OPEN MEETING MINUTES

Instructions: F-01922A

Name of Governmental Body: Wisconsin Long Term Care Advisory Council (LTCAC)			Attending: Audrey Nelson, Beth Swedeen, Cathy Ley, Christine Witt, Cindy Bentley, Darci Knapp, Dennise Lavrenz, Janet Zander, John Sauer, Kenneth Munson, Lea Kitz, Maureen Ryan, Sam Wilson, Shanna Jensen, Stacy Ellingen
Date: 1/12/2021	Time Started: 9:30 a.m.	Time Ended: 11:35 a.m.	
Location: Virtual Zoom Meeting			Presiding Officer: Curtis Cunningham

Minutes

Members absent: Heather Bruemmer, Denise Pommer

Others present: Betsy Genz, Brenda Bauer, Carrie Molke, Hannah Sorensen, Kevin Coughlin, Kiva Graves, Suzanne Ziehr,

Meeting Call to Order, presented by Curtis Cunningham

- Review of agenda and approval of minutes
  - Motion to approve agenda by Maureen Ryan. Dennise Lavrenz seconded the motion. Lea Kitz objected since they are missing the November Department Updates

Department Updates, presented by Curtis Cunningham and Carrie Molke

- Division of Medicaid Services (DMS) Updates
  - Received approval from CMS on the IRIS waiver
  - IRIS Monthly Rate of Service (MROS)
    - Fiscal spoke with FEAs and ICAs and will delay new rates until July 1, 2021
  - Children's Long Term Support (CLTS) waiver
    - In process for this year, implementation will be January 1, 2022
    - Children's Long Term Care Council will receive an update on the waiver
    - Currently incorporating feedback from public meetings
    - There will also be a public comment period
  - Electronic Visit Verification (EVV)
    - No delay in implementation due to the pandemic
    - Currently in soft launch situation, collecting information, verifying visits, looking where there is more education and information needed
    - Working to determine when hard launch will be
      - Starting with hard launch, payment would not occur unless there was a verified EVV visit
      - Beginning work on home health implementation for EVV in 2023
  - ***Council Suggestions:***
    - Many IRIS participants and workers have not heard about EVV, suggestion to give more information out
  - Second Telehealth forum was held on January 11, 2021
    - Discussed:
      - What is functionally equivalent and can be done through telehealth
      - What is an originating site

        - What reimbursement and costs should be associated with originating sites
    - Case management, HCBS waiver and virtual supports are not in scope
    - Looking at it being related to Chapter 49 state plan
    - Telehealth website: https://www.dhs.wisconsin.gov/telehealth/index.htm
    - Stakeholder engagement: https://www.dhs.wisconsin.gov/telehealth/stakeholder-engagement.htm
        - Advisory group is not a nominated group, anyone who wants may attend the meetings
        - A more formal group will be developed for the rule committee
- Extension of Public Health emergency
    - Extended to April 21, 2021
    - K-waiver flexibilities will continue
    - We will not disenroll anyone from Medicaid during the emergency and we continue to receive the 6.5% FMAP bump
- New benefit in Medicaid: Substance abuse disorder residential benefit
        - Rollout is scheduled for February 1, 2021
        - Cannot pay for room and board with the benefit
        - Pays for treatment, counseling, and other items in a residential setting during recovery
- Division of Public Health (DPH)
    - Acknowledging recent events
        - Consuming everything
        - Difficult emotionally with how to feel or how to respond
    - COVID-19
        - Focus is on vaccine distribution
    - Health Equity
        - Major priority in DHS for both divisions and bureaus
        - Executive Order 59 requires state agencies to develop and equity inclusion plan were due to DOA at end of year
        - The Bureau of Aging and Disability Resources (BADR)
        - Hired a health equity consultant, Katherine Cullinan
        - Governor's Health Equity Council began public meetings (https://www.dhs.wisconsin.gov/hec/index.htm)
    - Long Path
        - Currently in Phase 1
            - Looking at leadership development for backbone agencies
            - Group of 50 people went through 8 week session and then 25 went through coaching and completed a project
            - Next step is for this group to work with UW Population Health MATCH program
            - 75 more will go through this same training in 2021, starting in February
        - Event on February 9th, LTCAC will be invited to attend
            - Hearing from contractor (living and giving enterprises) and 4 of the leaders that have gone through the series to hear from what has occurred so far
    - Package of funding passed by congress

- Appropriations
  - Increase of 5 Million for the entire nation, WI will get some (older American's act)
  - 2 million for supportive services under Older American's Act
  - 3 million National Caregivers Support Program
  - Supportive housing for elderly and for those with disabilities
- COVID-19 relief
  - 175 million for older American's Nutrition Programs
  - 7 million to go to Native American Programs
  - Elder Justice activities (APS services)

Review of Current Charges, presented by Carrie Molke and Curtis Cunningham

- Reviewed charges and discuss if anything should change
  - ***Council Suggestion***
    - Missing piece that is taking most of our time: COVID-19
    - Be more specific of the large areas of what we are going to tackle
    - Workforce, Heath equity, and COVID are high priorities
- Long Path
  - Still in Phase 1
  - Some folks are moving into Phase 2 (community conversations) and will start in the next year
- Medicaid Long Term Care
  - Conversation about the rules and ways we established Family Care
  - Presentation on Geographic Service Regions (GSRs) and had discussions
    - At March meeting will go over the advisory document
  - ***Council Suggestion***
    - Send out advisory document prior to the meeting
    - Should have more attention to workforce, it is how you pay for the program
    - How is Medicaid long Term Care coordinating with D-SNP programs
- Transportation
  - We have not done anything regarding this in 2020
  - In past this has been a charge in past
    - The Council developed recommendations and gave to Secretary
  - ***Council Suggestion***
    - Bring back the recommendations developed previously and use that as a starting point
- Health Equity
  - SHA (State Health Assessment) draft is out
- Workforce
  - This will evolve after budget is released
  - There is an idea of integrating continuation Governor’s Taskforce work into this committee
  - ***Council Suggestions***
    - Marriage of Charge 2 and Charge 5 get to the heart of the LTC programs
    - Make sure to look at viability of the program, have quality caregivers that provide continuity
    - Workforce issues are tied to payment systems

- Fair and equitable wages for the difficult jobs they are doing, we are not fully able to pay at a market rate, partly because what we are reimbursed at
- Workforce is critical, should look at what is most effective to help with this.
- Revise the Workforce charge
- Workforce issue is critical. We will be forced to have more congregate living if we can't support workers in all setting, especially in community settings

Public Comment

- Erin Fabrizius
  - Concern about COVID vaccine distribution
  - I am hearing from personal care agencies across the state that they have not received any information but they are eligible to receive vaccine in Phase 1A
  - No info about who to contact in communities about who can receive

COVID-19 Vaccines, presented by Hannah Sorenson and Doug Englebert

- Went through PowerPoint
- It is possible that facilities reached out to both CVS and Walgreens and are on both lists
  - The facilities will need to choose one to work with.
- Went through recent GovD messages that went out
  - December 29, 2020: Guidance for post COVID-19 Vaccinations in Long Term Care Facilities
  - January 5, 2021: COVID-19 Vaccine Program-Federal Long Term Care Pharmacy Partnership Updates
  - January 7, 2021: Pharmacy Partnership for Long-Term Care Program Updates
- IRIS workers are in group 1A on the vaccine list
  - These are unaffiliated workers, DHS is coordinating with the local health departments
- SDMAC met and is releasing documents for public comments
- ***Council Suggestion:***
  - Have a flow chart showing who is contacted and how when they are eligible to receive the vaccine

Council Business, presented by Curtis Cunningham

- No council business

Adjourn

- Meeting adjourned

Prepared by: Suzanne Ziehr on 01/12/2021.

These minutes are in draft form. They will be presented for approval by the governmental body on: 03/09/2021

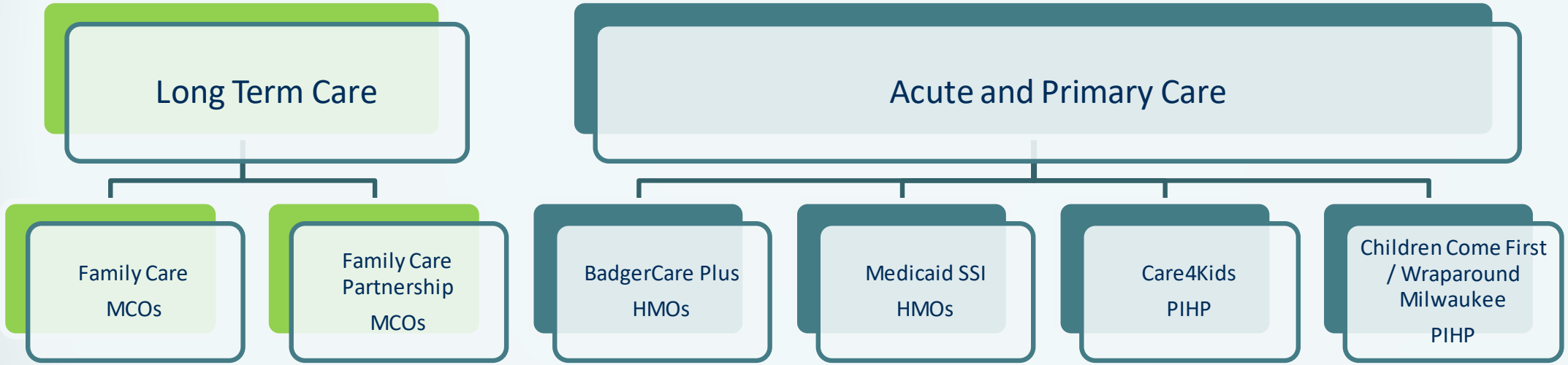
2021 Medicaid Managed Care Quality Strategy

Jasmine Bowen, Quality Assurance Program Specialist
Quality and Initiatives Section, Bureau of Programs and Policy

Medicaid Managed Care Quality Strategy

- The strategy outlines managed care quality goals, objectives, strategies, and programs intended to achieve the overarching vision of DMS, as well as establish a process for monitoring progress toward these goals.
- Submitted to CMS every three years, meets the federal requirements of 42 C.F.R. §438.340
- The first strategy was published in 2018 and is available on the DHS website. The 2021 Strategy and Effectiveness Evaluation will be posted for public comment before DMS submits to CMS summer 2021.
- All stakeholders will be invited to provide comments.

Programs Included in the Medicaid Managed Care Quality Strategy



DMS Mission, Vision, and Values

- **Mission**
  - Improving lives through high-value services that promote health, well-being and independence.
- **Vision**
  - People empowered to realize their full potential.
- **Values**
  - Serve people through culturally competent practices and policies.
  - Foster a supportive and trusting, team-oriented culture that recognizes excellence and provides opportunities for development.
  - Build collaborative relationships with both internal and external stakeholders and partners.
  - Encourage innovative, data-driven, and collaborative decision-making.
  - Communicate respectfully and effectively.
  - Hold accountability for high-value service delivery and customer service.

2021 Strategy Effectiveness Evaluation

- At least once every three years, the state is required to 1) update the quality strategy and 2) conduct a strategy effectiveness evaluation.
- The 2021 effectiveness evaluation consisted of:
  - Review of stakeholder feedback from the previous quality strategy to identify key themes and areas for improvement
  - Incorporation of direct feedback from CMS to clarify key elements of the strategy
  - Internal review by our interdisciplinary DMS quality team and External Quality Review Organization

2018 Quality Strategy Stakeholder Feedback

National

- National Committee on Quality Assurance (NCQA)

State

- Wisconsin Association of Family and Children's Agencies
- Wisconsin Association of Health Plans
- Wisconsin Hospital Association
- Wisconsin Medical Society
- Wisconsin Primary Health Care Association
- Disability Rights Wisconsin
- Oconomowoc Residential Programs

HMO

- Aurora Health Care
- United Healthcare

MCO

- Wisconsin Family Care Association
- iCare
- Care Wisconsin

2018 Quality Strategy Stakeholder Feedback

- Accreditation
- Publicize quality info
- Better discharge planning and care management
- Support for people with challenging conditions
- Data: Increase access to data and reduce reporting burden
- Policy and care coordination alignment
- Co-development of performance measures, quality goals, & payment standards
- Communication: Health care interpreters
- Uniformity of quality standards
- Physician satisfaction
- Patient outcomes and member engagement
- Efficiencies in care delivery
- Pay for Performance Development
- Alignment: Division of Quality Assurance goals and DMS quality strategy

Increase stakeholder engagement

- **Wisconsin Hospital Association**
- "The successful implementation of an innovative, long-term, strategic managed care vision must include meaningful involvement and dialogue with the stakeholder groups ultimately responsible for operationalizing the strategy."

Define specific quality metrics

- **Wisconsin Family Care Association**
- "We seek more information on the types of baseline data and proposed benchmarks which DHS will use to track progress on their proposed quality measures. We hope that stakeholders will have input into the development of these two pieces of data."
- **WFCA, Aurora Health Care, WAFCA, WI Hospital Association**: Initiate and support collaborative metrics development

Equity and reducing disparities

- **Wisconsin Primary Health Care Association**
- "In terms of health disparities, we recommend that the department provide more clarity and identify more specific areas of disparity in order to promote more robust engagement from payers and providers around strategies to reduce health disparities."

CMS Feedback

CMS asked us to provide more information on:

- Incorporating recommendations from our External Quality Review Organization (EQRO)
- Specific performance measures and targets
- Plan to identify, evaluate, and reduce disparities across age, race, ethnicity, sex, primary language, and disability status
- Additional detail on performance improvement projects, identification of members with LTSS or special health care needs, clinical practice guidelines, administration of sanctions, and accreditation information

Key 2021 Strategy Improvements

1. Alignment of quality goals to measureable objectives
2. Selection of performance metrics based on measurement best practices and data availability
3. Inclusion of baseline data and target-setting for performance metrics
4. Development of an ongoing effectiveness evaluation system for continuous improvement
5. Increased focus on reducing health disparities

Improvement 1: Alignment of Quality Goals to Measureable Objectives

- Movement toward quality goals which are linked to measureable objectives
- Prioritization of outcomes measures with annual tracking for significant improvement
- General → Specific
- In the transition from general to more specific goals, groups or "domains" of quality measurement were established for both Long Term Care and Acute and Primary Care.
- Domains of quality measurement allow us to be nimble in the selection of performance metrics. Prioritized performance metrics may change over time as the focus for improvement changes, but the domains of quality ensure we always account for the key program outcome areas.

Acute and Primary Care

Quality domains are based on the annual **CMS Adult and Child Core Sets**.

- **Primary Care Access and Preventive Care**
  - Well-child visits
  - Immunizations for Children and Adolescents
- **Maternal and Perinatal Health**
  - Prenatal Care
  - Postpartum Care
- **Care of Acute and Chronic Conditions**
  - Controlling High Blood Pressure
- **Behavioral Health Care**
  - Initiation and Engagement of Treatment
  - Follow-up after Emergency Department Visits or Hospitalizations due to Mental Illness or Substance Use

Long Term Care

Quality priorities are based on the 2020 **CMS Recommended Measure Set for Medicaid-Funded HCBS**.

- **Care Plan and Services**
  - Service Delivery and Effectiveness
  - Person-Centered Planning and Coordination
  - Choice and Control
  - Equity
- **Community Engagement**
  - Community Inclusion
  - System Performance and Accountability
- **Supports**
  - Caregiver Support
  - Workforce
  - Human and Legal Rights
  - Consumer Leadership in System Development
- **Well-Being**
  - Holistic Health and Functioning

11 Domains of Quality in Home and Community-Based Services (National Quality Forum)

Improvement 2: Selection of performance metrics based on measurement best practices

- **12 Acute and Primary Care** Performance Measures
  - Current Pay for Performance (P4P)* HEDIS measures from the CMS Adult and Child Core Sets
- **15 Long Term Care** Performance Measures
  - One to two recommended measures from each of the 11 domains in the CMS Recommended Measure Set, many of which are National Core Indicators (NCI) Survey measures

*Note that Pay for Performance measures may change due to measure steward updates to measures methodology, such as the 2021 NCQA updates to well-child visit measures.

What to look for in the quality strategy:

Acute and Primary Care

Maternal and Perinatal Health		
Goal 2: Set the stage for healthy birth outcomes and long-term well-being of mothers and infants.	**Improve outcomes on the following measures:** **Objective 2a:** Prenatal and Postpartum Care: Timeliness of Prenatal Care • 2017: 80.6% • 2018: 84.0% • 2019: 89.2% **Objective 2b:** Prenatal and Postpartum Care: Postpartum Care • 2017: 67.3% • 2018: 65.5% • 2019: 76.5%	**Data Source:** CMS Child Core Set CMS Adult Core Set NCQA HEDIS Measures Objective 2a. PPC-CH Objective 2b. PPC-AD

Long Term Care

Care Plan and Services		
Goal 1: Service Delivery and Effectiveness Provide services and supports in a manner consistent with a person's needs, goals, preferences, and values that help the person to achieve desired outcomes.	**Objective 1.** Increase the percentage of people who know whom to ask if they want to change something about their services. • 2016-2017: N/A* • 2017-2018: 81% AD • 2018-2019: 81% IPS / 79% AD	**Data Source(s):** National Core Indicators – In-Person (NCI-IPS) Survey National Core Indicators – Aging and Disabilities (NCI-AD) Survey *This was a new question for the IPS survey starting 2018-2019.

Improvement 3: Inclusion of Baseline Data and Target-Setting for Performance Metrics

- DMS monitors outcomes on performance measures to look for an improvement trend
- **Acute and Primary Care**
  - Statewide performance is compared against national performance results provided by NCQA
  - DMS sets P4P targets for each measure for each HMO based on national percentile results and, in some cases, statewide average results.
- **Long Term Care**
  - Baseline statewide performance is compared with national average results for NCI measures.
  - NCI survey results serve as a "barometer" to indicate how well Wisconsin performs nationally on survey questions, but formalized targets are not set based on national averages.

What to look for in the quality strategy:

Acute and Primary Care

Metric Name	Metric Specifications	Baseline (2019)	Bottom Quartile (25th)	Median Quartile (50th)	Top Quartile (75th)	Program	
						BC+	SSI
Adolescent Well-Care Visits (AWC-CH)*							
Adolescent Well-Care Visits	Child Core Set	47.4	48.42	57.18	64.72	x	
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34-CH)*							
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	Child Core Set	67.9	68.61	74.7	80.28	x	
Well-Child Visits in the First 15 Months of Life (W15-CH)**							
Well-Child Visits in the First 15 Months of Life - 6 or more visits	Child Core Set	60.0	61.31	67.88	72.99	x	
Childhood Immunization Status (CIS-CH)							
Childhood Immunization Status - Combo 3	Child Core Set	71.3	66.67	71.05	75.18	x	
Immunizations for Adolescents (IMA-CH)							
Immunizations for Adolescents - Combo 2	Child Core Set	40.5	31.02	36.86	43.06	x	

Improvement 4: Development of an Ongoing Effectiveness Evaluation System for Continuous Improvement

Key Features

- Long Term Care and Acute and Primary Care as one team (DMS Restructure)
- Quality Improvement Steering Committee
- Promoted and expanded awareness of current quality initiatives and outcomes across programs
- A fluid and dynamic system of reviewing key data when it is available (surveys, MetaStar reviews, dashboards, HEDIS results, performance improvement projects)
- Data-driven decision-making
- Comprehensive and Innovative

COMPREHENSIVE
What we know

Ongoing Review of:

- MCO Member Satisfaction Survey
- HMO Adult and Child Core Set HEDIS Measures
- National Core Indicators Surveys
- EQRO Quality and Compliance & Care Management Review
- HMO and MCO Pay for Performance Results
- Adult Long Term Care Scorecard
- Performance Improvement Projects (PIPs)
- HMO Quality Guide

INNOVATIVE
Where we want to grow

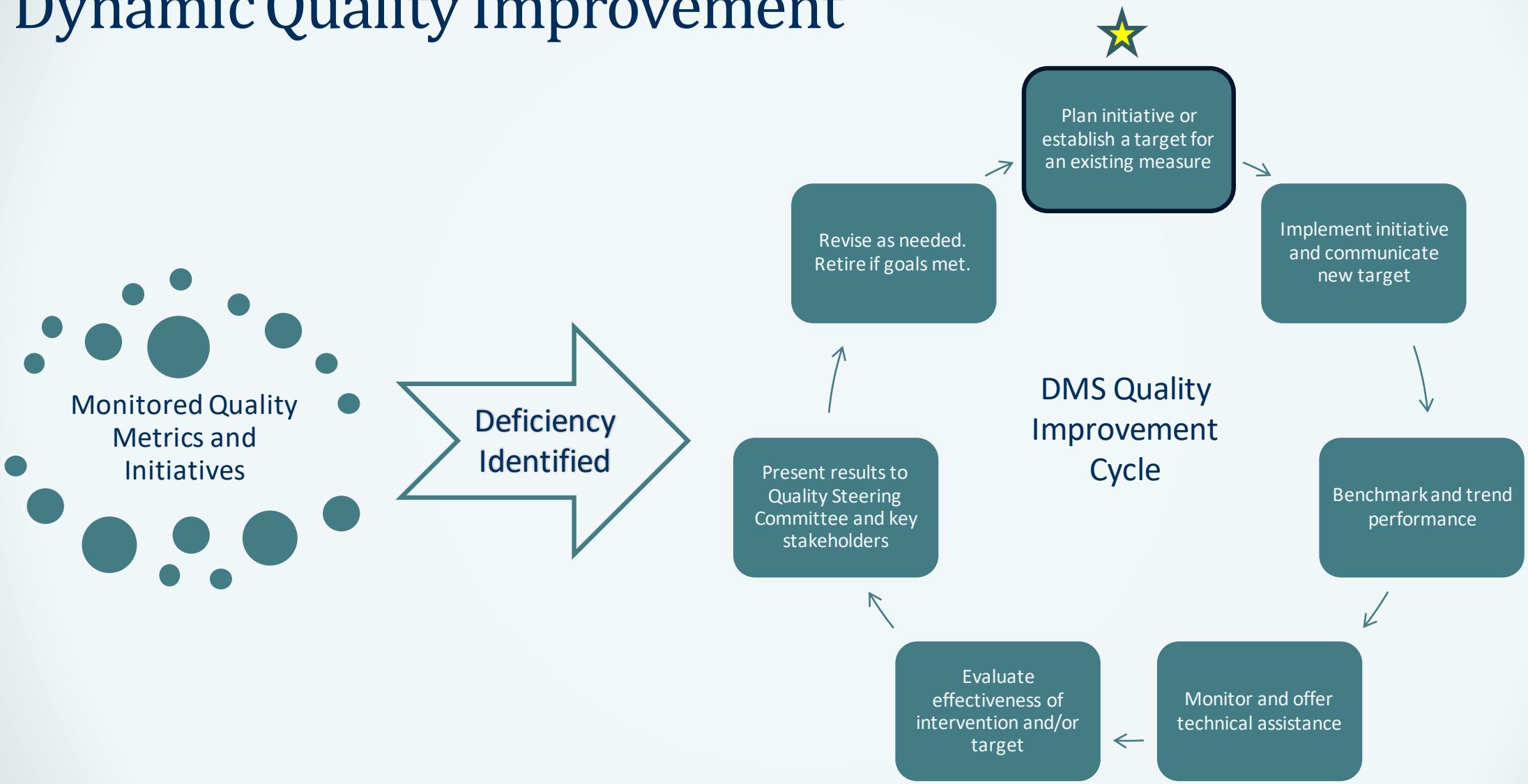
Prioritization of:

- Areas for Improvement in Managed Care
- Health Equity, Drivers of Health, and Reducing Disparities
- Dental Care Quality Metrics Development
- Behavioral Health Quality Metrics Development

Ongoing Effectiveness Evaluation

- **Comprehensiveness**
  - Based on the data we have available, how well are we doing on process, outcome, quality of life, and system outcomes?
  - Which outcomes indicate the most significant opportunities for improvement?
  - Where do we need to take action?
- **Innovativeness**
  - Which areas are gaps in our quality management system?
  - What should we be tracking that we are not?
  - How do we develop relevant measures for new populations?
  - Where do we need to take action?

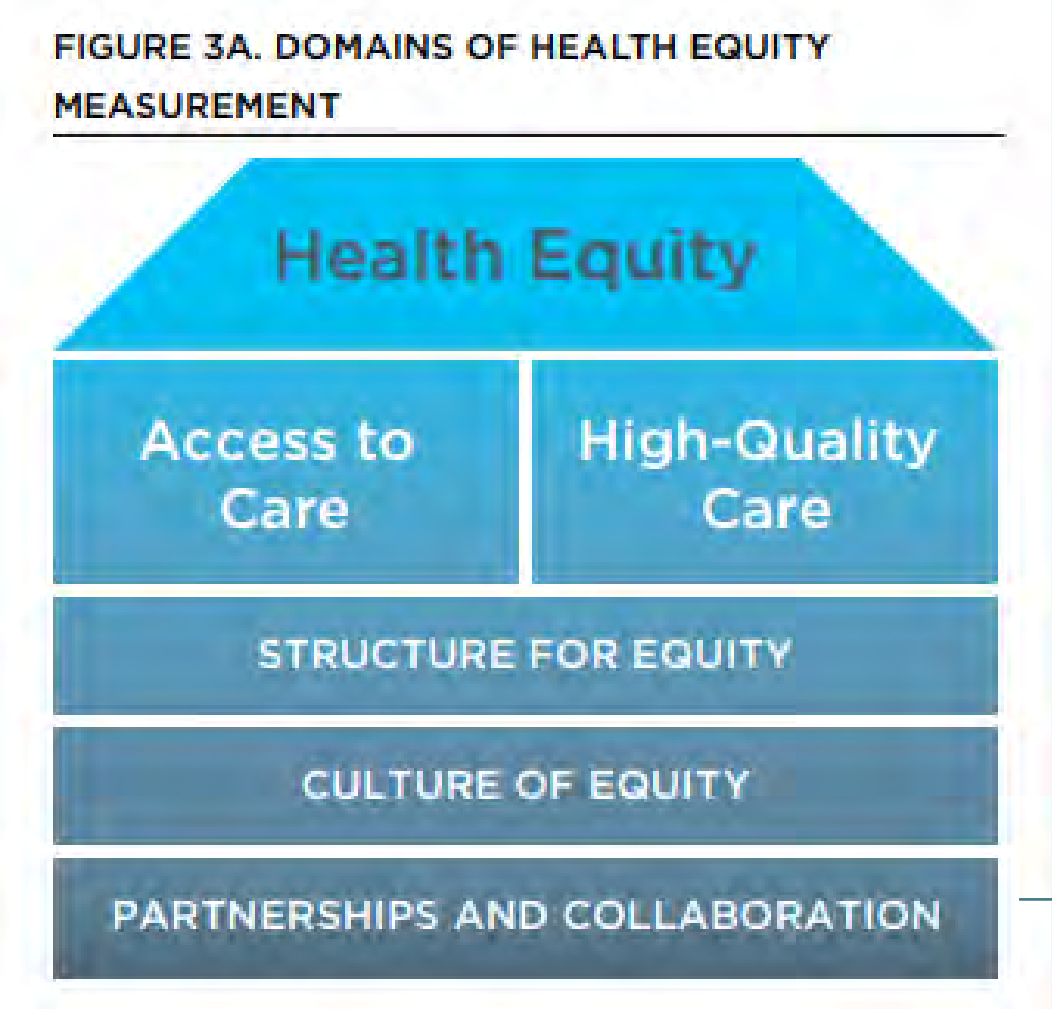
Dynamic Quality Improvement



Improvement 5: Increased Focus on Reducing Health Disparities

- 2020 & 2021 Health Disparities Performance Improvement Project for HMOs and area of strong interest for MCO PIPs
- Stratification of some HMO performance measures by race, ethnicity, language starting 2021
- Identification of Drivers of Health measures relevant to the Medicaid population
- Equity and Inclusion Strategic Planning
  - Alignment with the national CLAS Standards (Culturally and Linguistically Appropriate Services in Health and Health Care)
  - Alignment with the National Quality Forum's Roadmap for Promoting Health Equity and Eliminating Disparities
  - HMO Health Equity workgroup to develop improvement plan

Improvement 5: Increased Focus on Reducing Health Disparities



Includes engagement with members and community leaders

Timeline

- DHS must share the Quality Strategy with key stakeholders, including tribes, the Medical Care Advisory Committee, and LTC MCOs, HMOs, and PIHPs. **In March**, we plan to record an overview presentation for distribution in advance of public comment.
- The 2021 Medicaid Managed Care Quality Strategy will be posted on the DHS website and available for public comment from **March 22 to April 23, 2021.**
- DHS will then review public comments, incorporate feedback, and submit the strategy to CMS by **June 25, 2021.**

Sources

- **2021 CMS Adult Core Set**
  - https://www.medicaid.gov/medicaid/quality-of-care/downloads/2021-adult-core-set.pdf
- **2021 CMS Child Core Set**
  - https://www.medicaid.gov/medicaid/quality-of-care/downloads/2021-child-core-set.pdf
- **CMS Recommended Measure Set for Medicaid-Funded HCBS**
  - https://www.medicaid.gov/medicaid/quality-of-care/downloads/rfi-hcbs-recommended-measure-set.pdf
- **NQF's "Quality in Home and Community-Based Services to Support Community Living: Addressing Gaps in Performance Measurement"**
  - http://www.qualityforum.org/Publications/2016/09/Quality_in_Home_and_Community-Based_Services_to_Support_Community_Living__Addressing_Gaps_in_Performance_Measurement.aspx
- **National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care**
  - https://thinkculturalhealth.hhs.gov/clas
- **NQF's "A Roadmap for Promoting Health Equity and Eliminating Disparities: The Four I's for Health Equity"**
  - https://www.qualityforum.org/Publications/2017/09/A_Roadmap_for_Promoting_Health_Equity_and_Eliminating_Disparities__The_Four_I_s_for_Health_Equity.aspx

WISCONSIN DEPARTMENT of HEALTH SERVICES

Kimberly Schindler and Betsy Genz

Division of Medicaid Services, Long-Term Care Benefits and Programs

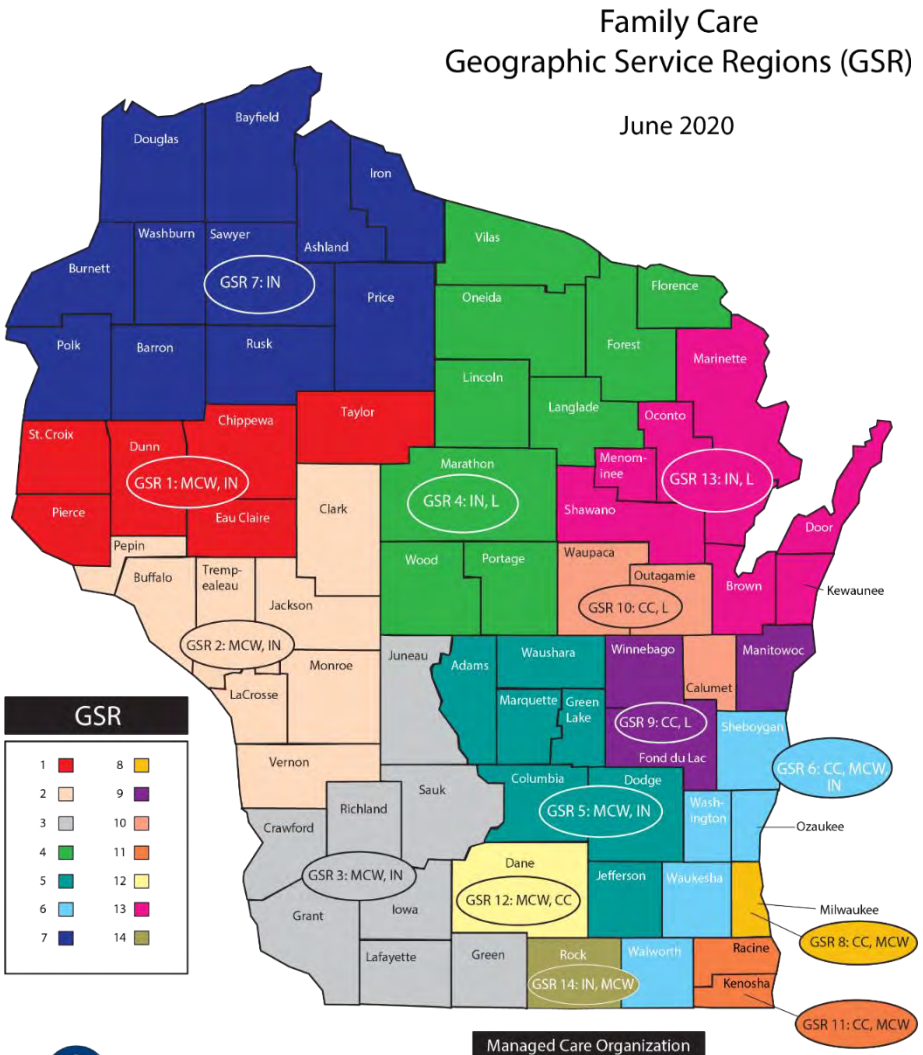
March 9, 2021

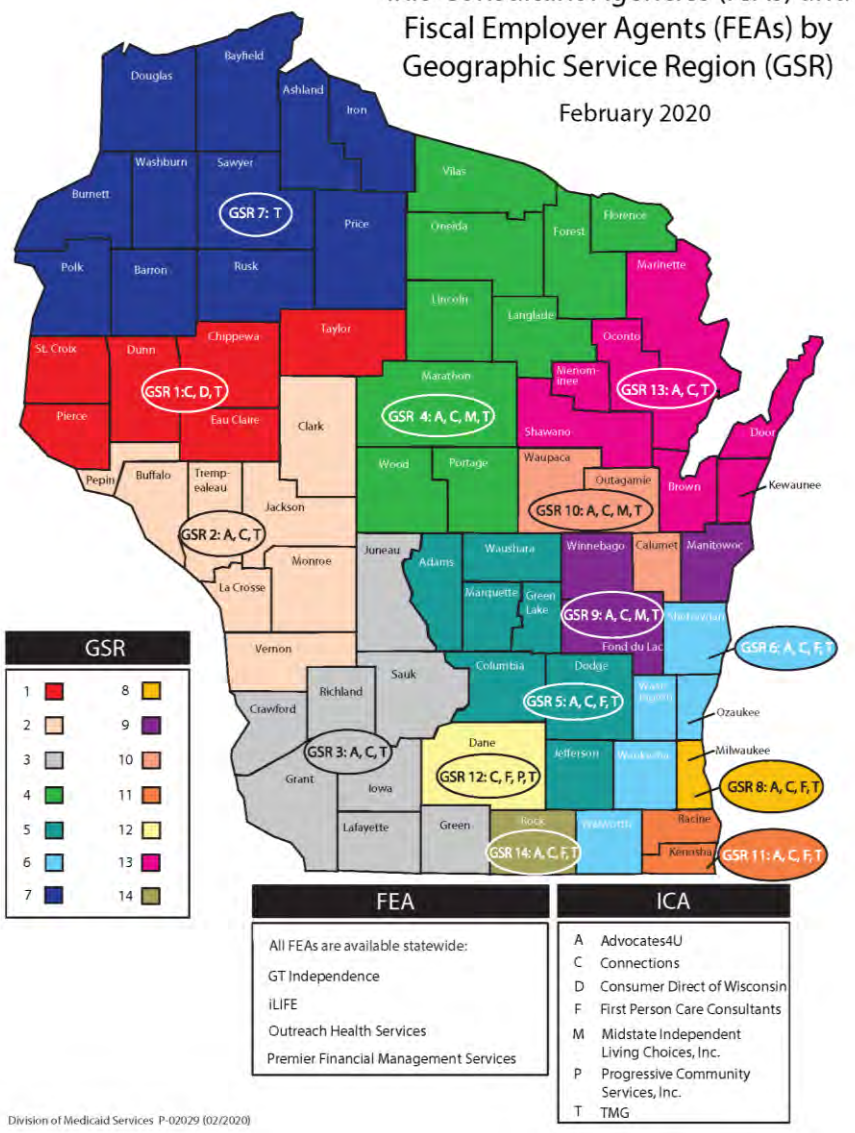
Long-Term Care Delivery Regions: Modernization Options

LTCAC Medicaid LTC Charge

- Provide advice and guidance on the number of Geographic Service Regions (GSRs).
- Provide advice and guidance on the number of Managed Care Organizations (MCOs), IRIS Consultant Agencies (ICAs), and Fiscal Employer Agents (FEAs) in each GSR.

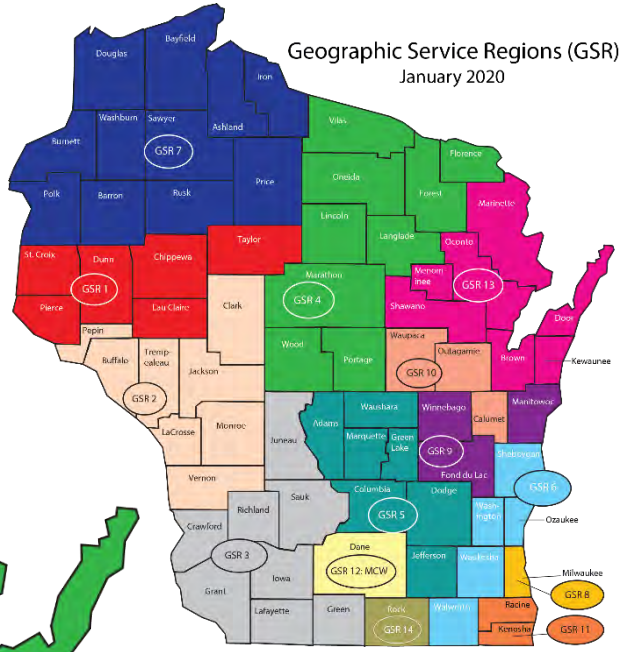
Current Geographic Service Regions





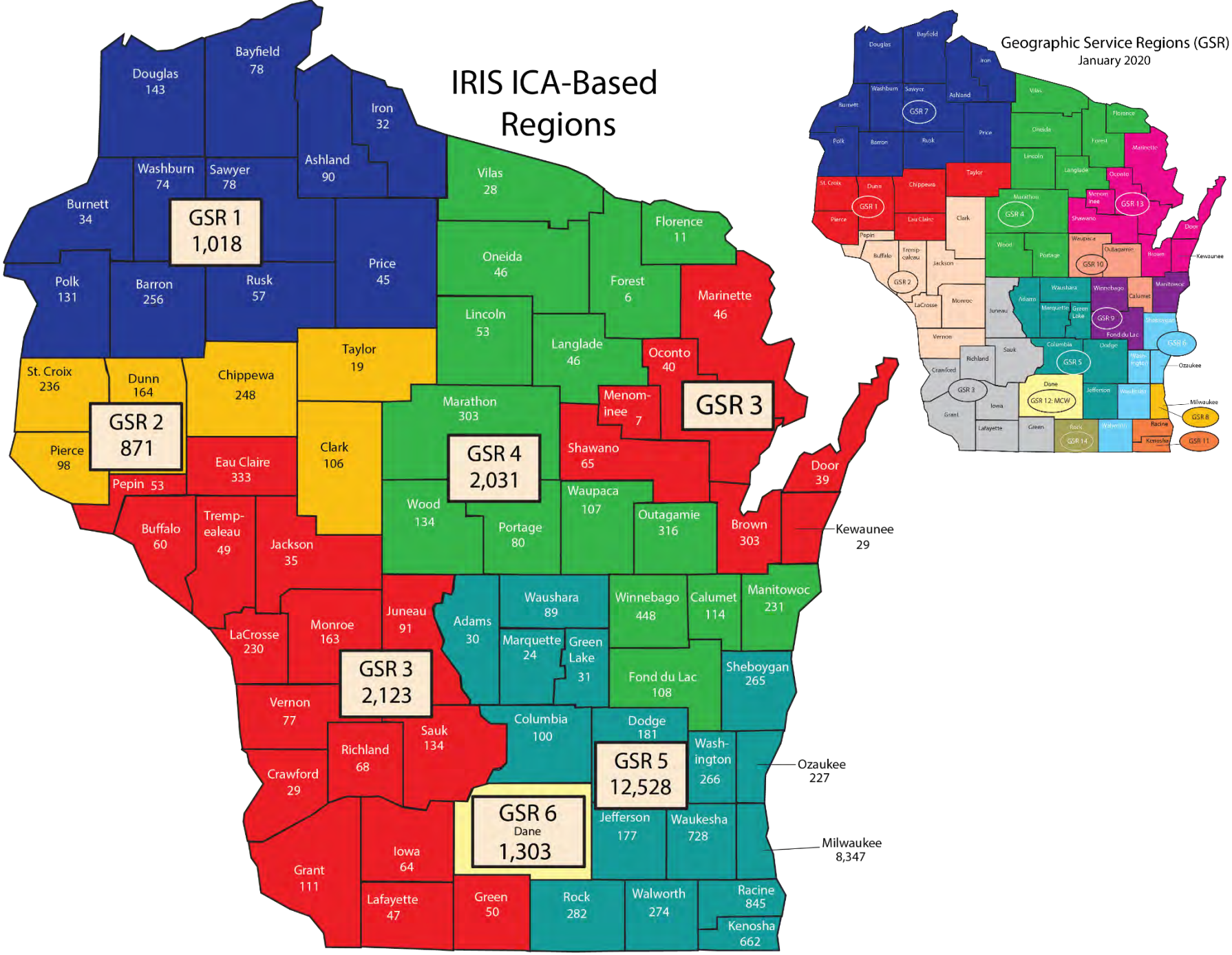
Geographic Service Regions (GSRs)

Family Care
MCO-Based Regions



Douglas 495
Bayfield 149
Iron 54
Ashland 213
Washburn 153
Sawyer 164
Burnett 106
GSR 1 2,334
Price 203
Polk 262
Barron 397
Rusk 138
Vilas 153
Florence 35
Oneida 278
Forest 95
Marinette 340
Lincoln 314
Langlade 260
Oconto 309
Taylor 172
St. Croix 398
Dunn 349
Chippewa 634
GSR 2 9,663
Marathon 1,378
Menom-inee 51
GSR 3 8,259
Pierce 228
Pepin 67
Eau Claire 1,021
Clark 405
Shawano 517
Door 244
Wood 995
Portage 817
Waupaca 528
Outagamie 1,183
Brown 2,252
221 Kewaunee
Buffalo 131
Tremp-ealeau 403
Jackson 289
Waushara 270
Winnebago 1,316
Calumet 332
Manitowoc 729
Adams 159
Monroe 634
LaCrosse 1,899
Juneau 318
Marquette 168
Green Lake 197
GSR 4 5,107
Fond du Lac 1,019
Sheboygan 989
GSR 6 5,578
Vernon 404
Columbia 391
Dodge 661
Sauk 610
Richland 369
Crawford 233
GSR 5 3,911
Wash-ington 914
Ozaukee 646
Dane 1,116
GSR 7
Jefferson 896
Waukesha 2,313
Milwaukee 10,844
Iowa 198
Grant 445
Lafayette 128
Green 328
Rock 1,169
Walworth 716
Racine 1,710
Kenosha 1,290
GSR 7 14,960

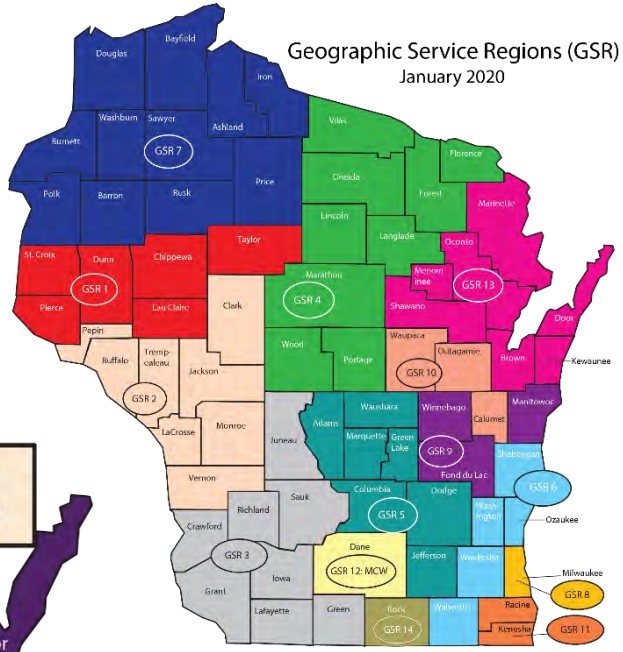
Combined FC/FCP/PACE enrollment data as of 11/1/19



IRIS enrollment data as of 12/1/19

DPH-Based Regions

Combined Long-Term Care Enrollment Data



GSR 1 — 10,480
- Douglas 638
- Bayfield 227
- Burnett 140
- Washburn 228
- Polk 393
- Barron 653
- St. Croix 634
- Dunn 513
- Pierce 326
- Pepin 120

GSR 2 — 6,329
- Ashland 303
- Iron 86
- Sawyer 242
- Rusk 195
- Chippewa 882
- Eau Claire 1,354
- Buffalo 191
- Tremp-ealeau 452
- La Crosse 2,129

GSR 3 — 13,034
- Vilas 181
- Florence 46
- Oneida 324
- Price 248
- Forest 101
- Marinette 386
- Lincoln 367
- Taylor 191
- Langlade 306
- Menom-inee 58
- Oconto 349
- Marathon 1,681
- Shawano 582
- Door 283
- Wood 1,129
- Portage 897
- Waupaca 665
- Outagamie 1,565
- Brown 2,555
- Kewaunee 250
- Clark 511
- Jackson 324
- Monroe 797

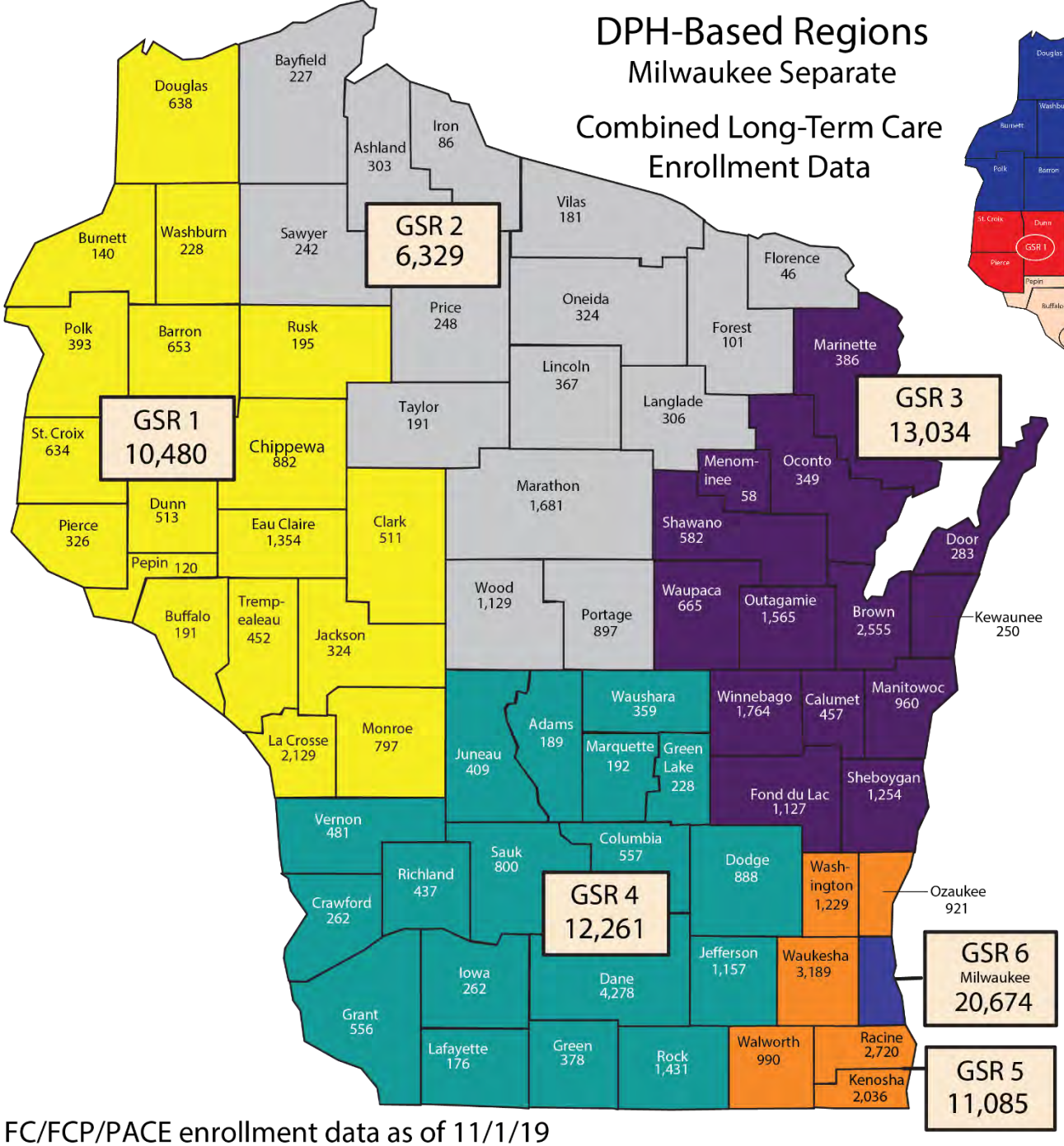
GSR 4 — 12,261
- Juneau 409
- Adams 189
- Waushara 359
- Winnebago 1,764
- Calumet 457
- Manitowoc 960
- Marquette 192
- Green Lake 228
- Fond du Lac 1,127
- Sheboygan 1,254
- Vernon 481
- Columbia 557
- Sauk 800
- Richland 437
- Dodge 888
- Wash-ington 1,229
- Ozaukee 921
- Crawford 262
- Iowa 262
- Dane 4,278
- Jefferson 1,157
- Waukesha 3,189
- Milwaukee 20,674

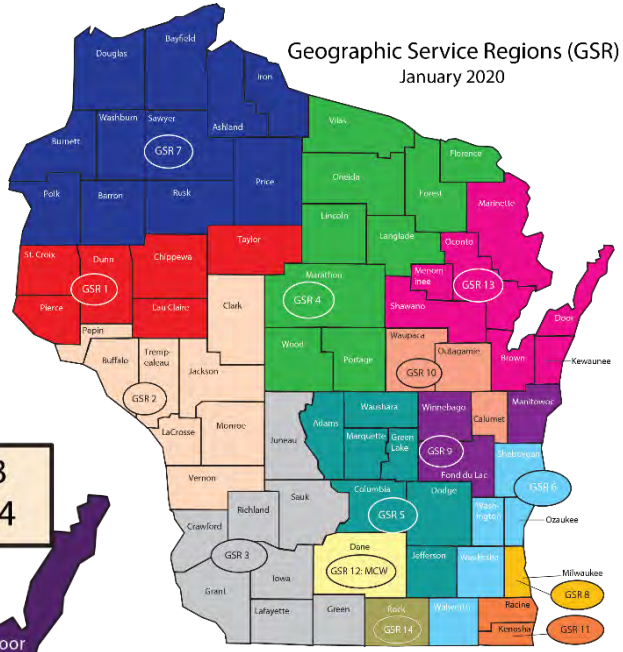
GSR 5 — 31,759
- Grant 556
- Lafayette 176
- Green 378
- Rock 1,431
- Walworth 990
- Racine 2,720
- Kenosha 2,036

FC/FCP/PACE enrollment data as of 11/1/19
IRIS enrollment data as of 12/1/19

DPH-Based Regions
Milwaukee Separate

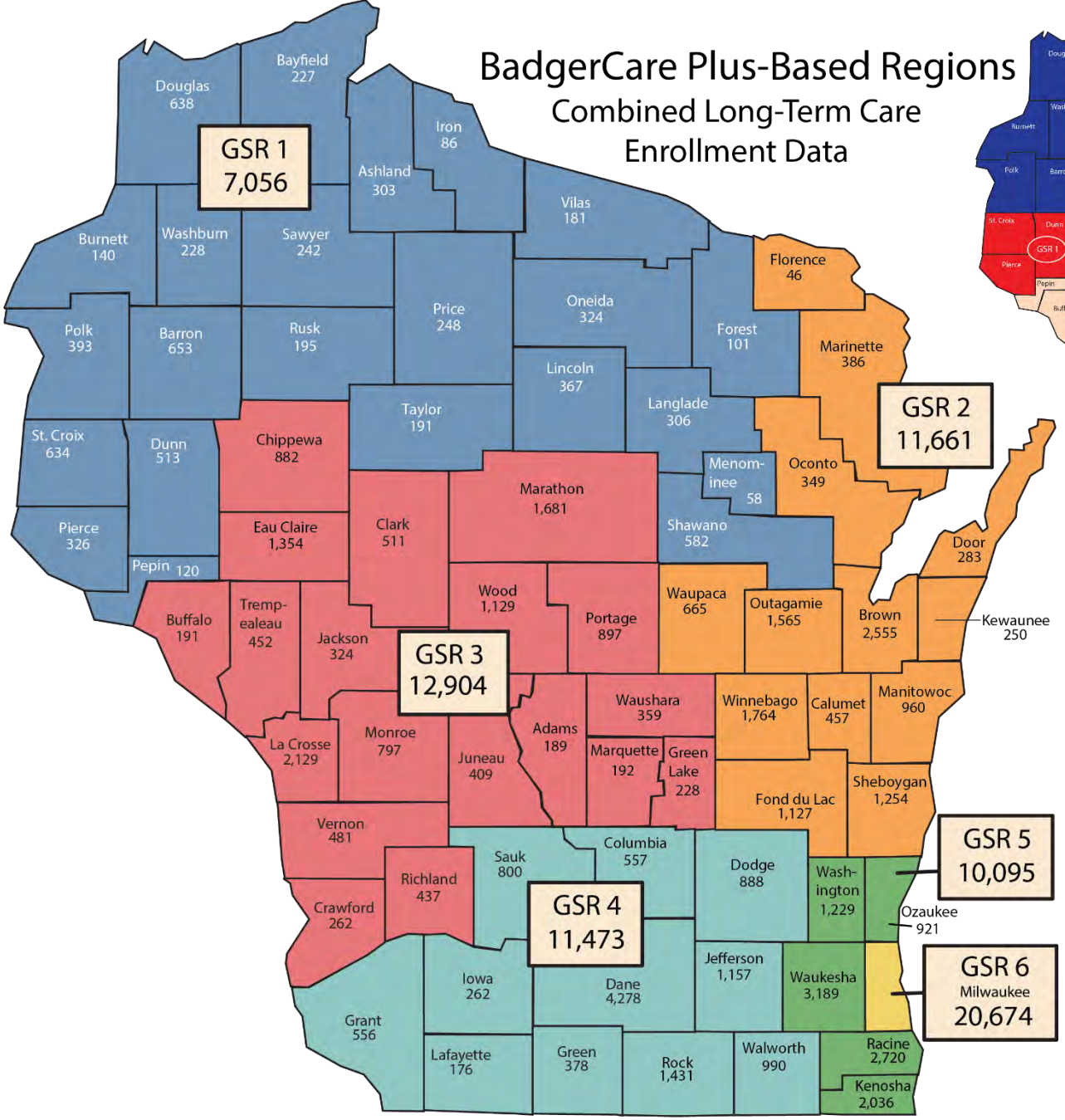
Combined Long-Term Care Enrollment Data

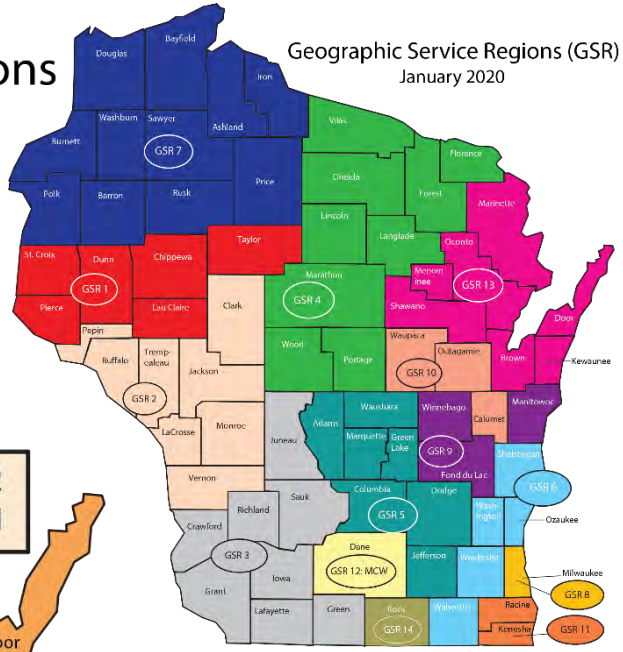




FC/FCP/PACE enrollment data as of 11/1/19
IRIS enrollment data as of 12/1/19

BadgerCare Plus-Based Regions
Combined Long-Term Care Enrollment Data

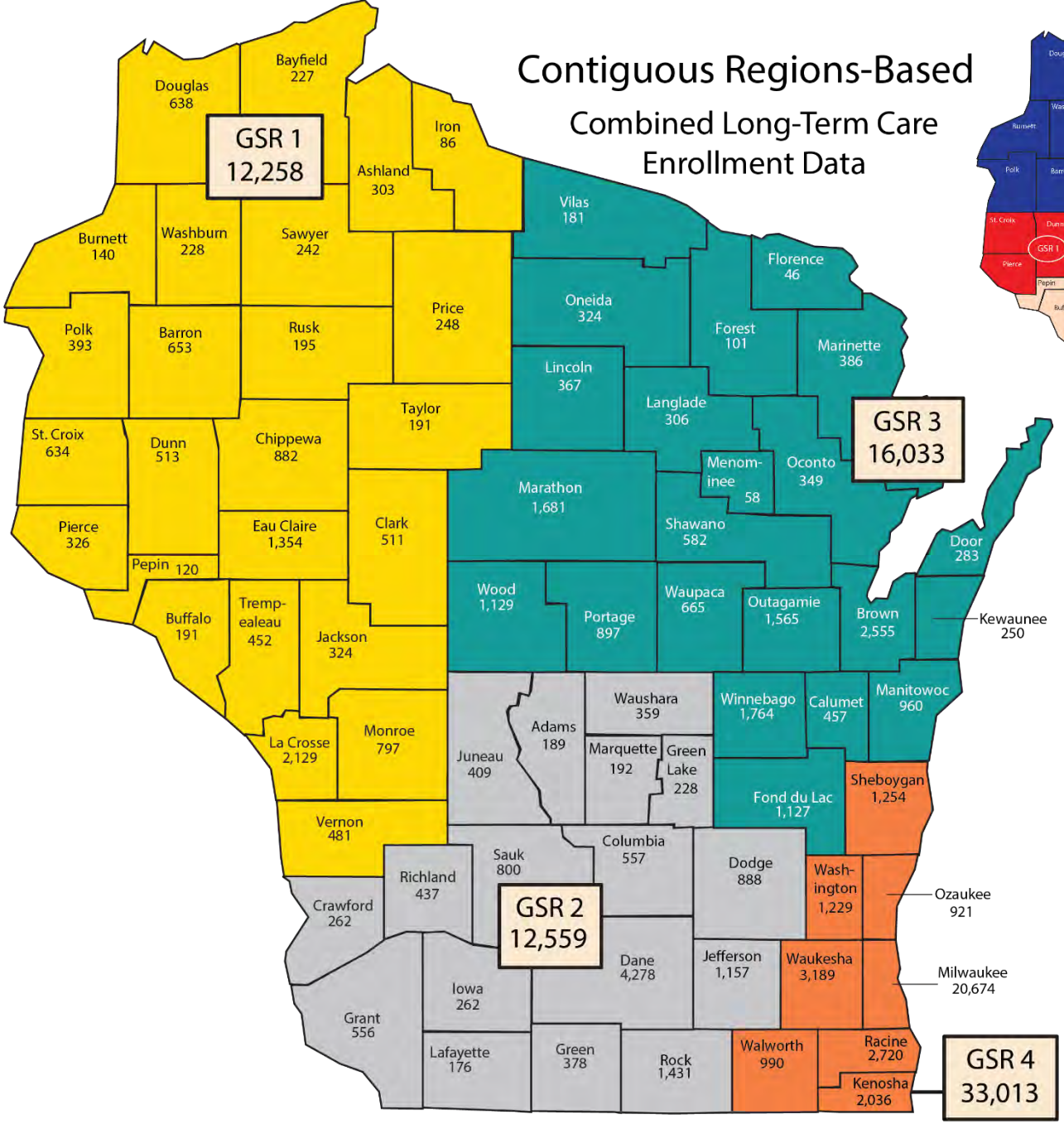


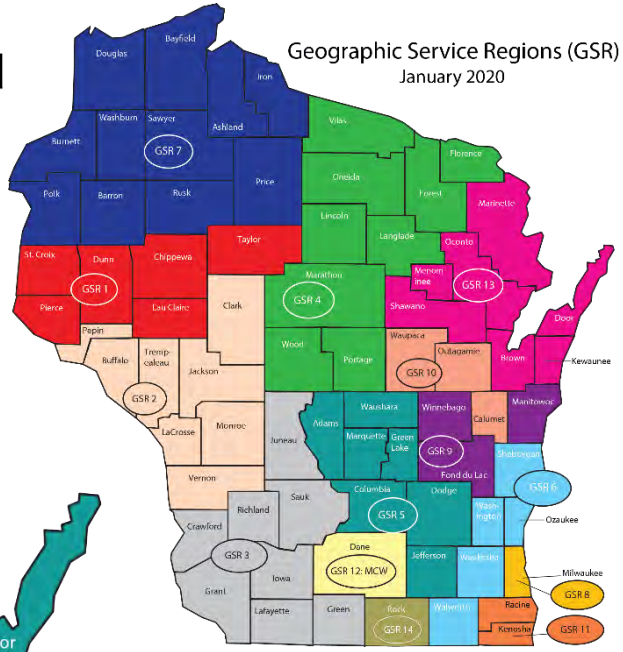


FC/FCP/PACE enrollment data as of 11/1/19
IRIS enrollment data as of 12/1/19

Contiguous Regions-Based

Combined Long-Term Care Enrollment Data

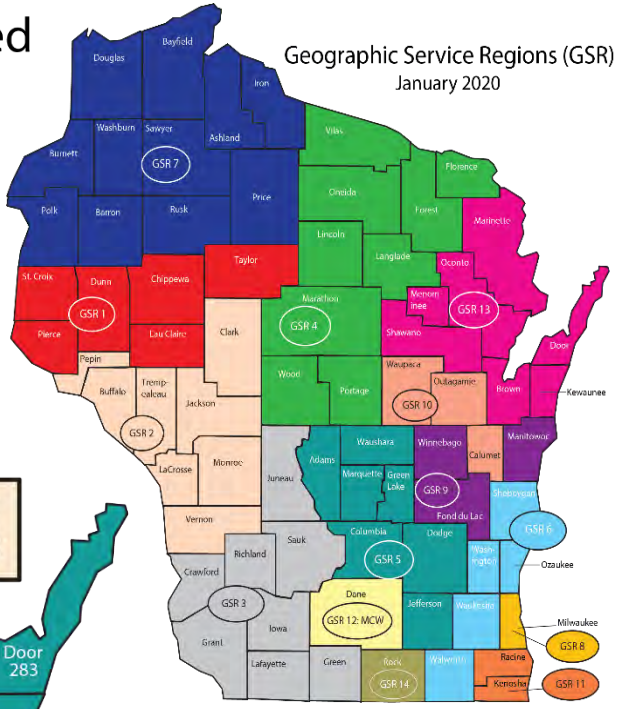




FC/FCP/PACE enrollment data as of 11/1/19
IRIS enrollment data as of 12/1/19

Contiguous Regions-Based
Milwaukee Separate

Combined Long-Term Care Enrollment Data



Douglas 638
Bayfield 227
Iron 86
Ashland 303
GSR 1 12,258
Burnett 140
Washburn 228
Sawyer 242
Price 248
Polk 393
Barron 653
Rusk 195
St. Croix 634
Dunn 513
Chippewa 882
Taylor 191
Pierce 326
Pepin 120
Eau Claire 1,354
Clark 511
Buffalo 191
Tremp-ealeau 452
Jackson 324
La Crosse 2,129
Monroe 797
Vernon 481

Vilas 181
Florence 46
Oneida 324
Forest 101
Marinette 386
Lincoln 367
Langlade 306
GSR 3 16,033
Menom-inee 58
Oconto 349
Marathon 1,681
Shawano 582
Door 283
Wood 1,129
Portage 897
Waupaca 665
Outagamie 1,565
Brown 2,555
Kewaunee 250
Waushara 359
Winnebago 1,764
Calumet 457
Manitowoc 960
Adams 189
Juneau 409
Marquette 192
Green Lake 228
Fond du Lac 1,127
Sheboygan 1,254

Columbia 557
Sauk 800
Richland 437
Crawford 262
GSR 2 12,559
Dodge 888
Wash-ington 1,229
Ozaukee 921
Dane 4,278
Jefferson 1,157
Waukesha 3,189
GSR 5 Milwaukee 20,674
Iowa 262
Grant 556
Lafayette 176
Green 378
Rock 1,431
Walworth 990
Racine 2,720
Kenosha 2,036
GSR 4 12,339

FC/FCP/PACE enrollment data as of 11/1/19
IRIS enrollment data as of 12/1/19

LTCAC and Stakeholder Feedback

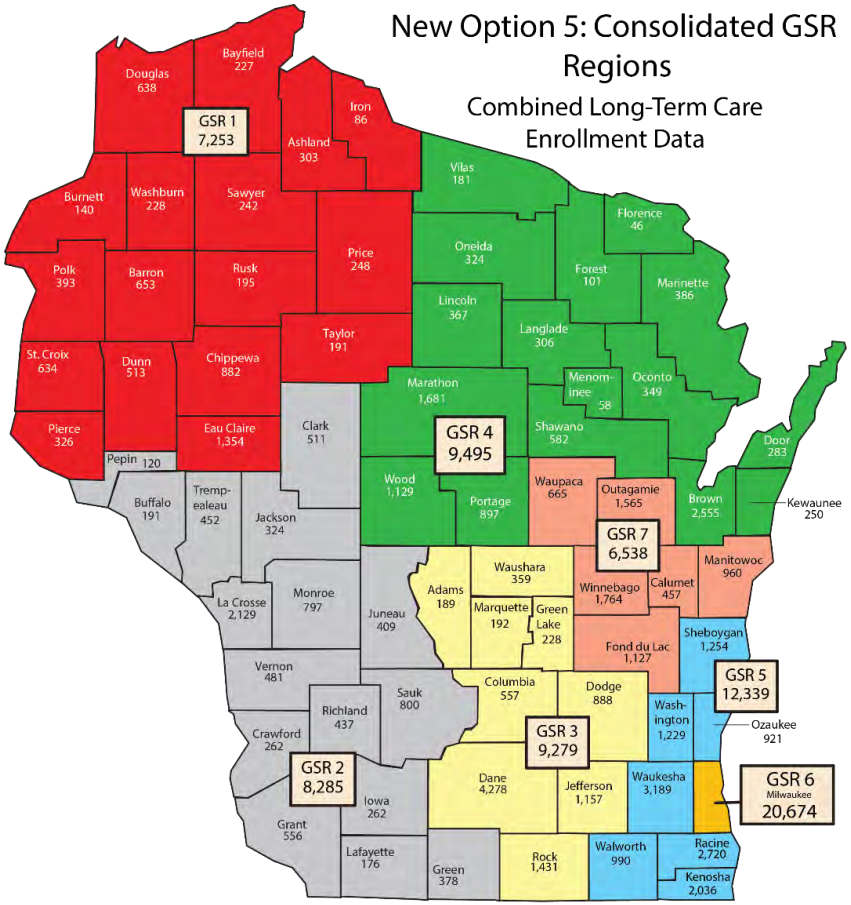
- DHS should consider an option that is least disruptive to members, participants and business operations.
- DHS should consider an option that provides choice of MCOs or ICAs in each GSR.
- DHS should consider smaller changes or other options to alieve procurement administrative burden rather than make significant changes to the GSRs.

NEW: Option 5

- This map is based on collapsing some current geographic service regions.
  - Combine current GSRs 1 & 7
  - Combine current GSRs 2 & 3
  - Combine current GSRs 4 & 13
  - Combine current GSRs 5, 12 & 14
  - Combine current GSRs 6 & 11
  - Combine current GSRs 9 & 10

New Option 5: Consolidated GSR Regions

Combined Long-Term Care Enrollment Data

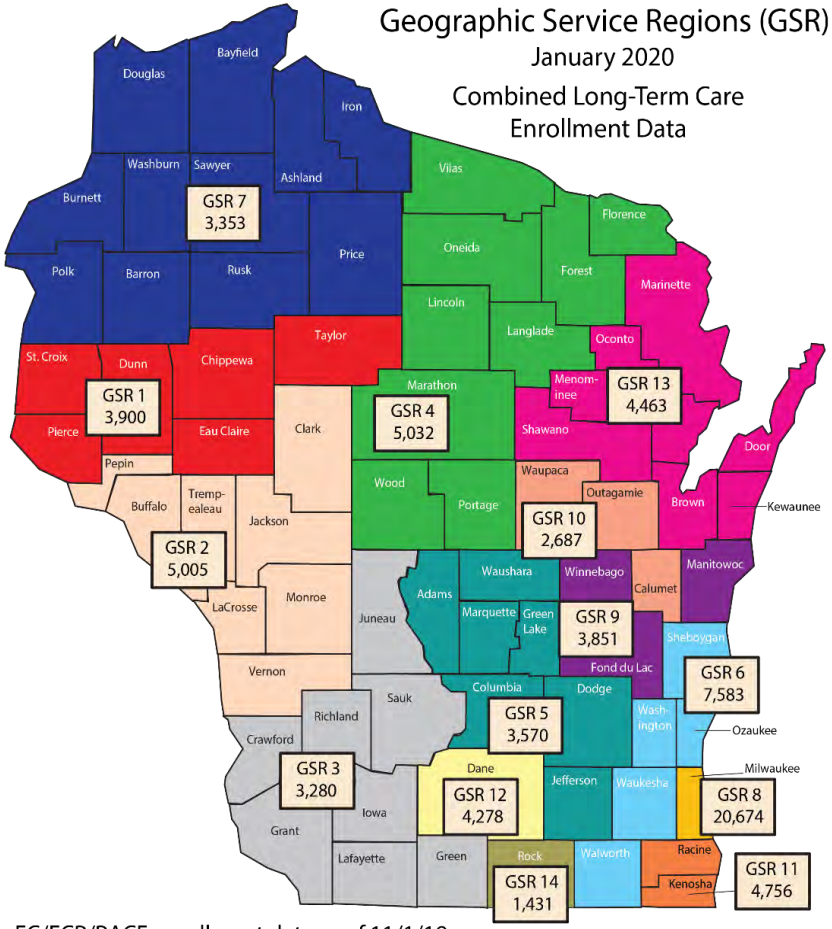


FC/FCP/PACE enrollment data as of 11/1/19
IRIS enrollment data as of 12/1/19

Geographic Service Regions (GSR)

January 2020

Combined Long-Term Care Enrollment Data



FC/FCP/PACE enrollment data as of 11/1/19
IRIS enrollment data as of 12/1/19

Number of Managed Care Organizations (MCOs), IRIS Consultant Agencies (ICAs), and Fiscal Employer Agents (FEAs) in each Region

Current Process for MCOs

- Wis. Stat. § 46.284(2)(bm) requires DHS to procure Family Care and Family Care Partnership services through a competitive request for proposals process.
- DHS determines the number of awards per region.

Current Process for ICAs and FEAs

- DHS uses an open certification process for ICAs and FEAs.
- Willing and qualified providers may submit an application in accordance with the expectations set forth in the Certification Criteria documents.
- Currently, no limitations as to the number of ICAs or FEAs in a specific region.

Previous Options Discussed

- Option 1: Defined number of agencies statewide
- Option 2: Defined number of agencies per region
- Option 3: Statewide
- Option 4: Statewide with GSR assignment
- Option 5: Open procurement
- Option 6: Open certification

LTCAC and Stakeholder Feedback

- Assuring choice is important. DHS should set a minimum number of agencies in the region to assure choice.
- DHS should consider an option that allows local and smaller agencies to participate.
- DHS should not consider open procurement or open certification for MCOs.

NEW: Option 7

- Defined number of agencies statewide for MCOs; open certification for ICAs.

- Discussion