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INCOME MAINTENANCE ADVISORY COMMITTEE (IMAC)

Thursday, July 17, 2014

1:00 – 3:30 p.m.

Dane County Job Center, 1801 Aberg Avenue - Ballroom, Madison, WI 53704

Or online at <https://connect.wisconsin.gov/imac/>

For audio, dial 888-808-6929, access code 468-5307

MINUTES

Non-State Attendees:

Jenny Hoffman, Bay Lake / Brown Co.	Joanne Ator, Bay Lake / Door Co.
Kris Parkansky, Bay Lake / Marinette Co.	Melissa Duane, Capital / Columbia Co.
Tony Sis, Capital / Dane Co.	Cindi Flynn, Capital / Adams Co.
Sheila Drays, Capital / Dodge Co.	Stephanie Ronnfeldt, Capital / Richland Co.
Julie Arendsee, Capital / Sauk Co.	John Rathman, East Central / Outagamie Co.
Lori Garceau, East Central / Manitowoc Co.	Deb Williquette, East Central / Manitowoc Co.
Diane Voth, East Central / Marquette Co.	Chris Machamer, East Central / Waupaca Co.
Kate Surprise, East Central / Waushara Co.	Ann Kriegel, East Central / Winnebago Co.
Linda Struck, Great Rivers / Eau Claire Co.	Ronda Brown-Anderson / Great Rivers / St. Croix Co.
Jane Huebsch, IM Central / Marathon Co.	Amy Mayo, IM Central / Oneida Co.
Rachel Pantaleo, Moraine Lakes / Ozaukee Co.	Mia Anderson-Inman, Moraine Lakes / Walworth Co.
Sandy Potter, Moraine Lakes, Washington Co.	Doreen Lang, Northern / Wood Co.
CeCe Fishnick, Southern / Grant Co.	Marlin Harms, Southern / Iowa Co.
Marjean Sutherland, Southern / Lafayette Co.	Mary Donahue, Southern / Rock Co.
Alisa Evans, Southern / Rock Co.	Adelene Green, WKRP / Kenosha Co.
Claribel Camacho, WKRP / Racine Co.	Joyce Rockman, Ho Chunk Nation

State Attendees:

Abby Abernathy, DHS	Linda Alexander, DHS
Autumn Arnold, DHS	Linda Auchue, DHS
Raquel Berkshire, DHS	Jamie Christianson-Fawcett, DHS
Sara Edmonds, DHS	Brian Fangmeier, DHS
Bill Hanna, DHS	Lisa Hanson, DHS
Judy Johnson, DHS	Elizabeth Jungers, DHS
Donna King, DHS	John LaPhilliph, DHS
Wendy Metcalf, DHS	Paul Michael, DHS
Julie Milleson, DHS	Dave Pawlowski, DHS
Tiffany Orcholski, DHS	Rose Prochazka, DCF
Barbara Stiefvater, DCF	Debbie Waite, DHS
Daniel Yang, DCF	

1. Administrative Issues – Debbie Waite & John Rathman
 - Attendance – on-site, sign in sheet; remote, email Linda Alexander.
 - John Rathman announced that today was Joanne Ator’s last IMAC meeting representing the Northern Consortium/Door County as she is retiring in early August. A round of applause showed the group’s appreciation for her contributions.

2. Approval of June 19, 2014 Minutes – Debbie Waite
 - Motion to accept the June 19th meeting minutes; seconded and passed on a voice vote. Minutes approved.

3. Use of Electronic Data Sources and Real-Time Eligibility – Autumn Arnold (Handout)
 - See handout for more details.
 - Use of electronic data sources is a necessary building block for supporting real-time eligibility which is planned for September, 2015 implementation, and is also a requirement of the Affordable Care Act (ACA).
 - Reasonable compatibility (of electronic data source when compared to member-reported information) is defined by the federal government and use of State Wage Income Collection Agency (SWICA) information is required. DHS requested a waiver from the SWICA requirement based on its concerns with the non-current nature of the SWICA data but the waiver was not granted.
 - Unearned vs. earned income –
 - Unearned – no changes to current process.
 - Earned – Equifax will be used; we plan to connect to the federal data services hub for Equifax matches, which will be at no cost to DHS. If no Equifax match, then SWICA will be used. CMS requires use of a reasonable compatibility standard; CARES will compare what the member reports vs. what SWICA reports, and, if there is no difference in eligibility outcome, it is considered reasonably compatible and we will use what the member reports.
Question: How many different eligibility thresholds will be used when testing reasonable compatibility?
Answer: We do not know yet.
 - Eligibility example –
Question: Using the example, what is the impact if a FoodShare (FS) application is pending at the same time?
Answer: FS will continue to use its own verification processes. FS would ask for pay stubs; the healthcare application would not be held up if determined reasonably compatible as in this example, but if pay stubs are provided for FS, they will be used to verify for health care whenever they are received.
 - Real-Time Eligibility (RTE) - Staff are working on planning for implementation of RTE in ACCESS Apply for Benefits (AFB). Using a combination of information in CARES, reported information and also from data exchanges, narrows the universe of who can get RTE depending on how much data is available for that person.

- Ongoing case management – confirmed that RTE data coming into CARES looks as if a worker had processed/entered it.
Question: Will the system do work-arounds?
Answer: Generally speaking, no. RTE will be limited to cases that CARES can process automatically using data exchanges and without workarounds.
- Features required for RTE –
Question: Do we know how authentication of the applicant's identify will work, what it looks like?
Answer: Not at this time. FFM has a rigorous authentication process that may be applied.
Question: Will the authentication run through SAVE (immigration)?
Answer: To be determined.
- Questions:
 - When is next update?
 - Now in planning phase to determine scope (what's in / not)
 - Policy questions may be challenging to address.
 - Will stay in touch through IMAC / come back to a meeting when more is known.

4. ACCESS for Partners & Providers (APP) Changes – Rachel Witthoft

- Enhancements to APP are scheduled to be implemented effective 9/28/14 in order to streamline the Presumptive Eligibility (PE) determination process and to eventually replace temporary processes for Affordable Care Act (ACA)-required changes that have been in place since 4/1/14. The enhancements are:
 - Express enrollment determinations for BadgerCare Plus
 - Implementation of the changes to PE policies that took effect 4/1/14 scheduled for 9/27/14.
 - Qualified hospitals will be able to use APP Express Enrollment process to make PE determinations and will be encouraged to switch from the temporary process in ForwardHealth.
 - APP will now handle additional populations such as adults (parents, caretakers, childless adults) and individuals wanting Family Planning Only Services (FPOS) vs. the current populations of children and pregnant women.
 - Also for Express Enrollment for BadgerCare Plus, will now accept multiple individuals from the same household on a single application. Express Enrollment for FPOS will still require one individual per application.
 - Individuals who are determined to be presumptively eligible through Express Enrollment will have the ability to link the Express Enrollment application to a new ACCESS Apply for Benefits (AFB) application for ongoing benefits. This link will pre-fill some information from the Express Enrollment application into the AFB application.
 - No changes to paper forms now being used for temporary enrollment for FPOS and pregnant women.
- Operations Memo and Provider Updates scheduled for August, 2014 will outline these changes.

5. Error-Prone Profiling Update – John LaPhilliph & Raquel Berkshire (Handout)
- **Please note:** a revised version of the handout “Fraud Prevention and Detection – Error Prone Profiles” was sent via email on 7/24/14 which replaced the original version. See the revised version for more detail.
 - What is changing? / Comparison of current vs. future processes:
 - May result in more cases being flagged.
 - For the initial phase, the system will subject all agencies to the same automated Error Prone Profiles (EPP). The benefit is more consistency across the state.
 - If feedback/results indicate, willing to adjust the process.
 - Profile Selection – principles for selecting profiles were determined by EPP Work Group.
 - Automating Error-prone Profiles – CARES will be detecting three error-prone profiles at Intake or Review:
 - Questionable income and/or expenses – Total income has remained the same for an extended period of time or expenses exceed income.
 - Unresolved Discrepancies – 2 or more unresolved discrepancies that are over 45 days old.
 - Intentional Program Violation (IPV) / Overpayment History – Certain cases with a recent history of fraud or overpayments.
 - CARES will also have an address search tool added. Workers will be able to enter an address and find out if other cases in CARES are at the same address.
 - EPP Resolution – Potential errors will be indicated on the confirmation page and workers will be unable to confirm eligibility for affected programs until resolving the error, providing the reason for delaying the resolution.
 - Resolving error will vary by type of error, type of worker who finds the error and the need to issue timely benefits. For instance, FoodShare Expedited Benefits (FSEB) will often require confirmation of eligibility before resolving potential error. All unresolved potential errors will be displayed on the dashboard and given a standard 20-day due date.
 - Stakeholder Input – The profiles were selected from a list provided by Income Maintenance Organizations which was based on the agencies’ fraud plans. Office of Inspector General (OIG) and the Department of Children & Families (DCF) were also involved in the process of selecting the profiles and designing the EPP process.
 - Project Timeline (graphic) – The project is currently in the construction phase and implementation is scheduled for September 29th.
 - Other discussion/comments:
 - Raquel plans to send consortia a survey regarding the dashboard enhancements. Some options to consider in assignment of Potential Error Work Item(s): signed-on worker or primary worker.
 - Will be inviting workers from consortia to IMAC IT to see the changes thus far at the 7/25/14 IMAC IT Sub-committee meeting.
 - Feedback: Per Tony Sis, the address search tool is a great feature. Many agreed.

6. Electronic Verification of Residency – Dave Pawloski
- Electronic verification of residency project began in Q1 2014, as required by the biennial budget.
 - Contract awarded to PCG.
 - Next steps:
 - a. Determining what information can be extracted from CARES; **1.17 million records** from all programs except SeniorCare.
 - b. Currently – Using data to research patterns of residential discrepancies and associating with programs

Questions & Answers

- Will this function be able to be done in real time eligibility? Yes, that is the goal.
- The single largest discrepancy is capturing an accurate residential / primary address. Linda Auchue asked if the focus had changed from verifying Wisconsin residency to verifying a correct primary address. Dave responded that the assumption was that a primary address that was out-of-state would create a flag, which could indicate a potential of someone receiving Wisconsin Income Maintenance (IM) program assistance benefits (e.g., FoodShare or Healthcare) that is living outside Wisconsin.
 - Q: Have any of the IMAC sub-committees been part of this effort?
A: Not to this point
 - Q: How can consortia become educated, stay informed about the progress, the benefits of the project?
A: Data is now being uploaded to a PCG database which is going to be searchable. However, in the meantime, PCG can create ad hoc reports upon request.
 - Q: What can local agencies do to prepare/take advantage of this function?
A: More information will be coming on reports and how to use.

7. Warm Transfer Process for Limited English Proficiency (LEP) Calls from Member Services - Linda Auchue (Handout)

- Handout with LEP Call Flow Chart.
- This process will be used when Member Services (MS) has an LEP caller who needs more information than the MS staff can provide. The MS agent will be able to transfer a live call to the appropriate agency with the member and interpreter on the line. The MS agent will then hang up but the interpreter will remain on the line with the caller and the consortium worker.
- The state's annual Management Evaluation Review (MER) process conducted by Food and Nutritional Services (FNS) identified this as an area for improvement.
- Under the old process, MS calls were transferred to the appropriate agency to determine eligibility but the interpreter did not stay on the line and the consortium call center had to engage its own interpreter. The new process will help streamline the process for the caller. MS agents will not stay on the line but will be disconnected once he/she transfers the caller and interpreter. The consortium call center worker will have to greet the caller and introduce her/himself. Consortia requested that the

MS agent collect a call-back number and give that to the consortium worker in case the caller is disconnected.

Action Item: **Linda Auchue** will provide the handout/call flow chart to the CARES Coordinators.

Note: The process flow document was sent to the CARES Coordinators on 7/22/14 along with the script Member Services will use when contacting the consortium to transfer the call.

8. New IMAC Sub-committee Implementation Update – Doreen Lang, Debbie Waite and Jamie Christianson-Fawcett
 - The cross departmental planning group met on 7/15/14 and discussed the purpose and focus of the new sub-committee, purpose of meetings, and how meetings can be efficient and effective. One conclusion was to avoid duplicating purpose or work of other standing committees (like CARES Steering) or IM sub-committees.
 - The planning group proposed that the focus of the new sub-committee be on promoting customer service across agencies and discussing opportunities for improvement. It was noted that DOA would be a valuable participant.
 - Meetings would focus on topics of how to better serve customers, whether serving specific populations or addressing program opportunities.
 - DHS staff will re-work the purpose statement accordingly.
 - An update will be provided at the August IMAC meeting.

9. Modified Average Speed of Answer (ASA) & Abandon Rate Calculation – Paul Michael (Handout)
 - See handout for more details (“Modified ASA and Abandon Rate Calculation – DRAFT”).
 - Currently consortia call flows are varied, specific to each consortium and are designed around work flow.
 - Some consortia are moving to use of ‘back-end work groups’ which specialize in a function or program. Under this model, the customer calls and is transferred to a back-end work group.
 - It is logical to take back-end transfers into account for ASA and abandonment rate calculations.
 - Goal is to keep customer wait times as low as possible, whether front-end or back-end to avoid hang-ups and need for call backs.
 - Three consortia are now using this call flow: Northern, Western and Capitol. See the handout for ASA impact of the new call flow (modified calculation) vs. the existing process (current calculation).
 - Implementation of new methodology scheduled for September, 2014.
 - Discussion –
 - Great Rivers Consortium is moving towards a back-end work group model around the time this change will happen. Therefore, it may be difficult to pinpoint what is causing increases in ASA as a result.

- *It was also noted that the proposed contract requirement for 2015 will reduce ASA expectation to 12 minutes, but also noted that all consortia are significantly below that measure now.
- Milwaukee Enrollment Services (MiLES) and Milwaukee Early Care Administration (MECA) do not have back-end teams. MiLES uses a dual-worker model in which two people work on the same case as back-ups for one another. This is not considered a transfer.

10. Patient Protection Affordable Care Act (PPACA) Update / Issues – Debbie Waite

- Summary of PPACA Sub-committee’s 7/16/14 meeting: assessment of implementation of BadgerCare Plus and Affordable Care Act (ACA); organized by “past” and “future” categories.
 - Assessment of BC+/ACA Implementation – what worked well/what are lessons learned. Feedback was taken in each of these categories:
 - Training
 - Communications
 - Partners / Regional Enrollment Networks
 - Planning / preparing for implementation including consortia work plans
 - Reports and Data
 - Systems preparation
 - PPACA Sub-committee effectiveness,

A summary matrix is being created and will be shared at next PPACA subcommittee meeting.
 - Planning for Future BC+/ACA Activity (next 9-12 months):
 - Workload planning
 - Identified what will impact
 - Open enrollment – difficult to create/provide data on how many and when
 - How Federally Facilitated Marketplace (FFM) will handle renewals/re-enrollments
 - How FFM will handle new applications
 - Churning – customer switching back and forth from BC+ to FFM
 - Bubble periods created by initial enrollment, especially for Childless Adults
- CMS/FFM Issues
 - Craig Steele is researching process on tax credit verification letters with Centers for Medicare & Medicaid Services (CMS). This involves obtaining additional verification of income, which could result in sending letters to as much as 25% of insureds.
 - Concern about Accessing FFM Notices – CMS took sample notices off the website. The only way that DHS sees the notices from the FFM is when consortia send them to DHS. DHS will follow up on re-posting to website.
 - Still working to resolve the Bay Lakes consortium’s phone number on all notices.
 - REN Update. Survey was sent to partners. Bill Hanna will provide a results update at the August PPACA Sub-committee meeting.
 - Future of PPACA Sub-committee: Group concluded that it has been very effective vehicle for planning and communications. Will continue to schedule

sub-committee meetings through spring, 2015. Next meeting is the morning of 8/21/14 IMAC meeting.

11. Regional Enrollment Networks (REN) Updates – John Rathman

- Western and East Central Consortia are representing all consortia on the REN Sustainability conference calls. Three work groups currently meeting.
- Work group document/overview will be shared as soon as possible.
- The weekly REN newsletter is effective in keeping people informed and engaged.
- Need to email RENs to obtain primary and secondary contacts for the newsletter to insure that connection is made and continued.
- Statewide Conference is being planned for October 22 and 23 in Wausau.
- Give any feedback or issues to John Rathman or Tricia Wavra.

12. Consortia Feedback – All

- John Rathman reported on a change to the groupings created for the Call Center Anywhere (CCA) roll-out of ChildCare. IM Central Consortium will move to a later grouping.
Action Item: **John Rathman** will send Paul Michael the updated version of the CCA / ChildCare rollout groupings.
- Changes in dates for integrating CC into the Central Document Processing Unit (CDPU). Six Month Review Forms (SMRFs) implementation delayed a month. Want to integrate the rest of the CC documents by the end of December, 2014.
Action Item: **Debbie Waite/John Rathman** to include the topic for an update on the 8/21/14 IMAC Agenda.
- Suggested adding a date to the 45-day renewal letter that tells members when they can call to accomplish the renewal.
- Consortia that employ case-banking are not able to use the Automated Verification System (AVS) effectively. Currently, HMS's security rules control this. DHS has asked HMS to accommodate the consortia that use this processing model.
- 2015 Contract negotiation process item should include FoodShare Employment Training (FSET) / IM Workload. Suggest that in the ForwardHealth process, workload should be considered by vendor, not by county.
- FoodShare renewal letter language – suggest adding text about the ability to renew by phone if the member can spend 30 minutes to complete. This would require the creation of a new (third) letter. Tricia Janssen is aware of this request and is researching.

13. Operations Memos – Linda Auchue

- 14-29 Telephonic and Electronic Signature Enhancements – amendments are coming. A typographical error on page 4 will be corrected and clarification regarding processing questions that have arisen since issuance such as confirming that the entire script must be read, not just portions.

- 14-28 Updates to Income Maintenance Quality Assurance Second Party Review Tool – fields were added to collect MAGI information.
- 14-27 FSET Participation for ABAWDs Subject to Time-Limited FoodShare – amended 6/30/14
- 14-25 Time Limited FoodShare Benefits for ABAWDs – amended 6/30/14
- Under development – Operations Memos for Error Prone Profiles (EPP) in Phase II of the Single Streamline application updates; Access for Partners & Providers (APP); Systems Updates to Support Premiums for Adults in Extensions to announce the CARES updates for the start of premium for adults between 100-133% of FPL in October; Burial trust exemption – change to allow the additional \$1,500 without considering the source of the money.

14. Administrative Memos – Debbie Waite
N/A

15. Funding Update – Debbie Waite

- Status of 2013 ACA / FS Carry-over issue: The contract documents are now circulating at DHS; Deputy Secretary Kevin Moore will be signing once approved. Will be sent as packets to each consortium’s contract signatory, copying the Operational Leads.
- Workload and Finance – 2015 proposed base plus ACA funding in process. Currently in discussion with consortia on distribution methodologies for base and ACA components.
- Status of 2014 PPACA Carry-over Funds – will be discussed with Secretary’s office by end of month and decision shared.

16. Sub-committee Sharing - Debbie Waite & Sub-committee Chairs (Handout)

- Handout shows that few meetings have occurred over the summer.
- Who is new staff member leading FSET subcommittee? Will be shared no later than September meeting.

17. Miscellaneous Updates / Other / Public Comment
N/A

18. August 21, 2014 Meeting Tentative Agenda Topics

- a. PPACA Issues
- b. Funding Updates