



Wisconsin CARES

An Overview

October 13th, 2010

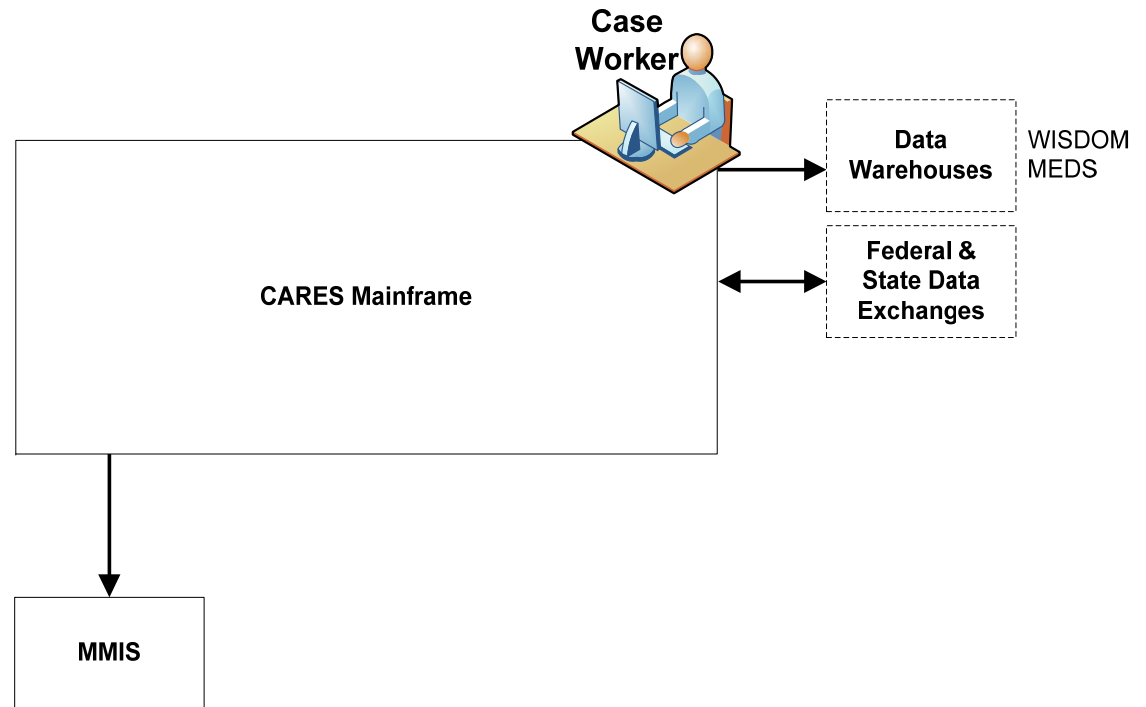
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CARES Enterprise in 2003

Wisconsin Integrated Eligibility Enterprise



Legend:

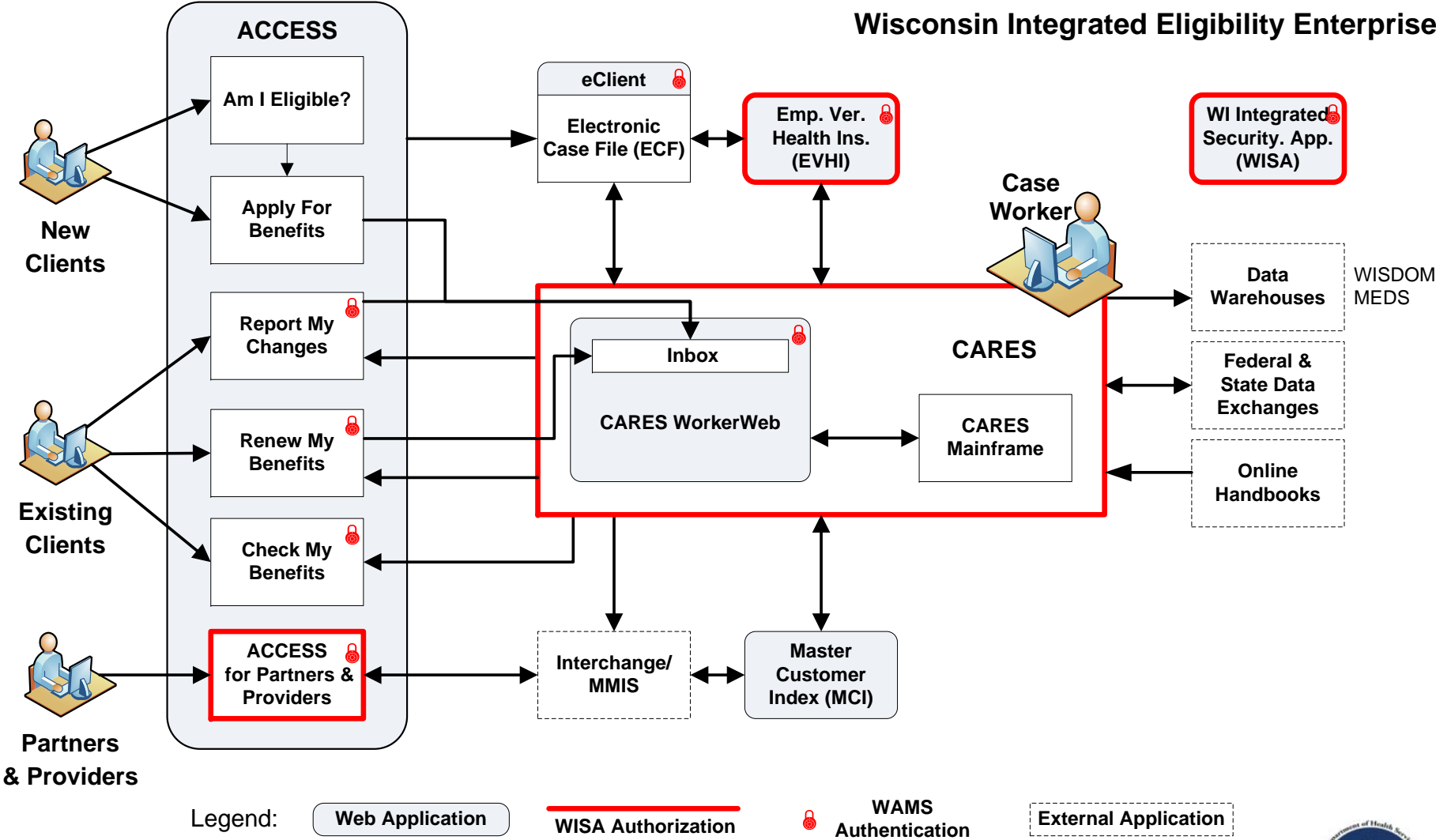
Web Application

External Application

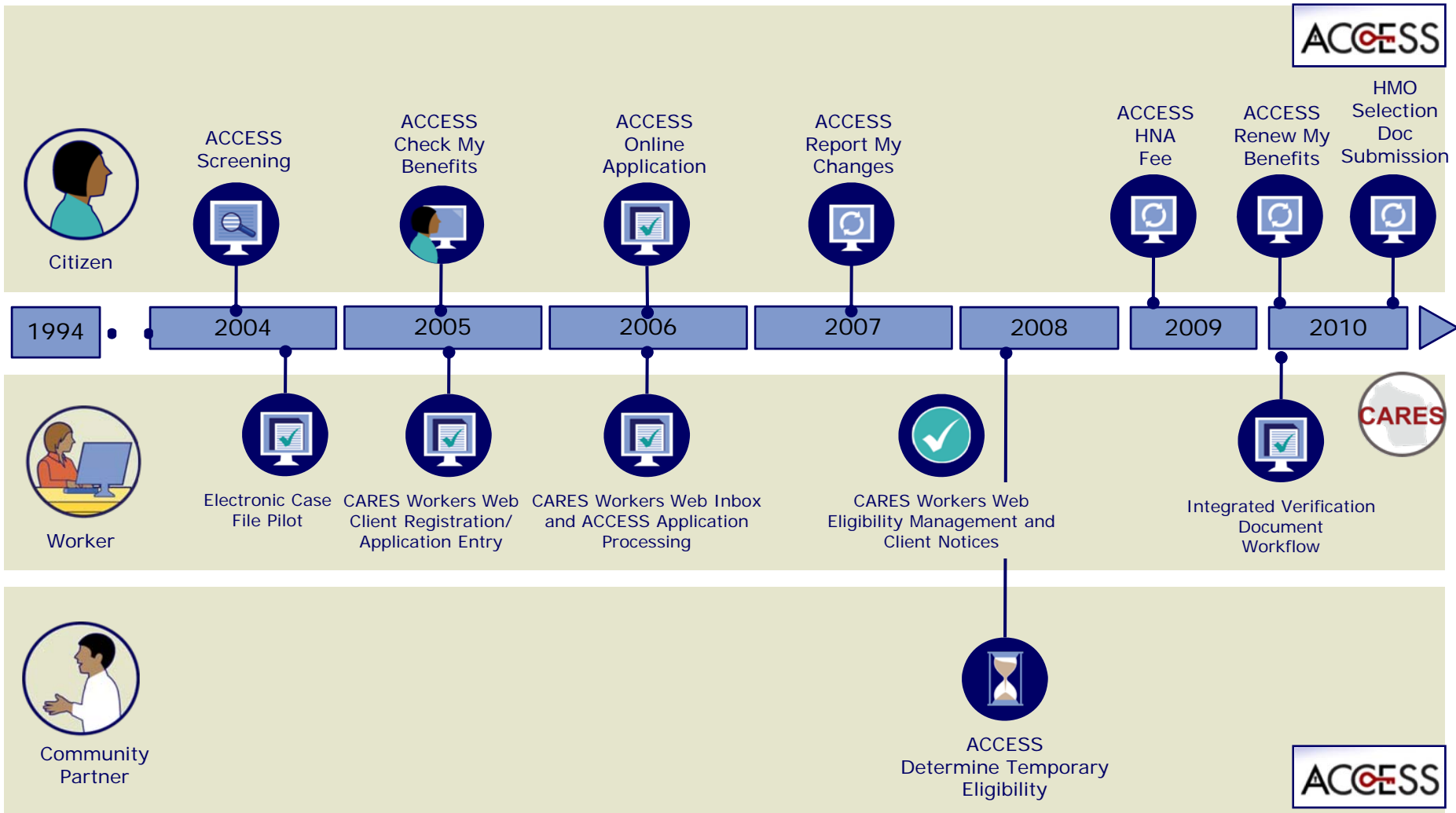


CARES Enterprise in 2010

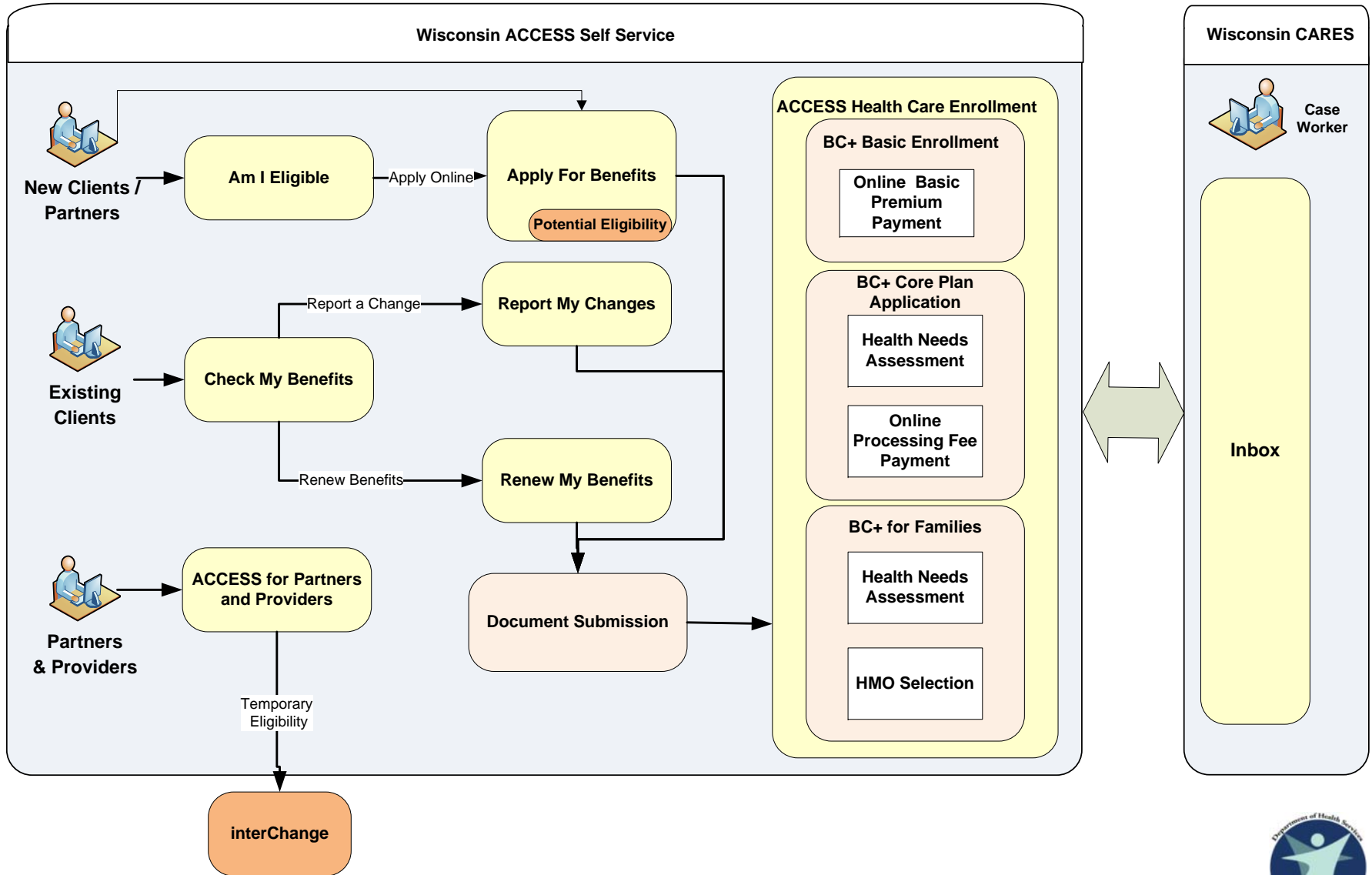
Wisconsin Integrated Eligibility Enterprise



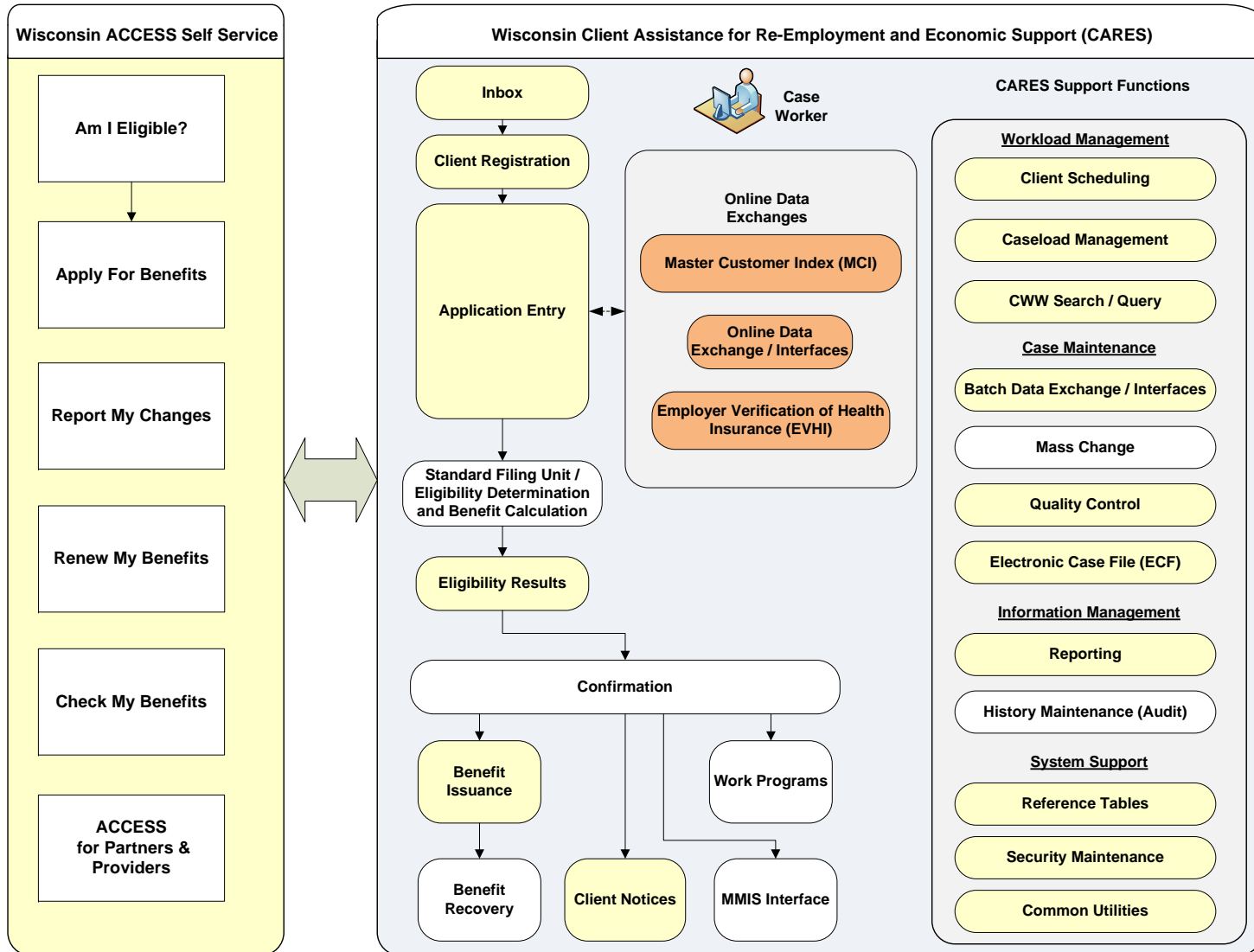
Wisconsin Incremental Renewal Timeline



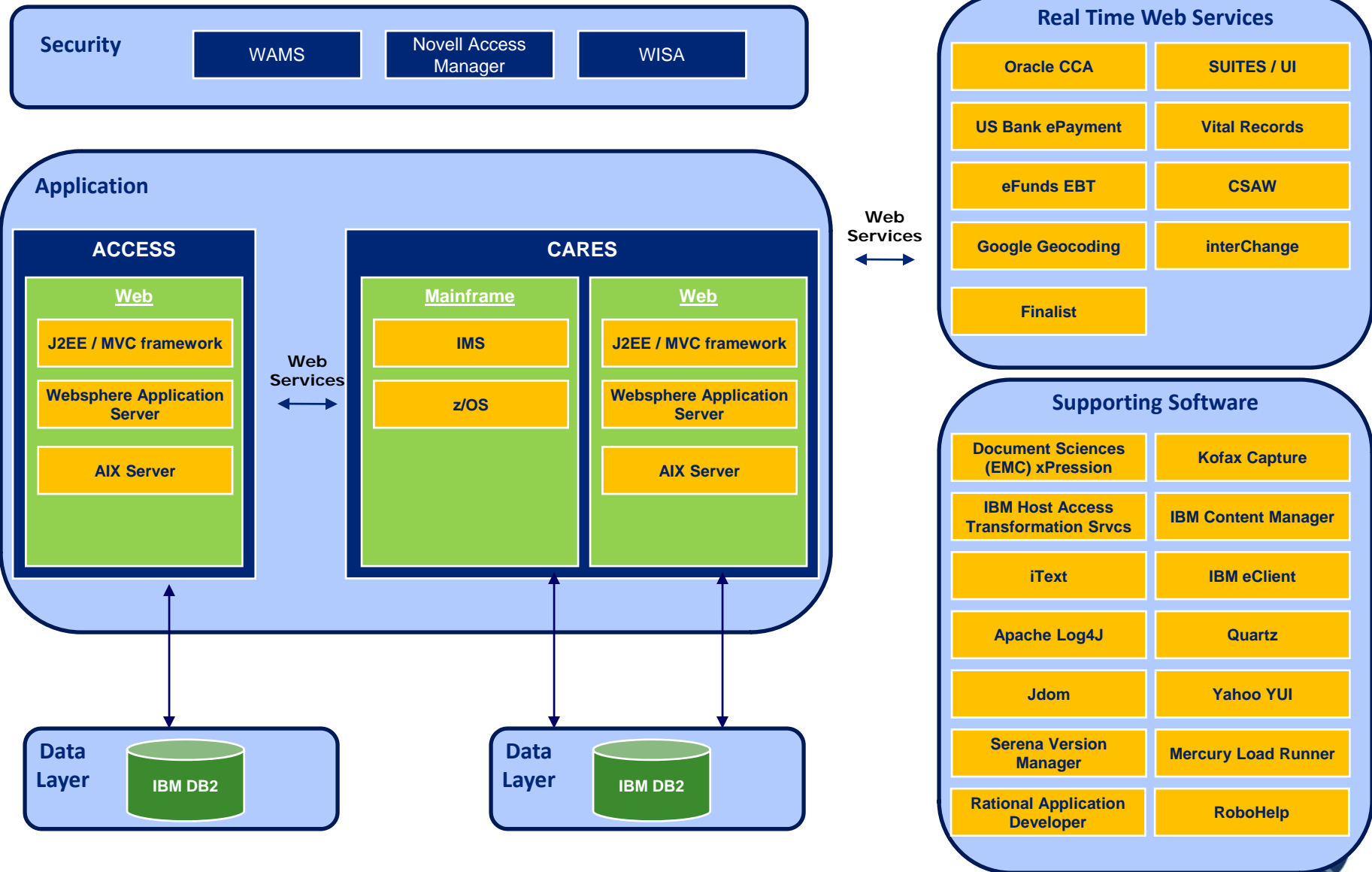
ACCESS Functional Breakdown



CARES Functional Breakdown



CARES / ACCESS Technology Overview



CARES – Key System Statistics

- Processes about 2.5 Million transactions per day
- Accessed by approximately 6,800 users statewide
- Over 99.9% online availability
- Has over 26 federal and state data exchanges
- Generates over 600 reports
- More than 3.7 million people known to the Master Customer Index (MCI)
- More than 50% of applications come to CARES from ACCESS
- Over 30 million documents have been stored in the Electronic Case File (ECF)
- There are more than 38,000 employers in EVHI



ACCESS as a trendsetter

ACCESS has successfully been transferred to the following states:



□ **State of New York**



□ **State of Georgia**



□ **State of Colorado**



□ **State of New Mexico**

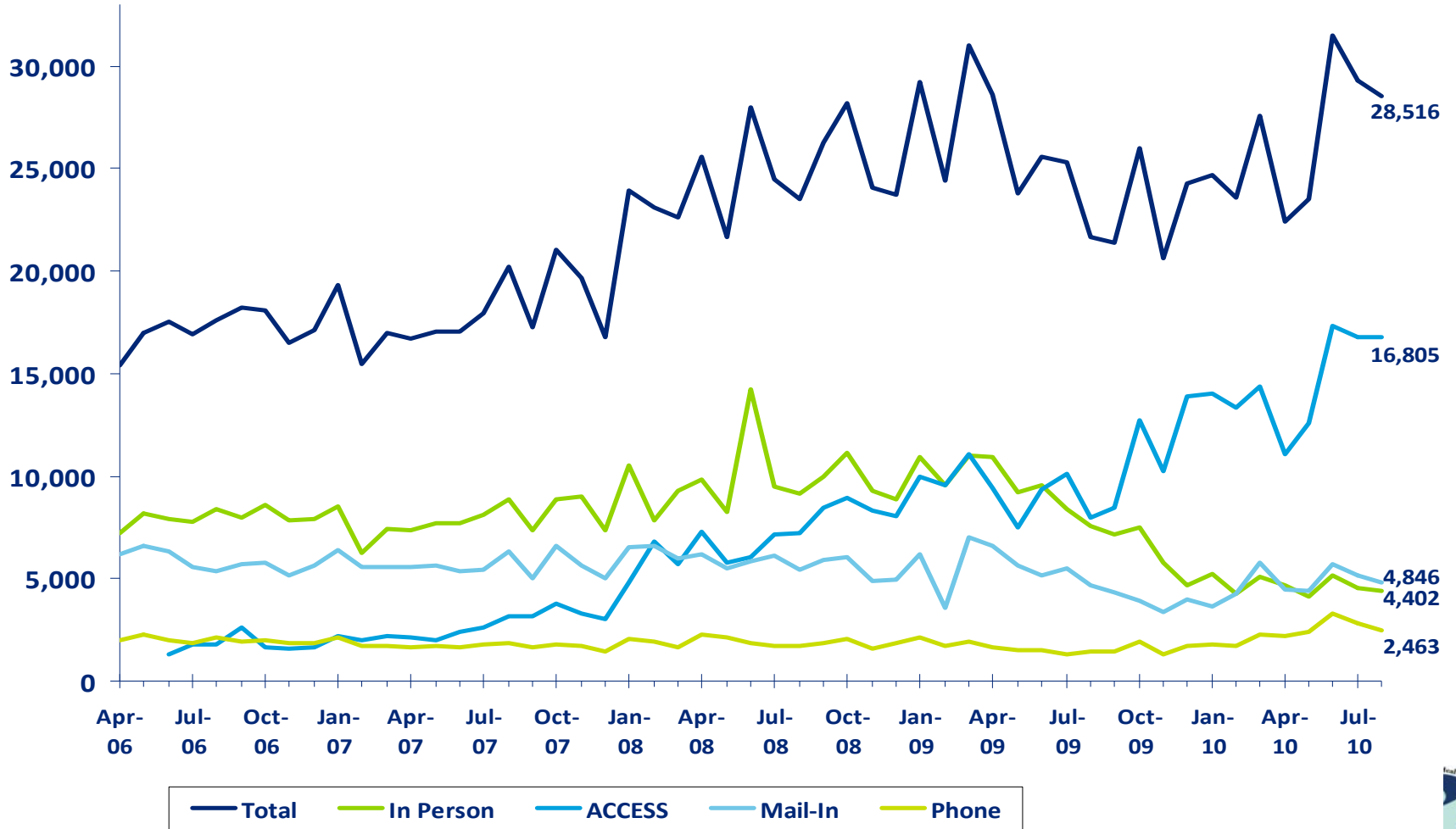


□ **State of Michigan**



Growth of ACCESS as Customer's Preferred Application Channel

Health Care, FoodShare and Family Planning Waiver Program RFA Counts by Contact Method



Live System Demonstration

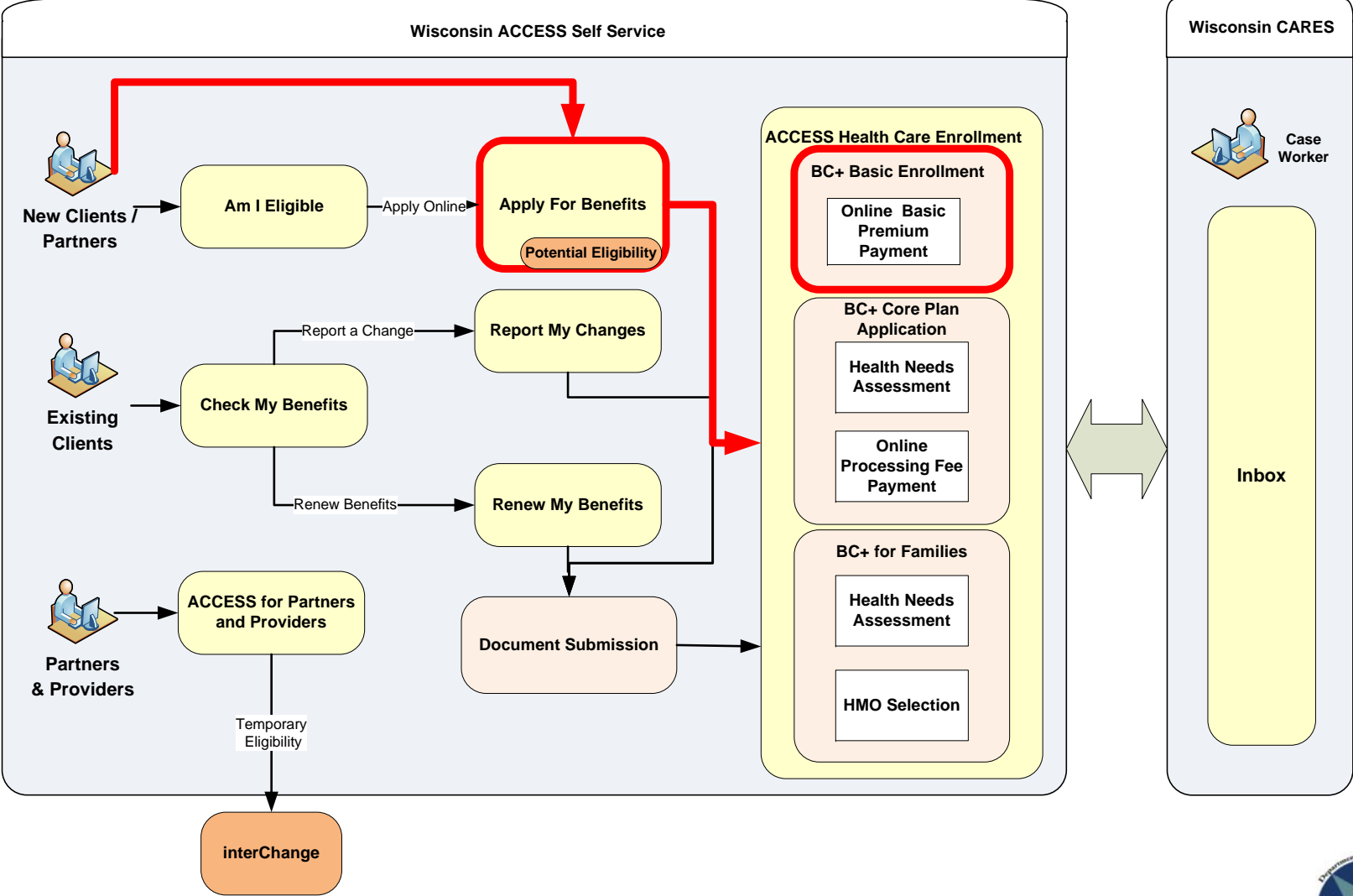


Scenario 1 – ACCESS Apply for Benefits and BadgerCare Plus Basic

- Customer submits a new application for the BadgerCare Plus Core Plan for Childless Adults Medicaid program
- Customer proceeds through data collection screens and potential eligibility
- Customer is added to the BC+ Core Plan waitlist and elects to enroll in the self funded BC+ Basic plan



Scenario 1 – Contextual Overview

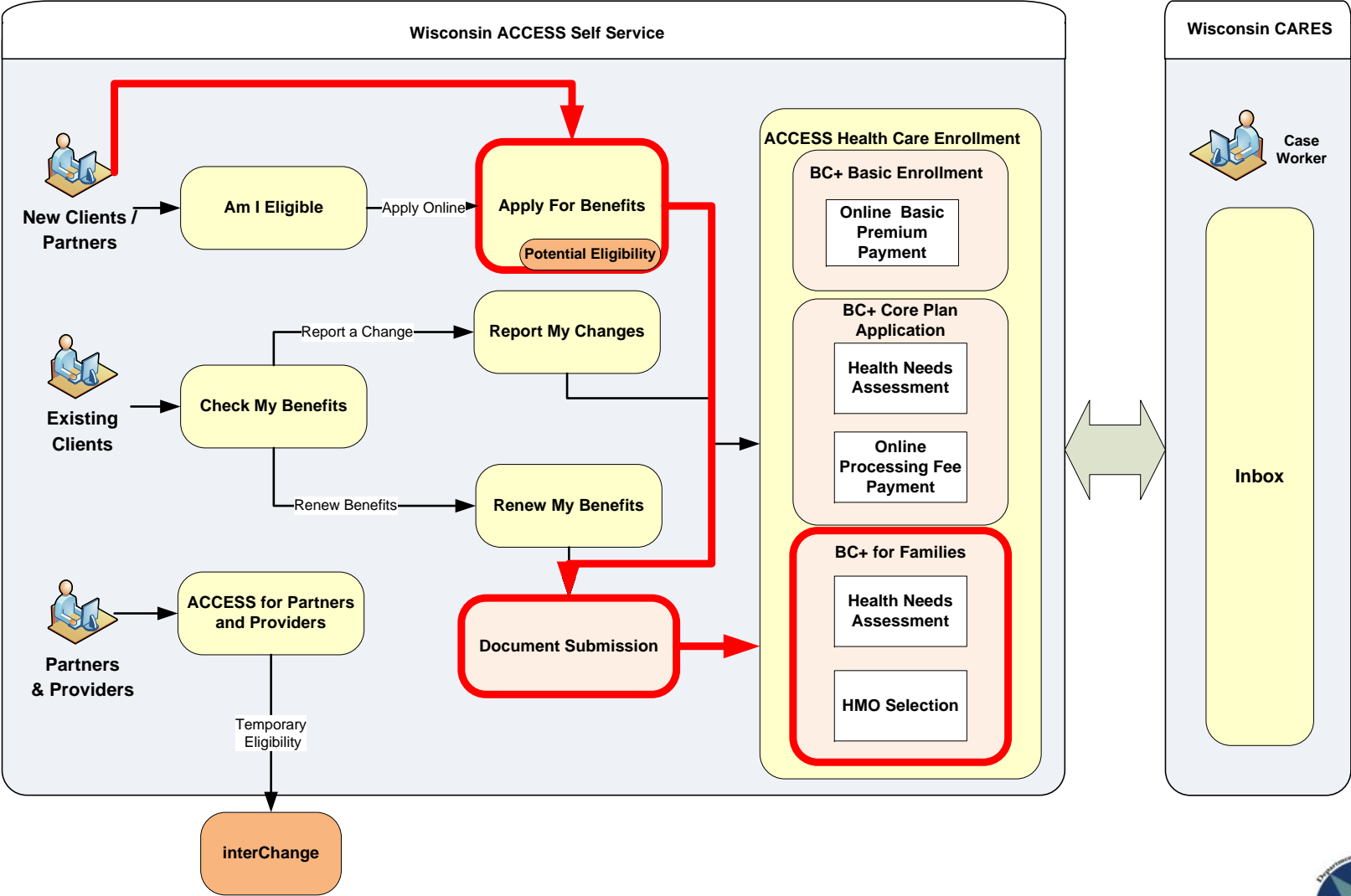


Scenario 2 – ACCESS Apply for Benefits and HMO Selection

- Customer submits a new application for their family to apply for the BadgerCare Plus Medicaid program
- Customer completes their Health Needs Assessment
- Customer selects an HMO and selects a doctor in their service area
- Customer proceeds to the application's next steps, where they submit the appropriate verifications using the self service document submission tool



Scenario 2 – Contextual Overview

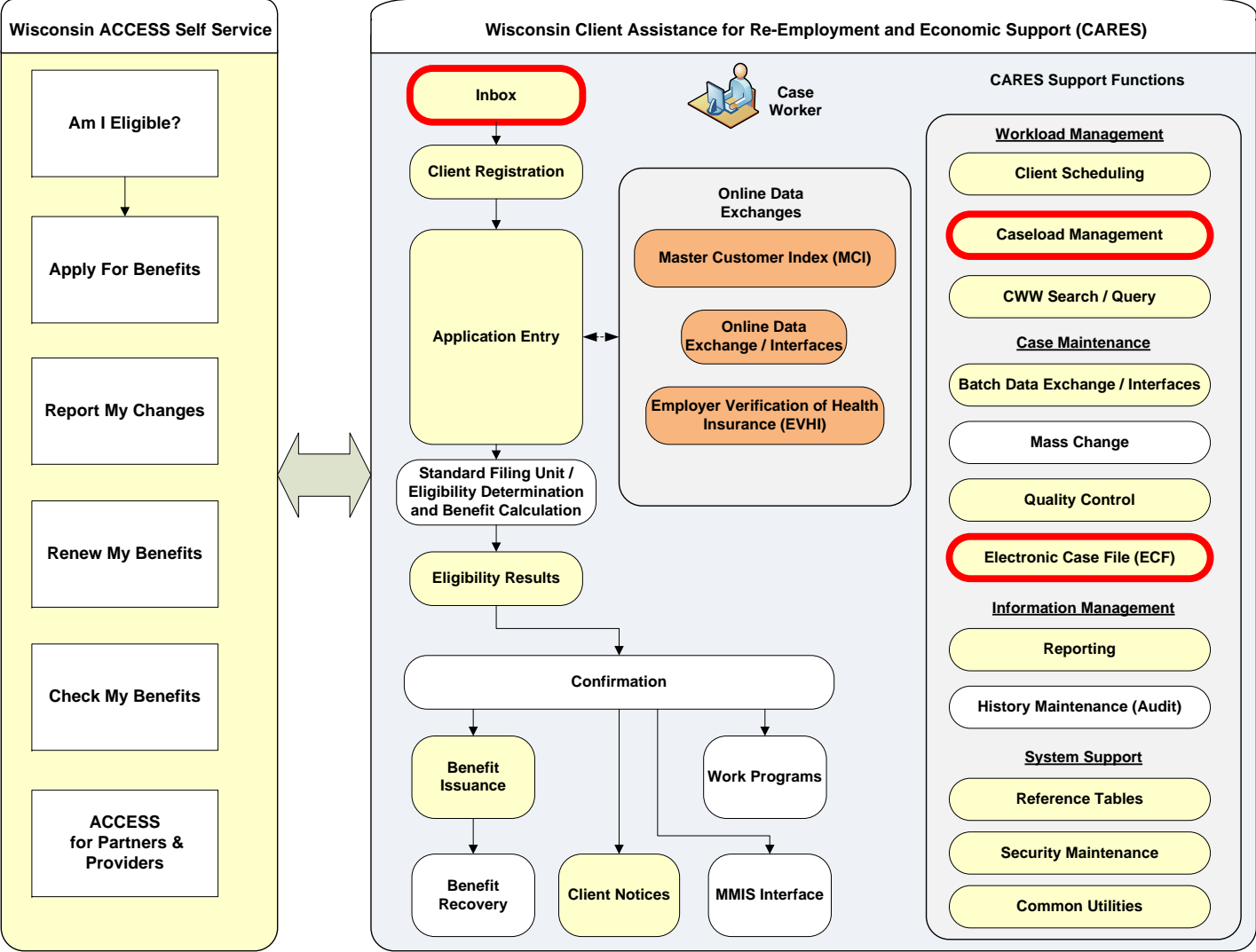


Scenario 3 – CARES Workload Management Tools

- Worker logs in to CARES Worker Web dashboard and views recently accessed items, outstanding inbox items, outstanding tasks, etc.
- Worker searches for and selects an inbox item
- Worker searches for cases based on pending action items/alerts
- Worker access a case and navigates pending action items and pending unprocessed documents



Scenario 3 – Contextual Overview

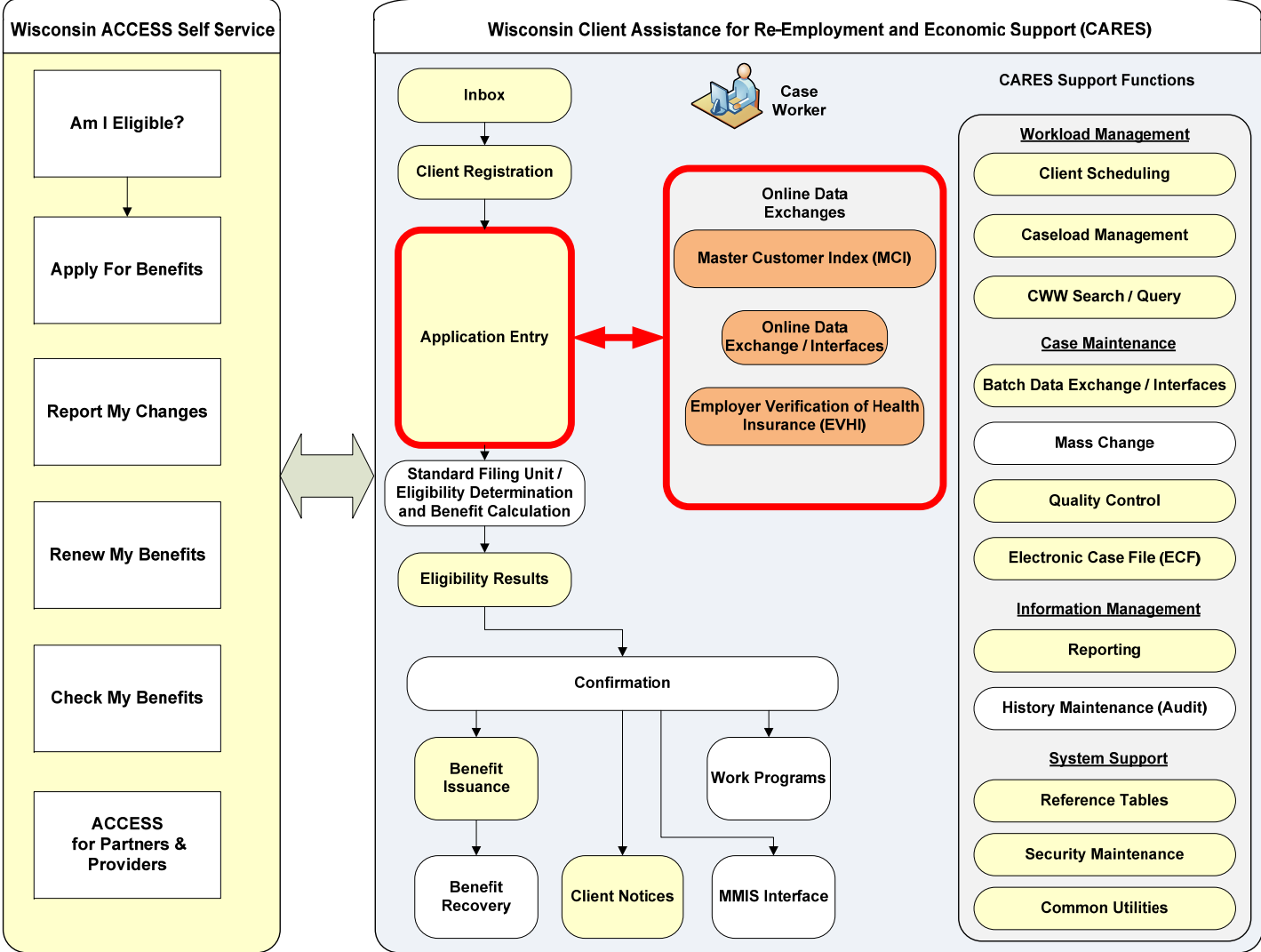


Scenario 4 – CARES Verification Data Exchanges

- Worker completes various verification data exchanges between CARES and external systems
 - Earned Income / Unearned Income
 - Employer Verification of Health Insurance (EVHI)



Scenario 4 – Contextual Overview

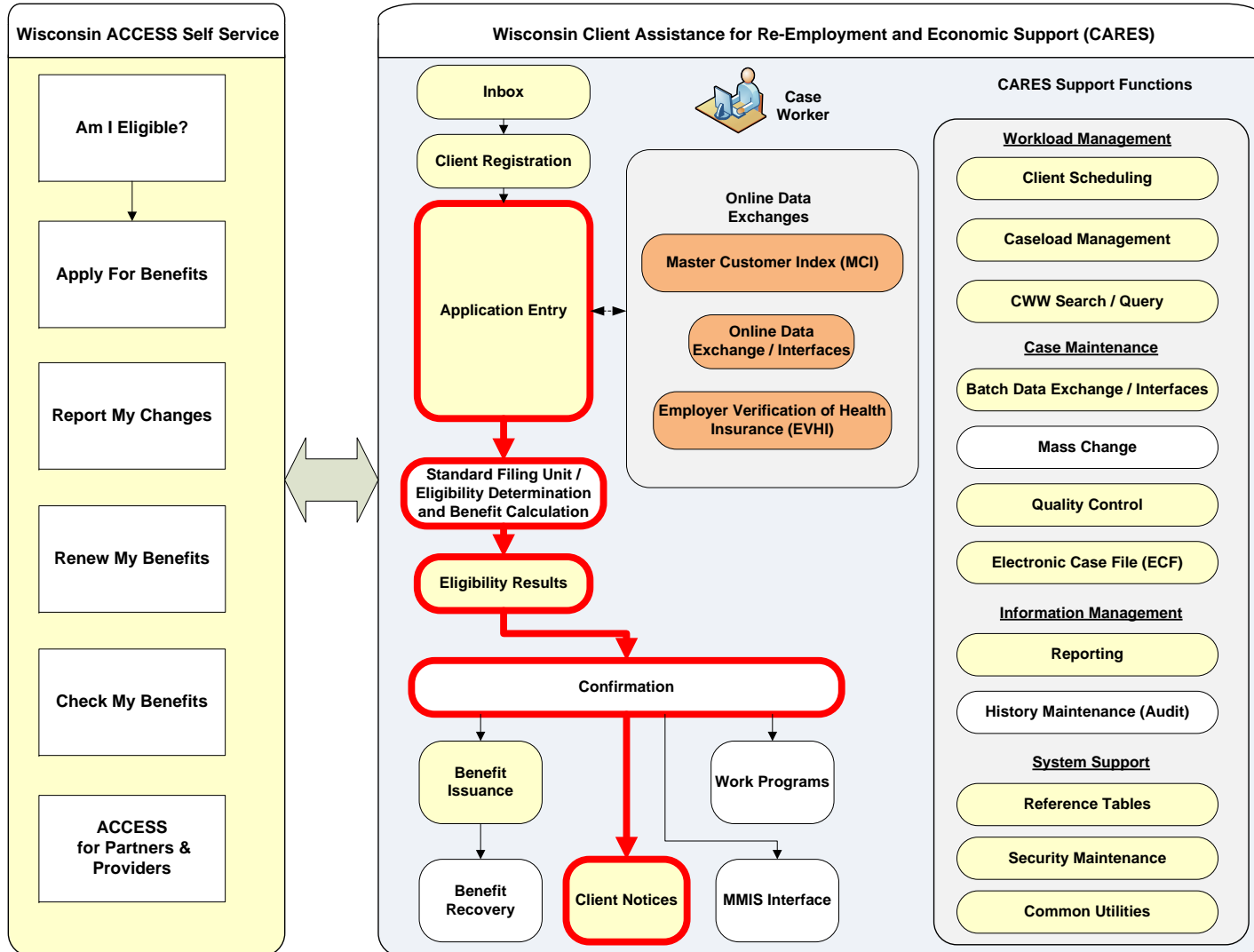


Scenario 5 – CARES Worker Web Eligibility and Confirmation

- Worker reviews the case information
- Worker makes an eligibility determination for the case
- Worker confirms the eligibility determination
- Worker views history of correspondence generation



Scenario 5 – Contextual Overview

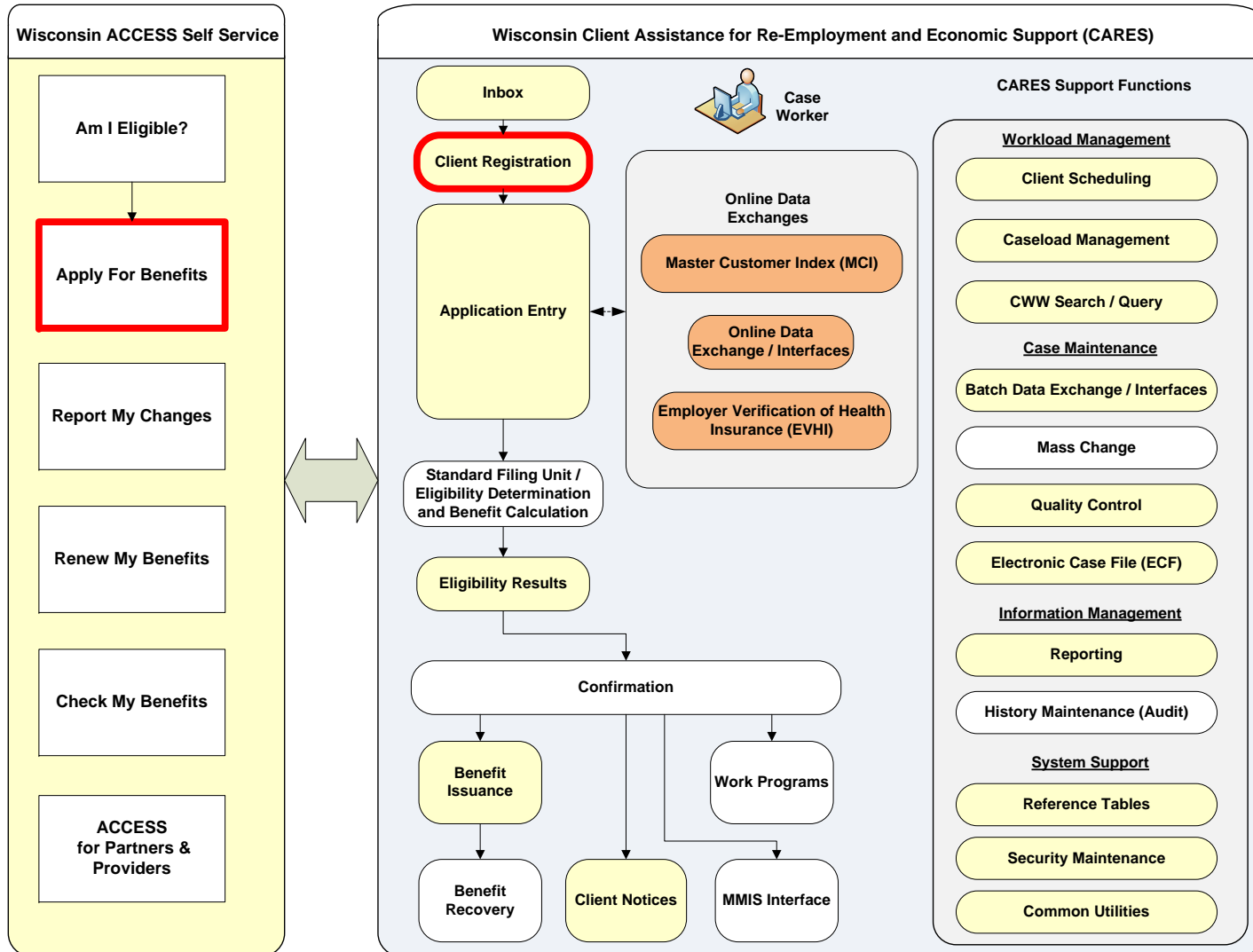


Scenario 6 – Application Services Tool

- New customer calls in to call center
- Call center processes the request using the Application Services Tool



Scenario 6 – Contextual Overview



Scenario 7 – ACCESS for Partners and Providers

- Partner logs into ACCESS for Partners and Providers to view submitted applications



Scenario 7 – Contextual Overview

