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State of Wisconsin

Department of Health Services

MINUTES

March 19, 2009

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

Non-State Attendees:

Julie Arendsee, Sauk Co.	Liz Mahloch, Sheboygan Co.
Joanne Ator, Door Co.	Elizabeth McDowell, Stockbridge Munsee Tribe
Sara Bartz, Shawano Co.	Wendy Metcalf, Columbia Co.
Jackie Bennett, Racine Co.	Susan Moeser, Milwaukee Co.
Debby Blankenship, Winnebago Co.	Luann Page, Waukesha Co.
Rhonda Brown-Anderson, Pierce Co.	Nan Pahl, Brown Co.
Mary Chapman, Lac du Flambeau Tribe	Kristine Parkansky, Marinette Co.
Jamie Christianson-Fawcett, Barron Co.	Sandra Polkoski, Trempealeau Co.
Sheila Drays, Dodge Co.	Sandy Potter, Washington Co.
Sheila Falb, Polk Co.	Amy Roland, Outagamie Co.
CeCe Fishnick, Grant Co.	Patsy Rolo, Langlade Co.
Lori Garceau, Manitowoc Co.	Marianne Schock, Clark Co.
Lorie Graff, La Crosse Co.	Tony Sis, Dane Co.
Liz Green, Dane Co.	Sherryl Spreutels, Iron Co.
Marlin Harms, Iowa Co.	Linda Struck, Eau Claire Co.
Penny Helmley	Cindy Sutton, Rock Co.
David Hemke, Taylor Co.	Sue Schweickert, Washburn Co.
Barb Hernesman, Crawford Co.	Nancy Thompson, Vernon Co.
Jane Huebsch, Marathon Co.	Sandy Torgeson, Jefferson Co.
Jon Janowski, Hunger Task Force (Milwaukee)	Hilary Valliere, Lac du Flambeau Tribe
Ann Kriegel, Winnebago Co.	John Wilberding, Maximus
Doreen Lang, Wood Co.	

State Attendees:

Jennie Carthew, DHS	Vicki Jessup, DHS
Angela Dombrowicki, DHS	Pam Lohaus, DHS
Ken Dybevik, DHS	Michael McKenzie, DHS
Sara Edmonds, DHS	Amy Mendel-Clemens, DHS
Brian Fangmeier, DHS	Jodie Mender, DHS
Theresa Fosbinder, DHS	Tadesse Mengesha, DCF
Tricia Janssen, DHS	Jodi Ross, DHS

I. Administrative Items

February meeting minutes approved with the following edits:

- Buy-in reports are still not available to everybody, including line staff. Reports are confusing to some. Information will be sent to the counties regarding access to the buy-in reports.
- FS Penalty – sharing sanction and bonus money recommendations to be taken back to State management, penalties will not be enacted, also decision pending on bonus money distribution should we get bonus money.
- A special office attached to the Governor’s office will be determining how stimulus money will be distributed.
- Given the reductions in Fraud Funding – Mike McKenzie will work with the Workload and Finance Committee to determine how to proceed with fraud plans and allocation.

II. New Worker Training Format -Update and Discussion

NWT Redesign – Eau Claire and Ashland gave positive feedback on new format. Material will continue to be improved and updated. NWT updates will be released as changes and updates occur. Supplemental information will be made available if changes occur while an individual is using a previous version.

Demo provided by Marina Olivencia and Melissa Wilson. Several different types of media are used in the online training. Ongoing Case Maintenance module has been changed and updated. See Handout. Current material should always be accessed and used. Student goes into a module and completes, including quiz where 80% score must be obtained. Quizzes may be taken more than once. Case assessments must also be completed to pass the assessment scenario portion of each module. County trainers want to know which quiz/scenario questions trainee got wrong. Training unit is working on a method to share that info with the trainers/supervisors.

Ongoing case workers can be assigned to courses for refresher training. Training materials need to be updated with new IM Handbook – this is a new problem, and is being addressed. Suggestion to identify known “glitches” in FAQ or update page. Very new policy may not be included in training version being used, so recent OM and handbook releases need to be taken into consideration. Suggestions for improvements can be sent to the Training Call Center.

ATL/Supervisor can review modules upon completion for scores. Possibilities for more detailed review of quiz answers are being researched. ATL/Supervisor can assign modules to themselves if they want to review the material being used for new workers.

III. BadgerCare Plus Core Plan for Childless Adults (CLA)

Review of County-Specific Caseload Numbers:

See handout – CLA Population in CARES by county to determine potential existing childless adult population in CARES and how many can be expected to transfer to the Enrollment Services Center (ESC) and the type of program or case they are currently in. Some cases may be shared with county – for example CLA is spouse of waiver recipient. This issue is being discussed. Not all individuals identified will be eligible for Core Plan, however FS case will still be transferred to ESC since ESC will serve the CLA population (individuals who meet the definition of CLA). Enrollment fee can be paid online by credit or debit card or by check. Concern about counties losing FSET participants was raised. FSET referral process from ESC to county is being researched and will be discussed further with counties.

County/State Workgroup Status and Meeting:

Case transfers will begin in June – system move date for CARES changes is 5/29/09. Previous county/state group will reconvene to determine best way to communicate and implement new processes between ESC and counties. Week of April 20 is targeted for next meeting so demo will be available for the group. Counties may need infrastructure changes (phones, scanners) but decisions about how that equipment can be obtained will be on a separate administrative track from this meeting. CLA implementation will not be delayed by the budget process since the Hospital Assessment has been approved to pay for the new program. October and November 2008 IMAC meeting minutes include previous ESC handouts and presentation, as well as March 2009 IMAC IT meeting minutes and presentation which includes screen shots of shared CWW pages and inbox enhancements. PowerPoint presentation will also be posted on the IMAC web site.

IV. Status of 2009 Fraud Allocations

See Handout. Program revenue from collections has decreased for Medicaid/BC+, although FS program revenue increased 18%. There will be a \$500,000 decrease in the GPR available for the fraud program effective 7/1/09. County and tribal allocations have not yet been determined. There was a suggestion and agreement to use a future Workload and Finance Committee meeting to discuss options and make recommendation regarding agency allocations. Counties and tribes should prioritize their fraud activities. Agencies should contact Mike McKenzie if they have questions about existing fraud contracts and activities. Some agencies do not actively pursue fraud, while others have strong fraud program activity including revenue generation which should be taken into consideration regarding fraud allocations. Last year 29 agencies did not touch their fraud allocation. Child Care Provider fraud is a very hot topic publicly and politically right now. LAB will be auditing county Child Care programs for fraud, so there seems to be a disconnect between the legislative intent and the budget proposal. The FPI model has increased program revenue in those agencies piloting it because they have dedicated staff for completing claims.

2009 Options presented per handout. These are only options that have been identified so far and other suggested options are welcome. All options will be discussed with the Workload and Finance Committee. Increased program revenue results in larger contribution for DCF. Options to be taken to Workload and Finance include the suggestion that agencies contribute more of their retention money to the fraud program for a temporary period of time. If DCF contributed 15% retention of CC or W2

collections, agencies might be more willing to contribute. No strings are currently attached to the 15% retention money agencies currently generate from IM program repayments.

Plans for 2010 – see handout. Another option suggested – remove requirement to have fraud program in every local agency.

V. Update on the State's Strategic IT Plan

See handouts. IT Strategic Plan and 2009 DHCAA Priority Projects PowerPoint.

09-11 budget – transportation broker; do more with less or do less with less.

Member Services now answering 85-90% of calls. AVR was implemented in March successfully diverting 16% of callers to self-service.

MA Transformation Grant is for enhancements such as electronic medical records for FQHCs.

Major CARES changes scheduled for 2009

- May 2009 - changes for BC+ Core Plan implementation
- Oct 2009 - ECF – scan first project; EVHI self-service tool; Improved verification checklist – default checklist mailing to “y” moving in May. True change will generate new checklist.
- December 2009 - Online review/PPRF.

VI. Update on Upcoming BadgerCare Plus Premiums and Systems Changes

BC+ premium fixes are a high priority for the Division. Workgroup has been meeting for a couple of months. Workgroup goal is to implement premium process changes that will alleviate workload and speed up eligibility determinations for members. The entire premium process is being looked at, not just CARES. OM 09-15 was released this week that includes some workarounds to alleviate some of the issues involved with premium processing including:

- Exempting premium increases for ongoing cases.
- Late pay process correction
- Late application work around to set correct free month
- Contact Call Center with premium related problems
- Non-payment of premium for applications to avoid pop-opens.

County staff is disappointed in work around ops memo.

System fixes scheduled for 5/29/09 include:

- Fix to determine correct free month.
- Premium tracking page – fix to ensure correct premium amount is displayed
- RRP's not being applied correctly at AA – will be fixed
- BCPP premiums incorrectly zeroed out at batch – will be fixed
- Premium collection page will be fixed to display all relevant months.

An OM will be released explaining all changes and process help will be updated.

Policy is exploring options related to counties collecting initial premium payment.

VII. InterChange Update

Newborn adds being done by EDS – counties are reporting errors on their cases due to CARES changes made by EDS workers – for example - changed relationship codes and newborn added twice on a case. Call these into the Call Center right away. Use “newborn add” process in subject line.

Focus is to stabilize the EDS interChange system. For providers – claims payment backlog is being worked on and should be back to normal by the end of March. Managed Care enrollment is also a priority – multiple IDs issue and data sent to HMOs regarding enrollment. Member IDs being linked-should be complete by May. Member Services performance has improved, much due to AVR options for high volume calls – 16% of callers are choosing AVR.

WWWP/WWWM claims payments for providers and coordinating agencies. System changes have been made and training has been provided to providers and coordinating agencies. Enrollments can be made on portal, and billing can be electronic.

NH EFT for provider payments. Piloting with 12 Nursing homes in March for April payments.

EDS is prioritizing system enhancement requests per Department priorities as discussed with the IT Strategic Plan.

System has to be certified by CMS, certification probably will occur this fall. Documentation to support certification is currently being developed.

Buy – In issue. Part B and some Part A buy-ins were terminated inappropriately due to system problem. Should be corrected for April and reimbursement should also be made quickly. Fact sheet was sent out to local agencies. Impacted members include deemed protected MA status (503, DAC, Widow Widowers), SLMB+ and SSI recipients. Includes a small number of FC/waiver recipients.

Letter will go to affected members from SSA when correction is made. Letters will probably go out after corrected payment is made. Suggestion was made to send positive notice to affected members. SSA does not want any other notice to go out, since they believe it will only cause more confusion. SSA should not be directing people to call counties – they should be calling Member Services. Paper check receivers will receive 2 checks – one reimbursement check 7-10 days after regular check is sent.

Correct buy-in terminations should have received correct notice of Adverse Action. These individuals could have up to 3 months of Part B premium payments deducted from their Social Security payment in April.

VIII. Briefing on the Health Coverage Tax Credit Program

See handout. There were 5 people receiving HCTC in July and now there are close to 400. HCTC is run by the IRS and provides a monthly tax break for health insurance premiums for impacted workers and their families equal to 80% of premium. BC+ is Wisconsin’s Qualified Health Plan that folks can

buy into. Enrollments are done over the phone. Number of enrollees more than doubled in the past month. Benefit available for about 2 years as long as they get a UC check – they remain eligible for HCTC. Could also be potentially eligible for regular BC+. Referrals to the county are made for those situations where BC+ would be appropriate (children under 19 or pregnant woman in home).

IX. Agenda Items for Future Meetings

Email Liz, John, or Angie with agenda items.

Next Meeting: April 16, 2009 at Fen Oak