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

AGENDA

Date: Wed. August 12, 2020 **Time:** 10:00 am – 12:00 noon **Location:** Phone in – 414-203-4660
Recorder: Faith Wenrich

Attendance: ☒ Drury ☒ Ferris ☒ Gudwer ☐ Jones ☒ Juett ☒ Krzanowski
☒ Lavrenz ☒ McCook ☒ Moen ☒ Nardi ☒ Reale
☒ Wenrich ☒ Theresa Baker (Guest)

Topic	Discussion
Introductions	Dan Drury - Options For Community Growth Inc - April Juett - AJs Living Home LLC, AJs Living Home #3 LLC, Homes of Hope Bill Gudwer - Limitless Possibilities LLC Victor Reale – Crossroads Care Centers Krista McCook - Mosaic Management Group LLC Luke Nardi - Southport Transportation Inc Dennise Lavrenz - MCFI 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 Theresa Baker – CCI Director of Quality (Guest)
Baker	• **2020/2021 Influenza Project** -Theresa Baker, CCI Director of Quality As part of the contracts with DHS, all MCOs are required to submit annual immunization data for validation as it refers to influenza and pneumococcal vaccinations. DHS is accountable to CMS for MCO performance related to immunization. In 2019 DHS started a group called the Influenza Quality Improvement Collaborative (IQIC) with members from all MCOs, DHS staff, and representation from Wisconsin Immunization Registry (WIR) with the goal of improving vaccination rates across the state. CCI adapted that format with its own internal IQIC comprised of staff from the quality dept., provider management, clinical services, clinical informatics department, and learning and development resources department. The efforts of DHS and the IQIC group developed and established an Immunization Toolkit available on the DHS website meant as a comprehensive tool. https://www.dhs.wisconsin.gov/immunization/toolkit.htm During 2019 CCI's focus was to start doing more both clinical and residential education as it is related to the WIR. The DHS immunization measurement period started August 1 and will run through March of 2021. Last year all three CCI programs were at or above the statewide average for influenza and pneumococcal vaccinations. This year we are planning to get a better understanding of how to assist our providers. **McCook**- In the past, our RNs could get vials of the vaccine from the pharmacy so they could administer to our staff but now a

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	physician's order is needed. As an assisted living facility we don't have physicians on staff to get us that order. It costs us $30 - $40 per employee for us to get flu shots from an outside provider. Is there a way that we can mitigate that? Would it be possible for DHS to provide a blanket MD order as they do for COVID tests? **Baker-** This is something I can take back to the IQIC asking for a blanket order for residential providers. **Gudwer**- We don't have an RN on staff so our employees usually see their primary care provider for their immunizations or get them at a pharmacy through their insurance or we reimburse them. **McCook**- It's not as efficient that way. I don't know that we get as great a compliance with employees asking them to go to their own physicians. **Juett**- Is it mandated that staff has to have flu shots? **Baker**- There is no mandate that staff is required to have a flu shot. The focus is that during the pandemic it is more important than ever that the staff is getting vaccinated. **Lavrenz**- Partnered with Walgreens, a team came to our facility and held clinics, they ran the cost through staff's insurance or if no insurance they gave a voucher. I don't know if we were required to have a certain number of employees before they came. **McCook-** we reached out to them and had a different experience **Juett** - Due to COVID some doctors are only seeing patients virtually and we can't get to their offices. **Baker**- DHS does not expect any shortages of vaccines this season and they are encouraging everyone to receive their vaccines by October. Maybe there is something we can do our next go around and reach out to our larger physician offices for additional information to assist our residential providers **Gudwer** - Could someone set up a drive-thru clinic? Using COVID precautions it is difficult to transport multiple members at one time to get their vaccinations. **Baker**- I will add this to my notes and take the idea to DHS. Each year DHS publishes immunization results to see how all the MCOs are doing. Are results available at the provider level? **Baker**- I don't think it does. At an MCO level we would be able to show the data at a provider level.

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Moen	• **P4P** – Pay for Performance – 3 major areas looked at: 1) Members Survey Results – this continues to be an area where the state withholds a portion of our capitation rate and based on our member satisfaction surveys results, releases the withheld amount back to us. We are on track to get back what was withheld but have not received any additional enhanced payments related to this. 2) Competitive Integrated Employment – it will be very difficult to reach the benchmarks that were set pre-pandemic since many employers have shut down or downsized and furloughed staff also effecting our members so this will be placed on hold as it relates to P4P 3) WCCEAL (Wisconsin Coalition for Collaborative Excellence in Assisted Living) - This area is related to residential providers who may be members of WCCEAL and/or have qualified for an abbreviated survey done by quality assurance and had a certain measurement of falls / member resident days state put aside funds for MCOs who were contracted with providers that met the various qualifications and additional funds set aside for members that were a part of WCCEAL. MCOs were to put together a plan of what they would do with those funds should they receive it by June 30th. There haven't been any payments made to MCOs and there hasn't been any decisions what they plan to do with that but this continues to be a P4P indicator. This is not a situation where money was withheld, it was additional funding. • **Dane County Expansion** – CCI was asked to become an MCO choice for members enrolling in Dane County Family Care because My Choice and Care Wisconsin have merged into My Choice Wisconsin leaving only one MCO option in Dane County. We agreed and CCI has started to contract providers and we have some member enrollments. Before the pandemic we were holding in-person meetings with potential providers and had to stop those but we continue to build a network using outreach emails, letters, and phone calls. We have a Care Manager assigned in that area and office space available to members that choose Community Care Inc as their MCO. Jennifer Flemal, a CCI Regional Program Director for Family Care, has oversite of Dane County. **Reale** – Is Crossroads Care Center of Sun Prairie contracted with Community Care Inc? **Krzanowski**- Yes • **Residential Rebalancing**- This is one of CCI's internal initiatives that began in 2019 and continues to this day. Fiscally, this is an area the state wants us to continue making improvements, especially concerning residential placements of our Frail Elders and Physically Disabled populations. When reviewing where our members were being served compared to other MCOs, CCI had a much higher percentage of members being served in Adult Family Homes. The reasons could be legitimate as it's where the member grew up or family is close to the home but the funding model suggests individuals that can be served in less costly settings, we need to be looking at that for our members. So CCI has been progressing in the right direction. as well as talking to care teams and discussing cost appropriate options. Drury - Are you still putting a hold on contracting licensed AFHs?

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	Moen - We will continue a hold on applications for Licensed AFHs and corporate certified homes in Milwaukee, Racine and Kenosha counties. The contracted providers' vacancy list still has a number of openings for those to be an option for our members. **Juett** – Are we looking for members and providers in Dane County? **Moen** – Yes, we continue to contact providers that we know are in Dane County. We've done a lot of outreach to the point of some of these providers telling us to stop. We cannot recruit members but they are given the choice by the Dane County ADRC. A previous MCO was paying higher rates before the merger and a fear is that providers may think that we are going to a "replacement" and offer those same or similar rates but that will not be the case. We're not receiving a huge rate to be paying the same as our predecessor causing them to have to merger with another MCO. • **DCW**- Multiple changes have been implemented. DHS has expanded DCW funding to include more service types, supported employment, prevocational, and those type of providers. There was a new biennial agreement that we sent out for signature. The state is not asking for refunds from providers that received checks in the past but did not complete the survey as originally stated. The DHS website attestation survey has been eliminated but they are reminding providers they will still be held accountable in the future to prove or explain how they used the funds appropriately. Payments are larger and less frequent. Some providers have received multiple checks. Control numbers were based on encounter data sent to the state and it may be different depending on how many locations you have contracted and how you bill us. CCI is trying to make that process more efficient because it's too many paper checks and tracking whether they were cashed or not will be a lengthy process. • **EVV Updates**- Electronic Visit Verification (EVV) for personal care services specifically if you have codes: T1019, T1020, S5125, S5126, is scheduled for a soft launch on 11/2/20. Any member receiving a service under these codes, that worker will have to utilizing the state's EVV system created through SanData. Some providers have their own system which can be setup to share data with the state's system. The hard launch is yet to be determined. Under the hard launch, provider claims can be denied if EVV is not existing for that visit. The state will look at our encounter data and for those claims missing EVV so they will disqualify that for future rate settings. Ultimately we would like to be able to withhold payment because there is no EVV data but our systems are not sophisticated enough to talk to each other. Likely we're going to have to post audit and if there is not a visit verified for the paid claim then we will have recoup those payments from that provider. Live-in caregivers, usually for us this is an SDS model, will not be required to use EVV. There will be specific instructions and trainings starting. All providers will have to have a Medicaid ID, which we have not required until now, so they can bill. The worker's Forward Health ID will need to be included in our billing process for the State to link the EVV data to our provider claims. NOTE: Providers will have to bill us by the date of service and inform who actually rendered services using the workers individual Medicaid ID that will be used no matter the MCO. To sign up for the trainings, you must have the ID.

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	Gudwer – Is CCI's claims submission portal going to be modified to accommodate this? **Moen**- We believe so but one of the things that still isn't happening is the ability for the states system and our claims system to talk to each other. Whatever we're able to do we're certainly going to do. There are workgroups, including a technical group, giving us information and support. **Gudwer**- Some supported apartments use code 0672, a miscellaneous SHC that doesn't fit into any other category. **Moen** – CMS made it clear that there will not be any service codes changed to fit or avoid EVV. **Gudwer**- Are you saying that code 0672 is inappropriate to use? **Moen**- I'm saying Community Care would not use it. **Drury**- What about cluster SILs that have staff going back and forth to each apartment. Would they check in at each apartment if they have an 8 hour shift? **Moen**- If there are authorized services for a member in each of the apartments, there has to be EVV encounter data for that member. This may present an issue in the soft launch. • **COVID-19** – To start we are asking each of you to share your updates or general information related to the COVID-19 pandemic and its effect on your services and staff. Without divulging any names, have you had members and staff that tested positive? How has this impacted your business? **Gudwer:** We have one member and 8 staff that tested positive. The member that tested positive is a very challenging member that spent time in an institution and came out with a positive COVID test. It was quite an ordeal to get the member back into the community and arranging the staffing. We ended up having 3 of our employees live at the home with her. Luckily she did not have a housemate and one of the staff slept in a camper that her husband brought to the house, the other 2 staff slept in the house for the 10 day quarantine period. We paid them 24 hours a day and took them PPE, this was quite the challenge. When COVID started, people being laid off came to us for work but when the government started paying the additional $600 with unemployment, our staffing started to drop off because we can't afford to match that. We've been giving our staff thank you and gift cards to show our appreciation. Our clients are struggling too. They had active care plans but can only walk a little in the neighborhood and not a lot of our folks go to day services. We are worried what will happen when the weather turns cold. **Reale-** you said you were on a call with DHS concerning this? **Gudwer** -There's a workgroup for providers with high behavioral health needs that some or all of the MCOs are part of that, also about 25 providers that serve high behavior clients DHS didn't roll out any kind of plan for SNFs? We don't have access to rapid testing at the facility, they have to go to the hospital to be tested. **Ferris-** There are weekly webinars both for the assisted living providers on Tuesdays and for SNFs on Thursdays. We will send you that information. **Juett-** my heart just melted, this is a challenge we all are going through and members are suffering the most because of staff issues. I have pretty good staff a lot of high behavior members as well. Some of the day programs are

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	opening but my members' health and well-being is my number one concern, I'm just not ready for them to go back to day program. I'm also struggling with staff that just wants to stay home. I'm being faithful, my members are good, no one has tested positive. **Drury-** We had one member with COVID and 5 staff. We closed the day program and gradually opening the day program in small groups. Art therapists going into the homes, our staff has been fantastic. We're okay at this time, but cautious when to open the day program. A few members have gone back to the day program. **Juett-** Basically what everyone is saying, we're managing it and we have a few good staff that has stepped up. This is a field we chose and we have to deal with this. Constantly ordering things to keep members active and take them for walks. **Reale**- We have been fortunate with only a handful testing positive, the most difficult thing is having activities for our residents. We've done family skype calls, intercom activities, family members can go the windows for a visit. Lack of testing information and assistance by the state of Wisconsin is a problem. **McCook** – we've been fortunate no residents or members testing positive for COVID but one new staff reported feeling ill during her first day/shift and tested positive but her pre-employment screening came back negative. The building was then under quarantine. Staffing has been a challenge and we were hoping the unemployed would come to us but then the $600 unemployment funds were given out. We also give thank you cards and gift cards to staff. We have restricted visits, compassionate care visits and set up a tent in our parking lot for restricted outdoor visits. After reaching out to community, the area high school's technology department now facilitates zoom meetings and skype visits. Increase in costs, PPE prices are skyrocketing. We are taking new admissions, asking for COVID testing, then must quarantine for 14 days but we haven't had a lot of new admissions in the past 6 months so revenue is going down. **Moen-** As an MCO, we're not changing anything. There are members that have gone back to the family home during the pandemic. Drury- **Nardi-** Business is slow, the government is paying people to stay home. PPE is an added expense and we are receiving some government assistance but waiting for this to be over. **Lavrenz** – Thank you Community Care Inc for being so supportive of us and we're all in this together doing important work. The biggest impact to our organization and for those that are on the call, MCFI has 30 different programs and a lot of different funders, the biggest impact is to our day programs where we serve up to 300 per day at our sites. We fully closed our programs in March and remain closed, we were going to open about 8 different times but realized it is not safe and remained closed. We want to be up and running but we don't want to put anybody at risk and it's really been a very difficult decision. Many of our staff has been laid off and 100 have found other employment. CCI has been working with MCFI to have virtual programming, art and music, bingo. It's sad and very frustrating. We did bring back some of our employment services. **Gudwer-** The virtual day programming has been an interesting concept to us. Can this be temporarily added to some clients plans to supplement what the normal direct care staff are doing? Maybe it will keep some of the day program staff employed and help alleviate some of the stress in the residential homes? **Moen** - This would be on a member by member, cm by cm basis. You can ask different care teams about. They

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	would follow the RAD process. **Gudwer** - Are there plenty of virtual day programs as an option? **Moen** - We probably have 10 – 15 providers statewide providing virtual services. During COVID we are allowing a virtual option which was never an option. The state said there will not be any additional funding coming to MCOs to distribute to providers. There is of course a number of federal and state programs offering assistance and we have sent many, many emails with any information related to COVID funding that may be available for providers. Every time we hear of anything no matter how big or small as it relates to funding or PPE and its COVID related we are sending that to our providers. At the very beginning of COVID we put a provider survey out on our website, many of you answered that we continue to review that weekly to make sure we reach out to providers if they have specific questions. We also asked if you have excess staff and who needs staff, helping to coordinate and share that information. If residential providers have to add staffing because members are not going to day programs we repurposed those dollars to help pay for that additional staffing. We have begun resuming member face-to-face visits as they are essential, using all precautions we can. We are looking at a plan to have our staff come out to do quality and on-site visits again to satisfy our contractual agreements. We are looking at other ways to provide some levels of relief funding. Our first pass at that has been for residential providers, specifically AFHs, RCACs and CBRFs that have had a positive COVID diagnosis. If you have a positive member that is not a CCI member but we have CCI member(s) being served at that location, we are choosing to do a $1000 onetime payment at that location. If you have CCI members test positive at a location we are paying $1500 per occurrence for up to a total for an organization of $15,000. We're on pace for that to be about $300,000 - $400,000. We have extended the deadline for that for any member that tests positive by the end of September and the information is submitted by the middle of October, we'll review that for consideration of payment. We should have our preliminary capitation rate and see if there are other things we can do. On the table we are considering other provider types. **Moen** - We have a huge heartfelt appreciation for all that our providers and their direct care work staff have done and continue to do always.