

MINUTES

April 17, 2008

**Income Maintenance Advisory Committee
Division of Health Care Access and Accountability
Department of Health and Family Services**

County Attendees:

Joanne Ator , Door County Jackie Bennett , Racine County Jamie Christian-Fawcett , Barron County Liz Green , Dane County Marge Griep , Pepin County Linda Halvorson , Dunn County Barb Hermansan , Crawford County Jane Huebsch , Marathon County Jill Johnson , Jefferson County Ed Kamin , Kenosha County Shirley Kitchen , Dodge County Doreen Lang , Wood County	Chris Machamer , Waupaca County Liz Mahloch , Sheboygan County Susan Moeser , Milwaukee County Luann Page , Waukesha County Chris Parkansky , Marinette County Nan Paul , Brown County Sandy Potter , Washington County Amy Roland , Outagamie County Sue Schweickert , Washburn County Barb Spaude , Outagamie Cindy Sutton , Rock County Sandy Wormett , Adams County
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State Attendees:

Linda Auchue , DHFS Angie Dombrowicki , DHFS Brian Fangmeier , DHFS Sara Edmonds , DHFS John Haine , DHFS Barb Honsa , DHFS	Tricia Janssen , DHFS Vicki Jessup , DHFS Audrey Koehn , DHFS Pam Lohaus , DHFS Audrey Roecker , DHFS Jodi Ross , DHFS
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Administrative Items

Announcements

- There have been some staffing changes within the Division. John Haine transferred from the Bureau of Operational Coordination (BOC) to the Bureau of Enrollment Management (BEM). Staff in BOC responsible for member communication has transferred to BEM in Amy Mendel-Clemens section. Annette Duffy will be responsible for staffing IMAC.
- Jodi Ross provided a contract addendum status update- including an expected timeline as follows:
 - Program integrity & fraud - next week, except for the pilot agencies.
 - The estate recovery incentives - two weeks.
 - The budget initiatives - three weeks
 - The regional training and special projects for individual counties- four to five weeks.
- Approval of the March 2008 minutes was postponed because the minutes were not yet available.

BadgerCare Plus enrollment figures

- The Division will provide an enrollment report on a monthly basis. Counties requested the following additional information:
 - Enrollment figures by county

- Number of applications by county (with information about application method-online/ACCESS, mail-in, etc.)
- Numbers of premium cases, including how many premiums were paid at the local agency versus premiums received at state lock box.
- The EOS report changes discussed at the March meeting should be made soon.
- Agencies questioned whether analysis been done about who might have been eligible under the previous BadgerCare/Family Medicaid/Healthy Start programs who would not be eligible for BadgerCare Plus?

Feedback from local agencies regarding system and policy issues:

- Policy issues:
 - Counting the **income of 18 year olds** when living with parents has resulted in some parents not qualifying. Conversely, individuals with significant assets are now qualifying since **interest/dividend income** is no longer counted. Agencies are also now seeing a lot of **self employment depreciation** cases from families with higher income and complicated tax forms.
 - **BC+/Charity Programs**
Some medical facilities require people to obtain a denial letter in order to qualify for charity care. Now some of these individuals are eligible but would have to pay premium. If they are eligible and choose not to enroll, they can't access the Hill Burton, community aids or other funds. However, individuals often apply in response to an old bill and the new denial reason code for not being able to backdate (benchmark) should satisfy the provider so that the bill can be written off.
- CARES issues:
 - **Person adds and deletes** are a significant CARES problem- agencies are unable to get cases processed and also cannot do auxiliaries. Currently these cases need to be fixed on an individual basis through the Call Center. A process is being developed which will be similar to the "nine month live spufis" which are run twice per week. The "nine month live" edit won't go away, so when workers get this edit, they need to call it into the call center as soon as possible. Some can be fixed immediately if SeniorCare had been open. There was also discussion about **granting CATS access to CARES/Policy Coordinators** as a means to communicate problems with the Call Center and check status.
 - Some agencies believe that **income in the first month** is not being counted correctly in CARES, which causes the FoodShare allotment to be incorrect. Ten case examples were provided to the Call Center for research. Process Help information on budgeting was recently updated and workers are strongly encouraged to review the budgets before confirmation.
 - CARES is not correctly counting income for the Family Planning Waiver (FPW) because it is not building the test group correctly. **FPW logic** was not correctly updated with BC+ and is on the "to do" list of systems fixes.
 - On mixed BC+/EBD Medicaid cases, **Medicare assistance categories** aren't building correctly on the first run of eligibility. Workers can sometimes build eligibility with the override function on SFCC. They should contact the Call Center if they run into this issue.
 - **Duplicate applications** are problematic for local agencies, but the number of duplicate applications is not yet known. The reports will be re-run with new criteria. Some applicants are under the impression that they will get an instant response when they apply via ACCESS. DHFS is working on "program add" function in ACCESS which should help. It was also suggested that ACCESS provide a response saying something like "Your application has been received by Dane County. It takes 30 days to process an application." It was also suggested that an edit be added to ACCESS to check if there is a pending application or open case. It was noted that some individuals with outstanding verification think if they apply via ACCESS they won't have to verify the information or think they may

- get a different worker. Agencies also suggested that individuals be more strongly encouraged to use the “Am I eligible” screening tool before they apply.
- **CWW Inbox issues.** It is difficult for agencies to understand what’s in the Inbox and they have requested ad-hoc management reporting capability to manage workflow. DHFS will prioritize this work. It is possible that agencies are not effectively using all of the tools that are available and would benefit from macro level information about how to make adjustments in process flow. A lab for supervisors and managers was suggested, which could include best practices that agencies could share and learn from each other.

Children on benchmark who need brand name drugs

There are children with severe and chronic medical conditions who were eligible for BadgerCare, Family Medicaid or HIRSP prior to 2/1/08 but with the new income budgeting methodology are now eligible for the BadgerCare Plus benchmark plan. The benchmark plan does not cover brand name drugs and for some diseases, there aren’t any generic alternatives. Therefore, these children will be grandfathered into the Standard Plan for one year. These cases will be processed centrally so counties that become aware of these cases should contact the Call Center or can refer the family directly to Member Services for evaluation.

Employer Verification of Health Insurance

The database is currently being populated with information from the employers who responded to the survey. 674 surveys were undeliverable without forwarding address, and the Department is working with small business advocates to find these employers

As of May 1st, access to health insurance will be verified at application, new job and at annual review. If insurance information is unavailable, CARES will pend eligibility and then behind scenes, EDS will send a message to employer to request the information. If the employer does not respond, CWW will indicate no response and eligibility will pass. However, EVHI will keep track of which employers will be assessed a penalty for the failure to supply information for their employees. Process Help sections are available for step-by-step processing information. Agency representatives reiterated that at reviews, enrollment will end for some individuals even though nothing changed in their employment situation and this could generate angry phone calls to local agencies.

Subcommittee updates

- Area Administration recently sent out a request for names and nominees for the IMAC committees. It was suggested that requests be resent from Area administration, with a few sentences about each committee.
- FSET- representation is still needed from a rural, northwest agency and the tribes.
- Fraud- decision about the continuation of this committee has not yet been made.
- Transportation- it was agreed that this committee was no longer needed.
- Program Connections- the committee will update the charter at May meeting.
- Workload and Financing- will be co-lead by Jodi Ross, Angie Dombrowicki & Ed Kamin. Work to update the workload model to reflect BC+ will begin in June or July.

FoodShare, Medicaid & BC+ payment accuracy

Detailed information about the national, state and local error rates was provided. Local agencies speculate that the recent error rate increases can be attributed to workload. Concern was expressed that in Milwaukee county, errors made by W-2 agency staff are attributed to the county agency.

System Fixes

The list of scheduled system fixes was reviewed by the group. See handout for additional information. Many of the changes previously scheduled for May have been postponed until June.