Community Care, Inc. (CCI) - Provider Advisory Committee

AGENDA

Date: Thursday, May 12, 2022 **Time:** 10:00 am – 12:00 noon **Location:** Go To Meeting
Recorder: Faith Wenrich

Attendance: ☒ Drury ☒ Ferris ☒ Gudwer ☒ Jones ☒ Juett ☒ Kadadha
☒ Krzanowski ☐ McCook ☒ Moen ☒ Quedan ☒ Reale ☒ Wenrich
☒ Joe Campbell (Guest)

Topic	Discussion
Introductions - Moen	**Matt Moen** – CCI Director of Provider Management **Patti Ferris** – CCI Provider Quality Manager **Jill Krzanowski** – CCI Health Care Contracts Manager **Faith Wenrich** - CCI Administrative Assistant **Dan Drury** - Options For Community Growth Inc **Bill Gudwer** - Limitless Possibilities LLC **Norris Jones** - Southern Hope Homes, LLC **April Juett** - AJs Living Home LLC, AJs Living Home #3 LLC, Homes of Hope **Vic Reale** - Crossroads Care Centers **New member - Zayed Kadadha** - First Care Transportation 1 LLC dba First Care Transportations **New member - Bashar Quedan** - Open Arms 20 (also owns First Care Transportation 1 LLC) **Joe Campbell** - CCI Quality Improvement (Guest)
Agenda Topics	**• Introductions/Overview of Committee** **• CCI Quality Improvement – Joe Campbell** **• EVV Updates** **• COVID-19 Updates** **• DCW** **• Community Care Provider Payments and Rates** **• Provider Survey**

Topic	Discussion
CCI Quality Improvement – Campbell	**2022 Quality Plan Summary** -  2022 Quality Plan Summary_DHS Appr **Campbell –** Thank you for inviting me. I am the quality improvement coordinator for CCI, and have been in this position for 6 and a half years. My duties are abundant and that includes project manager for our Quality Improvement Project. The 2022 Summary of our Quality Plan (attached) has been approved by DHS earlier this year. There are many things that our quality plan has in place to monitor and support for our organization's overall effectiveness. A big thing that we do is monitoring the support and services that our care teams are providing to our members. We get audited from Metastar, an external auditing service, that makes sure we do all of our contract responsibilities toward our members and providers, that we are providing education and opportunities, for any not everyone to have access to our policies and practice guidelines, basically member care plans and other materials. We monitor our member's long term care functional screens that go over our members' abilities, IDLs and ADLs. We conduct many surveys including Providers Satisfaction Surveys. We review any and all incidents that DHS requires for reporting. There are ongoing evolutions for incidents and reporting timelines and timeliness and what classifications of what meets a level 1 incident in the state's eyes, what meets a level 2, or an immediate reportable incidents those incidents include staff service delivery concerns that if an issue arises with any of our providers or via a member we have to report that to the State as well. I'm assuming many of you are in contact with our teams in regards to potential incidents, regarding law enforcement, any type of abuse, missing person, deaths, and medication errors and events. Our department is monitoring that and collecting data to see what trends are and always trying to facilitate improvement with our operations leadership teams, with our provider management department. We work alongside our Utilization Management Department to detect underutilization, overutilization or mis-utilization of services. Every year that department checks audits for that department's focus, we've conducted audits on incontinence products in the past, we've initiated and conducted audits of wound care supplies, and I believe this year they are going to be working on eye exams for diabetic members. We attempt to work with our providers and the state regarding restrictive measures and our restrictive measures department and our lead has reported significant decreases in the use of restrictive measures over the past 3-4 years. It's an amazing collaboration between our restrictive measures lead, our member rights department and our providers with getting our members placed right, where they are safe, and keeping provider staff safe as well, and that's what it's all about. We've been working alongside with providers and our members regarding competitive integrated employment. One of my primary projects is the annual reporting of HEDIS (Healthcare Effectiveness Data and Information Set), for Partnership program members. We are conducting an informal initiative this year on the Social Determinants of Health. This is a new buzzword in Healthcare and we are taking it very seriously. Our department is leading a training for all staff on Social Determinants of Health, what they are, what they mean, how to communicate effectively and empathetically, just to educate our staff on how to communicate the Social Determinants of Health with our members, legal decision makers, their providers, once that foundation is in place our organization will be able to better collect data and see what's trending for potential barriers for our members to receive and access specific services or service providers based on certain Social Determinants of Health. We diligently collect data on vaccines. Ongoing, we are collecting data on COVID. I believe Matt and his department have been working with all of you to support as much as possible during the pandemic and post pandemic. For the formal and informal project we are contracted with the state to conduct at least one non-clinical performance improvement project (PIP) and one clinical performance improvement project for our Family Care and Partnership programs. As part of our PACE program we are contracted to conduct a chronic care improvement project. In most cases we do the same project for critical for Partnership and PACE to fulfill those requirements in 2022, we just started on April 1st, our 2022 critical and non-critical PIPs. Our non-clinical PIP is an improvement initiative to turnaround or increase our appeal resolution. For the past few years we collected data

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	and found that 26% of our filed appeals may be filed by a member, a legal decision maker or a provider on behalf of a member. 26% of appeals result in a resolution prior to the appeal meeting. We wanted as an organization to increase that rate significantly with our goal of 50% for all filed appeals to end with a resolution. To achieve that goal we will increase communication with our member rights specialist to seek the option of resolution from the member or stakeholder on the member's side. If they would facilitate a meeting with the team and the operational leadership to present the resolution to them with the intent of reducing any negative connotations that the team might have in relation to their decision to reduce, terminate or suspend a service. The goal would be to improve member satisfaction as a result of that. The hypothesis is that the member and the team can communicate a middle ground or compromise that it would increase the overall satisfaction of our members. This just started in April so we don't have any data yet. Our formal clinical PIP centers on Depression Screening. We started a pilot project in 2021 within a few of our regions. We conducted and created a documentation of an abridged depression screening. Based on the responses asked by staff, the member would have a score that would correspond to an emotional health status. In 2021 staff would use the score to facilitate referrals to physicians, behavioral health specialist, medication management, or ongoing screening, etc. This was a big success. We have now rolled out this screening for all members. Members of course have the right to refuse the screening. In 2021 if a member's score represented severe risk of depression that only 17% had a referral to one of CCI's internal behavioral specialist and we feel our BHS could be a huge help when a member presents with severe depression and in 2022 we created a new step. If a member scored with a severe risk of depression then the expectation would be that the care team would reach out to a BHS to have a consultation either with the care team or member and create some documentation that the BHS was informed of the member's score and they would offer their recommendation to the care team. The last few years Community Care has been working in depth with our clinical informatics team that supports our documentation using the medical records that our teams document with and our production team to create a dashboard or data collection tool that links our functional screen data with our internal documentation processes and it's meant for documentation consistency across the board. It's a huge informal initiative where to our knowledge no other MCO has even approached this capability of documentation consistency in tracking. CCI is extremely proud of this accomplishment. Moving forward we're going to be able to link that dashboard to our claims system, our in-home assessment tools, self-directed support tools to track and monitor the effective documentation and consistency for our members. **Moen**- Joe I know that one of the things we have done historically is to ask this group for input. Would it be possible to invite you back to this group in the fall to discuss the 2023 plan? **Campbell** - Yes **Gudwer** - On the influenza vaccines it says 80% or greater for staff, at what level are you collecting that data. Is it at the provider level **Moen** - That is CCI staff, we are not keeping a record of provider staff
Provider Satisfaction Survey **Moen**	 Provider Management Survey  Questions for Provider Satisfactior http://www.communitycareinc.org/for-providers **Moen** –We have our provider satisfaction survey out on our website and when we send amendments and other documents, we include the link to the survey. We get responses from providers who are really happy and say you did a great job and providers that are angry and want to say that you're not that great. Nothing is contingent upon a provider completing a survey. The bigger struggles have been getting providers to do the survey and what do we want to include in the survey because we don't want to just gather random

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	information but we want to gather information that's actually helpful and we can do something about it. And the third challenge is what are we going do when we get the information. We also have a provider survey which is COVID related. Most of the last 2 years plus we've just been collecting data linking to COVID and providers experience with COVID, and used that data in the past to assist with any staffing issues. As we all know, staffing was bad before the pandemic and is now exponentially worse. We tried to assist using this data collected and would reach out to providers. **Ferris** – We have both a COVID survey and the Provider Satisfaction Survey on the CCI website **Moen** – Regarding the Provider Satisfaction Survey, do you have any input into potentially better ways to letting everybody know it exists and have you had any luck getting survey information that you can share? With everything else that's going on taking the provider's satisfaction survey is not a priority. But we need the information to evaluate our performance and report to the state **Question** - Could you offer a small gift card, maybe quarterly, just a random drawing for the survey respondents? **Moen** – I think we probably could, I think that's a good idea. I don't think it would be contractually wrong. **Provider -** I actually tried to fill it out one time, about claims. The claims submission area wasn't nuanced enough for what I was trying to get at. When using the Claims Submission Portal processing is absolutely amazing. Anything that is not done automatically and has to be sent in paper form, via pdf. or a corrected claim, there seems to be a long wait for payment. **Provider -** Under care teams I would put the ability to reach the care manager, knowing who the care manager is, how long does it take to get an authorization **Juett** – I have not had any issues with reaching the care teams or getting authorizations. **Moen -** If you have major areas that you think would be useful, let us know. We do want to change our survey. Another suggestion we got has to do with gathering information from you regarding your staff, staff turnovers, do you offer employee mental health services.
EVV **Moen**	Most or you on this call actually don't use EVV. I am on the statewide advisory work group related to EVV (Electronic Visit Verification). We also meet as a group of just MCOs with DHS, the workgroup advisory meeting consists of the state, members, providers, associations, and there are also subgroups, so there is a lot of work being done around EVV. For any services that involve personal care that are in-home care, Supportive Home Care 5125 Assist with Activities of Daily Living, Personal Care, SHC daily rate, supported apartment. The workers who provide those services need to sign in and sign out to prove the service occurred. From CCI's perspective if we get a claim with the procedure types mentioned without a corresponding visit verification in the state's EVV database that claim should not get paid . What will happen when we give the state our claims data, the state is going to look at the claims that should have had a verified visit and if there isn't they will disqualify those claims when they figure out our capitation rate moving forward. During what the state is calling the soft launch since 2020 there haven't been any financial penalties because there are not regular visits in the system. We have not stopped paying providers who submit claims without having electronic visit verification. Hard launch was supposed to be in 2021 but at this time it's still yet to be determined. The state has admitted they don't want a false start again. They're going to wait to announce the hard launch date when they are certain. Statistics from the state show no funder (CCI) is over 60% compliant based on the state records which means 40% of payments would be disqualified. Another issue is that no MCO can match those numbers the state is presenting. Our data shows a different percentage of compliance than the state's data for CCI and we need to meet with the state to reconcile that. Some providers are doing really well with EVV and some made it part of their payroll process. Other providers haven't even touched it yet. We continually reach out to those providers we know are struggling with it, to see what assistance we can provide and what assistance is available on the state level,.

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COVID-19 **Moen**	COVID updates from a Community Care perspective, we have begun looking at a return to work plan. We're not all going back to the office at this time. Instead we're trying to determine what level of remote work can be done. If you consider the work of our Care Managers and RN Care Managers, most their work is done outside of the office anyway, like member visits. Provider management performs pre-contract visits, staff service follow ups, audits and random visits that are outside of the office. But if you're having any issues being able to reach anybody certainly let me (Matt) know. One of the expectations we have in provider management is no matter where we're working, we can't let our customer service suffer.
DCW **Moen**	Two weeks ago we had to share our DCW information with the state. We're in the middle of the process right now to establish how much each provider will be receiving. Providers that are eligible for that payment hasn't changed since the last payment. Right now we are at the point where we have to go through what the state believes needs to be paid out, go through newly contracted providers and what contracts have been terminated or are on an OIG hold. Payments will start to go out by the end of May. **Gudwer** - Is the state using the same assumed Room and Board split percentage as they've done with the rate increase calculations **Moen** - I don't know if they need to do the rate increase breakout considering they'll just use total dollars without that breakout
Community Care Provider Payments and Rates **Moen**	In 2020, our year end numbers were in a positive financial position. We were determined to give some additional funds to our providers, on a one-time payment basis as opposed to increasing rates, the issue would be if the next year's capitation rates were reduced, for one reason or another, we would have to take the increase back. If you look at our general philosophy we are committed to investing in our provider network. So at the end of 2020, based on COVID information and a COVID relief payment we did pay out about 6.5 million dollars in one-time payments to our providers. In 2021, specific to one-time payments, same type of situation we're going to have a positive financial year we did commit to another 6.5 million dollars to one-time provider payments at the end of 2021. Some of the struggle I have trying to figure out these dollar amounts determining which provider should get what we take a comparative look at that. Day program services versus adult family home vs transportation it isn't an even unit match. The rates could be 15 minute increments vs. daily rate vs. mileage. We do our best to try a comparison as closely as we can. That's 13 million dollars total we were able to give our providers in 2020 and 2021. The middle of 2021 the state gave us instruction to increase provider rates and those actually went into your provider rates. CCI also adjusted your provider rates effective June 1st sending out all of those amendments. In our residential providers we pay one service rate comprised of a room & board component and a care & supervision component we are trying to get away from separating those two and have one service rate. As rates are sent out in the future if we don't collect a certain amount of room & board from a member it would just get encountered as a service rate which could help when we're trying to figure out the cost of services going forward. From a funding perspective, all of the money we get from the state which is Medicaid funding and cannot go to cover room & board. Room & board has to be covered by the member's available income which is why there's a difference in the rate we apply. The worst part of all of these provider rate increases is the administrative work it generated. We had to update about 6,000 lines of claims data and going into our provider fee schedule sending out approximately 900 contract amendments calling out the 2021 rate increase. The 2021 increase was just for providers eligible for DCW. In 2022 ARPA funding comes into play and the state says here are the providers that are getting an increase including all community based waiver providers. CCI committed 16.5 million dollars annually to increase our provider rates for 2022. Our hope would be that our capitation rates continue at the rate they are continuing.

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	We now have 11,000 fee schedules to update back to January 1, we had 1,378 contract amendments to create and send out for signatures. On those amendments we had to spell out the ARPA fund increase and the community care increase. It was a ton of work and may have caused some delays in any correspondence or customer service. . Thank you for the service you provide as we cannot do this without you. Meeting Ended.