

**Community Justice Council
Executive Committee Meeting Minutes**

Meeting of:
Wednesday, August 21, 2013
12:15pm-1:45pm
Courthouse Room 609

SCHEDULED ITEMS:

I. Convene and Updates (*John Chisholm*)

II. Approval of the Minutes (*John Chisholm*)

III. CJC Coordinator Updates (*Nate Holton*)

1. Huber Facility: There is funding in the 2013 county capital budget for planning related to a new Huber facility. However, a population analysis and other planning need to be done to inform building design and it is unclear as to whether the cost of this sort of work can be spent from the capital budget. The County Executive noted that planning for a new Huber facility is a process that is being done within the context of other long-term building decisions. The County Executive was agreeable to keeping the budgeted money in the next capital budget. The Executive Committee will look to hear from the County Comptroller as to how the funds can be used.

2. Data Subcommittee: The Coordinator noted that there are three separate data efforts. The first is the creation of a data hub which is being undertaken by Mallory O'Brien. The second is the population of the EBDMI Scorecard. The third is an effort to create a regularly updated criminal justice system data dashboard that the Executive Committee would review during monthly meetings. The Executive Committee asked for such a regular data report during its last strategic planning session. The Coordinator will create a draft list of data metrics based on best practices and will provide that list to the Data Subcommittee for review and revision.

3. Affordable Care Act: The Coordinator hosted a group of criminal justice system representatives and individuals from the Milwaukee Enrollment Network to discuss issues related to the Affordable Care Act. The ACA will offer coverage to a population that is currently uninsured and the healthcare package includes coverage of AODA and mental health services. Many of those who go through the criminal justice system will be newly insurable upon ACA implementation. The meeting attendees decided that enrolling people in the system could be good public policy and that the two logical places to do ACA enrollment would be at pretrial stage and at the House of Correction prior to reentry. The County Executive and Héctor Colón discussed BHD's approach to ACA enrollment.

IV. September 25th CJC Meeting of the Whole: Mental Health in the Criminal Justice System
(*Nate Holton*)

Wednesday, September 25th, 2013
9:30am – 11:00am
Clinton Rose Senior Center
3045 N. Dr. Martin Luther King Dr.

Milwaukee, WI 53212

V. TAD Update (*John Chisholm*): The DA noted that this will be a positive program and that the Wisconsin Attorney General will be in attendance.

VI. JDAI Site Visit Update (*John Chisholm*): The DA reported on a successful trip and noted that they're looking for high level support and buy-in in regards to the Juvenile Detention Alternatives Initiative, which seeks to improve the efficiency and effectiveness of the juvenile justice system. Tom Wanta will provide an update on JDAI at the October Executive Committee meeting.

VII. NIC Conference Update (*Tom Reed*): Tom Reed noted that Milwaukee is nationally recognized as a place that is far ahead of the curve in its pretrial strategies. There is a need to further measure the work being done and to bolster the data infrastructure of the EBDM initiative. The DA noted that Measures for Justice is working on gathering criminal justice system performance data from counties throughout the country in order to compare systems and that being open to efforts like this informs our work and can lead to resource opportunities down the line.

Lastly, it was mentioned that the NIC will be offering technical assistance on communications later this year.

VIII. Update on Event featuring Joe McCannon (*Tom Reed*): Joe McCannon is an expert on systems improvement and can assist with viewing criminal justice system issues through the prism of public health. The progress that our system has made in the area of risk assessment and data collection provides us an opportunity to partner with other entities in the area to find unique and innovative solutions to community problems. The event with Joe McCannon would seek to further this sort of collaboration. The original date of September 9th was moved back and the event will likely occur in late 2013 or early 2014.

IX. Adjourn

Next Executive Committee Meeting

Wednesday, September 18, 2013

Location: Courthouse, Room 609

Time: 12:15pm-1:45pm

MILWAUKEE HEALTH CARE
PARTNERSHIP



Milwaukee Enrollment Initiative
August, 2013

Milwaukee Health Care Partnership

Mission

Improve **health care** for underserved populations in Milwaukee County (Medicaid and Uninsured)

Consortium Members

5 Health Systems, 4 FQHCs, Medical College of Wisconsin and City, County and State Health Departments

Goals

1. Secure adequate & affordable **coverage** for low income individuals
2. Ensure **access** to quality primary & specialty care
3. Improve **care coordination** across the community

Milwaukee Health Care Partnership

The Implementation of the Affordable Care Act (ACA) and new State Medicaid Reforms present Opportunities and Challenges for

- Consumers / Patients
- Providers
- Payers

Meeting Purpose

Discuss Questions and Issues most pertinent to those involved or working in the Criminal Justice System

ACA Overview

- The Affordable Care Act (ACA) passed in March, 2010 and upheld by Supreme Court in July, 2012
- Three Pillars of Reform
 - ✓ Health Care Financing
 - ✓ Delivery System Reform
 - ✓ **Coverage Expansion**
- Establishes New Avenues for Health Insurance Coverage
 - Health Insurance Marketplace (aka. Exchange)
 - Optional State Medicaid "Expansion"

Current ACA Coverage Provisions

- Free preventive care for those with insurance, including Medicare
- Financial assistance for seniors for prescription drugs
- No lifetime limits on coverage for Essential Health Benefits
- Young adults < 26 yrs. can remain on parent's private insurance plans
- Children cannot be denied coverage for pre-existing condition
- Tax breaks for small businesses to provide coverage

2014 Provisions

- Adults can't be denied insurance coverage for pre-existing conditions.
- No annual limits on coverage
- People will be required to have insurance or pay a penalty – *Individual Mandate*
- The Health Insurance Marketplace (*aka. Exchange*) opens for enrollment October, 2013 – March, 2014
- Premium tax credits / subsidies available for Marketplace coverage for individuals 100-400% FPL
- State Medicaid changes take effect

The Individual Mandate

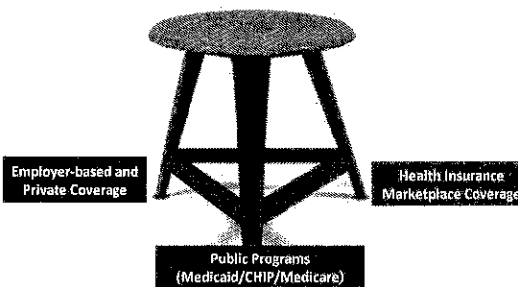
Most people will be required to have insurance or pay penalty

- 2014: \$95 per adult or 1% of income
- 2016: \$695 per adult or 2.5% of income

Exempt

- Pregnant women
- Individuals with Disabilities
- American Indians
- Youth who are aging out of Foster Care (usually age 21)
- Individuals < 133% FPL

Access to Insurance





- ### What is the Marketplace/Exchange?
- A website where people can go to determine eligibility, compare insurance plans, choose healthcare coverage and apply for discounts (tax credits) on their premiums
 - Wisconsin will have a Federally Facilitated Marketplace (FFM)
 - There will also be a Marketplace for small businesses called the SHOP Exchange available in 2014

- ### Who's eligible for Marketplace coverage?
- Citizens who are not incarcerated and do not have access to "affordable" insurance through their employer can access coverage via the Marketplace
- Insurance is deemed "affordable" if the premium is less than 9.5% of the person's household income*
- Consumers will apply for Medicaid or private insurance via the Marketplace.

- ### How does the Marketplace work?
- First Open Enrollment Period:
October 1, 2013 - March 31, 2014
 - Consumers looking for insurance coverage can apply:
 - ✓ Online: www.healthcare.gov
 - ✓ Call center: 1-800-318-2596
 - ✓ In-person Assistance:
 - Navigators (6-10 state-wide)
 - Certified Application Counselors (CACs)

How does the Marketplace work?

- 1.) Consumer completes an application
- 2.) Eligibility determined immediately for **Medicaid** or **Marketplace** coverage

If eligible for **Marketplace** coverage:

- Consumer can review insurance plan options, costs of coverage and premium tax credits available
- Consumer can select a plan, enroll, pay first premium
- Must pay premium by Dec. 15 for coverage January 1, 2014

Insurance Plans in the Marketplace

- Insurance plans must be “qualified” and cover 10 Essential Health Benefits*
- Qualified Health Plans (QHPs) range in value/cost Metal Level Tiers = Bronze, Silver, Gold, Platinum
- Wisconsin QHPs have not been finalized/rates TBA
 - 3 Applicants proposing to serve SE WI
 - Molina
 - Common Ground Health Cooperative
 - Anthem/Blue Cross (CompCare)

Essential Health Benefits

Qualified Health Plans in the Marketplace must cover:

- Ambulatory services
- Emergency services
- Hospitalization
- Maternity and newborn care
- *Mental health and substance use disorder services*
- Prescription drugs
- Rehabilitative and habilitative services and devices
- Laboratory services
- *Preventive and wellness services,*
- Chronic disease management
- Pediatric services, including oral and vision care

Help Paying Insurance Costs

- People with incomes between 100-400% FPL will be eligible **premium tax credits and cost sharing subsidies** when they apply for coverage via the Marketplace
- Discounts can be applied to reduce the cost of each monthly premium
- Out-of-Pocket maximums delayed until 2015
- 90 day grace-period for non-payment of premium

Help Paying Insurance Costs

- The maximum an individual will pay for their premium is a percentage of their income based on cost of the Silver Plan

Up to 133% FPL	2% of income
133 - 150% FPL	3 - 4% of income
150 - 200% FPL	4 - 6.3% of income
200 - 250% FPL	6.3 - 8.05% of income
250 - 300% FPL	8.05 - 9.5% of income
350 - 400% FPL	9.5% of income

- Calculator: <http://kff.org/interactive/subsidy-calculator/>

ACA Premium and Cost Sharing Subsidies

Household	Annual Income (2013 FPL)	FPL	Premium as % of FPL	Monthly Individual/Family Premium Share	Maximum Out of Pocket Cost Sharing
Individual	\$11,490	100%	2%	\$19	\$2,000
Family of 4				\$39	\$4,000
Individual				\$38	\$2,000
Family of 4				\$78	\$4,000
Individual	\$22,980	200%	6.3%	\$121	\$3,000
Family of 4	\$47,100	200%	6.3%	\$247	\$6,000

Source: Wisconsin Hospital Association (6/18/2013)

State Medicaid Reforms

Medicaid (Badger Care) Eligibility and Benefit Changes Effective January, 2014

- Lift cap on coverage for Childless Adults
- Eligibility for all adults rolled back to $\leq 100\%$ FPL (\$11,500/yr./individual)
- Eligibility for children and pregnant women remains at $\leq 300\%$ FPL
- Standard benefits for all BadgerCare enrollees including behavioral health and dental
- Continuous open enrollment

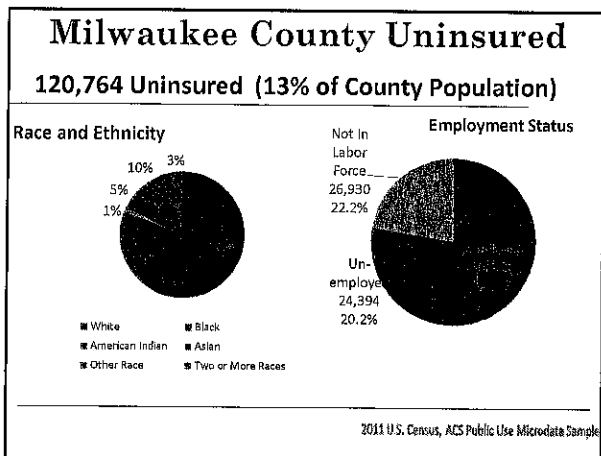
Current Milwaukee County Medicaid Enrollment

Total BadgerCare+	204,069
Elderly/Blind/Disabled	90,299 (unchanged)
Total Medicaid Beneficiaries	294,368

31% of County Residents Enrolled in Medicaid
52% of All Children are Enrolled in Medicaid

27% of All Medicaid Beneficiaries live in Milwaukee

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Milwaukee County Eligibility and Enrollment

Individuals Transitioning Off Medicaid >100%FPL 17,000
 Uninsured ~121,000
 Newly Eligible for Medicaid <100% FPL **36,000-44,000**
 Other Uninsured ~77,000 - 80,000
 100-300% FPL **60,000**
 Eligible Population 150,000
 Population Needing Enrollment Assistance **113,000-121,000**

Excludes: Individuals Currently Self- Insured
 Those transitioning off employer -based insurance

Discontinuous Enrollment
 "Churning" / Qualifying Life Events

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Milwaukee Enrollment Network

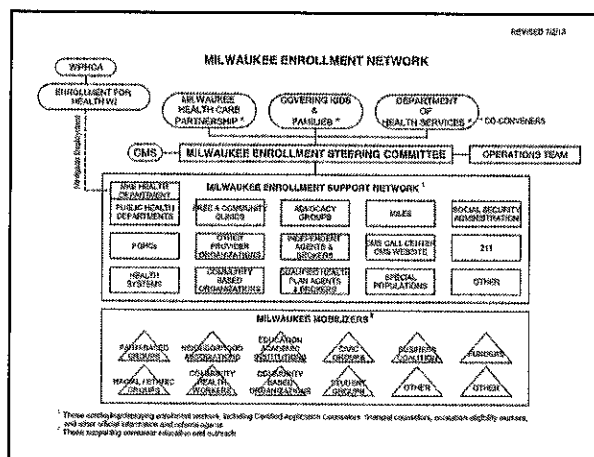
Purpose

- Multi-stakeholder collaborative
- Organized to support the enrollment of Milwaukee County residents in public health benefits or private insurance via the Marketplace
- Focus on providing assistance to low income, vulnerable populations

Co-Conveners

- Milwaukee Health Care Partnership
- Covering Kids & Families
- State of Wisconsin Department of Health Services

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Milwaukee Enrollment Network

2014 Goals

- Train and Deploy +160 Enrollment Assistors
Certified Application Counselors (CACs)
- Enroll 33,000 in Medicaid * - 75% Take-Up Rate / Priority
- Enroll 26,500 in Marketplace Coverage

Strategies

1. Support Consumer Outreach and Education
2. Build the Capacity and Capability of the Enrollment Assistors
3. Support Targeted Take-Up and Retention
Premium Payment Tools
4. Measure and Monitor Outcomes

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Timeline

- August – September, 2013: Phase 1 Federal/State training for CACs
- September-November, 2013: Medicaid members notified of changes
- Late September: Qualified Health Plans Approved; Rates/Networks Available
- October 1, 2013- March, 2014: Marketplace Open Enrollment
- December, 2013: Newly eligible can begin enrolling in Medicaid
First premium payments due for Marketplace coverage
- January 1, 2014: Medicaid eligibility changes take effect
Marketplace coverage begins if enrolled
- October 1- December 15, 2014: Next Marketplace Open Enrollment Period

Question and Discussion

1. What implications do these changes have on individuals involved in the criminal justice system?
 - a. Individuals >100% FPL – Transitioning off Medicaid
 - b. Uninsured
 - a. <100% FPL Medicaid
 - b. >100% FPL Marketplace
 - c. “Split” Families between 100% - 300% FPL
 - d. “Churning”

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Question and Discussion

2. What implications do these changes have on your operations?
 - a. In-take Processes
 - b. Pre-release Processes
 - c. Continuous Insurance Verification
 - d. Premium Payment Assistance Tools
 - e. Other?

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Question and Discussion

3. What role do you want to play in outreach and education?

- a. Education / Information and Referral
 - i. Outreach and Communication with Existing Clients
 - ii. Staff Training
 - iii. Mobilizers / Advocate Training
 - iv. Referral Directory / 211

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Question and Discussion

3. What role do you want to play with Enrollment Assistance?

- a. Direct, Outsource and/or Collaboration with Partner Organizations
 - i. One-Touch Philosophy
 - ii. Public Benefit Enrollment Only
 - iii. CACs – Employed or Contracted
 - iv. Deployment of DHS MIIES or City of Milwaukee Health Department CHAP CACs in strategic programs
 - v. Milwaukee County Enrollment Assistance Workforce

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Certified Application Counselors

Definition

- Enrollment worker who can assist individuals and families with enrollment in public benefits and/or a Qualified Health Plan (QHP) via the Health Insurance Marketplace.
- The CAC must be employed or contracted by a “CAC Organization” certified by the federal government
 - CMS CAC Organization Application
 - CAC Organization must register and verify enrollment worker screening, training, certification and compliance

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Certified Application Counselors

Core Duties

- **Educate** about the value of health insurance coverage and inform individual of options
- **Assist with the application** (on-line, by phone, on paper)
- **Interpret eligibility** for public benefits (Medicaid) or private insurance via the Marketplace (including premium tax credits and cost sharing subsidies)
- **Assist with enrollment** in Medicaid or QHP
May inform but cannot recommend a QHP
- **Refer** to agent or broker for private insurance advice if necessary

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Certified Application Counselors

REGULATORY REQUIREMENTS	STATE	FEDERAL
INITIAL TRAINING	16 hrs. online (\$150/person) or in-person (no charge)	~5 hrs. online (no charge)
CONTINUING EDUCATION	8 hrs. / year	
EXAMINATION	Must pass proctored exam (\$75/exam)	Must pass on line exam (no charge) 80% accuracy rate Unlimited attempts
CERTIFICATION	Certified by OCI	Certified by CAC Organization
REGISTRATION	Register names with OCI Monthly updates of CACs	CAC Organization maintains record of CACs

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