



## 2011 Provider Satisfaction Survey

### Targeted Opportunities

#### **Provider Network**

##### **Opportunity 1:**

Ten percent of providers responding to the Provider Survey do not feel that CCCW is providing them with sufficient information regarding the process of becoming a contracted provider as well as sufficient information about the Family Care Program as a whole.

##### **Tasks:**

*Reviewed Provider Handbook to determine if more/different information should be included regarding Family Care and the process of becoming a provider. A wealth of information is currently provided within the handbook. The handbook is now available on the provider Web site.*

*Reviewed Web site to determine if more/different information should be included regarding Family Care and the process of becoming a provider. Web site was updated with contracting information and additional information including Family Care 101, About Family Care Long Term Care, Family Care Benefit Package, and History & Philosophy of Family Care.*

*Provider Network and Claims are recording training presentations and placing them on our Web site for future reference in regards to contracting and billing processes when becoming a new provider.*

## **Provider Network (cont.)**

### **Opportunity 2:**

Nineteen percent of providers responding to the Provider Survey do not feel that CCCW provides adequate reimbursement for services their members receive.

### **Tasks:**

*Residential Services: Due to the fact that DHS is not proceeding with their residential rate setting project at this time, CCCW has decided to enhance our own rate-setting tool. At this time, we have established a mixed-model approach that utilizes information about the acuity of the member, their target population, and the residential setting they are residing in. We continue to work on the weighting of different criteria and examining the results, both overall and by provider, of any potential changes. We anticipate the model to be completed before the end of the year, but with a delayed implementation into 2012 to allow providers information in advance regarding any changes that result from a new rate-setting methodology.*

*Substitute Care: Starting in August 2011, CCCW solicited the input of both internal staff across the organization and several Owner Occupied Adult Family Home operators to explore a new way to provide time off. The result was a decision to move to a Substitute Care model which will replace the current respite care process for Owner Occupied Adult Family Home providers. This approach will provide a financial stipend added to a member's daily rate to allow the provider to chose and compensate their own substitute caregiver. This will allow for greater flexibility in that it will no longer be a requirement to utilize only certified Adult Family home providers for time off.*

*Day Services: Between November 2010 and May 2011, Community Care of Central Wisconsin developed techniques to further empower members through integrated, strength-based approaches to day programming. One identified strategy was to work with CCCW day service providers on further integrating members into their community by encouraging members to interact not only with each other, but as citizens within their community. During Strength based care planning meetings, IDT were encouraged to speak with members/guardians/providers regarding the positive effects that community integration has.*

## **Provider Network (cont.)**

*In addition, much work was done with providers who in the past had history of significant authorizations to work individually with members in the community. Over a few months, providers, members, and IDT were able to work together to identify members who might better interact with their peers and as citizens in their community as a collective group, versus having hired staff assisting them 1:1 in the community during times which were dedicated specifically for integration.*

*Supported Employment: CCCW continues to work with contracted, in-network, supported employment providers to create an outcome-based, tiered payment model for reimbursement of job coaching hours. During the project, CCCW's main objectives are to identify and share provider best practices, maintain or enhance the structures and definitions that are currently working, as well as supplement or change the structures and definitions that are not currently working. The tasks for each workgroup are wide ranging. They include: 1) creation of the contract "Appendix 2" which identifies the contractual definitions and expectations of all CCCW providers; 2) A work plan to ensure CCCW and providers partner to assure a good relationship with DVR ; 3) Potential benchmark reimbursement for completion of certification training programs; 4) Data Collection and Analysis. During the ongoing workgroups, CCCW has strived to assure that we maintain a strong, trusting relationship with our Providers, as well as open, honest communication regarding how the process is working for them*

*Pre-vocational Services: CCCW worked collectively with providers to identify a tiered definition system for prevocational services based on staffing ratios. For some providers, this meant simply a new code and for others, it meant better definition and clarity around staffing expectations for the service. Reimbursement rates did not change in 2012. However, the new definition and codes provided much needed clarity for providers, CCCW IDT, and members.*

*Supportive Homecare: Supportive Homecare had a wide range of rates in 2011. For 2012 CCCW negotiated a maximum rate we will pay. Seven providers were above this maximum rate. Four of the providers accepted the lower rate and will work to make their business more efficient. One provider chose to end their contract with us and two providers are continuing to collaborate with CCCW and are trying to implement efficiencies to make the lower rate work for their business.*

## **Provider Network (cont.)**

### **Opportunity 3:**

Low numbers, 72 and 76 percent of providers responding to the Provider Survey feel that CCCW provides adequate and accurate information regarding member referrals. In addition, only 65 and 69 percent of providers feel like a partner with CCCW and feel we respond to communications in a timely manner.

### **Tasks:**

*The Residential Referral process was extensively reviewed by both the Provider Network Managers and the Service Coordination staff. The process originally had the Residential Services manager contacting all available providers with a rate for a member prior to the Service Coordination team reviewing the facility for member choice and preference. Many times, after receiving initial contact from Residential Services, the provider was never contacted again regarding that particular member. The process was changed allowing the Service Coordinators to review the potential providers first and choose the providers that would be the best fit for the member. Residential Services then contacts only those providers with the referral and rate.*

*In a current pilot program, we are experimenting with having several teams throughout the organization take a more active role in selecting the providers that they feel would best meet their members' needs and outcomes. Teams create a list of providers based upon service information contained within our Provider Network Directory. This list is forwarded to Residential Services where the rate is calculated and any additional options are added if needed. Calls are then made to providers with the rate and referral information to determine whether they are able to proceed with an assessment. Handling referrals in this way will help to expedite the process and ensure better matches.*

*In February of 2012, the system will be enhanced to generate an automatic referral request via email to a provider when chosen by a Service Coordinator. The email will be in lieu of a telephone call and will allow the provider an opportunity to review the referral information and contact the team to arrange an assessment. This will eliminate the need for multiple calls to be made back and forth between the provider and Residential Services and ensure a more timely process.*

## **Claims and Billing**

### **Opportunity 1:**

Only 70 percent of providers responding to the Provider Survey feel that they've received adequate training about the process for submitting claims.

#### **Tasks:**

*During the transition period for Langelade and Lincoln counties, the Claims Manager conducted on-site individual meetings with providers to review the billing processes and procedures. In addition, information regarding Claims and Billing are included on CCCW's Provider Web site and Provider Handbook.*

### **Opportunity 2:**

Only 74 percent of providers responding to the Provider Survey indicated that service authorizations are timely.

#### **Tasks:**

*CCCW's goal is to provide service authorizations within two business days after service coordination's approval. We continue to explore various electronic options which will expedite service authorization delivery.*

## **Service Coordination**

### **Opportunity 1:**

Only 72 percent of providers feel that the information they receive regarding CCCW expectations of policies is clean and consistent, regardless of which CCCW team we are working with.

### **Tasks:**

*In January 2011 CCCW distributed a Service Coordination Handbook. This handbook is designed to assist Service Coordinators in understanding the critical role they play in delivering publicly funded long-term care services to CCCW members via Wisconsin's Family Care Program. Toward that end, the handbook references Federal, State, and local requirements that CCCW must adhere to by contract. Service Coordinators will also find this a valuable tool for learning about guidelines, policies, and procedures that have been established to support Service Coordinators in their efforts to achieve CCCW's organizational mission as well as provide consistency in the expectations regardless of which team a provider may be working with.*

### **Opportunity 2:**

Just 71 percent of providers responding to the Provider Survey indicate that they receive a response in 24 hours when contacting a team about a member concern.

### **Tasks:**

*In September 2011 a document titled "CCCW's Expectations of Service Coordinators" was created based on small provider workgroups that developed a list of communication expectations of providers. This was shared with the Provider Quality Council and they were very pleased. In October 2011 the document all service coordination staff received this document and were made aware of these expectations.*

## **LTC Functional Screeners**

### **Opportunity 1:**

A somewhat low percentage, 77 percent, of providers feel that the Screen Specialists provide sufficient advance notice to ensure the availability of provider staff.

#### **Tasks:**

*Reviewed survey results with screeners in May. Discussed possible reasons why providers felt they did not have proper notice for appointments (cancel with IDT rather than screener, misunderstanding within agency, etc). Discussed ways to problem solve this: Best practice is to call to remind about appointment day before or day of especially providers requiring long travel; discussed possibly sending a letter to confirm appointment but there was not an interest in pursuing this at this time. Currently have a list of providers and contacts. Screeners keep this up to date with the information they have.*

### **Opportunity 2:**

Only 78 percent of providers responding to the Provider Survey feel that the Screen Specialists value the provider's input regarding the member's functional abilities.

#### **Tasks:**

*Discussed the importance of input from providers. Suggestions were made to offer to talk to provider before or after the interview with the member in case it is difficult to talk openly in front of the member. We never want to shame a member or make them feel bad since the screen is deficit- based instead of strength-base, it may be necessary to talk outside of the face-to-face interview to gather information from a provider. The screen has limitations that providers may not understand which may come across as a screener not valuing their input and it may just be an area not captured on the screen.*

*In addition the screen supervisor worked as part of residential rate setting methodology development group with providers. We provided education to providers as a group on areas of the screen and information that can be captured/scored. We encouraged active participation by providers and that screeners should be open in discussing how scoring items on screen.*

*At our October screeners meeting we discussed the need to have open communication with providers and letting them know how we are scoring the screen. We plan to provide additional education on LTCFS to providers with rollout of rate setting methodology in 2012.*