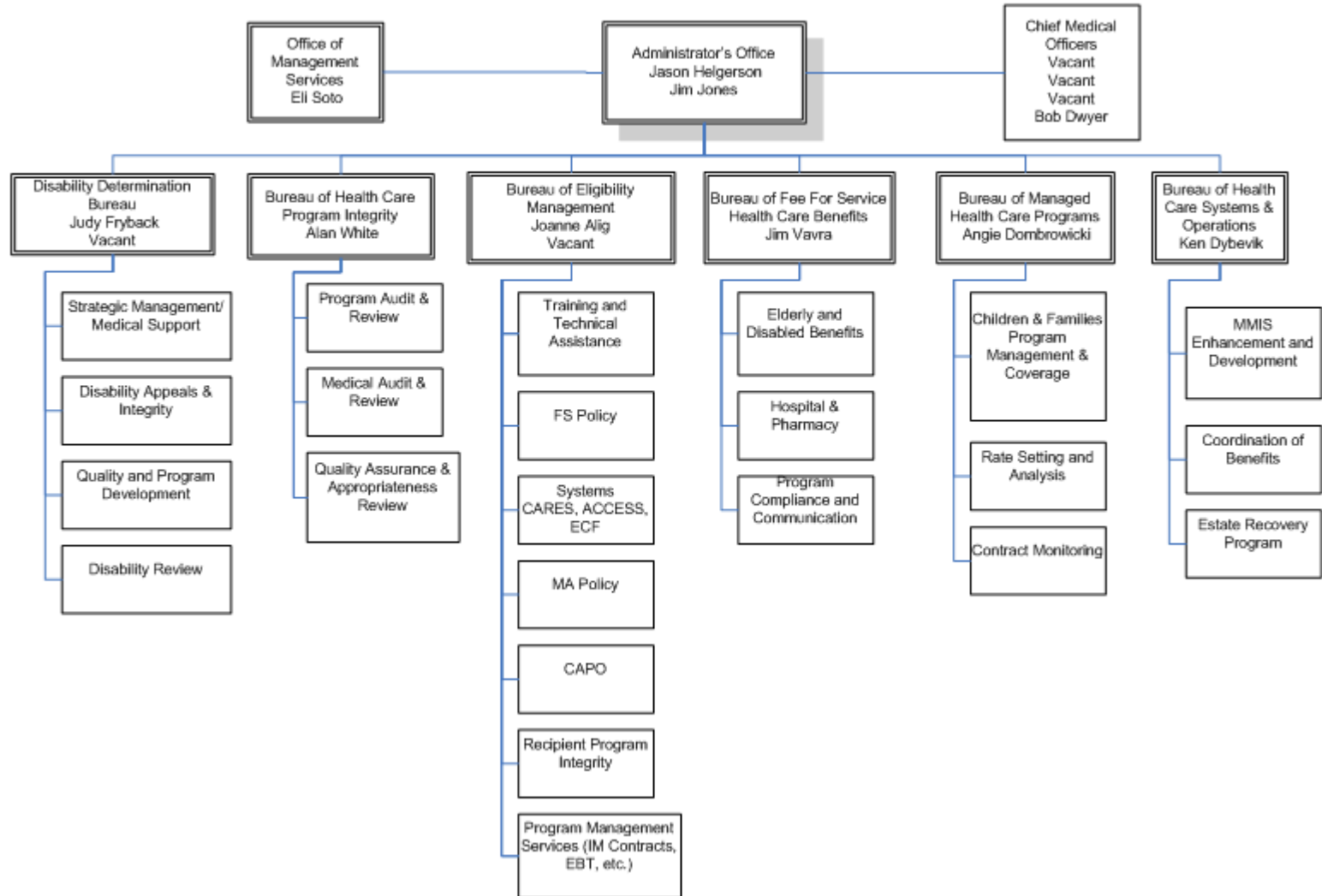
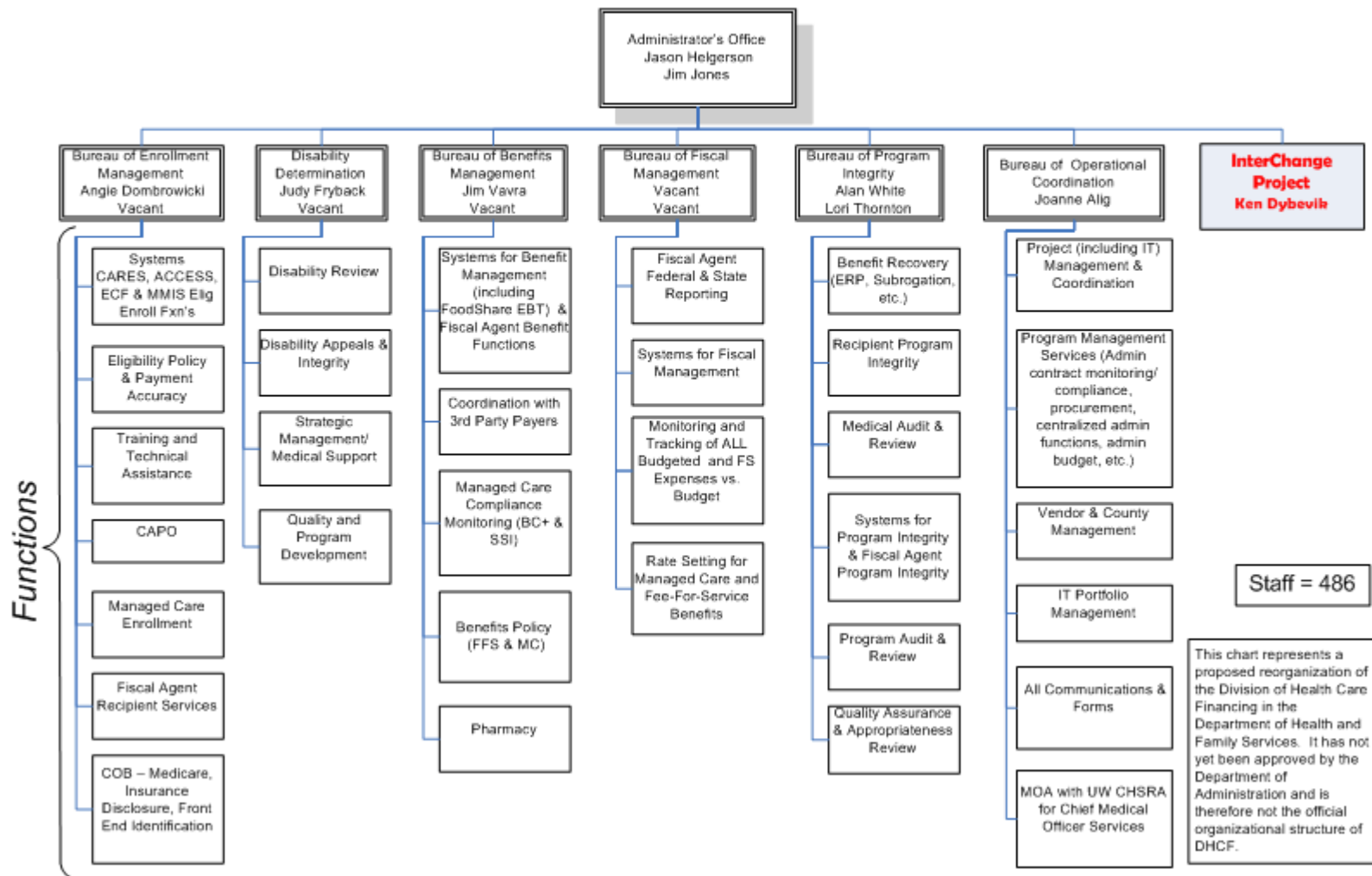


# Current Division of Health Care Financing



# Division of Health Care Access and Accountability (DHCAA)

## Functional Breakout of Bureaus



# Why Reorganize?

- Reform Medicaid and health care in Wisconsin at Governor Doyle's direction.
- Become an Active Purchaser of Outcomes and Not A Passive Payer for Services
- Reallocate our resources to reflect that Managed Care is our main service delivery method, not Fee-For-Service
- Adopt New Recruitment & Retention Strategies
- Align business models between the MA Fiscal Agent and the Division.
- Remove program 'silos' that exist in current structure.

# DHCAA Goals

- Implement DHCAA Structure by December 2007
- 98% of Wisconsin residents have access to affordable health care.
- Implement BadgerCare Plus
  - 2/1/08 for children's expansion & program streamlining
  - 1/1/09 for childless adults expansion & BadgerConnect
- Implement interChange in 2008
- 90% of BadgerCare Plus members will receive services through managed care organizations by January 2009 and 95% of all Medicaid 'full benefit' members by 2012.

# DHCAA Goals (continued)

- **Improved fiscal accountability** (baseline measure using historical reports and comparison to new, econometric-based model with improved accuracy of projections).
- **Improved customer satisfaction** (baseline measure using a statewide customer - providers, members, other partners - satisfaction survey in early 2008 and then arrive at improvement benchmarks for 2009 and beyond).
- **Improved employee engagement and satisfaction** (with a baseline survey going out in early November 2007, report out to DHCAA staff and managers, and then set benchmark of at least 10% improvement in overall job satisfaction when a new survey goes out to employees in June 2008).

# DHCAA Goals (continued)

- **Improve IT project success and effectiveness** (survey of cost and time estimates for DHCF IT projects over last three years and then show at least 10% improvement by January 2009 for both implementation (cost and date of delivery) estimates).
- **Improved stakeholder relations, especially in Milwaukee and in Southeast Wisconsin** (survey of stakeholders to assess views of the program from a variety of perspectives on an annual basis).
- **Improved accuracy** in eligibility determinations (negative errors and payment accuracy) and benefit management (claims, medical necessity, etc.) by 2% in FFY 2009.

# DHCAA Goals (continued)

- Implement Pay for Performance (P4P) Initiatives in the following areas:
  - Diabetes Management
  - Immunizations and Blood Lead Testing
  - Healthy Birth Outcomes
  - Increased Dental Access
  - Childhood Obesity
  - Tobacco Use

# DHCAA

Arranges the bureaus  
by function and  
aligns resources  
based upon core  
values.



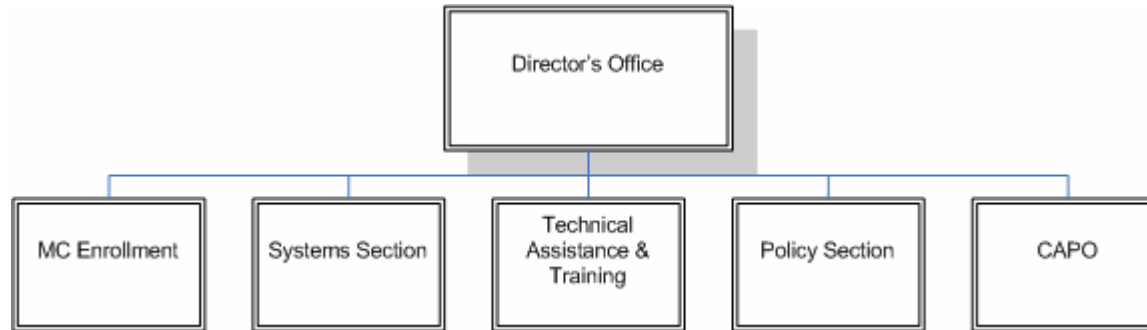
- The Front End Functions are in the Bureau of Enrollment Management or the Disability Determination Bureau and include eligibility and enrollment functions.
- The Middle Functions include defining benefit policy and tracking/projecting costs, comprise the role of the Bureau of Benefit Management & the Bureau of Fiscal Management.
- The Back End Functions are in the Bureau of Program Integrity, including provider audits, prior authorization, FoodShare and Medicaid eligibility quality control reviews, benefit recovery, etc.
- The Wrap Around Functions including coordinating of those functions that cross bureau lines (vendor management, contracts, communication, project/system management) is handled by the Bureau of Operational Coordination.

# DHCAA Administrator's Office

The Administrator's Office is responsible for setting overall policy direction of the Medicaid programs and securing financial well-being of all Medicaid programs accountable to the Secretary. The AO is responsible for:

- Decision making on all policies and processes that have long term or serious impacts on the Medicaid programs, excluding long term care programs;
- Supervision of Bureau Directors;
- Policy and project management for high priority Medicaid projects;
- Oversight of the South East Wisconsin Liaison position with a focus on improving stakeholder relations in Milwaukee and Southeastern Wisconsin, which will involve direct contact with providers, HMOs, county government and other stakeholders and coordination of policy formulation and implementation activities involving these groups.

# DHCAA – Bureau of Enrollment Management



The Bureau of Enrollment Management will be responsible for all activities associated with identifying, enrolling and retaining members in Medicaid, FoodShare, SSI Caretaker Supplement and all programs that are the responsibility of DHCAA. Specifically, their responsibilities include:

- Developing recommendations for enrollment policies and processes for DHFS;
- Overseeing the enhancement and modification of all eligibility systems, including CARES, ACCESS, ECF, and the MMIS systems associated with enrollment (eligibility file, etc.);
- Oversight of all fiscal activities associated with establishing and maintaining enrollment (recipient hotlines, recipient communications, etc.);

# DHCAA – Bureau of Enrollment Management

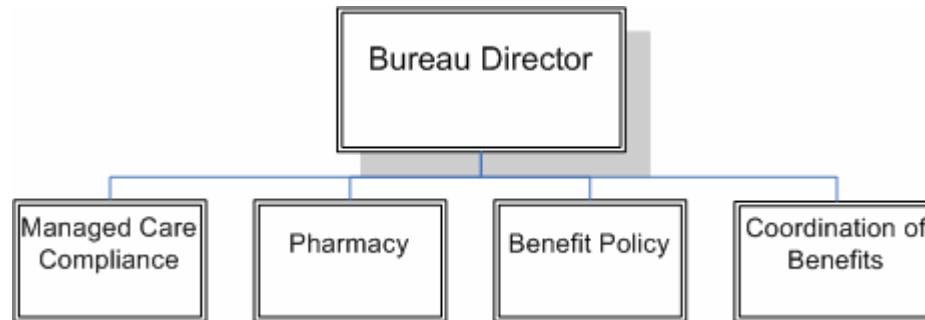
(BEM - continued)

- The determination of who can enroll in these programs through county and tribal agencies and also for SeniorCare and the BadgerCare Plus for Childless Adults program through the Centralized Application Processing Operation (CAPO);
- Technical assistance for county, tribal, vendor and central office staff responsible for determining who can enroll, enrolling them and retaining them in the program as long as they meet the enrollment requirements
- Enrollment of individuals in managed care organizations (BadgerConnect);
- Working with managed care organizations to optimize their process for enrolling new members and retaining current members; and,
- Assistance to members in the completion of the Health Needs Assessment.

# DHCAA – Disability Determination Bureau

There are no changes to the responsibilities or in the structure of this Bureau.

# DHCAA – Bureau of Benefits Management



The Bureau of Benefit Management would be responsible for all activities associated with the health care benefits provided to Medicaid members, whether they are provided on a fee-for-service basis or through a managed care organization, including contracting with and managing the managed care organizations who provide coverage to Medicaid members. Specifically, the bureau is responsible for:

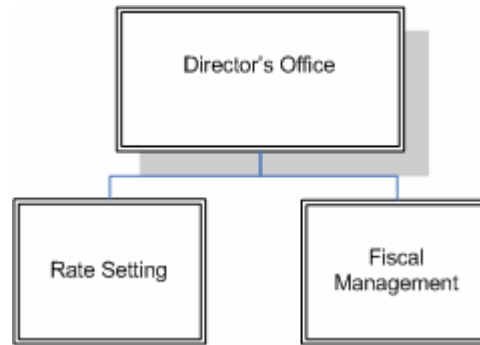
- Contracting with managed health care organizations (BadgerCare Plus HMOs and SSI managed care) to provide Medicaid services to program members and monitoring the MCOs to ensure that they provide the services agreed to in the contract. We will assure that there are sufficient staff responsible for this function, which involve the direct assignment of specific HMOs (two to three per person) to a staff person;
- Setting and implementing policies and processes associated with Medicaid services not provided by the managed care organizations, including pharmacy and health care goods/services that can be volume purchased and for all services provided to individuals in coverage groups not enrolled in managed care (SeniorCare, Family Planning Waiver, QMB/SLMB/QI, etc.).

# DHCAA – Bureau of Benefits Management

## BBM (continued)

- Handling recipient and provider appeals (excluding eligibility and disability), including late billing appeals, with the DOA/Division of Hearings and Appeals and HMO grievances;
- Managing the FoodShare Electronic Benefits Transfer (EBT) function;
- Setting and implementing policies and processes for provider certification and enrollment.
- Oversight over MMIS system enhancements and modifications associated with the managed care contracts (other than enrollment and rate setting) and fee-for-service benefits;
- Oversight over all fiscal agent functions associated with benefit management; and
- Setting and implementing policies and processes for coordinating benefits with third parties.

# DHCAA – Bureau of Fiscal Management



The Bureau of Fiscal Management is primarily responsible for the management of the Medicaid budget. Specifically, this bureau is responsible for:

- Tracking and estimation of all Medicaid program benefit expenditures as the Department's Medicaid Chief Financial Officer;
- The setting of managed care and fee-for-service rates for Medicaid programs, BadgerCare Plus and SSI Managed Care (excluding Family Care, nursing homes, PACE/Partnership).
- Oversight of all systems related to Medicaid fiscal management, including the budget tracking reports that are generated by MMIS, MSIS, etc.;
- Oversight and contract management for federal revenue maximization projects;
- Enhancement and maintenance of the Income Maintenance Workload Model; and,
- Oversight of fiscal agent Medicaid federal reporting.

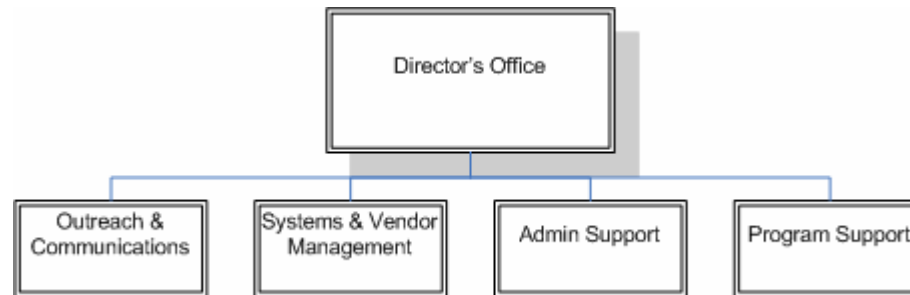
# DHCAA – Bureau of Program Integrity



The Bureau of Program Integrity will be responsible for all program audit and review functions for Medicaid programs (excluding LTC programs and pharmacy). Specifically, the bureau is responsible for:

- Quality assurance and appropriateness review for Medicaid programs managed by DHCAA;
- Medical audit and review for Medicaid programs managed by DHCAA;
- Recipient quality control activities, including Medicaid eligibility reviews, FoodShare active case reviews and negative action reviews;
- Oversight over all fiscal agent activities and MMIS and eligibility system enhancements/maintenance activities associated with program integrity; and,
- Collections from third parties through TPL post pay billing, estate recovery, subrogation and fraud/abuse cases.

# DHCAA – Bureau of Operational Coordination



The Bureau of Operational Coordination will be responsible for oversight for all major projects, IT and programmatic, and managing those tasks that cross bureau lines. Specifically, BOC is responsible for:

- Coordinate cross-bureau implementation of program policy and process changes, providing project management support when needed
- IT Portfolio Management
  - Overall strategic visions for DHCAA IT systems
  - Coordination and management of resources (vendor, internal, etc.) needed to implement
  - Approval and prioritization of IT projects involving CARES, ECF, ACCESS, interChange and other DHCAA administered systems
- Overall Vendor Management (Deloitte, EDS, etc.) and Memoranda of Understanding with other government agencies

# DHCAA – Bureau of Operational Coordination

- Supervision of the Memorandum of Agreement with UW/CHSRA to provide Chief Medical Officer services to the Division
- Coordinate payment accuracy activities, including oversight of the Payment Accuracy Consultants, across the Division.
- Coordinate System Development Efforts (documentation, user acceptance testing, etc.)
- HIPAA Compliance and Systems Security
- Provide capacity for specific research and statistical reporting, including overall responsibility for MEDS, FS & IM Data Warehouses, and all ad hoc reporting for the Division
- Division's recruitment and retention strategy
- Outreach
- Coordinate the Divisions' efforts associated with counties and tribes:
  - IM Contracts and Funding
  - Tribal Consultation coordination
- Maintain, develop and coordinate all DHCAA communication efforts, and
- Tracking of administrative expenditures.