

MINUTES
STEERING COMMITTEE
NORTHEAST WISCONSIN FAMILY CARE
November 10, 2009
9:00 a.m.
Brown County Human Services

Present: Kim Wolfmeyer, Shawano County; Mike Reimer, Craig Johnson, Oconto County; Judy Drier, Glenn Sartorelli, Robin Elsner, Marinette County; Joe Krebsbach, Roger Tepe, Door County; Bill Kelsey, Carol Patterson, Kewaunee County; Jean O’Leary, Brian Shoup, Brown County; Barb Nelson, Lois Krizan; Menominee County, Cori McFarlane, Regional Office; Barb Moore, Community Care, Inc; Mary Kennedy, Project Manager and John McMahon, Northernbridges.

Additions and Modifications to the Agenda

None.

Discussion with John McMahon, Northernbridges

Northernbridges created Family Care Development Council before the District was established and the formal District Board established. The District Board has a representative from each county, five consumers and two at large members.

They had four county board resolutions: 1) To support continued planning beyond the “planning to plan” phase, 2) To create and appoint members to the Family Care Development Council, 3) An enabling resolution to create the Long Term Care District and appoint county representatives, agree to county contribution, specify what each county intended to do with savings. This was done after they received the Letter of Intent to Contract from the State and 4) to appoint the five consumer members of the Board. The Family Care Development Council, based on the work of a Nominating Committee, recommended the consumers.

The Board operates under the Policy Governance model. Don Percy assisted with developing a Board job description, Board policies and by-laws and continues to provide training for the Board. Rather than committees of a county board overseeing the administration of county agencies, within the Policy Governance model, the Board sets policy and the CEO is responsible for administration. The Board sees itself as a “corporate” Board. John stated that Family Care is not a program; it is a business.

John laid out some of the advantages to a county going forward with Family Care in a District model:

- Waiting Lists are served
- The county is shielded from financial liability
- Any profits are returned to the program
- The amount and quality of service is leveled among the participating counties
- It saves public dollars
- The District is the best platform for delivering a public program

- There is public accountability and greater transparency

There was discussion of accountability of the District to the counties. There was discussion of whether a county getting out of the District was the only recourse if there were county concerns.

Great Lakes Intertribal Council participated in their planning but the Tribes did not respond to solicitation of interest in providing care management or services. The Tribes have recently requested membership on the Board but the Board believes Tribal members are already represented and, philosophically, is opposed to the concept of there being “special constituencies” in board representation.

In their planning to implement phase, they had four staff: John as Planning Director, a planning analyst, a web site coordination and a communication/stakeholder person (not all full time positions). They also contracted with TMG to provide managed care expertise and data analysis. They developed a work plan for building a business.

Northernbridges is operating under a model where all staff are employees of the District. They believe this is important in order to ensure staff share a value system and are not tied to the culture of their county organization. They did not talk with counties about this ahead of time as they see it as a business decision. Northernbridges only hired about half of the existing county care managers who applied. Bumping occurred in some counties. Care Managers were notified five months ahead if they would have employment with Northernbridges. Non County care managers began employment 6-7 weeks before enrollment began but county employees came to the District on the first of the month of enrollment. Northernbridges has about 141 employees for 1677 enrollees. They have “Care Specialist” positions who assist each care management team. Their projected care management ratios are: 40-1 care managers and 80-1 RNs.

Employees who are former county employees are paid consistent with the Collective Bargaining Agreement that applied to their county until the Agreement expires.

Northernbridges is not unionized.

Northernbridges’ philosophy is that they are in the care management business and they outsource everything else. Their IT system is Vestica.

A percentage of their capitated payment is designated to accumulating risk reserves. The capitated rate for 2009 was based on the level of savings that the five pilots were able to achieve over seven-eight years. All of the expansion MCOs are unable to bring care under management fast enough to achieve the saving of the mature MCOs and are, therefore, losing money. Northernbridges will lose \$3M in 2009 and expects the state to make them whole at the end of the year. They will need to reduce costs by \$6M next year. They are fine in administrative and care management costs but not in cost of services. Their strategies for 2010 will include paying residential settings based on acuity and scrutinizing each care plan and providing more direction to care manager. They

only have 20% of enrollees in residential and have only a few CBRFs. They have a screening tool for deciding if an enrollee needs residential care.

As part of lessons learned, John advised:

- More education and information to providers and working on provider arrangements much earlier. Family Care shifts away from pre-paid contractual arrangements and to a business relationship with providers.
- Give adequate time to loading the billing system. The shift from SPC codes to HIPPA codes resulted in some claims payment issues.
- Make sure ISP plans and data is accurate.
- Don't agree to honor existing Provider rates or care plans
- Spend a lot more time talking about strategies for bringing care under management
- Better data on service utilization and costs is needed

Northernbridges had a checklist for the county transition plan and met with counties six months ahead of their roll out.

They enrolled their first two (and largest counties first) and then four months later, enrolled the other nine. The sooner you enroll, the faster the revenue is achieved. Waiver and Wait lists counts from the counties were not accurate.

John stated that there are little savings in Waiver care plans. The savings come from people on the wait list. They had Waiver enrollees whose costs went up when they went into Family Care.

A discussion occurred about the fact that by starting later in the Northeast, policy makers, providers and consumers have heard negative comments about the operations of the other MCOs (financial losses, underfunded rates, provider and payment complaints, disruption to agency staff, et. This will require a different approach to public information in the Northeast area than happened with the earlier MCOs.

Updates from Mary Kennedy

None

Updates from Community Care, Inc

None

Updates from counties/tribes

Craig Johnson and Mike Reimer will meet with Jean O'Leary and Brian Shoup to discuss Brown County's role in the District.

Update from Search and Screen Committee on hiring process

The Search and Screen Committee will meet November 13, 2009.

Report on Shawano County planning for Stakeholder forum
None

Comments/suggestions on web site
None

Discussion of November 30, 2009 Elected Officials meeting
Paul Socynski from Community Care will present on both the Partnership program and their experiences in Family Care expansion

Next step/future meetings
The next meetings will be November 30, 2009 at 9:00 a.m. at Brown County Human Services. This meeting will be a closed meeting for the purpose of interviewing applicants for the Planning Director and the Financial Manager

The November 23, 2009 Steering Committee meeting has been cancelled.

These minutes **HAVE NOT BEEN APPROVED**
by the Northeast Wisconsin Family Care Steering Committee