

Northeast Wisconsin Family Care

Major Planned Development and Start Up Activities

The following are major planned activities and decisions:

Third and Fourth Calendar Quarters 2010 (July 1-December 31, 2010)

- Establishment of District Board and appoint Board members by November 1, 2010
- District Board notification to the Wisconsin Retirement Board by November 15, 2010 that District intends to begin employment in 2011
- Hiring of additional staff person skilled in care management and operations
- Updating of waiver and wait lists for projecting MCO enrollment
- Completion of initial analysis of potential care management and care service needs (Phase 1 Analytical Support)
- Additional consumer and stakeholder meetings held
- Completion of initial meetings with providers expected to be in the network
- Completion of initial assessment of provider network and identifying any gaps
- Provide information to providers of any additional capabilities that NEW FC may require
- Continued training of current care management staff on care management and care coordination in Family Care
- Determine enrollment plan including the order and timing of county enrollment
- Determine Tribal interest in NEW Family Care governance, care management and service provision
- Development of NEW FC Care Management Model
- Strong encouragement of current county care management staff to begin using the Resource Allocation Decision methodology if they have not already done so
- Make initial contacts with claims processing vendors from DHS approved list and care management software vendors
- Make initial contact with potential banking relationship vendors
- Prepare initial listing of MCO policies that will need to be developed
- Identify transition related issues and processes
- Prepare readiness assessment for responding to State Procurement RFP expected second calendar quarter 2011

First Calendar Quarter 2011 (January 1-March 31, 2011)

- District Board completes initial organization with by-laws, selects officers and initial Board policies
- District Board establishes subcommittees
- District Board selects District Executive Director (CEO)
- District Board determines extent of Board training and initiates training
- Recruit Human Resources Manager and develop initial draft human resources plan
- Begin formal review of claims processing vendors from DHS preferred list
- Issue RFI for care management software system if State has not developed preferred list
- Complete initial due diligence for general ledger accounting system and payroll system
- Develop provider contract templates
- Begin developing draft MCO policies
- Care Management Committee develops Utilization Review, Quality and Member Relations plan, policies and assignment of responsibility.

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- Develop strategies and MOUs for coordination with counties in Adult Protective services, IMDs, transitioning of children with disabilities, crisis services, and disaster planning
- Determine services to be provided by MCO versus counties such as behavioral health, representative payee, guardianships, Adult Family Home certifications, SSI E certifications
- Establish Enrollment and Eligibility Committee to include ADRCs and Economic Support to develop Family Care Access Plan, county specific plans for rollovers/transitions and Wait List Policies
- Establish provider advisory committee
- Complete final readiness assessment by end of the quarter to request State RFP at start of second quarter
- Additional consumer and stakeholder meetings held

Second Calendar Quarter 2011 (April 1-June 30, 2011)

- NEW FC notifies State DHS that it is ready for the Procurement RFP
- State issues Procurement RFP
- NEW FC responds to State Procurement RFP
- Develop three year cash flow projections identifying working capital requirements
- Information Plan developed to support Care Management Operations
- Claims processing vendor and Care Management software vendor selected contingent upon NEW FC receiving Intent to Contract from State
- Recruit CFO/Controller, Manager of Data Analysis and Reporting, Manager of Network Development and Management, and Manager of Network Information Technology
- Facilities plan developed to support planned MCO operational model
- Continue developing MCO policies
- Prepare for State certification
- Finalize plans for Tribal involvement in governance, service provision and care management
- Develop aggregate provider budget and first year operational budget (Phase 2 Analytical Support)
- Additional consumer and stakeholder meetings held
- Hire Human Resources Manager
- Finalize Human Resource Plan

Third Calendar Quarter 2011 (July 1-September 30, 2011)

- State Intent to Contract assumed to be received early in quarter
- County Boards pass resolution to enter into contract with State
- Prepare first year operational budget request
- Complete 80% of provider network contracting
- Complete certification process
- Initiate recruitment of first level supervisory staff for care management
- Finalize overall staffing plan and begin recruitment efforts
- Implement facilities plan

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- Complete hiring of CFO/Controller, Manager of Data Analysis, Manager of Network Development and Management, and Manager of Network Information Technology
- Finalize banking relationship including setting up accounts
- Arrange for working capital once NEW goes operational in 2012
- Complete contracts with counties and tribes for selected services
- Recruit for Director of Care Management and Supervisory care management staff, Enrollment Coordinator and Quality Manager
- Additional consumer and stakeholder meetings held

Fourth Calendar Quarter 2011 (October 1-December 31, 2011)

- Obtain MCO Certification
- Provide training for providers
- Develop final Access plan and all Eligibility and Enrollment processes and training complete
- Hire additional staff for claims processing, network technology, training, and other infrastructure positions
- Hire initial set of care managers and RNs for initial enrollment beginning March 1, 2012
- Provide training of staff on claims systems and care management software
- Test claims and care management software systems
- Load claims system with provider information including provider identification number, negotiated provider rates and State determined rates
- Complete remaining provider contracts
- Develop and implement process for obtaining information from counties on current waiver clients that will be enrolled in NEW
- Complete 2012 State Contract
- Test bank processes for cash disbursements
- Set up general ledger accounting system
- Set up payroll system
- Set up all remaining administrative processes
- Additional consumer and stakeholder meetings held

January and February 2012

- Train initial set of care managers and RNs for March 1 rollover
- Complete integrated testing of claims processing and care management systems
- Begin initial RN assessment January 31 for March 1 rollover
- Hire next set of care managers and RNs for April and May rollovers
- Continue training of staff
- Additional consumer and stakeholder meetings held

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Meeting announcements, minutes and updates are available on the Northeast Wisconsin Family Care website: www.northeastwisconsinfamilycare.com.