

Community Care Program Advisory Committee Minutes

10:30 a.m., Wednesday, February 17, 2015

Northfield Inn and Suites

Members in Attendance:

Melissa Anderson (for Nancy Thorsen), PC Aging; Darby Anderson, Addus; Carol Aronson, Shawnee Health Services; Debbi Baldauff, Catholic Charities CCU, DOJ; Jean Bohnhoff, Effingham City/County Committee on Aging; Cary Crawford, Chicago Commons; Diane Drew, CHELP; Tom Gonzalez, ADT; Ella Grays, Gareda LLC; Greg Kyrouac, SIU School of Medicine; Matt Lisovitch, Philips Lifeline; Carol Mauk, IADSA; Marta Pereyra, CLESE; Vicki Schlomann, Lutheran Home; Susan Simmons, Help at Home, Inc., Bob Spaulding, Healthcare Plus Senior Care; Jane Stansell, IADSA; Robert Thieman, IACCPHP, Marylee Tomsa, DuPage County Seniors; Kathy Woodworth, Healthcom; Kathy Wyatt, McDonough District Hospital

Members Not in Attendance:

Lori Cummins, Midland AAA; Anna Jo Cox, Golden Circle Senior Citizens Council, Inc; Kimberley Cox, Addus; Barb Doss, Guardian Medical Monitoring; Barbara Greenwood, Monitoring Care; Sherry Barter Hamlin, River to River; San O, Southeast Asia Center; Dave Lowitzki, Barbara Wylie.

Illinois Department on Aging: Alex Burke, Mary Gilman, Gidget Freeberg, Robin Morgan, Dennis Miner, Jennifer Reif, Maureen Squires, Lori Brannan, Jody Martin.

Guests: Cheryl Aguirre, Home Life Healthcare; Laura Bishop, HomeCare Personnel; Gail Briggs, HCl; Dale Claus, Lutheran Social Services; Donna Cobb, Gareda LLC; Andrea Davenport, Blue Cross/Blue Shield; Becky Gillen, Macon County Health Department; Sheila Gruel, Cumberland Assoc.; Marsha Johnson, CCS, Inc.; Jean Jones, Cass County Mental Health; Lubertha Mercer, HCl; Kristyn Moore, McDonough District Hospital; Amanda Newman, Western Illinois Management Services; Lorie Pence, CIAAA; Kerri Pendley, Addus; Juana Reyes, Casa Central; Christy Toland, Snyders Vaughn Haven

Welcome and Introductions:

The meeting was called to order at 10:30 a.m. by Jennifer Reif. Alexander Burke was introduced as the newly hired Legislative Liaison for the Department.

Approval of Minutes:

Minutes from December's meeting were approved by Tom Gonzalez and seconded after one correction: Donna Cobb attended the meeting in place of Ella Grays who had been listed as present.

Diane Drew said the committee wanted to thank Mary Killough, former Deputy Director of the Department on Aging, and Joseph Mason, former Division Manager, Home and Community Based Services, for their service over the years and for leading CCPAC.

Staffing Changes

Jennifer said despite the recent changes in personnel at the Department, she is confident that staff are stepping up to the plate during this time of transition to address on-going issues. She said business will be conducted as usual and that management at the Department has been divided between herself, Scott Norton and Dennis Miner.

Budget

Dennis distributed a budget sheet and announced that the Department is on target for the fiscal year and is not anticipating any changes. The FY '16 budget will be introduced tomorrow, and Dennis said he could not answer any questions about it until after it is introduced by the Governor. He said a briefing would be held following the Governor's message and an email notice would be forthcoming later in the day to that end.

Several questions were posed with regard to the budget, including one asking if there would be any excess funding. Dennis replied that there would be no excess funding left over from FY '15 as there are no monies not accounted for. He added

that there are sufficient funds to get the Department through the end of this fiscal year.

Bob Thieman asked for the status of payments going through the Comptroller. Dennis replied that their current payments are running through mid-November. He reiterated the importance for providers to bill timely since the Department doesn't approve of providers seeking expedited payments if they are behind in their own billing. He said it is not fair when the invoices are submitted late and the payment for such is requested to be expedited.

Another question came from Bob Spaulding concerning the remaining balance in the Homemaker line. Dennis responded that it did not reflect the inclusion of certain funds.

Dennis said he could not make projections with regard to next year's budget. He said the next budget will be just like any year with different differentials. He said three years ago the budget was short and required a supplemental, and one is not needed this year. He said he cannot stress how important credibility is when dealing with numbers and the Budget Office and that spending has been brought in line.

Jane Stansell asked about appropriate and inappropriate billings and whether those had been resolved as it had come up at the previous meeting. This was related to a past issue involving billing for CCP clients who were deceased.

Dennis responded that the Department is still working on addressing the problem. The Department has gotten to the root of the problem and is seeking ways to make monitoring stronger.

Darby Anderson asked if the Auditor General has been investigating the issue.

Dennis said every two years the Department undergoes a compliance audit and this issue was just one area they reviewed.

Darby then asked about deadline to close the matter, and Dennis responded that they have not given any closing date on a corrective action plan. He said the Department is open to any suggestions that will make the system more secure.

Even though the numbers affected by the issue are not statistically high, it is still not fair to taxpayers when such a glitch occurs and it must be rectified.

Jennifer said the issue is one revolving around data quality, and several divisions within the Department are working to be very thorough and making efforts to be transparent in working on the issue.

Quality and Program Issues

With regard to the same issue, Mary Gilman told the committee that she sent an email out Friday stating that the Department will be checking with the Illinois Department of Public Health death records when a CCP billing is entered. She said the main message to CCUs is to NOT send new CATS on those people.

For CCP providers, a billing will be entered and if the SS# matches or the date of birth and last name, the participant will be considered deceased; for CCUs, a CAT with a face to face date after the death record date will reject with an error code.

It is akin to a “switch” turning on and off in the system and it is needed until it is determined individuals are, in fact, alive. The Department is working with DPH on guidelines and what will satisfy auditors etc. There will be an “edit” built in to the system.

Several committee members asked for more clarification on the process and dates to be used. Mary said there will be on-going discussions, particularly with regard to Money Management participants.

With regard to CCP providers, it is time to begin a new agreement cycle. The first agreements in this cycle start this August. Providers will be notified via email with regard to new applications. The email will come from Carrie Marcy.

Bob Thieman asked that his Association be notified; Carol Mauck also asked that her Association be notified. Mary said they would be.

SHIP Grant

Jennifer said a \$1.4 million grant application has to be submitted tomorrow with regard to SHIP and staff have been working diligently on it.

At a later date, some train-the-trainer events will be held and notices will go out to make the network aware.

She said more reporting needs to take place with regard to the trainings as federal CMS requests.

Dennis said we should know more in the next month since it is a grant renewal.

Jean Bohnhoff asked how it works if an agency is not reporting but is receiving funding.

Jennifer said there is a formula process to follow. The Department is working with IT and AAAs on a better system that will track reporting. The Department is doing great work but lagging in reporting on the trainings.

Jean noted it may be hard to use Social Security numbers with regard to tracking since many older adults have been told not to give them out.

It was mentioned that SS #s are needed for Benefit Access and death reporting etc. but they are hard to obtain.

Managed Care

With regard to Managed Care, Robin Morgan told the committee that the Department just finished its last phase of MMAI transitions and approximately 12,000 participants have opted out of the MMAI program – some before and some after they enrolled.

HFS is currently finalizing contracts to make the 12,000 participants mandatorily enroll in an MCO or lose Medicaid services. The contracts are now under review in HFS's Legal Department; it is likely they will go out in June or July. HFS will distribute letters to the participants and the participant will have 60 days in which to choose an MCO. IDoA assumes that HFS will stagger the notification letters to

members so that the 12,000 enrollees occur over a couple of months instead of all at once. It was noted that providers or CCUs should not be influencing participants' choices of MCO or their decision to opt out of the MCO program. Our services are only one piece of the healthcare puzzle. MCOs offer a variety of benefits for participants. If they opt out, for example, they could lose out on bonuses for over-the-counter prescriptions that would benefit them.

Cary Crawford asked if providers will receive a list of the 12,000 individuals.

Robin responded that the Department notifies CCUs and the CCUs are required to send Provider Notification forms to the providers to notify them of their client's transfer to an MCO. The Department feels that sending a list would confuse people due to all the transfers that occur on a daily basis of people changing plans and opting out. The list would be obsolete as soon as it was printed. The Department is developing a system where providers and CCUs could enter in a SS# and determine a participant's MCO status at any given time. However, it will take time to develop this system.

The Department has had some trainings and is being pro-active by offering more on-line trainings so they are available to staff at any time. If individuals use eCCPIS the Department created a "webinar" tab where all trainings will be located. This feature is for informational purposes for those who have access to eCCPIS.

Robin said she and Mary Gilman taped a "CCP 101 for Case Managers" that will be added and the hope is to complete one on billing that can also be loaded onto the system.

With regard to any problems, one common problem that BEAM hears about is MCO only paying providers on a percentage-basis. Robin said HFS has addressed this with the MCO and the MCOs are currently working to fix this and reimburse providers. Another issue was that Blue Cross Blue Shield was not providing authorizations to providers for services. Robin indicated that she had an email in to them asking for clarification on this issue. BCBS has indicated that providers should use a generic diagnosis code of 799.9 when trying to bill.

Matt Lisovitch asked if the 12,000 participants that opted out were considered part of the original 24,000 count or if these were additional clients, and Robin said they were counted in the original count. The Department would have them transitioned already if these persons had not opted out.

He asked why the state didn't make it mandatory to begin with to avoid that step, and Robin responded that HFS had made that decision and that she didn't think they anticipated the volume of people that would actually opt out. There was a huge movement by physicians to encourage clients to opt out instead of joining the MCOs. It has also been reported to IDoA that providers are encouraging clients to opt out so that the providers do not have to deal with the MCOs. Providers should not be influencing members with their decisions regarding MCO coverage.

Robin told the committee to continue to send her questions with regard to the process and any billing issues they are having. Issues/questions should be sent to Aging.Advisor@illinois.gov.

It was mentioned that the Department needs to make sure that CCUs understand that the new nursing home screening policy outlines steps that the nursing home should be following to obtain screenings when they do not receive the screening from the hospital. They should first contact the hospital. If the hospital does not respond within 10 days the CCU in the nursing home's area will be contacted to provide the HFS Screening Verification Form. It is the CCU's responsibility to provide this form to the nursing home. If they do not then the nursing home should contact BEAM as a last resort. BEAM will be monitoring which CCUs are not compliant with providing these forms to the nursing homes and will be sharing this information with the Field unit for quality assurance reviews.

Members stated hospitals are not cooperating as they should.

Mary Gilman said to send any information with regard to these problems to her attention and she will address it with the Hospital Association.

The meeting was adjourned at 12:15 p.m. for Lunch and reconvened at 1:05 p.m.

Robin made a clarification with regard to Blue Cross/Blue Shield. A representative from BCBS was present during the meeting but had to leave at lunch. She verified that in an attempt to streamline authorizations and payments to providers they will not be sending authorizations to providers when a client first transfers from CCP to BCBS. They will automatically authorize the client's last CCP care plan hours and the providers should just immediately start billing them for those same hours using the 799.9 code. Once their case managers complete an assessment and establish their own plan, the providers will receive a new authorization with any changes.

Committee Reports

Diane Drew reported that there is no report from the Policy Committee

Jane Stansell said there is no report from the Services Committee

There was no report from the Funding Committee, which is still seeking a new Chairman

The meeting was adjourned. The next meeting will be held April 14 at Northfield.