

Community Care Program Advisory Committee Minutes

10:00 a.m., Tuesday, October 18, 2016

Department on Aging, Springfield

Members in Attendance: Theresa Collins, Senior Services Plus; Kevin Cosgrave, Guardian Alarm; Diane Drew, CHELP; Stephanie Garrigan, Phillips Lifeline; Kristin Murphy, IlliniCare Health; Robert Spaulding, Healthcare Plus Senior Care; Jane Stansell, Adults Over 60; Jennifer Triplett, CCSI; Kathy Woodworth, Healthcom, Inc.; Marsha Nelson for Carol Aronson, Shawnee Alliance; Theresa Collins, Senior Services Plus; Cary Crawford, Chicago Commons; Susan Simmons, Help at Home; Linda Hubbard, ECCOA; Tracy Barczewski, Midland AAA; Bob Thieman, IACCPHP; Mary Killough for Ella Grays, Gareda

Illinois Department on Aging: Desirey Ackerman; Mike Berkes; Director Bohnhoff; Cindy Bushur-Hallam; Mary Gilman; Jose Jimenez; Sandy Leith; Robin Morgan; Lora McCurdy; Anna O'Connell; Matt Ryan; Jennifer Reif; Becky Ward

By Telephone: Mary Lee Tomsa, DuPage County Senior Services; Tuyet Ngo, Chinese Mutual Aid Association; Lori Pence, Central IL Agency on Aging; Terri Harkin, SEIU; Andrew Kretschmar, Alzheimer's Association; Marta Pereyra, CLESE; Barb Wylie, Sarah Bush Lincoln PM; Amy Marchant Brown, CRIS Healthy Aging; Susan Real, ECIAA; Debbie Baldauff, Catholic Charities of Joliet; Alex Burke, IDoA

Guests: Kristin McCracken, AMAC/Tunstall; Elio Montenegro, Genesis; Tonia Oberg, ECCOA; Mary Hemp, CCSI; Marsha Johnson, CCSI/CCU; Richard Juarez, Lawndale Christian; Cindy Worsley, Fox Valley Older Adult; Kathy Weiman, Alternatives; Lindsay Snelling, ACM Care; Becky Edwards, Macon County Health Dept.; Carolyn Bates, Molina; Lisa Kracht, ECCOA; Bill Wheeler, ICCCU

Welcome and Introductions:

The meeting was called to order at 10:05 a.m. by Jose Jimenez and roll call was taken.

Jose asked for the September 6, 2016 meeting minutes to be approved and the minutes were approved.

Jose asked if there was anyone who wanted to speak as part of the Public Comment portion of the meeting. There were no public comments.

Department Updates:

Director's Report

Director Bohnhoff gave a report regarding the Executive Order signed by the Governor to create a Medicare and Medicaid Fraud Task Force to root out fraud, waste and abuse. State Agency Directors and General Counsels are coming together to make up the task force. An Illinois State Police press release that included a fraud case and information regarding the Task Force was distributed to attendees. The Director indicated that she and Cindy Bushur-Hallam, General Counsel, are representing IDoA on the Task Force. IDoA's Community Care Program will be reviewed and the Director mentioned they might reach out to the network as part of the review process.

Federal CMS approved the Home and Community Based federal Waiver. The Director indicated the Department will be implementing the waiver requirements into policies, etc.

Kristin Murphy asked if there would be a checklist or summary provided regarding the new federal Waiver requirements. Jose indicated that the Department just received notice of the approval and will try to provide a document that outlines the Waiver commitments as a result of the renewal.

Lora McCurdy acknowledged the staff who worked with her on the waiver questions. She indicated there will be new initiatives coming in the near future that will include a Critical Incident Reporting System, cost studies for all Waiver services (EHRS, ADS, in-home), as well as other quality improvement standards and requirements that will include risk mitigation and 24 hour backup plans.

The Director introduced Anna O'Connell, interim CFO for the DoA since Jodi Becker's retirement. She also mentioned that DoA's Internal Auditor has moved on to another job. There are considerations being made to fill both vacant positions. Jim Buckles who works in IT (now part of the state's DOIT pool of IT employees) retired; however, he will be returning back to work on contract.

Chief Financial Officer Report (Anna O'Connell)

Anna O'Connell was introduced as she joins DoA with over 10 years with state government, most recently with GOMB. Anna indicated she has received numerous phone calls and emails regarding payments, etc. and tries to be as accessible as possible. She indicated it is easier to communicate with her via email and that follow up information will be sent out with her contact information. Anna addressed the DoA fiscal handout that provides data regarding billing levels, caseloads, etc. She indicated the last page of the table summary included FY17 billings and case management total billings, etc. As of mid-October, the DoA vouchered 109 million dollars out of 186 million dollars in billing amounts in total and it appeared the Comptroller's office paid out at least 25 million to the network. She indicated the Comptroller's

office does have a backlog and has given a prioritization list for payments. Anna indicated she has received emails asking for expedited payments and that she is able to send bills to the Comptroller's office once a week. It is difficult to ensure payments go out within 30 days. Although the DoA sends bills to the Comptroller's office once a week, it is limited on what the comptroller's office will pay out each week. The DoA has not begun processing non-Medicaid billings for FY17 and have to pay prompt payment interest first. DoA's system for prompt pay is now working; therefore, her area should begin working on non-Medicaid billings.

Anna indicated there was approximately 12 million dollars that may be utilized to pay the prompt pay interest; however, that was a rough estimate. It was asked if those payments were court mandated; payments can only be executed with a budget. If there are monies left after prompt pay interest payments are made, it may be utilized for non-Medicaid payments. The comptroller will release payments as it sees appropriate.

Anna indicated she has received hardship payment requests and indicated she answers each request received. It is best to send any payment inquiries or requests via email. If a provider is sending a hardship payment request, it must indicate the reason for the request.

State Ombudsman Report (Jamie Freschi)

Jamie indicated that the Regional Ombudsman area designations have been completed and there are some new provider agencies. Stephen Maxwell is a new regional ombudsman for Area 6, West Central ADRC. The regional ombudsman provider agency for Area 7 was the IRTA Foundation, and now the Area Agency on Aging for Lincolnland is the regional ombudsman provider agency for Area 7. There is currently not a regional ombudsman provider for Area 8 and the current regional ombudsman has agreed to continue until the end of the month. Kate Flynn is the new regional ombudsman for Kankakee, Will and Grundy counties. The State Office will be hosting Level One training in Bloomington.

Jamie indicated the Level One training is currently being revised based on the new federal rules that went into effect July 1, 2016. The new regulation strengthens the Older Americans Act and clarifies the Ombudsman functions, roles and responsibilities. Previously, there were no federal Ombudsman rules; however, Illinois was already doing a lot of what is now in the federal rules, which strengthens the current Ombudsman functions with written authority. The state's Ombudsman policies and procedures are being revised at this time.

Jamie mentioned that Ombudsman is co-hosting the APAC conference with APS, which will be held in Zion, Illinois. The conference is open to any APS or ombudsman worker, and the AAAs and other network partners will also be involved in the conference.

BEAM Updates (Robin Morgan)

Robin mentioned that HFS announced a new MCO, Meridian, who will be available in several counties in Illinois. The ICP program will be starting on January 1, 2017, and will begin in the western areas of Illinois. If an individual in the affected areas is not contacted by Meridian, he/she can call them.

Robin indicated there are approximately 13-14k transferring in the Spaulding County area, and approximately 80% have already completed the transfer.

SHIP Updates (Sandy Leith)

Sandy mentioned SHIP will be adding several resources that will be added to the Department's website.

There are nine (9) Medicare D benchmark plans and other plans, including deductibles. The Medicare Part D plans are ranked on a five star scale and there are no five star plans in Illinois.

Information was recently released regarding the color coded letters sent by Federal CMS, which signifies the subject of information contained in each color coded letter. There are approximately 36,000 who will no longer have a Health Alliance PPO. Health Alliance is no longer a PPO, but rather is now a HMO-POS, meaning individuals have to get preapproved for services that are out of network.

Medicare handbooks have been released and include state specific information. Sandy indicated that if a SHIP site is saturated with appointments, it would be helpful to let SHIP know so it does not refer individuals to those areas. There is a hotline for Federal CMS that is available 24 hours a day. To get a plan finder completed, beneficiaries need to call the Medicare 800 number.

Updates for Federal Medicare in 2018 include the use of new Medicare ID cards that will issue beneficiaries ID numbers rather than the use of social security numbers. Use of the cards is required by 2019. There is some concern regarding fraud, mail fraud and the change of cards will be issued directly by Federal CMS.

Division of Planning, Training, Research and Development (Lora McCurdy)

Federal CMS released the federal Waiver regulations in January 2014, and IDoA has five (5) years to be in compliance with the regulations. One of the requirements includes integrated setting requirements for Adult Day Service sites. The Department currently has six (6) ADS sites that potentially fall under the heightened scrutiny category due to the location of the facility. Comments are due to federal CMS re: feedback on the six sites by December 9th.

The new Waiver regulations include requirements for Person Centered Planning (PCP). The Department has scheduled (PCP) trainings for the end of the month and all CCUs are required to attend the training. There will be a webinar regarding the person centered planning concept, and Anne Ford will participate on the webinar prior to the in person training provided by Lewin. Anne has been in the network for years and is very involved with persons with disabilities. It was asked if the webinar will be recorded and available for training and Lora indicated the webinar will start with the CCUs. It was also indicated that MCOs are receiving some PCP training.

Another federal waiver requirement to be implemented is the use of a Critical Incident Reporting System. Currently, a policy is being drafted and IT is working on the System. Lora indicated there will be intensive training after policy is in place. It was asked if the MCOs will be required to follow critical incident processes. Kristin Murphy indicated the DoA and HFS policies should match up for MCOs.

Monthly POSM reports are sent out each month to each CCU and DoA will be discussing POSM issues with low performing CCUs.

The Medicaid rede due lists are available on eCCPIS and HFS is currently sharing the names of participants that have a pending Medicaid rede due dates 60 days prior to rede due date. Providers can use Participant Search Screen to check on Medicaid status; however, the use of eCCPIS is necessary to see the Medicaid rede due list.

There was discussion of the required rate studies required by the federal Waiver requirements. Concerns were raised regarding the Chicago minimum wage in relation to securing the future of the network and ability to continue to serve seniors. The Director indicated the whole state needs to be considered regarding rate increases. The new employee requirements for employees of the City of Chicago were also mentioned.

Home and Community Based Services Updates (Jose Jimenez)

A Marketing Policy has been implemented for the CCP network and the DoA is requiring all CCUs and Providers to review the PowerPoint presentations regarding the policy and sign an acknowledgement indicating compliance with the new policy.

The new APS Registry that is planned was mentioned and the question was asked about who defines who is guilty and placed on the registry. Jose mentioned there would be due process prior to placing someone on the APS Registry, and the DoA will need to work with sister agencies to have the registry to stop abuse. The Registry will need to allow for an appeal process, etc. and JCAR rules will need to be submitted regarding the due process and timeframes to be considered for removal from the list. There is also an HFS Registry.

The eCCPIS billing rejects were mentioned and hopefully this will be the last year to have to deal with rejects. The Participant Search Screen is very helpful in resolving billing rejects. Last year was challenging with the contract number changes, non-Medicaid payments and stop gap issues. The network providers and CCUs need to work together to clear the billing rejects. The new system should include a process that does not allow for billing rejects. The Department has created a billing reject task force, as there was approximately 11 million dollars in billing rejects for FY16, which is a big liability for the Department to have to carry over. It was asked if IT could present the new billing system and answer questions regarding the new system at an upcoming CCPAC meeting.

Court of Claims billings and payments were mentioned and Jose mentioned DoA's fiscal area is manually processing the Court of Claims bills.

There are plans for CRP to be presented in October. There are a lot of considerations to be made regarding the new initiative such as contracts, etc. Core services will remain the same and stay with the existing network agency and not cause a disruption of services.

The new initiative may transition approximately 40k individuals into the new IT system that will include a live dashboard, specialized real time views of expenditures, etc. The rollout of the Program plans to first transition those with EHRS only, as there is not impact or change for participants. The second wave will include participants who have the fewest amount of services and hours. The implementation of participants will occur over a period of time and the most vulnerable will be transitioned last. The new IT system will be able to bill for CCP and CRP participants. The exact timeline for CRP has not yet been determined, as finalized plans are contingent on a budget.

Motion to adjourn at 1:48 by Cary Crawford and was seconded by Susan Simmons.