target of 75% in 2009; and staff turnover rate remained low throughout 2009.

6. Final results of the 2009 Member Satisfaction Survey were distributed with the meeting agenda. Committee members had seen previous drafts so there were few questions.

7. Penny Bartelt CCCW Functional Screen Supervisor, discussed the impact of the acuity based residential rate system on staff in her division. The new rate system was implemented in conjunction with staff turnover which made it very difficult for screeners to respond immediately to requests for re-screens and change of condition screens. Two new screeners have been hired and are now completing screens independently. Screen staff are now caught up and able to focus more on the development of process and protocols. The screeners are working to identify and document uniform processes to be used by all screeners to ensure the involvement of all appropriate parties, consistent review of documentation among screeners, and provider-specific protocols. Strenn suggested that the Provider database may be a good place to capture provider-specific protocols.

At present, Penny is involved in planning for expansion to Lincoln and Langlade Counties. CCCW staff hope to have functional screens for those who will transition to Family Care completed in advance of the transition. For people in residential settings, this may assist in rate negotiations prior to transition though the method for determining rates for 2011 is uncertain. Strenn talked about efforts to develop a state-wide tool for setting rates of payment for residential services that Wisconsin MCOs expect to receive in September, 2010. All MCOs will be required to use a tool the state is working to develop. The tool may or may not be based on member acuity. Provider were invited to attend upcoming listening sessions to provide their input in this endeavor. Julie Strenn will send a notice to all providers regarding the listening sessions to be held in Madison in April. Glen Lamping indicated there are likely to be additional listening sessions in the northern part of the state.

Committee members questioned the need to update all member screens in advance of transition if CCCW is unsure whether the new rate setting tool will be acuity-based. This is necessary because the functional screen is used only for eligibility in non-Family Care counties. For CCCW all screens must be very accurate and consistent with each member's plan to ensure appropriate reimbursement to the MCO.

8. Initial results of the external quality review completed by Metastar (organization state contracts with to review MCO performance) were positive. Requirements for ongoing progress toward a formal performance improvement project were met through activities aimed at early screening and diagnoses of dementia. Falls prevention will be the formal performance improvement project for 2010. Significant progress in many areas was recognized and Metastar also identified a number of areas where there are opportunities for future improvement. A report of the review is expected sometime in April and results will be shared with the committee.

9. At the last meeting of the Member Quality Council, significant time was spent working on revisions to the CCCW Member Handbook. Committee members suggested a contact list in the front

of the handbook, more descriptive information about the roles and responsibilities of various agencies members have contact with, and simplified information related to the appeals process. Materials were sent to committee members and others for review. Additional revisions have been suggested by staff. In anticipation of expansion, the handbook is also being revised to ensure it is appropriate for CCCW's anticipated service region. When revisions are complete, the handbook will be submitted to the state for approval.

10. The Provider Quality Council reviewed and made suggested revisions to (1) CCCW's policy for monitoring contract compliance with caregiver background checks and (2) CCCW's policy for ensuring the agency does not contract with providers who are prohibited or disbarred from participation in federal health care programs. There were a few details related how payment to providers may be handled at the time of disbarment. Once clarified, the policies will be submitted to CCCW's executive team for approval. Adult Family Home providers intend to form a sub-committee to work on policies and forms that may be helpful to small adult family home providers. These can then be made available on CCCW's website as templates available for provider use.

11. Suggestions for future agenda items include: (1) standardized Notice of Action forms to be used by all MCOs; (2) an overview of CCCW's Quality Alert system; (3) updates regarding staff efforts on developing a standardized rate-setting methodology; (4) Strength-based planning within CCCW; and (5) an Update on Self-Directed Supports within CCCW.

12. Next meeting date: May 26, 2010

13. Motion to adjourn by Thewes; second by Stevens. Approved.

Respectfully submitted by Dana Cyra, CCCW Director of Quality Management.