

MINUTES
August 21, 2008
Income Maintenance Advisory Committee
Division of Health Care Access and Accountability
Department of Health Services

County/Tribe Attendees:

Lisa Able, Lac du Flambeau Tribe	Liz Mahloch, Sheboygan Co.
Joanne Ator, Door Co.	Elizabeth McDowell, Stockbridge Munsee Tribe
Rhonda Brown-Anderson, Pierce Co.	Liz Montano, Red Cliff Tribe
Sherry Brickl, Sauk Co.	Susan Moeser, Milwaukee Co.
Mary Chapman, Lac du Flambeau Tribe	Lorie Mueller, La Crosse Co.
Kate Chambers, Lafayette Co.	Paul Nan, Brown Co.
Sheila Falb, Polk Co.	Luann Page, Waukesha Co.
Liz Green, Dane Co.	Sandy Potter, Washington Co.
Marge Griep, Pepin Co.	Amy Piotter, Outagamie Co.
Linda Halvorson, Dunn Co.	John Rathman, Outagamie Co.
Barbara Hernesman, Crawford Co.	Joyce Rockman, Ho-Chunk Nation
Jane Huebsch, Marathon Co.	Patsy Rolo, Langlade Co.
Kara Jenkins, Jackson Co.	Christie Schmidt, Forest Co. Potawatomi Community
Ed Kamin, Kenosha Co.	Chris Schmitz – Fond du Lac Co.
Shirley Kitchen, Dodge Co.	Sue Schweichert, Washburn Co.
Deanna LaBarge, Lac du Flambeau Tribe	Cindy Sutton, Rock Co.
Doreen Lang, Wood Co.	Sandy Torgerson, Jefferson Co.
Irene Lehman, Rusk Co.	Marilyn Trayler, Waushara Co.
Chris Machamer, Waupaca Co.	Hilary Valliere, Lac du Flambeau Tribe

State Attendees:

Melody August, DHS	Amy Mendel-Clemens, DHS
Gail Chapman, DHS	Angela Moran, DHS
Sara Edmonds, DHS	Scott Riedasch, DHS
Brian Fangmeier, DHS	Jody Ross, DHS
Theresa Fosbinder, DHS	Carrie Schneck, DHS
John Haine, DHS	Richard Zynda, DHS
Pamela Lohaus, DHS	

Administrative Items – Ed Kamin and Amy Mendel-Clemens

- Agenda for this meeting changed: BadgerCare Plus Childless Adults discussed next
- Meeting Minutes from June and July were not available

BadgerCare Plus Childless Adults Discussion- Jim Jones

- BadgerCare Plus for Childless Adults (BC+ CLA) is the second of three phases in the Governor's plan to provide access to affordable health care for 98% of Wisconsin's citizens
- Last year, BadgerCare Plus for Families was implemented
 - At the end of July 2008, there were 78,000 more individuals added who weren't previously eligible
 - Of those, more than 40,000 were already in open cases
 - There also has been a 16% increase in the FoodShare population over the last year
- BC+ CLA federal waiver has been submitted
- **BC+ CLA Eligibility:**
 - Ages 19-64
 - Not an entitlement
 - Not eligible for any other full benefit Medicaid/BC+ program (not pregnant, not a child, not on Medicare, etc)
 - No major medical health insurance or access to employer-subsidized major medical health insurance in the last 12 months
 - Unless there is a good cause reason
 - Pay a \$60/\$75 non-refundable application fee annually
 - Meet all non-financial Medicaid rules (SSN, etc.)
 - Income must be verified and less than 200% FPL
 - Complete the Health Needs Assessment (HNA)
 - Select an HMO during application (90 days of choice after enrollment) or have one assigned
 - Exemptions for tribal members, migrants, and military service personnel
 - If at least one HMO in a service area, must enroll in HMO
 - Only four counties not in service areas
 - No retroactive eligibility. Person is enrolled in HMO (or in FFS for exempt individuals) on next 1st or 15th of month after eligibility is determined. The focus is on preventive, not catastrophic care
 - Must have a physical exam in the first certification period (usually one year)
 - This ensures people have the right benefit package
 - HMO's will be held accountable
 - Physical exam results will be recorded by an online tool
 - General Assistance/Relief Medical Program (GAMP/GR) members eligible and enrolled on 12/12/08 will be automatically converted to BC+ CLA effective 1/1/09. They will receive FFS core plan benefits until 4/1/09, by which time they will have selected an HMO or have had one chosen for them
 - Eligible for the entire certification period (12 months) regardless of income changes, unless they:

- Move out of state
 - Become eligible for a full benefit MA/BC+
 - Gain access to health insurance coverage
 - Die
- Core Plus Purchase Program
 - Employers and Public Entities allowed to purchase a set of additional benefits
 - Adverse selection won't be allowed
 - \$70 per month for a member
 - Not enough funding to include mental health benefits
- **BC+ CLA Benefits:**
 - Clinical Advisory Committee on Health and Emerging Technology (CACHET) will allow us to provide evidence based benefits and modify the plan
 - Core Plan Benefits
 - Inpatient hospital
 - Outpatient hospital
 - Physicians/Clinics
 - Generic Drugs and BadgerRx Gold Card for Brand Name (except some grandfathering of mental health drugs for GAMP/GR members)
 - Core Plan Copayments
 - Nominal (.50 to \$3) for most
 - For those above \$100 FPL, \$60 for emergency room without hospital admission and \$100 for inpatient hospital
 - Core Plus benefits will be provided through managed care
 - Drugs will not be provided through managed care
 - There are circumstances where brand-name drugs will be covered instead of generics
 - Mental health
 - Certain insulin
 - Certain asthma treatments
 - Minimal mental health and substance abuse treatment
 - Chiropractic
 - Vision
 - Dental
 - These added benefits will cost \$245 per month for members
- **Enrollment and Creation of BadgerChoice**
 - BadgerChoice represents a new front door for the CLA population, combining all aspects of member interaction in a single organization composed of vendor and state staff. This will include:
 - Member Services (currently EDS)
 - HMO Enrollment Broker (currently AHSI)
 - Eligibility processing (currently counties and tribes)

- Benefits of BadgerChoice
 - No administrative dollars for BC+ CLA
 - Consolidate member services (EDS, HMO, County) into one center for this population
 - Reduce local agency workload by approximately 55,000+ individuals to approximately 40,000 cases
- Population: All childless adults who want to enroll in or are enrolled in BC+, FoodShare, or the Family Planning Waiver (FPW) (total 54,4000 existing cases) [NO IM FUNDING REDUCTION FOR LOCAL AGENCIES]
 - FS Only CLA = 23,932 members
 - FPW Only (Over 18) = 26,996 members
 - FS/FPW CLA = 2,981 members
 - Non-Medicare EBD Deductible = 491 members
 - Mixed Cases (BC+ pregnant, no children and spouse, EBD with non-EBD spouse, etc) = 1,447 members
 - BC+ CLA = 40,800 individuals
 - All FS/FPW CLA- Stay with county until next renewal or when they apply for CLA
 - 7,100 GAMP/GR Medical Transition Cases- BC+ CLA, but FS/FPW stays at county until move from transitional CLA to regular BC+ CLA at annual renewal (January to March 2010)
- The BadgerChoice Support Center (BCSC) will be an organization that handles all aspects of member interaction for this population
 - HMO Enrollment for BC+ CLA, BC+, and SSI MC
 - For BC+ CLA (initially) select HMO at time of application (either on phone or in BadgerChoice web tool)
 - New selection criteria- enter preferred provider, clinic, hospital. If chronic condition reported on HNA, then pick one with highest quality
 - Show choices ranked by score
 - If no choice, then auto assign to HMO with best score
 - Ninety days given to change HMO choice
 - Processing Applications, Changes, and Renewals for Members- BC+ childless adults will apply, renew and report their changes either online or over the phone with the Support Center
 - Answering questions and resolving ALL problems (no referrals or returns to county)
 - Individuals/cases that send in paper applications to BCSC. Filing date set and documents scanned and transferred to county
 - Future: Identifying and enrolling qualified individuals

- Local IM Agencies' Role
 - Up front screening for childless adults (available through web tool)
 - Set filing date and scan documents for childless adults for FS and FPW (Note: with CLA implementation we will switch to a statewide FS project area. This means that individuals can apply anywhere to have their filing date set, however, the county/tribe of residence is where the application and case will be handled)
 - Direct BC+ CLA to BadgerChoice.wi.gov or toll-free number
 - Counties, or a contracted agency, will need to handle FSET
 - There are no mail drops for people who are homeless
 - Pick Up Point for Vault Cards
 - Transfer cases that become CLA to BCSC
 - Hiring state staff to do overall collaboration and communication with BCSC

- **Questions/Concerns/Issues**
 - Draft copy of BC+ CLA presentation requested by county
 - State will take 40,000 cases off the counties' caseload
 - CLA cases are the state's responsibilities; however, counties will have to scan the BC+ CLA applications in certain situations
 - CLA is defined as a population, not a program
 - County will continue to be responsible for EBD, people with children, children, and the elderly
 - When a BC+ CLA recipient becomes pregnant, the state will give the case over to the county for BC+ enrollment
 - BC+ CLA will not pay for inpatient psychiatric visits, but will cover generic mental health drugs and a limited number of psychiatrist visits
 - Roll-out for GAMP/GR is 1/1/09 and will be transferred to the state
 - Online issues
 - ACCESS inbox is being reprogrammed.
 - Recommendation that people who are capable of using the online system are encouraged to apply electronically, instead of overloading the BadgerChoice Support Center
 - Projection of 40,000 – 50,000 people signed up as BC+ CLA
 - BC+ CLA will not have a group size greater than two
 - An administrative Ad Hoc workgroup for transitioning recipients from BC+ to BC+ CLA or vice versa is recommended by Ed Kamin. If anyone at the county level is interested, please email Ed at ekamin@co.kenosha.wi.us

Update on Premiums and Workgroups – Theresa Fosbinder and Amy Mendel-Clemens

- Premium workgroup in September (See “Premium Process Improvement” handout on the IMAC web page)
- 3 Ad Hoc Workgroups
 - Transition to CLA
 - Improving premiums- members include:
 - State
 - County
 - Ed Kamin, Kenosha Co.
 - Roxanne Vega, Dane Co.
 - Cindy Sutton, Rock Co.
 - Milwaukee Co.
 - IMAC representatives
 - Community Advocates
 - Revisiting QC error sample
 - QC ad hoc group should meet 3 - 4 times
 - 3 issues QC workgroup will examine:
 - Contractual language that is more equitable
 - Funding- some agencies are receiving less
 - Overmatching

Fraud Program Update – Brian Fangmeier

- Medicaid, FoodShare (FS), FS responsibilities, and public assistance fraud were transferred from the Bureau of Enrollment Management to the Bureau of Program Integrity (BPI)
 - BPI mostly focused upon provider fraud in the past
- “Fraud Prevention Investigation (FPI) Overview” handed out (see IMAC web page) and discussed. Topics highlighted:
 - IMAC Fraud Workgroup objectives (see slide 7)
 - Workgroup recommendations (see slide 9)
 - FPI pilot based on Minnesota model (slide 10)
 - 2007 and 2008 FPI pilots (see slides 21-24)
 - Next steps for 2008 and 2009 (see slide 26)
- “Fraud Cost Benefits Ratios” and “FPI Pilots Map” handouts (see IMAC web page) looked over. “Overpayments and Savings” spreadsheet is comprehensive data from CARES
 - Counties with reasonable and high benefits/cost ratios were discussed
 - Dane County does not have data due to extraneous reasons
 - Type of data used is important
 - O’Brien & Associate’s (contractor) data is simpler and more comprehensive, but problematic
 - State would like to use own data, instead of contractor’s

- 10:1 ratio is cost-effective, but 5:1 is a more acceptable ratio
- Improvements need to be made in agencies reporting fraud
- Suggestions for data improvement
 - Training
 - Utilizing county workers who specialize in this area
 - Referring to Minnesota's system
 - Some form of data warehouse

FoodShare Updates – John Haine

- “Second Party Review Report” and “FS Error Data” spreadsheets handed out (see IMAC web page)
- State is source for all data
- Payment Error Report
 - “Active” and “Active Expanded” spreadsheet tabs show active data
 - Wisconsin's error rate is higher than national average
 - Average of 70 WI agencies = 6.67%
 - National average = 4.6%
 - Difference in error rates for Milwaukee County and Balance of State are due to workload
 - Line graph shows a decrease in the error rate, which could mean workload is stabilizing or people are becoming more efficient
 - Downward trend should be examined by Quality Assurance Subcommittee
 - State Total Error Type graph is also found in IMQA
 - 300 cases left for review and this may alter data somewhat
- Negative Action Error Report
 - Average of 67 WI agencies is 10.96%, which is above the 9.4% national average
 - Draft operations memo is being reviewed to address this problem
- Second Party 24 Month Compliance Report
 - Report is through June 2008
 - Important question to ask
 - Who's and who's not doing second party reviews?
 - Agency requires 100% compliance
 - Second party reviews add value to management and saves money
 - Completion rates are sorted from lowest to highest on spreadsheet
 - Administrators are working with agencies on corrective course action to bring completion rate up
- FSET
 - It's a challenge to compare 2008 to 2009, because they are two separate pots of money
 - Methodology was from March through June
 - Decided to no longer have minimal allocation

- Need to determine how we're being billed from DCF (FS caseload has dropped by 70%)
 - Margaret Rosenthal recently submitted plan to FNS
- Progress made regarding:
 - Right of refusal- submit FSET plan and guidelines
 - Allocations
- RFP process will be implemented
- Due to FARM bill, FSET population changes on 10/1/08
- Goal of 2009 as a performance year
- Tribal agencies
 - Allocations for 2009 won't change from 2008, because contract starts earlier than counties'
- Award program in Kenosha County
 - Promoted by giving out gas cards
 - Referrals are 80% (previously 40%)

Workload and Finance Committee Update – Jodi Ross

- Deferred to next meeting due to lack of time
- Memo from DHCAA regarding allocations will be released next week
- IM allocation will be the same as allocations for 2009

Next meeting will be held at Fen Oak on September 18, 2008.