

AGENDA – OPEN MEETING
WAUKESHA COUNTY HEALTH & HUMAN SERVICES BOARD
HEALTH & HUMAN SERVICES BUILDING, CONF ROOM 271
THURSDAY, OCTOBER 13, 2022
1:00 P.M.

Call Meeting to Order
Pledge of Allegiance
Public Comments **

Board Agenda Items

Approve Minutes of September 22, 2022	Announcements
Review Correspondence	Meeting Approvals
Advisory and Standing Committee Reports	Future Agenda Items
Next Meeting Date: Joint Meeting November 10, 2022	

ITEMS FOR DISCUSSION AND CONSIDERATION

1. Mental Health Advisory Committee Bylaws Update
2. Substance Use Advisory Committee Bylaws Update
3. Community Health Update – Fentanyl
4. Center for Medicare and Medicaid Services (CMS) Update
5. Administrative Services Presentation

<u>Items(s)</u>	<u>Appearances by:</u>	<u>Approx. Time</u>
4.	Clinical Services Manager Kirk Yauchler	1:30 p.m.
5.	Administrative Services Division Manager Randy Setzer	2:00 p.m.

The time schedule is approximate and may vary for individual items.

* HHS Board members may participate remotely and will be considered present for quorum and voting purposes.

INTERESTED MEMBERS OF THE **PUBLIC** ARE ENCOURAGED TO PARTICIPATE IN THE MEETING IN PERSON. TO JOIN THE MEETING VIA MICROSOFT TEAMS, CLICK ON THE FOLLOWING LINK:

<https://tinyurl.com/mrya9nsn>

Join on your computer or mobile app

** Public comment will not be accepted through remote means. Those wishing to make public comment must appear in person or submit written comments in advance of the meeting to Shannon Gustavson (sgustavson@waukeshacounty.gov).

NEXT MEETING

November 10, 2022 Joint Meeting at DOA, Veterans Service Division, Dan Driscoll

Minutes of the Health and Human Services Board
Thursday, September 22, 2022
1:00 p.m.

Chair Nelson called the HHS Board Meeting to order at 1:01 p.m.

Board Members Present: Supervisor Larry Nelson, Supervisor Christine Howard, Supervisor Joel Gaughan, Mary Baer, Dr. Mike Goldstone, Christine Beck, Robert Menefee Jr., Vicki Dallmann-Papke (virtual)

Also Present: Health & Human Services (HHS) Director Elizabeth Aldred, Health & Human Services (HHS) Deputy Director Lisa Roberts, ADRC Manager Mary Smith, MHC Administrator Jeffry Lewis

Absent: Mary Berg

Approve Minutes of August 18 for the HHS Board Meetings

MOTION: Baer moved, second by Menefee, to approve the HHS Board minutes of August 18. Motion carried 8-0.

Advisory and Standing Committee Reports

- ADRC Advisory Board Committee
 - Baer reported that ADRC Advisory Board meeting on September 1 spoke about the Long-Term Functional Screen by Mikie Blask an ADRC Supervisor. The team that is responsible for this provides 700 annual reviews of eligibility and does the data entry, but the state determines eligibility. The screeners are tested every two years to maintain the certification that is required for the position. If the application is denied, the appeal goes to an Administrative Law Judge as a last resort.
 - The Board reviewed the ADRC 3-year-plan which was approved by Greater Wisconsin Agency on Aging Resources (GWAAR). The 2022 goals were reviewed and approved with some changes made to due dates caused by the ADRC staffing shortages.

- Public Health Advisory Committee
 - The Public Health Advisory Committee met on September 8. There was a presentation on the Community Action Coalition's programs & services. This nonprofit works with low-income people in Waukesha, Jefferson, and Dane Counties. This organization focuses on gaps in the system on issues such as accessing affordable housing, accessing affordable substance use or AODA services, accessing affordable mental healthcare and accessing affordable transportation. They also provide nutritious food at no cost to 120 food pantries in the 3-county area.
 - Ben Jones presented on unfunded mandates and their impact on the public health budget in Waukesha County. Much of their work is statutorily required and not fully funded.
 - There was an overview of the Lake Area Free Clinic by Mary Reich. The organization provides dental and medical services to low-income adults and adolescents in Oconomowoc. It is an all-volunteer organization with a 7-chair

- dental clinic that partners with WCTC and Marquette Dental School students. Their medical partner for lab and x-ray is Aurora.
 - CHIPP process continues, and it appears that the three leading issues for the next cycle will be mental health, substance use, and healthy aging.
- No update was available from the Mental Health Advisory Committee.
- Goldstone reported the Housing Action Coalition presented at Substance Use Advisory Committee (SUAC) meeting. The old fire station homeless shelter will be opening on November 1, not October 1, due to a lack of staff. For homeless people to attend the homeless shelter at the fire station, they must go to Salvation Army or Hebron House first. If Salvation Army and Hebron House are full, then a referral will be given to the fire station; however, whoever provided the referral, that agency will be the case manager.
- Menefee shared that Child and Family Services Advisory Committee (CAFSAC) and IPID are able to attend meetings virtually.

Clinical Division's Privileging of Medical Staff

Lewis reviewed and discussed the following documents: Clinical Division Privileging of Medical Staff for January 1, 2023 - December 31, 2023.

1. Debbie Check-Janisch, APNP
2. John Christianson, MD
3. Jeffery Follansbee, MD
4. Chaz Johnson, MD
5. Mollie Klein, APNP
6. Manfred Kreuzpaintner, MD
7. Rada Malinovic, MD
8. William Seymour, PhD

MOTION: Menefee moved, second by Baer, to approve the privileging of the medical staff. Motion carried 8-0.

ADRC Division Presentation

Smith reviewed a presentation titled "ADRC Aging and Disability Resource Center of Waukesha."

Next Meeting Date

The next meeting for the HHS Board is October 13, 2022

Announcements

There were no announcements.

Review of Correspondence

There was no correspondence to review.

Future Agenda Items

Update on CMS Survey, Jeff Lewis

Update on Community Health Crisis – Fentanyl, Liz Aldred and Lisa Roberts

MOTION: Baer moved, second by Beck, to adjourn the meeting at 2:57 p.m. Motion carried 8-0.

Respectfully submitted,

Larry Nelson
HHS Board Chair

**WAUKESHA COUNTY HEALTH AND HUMAN SERVICES
MENTAL HEALTH ADVISORY COMMITTEE
BYLAWS**

Article I – Name

The name of this organization shall be the “Mental Health Advisory Committee,” hereinafter referred to as the “MHAC.”

Article II – Mission Statement

The purpose of the Mental Health Advisory Committee is to provide advice and recommendations to the Health and Human Services Board from a broad base of constituencies. The advice and recommendations should focus on identification of mental health needs and services in our community, current and future mental health services, recommended actions regarding programming, planning and budgeting, and encouraging the review and maintenance of quality mental health services.

Article III – References

The MHAC is considered a subcommittee of the Waukesha County Health and Human Services Board, and as such, will abide by that committee’s bylaws as well.

Article IV – Membership

- A. The MHAC shall consist of five (5) categories of membership, unless otherwise required by law or rule:
1. Consumer: one who uses the services represented by the advisory group, or a family member.
 2. Provider: an individual practitioner, or one who represents a corporation, firm, or agency providing services or support to the target population.
 3. Citizen: one who is interested in the objectives of the advisory committee and who is not a member of the other categories.

None of the above categories need represent a particular percentage of the whole. A good balance of membership types is recommended.

4. HHS Board Liaison: the Health and Human Services Board member appointed by the HHS Board as liaison to the advisory group.
 5. HHS Staff Liaison: the Health and Human Services employee appointed by the HHS Director or designee as liaison to the advisory group.
- B. The MHAC shall consist of not less than 7, nor more than 15, persons.
- C. The members shall serve for terms of three years, so arranged that nearly as practicable, the terms of 1/3 of the member shall expire each year.
- D. The MHAC shall submit annually its list of reappointments to the HHS Board for approval at the HHS Board August meeting.
- E. Vacancies shall be filled with such appointee to serve the balance of the term of the member whose place is being filled.
- F. New appointments or reappointments shall be for a term of three years with no term limits.

- G. Members shall be distinguished from advisory group visitors on voting matters.
- H. HHS Board members, the County Executive, HHS Board/Staff Liaisons, and the members of the MHAC shall assist in recruiting new members.

Article V – Attendance

- A. Members shall regularly attend advisory group meetings, and notify the advisory group Chair and the recorder if unable to attend.
 - 1. Failure to give notice could result in loss of voting status or removal of committee.
 - 2. Provider members may send a substitute when they are unable to attend.

Article VI – Officers

- A. The officers of this advisory group shall be a Chair/Co-Chair and Vice Chair.
- B. All officers shall be elected by ballot at the July MHAC meeting for a term of one year, up to four consecutive terms.
- C. The Chair/Co-Chair and Vice Chair will be elected by a majority of the MHAC members present. If the first ballot does not produce a majority, the name of the member securing the least number of votes shall be dropped on subsequent ballots. In case of a tie in the lowest number of votes, all tied members shall be dropped, provided at least two names remain.
- D. A vacancy in the offices of Chair or Vice Chair shall be filled by election at the first MHAC meeting at which the vacancy exist. The election procedure shall be as outlined in Section C above.

Article VII – Duties of the Officers, Staff, Board Liaisons

- A. Chair/Co-Chair
 - 1. Presides over all meetings of the advisory group, and shall sign all approved meeting minutes.
 - 2. Sets agenda with assistance of staff liaison.
 - 3. Appoints subcommittees.
 - 4. Represents the advisory group to the Health and Human Services Board and at other meetings as requested by the MHAC.
 - 5. Responsible for coordinating with the committee recorder for proper notice of meetings.
 - 6. Collaborates with other Chairs as needed.
 - 7. Assists other advisory group Chairs in the preparation of joint meetings.
 - 8. Calls special meetings of the advisory group.
 - 9. Coordinates the educational section of advisory group meetings, including advisory group visitations and presentations to the advisory group.
 - 10. Monitors member meeting attendance for continued membership interest and availability. The Chair or their designee will contact any member who has been absent from meetings after three (3) months.
- B. Vice Chair
 - 1. Presides in the absence of the Chair or the Chair's inability to serve.
 - 2. Assists the Chair in the coordination of the educational section of advisory group meetings, including advisory group visitations and presentations to the advisory group.
- C. Recorder (ex-officio, non-voting member)

1. Performs duties as recorder.
 2. Submit advisory group agenda to Waukesha County Clerk who is responsible for posting them in accordance with open meetings law.
 3. Maintains and updates membership list.
 4. Back-up Parliamentarian.
- D. HHS Staff Liaison (ex-officio, non-voting member)
1. Assists in planning agenda.
 2. Reports information on departmental programs and issues.
 3. Assists the Chair in the coordination of the educational section of advisory meetings, including advisory group visitations and presentations to the advisory group.
 4. Parliamentarian.
- E. HHS Board Liaison (ex-officio, non-voting member)
1. Represents the HHS Board to the advisory group.
 2. Provides pertinent HHS Board information to the advisory group.
 3. Carries advisory group opinions and recommendations to the HHS Board.

Article VIII – Meetings

- A. The MHAC shall have a minimum of ten (10) meetings scheduled a year.
1. The annual meeting for reappointment of members and the election of new officers shall be held in July.
 2. Joint advisory group meetings may be held and attended in lieu of ordinary meetings.
- B. Special meetings, if called, shall conform to the procedure in Article VII, Section C-2 above.
- C. A fixed quorum of five (5) members, not including ex-officio, non-voting members, shall be present to transact official business of the MHAC.
1. Members approved in advance by the MHAC Chair to appear by remote means and who fully comply with the Waukesha County remote appearance guidelines shall be considered present for quorum and attendance purposes and shall be entitled to vote.
- D. The MHAC shall be conducted in accordance with Robert's Rules of Order Newly Revised.

Article IX – Subcommittees

- A. Comprehensive Community Services (CCS) Coordinating Committee
- B. Subcommittees may be established by the body for purposes such as: Prioritized Needs, Education, or any other need deemed appropriate.
- C. Subcommittees established by the body may be subject to open meetings law and shall conform to the procedure in Article VII, Section C-2 above.

Article X – Amendments to Bylaws

- A. These bylaws may be amended by a majority vote of the MHAC at any regular or special meeting, provided notice of the intent to amend and a copy of the proposed amendment shall be given to each member of the MHAC at least one week prior to such meetings.
- B. After the amendments have been approved by the MHAC following the process stated in Section A, the recorder will forward the proposed amendments to the recorder of the HHS Board meetings to be presented and voted on at the following HHS Board meeting, in accordance with the HHS Board Bylaws procedure for votes regarding amendments.
- C. The MHAC HHS Board Liaison will report back to MHAC the results of the vote at the next advisory group meeting.
- D. The bylaws and any subsequent amendments become effective when approved by a majority of the HHS Board.

Article XI – Calendar of Activities

Advisory Committees shall plan their work in accordance with the following calendar:

February to March	Prioritized needs to be presented to the HHS Board and Department of HHS for potential incorporation in budget and strategic plan
March or April	Promote participation in Spring Public Hearing
April to June	Familiarize committee on current membership list
July	Reappointment of members and election of officers
July and August	Promote participation in HHS Board review of annual Department budget
August	HHS Board reviews and approves list of membership reappointments and elected officers
September	Membership reappointments and elected officers effective as of September 1

**WAUKESHA COUNTY HEALTH AND HUMAN SERVICES
SUBSTANCE USE ADVISORY COMMITTEE
BYLAWS**

Article I – Name

The name of this organization shall be the “Substance Use Advisory Committee,” hereinafter referred to as the “SUAC.”

Article II – Mission Statement

The purpose of the Substance Use Advisory Committee is to provide recommendations and consultation to the Health and Human Services Board from a broad base of constituencies. The recommendations or consultation should focus on identification of issues addressing substance use needs and services in our community, planning for current substance use services, statements of recommended actions regarding programming, planning and budgeting, and encouraging the review and maintenance of quality and cost-effective substance use services.

Article III – References

SUAC is considered a subcommittee of the Waukesha County Health and Human Services Board, and as such, will abide by that committee’s bylaws as well.

Article IV – Membership

- A. The SUAC shall consist of five (5) categories of membership, unless otherwise required by law or rule:
1. Consumer: one who uses the services represented by the advisory group, or a family member.
 2. Provider: an individual practitioner, or one who represents a corporation, firm, or agency providing services or support to the target population.
 3. Citizen: one who is interested in the objectives of the advisory committee and who is not a member of the other categories.
- None of the above categories need represent a particular percentage of the whole. A good balance of membership types is recommended.
4. HHS Board Liaison: the Health and Human Services Board member appointed by the HHS Board as liaison to the advisory group.
 5. HHS Staff Liaison: the Health and Human Services employee appointed by the HHS Director or designee as liaison to the advisory group.
- B. The SUAC shall consist of not less than 7, nor more than 15, persons.
- C. The members shall serve for terms of three years, so arranged that nearly as practicable, the terms of 1/3 of the member shall expire each year.
- D. The SUAC shall submit annually its list of reappointments to the HHS Board for approval at the HHS Board August meeting.
- E. Vacancies shall be filled with such appointee to serve the balance of the term of the member whose place is being filled.
- F. New appointments or reappointments shall be for a term of three years with no term limits.

- G. Members shall be distinguished from advisory group visitors on voting matters.
- H. HHS Board members, the County Executive, HHS Board/Staff Liaisons, and the members of the SUAC shall assist in recruiting new members.

Article V – Attendance

- A. Members shall regularly attend advisory group meetings, and notify the advisory group Chair and the recorder if unable to attend.
 - 1. Failure to give notice could result in loss of voting status or removal of committee.
 - 2. Provider members may send a substitute when they are unable to attend.

Article VI – Officers

- A. The officers of this advisory group shall be a Chair and Vice Chair.
- B. All officers shall be elected by ballot at the July SUAC meeting for a term of one year, up to four consecutive terms.
- C. The Chair and Vice Chair will be elected by a majority of the SUAC members present. If the first ballot does not produce a majority, the name of the member securing the least number of votes shall be dropped on subsequent ballots. In case of a tie in the lowest number of votes, all tied members shall be dropped, provided at least two names remain.
- D. A vacancy in the offices of Chair or Vice Chair shall be filled by election at the first SUAC meeting at which the vacancy exist. The election procedure shall be as outlined in Section C above.

Article VII – Duties of the Officers, Staff, Board Liaisons

- A. Chair
 - 1. Presides over all meetings of the advisory group, and shall sign all approved meeting minutes.
 - 2. Sets agenda with assistance of staff liaison.
 - 3. Appoints subcommittees.
 - 4. Represents the advisory group to the Health and Human Services Board and at other meetings as requested by the SUAC.
 - 5. Responsible for coordinating with the committee recorder for proper notice of meetings.
 - 6. Collaborates with other Chairs as needed.
 - 7. Assists other advisory group Chairs in the preparation of joint meetings.
 - 8. Calls special meetings of the advisory group.
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- B. Vice Chair
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 - 2. Assists the Chair in the coordination of the educational section of advisory group meetings, including advisory group visitations and presentations to the advisory group.
- C. Recorder (ex-officio, non-voting member)

1. Performs duties as recorder.
2. Submit advisory group agenda to Waukesha County Clerk who is responsible for posting them in accordance with open meetings law.
3. Maintains and updates membership list.
4. Back-up Parliamentarian.

D. HHS Staff Liaison (ex-officio, non-voting member)

1. Assists in planning agenda.
2. Reports information on departmental programs and issues.
3. Assists the Chair in the coordination of the educational section of advisory meetings, including advisory group visitations and presentations to the advisory group.
4. Parliamentarian.

E. HHS Board Liaison (ex-officio, non-voting member)

1. Represents the HHS Board to the advisory group.
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B. Special meetings, if called, shall conform to the procedure in Article VII, Section C-2 above.

C. A fixed quorum of five (5) members, not including ex-officio, non-voting members, shall be present to transact official business of the SUAC.

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Article X – Amendments to Bylaws

A. These Bylaws may be amended by a majority vote of the SUAC at any regular or special meeting, provided notice of the intent to amend and a copy of the proposed amendment shall be given to each member of the SUAC at least one week prior to such meetings.

B. After the amendments have been approved by the SUAC following the process stated in Section A, the recorder will forward the proposed amendments to the recorder of the HHS Board meetings to be presented and voted on at the following HHS Board meeting, in accordance with the HHS Board Bylaws procedure for votes regarding amendments.

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September	Membership reappointments and elected officers effective for September meeting

OVERVIEW OF ADMINISTRATIVE SERVICES MANDATED SERVICES



STRATEGIC ALIGNMENT OF OPERATIONAL MANDATED SERVICES

ADMINISTRATIVE SERVICES DIVISION

ADMINISTRATIVE SERVICES DIVISION - UNITS



ADMINISTRATIVE SUPPORT



HEALTH INFORMATION



MEDICAL CODING



CONTRACTING



HEALTH CARE BILLING



ADMISSIONS



BUSINESS APPLICATION
SUPPORT (BAS)



FINANCE AND BUDGETING

ADMINISTRATIVE SERVICES DIVISION - UNITS



UTILIZATION REVIEW



ECONOMIC SUPPORT



REVENUE CYCLE MANAGEMENT



CORPORATE COMPLIANCE

ADMINISTRATIVE SERVICES MANDATED AREAS OF OPERATION



ADMINISTRATIVE SERVICES – PURPOSE

- The Administrative Services division often gets unheralded in business; however, our role should not be underestimated. Without this backbone, things can get misdirected, making it challenging for the department to function as intended.
- Divisional administrative staff often have multiple roles to play in their jobs, sometimes in a single day or even an hour. They are always there to help, direct a project, solve a problem, or perhaps take the lead on a new initiative. All in all, the Administrative Services division assists in the day-to-day operations of the department.
- In order to provided the necessary assistance to the department, we will be adding two Senior Fiscal Specialists and one Programs and Projects Analyst.

DIVISION MANDATES HEALTHCARE BILLING

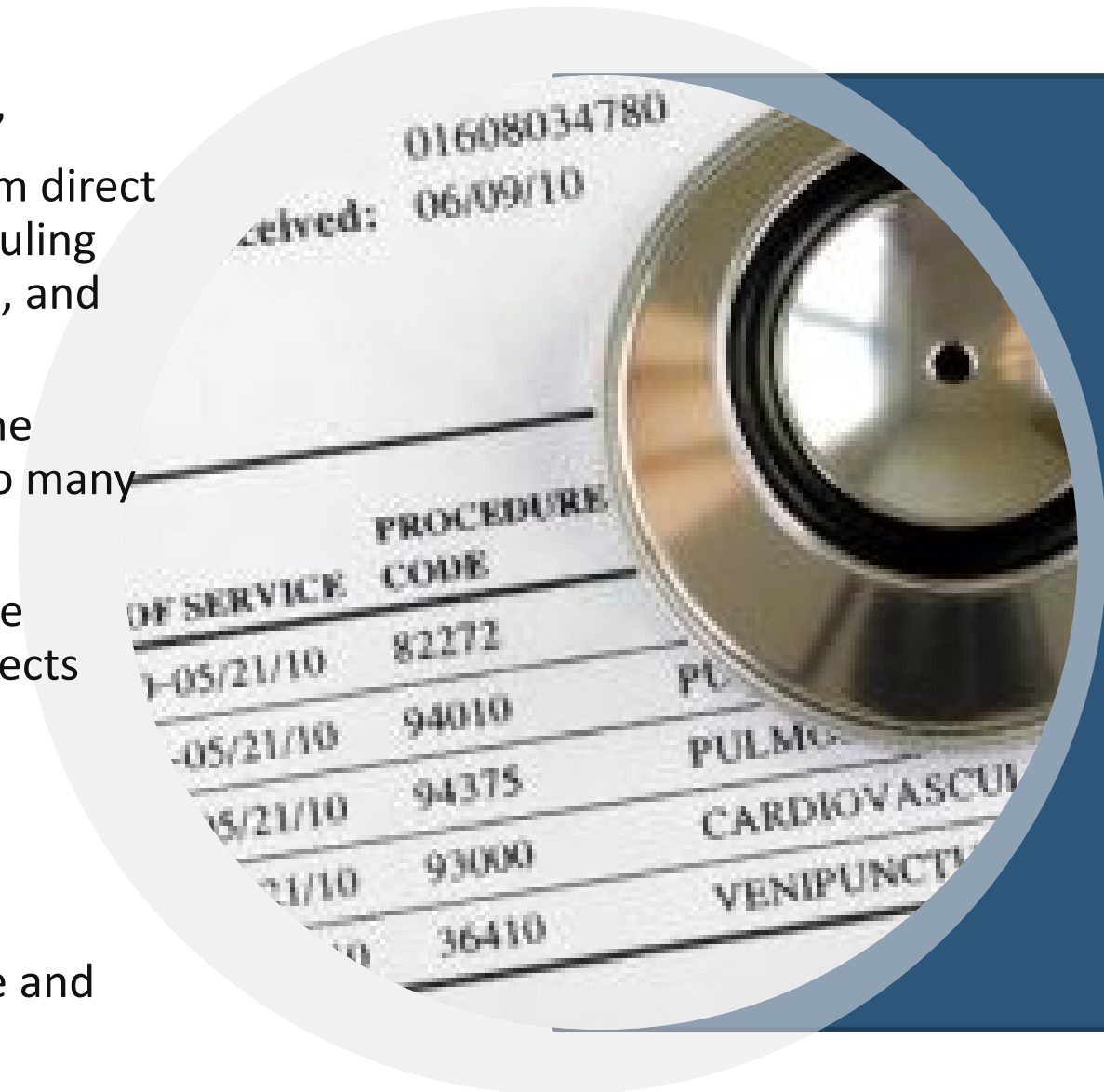
- HHS must hire and train client access staff to perform multiple administrative tasks, including:
 - Billing and claims processing (strict submission time frames)
 - Ensuring insurance coverage is active
 - Verifying that the service is a covered benefit
 - Confirming that the service meets medical policy requirements
 - Obtaining prior authorization or pre-determination
 - Documenting the case if it is denied
 - Communicating with the patient and provider on the status of the prior authorization



DIVISION MANDATES

HEALTHCARE BILLING

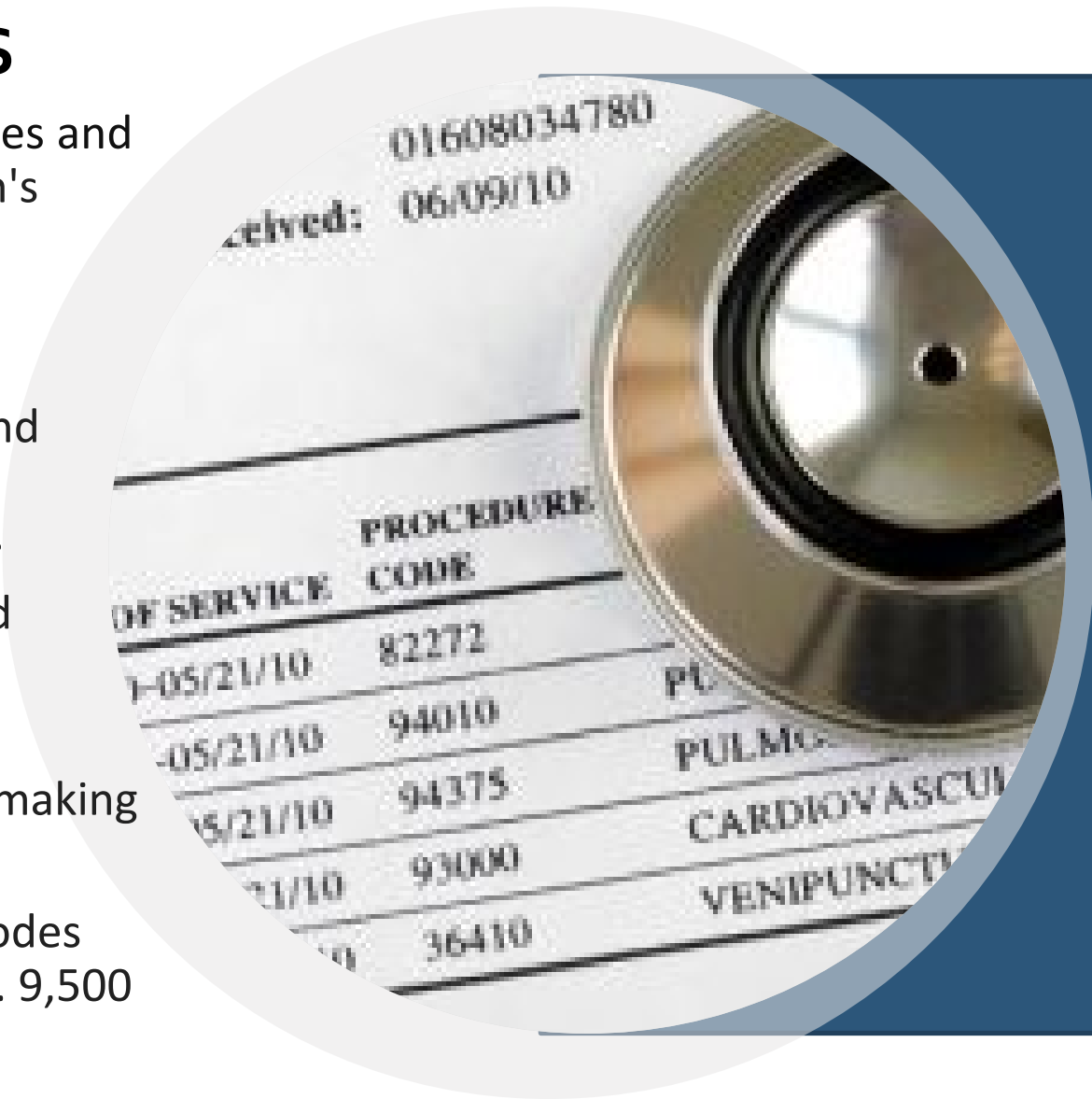
- “Administrative costs” refer to the “back-end” functions of the health care system, aside from direct patient care – including medical billing, scheduling patient appointments, provider credentialing, and investing in quality improvement efforts.
- Billing and insurance-related costs make up the largest share of administrative costs related to many of the HHS programs.
- Documentation and verification are part of the process of ensuring that billing accurately reflects the services performed and that procedures provided to patients are medically justifiable.
- Billing complexity varies dramatically across insurers/Medicare/Medicaid.
- A higher level of complexity means more time and effort are required to process a claim.



DIVISION MANDATES

HEALTHCARE BILLING CODES

- International Statistical Classification of Diseases and Related Problems (ICD-10) describe the person's condition or diagnosis. 70,000 codes.
- Healthcare Finance Administration Common Procedural Coding System (HCPCS) codes are standardized descriptions of the procedures and tests a medical professional must follow while attending a patient. 4,000 separate categories.
- Current Procedural Terminology (CPT) assigned numbers to each service and task that medical professionals provide a patient. 10,000 codes.
- Diagnostic and Statistical Manual (DSM-5) for making a diagnosis and assessment measures.
- American National Standard Institute (ANSI) codes are used to explain the adjudication of a claim. 9,500 codes.



DIVISION MANDATES UTILIZATION REVIEW

- When measuring the complexity of administrative cost, we use the time spent on utilization review for active treatment, interaction with clients at admission, claim denial rate, payment delays, the number of interactions physicians and insurers require to resolve a claim, etc.
- Ensuring appropriate use of care, and to measure quality of care, also require significant documentation of patients' conditions and treatments.
- Prior authorization processes have morphed into such an extreme level of complexity and bureaucracy.
- Many health plans continue to rely on verbal communication and fax machines instead of more advanced technologies.



DIVISION MANDATES

ADMISSIONS

- The client intake process is essential but also one of the most frustrating aspects of the patient visit as they're asked to complete numerous forms based on mandated data requirements.
- It is essential to obtain the necessary demographic, insurance, and clinical information in order to assure we meet the requirements for third-party payer payments.
- The Mental Health Center admissions team is the first step in obtaining a client's insurance coverage, and this allows our utilization review team to start working with the insurance carrier on qualifying a client for their stay.



DIVISION MANDATES

BUSINESS APPLICATIONS SUPPORT (BAS)

- BAS is the Administrator for all software applications, data gathering, and reporting to ensure compliance from mandated programming requirements.
- Implementation of software modules to ensure compliance with programming requirements.
- Monitor software updates related to vendor and regulatory changes.
- Facilitates system enhancements in order to meet state and federal regulations.



DIVISION MANDATES

FINANCE AND BUDGETING

- Business strategies and financial management are intertwined in the delivery of mandated services within the various operations of department's divisional programming.
- Manage grant financial reporting and payment withdrawals.
- Assigned as Client Representative Payees for managing client's checking account.



DIVISION MANDATES

ADMINISTRATIVE SUPPORT

- The responsibilities of Administrative Support staff within the department have increased enormously as operational needs for tracking and managing mandated services increases.
- The day-to-day duties of Administrative Support staff have expanded to include things like fiscal navigation, admission of clients, EMR consultation, auditing of exception reporting, training of clinical staff, overseeing data sets, training employees to use software, and tracking operational statistic data.



DIVISION MANDATES

HEALTH INFORMATION

- Health information management (HIM) is the practice of acquiring, analyzing, and protecting digital and traditional medical information (hard copy documents) in order to meet state and federal regulatory requirements.
- Ensure a patient's health information and records are complete, accurate, and protect the privacy of the client's medical record.
- Overseeing documentation practices is one of the hallmarks of the HIM as all encounters with clients need to meet regulated guidelines.



DIVISION MANDATES

MEDICAL CODING

- Medical codes translate clinical documentation into standardized codes that tell third-party payers (i.e., commercial insurance, Medicare, Medicaid) what services have been provided to the client.
- Ensuring documents are grammatically correct and free from typing errors.
- Medical coding is important in the revenue cycle management process in order to ensure appropriate reimbursement for services performed.
- The written documentation must substantiate the billable service and all codes representing the service delivery.



DIVISION MANDATES

CONTRACTING

- Contracts management allows healthcare organizations to provide the best possible care to patients, reduce operating costs, assure adherence to compliance requirements, and mitigate risk.
- A contract is linked to state and federal regulatory mandates and internal policies and procedures that create seamless integration for compliance purposes.



DIVISION MANDATES

ECONOMIC SUPPORT SERVICES

- Wisconsin mandates county consortiums to manage and administer different programs that can help residents obtain health care coverage, paying for food, or childcare costs.
- Operations are managed through the utilization of consortium call center.
- Provide timely and accurate benefits to eligible recipients.
- Assist applicants with obtaining benefits.
- Verify and validate applications for approval to receive benefits.
- The State provides a base allocation of funding to the consortiums (based on each county's caseloads) and any additional expenses are reimbursed by the State at 50% of actual cost over the base funding allocation.



DIVISION MANDATES

ECONOMIC SUPPORT SERVICES

- The consortium is in the process of developing by-laws that would require Waukesha County to hire additional staff based on caseload sizes. Currently only the funding is allocated by caseload.
- Medical Assistance
 - 39,656 no. of members (2022 May)
 - \$31,934,066 (2021 monthly average)
 - 6,625 no. of 2022 May calls (consortium level)
 - 9.24 no. of 2022 May minutes per call (consortium level)
- Foodshare (May 2022)
 - 15,820 no. of members
 - Total Issuance of benefits \$3,893,596



THANK YOU



Administrative Services Division

Questions & Answers