

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

**Date:** March 26, 2025 **Time:** 10:00 AM – 12:00 PM **Location:** CCI at 205 Bishops Woods, Brookfield

**Recorder:** Faith Wenrich

**Attendance:** ☐ Acevedo ☒ Drury ☒ Ferris ☒ Grossman ☒ Moen ☐ Scholler ☒ Schulist ☒ Sveda  
☒ Trout ☐ Valona ☒ Wendt ☒ Wenrich ☒ Beacham

Topic	Discussion
<b>Introductions - Moen</b>	<p><b>Matt Moen</b> – CCI Director of Provider Management  <b>Patti Ferris</b> – CCI Provider Quality Manager  <b>Jill Wendt</b> – CCI Health Care Contracts Manager  <b>Faith Wenrich</b> - CCI Administrative Assistant  <b>Sadie Beacham</b> – Guest – CCI Quality Specialist</p> <p><b>James Valona</b> – Ability Group  <b>Nicole Grossman</b> - Dodge County Medical Facilities (Clearview)  <b>Kathy Acevedo</b> – Independence First Inc.  <b>Rachel Scholler</b> - Lakeshore Transportation Inc.  <b>Doug Sveda</b> – Next Step in Residential Services LLC, NRS Services LLC  <b>Dan Drury</b> - Options for Community Growth, Inc  <b>Carol Trout</b> – Shorehaven Behavioral Health Inc.  <b>Mandy Schulist</b> - Wisconsin Illinois Senior Housing</p>
<b>Agenda Topics</b>	<ul style="list-style-type: none"> <li>• <b>Welcome and Introductions</b></li> <li>• <b>Community Connections</b></li> <li>• <b>Quality Plan Update</b></li> <li>• <b>Affiliation with CareSource</b></li> <li>• <b>State Minimum Fee Schedule</b></li> <li>• <b>Adult Long-Term Care Provider Enrollment</b></li> <li>• <b>Provider Education / Trainings</b></li> <li>• <b>GSR 5 and GSR 7</b></li> <li>• <b>Provider Satisfaction Survey</b></li> <li>• <b>Provider Adequacy – Metastar Audit</b></li> <li>• <b>2025 Contract Changes</b></li> <li>• <b>Future Agenda Topics</b></li> </ul>

Topic	Discussion
<b>Provider Management and staff overview</b>	<b>Moen:</b> Under the provider management umbrella one of our sub areas is Heath Care Contracting and Jill Wendt is the manager of that and she is responsible for a lot of our conversations and negotiations with our hospital systems and other larger and smaller health care providers. Also within provider management we have a provider quality sub area, and Patti Ferris is the manager of that, Dawn Stearns is a Provider Management manager that oversees our account representatives and our 2 contract managers, Vanessa Fixel and Patrick Missal. We have a manager of our data area and provider database. Provider Management is also responsible for how we pay our providers through our claims system..
<b>Community Connections</b>	<b>Moen:</b> We are not doing a Community Connections update today and will give updates at a future date. As a reminder, Community Connections is a Pay for Performance initiative. Essentially we are asked to get members into the community more and to interact within the community, if they so wish. This year the focus is on getting our providers involved, specifically our residential providers. We'll identify a cohort of individuals that live in certain geographic areas and different provider types to then then have conversations and input from those providers as to what this might look like. We'll have others come and visit us about this as the year goes on.
<b>Quality Plan Update</b>	<p><b>Beacham:</b> We updated our Quality plan this year. We continue to monitor care management, provider management, appeals and grievances. Highlighting a few new items this year, we are focusing on care management of our vulnerable and high-risk members. We've done multiple internal, targeted audits with this trying to make sure we are identifying those members and then wrapping around them appropriately by creating comprehensive back-up plans, monitoring health and safety risks, so we may be able to support those members and insure that we are monitoring them closely by increasing care manager visits to monthly, We are looking to get 100% accuracy for identifying those members, Vulnerable high-risk members specifically cannot provide their own nutrition or fluids without the assistance of someone else, they are non-decision making, unable to communicate and have only one care person in the home. CCI has identified we serve over 100 vulnerable, high-risk members. We continue to monitor Satisfaction Surveys, for both members and providers. We are monitoring member incident at a residential provider, expecting that the provider reports to CCI timely so we can get that to DHS timely. Timely means CCI reporting to DHS within 2 days of notification of an incident. DHS requires that we update them regarding incident reports and an investigation, depending on the incident level.</p> <p><b>Sveda:</b> What is your threshold of reporting? What are they expecting to have knowledge of?</p> <p><b>Beacham:</b> Reporting an injury or abuse, police contact, and APS involvement are examples of what DHS expects to be reported. Non-licensed providers report to CCI, or APS, but not to DHS.</p> <p>New projects this year include 2 Clinical projects and a non-clinical improvement project. The non-clinical improvement project this year is having a comprehensive back-up plan and supports for those vulnerable, high-risk members. Making sure that we have caregiver burden assessments done and back up plans for that. There's a number of things we are checking on to insure a member is supported. Our Clinical improvement project is about assessing for alcohol abuse and overuse. We don't currently have an assessment for alcohol so we have implemented a one question assessment and depending on their response we are able to provide an intervention. It'll be an educational intervention and then a referral to our behavioral health for any further interventions or supports that a member may need. We have an informal project that we're working on, decreasing our hospitalizations and re-admissions rate. Provider Surveys. We want to see if there is any feedback from this group to see if we can improve our response rate.</p> <p><b>Ferris:</b> We had a significant improvement in the number of responses in 2024 when sending out an email to all contracted providers with just the survey information. In 2023, we only had 164 responses to our survey and our goal was to increase it by 10%. As of the 3<sup>rd</sup> quarter in 2024, we had received 363 responses, a 120% increase. In 2025, we will send the survey 3 times, There were no trends, in the results. We did remove the function asking "Do you want to be contacted?"</p>

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	<p><b>Moen:</b> We have approximately 2,100 legal entities and of the 363 responses, some may have come from different staff at the same legal entity.</p> <p><b>Beacham:</b> The informal clinical project to decrease our hospitalizations, incorporates a prevention and wellness plan focused on vaccinations, transitions of care after a hospitalization and preventative medical screenings like mammograms, colonoscopies, and other testing.</p>
CareSource	<p><b>Moen:</b> As you are aware, we signed our affiliation agreement with Care Source in September which ultimately means CareSource is buying Community Care. It's not an official merger, and it's not a for-profit buying a not-for-profit. Where we sit today is that the only official thing that's been done is the signature pages between CareSource and Community Care. The state of Wisconsin and OCI still have to approve it and that's not yet done. There are weekly and bi-weekly meetings to discuss checklist items. Once DHS gives the go ahead it then goes to the office of the Commissioner of Insurance in Wisconsin and because of our health plan, we need their approval. We currently have between 15 and 20 different work streams between Community Care representatives and CareSource representatives to define current state, to essentially have those work streams come up with a recommendation for their areas that go back to a governance committee that will then say okay on day one here's what is going to look like. Then we'll need to determine future state, on a date to be determined then what does it look like. Specific to Provider Management, for instance, we have showed our systems, our databases, and our application to contracting process, and our credentialing, What's that going to look like on day one we'll have to recommend do we just continue to do everything the same, do we have to share some of the systems with each other and in future state what does that look like? Those meetings are happening every week, some twice a week, because we have so much to cover. This is not going to be apples to apples. Our belief is year one after day one will look very similar to how it looks today and future state is yet to be determined.</p> <p><b>Drury:</b> What is CareSource exactly?</p> <p><b>Moen:</b> CareSource is a not-for-profit insurance company headquartered in Dayton, Ohio, but they have markets across the United States. In Wisconsin, they acquired Common Ground. Common Ground was one of the last remaining health care exchanges from the Affordable Care Act. They are looking at other markets in Wisconsin, yet to be determined. They are interested in the Long Term Care market and we tried to find someone whose values closely mirror ours. We'll send notifications when official information comes through.</p>
State Minimum Fee Schedule	<p><b>Moen:</b> A few of you, as residential and supportive home care providers, are affected by the State Minimum Fee Schedule, The funding is from left over ARPA money, so as it sits today it is in the proposed state budget as a cost to continue. We're hoping and operating as if it will pass.</p> <p><b>Sveda:</b> Are they also continuing with the Direct Care Workforce funding on top of the Minimum Fee Schedule?</p> <p><b>Moen:</b> That's a separate line item in the budget. The minimum fee schedule isn't a separate line item in the budget it's just rolled into the DHS cost to continue.</p>

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<b>Adult Long-Term Care Provider Enrollment</b>	<p><b>Moen:</b> Everybody needs a Medicaid enrollment, everybody needs a Medicaid number, in most cases if you have multiple locations, you'll need a separate Medicaid ID. It is clear to me that we as an industry are way behind where we need to be, because we are getting emails multiple times per week asking if our organization can brainstorm to get more providers to sign up for this. We have it in our signature line of our emails. We are in test phase, with a daily provider extract file, to see all of the providers and their Medicaid IDs for everybody. In our provider database, we use the US Postal service address scrubber to insure that's exactly how everything would appear The Medicaid Enrollment Database does whatever you as providers enter. It's difficult to get our addresses and information to match up. We have found that some providers checked multiple boxes not understanding the definitions of the service types.</p> <p><b>Drury:</b> I don't feel like that is addressed in the training.</p> <p><b>Moen:</b> We have given our providers a link to information on the Forward Health website. The daily extract file that comes to us is how we'll see if a provider's number is terminated and have every SDS worker who also needs a Medicaid ID. Most of them have an EVV# but the Medicaid ID will not be the SDS worker's EVV#. Every 3 years to get that number re-validated. We meet with the state as an MCO group, or with just the MCOs without the state, as well as just us with the state. There's an SDS work group that meets with and without the state. CCI has only 2 fiscal agents. They'll have to send us a spreadsheet of all the demographics of all of the SDS workers. We'll send it to the state and the state will get Medicaid #s assigned. The workers will only show up in that daily extract file if they're good to go. We'll have to find a way to find those for our members. Right now we're in testing of the SDS extract file, sending random stuff to see if that gets accepted. Starting in August we have to send our entire Provider Directory because the state wants to have a statewide provider directory that matches all of the data that they have. Supportive Home Care providers that have EVV numbers cannot start their application until mid-August. All of the work that they did for EVV will be considered a partial application. They'll give the additional information that's needed for Medicaid Certification to have done a full application and, in theory, their EVV number will be their Medicaid number. Not true for SDS workers but true for agencies. We had to submit to them a listing of all the providers in our network that we believe are not enrolled. We'll continue to be on the state workgroups. The state is at the end of their extensions. If you do not have that Medicaid number, you won't get paid, effective January 1, 2026. After that date, if you apply for a Medicaid ID, they will not be given retroactively. If you have confirmation number letters please send</p>
<b>Provider Education / Trainings</b>	<p><b>Ferris:</b> In 2024, we provided a training for the reporting of Abuse, Neglect, Misappropriation, Injury of Unknown Origin, Caregiver Misconduct, Reporting and Investigation, 4 times. This is a continual education training every year as part of our contract requirement to make sure providers are aware of that. We also held a Compassion Fatigue training, an Emotional Effectiveness, Positive Supports, training and a Personal Endurance educational training. A Webex training called Legal Decision Makers was offered in 2024 and will also be offered twice again in 2025. In 2024 we created a 1-2 Bed Certified AFH informational newsletter that we sent out and held a first-time 1-2 Bed Certified AFH training on how to be successful and compliant with all of the requirements of our application process. Please share any great educators that you may know of for us to offer any other helpful trainings.</p>
<b>GSR 5 and GSR 7</b>	<p><b>Moen:</b> Handouts: GSR Map 2025 and GSR Map 2026 - <a href="https://www.dhs.wisconsin.gov/publications/p01790.pdf">https://www.dhs.wisconsin.gov/publications/p01790.pdf</a>  For GSR 5, eff. 2025, all of the MCOs or organizations that applied were awarded this region. Milwaukee County will be changed to GSR 7, eff. January 1, 2026. On GSR Map 2026 they are combining GSR 2 and 3, into one GSR 2. CCI did not write a request for proposal for GSR 2 eff, 2026. We did write for Milwaukee County, GSR 7. These are on a multi-year cycle.</p>

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<b>Provider Adequacy – Metastar Audit</b>	<p><b>Moën:</b> Our report is due back to Metastar this week Friday. We submit a few things, including a file of all of our providers in each of the programs, specifically our long-term care providers. For Acute and Primary, they use the HSD, Health Service Delivery, tables. The state of WI contracts with Metastar that does our quality audit. Metastar recently contracted with Myers &amp; Stauffer, an actuarial accounting firm. They post all of the nursing home schedules as well and are doing our network adequacy review. There's a network adequacy document on the state website. <a href="https://www.dhs.wisconsin.gov/publications/p02542.pdf">https://www.dhs.wisconsin.gov/publications/p02542.pdf</a> We are judged on the ratios in that document. There are some exceptions we can argue. For example, there are no RCACs in Manitowoc so we would not meet that adequacy. For any goods and services like Housing Counseling, PERS, DME, it's not based on how many you have, it's based on the wait time from when the care team approved the goods or service to when the member received it. They asked, how would you judge that, our explanation is the date the authorization is entered, and a service date on a claim should be when the member received the goods or service. Last year we received a 97%, they go county by county. They compare the data we sent to our Provider Directory, found on our website. <a href="https://www.communitycareinc.org/members/provider-directories">https://www.communitycareinc.org/members/provider-directories</a></p>
<b>2025 Contract Changes</b>	<p><b>Moën:</b> There are 5 major categories that are new in our contract for 2025. There are also tweaks to the definitions of some of the other categories. At this point in time, we haven't finalized what we are doing with all that information but at the end of the day, they need to be their own category in our provider database, they need to be their own category in our provider directory, we have to insure we are credentialing them appropriately based on the state's direction. We are waiting for some further directions regarding questions we have. Regarding Remote Monitoring and Support and Community Integrated Employment, we have asked for clarification and further explanation and direction regarding the codes and definitions. We are working on training for our care teams. Currently, there are clear regulations on camera use, which is confusing in how the remote monitoring and support has been written.</p> <p><b>Ferris:</b> Some providers in the northern area received DQA approval to use some which is complicated because it doesn't match what they're saying in other regions.</p> <p><b>Moën:</b> The other thing for CCI is that we wouldn't authorize and pay for that separately in corporate residential settings. So there is a difference in the application of this new service and what goes in care planning and what goes in acknowledgements and sign-offs. Those categories aren't included in our current network adequacy submission. The expectation of our Provider Directory is that the member should be able to find what they're looking for.</p>
<b>Other Questions</b>	<p><b>Sveda:</b> Can you speak to CCI's status on the DHS website?</p> <p><b>Moën:</b> There was a situation with a member and a caregiver that resulted in CCI being placed on a corrective action plan. In response, we have implemented requirements that our care teams need to follow, we continue to report, and will remain on the website until DHS is satisfied that we have done enough toward prevention of the situation re-occurring.</p> <p><b>Beacham:</b> Currently, we have an audit we're working on, it runs to the end of this month, looking at the vulnerable, high-risk members and their caregivers, making sure it's a comprehensive plan with very specific information in the back-up plans.</p>

Topic	Discussion
	<p>Thank you for attending and if you have any agenda topic ideas for 2025, feel free to contact Faith Wenrich, <a href="mailto:Faith.Wenrich@communitycareinc.org">Faith.Wenrich@communitycareinc.org</a> , or email <a href="mailto:contractinquiries@communitycareinc.org">contractinquiries@communitycareinc.org</a>.</p> <ul style="list-style-type: none"> <li>• A reminder, when we asked you to join our advisory committee, it was for a 2 year commitment. Thank you for your commitment.</li> </ul>