

EVALUATION DESIGN FOR THE WISCONSIN SENIORCARE SECTION 1115 PHARMACEUTICAL BENEFIT DEMONSTRATION

I. INFORMATION ABOUT THE DEMONSTRATION

This Evaluation Design is for project number 11-W-00149/5, the Wisconsin SeniorCare Section 1115 Demonstration. The Centers for Medicare and Medicaid Services (CMS) approved this Demonstration for the period January 1, 2013 through December 31, 2015. This is a renewal of the existing demonstration.

A. BRIEF HISTORY AND DESCRIPTION

As health care costs continue to rise, access to prescription medication is increasingly important as a primary health care benefit. Studies estimate that use of prescription drugs is cost-effective compared to the cost of hospitalization or long term care, yet inadequate insurance coverage for prescription drugs leads many low-income individuals to reduce their use of clinically essential medications, potentially increasing health care costs in the aggregate through increased office visits and hospital and nursing home admissions. The Wisconsin SeniorCare program was designed to address this issue by providing assistance to low-income seniors with the costs of prescription drugs.

The SeniorCare Program was approved by the Centers for Medicare and Medicaid Services (CMS) as a section 1115 demonstration for a period of five years beginning in 2002. After the initial approval period, Congress enacted legislation to allow Wisconsin to continue the program through December 31, 2009. The state subsequently requested an extension and CMS extended the waiver to December 31, 2012. On September 26, 2012 the State of Wisconsin submitted a new request, which CMS approved, to extend its SeniorCare demonstration for the period January 1, 2013 through December 31, 2015.

The SeniorCare Program offers a comprehensive prescription drug benefit to Wisconsin residents 65 and older with income at or below 200 percent of the Federal Poverty Level (FPL) who are not otherwise receiving full Medicaid benefits. The program includes several innovative features, including: 1) a simple application and enrollment process, 2) an open formulary and broad network of providers, and 3) affordable cost-sharing for participants. Since 2002, SeniorCare has provided drug coverage to more than 152,000 seniors in Wisconsin. Prior to the implementation of the Medicare Drug Benefit (Part D) in 2006, SeniorCare was the only pharmacy coverage available to low-income seniors in Wisconsin, and since 2006 it has served as creditable alternative coverage and a wrap-around for Part D. Individuals with prescription drug coverage under other health insurance plans may enroll in SeniorCare, which coordinates benefit coverage with all other health insurance coverage, including Medicare Part D.

B. POPULATION GROUPS

The target population for services under this demonstration project is Wisconsin residents 65 years of age or older who are U.S. citizens or have proof of immigration status, have an income at or below 200

percent of the Federal Poverty Level (FPL), are not receiving full Medicaid benefits, and who pay the applicable annual program enrollment fee of \$30 per person.¹

C. SPECIAL TERMS & CONDITIONS REQUIREMENTS FOR THE EVALUATION

The evaluation requirements for the Demonstration are enumerated in Section XI (Evaluation Plan and Design) of the Special Terms and Conditions, and are as follows:

50. Submission of Draft Evaluation Design. The state must submit to CMS for approval a draft evaluation design for an overall evaluation of the demonstration no later than 120 days after the effective date of the demonstration renewal (in effect by April 19, 2013). The draft Evaluation Design must include a discussion of the goals and objectives set forth in Section II of these STCs, as well as the specific hypotheses that are being tested. The draft design must identify the outcome measures that will be used in evaluating the impact of the demonstration during the period of approval. It shall discuss the data sources and sampling methodology for assessing these outcomes. The draft Evaluation Design must include a detailed analysis plan that describes how the effects of the demonstration must be isolated from other initiatives occurring in the state. The draft Design must identify whether the state will conduct the evaluation, or select an outside contractor for the evaluation.

- a. **Domain of Focus.** The report must, at a minimum, quantify the hypothesis that impact of providing prescription drug coverage curtails SeniorCare enrollees use of non-prescription drug cost services, thus impacting the number of individuals over the age of 65 spending down into full Medicaid eligibility.

In addition, the Special Terms and Conditions note that: a) In the event that the state requests to extend the demonstration beyond the period currently approved, the state must submit an interim evaluation report as part of the request for each subsequent renewal; b) the CMS must comment on the draft evaluation design within 60 days of receipt, and the state must then submit a final design within 60 days after receiving CMS comments; c) the state shall report to CMS on the progress of the evaluation in the quarterly and annual progress reports; d) the state must submit to CMS a draft of the final evaluation report within 120 days after the end of the waiver period; the CMS has 60 days to provide comments on the report to DHS, and the state must then submit the final report within 60 days after receipt of CMS comments; and e) the state shall cooperate fully with CMS by providing data to CMS or an independent evaluator hired by CMS, should CMS undertake an independent evaluation of any component of the SeniorCare program.

D. PURPOSES OF THE DEMONSTRATION

As described in Section II of the Special Terms and Conditions, the primary purposes of the demonstration project are to keep Wisconsin seniors healthy by continuing to provide a necessary primary health care benefit; reduce the rate of increase in the use of non-pharmacy related services provided to this population, including hospital, nursing facility and other non-pharmacy related medical services; and

¹ Although Wisconsin offers identical pharmacy benefits to seniors between 200% and 240% of the FPL, benefits provided to these individuals are funded entirely through state money and are not part of the waiver demonstration. This evaluation design focuses solely on the SeniorCare waiver program.

help control overall costs for the aged Medicaid population by preventing seniors from becoming eligible for Medicaid due to deteriorating health and spending down to Medicaid eligibility levels.

The overall demonstration hypothesis is that extending pharmacy benefits to the aged population will result in a reduction in the rate at which the aged population spends down to full Medicaid benefit eligibility levels, thereby controlling overall costs for this population.

II. EVALUATION DESIGN

A. ORGANIZATION CONDUCTING THE EVALUATION

The evaluation will be conducted by the Policy and Research Section (PRS) of the Office of Policy Initiatives and Budget (OPIB). OPIB is an executive-level office attached to the Office of the Secretary of the Wisconsin Department of Health Services (DHS). OPIB oversees agency-level budget development, policy development and research. The OPIB/PRS provides policy and research services, including evaluation services, for the DHS. The unit does not have any administrative or program responsibilities for the Demonstration.

This evaluation will be managed by Linda McCart, Chief, PRS. The lead analyst for this evaluation will be Susan Cochran, Evaluation Analyst.

B. PLAN FOR MEASUREMENT AND ANALYSIS

The evaluation will build on information about program enrollment, utilization, and costs as reported in the evaluation of the initial waiver period² as well as the more recent evaluation report completed in 2012.³ The analysis will address trends in these measures during the current waiver period, assess the extent to which SeniorCare waiver members spend down to full Medicaid eligibility, examine the extent to which SeniorCare alleviates members' prescription-related financial hardship, and also assess the Medication Therapy Management (MTM) benefit which became available to SeniorCare members in September 2012.

The evaluation will use a number of methods for collecting information. Quantitative data for the evaluation— including SeniorCare enrollment, claims records and Medicaid data—will be provided by the SeniorCare program and other Wisconsin state programs as needed. It is expected that data related to the MTM benefit will be obtained from these program information systems as well. Currently Wisconsin pharmacies providing MTM services are required to document information about the type and outcomes of MTM services they provide, but they are not yet reporting detailed data about these services to the Department. DHS is still working with pharmacies on ways to track and monitor the MTM services provided to SeniorCare members as well as to Medicaid beneficiaries. Data from the Family Health Survey, an annual household-level survey of Wisconsin families, as well as other sources of population-

² See "Evaluation of State Pharmacy Assistance Programs in Illinois and Wisconsin" (August 31, 2007), prepared for the CMS by researchers at Brandeis University under contract number CMS 500-00-0031/T.O. #2.

³ See "Evaluation of Wisconsin SeniorCare" (August 30, 2012) by Cindy Parks Thomas and Donald S. Shepard.

level data, will be used for comparison purposes as described in this evaluation design. Finally, a survey of recent SeniorCare enrollees will be used to obtain information about the extent to which SeniorCare has alleviated waiver members’ difficulties in purchasing prescription drugs.

The following sections discuss descriptive analyses as well as the evaluation hypotheses and outcome measures for the evaluation of this demonstration project.

1. PROGRAM DESCRIPTION—ENROLLMENT, UTILIZATION AND COSTS

Descriptive analyses will provide the following background information on the SeniorCare waiver program:

- Levels of program enrollment and renewals; length of enrollment
- Enrollee demographic characteristics (e.g., age, gender, federal poverty level)
- Program utilization, e.g. number and type of drugs purchased
- The cost to SeniorCare waiver members and to the program of the drugs purchased
- Changes in these measures over time

Data for these measures will be drawn from SeniorCare program enrollment and claims data. Where relevant population-level data are available, the SeniorCare waiver population will be compared to the statewide senior population. Table 1 summarizes the measures, populations and data sources for the descriptive analyses.

Table 1—Measures, Data Sources and Populations for Descriptive Analyses

<i>Measures/Indicators</i>	<i>Data Sources</i>	<i>Population(s)</i>
Waiver enrollment and renewals over time	SeniorCare enrollment data	Waiver program population
Waiver member characteristics, compared to characteristics of statewide senior population—e.g. income (FPL category), age, gender	SeniorCare enrollment data; population data	Waiver program population and statewide senior population (where data are available)
Prescriptions filled by waiver members —number and type of prescriptions (e.g. brand name vs. generic, therapeutic class)	SeniorCare claims data	Waiver program population
Cost to members and the program of prescriptions filled through SeniorCare	SeniorCare claims data	Waiver program population

2. EVALUATION HYPOTHESES AND MEASURES

a. EFFECTS OF SENIORCARE ON MEDICAID RECEIPT AMONG SENIORS

The SeniorCare program benefits seniors by providing access to medications that help to prevent and control adverse health conditions, thus helping to keep seniors healthy and avoid or delay Medicaid eligibility and spending on non-drug health services such as emergency room visits, hospitalizations, nursing home care, and so on.

The 2007 evaluation of the Illinois and Wisconsin SeniorCare pharmacy benefit programs compared Wisconsin SeniorCare enrollees to a matched comparison group from Ohio, which at the time did not have a pharmacy benefit program. While that study found higher rates of Medicaid entry for Wisconsin SeniorCare enrollees than for the Ohio controls, it found lower rates of nursing home entry and Medicaid expenditures for former SeniorCare members.

The program environment has changed considerably since SeniorCare began in 2002—with the start of Medicare Part D in 2006, all individuals 65 years and older have access to prescription drug coverage. For this reason it is no longer possible to easily identify or construct a comparison group of seniors similar to SeniorCare waiver enrollees who do not have access to a pharmacy benefit. Therefore the evaluation for this waiver demonstration will focus on a population-level analysis comparing several measures across a number of years before and after the implementation of SeniorCare, as discussed below.

Hypothesis 1: The rate of Medicaid entry among Wisconsin seniors age 65 and older will be lower after SeniorCare implementation than before SeniorCare.

SeniorCare members cannot be receiving full Medicaid benefits at enrollment or renewal; a member whose income and/or assets decrease to allowable Medicaid eligibility levels must submit a Medicaid application and be determined eligible through existing Medicaid procedures to receive full benefits. That individual would then not be able to receive prescription drug coverage through SeniorCare. By assisting low-income seniors with the cost of their prescription medications, it is expected that SeniorCare will enable seniors to avoid or delay spending down their income/assets and reaching eligibility for full Medicaid benefits. Thus, the rate at which low-income seniors become eligible for Medicaid should be lower after the implementation of SeniorCare in 2002 than in the years before 2002.

Hypothesis 2: The rate of hospital admissions among Wisconsin seniors age 65 and older for selected medical conditions such as diabetes and heart disease will be lower after SeniorCare implementation than before SeniorCare.

By assisting low-income seniors to obtain needed prescription medications at an affordable price, it is expected that SeniorCare will lead to reduced cost-related nonadherence, improved health and reduced use of other, non-drug health services. This evaluation will focus on changes in the rate of hospitalizations among Wisconsin seniors for several chronic medical conditions, including diabetes and heart disease, which are prevalent among seniors, amenable to drug therapy, and thus should be responsive to a program such as SeniorCare which provides prescription drug coverage.

Wisconsin's non-Veteran's Administration hospitals have been required by statute to report information from their billing systems on all inpatients since 1989. These data, which are compiled and edited by the Wisconsin Hospital Association and shared with DHS' Office of Health Informatics, will be used to

compare the rate of hospital admissions among seniors for selected health conditions, before and after SeniorCare implementation in 2002; it is expected that the hospitalization rates for seniors will be lower after SeniorCare implementation than before.

Hypothesis 3: The rate of Medicaid-funded nursing home admissions among Wisconsin seniors age 65 and older will be lower after SeniorCare implementation than before SeniorCare.

Finally, as previously noted, it is expected that by leading to reduced cost-related nonadherence, better health, and reduced use of non-drug health services, SeniorCare implementation will also result in delayed or avoided nursing home entry by Wisconsin seniors. Thus the rate of nursing home admission for low-income seniors should be lower after SeniorCare implementation in 2002 than in the years before SeniorCare implementation. Due to resource limitations, the evaluation will focus on SeniorCare’s effect on Medicaid-funded nursing home care.

Analyses related to Hypotheses 1–3 will utilize information from the Medicaid system, statewide hospital discharge data and statewide population data to compare the rates of Medicaid entry, hospitalizations for selected conditions, and Medicaid-funded nursing home admissions for Wisconsin seniors during several years prior to SeniorCare implementation, to the rates during the years since SeniorCare began. Medicaid eligibility data are maintained in the CARES system, an automated, integrated eligibility determination and case management system that supports the administration of BadgerCare Plus, Medicaid, FoodShare, Wisconsin Works, and other public programs in Wisconsin. CARES is administered by the Wisconsin Department of Children and Families. Hospital discharge data and population data will be obtained from the Office of Health Informatics, Division of Public Health, in DHS.

Table 2 summarizes the measures, data sources and populations addressed under Hypotheses 1–3.

Table 2—Measures, Data Sources and Populations for Evaluation Hypotheses 1–3

<i>Measures/Indicators</i>	<i>Data Sources</i>	<i>Population</i>
Medicaid enrollments by Wisconsin seniors – rate per 100,000	CARES system; statewide population data	Wisconsin seniors
Hospitalizations among Wisconsin seniors for selected medical conditions – rates per 100,000	Hospital discharge data; statewide population data	Wisconsin seniors
Medicaid-funded nursing home admissions by Wisconsin seniors – rate per 100,000	CARES system; statewide population data	Wisconsin seniors

*b. EFFECTS OF SENIORCARE ON COST-RELATED NON-ADHERENCE
AND FINANCIAL BURDEN*

Previous research has demonstrated widespread problems among low-income and elderly individuals in paying for prescription drugs, often because they lack prescription drug insurance. The 2007 evaluation of the state pharmacy programs in Illinois and Wisconsin conducted by Brandeis University included a survey of participants in those programs which documented that publicly-funded drug programs such as SeniorCare could alleviate this problem. Currently the SeniorCare program does not regularly obtain feedback from program participants, and the survey reported in the 2007 evaluation was conducted in 2003. Including a member survey as part of the current SeniorCare waiver evaluation provides a valuable opportunity to obtain updated feedback from program participants and determine whether the program still serves to alleviate drug-related financial hardship and provide a critical health benefit as intended. Therefore the evaluation will address the following hypothesis:

Hypothesis 4: Recent enrollees in the SeniorCare waiver program will report lower levels of financial hardship and prescription nonadherence after enrolling in SeniorCare than for a comparable period prior to program enrollment.

A sample of recent SeniorCare waiver enrollees will be surveyed about changes in their access to needed medications and their ability to pay for those drugs. The one-time survey, administered to individuals recently enrolled in the program, will address two time periods, before and after SeniorCare enrollment. Questions to be addressed through the survey may include, but will not be limited to:

- Use of prescription medications before and after SeniorCare enrollment
- Insurance coverage (other than SeniorCare) for medications before and after SeniorCare enrollment
- Experience of cost-related nonadherence (e.g. skipping or delaying prescriptions, reducing dosages) or financial hardship (e.g. having someone else pay or going without other necessities in order to fill prescriptions) before and after SeniorCare enrollment
- Enrollee health status and recent hospital admissions, emergency room visits, or nursing home admissions before and after SeniorCare enrollment
- The adequacy of SeniorCare for meeting enrollees' medication-related needs
- Enrollee demographic characteristics

To test the hypothesis, respondents' answers regarding drug utilization, nonadherence and drug-related financial hardship during a pre-SeniorCare period will be compared to their responses for the post-enrollment period.

Table 3 summarizes the measures, populations and data sources for this hypothesis.

Table 3—Measures, Data Sources and Populations for Evaluation Hypothesis 4

<i>Measures/Indicators</i>	<i>Data Sources</i>	<i>Population</i>
Self-reported health status	Survey	New SeniorCare enrollees (e.g. enrolled in the past year) with at least one SeniorCare prescription claim and reporting prescription use prior to program enrollment
Self-reported hospital admissions, nursing home admissions or emergency room visits		
Self-reported use of prescription medication		
Self-reported insurance coverage for drugs (e.g. SeniorCare, Part D, commercial)		
Self-reported out-of-pocket spending on drugs and drug-administration devices		
Self-reported financial burden and nonadherence related to prescription medication		
Demographic characteristics		

The Department is mindful of the need to minimize any demands placed on members. However, a short survey for recent enrollees is the most feasible way to collect information about medication use prior to SeniorCare enrollment, since the majority of these individuals will be previously unknown to DHS. DHS will use information from pharmacy claims data to examine and describe drug utilization after SeniorCare enrollment.

c. EFFECTS OF THE MEDICATION THERAPY MANAGEMENT (MTM) BENEFIT ON MEDICATION ADHERENCE AND SELECTED HEALTH OUTCOMES

A Medication Therapy Management (MTM) benefit was implemented for SeniorCare members in September 2012.⁴ The benefit includes two levels of service—intervention-based services and Comprehensive Medication Review and Assessment (CMR/A) — and is intended to help members manage their medications and improve adherence,⁵ which research has shown helps to improve health outcomes in a cost-effective way. The MTM benefit expands upon the former Pharmaceutical Care services model used during the previous waiver period; most services previously billed under Pharmaceutical Care will now be classified as Intervention-Based Services, which include generic substitutions, transitioning from one-month to three-month supplies, dosage changes, consultations about a lack of adherence, adding or eliminating medications based on clinical concerns, education about medication administration devices, and in-home medication management for those who are not able to pick up their medication. These services generally involve a pharmacist providing a brief consultation to a patient on an unscheduled, as-needed basis.

The Comprehensive Medication Review and Assessment (CMR/A) provides a more intensive opportunity for the pharmacist to provide in-depth analysis of the member’s drug regimen and offer education and support. The CMR/A involves a scheduled, 60-minute consultation and up to three 30-minute follow-up consultations per year. This service is intended for members who are considered at high risk of medical complications due to the nature of the drug regimen being followed. While the service is optional and

⁴ The MTM benefit is also covered for members in the state’s BadgerCare Plus and Medicaid programs.

⁵ Adherence refers to the extent to which a patient follows the recommendations made by a healthcare provider with respect to the timing, dosage and frequency of medication-taking.

members may decline the service, members must meet one of the following criteria in order to be offered a CRM/A:

- Member takes four or more prescription medications to treat two or more chronic conditions, one of which must be hypertension, asthma, chronic kidney disease, congestive heart failure, dyslipidemia, Chronic Obstructive Pulmonary Disease (COPD), or depression.
- Member has diabetes.
- Member requires coordination of care due to multiple prescribers.
- Member has been discharged from the hospital or long-term care setting within the past 14 days.
- Member has health literacy issues as determined by the pharmacist.
- Member has been referred for MTM services by the prescriber.

This component of the evaluation will use primarily SeniorCare prescription claims data. Because the electronic reporting system for MTM is still under construction, DHS will, in the interim, build any additional documentation fields needed to support this evaluation component into DHS' ForwardHealth system⁶ so that pharmacy providers can enter the requested information directly into the system's portal.

The MTM benefit has been added within the past year, thus the SeniorCare program has little experience so far with the benefit. Therefore, the waiver evaluation will examine descriptive data related to this benefit, including the number of SeniorCare waiver members who receive MTM services, particularly CRM/A, the demographic characteristics (e.g., age, gender, FPL) of waiver program members who receive MTM services, particularly CRM/A and the extent to which the CRM/A is effectively targeted, that is, the extent to which members receiving CRM/A meet the criteria listed earlier.

Although MTM benefits are often expected to lead to lower drug utilization and lower drug-related costs, some recent research suggests that prescription costs do not decrease after implementing MTM.⁷ Also, SeniorCare members are 65 years or older; seniors in general use a greater number of prescription medications and have greater prescription costs than younger adults. It is not clear to what extent the MTM benefit can provide savings or reduced utilization for this population, compared to say, the Medicaid program, whose members cover a wide age range. While the evaluation will compare prescription utilization, prescription load, and prescription costs for SeniorCare members who receive MTM services to the same measures for members not receiving MTM, no specific hypothesis is being made regarding the effect of the MTM benefit on these measures.

Regardless of whether MTM increases or decreases drug utilization and costs, the pharmacist analysis of the safety and appropriateness of members' drug regimens, combined with the individual education and support provided to SeniorCare members who receive CRM/A is expected to lead to improved adherence to their medications, and ultimately to improved health outcomes. MTM allows patients to take an active role in medication and healthcare self-management; it looks at all of the medications an individual is taking rather than looking at each prescription independently; and, it creates a partnership between pharmacist, patient and physician to better coordinate the delivery of medications. All of these features should serve to assist the patient in achieving better medication adherence and better outcomes from treatment. Although MTM is expected ultimately to lead to improved health, the inclusion of health-

⁶ In 2009, DHS transitioned to a new Medicaid Management Information System (MMIS) called ForwardHealth interChange, which supports the day-to-day management of a number of crucial programs in DHS.

⁷ Shah, Nilay, PhD. "Medication Therapy Management Services: Does the Evidence Support Policy?" University of Wisconsin-Madison School of Medicine and Public Health Population Health Sciences Seminar Series, March 18, 2013. Lecture. Available at <http://videos.med.wisc.edu/presenters/4986>. (A study of a MTM pilot program at Mayo Clinic showed that while drug costs did not decrease for members who received MTM services, there was a decrease in medical costs.)

related outcome data in the information that Wisconsin pharmacies report to DHS is still under development. For that reason, this evaluation does not plan to include a hypothesis related to improved health outcomes. The following hypothesis related to the MTM benefit will be addressed:

Hypothesis 5: SeniorCare waiver program members who receive CMR/A services will have improved medication adherence, compared to members who do not receive CMR/A.

There are various ways of defining and measuring adherence to prescribed medication therapy; this evaluation will employ a measure that uses administrative data such as pharmacy claims for that purpose.

Table 4 summarizes the measures, populations and data sources to be used for Hypothesis 5 and the descriptive analyses.

Table 4—Measures, Data Sources and Populations for Evaluation Hypothesis 5

<i>Measures/Indicators</i>	<i>Data Sources</i>	<i>Population</i>
Member demographic characteristics (age, gender, FPL, etc.)	SeniorCare program claims data	Waiver program members who have a prescription claim
Prescription history -- Number, type and cost of drugs for which claims are filed, dates of refills, etc.	SeniorCare program claims data	Waiver program members who have a prescription claim
MTM service data –Number and type of MTM services received, including dosage changes, if recommended, and dates of service	SeniorCare program claims data	Waiver program members who have a prescription claim

Prescription histories (e.g., number, type and costs of drugs for which claims are filed, dates of refills, etc.), pharmacist service data (i.e. CMR/A or intervention-based services) and demographic data, as identified in Table 4, will be retrieved for each waiver member who has at least one prescription claim during the designated time period. These members will be categorized as receiving either CMR/A or intervention-based services based on the information provided by pharmacists. Comparable groups of members receiving or not receiving CMR/A will be created, and a measure of medication adherence will be calculated for each person included in the analysis.

Table 5, below, provides an overview of the design for the evaluation of the MTM component.

Table 5—Overview of Design for the MTM Component Evaluation

Member Group	Time Period	
	Before Receipt of MTM (or Before a Reference Date)	After Receipt of MTM (or After a Reference Date)
1. Received CMR/A	Measures compared:	Measures compared:
2. Received Intervention-Based Services	<ul style="list-style-type: none"> • Utilization/prescription load • Prescription costs • Adherence 	<ul style="list-style-type: none"> • Utilization/prescription load • Prescription costs • Adherence

Prescription utilization, costs, and adherence (Hypothesis 5) will be compared for two time periods – before receiving CMR/A services (or before a reference date, for members who don't get CMR/A) and a comparable period after receiving CMR/A (or after a reference date, for members who don't get CMR/A).

These before-and-after comparisons will be made for members who receive CMR/A as well as for those who don't receive CMR/A (i.e., who receive intervention-based services).

III. EVALUATION TIMELINE AND DELIVERABLES

As discussed in this evaluation design, the evaluation will describe the impact of Wisconsin's SeniorCare pharmacy care benefit from 2013 through 2015. Data collection and analysis will occur during 2013–2015, and report-writing will occur in early 2016. Reports to CMS on the progress of the evaluation will be included in the quarterly reports submitted to CMS by the program managers in DHCAA. As required in the Special Terms and Conditions, the State evaluator will send a draft evaluation report to CMS no later than 120 days following the expiration of the Demonstration (no later than April 30, 2016), and the final report will be submitted within 60 days after receipt of CMS comments on the draft, or no later than August 28, 2016. The timeline for significant deliverables is shown below.

January 1, 2013	Wisconsin SeniorCare renewal begins.
April 19, 2013	State Submits Draft Evaluation Plan to CMS (within 120 days)
June 18, 2013 or sooner	State receives CMS Comments on Draft Evaluation Plan
August 17, 2013 or sooner	State Submits Revised Evaluation Plan based on CMS Comments
Quarterly Progress Reports	State submits information about progress in implementing the evaluation design.
Annual Reports on January 30	State submits information about progress in implementing the evaluation design as part of annual reports.
December 31, 2015	SeniorCare Demonstration Expires
April 30, 2016	State submits Draft Evaluation Report to CMS (within 120 days after expiration of the Demonstration)
June 29, 2016 or sooner	CMS Comments on Draft Evaluation Report (within 60 days of receipt of Draft Evaluation Report)
August 28, 2016 or sooner	State Submits Final Evaluation Report based on CMS Comments (within 60 days)

For information about this evaluation design or the evaluation, contact:

Susan Cochran
P.O. Box 7850
1 W. Wilson St. Room 618
Madison WI 53707-7850
Phone: 608-266-7238 / E-mail: susan.cochran@dhs.wi.gov



Center for Medicaid and CHIP Services
Disabled and Elderly Health Programs Group

October 10, 2012

Brett Davis
Medicaid Director
Department of Health Services
1 West Wilson Street
Post Office Box 309
Madison, WI 53707-7850

Dear Mr. Davis:

Thank you for your recent SeniorCare Section 1115 demonstration project extension application. The Centers for Medicare & Medicaid Services (CMS) received your revised application on September 26, 2012. We have completed a preliminary review of the application, and have determined that the State's application has met the requirements for a complete application as specified under section 42 CFR 431.412(a).

In accordance with section 42 CFR 431.416(a), CMS acknowledges receipt of the State's application. The 30-day Federal comment period, as required under 42 CFR 431.416(b), begins on October 10, 2012 and ends on November 8, 2012. The State's application is available at <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/public-comments.html>.

We look forward to working with you and your staff on the proposed demonstration project. If you have additional questions or concerns, please contact your assigned project officer, Madlyn Kruh, Division of Pharmacy, at (410) 786-3239, or madlyn.kruh@cms.hhs.gov.

Sincerely,

/Larry Reed/

Larry Reed

Director, Division of Pharmacy

cc: Dennis G. Smith, Secretary
Barbara C. Edwards, CMCS
Verlon Johnson, Associate Regional Administrator, Region V

STATE OF WISCONSIN

DEPARTMENT OF HEALTH SERVICES

WISCONSIN SENIORCARE

**A PHARMACEUTICAL BENEFIT
FOR LOW-INCOME WISCONSIN SENIORS**

1115 DEMONSTRATION PROJECT RENEWAL

REVISED FINAL APPLICATION

Original Application: August 31, 2012

Revised Application: September 26, 2012

Table of Contents

I.	Introduction	4
	Background	4
	Advantages of SeniorCare	4
	1. Simple Application and Enrollment Process	4
	2. Open Formulary and Broad Network of Providers	4
	3. Affordable and Predictable Cost Sharing.....	5
	4. Program Cost Effectiveness	5
	5. Excellent Value for Participants	5
	6. Keeps Seniors Healthier, Longer and Reduces Medicaid Costs	6
	OVERVIEW	
	A. Prescription Drugs and the Elderly	6
	B. Current Elderly and Disabled Wisconsin Medicaid Eligibility	6
	1. Supplemental Security Income (SSI).....	6
	2. Medically Needy	7
	3. Institutional and Other Long-Term Care	7
	4. Medicaid Purchase Plan.....	7
	5. Low-Income Medicare Beneficiaries.....	8
	C. Overview of Demonstration Project (SeniorCare)	8
II.	SeniorCare Objectives	11
III.	Demonstration Project Renewal Program Design	11
	A. Eligibility Requirements.....	12
	B. Application Process for Pharmacy Waiver Benefits	13
	C. Enrollment Periods	14
	D. Coordination of Benefits	14
	E. Cost Sharing	15
	1. Annual Enrollment Fees.....	15
	2. Annual Costs for Certain Members	15
	3. Copayments.....	15
	F. Coordination with Other Medicaid Programs	16
	G. Benefits	16
	1. Pharmacy Benefits	16
	2. Medication Therapy Management Benefits	17
	H. Rates	18
	I. Cost Management Strategies	18
	1. Pharmacy Point-of-Sale (POS) System	19
	2. Prospective Drug Utilization Review	19
	3. Retrospective Drug Utilization Review	20
	4. State Maximum Allowed Cost (SMAC) List.....	20
	5. Medication Therapy Management	21
	6. Prior Authorization	21
	7. Diagnosis Restriction and Excluded Drugs	22
	8. Preferred Drug List	22

9. Drug Authorization and Policy Override	22
IV. Demonstration Project Renewal Program Administration	23
A. Administering Agency	23
B. Financing	23
C. Provider Network	23
D. Implementation Schedule	23
E. Early Termination of the Waiver Program.....	23
V. Waivers Requested	24
A. Eligibility	24
B. Comparability	24
C. Cost Sharing	25
D. Ex Parte Eligibility Redeterminations.....	25
E. Program Integrity	25
F. Retrospective Benefits.....	26
G. Enrollment.....	26
H. Hearings and Appeals.....	27
VI. Budget and Cost-Effectiveness Analysis.....	27
VII. Public Involvement	30
A. SeniorCare Advisory Committee	31
B. Coordination with Native Americans.....	31
C. Public Notices.....	32
D. SeniorCare Waiver Renewal Website	34
E. Email List	35
F. Post-award Meetings	35
VIII. Public Comments	35
A. Overall Comments.....	35
B. Web Form Comments	35
IX. CMS Oversight of Waiver Program Quality	36
X. Evaluation Activities and Findings.....	38
A. Quality Measures.....	38
1. Overall Support for SeniorCare	38
2. Renewal Rates High.....	38
3. Number of Calls from Members with Questions Low.....	39
4. Drug Utilization Review (DUR) Improves Quality	40
5. Advisory Committees Help Ensure Quality.....	41
6. Qualitative Review Reveals High Satisfaction	41

B. Quantitative Measures41

- 1. Past External Evaluation41
- 2. Current Evaluation42
- 3. Future Evaluation43

I. INTRODUCTION

The State of Wisconsin Department of Health Services (DHS) requests a three-year renewal to its Section 1115 Demonstration Project for the SeniorCare prescription drug assistance program. The current waiver is scheduled to expire on December 31, 2012. The State requests that the waiver be renewed for an additional three-year period, from January 1, 2013 to December 31, 2015.

Background

On July 1, 2002, The State of Wisconsin received the necessary waiver approvals from the Centers for Medicare & Medicaid Services (CMS) to operate a portion of SeniorCare, a prescription drug benefit for seniors, as a five-year demonstration project. Through its partnership with the federal government, the SeniorCare waiver extends Medicaid eligibility through Title XIX to cover prescription drugs as a necessary primary health care benefit.

The target population for services under this demonstration project is seniors 65 years of age or older with income at or below 200% of the federal poverty level (FPL), which was \$22,340 for an individual and \$30,260 for a two-person family in 2012.

Since its implementation in September 1, 2002, the SeniorCare waiver program has successfully delivered a comprehensive outpatient drug benefit to more than 152,000 seniors in the state. In 2011, the average age of a SeniorCare waiver program member was 80 years old, with 32% of members aged 85 years and older. Also in 2011, 75% of waiver members were women.

Advantages of SeniorCare

Simple Application and Enrollment Process

The SeniorCare application consists of a simple, one-page application form, which must be mailed to the SeniorCare central application processing center with a \$30 enrollment fee. SeniorCare requires no asset test, and unlike the enrollment policies of Medicare Part D, seniors may enroll at any time without penalty. Once approved, seniors are enrolled for a 12-month benefit period. Toward the end of the 12-month period, members are reminded that they must re-apply for enrollment in the program.

Open Formulary and Broad Network of Providers

SeniorCare is a comprehensive drug benefit that is easy for seniors to access. SeniorCare has an open formulary, nearly identical to that of Wisconsin Medicaid, and covers all legend drugs with a federal rebate agreement and over-the-counter insulin. In addition, SeniorCare provides access to a robust network of pharmacies. More than 1,300 pharmacies in-state and another 100 out-of-state are certified as SeniorCare providers.

Affordable and Predictable Cost-Sharing for Members

SeniorCare has predictable and affordable cost sharing requirements with no significant gaps in coverage. All SeniorCare members pay an annual \$30 enrollment fee and incur co-pays of just \$5 for generic drugs and \$15 for brand name drugs. Individuals or couples with income at or below 160% FPL have no other out-of-pocket costs. Those whose incomes fall between 160% and 200% FPL pay the first \$500 in prescription drug costs at the SeniorCare rate.

Program Cost-Effectiveness

SeniorCare is a financially efficient program for all payers. In CY 2011, total drug expenditures billed to SeniorCare of nearly \$114 million were reduced to just over \$43 million, which was paid for by state and federal tax dollars, manufacturer rebates and member cost sharing.

Continued Cost-Effectiveness with SeniorCare Waiver Renewal (Budget Neutrality)

The Department projects that the waiver renewal will continue to reduce Medicaid expenditures for the aged population, 65 and older, from what would have been expended without the waiver, by providing primary care benefits for pharmacy coverage.

As in the original waiver period, budget neutrality will continue to be achieved by reducing the rate of increase in the use of non-pharmacy related services provided to this population including, hospital, nursing facility and other non-pharmacy medical services. These savings will offset the costs of continuing the SeniorCare pharmacy benefit. Reductions in expenditures will also be realized by the Medicare Program through reduced hospitalizations for this population group.

The projections also take into account the availability of Medicare Part D beginning in SFY 07 and through the waiver renewal period.

The SeniorCare waiver has achieved budget neutrality throughout the original waiver period as well as all renewal periods. Analysis predicts that the SeniorCare program savings were approximately \$151 million for each year between CY 2010 and CY 2012.

Savings are the direct result of reduced Medicaid payments for hospital and nursing home care because seniors with SeniorCare prescription drug coverage are diverted from spending down income and assets to Medicaid eligibility levels. By keeping seniors healthier longer, SeniorCare reduces Medicare expenditures as well.

Excellent Value for Members

SeniorCare also provides exceptional value to its members. In SFY 2011, SeniorCare reduced drug costs for Wisconsin seniors by approximately \$114 million.

Keeps Seniors Healthier, Longer, and Reduces Medicaid Costs

SeniorCare benefits seniors by keeping them healthy, through access to medications that are instrumental in the control and prevention of adverse health conditions. Keeping Wisconsin's seniors healthy prevents Medicaid eligibility and related costs.

OVERVIEW

A. Prescription Drugs and the Elderly

As health care costs continue to rise for all Americans, access to drugs for this population, a basic primary care benefit, is increasingly important. The lack of access to essential medications for the chronically ill and those with acute diseases result in an increase in hospital and nursing home costs. Use of prescription drugs not only improves the quality of primary care services, but is also cost-effective when including the cost of hospitalization or long term care. Studies have estimated that every dollar spent on pharmaceutical coverage is associated with a significant reduction in hospital expenditures. These savings relate not only to the preventive nature of some pharmaceuticals, but also to the fact that inadequate coverage of this primary care benefit causes millions of low-income elderly to reduce their use of clinically essential medications. The improper use of essential medications due to income constraints increases hospital and nursing home admissions, increasing health care costs in the aggregate.

B. Current Elderly and Disabled Wisconsin Medicaid Eligibility

1. Supplemental Security Income (SSI)

Wisconsin provides Medicaid coverage to all persons who receive federally funded cash assistance under the Supplemental Security Income (SSI) program. Wisconsin is not a section 209(b) state and, thus, does not impose more restrictive eligibility standards than SSI.

Within the population of SSI-eligible elderly and disabled persons, the federally mandated coverage group is persons who qualify for and receive the federal SSI payment. Wisconsin has chosen to cover the additional optional groups of persons who receive a state-only supplemental payment, as well as persons who are eligible for the federal SSI payment, but choose not to receive it.

Wisconsin meets federal requirements with regard to a number of groups of persons formerly eligible for SSI. Wisconsin covers certain disabled persons who have returned to work and lost SSI eligibility as a result of employment earnings, but still have the

condition that rendered them disabled (and meet all non-disability criteria for SSI except income). Also covered are persons once eligible for both SSI and Social Security payments who lost their SSI because of certain cost of living adjustments to their Social Security. Similar Medicaid continuations are provided for certain other persons who become ineligible for SSI due to eligibility for, or increases in, Social Security or veterans' benefits.

Wisconsin also maintains Medicaid coverage for certain SSI-related groups who received benefits in 1973, including persons who care for disabled individuals.

2. Medically Needy

Wisconsin also offers Medicaid coverage to medically needy elderly and disabled persons. By federal law, the associated income standards may not exceed 133.3 % of the maximum AFDC payment that would have been paid to a family as of July 16, 1996. Wisconsin exercises the federal option to apply the higher two-person standard to single individuals. Further, Wisconsin has opted to provide nursing home care as part of its medically needy program benefit package.

Medical costs are covered under Wisconsin's medically needy Medicaid program when the person (or family) is eligible for Medicaid in all ways, except income level, and incurs medical expenses equivalent to the income over the medically needy limit.

3. Institutional and Other Long-Term Care

Wisconsin provides Medicaid coverage to nursing home residents and persons participating in community-based long-term care programs under a special optional institutional income rule. This rule permits persons who are not categorically eligible for SSI and who have income between 100 and 300 % of the monthly federal SSI payment amount, to be eligible for Medicaid without spending down to the medically needy income limit. Wisconsin has opted to provide coverage at the maximum of 300 % of the monthly SSI payment level.

4. Medicaid Purchase Plan

In March, 2000, Wisconsin implemented a new option provided under federal Medicaid law, extending Medicaid coverage to certain working, disabled adults. The program is intended to remove financial disincentives to work and generally covers disabled individuals with income greater than 250% FPL. Disability and family income are determined in accordance with SSI rules and there is a \$15,000 asset limit. Program members must engage in gainful employment, or participate in a program certified to

provide health and employment services aimed at helping the individual achieve employment goals.

5. Low-Income Medicare Beneficiaries

Wisconsin provides limited Medicaid coverage to the following groups of low-income Medicare beneficiaries:

- **Qualified Medicare Beneficiaries (QMB):** These are persons entitled to Medicare hospital insurance benefits (i.e., Medicare Part A) whose income does not exceed 100% FPL and whose resources do not exceed twice the Supplemental Security Income (SSI) resource limit. For such persons, Medicaid reimburses any required Medicare premium, coinsurance and deductibles for both Parts A and B. Cost sharing amounts are paid up to the maximum amount Medicaid would reimburse for the service rendered.
- **Specified Low-Income Medicare Beneficiaries (SLMB):** Medicaid pays the full Part B premium for persons who otherwise meet the QMB requirements, but have income between 100 and 120% FPL.
- **Qualifying Individuals I (QI I):** Medicaid pays the full Part B premium for persons who are not eligible for full-benefit Medicaid, but who otherwise meet the QMB /SLMB requirements, but have income greater than 120% FPL, but not exceeding 135% FPL.
- **Qualified Disabled and Working Individuals (QDWI):** These are persons who formerly received social security disability benefits and Medicare, have lost eligibility for both programs, but are permitted under Medicare law to continue to receive Medicare in return for payment of the Part A premium. Wisconsin has chosen to pay the entire Part A premium for persons in this category who are under age 65, with income at or below 200% FPL and with assets up to twice the SSI resource limits (and who are not otherwise Medicaid eligible).

C. Overview of SeniorCare; Demonstration Project Renewal Program

In response to the critical need for prescription drug coverage for the elderly, the State of Wisconsin, as part of 2001 Wisconsin Act 16, established a prescription drug assistance program titled SeniorCare. SeniorCare statutes require the Department of Health Services submit to the U.S. Department of Health and Human Services a request that SeniorCare be covered under a Medicaid 1115 Demonstration Project, which was granted in 2002.

Under the terms of the waiver, SeniorCare has and will continue to comply with federal and state laws and regulations (except those for which a specific waiver is requested) for Medicaid eligibility, benefits, and administration, including application processing, claims processing, federal reporting, and safeguards for fraud and abuse.

The successful and popular SeniorCare program has received strong support from the Wisconsin Legislature, which fully funded SeniorCare in the most recent biennium, appropriating \$33.1 million in general purpose revenue (GPR) in SFY 2011 and \$29.2 million GPR in SFY 2012. These state funds are an important funding stream, approximately 25 %, of the SeniorCare program.

This waiver program serves seniors with incomes at or below 200% FPL. Since implementation on September 1, 2002, the SeniorCare waiver has successfully delivered a comprehensive outpatient drug benefit to over 152,000 seniors in the state. As of December, 2011, 89,000 seniors were enrolled in SeniorCare. More than 58,000 of these seniors were enrolled in the waiver portion of the program (at or below 200% FPL).

The State of Wisconsin Department of Health Services, the agency that administers the state's Medicaid program, also administers SeniorCare. Through a Section 1115 Research and Demonstration Project renewal, Wisconsin seeks to continue Medicaid federal matching funds for individuals who qualify for SeniorCare pharmacy benefits.

By extending access to prescription drugs for the elderly, Wisconsin will continue to provide a needed health care benefit to low-income seniors. Continuing to provide pharmacy benefits through SeniorCare will provide the following benefits, even with the availability of Part D:

- Help to preserve the health of the senior population by providing financial support for costly but essential drugs, thereby providing more affordable and comprehensive primary health care services.
- Improve the quality of life of Wisconsin's seniors, thus allowing them to remain in less costly home and community settings while avoiding expensive acute or long-term care services resulting from a lack of access to necessary drugs.
- Reduce the rate at which seniors spend down to Medicaid eligibility and become entitled to all benefits available under the Medicaid program.
- Save the federal government money by improving the health of seniors, resulting in savings to the Medicare program.
- Provide an outpatient pharmacy benefit that is an excellent value to the federal government, by offsetting federal expenditures with a substantial state financial commitment and substantial (approximately 55% of expenditures) manufacturer rebates.

Under the program, Wisconsin-residents who are ages 65 years of age and older, not currently eligible for Medicaid benefits, and whose income does not exceed 200% FPL, are eligible for coverage of legend drugs and over-the-counter insulin as currently provided under the Wisconsin Medicaid State Plan. Those seniors with prescription drug coverage under other plans are also eligible to enroll, with SeniorCare covering eligible costs not covered under other plans. There is no asset test.

Enrollees pay an annual \$30 enrollment fee. Individuals with income at or below 160% FPL are responsible for a copayment of \$15 for a brand name drug and \$5 for a generic drug, for each prescription drug. Individuals with an income above 160% FPL but at or below 200% FPL are also responsible for the first \$500 of prescription drug costs each year.

The simple, one-page application form requests the applicant's name, age, social security number, income, residence, spouse's name and other limited information needed to determine the person's eligibility. The form is easy to read and complete. Seniors submit applications by mail to a central processing center administered by the Department.

Customer notices inform seniors about their eligibility, whether they have an annual payment, and other information regarding their participation in the program. Upon enrollment into SeniorCare, waiver program members receive an identification card, distinct from the normal Medicaid card, which enrollees use when purchasing prescription drugs. Enrollees are certified to begin participation in the program on the first day of the month following the month in which all eligibility criteria are met. Once determined eligible for the waiver program, an individual may remain eligible for 12 months from the date of initial enrollment, regardless of changes in income.

SeniorCare uses the state Medicaid program's Point-of-Sale (POS) system for claims processing. The POS system has mechanisms in place for drug pricing, calculation of copayments and deductibles, coordination of benefits, STAT prior authorization, prospective and retrospective Drug Utilization Review (DUR), and other cost containment processes. The system enables Medicaid-certified providers to submit real-time claims electronically for prescription drugs and to receive an electronic response indicating payment or denial within seconds of submitting the claim. The system also verifies member eligibility, including other health insurance coverage, and tracks members' deductibles and copayments, again with the information available to pharmacists in real-time. As a result, seniors filling their prescriptions may receive up-to-date information about their prescription costs.

Similar to Medicaid, SeniorCare must coordinate eligibility across programs and coordinate with benefits covered by other insurers. Many seniors who are eligible for

SeniorCare are also eligible for programs such as Food Share or other economic support programs. A SeniorCare customer service hotline, which began operations in July 2002, responds to questions about eligibility, applications and program benefits. SeniorCare application processing staff are trained to answer questions and provide referrals for Seniors seeking information about SeniorCare or other programs.

Existing systems that support the Medicaid program are used for automated support for eligibility and enrollment functions. The state leverages existing system capacity to meet the program needs in the most efficient way.

II. SENIORCARE OBJECTIVES

The program objectives below are found in the 2009 Special Terms and Conditions. Wisconsin SeniorCare will continue to pursue these objectives for the new waiver renewal period.

- 1) Keeping Wisconsin seniors healthy by continuing to provide a necessary primary health care benefit.*

SeniorCare helps seniors afford their medications so they will keep taking them. A senior who is taking his/her medication is likely to be healthier because of it.

- 2) Helping control overall costs for the aged Medicaid population by preventing seniors from becoming eligible for full Medicaid due to deteriorating health and having to “spend down” to Medicaid eligibility levels.*

When seniors stay healthy, there are savings for the Medicaid and Medicare programs as is evidenced in our Budget Neutrality calculations. Studies have found that spending on pharmaceutical coverage is associated with a significant reduction in hospital, nursing home and emergency room expenditures. A senior who takes his/her medications is less likely to have hospital and nursing home admissions and other long-term care situations, therefore decreasing overall health care costs.

III. DEMONSTRATION PROJECT RENEWAL PROGRAM DESIGN

Wisconsin will continue the current SeniorCare program design through the demonstration project renewal, as described below. Section G identifies a benefit enhancement being offered to members on a voluntary basis with the 2013-2015 waiver renewal.

The benefit is offered in response to public comment, a significant number of which requested the inclusion of medication therapy management (MTM) services. The SeniorCare Advisory Committee supports inclusion of MTM services in the SeniorCare program.

MTM services are an enhancement of existing pharmaceutical care (PC) services and will supplant pharmaceutical care. Today, all SeniorCare members are eligible to receive PC services and approximately 30% of them receive PC services sometime during each calendar year.

Under the MTM benefit, traditional PC services, such as therapeutic interchange, will be covered, but MTM will go beyond pharmaceutical care and offer comprehensive medication reviews that allow the pharmacist to review the member's entire drug therapy regimen.

The objective of this change is to increase adherence to medication regimens and thereby improve the health of SeniorCare members, which leads to improved health outcomes and avoidance of costly medical events, such as ER visits, hospital stays and nursing home admissions.

SeniorCare expects to increase the percentage of SeniorCare members using MTM services compared to PC services. Specifically, SeniorCare will test that the number of members receiving MTM services each year between 2013 and 2015 is greater than the number of members who received PC Services in 2012. The evaluation of SeniorCare members' use of MTM services will rely on data available in the MMIS.

DHS also expects cost savings with the MTM program. SeniorCare will not quantify medical savings, as SeniorCare is a drug-only program. Medical savings will be realized by Medicare.

A. Eligibility Requirements

State Medicaid programs may have two types of eligibility categories: categorically needy and medically needy. Both categories are established under the Social Security Act. Certain groups, such as pregnant women or the elderly, are considered categorically eligible if they also meet income criteria based on the FPL, Medically needy eligibles are those that would be categorically needy except for their slightly higher income, but who cannot afford to pay their medical bills. To be eligible for prescription drug services under this 1115 Research and Demonstration Project, individuals must:

1. Be a Wisconsin resident;
2. Be a citizen or have qualifying immigrant status;
3. Not be a recipient of Medicaid, other than as a low-income Medicare beneficiary (QMB, SLMB, QI-1 or QDWI);
4. Be age 65 or older; and
5. Pay the applicable annual enrollment fee of \$30 per person.

Individuals must also have a household income at or below 200% FPL. Individuals with a household income above 200% FPL receive program benefits after they have met

program requirements for deductible and spenddown, if required. Income is calculated as follows:

- A gross income test is used, except in cases of self-employment income. The standard elderly, blind and disabled (EBD) Medicaid deductions or other deductions are not applied.
- In cases of self-employment income, current Medicaid policy for elderly, blind and disabled programs is followed. Therefore, deductions for business expenses, losses and depreciation are permitted for persons with self-employment income.
- Income is determined on a prospective basis, annually.
- A fiscal test group that is consistent with current Medicaid policy for the elderly, blind and disabled Medicaid program is used. Thus, the income of the individual is used for persons not living with a spouse, and the income of the couple is used for married persons who reside with their spouse. These income amounts are compared to the FPL for a group size of one if counting only the income of the individual and group size of two if counting the income of the applicant and his or her spouse.
- There is no asset test related to eligibility for the waiver program.

B. Application Process for Pharmacy Waiver Benefits

The application process for eligible seniors in this 1115 Research and Demonstration Project is comprised of the following components:

- Completion of the simple, short application.
- Applications are processed by a central unit administered by the Department.
- Applications are accepted by mail and online.
- Near the end of an individual's year of eligibility, the Department notifies the member of the need for an annual re-determination of his or her eligibility. The Department provides the individual with a pre-printed renewal form containing some of the information provided in the previous year. To continue coverage, the form must be filed in a timely manner and receive approval. The individual must also pay the annual enrollment fee.
- Upon enrollment, SeniorCare waiver program members receive an identification card distinct from the current Medicaid card. Members must

present their identification card to the pharmacy or pharmacist when purchasing prescription drugs.

- The enrollment process focuses primarily on eligibility for the SeniorCare Medicaid waiver program. In addition, seniors are advised to complete a full Medicaid application if they are applying for benefits other than prescription drugs.

C. Enrollment Periods

Enrollment periods for eligible members are as follows:

- Once determined eligible for the SeniorCare waiver program, an individual may remain eligible for 12 months from the date of initial enrollment, regardless of changes in income. However, if a person permanently leaves the State of Wisconsin or becomes deceased, the person is no longer eligible for the waiver program.
- Members may reapply if their income decreases. For example, if a person with an income determination of 165% FPL subsequently loses a part-time job resulting in income below 160% FPL, the individual may reapply. In this situation, the person would no longer be required to pay the first \$500 in prescription drug costs, but would need to pay a new \$30 enrollment fee to establish a new 12-month benefit period.
- A person is certified to begin participation in the program on the first day of the month following the month in which all eligibility criteria are met.
- Eligibility for benefits is prospective only. There is no retroactive eligibility.

D. Coordination of Benefits

The waiver program pharmacy benefit extends coverage only to legend (prescription) drugs and to over-the-counter insulin; these are drugs that are currently covered by the Wisconsin Medicaid State Plan. Coordination of benefits is applied in a manner similar to the Medicaid Program. The SeniorCare Program uses a combination of automated, pre-payment cost avoidance with the Point-of-Sale (POS) system and, where necessary, will bill liable third parties after the payment is made.

If a person is eligible to receive Medication Therapy Management (MTM) services through Medicare, the pharmacist is required to submit claims to Medicare. SeniorCare is the payer of last resort for these services.

E. Cost Sharing

Program members are required to comply with cost sharing provisions that vary by income level. The following describes the cost sharing features in more detail.

1. Annual Enrollment Fees

All members are required to pay an annual enrollment fee of \$30. Upon determining eligibility, all enrollees will receive a letter notifying them of their eligibility and cost-sharing requirements. All enrollees receive the option to decline participation if the person notifies the Department within the 30-day processing period, or 10 days from the date the Department sends the letter, whichever is later. If a person declines participation within this time period, the Department refunds the enrollment fee paid for that benefit period. If a person has paid the annual enrollment fee with his or her application and is determined ineligible for the program, the Department refunds the paid enrollment fee.

2. Annual Costs for Certain Members

Certain members pay the first \$500 in prescription drug costs each enrollment period.

- Members with income between 160% FPL and 200% FPL are responsible for the first \$500 of prescription drug costs per year. The first \$500 will be paid by the member at the SeniorCare rate.
- If members choose MTM services at dispensing and their income is between 160% FPL and 200% FPL, they are responsible for paying Medicaid rates for the MTM services while in the \$500 deductible period. Member payments toward MTM services will count toward the member's deductible.
- Members with income at or below 160% FPL are not required to pay the first \$500 of prescription drug costs.

3. Copayments

For members with income above 160% FPL who have met the \$500 annual deductible and for members with income at or below 160% FPL, a copayment is required for each prescription drug for the remainder of that 12-month period. The following copayments apply:

- \$15 copayment per prescription for brand name drugs.
- \$5 copayment per prescription for generic drugs.
- There is no copayment for Medication Therapy Management

(MTM) services.

F. Coordination with Other Medicaid Programs

The following are stipulations regarding coordination between the Medicaid program and the 1115 Research and Demonstration Project:

- A member whose income decreases to allowable Medicaid eligibility levels must submit a complete Medicaid application and be determined eligible through existing procedures to receive full Medicaid benefits.
- Except for the 30-day initial processing period, the enrollment fee is not refundable to members in the demonstration project who, during their 12-month benefit period, become eligible for full Medicaid benefits. However, SeniorCare will remain open to these individuals. Thus, if they subsequently become ineligible for full Medicaid benefits during the 12 months, they will automatically be able to receive SeniorCare benefits for the remainder of the 12 month period without having to pay another \$30 fee.
- Members who are terminated from the SeniorCare waiver program or who fail to re-enroll will not be reviewed for eligibility for other Medicaid programs prior to termination.

G. Benefits

1. Pharmacy Benefits

Wisconsin Medicaid covers legend drugs or over-the-counter insulin prescribed by a licensed physician, dentist, podiatrist, nurse prescriber, or ophthalmologist. In addition, physicians may delegate prescription authority to a nurse practitioner or physician assistant.

Wisconsin Medicaid has an open drug formulary. This means that legend drugs or over-the-counter insulin are covered if they meet all of the following criteria:

- The drug is FDA-approved;
- The manufacturer signed a rebate agreement with the Centers for Medicare & Medicaid Services; and
- The manufacturer has reported data and prices to First DataBank.

SeniorCare statutes define prescription drugs as prescription drugs covered by Wisconsin Medicaid and for which the drug manufacturers

enter into a rebate agreement with the State. However, like Wisconsin Medicaid, which covers certain over-the-counter drugs, SeniorCare extends coverage to insulin.

2. Medication Therapy Management Benefits

Effective September 1, 2012, the Department will transition its Pharmaceutical Care (PC) program that has been part of the SeniorCare benefit to a similar but more comprehensive Medication Therapy Management (MTM) benefit, which is part of a national trend in health care.

This benefit will include traditional Pharmaceutical Care services, called Intervention-based Services, in which the pharmacist assists the patient in managing their prescription medications. The services include:

- Consultation with a member regarding a significant lack of adherence;
- Therapeutic interchange;
- Recommending a change to the member's dose based on clinical guidelines;
- Instructing the member on using a medication device (e.g. inhaler, syringe); and
- Recommendation of the addition or deletion of a medication.

There is a limit of four interventions for each kind of intervention within a year, except for interventions which result in immediate cost savings to the program; these services do not have an annual service limit.

MTM also includes Comprehensive Medication Review and Assessments (CMR/As) that allow specially trained pharmacists to review the patient's drug regimen. Members who are at a high risk of experiencing medical complications due to their drug regimen are eligible for this service. During this review, the pharmacist may:

- Obtain the necessary assessments of the member's health status.
- Formulate a medication treatment plan for the member.
- Provide information, support services and resources designed to enhance member adherence with the member's therapy regimens.
- Document the care delivered and communication of essential information to the member's primary care providers.

- Refer member to an appropriate health care provider if necessary
- Coordinate and integrate medication management services within the broader health care system.

There is a limit of one initial and three follow-up CMR/As per year. Pharmacists may request an exemption from these limits.

H. Rates

Medicaid reimbursement for legend and over-the-counter drugs is the lesser of:

- Wholesale Acquisition Cost (WAC) plus 3.2 %, plus a dispensing fee, for most brand drugs;
- The state maximum allowed cost (SMAC), plus a dispensing fee, for multi-sourced branded and generic drugs;
- An expanded maximum allowed cost (EMAC), plus a dispensing fee, for drugs without a SMAC or WAC rate on file;
- WAC minus 3.8%, plus a dispensing fee, for single-source generic drugs without a state MAC rate on file; or
- The usual and customary amount as billed by the pharmacy to private pay clients.

Medicaid reimbursement for medication therapy management services is:

- All Intervention-based Services, except in-home medication management and three-month supply interventions, will be reimbursed at \$30 per intervention. In-home medication management and three-month supply interventions will be reimbursed at \$10.
- CMR/As will be reimbursed at \$75 for an initial and \$35 for a follow-up meeting with the pharmacist.

I. Cost Management Strategies

To further enhance the primary health care benefits and the cost-effectiveness of the SeniorCare waiver program, the Department has implemented a number of management strategies to enhance the quality of care and cost-effectiveness within the waiver program. These benefit management strategies are enumerated as follows:

1. Pharmacy Point-of-Sale (POS).

Wisconsin Medicaid implemented a pharmacy point-of-sale (POS) electronic claims management system for Medicaid fee-for-service providers statewide beginning on September 22, 1999. The POS system enables providers to submit real-time claims electronically for legend and over-the-counter drugs for immediate adjudication and eligibility verification. The real-time claims submission verifies member eligibility, including other health insurance coverage, and monitors Medicaid drug policies. Claims are also screened against member medical and prescription history within the Medicaid system. Once these processes are complete, the provider receives an electronic response indicating payment or denial within seconds of submitting the real-time claim.

The following have occurred since the implementation of POS:

- POS permits pharmacies to submit claims and receive notification of coverage before drugs are dispensed.
- Currently, most of the state's 1,300 pharmacies are participating in real-time transactions. The average system response time is 0.4 seconds.
- Claims with "other health insurance" listed must be billed to that other insurance first.
- Claims for the same drug on the same day by one member at different pharmacies are denied because claims history is updated real-time and all Medicaid pharmacy claims are reviewed.

2. Prospective Drug Utilization Review

Prospective Drug Utilization Review (DUR) is used to enhance clinical quality and cost-effective drug use by members. At the point of sale, the Medicaid POS system screens certain drug therapy problems before the prescription is dispensed to the member. The screen provides the pharmacist with information regarding potential contraindications for the member by activating alerts that identify the following problems, presented in hierarchical order:

- Drug-drug interactions
- Drug-disease contraindications

- Therapeutic duplication
- Pregnancy alert
- Early refill
- Additive toxicity
- Drug-age precaution
- Late refill
- High Dose
- Insufficient quantity

3. Retrospective Drug Utilization Review

On a monthly basis, DHS performs retrospective DUR review. Review of drug claims against DUR Board-approved criteria generates patient profiles that are individually reviewed by pharmacists for clinical significance. Each month a software program for potential adverse drug concerns such as drug/drug interactions, overuse, drug/disease contraindications, duplicate therapy, and high dose are examined for all providers. If a potential drug problem is discovered, intervention letters are sent to all providers who ordered a drug relevant to the identified problem.

4. State Maximum Allowed Cost (SMAC) List

The federal Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS) issues a drug list at least two times a year. This list includes drugs that are available generically from at least three companies as well as a recommended state maximum allowed cost (SMAC). In addition, states may have their own SMAC lists and set prices differently from the CMS issued prices as long as the overall amount spent for generic drugs is no more than it would have been using the CMS prices.

Wisconsin Medicaid issues its SMAC list monthly and has one of the most extensive SMAC lists in the country. SeniorCare will also use the Wisconsin Medicaid SMAC list. If a product is available generically Wisconsin Medicaid generally adds it to the state's SMAC list. Maximum prices allowed are based on prices for which drugs are readily available through wholesalers in Wisconsin.

When a drug is on the SMAC list, Wisconsin will reimburse the generic price unless the prescriber writes brand medically necessary on the

prescription and obtains a prior authorization for the brand name drug. This policy encourages utilization of lower cost therapeutically equivalent generic drugs.

5. Medication Therapy Management (MTM)

Wisconsin's Medicaid's MTM program provides pharmacists with professional fees for providing intervention-based services and Comprehensive Medication Review and Assessments (CMR/As) provided to Wisconsin Medicaid and SeniorCare members.

For intervention-based services, the professional fee reimburses pharmacists for additional actions they take beyond the required dispensing and counseling for a prescription drug.

Reimbursement requires that pharmacists meet all basic requirements of federal and state law for dispensing a drug plus completion of specified activities that result in a positive outcome both for the member and the Medicaid program. Positive outcomes include increased patient compliance and prevention of potential adverse drug reactions.

MTM also includes CMR/As that allow specially trained pharmacists to review the patient's entire drug regimen. Members who are identified by the program as being at a high risk of experiencing medical complications due to their drug regimen are eligible for this service.

6. Prior Authorization

- a. Under prior authorization (PA), Wisconsin Medicaid requires pharmacists to receive approval for certain drugs from the Department before reimbursement is provided. PA may be done electronically for most drugs requiring PA. Wisconsin requires drug prior authorization for the following reasons:
- b. Potential drug abuse or misuse.
- c. Cosmetic use only (for example, weight loss drugs not used to treat morbid obesity).
- d. Encourage use of therapeutically equivalent drugs when generics are available in the same drug classification.
- e. While less than 1 % of covered drugs require it, PA has been shown to slow the rate of increase in drug expenditures without impeding access to necessary and appropriate drugs. Through PA, categories of drugs are reviewed for similar products, some

of which are available generically and some only brand, When this situation exists, Wisconsin requires PA for the brand drugs. However, before any changes are made to the PA requirements, drug manufacturers are notified and a review process is followed. This process assures high quality to our members and cost-effectiveness for the program.

7. Diagnosis Restriction and Excluded Drugs

Under Wisconsin Medicaid, a diagnosis restriction applies if the prescribed use is not for a medically accepted indication, In addition, certain drugs may be excluded from coverage and are on the Medicaid Negative Formulary drug list, and drugs that are experimental or have no medically accepted indications.

8. Preferred Drug List

Effective October 1, 2004, the Department implemented a preferred drug list (PDL) and Supplemental Rebate program for Medicaid, BadgerCare, BadgerCare Plus and SeniorCare.

Based on the therapeutic significance and cost effectiveness of a drug, supplemental rebates with manufacturers are negotiated and PDL recommendations are made to the Wisconsin Medicaid Prior Authorization (PA) Advisory Committee, which is composed of physicians, pharmacists, advocates, and consumers from the state of Wisconsin.

To establish drugs to be included on the PDL, the PA Advisory Committee reviews research and clinical information prepared by clinical pharmacists. Research is based on peer-reviewed medical literature and current studies and trials.

Non-preferred drugs require PA. Preferred drugs on the PDL do not require PA. Prescribers are encouraged to write prescriptions for preferred drugs; however, a PA process is available for non-preferred drugs.

9. Drug Authorization and Policy Override (DAPO) Center

Providers may contact the DAPO Center in order to request certain prior authorizations or to request an override of current policy on a case-by-case basis. Examples of policies that may be overridden

include 100-day supply, early refill, quantity limits and limits on MTM services and opioid prescriptions.

IV. DEMONSTRATION PROJECT RENEWAL PROGRAM ADMINISTRATION

A. Administering Agency

The State of Wisconsin administers the SeniorCare Pharmacy Plus waiver program through the Wisconsin Department of Health Services. Portions of the program may be administered by private entities under contract with the State, such as claims processing, communications, customer service, application processing, and other related services.

B. Financing

Prescription drug services under the 1115 Research and Demonstration Project are funded jointly through State general purpose revenue (GPR) funds and matching federal funds. Additional program revenue for the 1115 Research and Demonstration Project comes from the previously mentioned, annual enrollment fees, copayments, and monies from the drug rebate program. Wisconsin currently has drug rebate agreements with all pharmaceutical companies participating in the Medicaid rebate program pursuant to Section 1927 of the Social Security Act.

C. Provider Network

SeniorCare provides access to a robust network of pharmacies. There are currently 1,300 pharmacies in-state and another 100 out-of-state that are Medicaid certified providers. SeniorCare administrative code requires Medicaid certified pharmacies to serve SeniorCare members.

D. Implementation Schedule

SeniorCare is currently a successfully implemented waiver program, determining eligibility and providing outpatient drug benefits to an average of about 58,000 seniors per month. The current three-year waiver renewal demonstration program is set to expire December 31, 2012. SeniorCare is poised to continue delivering this benefit beginning January 1, 2013 through December 31, 2015, with this renewal.

E. Early Termination of the Waiver Program

Wisconsin reserves the right to end this 1115 Demonstration Project should actual experience show that it is not cost-effective or cost-neutral.

V. WAIVERS REQUESTED

This waiver renewal requires continued waivers from Title XIX of the Social Security Act. Section 1115(a)(1) of the Social Security Act permits the Secretary of the Department of Health and Human Services (the Secretary) to waive compliance with any of the requirements of Section 1902 of the Social Security Act, which specify State Medicaid Plan requirements, to the extent and for the period necessary to carry out the demonstration project. Section 1115(a)(2) permits Wisconsin to regard as expenditures under the State plan costs of the demonstration project, which would not otherwise receive a federal match under section 1903 of the Social Security Act. These provisions allow the Secretary to waive existing program restrictions and provide expanded eligibility and/or services to members not otherwise covered by Medicaid. Wisconsin requests that the Secretary waive all relevant Medicaid laws and regulations which would allow Wisconsin to receive federal matching funds, including the following Title XIX provisions:

- A. Eligibility.** Wisconsin requests the Secretary to waive Sections 1902(a)(10)(A) and 1902(a)(17) of the Social Security Act. These sections prohibit Federal Financial Participation to states that implement eligibility standards in excess of the stated maximums and in manners not consistent with the standards prescribed by the Secretary. These sections also specify that methodologies must be applied in the same manner to all individuals in the same eligibility group. Wisconsin seeks a waiver to:

Expand eligibility for pharmaceuticals to waiver demonstration members with incomes at or below 200% FPL;

- Apply different methodologies as described above to waiver demonstration members than would be applied to blind and disabled persons under age 65 or to regular Medicaid recipients.
- Apply different standards than those prescribed by the Secretary related to eligibility determination. Eligibility will be re-determined and income will be reassessed for waiver members once every 12 months.

- B. Comparability.** Wisconsin requests the Secretary to waive Section 1902(a)(10)(B) of the Social Security Act. These sections require the amount, duration, and scope of services be equally available to all members within an eligibility category and be equally available to categorically eligible and medically needy members. Wisconsin seeks a waiver of these provisions to offer a comprehensive drug benefit to the expanded population.

- C. Cost Sharing.** Wisconsin requests the Secretary to waive Section 1902(a)(14) of the Social Security Act relating to enrollment fees, copayments and other cost sharing. Wisconsin seeks a waiver to:
- Collect an annual enrollment fee of \$30 per person. This cost-sharing revenue will be used as state matching funds to federal financial participation for the administrative costs of the program;
 - Establish that certain members in the waiver demonstration would pay the first \$500 of prescription drug costs prior to receiving the benefit of obtaining prescription drugs at the copayment levels; and
 - Establish copayment amounts higher than those used for the general Medicaid population.
- D. Ex Parte Eligibility Redetermination.** Wisconsin requests the Secretary to waive section 1902(a)(19) of the Social Security Act and federal regulations at 42 CFR 435.902 and 42 CFR 435.916 related to ex parte eligibility redeterminations. Wisconsin seeks a waiver to:
- Require that a separate waiver demonstration application be filed by an applicant who is no longer eligible for regular Medicaid prior to being determined eligible for the waiver demonstration program; and
 - Require a waiver demonstration member to file a separate Medicaid application if they are interested in receiving benefits under any other Medicaid subprogram.
- E. Program Integrity.** Wisconsin requests the Secretary to waive Section 1902(a)(46) of the Social Security Act and federal regulations at 42 CFR 435.920 and 42 CFR 435.940 through 435.965 related to verification of applicant and recipient income and eligibility information. It is anticipated that certain income sources may have limited applicability for the waiver demonstration population, which generally is perceived as having fixed income. Further, because income is tested prospectively on an annual basis under the waiver demonstration and because data from other sources represents a prior time period, some items may not be relevant in determining eligibility for SeniorCare. In exploring the most efficient and effective methods for ensuring program integrity, Wisconsin intends to do the following:
- Validate social security numbers at the time of application through the Social Security Administration numident process. If it is found that a person does not have a social security number, the person will be assisted in obtaining a social security number. If it is found that there is a mismatch between the SSA information and the social security number provided by the client, the mismatch will be resolved as needed;

- Automatically test Social Security Administration benefits against tolerance levels established by the Department at application and-review. Those case situations that exceed tolerance levels will be verified and discrepancies will be resolved. In addition, periodic random samples of all cases will be conducted to ensure that SeniorCare eligibility is based upon the correct social security benefit information regardless of whether there is a discrepancy that exceeds the threshold.
- In addition, social security administration benefits, earnings from wages, earnings from self-employment, other unearned income and unemployment compensation will be verified after application to ensure program integrity. In particular, a random sample of all recipients will be taken. If a failure to report information results in an incorrect eligibility determination, program costs would be recovered.

F. Retrospective Benefits. Wisconsin requests the Secretary to waive Section 1902(a)(34) of the Social Security Act and 42 CFR 435.914 that require a state to retrospectively provide medical assistance for-three months prior to the date of application in certain circumstances. Wisconsin requests a waiver to establish the effective date for demonstration members as the date of enrollment as determined in accordance with Section III(C), above.

G. Enrollment. Wisconsin requests the Secretary to waive Section 1902(a)(10) of the Social Security Act related to entitlement of benefits. Wisconsin statutes require that, during any period in which funding for benefit payments under the program is completely expended, all of the following shall apply:

- The Department may not pay pharmacies or pharmacists for prescription drugs or over-the-counter insulin sold to program members;
- Pharmacies and pharmacists will not be required to sell drugs to eligible program members at the program payment rate;
- Eligible program members will not be entitled to obtain prescription drugs or over-the-counter insulin for the copayment amounts or at the program payment rate;
- The Department may not collect rebates from manufacturers for prescription drugs purchased by program members;
- The Department may not pay pharmacies and pharmacists for medication therapy management services received by program members; and
- The Department is required to continue to accept applications and determine eligibility for the program, and must indicate to applicants that the eligibility of program members to purchase prescription drugs under the requirements of program is conditioned on the availability of funding.

H. Hearings and Appeals. Wisconsin requests the Secretary to waive Section 1902(a)(3) of the Social Security Act and federal regulations at 42 CFR 431.211 and 42 CFR 431.213 relating to required notification by the Department for an adverse action in cases where the recipient has clearly indicated that he or she no longer wishes to receive services. These sections specify that the 10-day required notification prior to an adverse action does not apply in cases where the recipient has clearly indicated in writing that he or she no longer wishes to receive services. Under the waiver demonstration, an exception to the 10-day required notification would apply in cases where the recipient has clearly notified the Department either orally or in writing that he or she no longer wishes to receive services.

In addition, Wisconsin requests that, under the authority of Section 1115(a)(2), expenditures for the items identified below (which are not otherwise included as expenditures under Section 1903) be regarded as expenditures under Wisconsin's Medicaid State Plan:

- Expenditures to provide and receive comprehensive pharmacy benefits to seniors age 65 and older whose income is at or below 200 % of the FPL.
- Administrative expenditures for demonstration members includes, but is not limited to, collecting program members' fees, enrolling pharmacies, producing and distributing enrollment cards to program members, responding to client inquires, developing and processing applications, determining eligibility, collecting third-party insurance information and - evaluation and monitoring of this demonstration waiver.

Wisconsin requests the right to request other waivers to implement the proposed pharmacy program, if necessary.

VI. BUDGET AND COST-EFFECTIVENESS ANALYSIS

As reported to CMS, the SeniorCare waiver achieved budget neutrality throughout the original waiver period and in all waiver extension periods.

Under this proposed demonstration project renewal, the Department projects that it will continue to reduce overall Medicaid expenditures for the aged population, 65 and older, with continuation of the SeniorCare program by providing primary care benefits for pharmacy with accompanying MTM services under the waiver renewal proposal. As in the original waiver period, budget neutrality will continue to be achieved by reducing the rate of increase in the use of non-pharmacy related Medicaid services provided to this population including, hospital, nursing facility and other non-pharmacy medical services. The savings realized by reducing the rate of increase in non-pharmacy Medicaid services for this population will offset the costs of continuing the SeniorCare pharmacy benefit.

This cost-effectiveness analysis is conducted by projecting Medicaid expenditures for the aged population that would have occurred without the SeniorCare waiver and comparing that to projected Medicaid aged population expenditures with the continued operation of the pharmacy waiver program and the cost of the waiver program under the proposed renewal. Under both tests, the availability and impact of Medicare Part D is factored into the tables and with the narrative description below, present the data and assumptions used to calculate budget neutrality for the proposed three year waiver renewal period (Budget Neutrality (Attachment A)).

Table 1A establishes the pre-waiver historical trend (SFY 1998-2002) of Medicaid expenditures and enrollment. The data in this table are the same data used in the original waiver submission. This table also projects "without waiver" Medicaid expenditures for SFYs 2003-2009. The waiver trends for these time periods were developed by applying rates approved by CMS in the original 2002 waiver submission.

Table 1B projects "without waiver" Medicaid expenditures and enrollment for the current waiver period of CY 2010 to CY 2012 as well as for the new renewal period of CY 2013 to CY 2015. This table makes adjustments to the "without waiver" data submitted to CMS in the last waiver renewal application. The reason this was done was that in order to project CY 2013 through CY 2015 accurately, we needed "base" numbers for CY 2010 through CY 2012 that were more consistent with actual changes in the Medicaid program with the waiver in place.

Variables related to the implementation of Medicare Part D were taken into consideration, including reducing pharmacy costs to exclude dual eligible drug expenditures and reducing the member month growth rate to reflect diversion from Medicaid due to Part D.

Table 2A presents Medicaid expenditure trends with the SeniorCare waiver in place from SFY 2002 to SFY 2009. This table tracks trends in annual expenditures, eligible member months and cost per eligible.

Table 2B shows the "with waiver" Medicaid costs in the current waiver period of CY 2010 to CY 2012 and projections for the waiver renewal period of CY 2013 to CY 2015.

Table 3A shows historical SeniorCare expenditure data for the SFY 2003 to SFY 2008. This table tracks trends in annual expenditures, manufacturer rebates, eligible member months and cost per eligible.

Table 3B shows SeniorCare expenditure data for CY 2009 to CY 2012 and the projected expenditures for the renewal period CY 2013 to CY 2015.

Table 4 is the summary of the SeniorCare budget neutrality calculation for the current (CY 2010 to CY 2012) and proposed (CY 2013 to CY 2015) waiver renewal period. It compares the total projected Medicaid expenditures with the waiver plus SeniorCare waiver expenditures to projected Medicaid expenditures had the waiver never been implemented. The “without waiver Medicaid expenditures” projected in this table are based on the new expenditures estimates from Table 1B.

As shown in Table 4, it is projected that total Medicaid aged and SeniorCare costs with the continued renewal of the SeniorCare waiver will be less than total Medicaid aged costs without the waiver renewal. This expenditure offset is accomplished by reducing the rate of growth in the number of individuals who otherwise would have become eligible during the waiver period as a result of the improved health of this population, and by a reduction in the number of individuals in this population who spend down to Medicaid eligibility.

In addition, the federal government will benefit from the proposed renewal of SeniorCare through a reduction in Medicare expenditures due to lower utilization of acute care services for this population group.

Our analysis shows that not only will continuing the SeniorCare waiver be budget neutral, it will produce savings over what would have been spent without the waiver.

MTM Costs were added to Tables 1B, 2B and 3B.

With MTM replacing the Pharmaceutical Care services, whose costs were previously factored into the tables, we now calculate MTM costs. We estimated costs for the two different types of intervention—Intervention-based Services and Comprehensive Medication Review and Assessments (CMR/As).

Intervention-based Service costs were estimated using the following assumptions:

- Each member is potentially eligible to receive the service. Number of members were projected in Table 1B, 2B and 3B for CY 2013, CY 2014 and CY 2015.
- CY 2011 pharmaceutical care claims experience was used to estimate claims experience for intervention-based services for CYs 2013-2105. Estimated number of annual claims for each year was multiplied by the cost per claim to arrive at an estimated annual cost for intervention-based services.

Comprehensive Medication Review costs were estimated in 2 ways. To estimate the “without waiver” scenario costs:

- Use the number of members projected in Table 1B.
- Apply a % to that number to determine who would likely be eligible to receive CMR services.

- Estimate that 75% of those people use a WPQC-certified pharmacy.
- Estimate that 50% of those people will accept CMR services and will receive an initial CMR service at \$75 per service.
 - Estimate that 50% of those people will get a 1st follow-up CMR service at \$35 per service.
 - Estimate that 25% of those people will get a 2nd follow-up CMR service at \$35 per service.
 - Estimate that 12.5% of those people will get a 3rd follow-up CMR service at \$35 per service.

To estimate “with waiver” and “SeniorCare” scenario costs:

- Using claims experience, estimate the number of Medicaid and SeniorCare members eligible for a CMR.
- Apply the Medicaid or SeniorCare enrollment trend to each initial eligible population estimate to derive number of members eligible for CMR services each year.
- Estimate that 75% of those people use a WPQC-certified pharmacy.
- Estimate the 50% of those people will accept CMR services and will receive an initial CMR service at \$75 per service.
 - Estimate that 50% of those people will get a 1st follow-up CMR service at \$35 per service.
 - Estimate that 25% of those people will get a 2nd follow-up CMR service at \$35 per service.
 - Estimate that 12.5% of those people will get a 3rd follow-up CMR service at \$35 per service.

VII. PUBLIC INVOLVEMENT

The State of Wisconsin has a tradition of open government and extensive public involvement in the design, implementation and administration of major programs. As part of this effort, SeniorCare provides a general website for the public to access different kinds of information about the program at www.dhs.wisconsin.gov/seniorcare.

A section was added to the general SeniorCare website for specific information about the waiver renewal. The draft waiver renewal application was added to the renewal website in

order to allow opportunities for public comment. The waiver renewal page is located at: www.dhs.wisconsin.gov/seniorcare/input/index.htm.

The draft application includes historical and expected enrollment and expenditures, evaluation parameters, specific waivers requested, a minimum 30-day advance notice of public meeting dates and times of public meetings and information on providing comments.

Forums for public information and comment included the following:

- SeniorCare Advisory Committee;
- Communications/Coordination with Native Americans;
- Public Hearings;
- SeniorCare Waiver Renewal Website, including online comment form; and
- Addresses and phone numbers published for public to comment.

A. SeniorCare Advisory Committee

To ensure ongoing communication and coordination with stakeholders, the Department has established a SeniorCare Advisory Committee. The Advisory Committee meets in open forums to advise the Department on important SeniorCare matters. The SeniorCare Advisory Committee met on May 18, 2012 and July 16, 2012. Attachment B contains copies of the announcements for these two public meetings.

In 2012, the SeniorCare Advisory Committee included representatives from:

- Senior advocacy groups (AARP)
- Benefit Specialists (Wisconsin Area Agencies on Aging, and the Wisconsin Board on Aging and Long Term. Care);
- Providers (pharmacists and physicians practicing in Wisconsin);
- Community partners (county and tribal community care representatives, The Pharmacy Society of Wisconsin (PSW) and PhRMA); and
- State and federal agency representatives (the Wisconsin Department of Health Services and the Centers for Medicare and Medicaid Services).

B. Communication/Coordination with Native Americans

Wisconsin has a long-standing working relationship with tribal health directors in the State. The State has worked closely with tribal health

directors on Medicaid HMO implementation, on BadgerCare Plus, and on issues to meet specific tribal health care needs. For instance, a special disenrollment procedure was developed for tribal members that involved close coordination with Indian Health Service Clinics, tribal members, and the Medicaid HMO enrollment broker. A special payment system was developed so that non- HMO affiliated Indian Health Clinics could still be reimbursed by Medicaid fee-for-service funds for services provided to tribal members enrolled in HMOs, so that Indian Health Service funds would not be jeopardized by the expansion of the HMO program.

The Department of Health Services continues to hold regular meetings with tribal members to discuss health care related issues, including SeniorCare.

The SeniorCare Waiver renewal request was discussed at the June 27, 2012 tribal consultation meeting. A letter to Tribal Leaders and Tribal Health Directors was sent on June 29, 2012 offering different options for submitting comments regarding the initial draft waiver application. A subsequent email was sent on August 22, 2012 with an updated draft waiver application for a final opportunity to comment. The two letters are included in Attachment C.

C. Public Notices

1. Governor Walker press releases

Governor Walker issued two press releases regarding the SeniorCare waiver renewal (see Attachment B). The first was to communicate that Wisconsin would apply for a waiver renewal and the second was to announce that the waiver renewal application had been submitted.

2. Notices of Public Hearings

As part of the waiver renewal request process, Wisconsin held six public meetings. Notices of each meeting can be found in Attachment B. These notices were published and press releases were issued in advance of the dates.

Two of the hearing notices were published in the State's official administrative record, the Wisconsin Administrative Register, Mid-June 2012 edition, volume 678a and one was published in the same edition, volume 678b (see Attachment B). These notices included a comprehensive description of the SeniorCare program, including program goals and objectives; eligibility and benefits; historical and expected enrollment and

expenditures; evaluation parameters; and specific waivers requested. This information was also posted on the Department's website.

The public was able to call in with their comments at two of the meetings. There were approximately 20 people in attendance at each meeting. Two of the hearings were led by the Medicaid Director and one was led by the DHS Deputy Secretary.

The following public meetings were held:

SeniorCare Advisory Committee Meeting

Friday, May 18, 2002

9:00 am to 11:00 am

Room 751

Department of Health Services

1 West Wilson St

Madison, WI 53704

Tribal Health Directors Meeting

Wednesday, June 27, 2012

10:00 am to 3:00 pm

Howard Johnson Inn and Conference Center

2101 North Mountain Road

Wausau, WI 54401

SeniorCare Public Hearing

Thursday, June 28, 2012

10:00 am to 12:00 noon

Portage County Annex

1462 Strongs Avenue

Stevens Point, WI 54481

SeniorCare Public Hearing

Friday, June 29, 2012

10:00 am to 12:00 noon

State Office Building

141 NW Barstow Street, Room 151

Waukesha, WI 53188

SeniorCare Public Hearing
Friday, July 13, 2012
10:00 am to 12:00 noon
County Board Room
St. Croix County Government Center
1101 Carmichael Center
Hudson, WI 54016

SeniorCare Advisory Committee Meeting
Monday, July 16, 2012
9:00 am to 11:00 am
Room 751
Department of Health Services
1 West Wilson St
Madison, WI 53704

D. SeniorCare Waiver Renewal Website

Various types of written material have been created to inform the public on an ongoing basis of the State's progress and goals in implementing and operating SeniorCare, such as a draft of the application, fact sheets and brochures, hearing notices, presentations and media announcements. These materials are available on the Department's SeniorCare web site, which is:
www.dhs.wisconsin.gov/seniorcare.

On this website, there was also a form to use for comment submissions through an online survey tool. Meeting notices and our website also gave an address to which comments could be mailed. The comment period closed on Monday, July 16, 2012.

Attachment D shows screen shots of the website during the public comment period, post-comment period before submission and period after submission. We will continue to update this site throughout the renewal process.

As previously stated, this website provides a comprehensive description of the SeniorCare program, including program goals and objectives, eligibility and benefits. Also on this website were drafts of the waiver application and a means to join an email list and to submit comments over the web.

E. Email List

On the same website as is referenced above, there is a tool members of the public could use to sign up for email updates on the SeniorCare renewal. An email was sent to the list on 8/31/12 announcing that the waiver application had been submitted and providing a copy of a press release that announced the submission. Future emails are planned announcing the beginning of the federal comment period and the approval of the waiver application.

F. Post-Award Meetings

The SeniorCare Advisory Committee will meet at least 6 months after the implementation date of the demonstration and annually thereafter. These meetings will constitute a public forum to solicit comments on the progress of the SeniorCare demonstration project. We will hold this public forum in such time as to include a summary of the forum in our annual report to CMS. SeniorCare Advisory Committee meeting notices will be published with the date, time, and location of the public forum in a prominent location on our public website, at least 30 days prior to the date of the planned public forum.

In addition, the DHS SeniorCare public website will be continuously updated and available.

VIII. PUBLIC COMMENTS

The Department received approximately 300 comments via telephone, email, web form, public hearings and mail (see Attachment E). Comments came from pharmacists, pharmacy and medical students, advocates, veteran’s services officer, prospective and current members, family of members, and elected officials.

A. Overall Comments

The main themes of the comments were:

- Keep the SeniorCare program as is;
- SeniorCare is a life-sustaining program for many members; and
- Consider adding Medication Therapy Management (MTM) as a means to save money by keeping seniors healthier.

B. Web Form Comments

To summarize, of the 158 comments received via the web form:

- 150 were in support of renewing the SeniorCare waiver;
- One person felt SC wasn't needed because there is Medicare Part D; and
- 97 comments recommended that SeniorCare adopt a medication therapy management benefit aligned with the Wisconsin Pharmacy Quality Collaborative (WPQC) program. WPQC is a payer collaborative that supports medication therapy management services throughout Wisconsin. Wisconsin Medicaid is a member of WPQC and supports many of its tenets through the Wisconsin Medicaid MTM program.

IX. CMS OVERSIGHT OF WAIVER PROGRAM QUALITY

CMS oversight of the Waiver Program is an on-going activity that consists of different kinds of interaction with the states. On-going dialogue is not new. Regional Office staff has always communicated with states in many different ways. These interactions with states throughout the life of a waiver are an important aspect of CMS over-sight activity.

Information accumulated through on-going dialogue with states adds to the body of information formally obtained through the quarterly and annual reports, state responses to CMS requests for information, complaints to CMS and state follow-up, CMS technical assistance and training, etc.

When gathered continuously over the three to five year cycle, the observations and body of information will serve as the basis for providing the state with a CMS report on the state's implementation of the waiver prior to the state's development of a renewal application.

CMS on-going dialogue takes many forms, including:

- On-site direct observation of state activities;
- Direct communication with members, families and advocates;
- Provision of technical assistance;
- Review of written documents; and
- Other forms of dialogue.

On-site direct observation of state activities provides concrete evidence that the state is carrying out the program, including quality management activities, as described in its approved waiver. Examples include:

- Participating in state oversight activities (i.e., monitoring visits conducted by the operating and/or Medicaid agency of state agencies and/or service providers); talking with state staff who carry out this activity;
- Observing delegated program administration functions, i.e., talking with state agency managers about service delivery and their understanding of requirements and the state's oversight of their functions; and

- Observing services being delivered and talking with providers about service delivery and their understanding of requirements.

Direct communication with members, families and advocates provides an opportunity to hear directly about the experiences of individuals in the system, to learn about the program, to affirm CMS's oversight role and to provide information and respond to questions about the federal program.

These interactions may occur:

- On a one-to-one basis during program visits;
- In response to complaints from members, families, providers and other stakeholders; and/or
- CMS staff may request of states the opportunity to participate in any standing meetings or events that provide an opportunity to meet with groups of members, families and advocates.

Through the provision of technical assistance, relationships between CMS and state agency staff develop that facilitate information sharing. Technical assistance to the states provides valuable assistance in understanding and meeting CMS expectations and in improving quality.

Examples include:

- Phone contact;
- State agency staff visit CMS offices; and
- CMS staff visit to the State agency.

Review of written documents, including:

- Reports filed by the state as required follow up to an inquiry, a review or investigation;
- Evaluation reports required by a renewal application approval; and
- Standard quality management reports submitted by the state on a voluntary basis to inform the Regional Office.

Other/General Dialogue

- Attending and presenting at state sponsored conferences or meetings including the SeniorCare Advisory Committee;
- Hosting education days (meetings or calls) for sharing information among states and Regional Office;
- Monthly meetings /phone calls with State Medicaid Directors to discuss developments in the federal program and state issues; and

- It is essential that CMS staff document the on-going dialogue to record and preserve the interactions between CMS and State staff and the outcome/decisions made as a result of the dialogue.

X. EVALUATION ACTIVITIES AND FINDINGS

A. Quality Measures

The Department contracted with Brandeis University researchers to provide qualitative information regarding the SeniorCare waiver program. This information will be provided to CMS in an upcoming quarterly report. Shown below are the indicators of the quality and accessibility of the waiver program that the Department has observed through program monitoring activities.

1. Overall Support for SeniorCare

One needs only to look at the overwhelming outpouring of support for the program to know that it is perceived by the public as being a high-quality program that provides essential benefits to Wisconsin seniors.

2. Renewal Rates High

Another measure of program quality is the rate at which people whose benefit year expires renew for another 12-month benefit period.

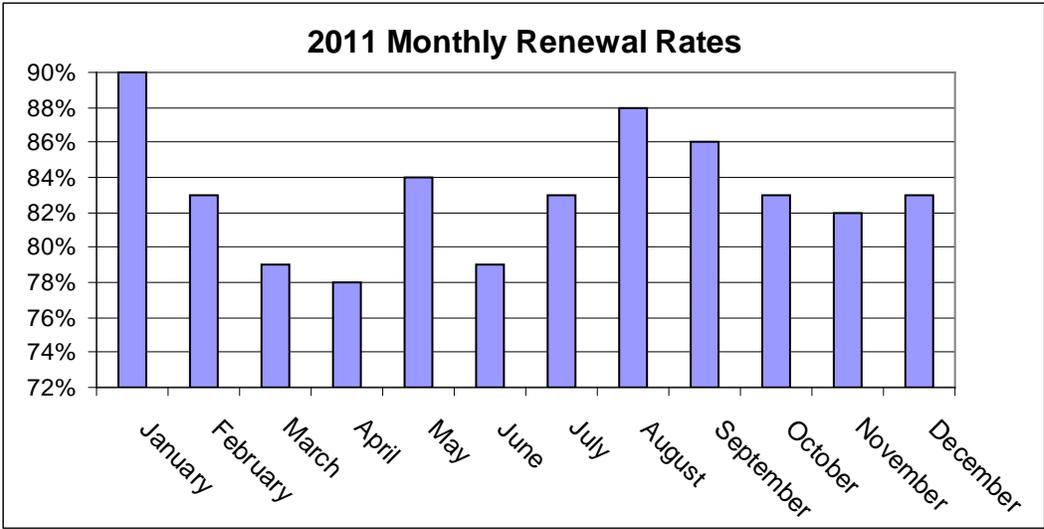
SeniorCare waiver and non-waiver program renewal rates are high and customer problems and appeals are low. On average 84% of people who received a renewal notice returned their renewal in order to extend their benefit period for another 12 months.

CY 2011 SeniorCare Waiver Applications and Renewals

Month	New Applications	Renewals Due	Renewals Received	Renewal Rate
January	1,030	5,075	4,547	90%
February	870	4,540	3,757	83%
March	913	5,144	4,084	79%
April	772	4,981	3,876	78%
May	858	5,565	4,692	84%
June	746	3,498	2,774	79%
July	779	3025	2,517	83%

August	940	14,126	12,416	88%
September	959	6,005	5,143	86%
October	1,300	5,482	4,532	83%
November	1,928	7,519	6,157	82%
December	2,120	11,638	9,674	83%
Total	13,215	76,598	64,169	84%

Another way to look at this is that of the 69,709 members eligible for the SeniorCare waiver program during CY 2010, 59,827 (86%) applied for renewal and were found to be eligible in 2011. The rest either didn't apply or applied and were found ineligible for the program.



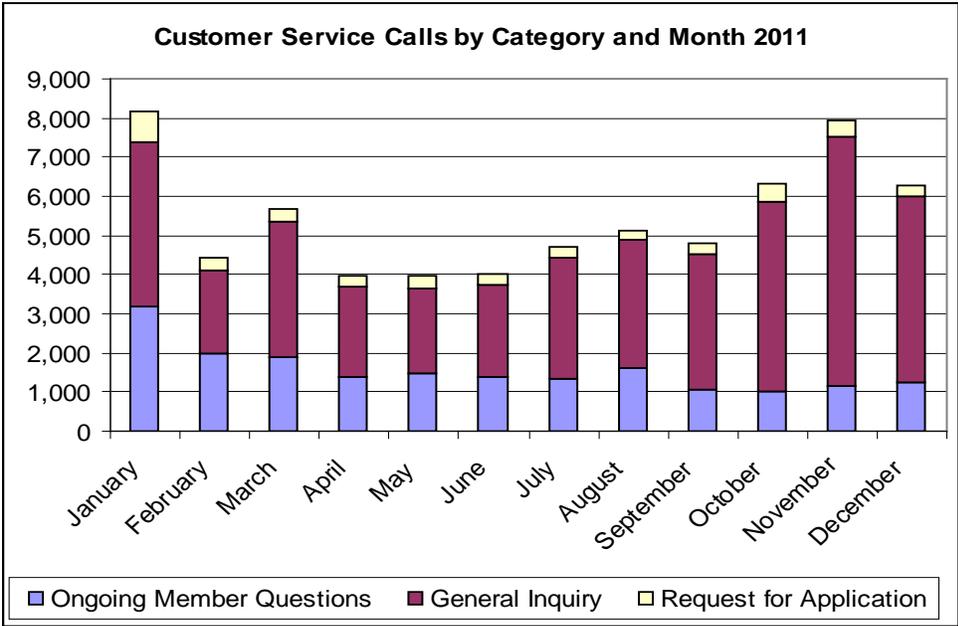
3. Number of Calls from Members with Questions Low

Not only are renewal rates high, but calls from members with questions are low. The SeniorCare Customer Service Hotline (hotline) is staffed with six full-time equivalent (FTE) correspondents. The majority of calls received by the hotline can be classified into three categories:

- a. Non-members who have general inquiries about the program;
- b. Members who want to report a change or have specific questions about benefits; and
- c. Non-members' requests for applications.

This chart shows that for all months, general inquiries are most frequent. Calls from members who have questions about their benefits are of medium frequency in relation to other calls. Since the program is deliberately kept simple so that

benefits are easy to understand and use, it makes sense that there would not be a lot of calls with questions.



4. Drug Utilization Review (DUR) Improves Quality

Earlier in this application is a discussion of the use of the DUR as a cost-saving strategy. Not only does this activity help control costs, but it also contributes to the quality of care delivered under the program.

Prospective Drug Utilization Review (DUR) occurs at the point of sale (POS). The Medicaid POS system screens certain drug therapy problems before the prescription is dispensed to the member. The screen provides the pharmacist with information regarding potential contra-indications by activating alerts that identify problems.

On a monthly basis, the Department performs retrospective DUR review. The review of drug claims against DUR Board-approved criteria generates patient profiles that are individually reviewed for clinical significance. If a potential drug problem is discovered, intervention letters are sent to all providers who ordered a drug relevant to the identified problem.

5. Advisory Committees Help Ensure Quality

As was already mentioned, the SeniorCare program has its own advisory committee. In addition to that committee, the Department has other committees that advise on topics such as mental health and drugs to include on the Preferred Drug List. The participation of these groups is essential to improving and maintaining the high quality of care the program has always provided.

6. Qualitative Review Reveals High Satisfaction

The Department contracted with Dr. Donald Shepard and Dr. Cindy Thomas of Brandeis University to complete an evaluation of the most recent SeniorCare waiver period of CY 2010, CY 2011 and CY 2012. The researchers completed interviews with approximately 15 individuals. Preliminary reports from the researchers show SeniorCare is an overwhelmingly effective and well-administered program.

In addition to the evaluation, DHS staff met with individuals around the state who reported being very satisfied with the program.

B. Quantitative Measures

1. Past External Evaluation

An evaluation of the SeniorCare waiver program was completed by Brandeis University in 2005. Findings were as follows:

a. SeniorCare reduced skimping on/going without medication

A member survey found that SeniorCare had a dramatic reduction in self-reported going without necessities and skipping prescribed drugs for financial reasons (what Brandeis called skimping), particularly among the most vulnerable beneficiaries.

b. SeniorCare reduced Medicaid expenditures and nursing home entry

The Medicaid program savings were more than sufficient to pay for the SeniorCare waiver program. Among the financially most vulnerable populations, SeniorCare enrollment was associated with reductions in

Medicaid expenditures and nursing home entry of about 50% compared to the control state, which was Ohio. The rate at which SeniorCare members became eligible for full Medicaid benefits in the first year was 11% compared to matched Ohio control entry rate of 22%. The rate of nursing home entry of SeniorCare members was 2.2% compared to 4.5% for the matched Ohio controls.

c. Medicaid spending for former members of SeniorCare was reduced.

For former SeniorCare members, Medicaid spending per entrant was significantly lower compared to matched Ohio controls.

d. Medicare costs and utilization reduced after SeniorCare.

Models that examined the difference in Medicare costs and inpatient utilization before and after the 2003 implementation of SeniorCare found evidence of positive, but modest, decreases in Medicare costs and inpatient utilization (compared to Ohio).

2. Current External Evaluation

Brandeis University researchers, Dr. Donald Shepard and Dr. Cindy Thomas, completed a quantitative evaluation of the most recent SeniorCare waiver period of CY 2010, CY 2011 and CY 2012. DHS provided the data for the evaluation. Their analysis of the data showed the following:

a. SeniorCare remains a very popular program in Wisconsin.

b. The waiver program has a relatively stable enrollment of between 75,000-77,000 between 2008 and 2011 (slightly declining in 2011), with a consistent distribution by income and gender over these years (Exhibits 1, 1a,1b).

c. SeniorCare is increasingly being used as a wrap-around for Part D (Exhibit 2).

d. While a considerable number of new members enter each year, most members have been in the program for three or more years, and about 75 % re-enroll from one year to the next (Exhibits 3 and 4). This is a favorable retention rate, considering the opt-in design of the plan.

e. Between 2002 and 2005, the proportion of Wisconsin seniors without drug coverage (prior to Medicare Part D) decreased by 37% for individuals less than 100% of poverty, and 25% for those between 100 and 200% of poverty (Exhibit 5).

f. Program spending in total and per member has decreased in the years 2008 through 2012, including lower member out of pocket costs. This is in part due to: increased use as a wrap-around to Part D and other programs; increased use of generic drugs and new generic pricing strategies; and increased use of supplemental rebates (Exhibit 6).

g. Remarkably, over half of the program spending is paid for by rebates, and the state portion is less than 20 % (Exhibits 7a and 7b).

h. Compared to Medicare Part D, SeniorCare is a better option in terms of out-of-pocket spending in almost all cases. The only circumstance in which part D is preferable to SeniorCare is for persons not on Medicaid, and who meet the requirements for Medicare Part D's full low income subsidy (with very limited asset requirements).

i. In the cases examined, SeniorCare lowered out-of-pocket costs up to 69 % over Part D for those individuals with high drug needs (Exhibit 8).

j. Finally, SeniorCare appears to be an efficient program. Administrative costs are less than three percent of program costs, a favorable comparison to either Medicare or private health insurance (Exhibit 10).

The full report is available in Attachment F.

3. Future Evaluation

The Department will continue to monitor the SeniorCare program data in order to ensure that program goals and objectives are met.

The objectives for the waiver period are keeping Wisconsin seniors healthy by continuing to provide a necessary primary health care benefit and helping control overall costs for the aged Medicaid populations by preventing seniors from becoming eligible for full Medicaid due to deteriorating health and having to "spend down" to Medicaid eligibility levels.

Using program metrics such as SeniorCare duration of enrollment, program expenditures and utilization trends; Medicaid enrollment trends and expenditures; and member feedback, DHS will continue to monitor SeniorCare membership; how members are being served by the program; and how the program is a cost-effective option for drug coverage for the state.

Data may be collected from the MMIS claims and financial reporting systems, eligibility processing center, SeniorCare call center, member communications response systems, and public meeting forums.

Attachment A

**SeniorCare Waiver Application
Attachment A Budget Neutrality**

Table 1A Hypothetical Scenario Medicaid Members Age 65+ SFY 1998 to SFY 2009

	Pre-Waiver Previously Submitted to CMS ¹				
	Actual SFY98	Actual SFY99	Actual SFY00	Actual SFY01	Actual SFY02 ³
Member Months	765,095	762,290	763,574	759,105	765,297
Members	63,758	63,524	63,631	63,259	63,775
Cost per Member per Month (PMPM)	\$1,385	\$1,426	\$1,489	\$1,559	\$1,709
Net Medicaid Expenditures ²	\$1,059,737,542	\$1,086,982,017	\$1,136,742,709	\$1,183,751,984	\$1,307,723,150
Cost per Member Change		2.9%	4.4%	4.7%	9.6%
Member Month Change		-0.4%	0.2%	-0.6%	0.8%

	Projections Previously Submitted to CMS						
	SFY03	SFY04	SFY05	SFY06	SFY07	SFY 08 ⁶	SFY 09
Member Months	780,603	796,215	812,139	824,321	832,564	832,564	831,732
Member Months Percent Change		2.0%	2.0%	1.5%	1.0%	0.0%	-0.1%
Members ⁴	65,050	66,351	67,678	68,693	69,380	69,380	69,311
Rate of Diversion (Part D)	0%	0%	0%	0.5%	1.0%	2.0%	4.0%
Number of Member Months Diverted (Part D)	0	0	0	4,061	8,243	16,651	33,269
Adjusted Member Months	780,603	796,215	812,139	820,260	824,321	815,913	798,462
Cost per Member per Month Net of Rebates (PMPM)	\$1,816	\$1,931	\$2,053	\$2,182	\$2,319	\$2,389	\$2,461
Adjusted Cost PMPM Net of Rebates (Part D)	\$1,816	\$1,931	\$2,053	\$1,931	\$2,121	\$2,168	\$2,233
Medicaid Expenditures	\$1,417,911,902	\$1,537,385,159	\$1,666,925,233	\$1,583,922,060	\$1,748,384,841	\$1,768,592,173	\$1,782,688,935
Initiatives ⁵	\$0	-\$24,500,000	-\$56,000,000	-\$28,000,000	\$0	\$0	\$0
Net Expenditures	\$1,417,911,902	\$1,512,885,159	\$1,610,925,233	\$1,555,922,060	\$1,748,384,841	\$1,768,592,173	\$1,782,688,935

¹ Pre-waiver cost, utilization, and enrollment was not fully compiled before the original waiver application was submitted to CMS (March 28th, 2002). SFY02 total Medicaid expenditures, eligible member months and cost per eligible per month have been updated to reflect actuals.

² Net of drug rebates and dual-eligible drug spend, including Home and Community Based Services (HCBS) waivers and other financial payments.

³ SFY 02 total medicaid expenditures adjusted 12 million, from 1,326,699 to 1,307,723,150, to subtract administration costs and the non-MA Community Options Program. Increase between SFY 01 and 02: The nursing home supplement increased by \$36 million (from \$40 to \$77 million). Additionally, Family Care expansion began in 2001 and continues to expand and will continue to expand over the next three years.

⁴ Members estimated by dividing member months by 12.

⁵ Initiatives are cost savings from the following policy changes: prior authorization, preferred drug list, generic first, supplemental rebates and reimbursement rates.

⁶ Trend rates reflect figures negotiated with CMS from the original budget neutrality worksheet (eligible member months: 2.0% and cost per eligible: 6.30%).

⁷ Cost per member change for SFY 2008 to SFY 2009 is conservative estimate based on negotiated trend rate of 6.3%. Declines in member month change for SFY 2009 reflects continued Part D diversion and increases beginning SFY08 to correspond with changes in SeniorCare member eligible month decreases.

**SeniorCare Waiver Application
Attachment A Budget Neutrality**

Table 1B Hypothetical Medicaid Members Age 65+ CY 2010 to CY 2015

	Re-estimated Base Numbers Using Actuals to Estimate the Current Waiver Period ¹			New Projections			
	CY10	CY11	CY12	CY13	CY14	CY15	3-year Total
Member Months ¹	855,909	880,788	906,391	931,770	957,859	984,680	2,874,309
Members 65+ ²	71,326	73,399	75,533	77,647	79,822	82,057	239,526
Member Months Change ³	2.9%	2.9%	2.9%	2.8%	2.8%	2.8%	
Rate of Diversion from Medicaid due to Part D ⁴	1.1%	1.0%	1.1%	1.1%	1.1%	1.1%	
Adjusted Members 65+ after Diversion	70,511	72,646	74,709	76,810	78,971	81,193	236,974
Number of Member Months Diverted	9,775	9,035	9,885	10,045	10,206	10,369	30,621
Adjusted Member Months after Diversion	846,133	871,753	896,506	921,725	947,653	974,310	2,843,688
Cost Per Member per Month (PMPM)	\$1,999	\$1,960	\$2,008	\$2,045	\$2,104	\$2,162	
PMPM Change		-2.0%	2.5%	1.8%	2.9%	2.7%	
Net Expenditures ⁵	\$1,691,677,026.73	\$1,708,551,260	\$1,800,260,968	\$1,884,724,865	\$1,994,163,036	\$2,106,490,475	\$5,985,378,375
Intervention-based Services MTM Initiative ⁶			\$152,515	\$158,530	\$178,373	\$227,165	\$564,069
Comprehensive Medication Review (CMR) MTM Initiative ⁶			\$686,318	\$705,624	\$725,473	\$745,881	\$2,176,978
All Funds Net Expenditures with Initiatives	\$1,691,677,027	\$1,708,551,260	\$1,801,099,802	\$1,885,589,018	\$1,995,066,883	\$2,107,463,520	\$5,988,119,422

¹ Member Months CY 2010 to CY 2012 were recalculated in order to better reflect actual experience in the Medicaid Program. Member months CY 2010 to CY 2015 calculated by increasing the prior year's member months by the member months change trend.

² Members calculated by dividing member months by 12.

³ Member months change percentages are based on Medicaid trends. Trends for CY 2010 to 2012 are based on Medicaid trends from CY 2009 to CY 2011. Trends for CY 2013 to 2015 are based on Medicaid trends from CY 2008 to CY 2012 and demographic projections for the over 65 yr populations in Wisconsin.

⁴ Part D's share of diversion is based on the share of SeniorCare members who also have Part D.

⁵ Net Expenditures calculated as adjusted member months multiplied by cost per member per month.

⁶ Medication Therapy Management (MTM) service initiative would have been implemented in 2012 for those 65+ years of age, regardless of SeniorCare.

**SeniorCare Waiver Application
Attachment A Budget Neutrality**

Table 2A Medicaid Members 65+ and Expenditures, including but not limited to Pharmacy, SFY 1998 to SFY 2009

	Pre-Waiver Expenditures Previously Submitted to CMS				
	SFY98	SFY99	SFY00	SFY01	SFY02
Member Months	765,095	762,290	763,574	759,105	765,297
Members	63,758	63,524	63,631	63,259	63,775
Cost per Member per Month (PMPM)	\$1,385	\$1,426	\$1,489	\$1,559	\$1,709
Medicaid Expenditures Net of Rebates	\$1,059,737,542	\$1,086,982,017	\$1,136,742,709	\$1,183,751,984	\$1,307,723,150
Net Expenditures Change		2.6%	4.6%	4.1%	10.5%
Member Months Change		-0.4%	0.2%	-0.6%	0.8%
Cost per Member Change		2.9%	4.4%	4.7%	9.6%

	With Waiver Projections Previously Submitted to CMS					Actual CY 08 ²
	SFY03	SFY04	SFY05	SFY06 ¹	SFY07	
Member Months	775,224	760,092	765,516	760,728	767,052	780,852
Estimated Members	64,602	63,341	63,793	63,394	63,921	65,071
Cost per Member per Month (PMPM)	\$1,779	\$1,853	\$1,929	\$1,854	\$1,879	\$1,757
Medicaid Expenditures Net of Rebates	\$1,379,133,558	\$1,408,828,437	\$1,477,055,849	\$1,410,717,267	\$1,441,310,377	\$1,372,010,896

¹ SFY06 temporary decrease in member months due to introduction of Part D.

² SFY08 data based on actuals.

**SeniorCare Waiver Application
Attachment A Budget Neutrality**

Table 2B Actual Medicaid Members 65+ Expenditures, including but not limited to Pharmacy, CY 2009 to CY 2015

	Updated Actuals			New Projections				
	CY09	CY10	CY11	Estimated CY12	CY13	CY14	CY15	3-year Total
Member Months 65+ ¹	807,768	822,432	850,872	873,552	898,398	923,951	950,230	2,772,579
Members 65+ ²	67,314	68,536	70,906	72,796	74,866	76,996	79,186	231,048
Member Change ³	3.4%	1.8%	3.5%	2.7%	2.8%	2.8%	2.8%	
Cost per Member per Month (PMPM)	\$1,754	\$1,831	\$1,802	\$1,855	\$1,889	\$1,944	\$1,998	
Cost per Member Change ⁴	7.4%	4.4%	-1.6%	3.0%	1.8%	2.9%	2.7%	
Gross Expenditures ⁵	\$1,416,615,333	\$1,505,940,832	\$1,533,256,375	\$1,620,870,257	\$1,697,433,688	\$1,796,542,634	\$1,898,315,812	\$5,392,292,134
Intervention-based Services MTM Initiative ⁶				\$146,990	\$152,852	\$172,059	\$219,218	\$544,129
Comprehensive Medication Review (CMR) MTM Initiative ⁶				\$302,576	\$311,182	\$320,033	\$329,135	\$960,350
Gross Expenditures with Initiatives	\$1,416,615,333	\$1,505,940,832	\$1,533,256,375	\$1,621,319,823	\$1,697,897,722	\$1,797,034,726	\$1,898,864,166	\$5,393,796,613
Rebates	\$13,390,398	\$14,183,536	\$13,456,321	13,522,569	\$13,589,143	\$13,656,045	\$13,723,276	\$40,968,464
Rebates Change ⁷		5.92%	-5.13%	0.49%	0.49%	0.49%	0.49%	
All Funds Net Expenditures	\$1,403,224,935	\$1,491,757,296	\$1,519,800,054	\$1,607,797,254	\$1,684,308,579	\$1,783,378,681	\$1,885,140,890	\$5,352,828,149

¹ Member months in CY 2009 to CY 2015 calculated by multiplying number of members by 12.

² Members CY 2010 to CY 2012 calculated by increasing the prior year's members by the member change trend.

³ Member change percentage for CY 2013 to CY 2015 is based on a 5-year trend of Medicaid members age 65 years and older.

⁴ Cost per member change CY 2012 to CY 2015 percentage based on DHS financial projections.

⁵ CY 2012 to CY 2015 gross expenditures calculated by multiplying the cost per member per month (PMPM) and the number of member months.

⁶ Medication Therapy Management (MTM) service initiative for MA members effective 09/01/2012.

⁷ Rebates change percentages for CY 2013 to CY 2015 are based on the change in rebate dollars from CY 2009 to CY 2011.

**SeniorCare Waiver Application
Attachment A Budget Neutrality**

Table 3A SeniorCare SFY 2003 to SFY2008

	Previously Reported to CMS					
	Actuals					Projected
	SFY03 ¹	SFY04	SFY05	SFY06	SFY07	SFY08
Member Months	550,358	806,585	843,508	883,616	884,626	785,584
Member Months Change		46.6%	4.6%	4.8%	0.1%	-11.2%
Members ²	45,863	67,215	70,292	73,635	73,719	65,465
Cost per Member per Month	\$59.79	\$77.53	\$88.49	\$91.95	\$83.79	\$78.41
Cost per Member per Month Change		29.7%	14.1%	3.9%	-8.9%	-6.4%
Gross Expenditures	\$77,620,456	\$135,832,078	\$154,569,397	\$165,983,179	\$163,466,833	\$145,962,940
Gross Expenditures Change		75.0%	13.8%	7.4%	-1.5%	-10.7%
Spenddown, Deductible & Copays	\$30,752,744	\$45,754,808	\$46,942,625	\$40,984,453	\$39,926,279	\$34,802,485
Deductible & Copays Change		48.8%	2.6%	-12.7%	-2.6%	-12.8%
Drug Manufacturer Rebates	\$13,961,625	\$27,540,314	\$32,986,362	\$43,749,554	\$49,416,222	\$49,559,346
Rebate Change			19.77%	32.63%	12.95%	0.29%
Net Annual Expenditures	\$32,906,087	\$62,536,956	\$74,640,410	\$81,249,172	\$74,124,332	\$61,601,109
Net Annual Expenditure Change			19.35%	8.85%	-8.77%	-16.89%

¹ SFY 03 is lower than other years because the SC program was not in place for the full fiscal year.

² Members estimated by dividing Member Months by 12.

**SeniorCare Waiver Application
Attachment A Budget Neutrality**

Table 3B Actual SeniorCare CY 2009 to CY 2015

SeniorCare	Actual			New Projections				
	CY09	CY10	CY11	Estimated CY12	CY13	CY14	CY15	3-year Total
Member Months ¹	727,327	739,824	719,030	705,368	697,609	701,097	707,407	2,106,114
Member Months Change ²	-7.42%	1.7%	-2.8%	-1.9%	-1.1%	0.5%	0.9%	
Members ³	60,611	61,652	59,919	58,781	58,134	58,425	58,951	175,510
Cost per Member per Month	\$ 179.94	\$ 168.22	\$ 157.92	\$ 152.59	\$ 151.31	\$ 155.85	\$ 160.52	
Cost per Member per Month Change ²	-3.2%	-6.5%	-6.1%	-3.4%	-0.8%	3.0%	3.0%	
Gross Expenditures ⁴	\$130,873,828	\$124,453,554	\$113,548,836	\$107,632,975	\$105,554,841	\$109,265,093	\$113,555,933	\$328,375,867
Intervention-based Services MTM Initiative ⁵				\$118,690	\$118,690	\$130,559	\$163,199	\$412,448
Comprehensive Medication Review (CMR) MTM Initiative ⁵				\$550,451	\$544,397	\$547,119	\$552,043	\$1,643,558
Gross Expenditures with Initiative	\$130,873,828	\$124,453,554	\$113,548,836	\$108,302,116	\$106,217,927	\$109,942,771	\$114,271,175	\$330,431,872
Deductible & Copays	\$24,107,858	\$22,426,684	\$20,474,563	\$17,942,984	\$17,053,012	\$17,649,868	\$18,338,212	\$53,041,092
Deductible & Copays Change ²	-31%	-7.0%	-8.7%	-12.4%	-5.0%	3.5%	3.9%	
Rebates	\$ 53,218,657	\$55,570,501	\$49,969,867	\$50,780,858	\$50,780,858	\$50,780,858	\$50,780,858	\$152,342,575
Rebates Change ²	7.2%	4.4%	-10.1%	1.6%	0.0%	0.0%	0.0%	
Net Expenditures	\$53,547,313	\$46,456,369	\$43,104,406	\$39,578,274	\$38,384,057	\$41,512,045	\$45,152,104	\$125,048,205

¹ Member Months CY 2012 to CY 2015 calculated by increasing the prior year's members by the member change trend.

² Change percentages for CY 2013 to CY 2015 are based on DHS financial projections.

³ Members estimated by dividing Member Months by 12.

⁴ Gross Expenditures are calculated as Member months multiplied by Cost PMPM.

⁵ Medication Therapy Management (MTM) service initiative for SeniorCare members effective 09/01/2012.

**SeniorCare Waiver Application
Attachment A Budget Neutrality**

Table 4 Comparison of Expenditures

Comparison	Re-estimated Base Numbers Using Actuals to Estimate the Current Waiver Period			Projections		
	CY10	CY11	CY12	CY13	CY14	CY15
MA Net With Waiver Expenditures	\$1,491,757,296	\$1,519,800,054	\$1,607,797,254	\$1,684,308,579	\$1,783,378,681	\$1,885,140,890
SeniorCare Net Expenditures	\$46,456,369	\$43,104,406	\$39,578,274	\$38,384,057	\$41,512,045	\$45,152,104
Total Net With Waiver Expenditures (MA Plus SC)	\$1,538,213,664	\$1,562,904,460	\$1,647,375,528	\$1,722,692,635	\$1,824,890,725	\$1,930,292,994
Without Waiver Medicaid Expenditures	\$1,691,677,027	\$1,708,551,260	\$1,801,099,802	\$1,885,589,018	\$1,995,066,883	\$2,107,463,520
Savings with Waiver	\$153,463,362	\$145,646,800	\$153,724,274	\$162,896,383	\$170,176,157	\$177,170,527

Attachment B



1 WEST WILSON STREET
P O BOX 309
MADISON WI 53701-0309

Scott Walker
Governor

Dennis G. Smith
Secretary

Telephone: 608-266-8922
FAX: 608-266-1096
TTY: 888-692-1402
dhs.wisconsin.gov

State of Wisconsin

Department of Health Services

**OPEN MEETING NOTICE
SeniorCare Advisory Committee
May 18, 2012**

9:00 am to 11:00 am

1 West Wilson, Room 751, Madison, WI 53701

AGENDA

- 9:00am** **Welcome and Introductions**
Kitty Rhoades, Deputy Secretary, Department of Health Services (DHS)

Brett Davis, Medicaid Director, Division of Health Care Access and
Accountability (DHCAA)
- 9:10am** **Policy Updates and Discussion**
- 9:10am** **Overview of SeniorCare Statistics and Governance**
Kim Reniero, Pharmacy Analyst, Bureau of Benefits Management (BBM)
- 10:00am** **SeniorCare Waiver Renewal Process and Timeline**
James Vavra, Director, BBM
Rachel Currans-Henry, Deputy Director, BBM
- 10:15am** **Discussion**
Brett Davis, Medicaid Director
James Vavra, Director, BBM
- 11:00am** **Adjourn**

- NOTES:**
- ◆ Contact Person – K Reniero (608) 267-7939 or KimP1.reniero@dhs.wisconsin.gov
 - ◆ The meeting is accessible for people with mobility impairments. Handicapped parking is available in the back of the building in the parking lot. Accessible entrance is found in back of the building nearest the handicapped parking or in front of the building, using the side entrance. People needing special accommodations to attend or participate in the meeting should notify the contact person at least five working days prior to the meeting.

cc: State Editor, Milwaukee Journal Sentinel
State Editor, The Capital Times
State Editor, Wisconsin State Journal

Posted - State Capitol Building
Posted - 1 W. Wilson Street

PH11012

WISCONSIN TRIBAL HEALTH DIRECTORS

AGENDA

Howard Johnson Inn and Conference Center

2101 North Mountain Road

Wausau, WI 54401

715 842-0711

Wednesday, June 27, 2012

Agenda:

- 10:00 a. m. Call to Order, Roll Call
- 10:05 a.m. Brett Davis – DHS/ Maximizing tribal clinics delivery/billing for Medicaid card services/performing a GAP analysis.
- 11:05 a.m. Al Matano – DHS/ State Plan Amendments and Senior Care waiver renewal
- 11:25 a.m. Pamela Montagno – Agency for Health Care Research and Quality
- 11:45 a.m. Kristin Hill - GLITC/GLITEC/ Data Analysis
- 12:00 p.m. Lunch on your own
- 1:00 p.m. Mark Edgar – Wisconsin Center for Public Health Education and Training/ Local Public Health Training Needs Assessment
- 1:30 p.m. Tribal Health Directors/ wrap up for 6/6 budget meeting and future Tribal Health Director Meetings, volunteers to pay/host.
- 2:15 p.m. Dr. Gregg Silberg – Medical College of Wisconsin / Building Medical College in Northern Wisconsin
- 2:45 p.m. Closing and wrap up
- 3:00 p.m. Adjourn



State of Wisconsin
 Department of Health Services

Scott Walker, Governor
 Dennis G. Smith, Secretary

For Immediate Release
 June 18, 2012

Contact: Stephanie Smiley
 (608) 266-5862

DEPARTMENT OF HEALTH SERVICES SEEKS INPUT ON SENIORCARE

Program Renewal Process Calls For Public Input Opportunity; No Changes Are Proposed For The Program

MADISON – The Department of Health Services is seeking input from community partners, stakeholders and participants in the SeniorCare program on a draft request to renew the program.

“SeniorCare is successful and has substantial support in Wisconsin. We propose keeping the program in its current form,” said Department of Health Services Deputy Secretary Kitty Rhoades. “Once we take a look at all of the comments received, we’ll draft the final request and ask the federal government to renew the program through 2015.”

The Department has scheduled town hall meetings throughout the state to solicit feedback on the proposal. Individuals who are interested in speaking will have up to five minutes to share their comments at the forums. Those who would like to share their input and do not wish to speak are encouraged to submit their written feedback at the meeting or through the Department’s online form at www.dhs.wisconsin.gov/seniorcare/input.

Testimony may be presented through a telephone conference line for the Stevens Point and Waukesha hearings. After calling the conference line at (877) 402-9757, please enter the access code 5906120.

Nearly 87,000 Wisconsin seniors receive prescription drug benefits through SeniorCare. The Department plans to submit its final waiver request to the Center for Medicare and Medicaid Services at the end of August.

Stevens Point	
Thursday, June 28, 2012 10:00 a.m. to 12:00 noon	Portage County Annex 1462 Strongs Avenue Stevens Point, WI
Waukesha	
Friday, June 29, 2012 10:00 a.m. to 12:00 noon	State Office Building 141 NW Barstow, Room 151 Waukesha, WI
Hudson	
Friday, July 13, 2012 10:00 a.m. to 12:00 noon	St. Croix County Government Center 1101 Carmichael Road, County Board Room Hudson, WI 54016

*** People needing special accommodations to attend or participate in the meeting should notify the Department of Health Services at 608-266-9622 (TTY 888-701-1250) by the day prior to the event.**

###



State of Wisconsin
Department of Health Services

Scott Walker, Governor
Dennis G. Smith, Secretary

For Immediate Release
June 27, 2012

Contact: Stephanie Smiley
(608) 266-1683

DHS SEEKS INPUT AT STEVENS POINT TOWN HALL MEETING TOMORROW ON SENIORCARE

MADISON – Department of Health Services officials are again encouraging community partners, stakeholders and participants in the program to attend its **SeniorCare Town Hall Meeting Thursday, June 28, from 10 a.m. to 12 p.m., at the Portage County Annex, 1462 Strongs Avenue in Stevens Point.**

“SeniorCare is successful and popular, which is why we aren’t making any changes to the existing program,” said Department of Health Services Deputy Secretary Kitty Rhoades, “People who have comments on the draft proposal can join us at one of our listening sessions, submit them online or send them to us through the mail. Once we take a look at all of the comments received, we’ll draft the final request and ask the federal government to renew the program through 2015.”

Individuals who are interested in speaking will have up to five minutes to share their comments at the forum. Those who would like to share their input and do not wish to speak are encouraged to submit their written feedback at the meeting or through the Department’s online form at www.dhs.wisconsin.gov/seniorcare/input

Input may also be presented through a telephone conference line for the event. After you call the conference line at (877) 402-9757, please enter the access code 5906120.

###



State of Wisconsin
Department of Health Services

Scott Walker, Governor
Dennis G. Smith, Secretary

For Immediate Release
June 28, 2012

Contact: Stephanie Smiley
(608) 266-1683

DHS SEEKS INPUT AT WAUKESHA TOWN HALL MEETING TOMORROW ON SENIORCARE

MADISON – Department of Health Services officials are again encouraging community partners, stakeholders and participants in the program to attend its **SeniorCare Town Hall Meeting Friday, June 29, from 10 a.m. to 12 p.m., at the State Office Building, 141 NW Barstow, Room 151 in Waukesha.**

“SeniorCare is successful and popular, which is why we aren’t making any changes to the existing program,” said Department of Health Services Deputy Secretary Kitty Rhoades, “People who have comments on the draft proposal can join us at one of our listening sessions, submit them online or send them to us through the mail. Once we take a look at all of the comments received, we’ll draft the final request and ask the federal government to renew the program through 2015.”

Individuals who are interested in speaking will have up to five minutes to share their comments at the forum. Those who would like to share their input and do not wish to speak are encouraged to submit their written feedback at the meeting or through the Department’s online form at www.dhs.wisconsin.gov/seniorcare/input

Input may also be presented through a telephone conference line for the event. After you call the conference line at (877) 402-9757, please enter the access code 5906120.

###

WAIVER RENEWAL**DEPARTMENT OF HEALTH SERVICES****NOTICE OF PUBLIC HEARING**

NOTICE IS HEREBY GIVEN that pursuant to s. 49.688, Stats., the Department of Health Services will hold a public hearing on renewal of the SeniorCare program, which requires the submission of a waiver renewal application to the federal Centers for Medicare and Medicaid Services (CMS).

Hearing Date(s) and Location(s)**Date and Time**

Thursday, June 28, 2012
10:00 a.m. to 12:00 noon

Location

Portage County Annex
1462 Strongs Avenue
Stevens Point, WI

Friday, June 29, 2012
10:00 a.m. to 12:00 noon

State Office Building
141 NW Barstow, Room 151
Waukesha, WI

Testimony may be presented at either of the two hearings through a telephone conference line. After you call the conference line at (877) 402-9757, please enter the access code 5906120.

Accessibility**English**

DHS is an equal opportunity employer and service provider. If you need accommodations because of a disability or need an interpreter or translator, or if you need this material in another language or in an alternate format, you may request assistance to participate by contacting Al Matano at (608)267-6848. You must make your request at least 7 days before the activity.

Spanish

DHS es una agencia que ofrece igualdad en las oportunidades de empleo y servicios. Si necesita algún tipo de acomodaciones debido a incapacidad o si necesita un interprete, traductor o esta información en su propio idioma o en un formato alterno, usted puede pedir asistencia para participar en los programas comunicándose con Kim Reniero al número (608)267-7939. Debe someter su petición por lo menos 7 días de antes de la actividad.

Hmong

DHS yog ib tus tswv hauj lwm thiab yog ib qhov chaw pab cuam uas muab vaj huam sib luag rau sawv daws. Yog koj xav tau kev pab vim muaj mob xiam oob qhab los yog xav tau ib tus neeg pab txhais lus los yog txhais ntaub ntawv, los yog koj xav tau cov ntaub ntawv no ua lwm hom lus los yog lwm hom ntawv, koj yuav tau thov kev pab uas yog hu rau Al Matano ntawm (608)267-6848. Koj yuav tsum thov qhov kev pab yam tsawg kawg 7 hnuab ua ntej qhov hauj lwm ntawd.

Copies of Waiver Documents

A copy of waiver documents, including the waiver application once complete, may be obtained from the department at no charge by downloading the documents from <http://www.dhs.wisconsin.gov/seniorcare/> or by contacting:

Regular Mail

Al Matano
Division of Health Care Access and Accountability
P.O. Box 309
Madison, WI 53707-0309

Phone

Al Matano
(608)267-6848

FAX

(608)261-7792

E-Mail

Alfred.Matano@dhs.wisconsin.gov

Analysis Prepared by the Department of Health Services

Statute interpreted: Section 49.688, Wis. Stats.

Statutory authority: Section 49.688, Wis. Stats.

Explanation of agency authority:

Section 49.688 (11) directs the department to request from the federal Secretary of Health and Human services a waiver, under 42 USC 1315 (a), of federal Medicaid laws necessary to permit the Department of Health Services to conduct a project to expand eligibility for medical assistance, for purposes of receipt of prescription drugs as a benefit.

Related statute or rule: N/A.

Plain language analysis:

The State of Wisconsin Department of Health Services (DHS) is requesting a three-year extension of its Section 1115 Demonstration Waiver for the SeniorCare prescription drug assistance program. The current waiver is scheduled to expire on December 31, 2012. The State requests that the waiver be extended for an additional three-year period, from January 1, 2013 to December 31, 2015.

The Department will request a waiver extension that keeps the SeniorCare program in its current form. Per the recommendation of the SeniorCare Advisory Committee, the Department will add one enhancement to the SeniorCare program: an enhancement to services provided to members by their pharmacist to assist them with taking their medication properly.

History of the Program

On July 1, 2002, The State of Wisconsin received the necessary waiver approvals from the Center for Medicare & Medicaid Services (CMS) to operate a portion of SeniorCare, a prescription drug benefit for

seniors, as a five-year demonstration project. Through its partnership with the federal government, the SeniorCare waiver extends Medicaid eligibility through Title XIX to cover prescription drugs as a necessary primary health care benefit.

Population and Numbers Served

The target population for services under this demonstration project is seniors 65 years of age or older with income at or below 200% of the federal poverty level (FPL), which is \$22,340 for an individual and \$30,260 for a two-person family in 2012. Each month the SeniorCare waiver program serves about 60,000 seniors.

Summary of, and comparison with, existing or proposed federal regulations:

The federal equivalent to SeniorCare is Medicare Part D. SeniorCare is the only program of its kind.

Agency contact person:

Al Matano
Division of Health Care Access and Accountability
P.O. Box 309
Madison, WI 53707-0309
(608)267-6848 (telephone)
(608)261-7792 (fax)
Alfred.Matano@dhs.wisconsin.gov

Place where comments are to be submitted and deadline for submission:

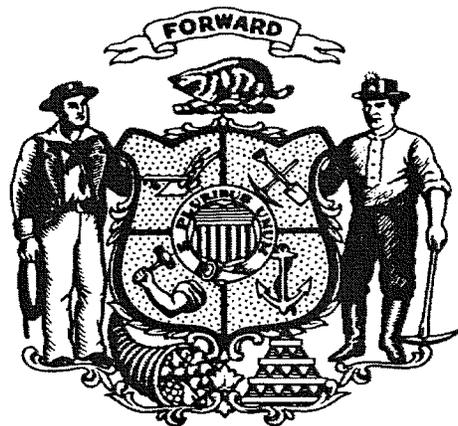
Comments may be submitted to the agency contact person listed above or to <http://www.dhs.wisconsin.gov/seniorcare/> until Monday, July 16, 2012 at 4:30 p.m.

Fiscal Estimate

A copy of the full fiscal estimate may be obtained from the department's contact person listed above upon request.

Wisconsin Administrative Register

No. 678



Publication Date: June 14, 2012

Effective Date: June 15, 2012



Legislative Reference Bureau
<http://www.legis.state.wi.us/rsb/code.htm>

Public Notices

Health Services WAIVER RENEWAL DEPARTMENT OF HEALTH SERVICES NOTICE OF PUBLIC HEARING

NOTICE IS HEREBY GIVEN that pursuant to s. 49.688, Stats., the Department of Health Services will hold a public hearing on renewal of the SeniorCare program, which requires the submission of a waiver renewal application to the federal Centers for Medicare and Medicaid Services (CMS).

Hearing Date(s) and Location(s)

Date and Time

Thursday, June 28, 2012

10:00 a.m. to 12:00 noon

Location

Portage County Annex

1462 Strongs Avenue

Stevens Point, WI 54481

Friday, June 29, 2012

10:00 a.m. to 12:00 noon

State Office Building

141 NW Barstow, Room 151

Waukesha, WI 53188

Testimony may be presented at either of the two hearings through a telephone conference line. After you call the conference line at (877) 402-9757, please enter the access code 5906120.

Accessibility

English

DHS is an equal opportunity employer and service provider. If you need accommodations because of a disability or need an interpreter or translator, or if you need this material in another language or in an alternate format, you may request assistance to participate by contacting Al Matano at (608) 267-6848. You must make your request at least 7 days before the activity.

Spanish

DHS es una agencia que ofrece igualdad en las oportunidades de empleo y servicios. Si necesita algún tipo de acomodaciones debido a incapacidad o si necesita un interprete, traductor o esta información en su propio idioma o en un formato alterno, usted puede pedir asistencia para participar en los programas comunicándose con Kim Reniero al número (608) 267-7939. Debe someter su petición por lo menos 7 días de antes de la actividad.

Hmong

DHS yog ib tus tswv hauj lwm thiab yog ib qhov chaw pab cuam uas muab vaj huam sib luag rau sawv daws. Yog koj xav tau kev pab vim muaj mob xiam oob qhab los yog xav tau ib tus neeg pab txhais lus los yog txhais ntaub ntawv, los yog koj xav tau cov ntaub ntawv no ua lwm hom lus los yog lwm hom ntawv, koj yuav tau thov kev pab uas yog hu rau Al Matano ntawm (608) 267-6848. Koj yuav tsum thov qhov kev pab yam tsawg kawg 7 hnub ua ntej qhov hauj lwm ntawd.

Copies of Waiver Documents

A copy of waiver documents, including the waiver application once complete, may be obtained from the department at no charge by downloading the documents from <http://www.dhs.wisconsin.gov/seniorcare/> or by contacting:

Regular Mail

Al Matano

Division of Health Care Access and Accountability

P.O. Box 309

Madison, WI 53707-0309

Phone

Al Matano

(608) 267-6848

FAX
(608) 261-7792

E-Mail
Alfred.Matano@dhs.wisconsin.gov

Analysis Prepared by the Department of Health Services

Statute interpreted:

Section 49.688, Wis. Stats.

Statutory authority:

Section 49.688, Wis. Stats.

Explanation of agency authority:

Section 49.688 (11) directs the department to request from the federal Secretary of Health and Human services a waiver, under 42 USC 1315 (a), of federal Medicaid laws necessary to permit the Department of Health Services to conduct a project to expand eligibility for medical assistance, for purposes of receipt of prescription drugs as a benefit.

Related statute or rule:

N/A.

Plain language analysis:

The State of Wisconsin Department of Health Services (DHS) is requesting a three-year extension of its Section 1115 Demonstration Waiver for the SeniorCare prescription drug assistance program. The current waiver is scheduled to expire on December 31, 2012. The State requests that the waiver be extended for an additional three-year period, from January 1, 2013 to December 31, 2015.

The Department will request a waiver extension that keeps the SeniorCare program in its current form. Per the recommendation of the SeniorCare Advisory Committee, the Department will add one enhancement to the SeniorCare program: an enhancement to services provided to members by their pharmacist to assist them with taking their medication properly.

History of the Program

On July 1, 2002, The State of Wisconsin received the necessary waiver approvals from the Center for Medicare & Medicaid Services (CMS) to operate a portion of SeniorCare, a prescription drug benefit for seniors, as a five-year demonstration project. Through its partnership with the federal government, the SeniorCare waiver extends Medicaid eligibility through Title XIX to cover prescription drugs as a necessary primary health care benefit.

Population and Numbers Served

The target population for services under this demonstration project is seniors 65 years of age or older with income at or below 200% of the federal poverty level (FPL), which is \$22,340 for an individual and \$30,260 for a two-person family in 2012. Each month the SeniorCare waiver program serves about 60,000 seniors.

Summary of, and comparison with, existing or proposed federal regulations:

The federal equivalent to SeniorCare is Medicare Part D. SeniorCare is the only program of its kind.

Agency contact person:

Al Matano
Division of Health Care Access and Accountability
P.O. Box 309
Madison, WI 53707-0309
(608) 267-6848 (telephone)
(608) 261-7792 (fax)
Alfred.Matano@dhs.wisconsin.gov

Place where comments are to be submitted and deadline for submission:

Comments may be submitted to the agency contact person listed above or to <http://www.dhs.wisconsin.gov/seniorcare/> until Monday, July 16, 2012 at 4:30 p.m.

Fiscal Estimate

A copy of the full fiscal estimate may be obtained from the department's contact person listed above upon request.



State of Wisconsin
Department of Health Services

Scott Walker, Governor
Dennis G. Smith, Secretary

For Immediate Release
July 12, 2012

Contact: Stephanie Smiley
(608) 266-1683

DHS SEEKS INPUT AT HUDSON TOWN HALL MEETING TOMORROW ON SENIORCARE

MADISON – Department of Health Services officials are again encouraging community partners, stakeholders and participants in the program to attend its **SeniorCare Town Hall Meeting Friday, July 13 from 10 a.m. to 12 p.m., at the St. Croix County Government Center, 1101 Carmichael Road, County Board Room, in Hudson.**

“SeniorCare is successful and popular, which is why we aren’t making any changes to the existing program,” said Department of Health Services Deputy Secretary Kitty Rhoades. “People who have comments on the draft proposal can join us at this listening session, submit them online or send them to us through the mail. Once we take a look at all of the comments received, we’ll draft the final request and ask the federal government to renew the program through 2015.”

Individuals who are interested in speaking will have up to five minutes to share their comments at the forum. Those who would like to share their input and do not wish to speak are encouraged to submit their written feedback at the meeting or through the Department’s online form at www.dhs.wisconsin.gov/seniorcare/input.

###

WAIVER RENEWAL
DEPARTMENT OF HEALTH SERVICES
NOTICE OF PUBLIC HEARING

NOTICE IS HEREBY GIVEN that pursuant to s. 49.688, Stats., the Department of Health Services will hold a public hearing on renewal of the SeniorCare program, which requires the submission of a waiver renewal application to the federal Centers for Medicare and Medicaid Services (CMS).

Hearing Date(s) and Location(s)

Date and Time	Location
Friday, July 13, 2012 10:00 a.m. to 12:00 noon	County Board Room St. Croix County Government Center 1101 Carmichael Road Hudson, WI 54016

Hearings in Stevens Point and Waukesha were announced in a previous notice.

Accessibility

English

DHS is an equal opportunity employer and service provider. If you need accommodations because of a disability or need an interpreter or translator, or if you need this material in another language or in an alternate format, you may request assistance to participate by contacting Al Matano at (608)267-6848. You must make your request at least 7 days before the activity.

Spanish

DHS es una agencia que ofrece igualdad en las oportunidades de empleo y servicios. Si necesita algún tipo de acomodaciones debido a incapacidad o si necesita un interprete, traductor o esta información en su propio idioma o en un formato alterno, usted puede pedir asistencia para participar en los programas comunicándose con Kim Reniero al número (608)267-7939. Debe someter su petición por lo menos 7 días de antes de la actividad.

Hmong

DHS yog ib tus tswv hauj lwm thiab yog ib qhov chaw pab cuam uas muab vaj huam sib luag rau sawv daws. Yog koj xav tau kev pab vim muaj mob xiam oob qhab los yog xav tau ib tus neeg pab txhais lus los yog txhais ntaub ntawv, los yog koj xav tau cov ntaub ntawv no ua lwm hom lus los yog lwm hom ntawv, koj yuav tau thov kev pab uas yog hu rau Al Matano ntawm (608)267-6848. Koj yuav tsum thov qhov kev pab yam tsawg kawg 7 hnub ua ntej qhov hauj lwm ntawd.

Copies of Waiver Documents

A copy of waiver documents, including the waiver application once complete, may be obtained from the department at no charge by downloading the documents from <http://www.dhs.wisconsin.gov/seniorcare/> or by contacting:

Regular Mail

Al Matano
Division of Health Care Access and Accountability
P.O. Box 309
Madison, WI 53707-0309

Phone

Al Matano
(608)267-6848

FAX

(608)261-7792

E-Mail

Alfred.Matano@dhs.wisconsin.gov

Analysis Prepared by the Department of Health Services

Statute interpreted: Section 49.688, Wis. Stats.

Statutory authority: Section 49.688, Wis. Stats.

Explanation of agency authority:

Section 49.688 (11) directs the department to request from the federal Secretary of Health and Human services a waiver, under 42 USC 1315 (a), of federal Medicaid laws necessary to permit the Department of Health Services to conduct a project to expand eligibility for medical assistance, for purposes of receipt of prescription drugs as a benefit.

Related statute or rule: N/A.

Plain language analysis:

The State of Wisconsin Department of Health Services (DHS) is requesting a three-year extension of its Section 1115 Demonstration Waiver for the SeniorCare prescription drug assistance program. The current waiver is scheduled to expire on December 31, 2012. The State requests that the waiver be extended for an additional three-year period, from January 1, 2013 to December 31, 2015.

The Department will request a waiver extension that keeps the SeniorCare program in its current form. Per the recommendation of the SeniorCare Advisory Committee, the Department will add one enhancement to the SeniorCare program: an enhancement to services provided to members by their pharmacist to assist them with taking their medication properly.

History of the Program

On July 1, 2002, The State of Wisconsin received the necessary waiver approvals from the Center for Medicare & Medicaid Services (CMS) to operate a portion of SeniorCare, a prescription drug benefit for seniors, as a five-year demonstration project. Through its partnership with the federal government, the SeniorCare waiver extends Medicaid eligibility through Title XIX to cover prescription drugs as a necessary primary health care benefit.

Population and Numbers Served

The target population for services under this demonstration project is seniors 65 years of age or older with income at or below 200% of the federal poverty level (FPL), which is \$22,340 for an individual and \$30,260 for a two-person family in 2012. Each month the SeniorCare waiver program serves about 60,000 seniors.

Summary of, and comparison with, existing or proposed federal regulations:

The federal equivalent to SeniorCare is Medicare Part D. SeniorCare is the only program of its kind.

Agency contact person:

Al Matano
Division of Health Care Access and Accountability
P.O. Box 309
Madison, WI 53707-0309
(608)267-6848 (telephone)
(608)261-7792 (fax)
Alfred.Matano@dhs.wisconsin.gov

Place where comments are to be submitted and deadline for submission:

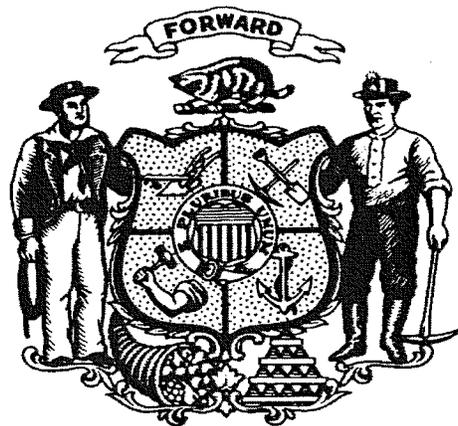
Comments may be submitted to the agency contact person listed above or to <http://www.dhs.wisconsin.gov/seniorcare/> until Monday, July 16, 2012 at 4:30 p.m.

Fiscal Estimate

A copy of the full fiscal estimate may be obtained from the department's contact person listed above upon request.

Wisconsin Administrative Register

No. 678



Publication Date: June 30, 2012

Effective Date: July 1, 2012



Legislative Reference Bureau
<http://www.legis.state.wi.us/rsb/code.htm>

Public Notices

Health Services WAIVER RENEWAL DEPARTMENT OF HEALTH SERVICES NOTICE OF PUBLIC HEARING

NOTICE IS HEREBY GIVEN that pursuant to s. 49.688, Stats., the Department of Health Services will hold a public hearing on renewal of the SeniorCare program, which requires the submission of a waiver renewal application to the federal Centers for Medicare and Medicaid Services (CMS).

Hearing Date(s) and Location(s)

Date and Time

Friday, July 13, 2012

10:00 a.m. to 12:00 noon

Location

St. Croix County Government Center

County Board Room

1101 Carmichael Road

Hudson, WI 54016

Hearings in Stevens Point and Waukesha were announced in a previous notice.

Accessibility

English

DHS is an equal opportunity employer and service provider. If you need accommodations because of a disability or need an interpreter or translator, or if you need this material in another language or in an alternate format, you may request assistance to participate by contacting Al Matano at (608)267-6848. You must make your request at least 7 days before the activity.

Spanish

DHS es una agencia que ofrece igualdad en las oportunidades de empleo y servicios. Si necesita algún tipo de acomodaciones debido a incapacidad o si necesita un interprete, traductor o esta información en su propio idioma o en un formato alterno, usted puede pedir asistencia para participar en los programas comunicándose con Kim Reniero al número (608)267-7939. Debe someter su petición por lo menos 7 días de antes de la actividad.

Hmong

DHS yog ib tus tswv hauj lwm thiab yog ib qhov chaw pab cuam uas muab vaj huam sib luag rau sawv daws. Yog koj xav tau kev pab vim muaj mob xiam oob qhab los yog xav tau ib tus neeg pab txhais lus los yog txhais ntaub ntawv, los yog koj xav tau cov ntaub ntawv no ua lwm hom lus los yog lwm hom ntawv, koj yuav tau thov kev pab uas yog hu rau Al Matano ntawm (608)267-6848. Koj yuav tsum thov qhov kev pab yam tsawg kawg 7 hnuv ua ntej qhov hauj lwm ntawd.

Copies of Waiver Documents

A copy of waiver documents, including the waiver application once complete, may be obtained from the department at no charge by downloading the documents from <http://www.dhs.wisconsin.gov/seniorcare/> or by contacting:

Regular Mail

Al Matano

Division of Health Care Access and Accountability

P.O. Box 309

Madison, WI 53707-0309

Phone

Al Matano

(608)267-6848

FAX

(608)261-7792

E-Mail

Alfred.Matano@dhs.wisconsin.gov

Analysis Prepared by the Department of Health Services**Statute interpreted:**

Section 49.688, Wis. Stats.

Statutory authority:

Section 49.688, Wis. Stats.

Explanation of agency authority:

Section 49.688 (11) directs the department to request from the federal Secretary of Health and Human services a waiver, under 42 USC 1315 (a), of federal Medicaid laws necessary to permit the Department of Health Services to conduct a project to expand eligibility for medical assistance, for purposes of receipt of prescription drugs as a benefit.

Related statute or rule:

N/A.

Plain language analysis:

The State of Wisconsin Department of Health Services (DHS) is requesting a three-year extension of its Section 1115 Demonstration Waiver for the SeniorCare prescription drug assistance program. The current waiver is scheduled to expire on December 31, 2012. The State requests that the waiver be extended for an additional three-year period, from January 1, 2013 to December 31, 2015.

The Department will request a waiver extension that keeps the SeniorCare program in its current form.

History of the Program

On July 1, 2002, The State of Wisconsin received the necessary waiver approvals from the Center for Medicare & Medicaid Services (CMS) to operate a portion of SeniorCare, a prescription drug benefit for seniors, as a five-year demonstration project. Through its partnership with the federal government, the SeniorCare waiver extends Medicaid eligibility through Title XIX to cover prescription drugs as a necessary primary health care benefit.

Population and Numbers Served

The target population for services under this demonstration project is seniors 65 years of age or older with income at or below 200% of the federal poverty level (FPL), which is \$22,340 for an individual and \$30,260 for a two-person family in 2012. Each month the SeniorCare waiver program serves about 60,000 seniors.

Summary of, and comparison with, existing or proposed federal regulations:

The federal equivalent to SeniorCare is Medicare Part D. SeniorCare is the only program of its kind.

Agency contact person:

Al Matano
Division of Health Care Access and Accountability
P.O. Box 309
Madison, WI 53707-0309
(608)267-6848 (telephone)
(608)261-7792 (fax)
Alfred.Matano@dhs.wisconsin.gov

Place where comments are to be submitted and deadline for submission:

Comments may be submitted to the agency contact person listed above or to <http://www.dhs.wisconsin.gov/seniorcare/> until Monday, July 16, 2012 at 4:30 p.m.

Fiscal Estimate

A copy of the full fiscal estimate may be obtained from the department's contact person listed above upon request.



1 WEST WILSON STREET
P O BOX 309
MADISON WI 53701-0309

Scott Walker
Governor

Dennis G. Smith
Secretary

Telephone: 608-266-8922
FAX: 608-266-1096
TTY: 888-692-1402
dhs.wisconsin.gov

State of Wisconsin

Department of Health Services

OPEN MEETING NOTICE
SeniorCare Advisory Committee
July 16, 2012
9:00 am to 10:30 am
1 West Wilson, Room 751, Madison, WI 53701

AGENDA

- 9:00am** **Welcome and Introductions**
 Kitty Rhoades, Deputy Secretary, Department of Health Services (DHS)
 Brett Davis, Medicaid Director, Division of Health Care Access and Accountability (DHCAA)

- 9:10am** **Policy Updates and Discussion**
 Update and Timeline
 Brett Davis, Medicaid Director
 Review of Public Comments
 Kitty Rhoades, Deputy Secretary, DHS
 Brett Davis, Medicaid Director, DHCAA
 Kim Reniero, Pharmacy Analyst, BBM
 SeniorCare Evaluation
 Rachel Currans-Henry, Deputy Director, BBM
 Final Application
 Rachel Currans-Henry, Deputy Director, BBM

- 9:45am** **Discussion**
 Brett Davis, Medicaid Director

10:30am **Adjourn**

- NOTES:**
- ◆ Contact Person – K Reniero (608) 267-7939 or KimPl.reniero@dhs.wisconsin.gov
 - ◆ The meeting is accessible for people with mobility impairments. Handicapped parking is available in the back of the building in the parking lot. Accessible entrance is found in back of the building nearest the handicapped parking or in front of the building, using the side entrance. People needing special accommodations to attend or participate in the meeting should notify the contact person at least five working days prior to the meeting.

cc: State Editor, Milwaukee Journal Sentinel
State Editor, The Capital Times
State Editor, Wisconsin State Journal

Posted - State Capitol Building
Posted - 1 W. Wilson Street

PH11012

Attachment C



DIVISION OF HEALTH CARE ACCESS AND ACCOUNTABILITY

1 WEST WILSON STREET
P O BOX 309
MADISON WI 53701-0309

Scott Walker
Governor

Dennis G. Smith
Secretary

State of Wisconsin
Department of Health Services

Telephone: 608-266-8922
FAX: 608-266-1096
TTY: 711 or 800-947-3529
dhs.wisconsin.gov

June 28, 2012

RE: Renewal of SeniorCare Waiver

Dear Tribal Leaders:

This letter is to inform you that the State of Wisconsin Department of Health Services (OHS) is preparing an application for the Centers for Medicare and Medicaid Services requesting an extension of its Section 1115 Demonstration Waiver for the SeniorCare prescription drug assistance program. The current waiver is scheduled to expire on December 31, 2012. The State will request that the waiver be extended for an additional three-year period, from January 1, 2013 to December 31, 2015. The Department will request that the SeniorCare program continue in its current form.

The Department convened a meeting of the SeniorCare Advisory Committee on May 18, 2012. Myrna Warrington, Vice-Chairperson, Menominee Indian Tribe of Wisconsin, is a member of this Committee.

We are committed to providing Tribal members several ways to find out about and comment on the SeniorCare program. A public hearing will be held in Hudson, WI on Friday, July 13, 2012 from 10:00 a.m. to 12:00 noon at the St. Croix County Government Center 1101 Carmichael Road, County Board Room.

More information on the hearing and SeniorCare waiver renewal and a form anyone can use to send in their comments is available at this website: <http://www.dhs.wisconsin.gov/seniorcare/input/index.htm>

I have also attached a document on SeniorCare that is being presented at the public hearing for your review. The Department anticipates submitting the waiver renewal application at the end of August.

Please let me know if you have any questions or concerns about this waiver notification.

Sincerely,

/Brett Davis/

Brett Davis
Medicaid Director

encl: SeniorCare Public Hearing Slides 06-26-12

cc: Tribal Affairs Office
David Rynearson



DIVISION OF HEALTH CARE ACCESS AND ACCOUNTABILITY

1 WEST WILSON STREET
P O BOX 309
MADISON WI 53701-0309

Scott Walker
Governor

Dennis G. Smith
Secretary

State of Wisconsin
Department of Health Services

Telephone: 608-266-8922
FAX: 608-266-1096
TTY: 711 or 800-947-3529
dhs.wisconsin.gov

June 28, 2012

RE: Renewal of SeniorCare Waiver

Dear Tribal Health Directors and Aging/Elderly Directors:

This letter is to inform you that the State of Wisconsin Department of Health Services (OHS) is preparing an application for the Centers for Medicare and Medicaid Services requesting an extension of its Section 1115 Demonstration Waiver for the SeniorCare prescription drug assistance program. The current waiver is scheduled to expire on December 31, 2012. The State will request that the waiver be extended for an additional three-year period, from January 1, 2013 to December 31, 2015. The Department will request that the SeniorCare program continue in its current form.

The Department convened a meeting of the SeniorCare Advisory Committee on May 18, 2012. Myrna Warrington, Vice-Chairperson, Menominee Indian Tribe of Wisconsin, is a member of this Committee.

We are committed to providing Tribal members several ways to find out about and comment on the SeniorCare program. A public hearing will be held in Hudson, WI on Friday, July 13, 2012 from 10:00 a.m. to 12:00 noon at the St. Croix County Government Center 1101 Carmichael Road, County Board Room.

More information on the hearing and SeniorCare waiver renewal and a form anyone can use to send in their comments is available at this website: <http://www.dhs.wisconsin.gov/seniorcare/input/index.htm>

I have also attached a document on SeniorCare that is being presented at the public hearing for your review. The Department anticipates submitting the waiver renewal application at the end of August.

Please let me know if you have any questions or concerns about this waiver notification.

Sincerely,

/Brett Davis/

Brett Davis
Medicaid Director

encl: SeniorCare Public Hearing Slides 06-26-12

cc: Tribal Affairs Office
David Rynearson

From: Davis, Brett H - DHS

Sent: Thursday, August 23, 2012 8:46 AM

To: ldftvso; mlewis@ho-chunk.com; AgingDirector@badriver-nsn.gov; crystalp@stcroixtribalcenter.com; Michael Wiggins Jr. (brtchair@badriver.com); Frank, Harold (Gus); Thayer, Gordon; Corn, Craig; Delgado, Edward; Jane Smith (jsmith2@oneidanation.org); McGeshick, Garland; GT@sokaogonchippewa.com; Bearheart, Stuart; Soulier, Rose; debbie.daniels@fcpotawatomi-nsn.gov; dpommer@mitw.org; kristy.malone@mohican-nsn.gov; Thundercloud, Alec; Mary Bigboy (healthdirector@badriver.com); clinicdirector@badriverhealthservices.com; Helmick, Linda; Gaiashkibos; Samuelson, Randy; Waukau, Jerry; Deragon-Navarro, Patricia; Smith, Paulette; Cormell, Sarah; Gregg Duffek; Shawna.LaPointe@redcliff-nsn.gov; Shawna.LaPointe@redcliff-nsn.gov; Danforth, Debra; Greendeer, Jon; Kelly.funmaker@ho-chunk.com; Maulson, Tom; Chicks, Robert; fpetri@oneidanation.org; reserve.elderly@lco-nsn.gov; saidanr@frontiernet.net; Jane Smith (jsmith2@oneidanation.org); GT@sokaogonchippewa.com; clinicdirector@badriverhealthservices.com; Kelly.funmaker@ho-chunk.com

Cc: Reniero, Kim P - DHS; Smithers, Kimberly A - DHS; Currans-Henry, Rachel H - DHS

Subject: SeniorCare Waiver Renewal Application

Dear Tribal Health Directors and Aging/Elderly Directors:

On June 29th, I sent you a letter informing you that the State of Wisconsin Department of Health Services (DHS) was preparing an application for the Centers for Medicare and Medicaid Services (CMS) requesting an extension of its Section 1115 Demonstration Waiver for the SeniorCare prescription drug assistance program. The current waiver is scheduled to expire on December 31, 2012. The State will request that the waiver be extended for an additional three-year period, from January 1, 2013 to December 31, 2015.

DHS convened two meetings of the SeniorCare Advisory Committee on May 18 and July 16, 2012. Myrna Warrington, Vice-Chairperson, Menominee Indian Tribe of Wisconsin, is a member of this Committee. There were also three public hearings around the state in the months of June and July. In addition, we received over 300 public comments expressing support of the SeniorCare program.

The most recent drafts of the waiver renewal application, budget neutrality and evaluation of the program are attached to this email. DHS will request that the SeniorCare program continue in its current form, with one addition, recommended and endorsed by the SeniorCare Advisory Committee. SeniorCare members will now have access to medication therapy management services by pharmacists to better manage their drug regimen.

If you have any questions or concerns about the attached waiver renewal application on or before August 29, 2012, please contact Kay Reniero at 608-267-7939 or email her at KimP1.reniero@dhs.wisconsin.gov. The application will be submitted to CMS on or before August 31, 2012.

Sincerely,

Brett Davis
Medicaid Director

Attachment D



ForwardHealth

SeniorCare Home

What Is It?

Should I Apply?

Am I Eligible? (ACCESS)

Check My Benefits (ACCESS)

Where Do I Apply?

SeniorCare Application Form and Instructions

Information for Applicants/Participants

Waiver Information

Fact Sheets

HIPAA Privacy Notice



Continuing the Program

Overview

The Wisconsin Department of Health Services (DHS) is requesting a three year renewal of its Section 1115 Demonstration Project for the SeniorCare prescription drug assistance program to continue the program until December 31, 2015. The current waiver is scheduled to expire on December 31, 2012. SeniorCare is a prescription drug assistance program for Wisconsin residents who are 65 years of age or older designed to help seniors with their prescription drug costs.

Wisconsin's application to extend the SeniorCare program waiver has been completed and sent to the Centers for Medicare and Medicaid Services. There were no changes proposed to the waiver, except a request to enhance services provided to SeniorCare members by their pharmacists. This recommendation came from public comments and our advisory committee as a change to our initial draft application. Application materials can be accessed at the following links: [SeniorCare Renewal Request](#), [Budget Neutrality](#) and [Evaluation](#).

Public Input

The Department held several public hearings around the state to seek input on the SeniorCare program renewal request.

Waiver Renewal Timeline

The Department has [agreed](#) with the Center for Medicare and Medicaid Services on a [timeline](#) to submit the waiver request to the federal government for approval by the end of August.

Stay Informed!

Sign up to receive email updates on SeniorCare.

Email address:

(optional) Your name:

History of the Program

On July 1, 2002, The State of Wisconsin received the necessary waiver approvals from the [Center for Medicare & Medicaid Services \(CMS\)](#) to operate a portion of SeniorCare, a prescription drug benefit for seniors, as a five-year demonstration project. Through its partnership with the federal government, the SeniorCare waiver extends Medicaid eligibility through Title XIX to cover prescription drugs as a necessary primary health care benefit.

Population and Numbers Served

The target population for services under this demonstration project is seniors 65 years of age or older with income at or below 200% of the federal poverty level (FPL), which is \$22,340 for an individual and \$30,260 for a two-person family in 2012. Each month the SeniorCare waiver program serves about 60,000 seniors.

Last Revised: August 31, 2012



Search DHS

GO



SeniorCare Home

What Is It?

Should I Apply?

Am I Eligible? (ACCESS)

Check My Benefits (ACCESS)

Where Do I Apply?

SeniorCare Application Form and Instructions

Information for Applicants/Participants

Waiver Information

Fact Sheets

HIPAA Privacy Notice

Waiver Renewal Request

Wisconsin SeniorCare 1115 Demonstration Project Renewal

[Draft Application](#) (PDF, 80.40KB)

[Table 1A](#) - Without Waiver Medicaid Members Age 65+ Projections with Adjustments for Part D SFY 98 to SFY 10 (PDF, 13.46 KB)

[Table 2A](#) - Medicaid Members 65 and Older with Waiver Actuals and Projections SFY98 to SFY 10 (PDF, 12.75 KB)

[Table 3A](#) - SeniorCare With Waiver Actuals SFY 03 to SFY 09 (PDF, 12.94KB)

[Table 4](#) - Comparison of With Waiver MA and SC and Without Waiver MA (PDF 10.39 KB)

Last Revised: August 31, 2012



dHealth

are Home

t?

Apply?

ible?

S)

ly

S)

o |

are
ion Form
ructions

ion for
its/
ints

ion

ets

rivacy



Continuing the Program

Current Status of Waiver

Wisconsin's application to extend the SeniorCare program waiver has been completed and sent to the U.S. Department of Health and Human Services. There were no changes proposed to the waiver, except a recommendation to enhance services provided to SeniorCare members by their pharmacists. This recommendation came from public comments and our advisory committee as a change to our initial draft application.

Read Wisconsin's Application Materials

- [Cover Letter](#) (PDF, 34 KB)
- [Application](#) (PDF, 405 KB)
- [Budget Neutrality](#) (PDF, 90 KB)
- [Evaluation](#) (PDF, 442 KB)

Stay Informed!

Sign up to receive email updates on SeniorCare.

Email address:

(optional) Your name:

History of the Program

On July 1, 2002, The State of Wisconsin received the necessary waiver approvals from the [Center for Medicare & Medicaid Services](#) (CMS) to operate a portion of SeniorCare, a prescription drug benefit for seniors, as a five-year demonstration project. Through its partnership with the federal government, the SeniorCare waives extends Medicaid eligibility through Title XIX to cover prescription drugs as a necessary primary health benefit.

Population and Numbers Served

The target population for services under this demonstration project is seniors 65 years of age or older with income at or below 200% of the federal poverty level (FPL), which is \$22,340 for an individual and \$30,000 for a two-person family in 2012. Each month the SeniorCare waiver program serves about 60,000 seniors.

Last Revised: August 31, 2012

Attachment E

**SeniorCare Waiver Application - Attachment E
Public Comments - Summary**

	in favor of renewal	In favor of renewal and Recommend WPQC	not in favor of renewal	Total
web form	73	96	1	170
email	17	0	0	17
phone	23	0	0	23
mail	38	0	0	38
Controlled Correspondence (CCT)	30	0	0	30
Steven's Point Hearing	20	0	0	20
Waukesha Hearing	18	0	0	18
Hudson Hearing	15	0	0	15
Grand Total	151	96	1	331

SeniorCare Waiver Application - Attachment E Public Comments - Summary

	Comment	In favor of renewal, supports WPQC	In favor, wants MTM, didn't mention WPQC	In Favor of Renewal	Not in Favor of Renewal
1	I have had Senior Care since the first year it was set up.I have found that with my health problems worsening,the more prescription drugs I have to take.I also found that without Senior Care,I could not afford most of them.I just had heart surgery,therefore I need Plavix.I also have high blood pressure and Parkinson's.Right now,I am on more medications than ever.With Senior Care,I pay roughly \$75 and without,over \$300. I have written to Sen.Kohl and Gov.Walker about getting Senior Care renewed pat Dec.31,2012. Sadly,Gov.Walker doesn't seem to care about this.I strongly urge you to go over the governor's head and get this program renewed and help the seniors who rely on this program. Thank you,Orville B. Severson			1	
2	SeniorCare is an excellent program. However, I did run into one substantial issue as a patient advocate: one of my clients was taking an oral chemotherapy regimen and receiving a grant from the pharmaceutical manufacturer that covered about half of her typical co-pay. She was on a fixed income and just hitting the eligibility age, so she decided not to renew her health insurance. Unfortunately SeniorCare wouldn't start until the beginning of the month after she became eligible which put her in a position of having to sign up for a contracted Medicare Part D plan (which is vastly			1	
3	My wife and I are retired living on Social Security and a small IRA. My wife is diabetic and we both have other chronic health issues. I have checked into the cost of Medicare Part D costs in the past, and have found that without SeniorCare as it exists today, our drug costs would skyrocket to levels that we would find unacceptable. I'm afraid at some point we would be forced to choose between drugs and living expenses. Please keep SeniorCare as it is! A great many of us seniors need all the help we can get.			1	
4	Hello, I am writing on behalf of my Mom, Mary Maiale, who also lives in Fitchburg. She has her own apartment but has a lot of assistance from me and other sources to maintain her independence. I am her primary caregiver. Mom relies on SeniorCare and it has really been a godsend for her. The assistance she receives enables her to have a quality of life that lends itself to her being able to stay home as long as possible. The money she saves on SeniorCare enables her to pay for other essentials. The ease of use of SeniorCare is key for her (and me!). Having to switch to Medicare drug coverage would create an undue burden on us at this time. In other words, if ain't broke, don't fix it, please! Thank you! Suzanne Johnson			1	
5	I strongly support the effort to continue the SeniorCare program in the current form. It is efficient, easy to use for the seniors, especially compared to the confusing Medicare D.			1	
6	I am writing to ask that you please continue Senior Care in it's present form. Thank you.			1	

SeniorCare Waiver Application - Attachment E

Public Comments - Summary

	Comment	In favor of renewal, supports WPQC	In favor, wants MTM, didn't mention WPQC	In Favor of Renewal	Not in Favor of Renewal
7	<p>This program/benefit is incredibly efficient, without the heavy hand of government and cost effective by negotiations with drug companies for cost savings. This is UNLIKE most, if not all, of other programs, especially those drug programs offered under Medicare Part D. Wisconsin should be applauded for their program and it should become a model nationwide. I have never experienced an easier enrollment process than this program's.</p> <p>Through my enrollment I am currently 240% over the poverty level at age 69 and still working part time. While my deductible and cost sharing is considerably high, it is appropriate and should I need an array of drugs for a future chronic condition, I am covered in the long run. I currently take no medications and hope not to so this is truly my insurance, in case.</p> <p>Keep it up WI!</p> <p>Marianne Ewig</p>			1	
8	<p>Senior Care is a Godsend. I would not be able to afford my medications without it. I cannot afford to pay extra on my Medicare Supplement. In fact, I may have to drop my Medicare Supplement because it is getting so expensive (Blue Cross/Blue Shield). Senior Care is one of Wisconsin's brightest and best ideas; other states should adopt it. Every year that I'm able to renew, I write "God Bless You" on my application. Thanks - Joanne Roberts</p>			1	
9	<p>SeniorCare is one of the best prescription programs available. I hope that SeniorCare survives in its current form with no changes. There should be no requirement that SeniorCare participants enroll in Medicare D since this undermines the whole point of SeniorCare. SeniorCare is much better coverage than Medicare D for the seniors in our state.</p>			1	
10	<p>Please keep SeniorCare for our elderly citizens! They depend on this program, and their health and well being is a direct reflection of our society's morality and values.</p>			1	
11	<p>Senior Care is an effective program offering prescription drug coverage for \$30 per year, affordable for older people. Senior Care negotiates lower drug prices through volume buying, unlike Medicare Part D which overpays drug companies. On behalf of 90,000 older people in Wisconsin I support Senior Care and ask you to keep it as it is for their benefit.</p>			1	
12	<p>please continue the senior care program as it is. This valuable program allows thousands of senior affordable medications and avoids costly urgent care and emergency room visits.</p>			1	
13	<p>SeniorCare has been my prescription drug provider for years. Choosing between the different Medicare Part D programs is confusing and costly for seniors. The only year I was with a Medicare Part D provider I quickly fell into the donut hole. SeniorCare is a well-managed program. Because it can bargain with the pharmaceutical companies for prices, it makes prescription drugs available to seniors, like me, who live on a fixed income. It certainly makes more sense than the Medicare Part D programs that cannot negotiate with the drug companies.</p>			1	

SeniorCare Waiver Application - Attachment E Public Comments - Summary

	Comment	In favor of renewal, supports WPQC	In favor, wants MTM, didn't mention WPQC	In Favor of Renewal	Not in Favor of Renewal
14	I am a case manager for our senior population. I can not describe for you the importance of this program. It has changed the lives for so many people I work with. As far as I am concerned, I am willing to spend my tax dollars in this way. It is an extremely valuable service.			1	
15	<p>I am hoping that Legislators will see Senior Care as the life saving program it is. I am nurse case manager working with the Medicare population. Throughout my work I have had the opportunity to see the impact affordable medication has on this population. Our Senior population is often on significant, life sustaining medication. When finances become a concern & choice need to be made between food, gas to get to the doctor, or medications. Too often, medications become the choice seen as optional. Senior Care gives this population another option & in turn saves medical cost that would occur as a result of these medications not being taken. When needed medications are not taken it often results in ER visits & hospitalizations, sometimes lengthy. Knowing our focus needs to be on controlling health care costs, it seems to me that providing assistance in medication costs goes a long way toward avoiding other potentially costly medical costs.</p> <p>Thank you, Roberta Last, RN Medicare nurse case manager</p>			1	
16	I am the POA for Alfred J Geiser, a current participant. Please keep Senior Care available to the Wisconsin senior citizens who qualify based on their income levels. The form is very easy to fill out, easily understood, and the enrollment fee is very reasonable. My 93 year old father is living in an assisted living facility and on a great deal of medications. It would be very difficult to sort out what Medicare Part D program he would be able to enroll in due to all the medications he is currently on and I am sure his out of pocket expenses would be a lot higher.			1	
17	I presently have Senior Care and it is a real savings for me. Because I don't take any regularly prescribed medication, the cost per year is minimal compared to having monthly deductions from my social security. I hope this program continues as it now exists. (I am 71 yrs. old)			1	
18	Seniorcare is a wonderful program for the elderly in our state. I'm a registered pharmacist in Wisconsin and I have seen it help many of our residents. Without it, a large amount of our retirees would have gone without their medications because of affordability. Seniorcare has the deductible & spend down in the beginning of the year. Unlike medicare D: They have a deductible, but in the middle of the year they have the donut hole! This donut hole has patients pay around \$4000 out of pocket before they go back to paying copays again. On a fixed income it's very difficult for them all. I urge our state to keep this much needed program for our Senior citizens. In my opinion, it has been straight forward and a big help to our retirees at a time when they need it so desperately.			1	
19	As a case manager for the Medicare population, I have seen the positive impact of Senior Care. Without this program, thousands of elderly people could not afford rx coverage.			1	

SeniorCare Waiver Application - Attachment E

Public Comments - Summary

	Comment	In favor of renewal, supports WPQC	In favor, wants MTM, didn't mention WPQC	In Favor of Renewal	Not in Favor of Renewal
20	As a senior, DHS should keep prescription drugs benefits affordable. It very hard for us on fixed income. Thank you.			1	
21	I have been a member of Senior Care since its beginning. I live on my social security income and I would have a very hard time if Senior Care was ended. I only have a blood pressure pill which would be fairly inexpensive but I use 2 inhalers for asthma and I would definitely not be able to afford them at over \$100 for each one. Please consider this when deciding to end it or continue it.			1	
22	Senior Care was a wonderful plan for my mother. I only wish it could have been started sooner because I wasn't aware that she felt osteoporpsis drugs were unaffordable prior to plan initiation. Because she couldn't afford the meds, she suffered a back fracture that may have been preventable. So, she is now on Medicaid at Rock Haven, in a wheelchair, and state is paying for services that are considerably more expensive than prevention would have been. In the long run, Senior Care will save the state money.			1	
23	I am in support of continuing the Senior Care program in Wisconsin. My mother, who is now deceased, used this program. It allowed her to more easily meet her monthly financial needs and live her life to the end with minimal financial assistance from the government. I'm guessing she saved about \$1500 per year, which was put towards food, utilities (while able to live in her home) and other necessities.			1	
24	Why are we spending tax dollars on Seniorcare when there is a perfectly acceptable and comprehensive program available via the Federal Government = Part D? It provides assistance for those who are impoverished or low income and is certainly more than adequate for anyone on Medicare.				1
25	Erni has been benefiting greatly from SeniorCare in terms of reduced costs of her prescription medications. I am her HealthCare POA and look after both her finances and healthcare, since she has been on a dementia unit of assisted living care since 2008. Pete Stuntz via pjstuntz@sbcglobal.net .			1	
26	Wavers are fine in their right place. If a person who can not wait for such programs I would like to see something like a hard-ship were as the wavers could be over looked. A friend of mine his uncle had come down with cancer and when his medical insurance ran out because he could not work any more, he had to stop treatment because of no way to pay. and that brings to mind I thought they had to treat a person regardless of his or her ability to pay. But according to him that was not the case. I never did hear what happened to his uncle, I don't work any more so I sort of lost contact with him.			1	
27	It has been a real blessing for me. I couldn't afford some medications without it. Also, the Medicare D cost is out of my price range. I sincerely hope this program stays for Wisconsin senior citizens. We need it.			1	
28	Senior Care has saved me money, because I have no drug costs.			1	
29	I have been enrolled in Senior Care for the past 5 years & without it I would struggle to pay for my prescription costs, as a widow, with a yearly income of approx \$25,000.			1	

SeniorCare Waiver Application - Attachment E Public Comments - Summary

	Comment	In favor of renewal, supports WPQC	In favor, wants MTM, didn't mention WPQC	In Favor of Renewal	Not in Favor of Renewal
30	I urge you to continue providing prescription drug assistance to low-income seniors through the SeniorCare Program. It is a cost-effective program both for the state and for individuals. Through SeniorCare, I am able to have needed medications at a cost I can afford.			1	
31	As a County Veterans Service Officers I am wondering if the case manager for Senior Care are being trained on the basics of VA healthcare and benefits. For example: if a Veteran qualifies for Senior Care he probably qualifies for free medication from the VA. If he qualifies for free Rx from VA AND served during a war period he (or his widow) may qualify for some Wartime Veterans Pension to help with medical expenses. This type of Pension was (is) the most under utilized benefit in my county until recently.			1	
32	We both have been on Senior Care since it started and are very much in favor of the program. We can't afford the monthly fees imposed on medacare D and find Senior Care very affordable for the perscriptions we require.			1	
33	I am writing in support of keeping WI Senior Care program. I enrolled in this program when I reached Medicare age two years ago. The reason for my choosing this program instead of buying the drug coverage through my Advantage Plan is that I do not take any prescription drugs. The premiums I pay are based on my income and those premiums are much less than drug coverage with an Advantage Plan. I urge representatives from the Dept. of Health Services to continue their request to the federal government allowing WI to keep Senior Care.			1	
34	I have been on Seniorcare since its inception. I am in my 90's and do not take any medication but occasional antibiotics. I appreciate having a drug plan that is reasonable to afford, easy to sign up for, and easy to use. There is no guessing what pharmacy to use. My money is running out. I am use to doing business with paper and pen not a computer. I appreciate being self sufficient and I am requesting that the Senior care program continue. It is a solid program and one I can easily understand.			1	
35	This program is not only cost efficient but helps so many in WISCONSIN that any party in MADISON would keep it and leave well enough alone.			1	
36	I do not take medications at this time but Senior Care allows me to keep my options open for a time when I need to choose a Part D policy.			1	
37	Please keep the Senior Care Program in Wisconsin. It is a benefit to many seniors, including myself. Thank you.			1	
38	I encourage DHS to implement the medication therapy management program that is being designed for Wisconsin Medicaid into the Wisconsin SeniorCare program. It is time to update SeniorCare and make sure it is state of the art. Seniors who take lots of medications are often in desperate need for assistance in managing their medications. Be sure to take advantage of the quality improvement and cost savings associated with improving how medications are used by this vulnerable group of Wisconsin citizens.		1		
39	With out Senior Care, I would not be able to get my prescription Medicines. The cost of my medicines for a year is more then I get in Social Security for a year. Please don't discontinue this program..			1	

SeniorCare Waiver Application - Attachment E
Public Comments - Summary

	Comment	In favor of renewal, supports WPQC	In favor, wants MTM, didn't mention WPQC	In Favor of Renewal	Not in Favor of Renewal
40	As a pharmacist serving a rural community, I strongly urge you to consider including the WPQC program in the next waiver renewal. There is ample evidence demonstrating how this program not only improves the health outcomes of those involved, but also keeps costs down. Regards, Tim M. Miller RPh	1			
41	It is essential that the WPQC program be included in the SeniorCare program. This program is meant for those patients most at risk of adverse medication events and our senior population is at the top of that list. Help them receive the best care possible by including WPQC in the SeniorCare program	1			
42	Please include Wisconsin Pharmacy Quality Collaborative (WPQC)	1			
43	PLEASE RENEW THE SENIOR CARE WAIVER, AND ADD THE WPQC PROGRAM AS A COVERED BENEFIT.	1			
44	Please expand WPQC in our state for the health of our society.	1			
45	I support extending Seniorcare. As a WPQC trained pharmacist, I also support WPQC in the Seniorcare program. This program has shown to be very beneficial to patients and has also been proven to SAVE money overall.	1			
46	Studies have shown both economic and health-related benefits of enhanced pharmaceutical care when provided to patients. SeniorCare patients will likely be healthier if given access to the WPQC program and its many excellent pharmacists throughout the state.	1			
47	Senior Care has benefitted so many people in our society... it would truly be a sad day if it were cancelled. Also, I believe that we need to enhance what is included in Senior Care to include a program like outcomes or WPQC. These programs present a unique opportunity to encourage a mutually beneficial relationship that can also result in cost savings to both parties when fostered.	1			

SeniorCare Waiver Application - Attachment E Public Comments - Summary

	Comment	In favor of renewal, supports WPQC	In favor, wants MTM, didn't mention WPQC	In Favor of Renewal	Not in Favor of Renewal
48	<p>WPQC is Wisconsin's own improvement on the MTM requirement that has been in place for Medicare part D programs since 2005. But it is not yet in the program revision for Senior Care, though this group is the one most likely to benefit from this program.</p> <p>Please consider adding this to the program, as it will also be added to the general Medicaid population soon as well.</p> <p>I participate in several MTM programs and have seen the benefit that I provide to patients by having the opportunity to provide services outside of simply dispensing medications. Seniors especially have benefitted from medication reviews because of the many medications they take (some unnecessary, and this gives the opportunity to SPECIFICALLY look for medications to be discontinued) and their sensitivity to side effects. The bar is set very high for pharmacists who participate in this program, and the level of training required to participate is MUCH higher than that which is required for other MTM programs. I know, I have taken the training and have taught portions of it. No other MTM program provides this level of training, and therefore, this level of expectations as far as the quality of the services their pharmacists provide.</p> <p>CMS has also recognised this program as innovative and has even backed the program with financial support! Please do the same by adding this program to Senior Care.</p>	1			
49	<p>THE WPQ PROGRAM MUST BE EXTENDED TO INCLUDE THOSE ENROLLED IN SENIORCARE. THIS DEMOGRAPHIC CAN BENEFIT TREMENDOUSLY FROM THE WPQC PROGRAM - AS WELL AS THE STATE OF WISCONSIN DHS.</p>	1			
50	<p>The SeniorCare waiver is important to me; I'm an advocate for seniors and the SeniorCare benefit. As a pharmacist, I observe a lot of complicated medical situations; individuals that could greatly benefit from additional pharmacist interventions as envisioned by the Wisconsin Pharmacy Quality Collaborative(WPQC). I urge the department to include this program as a part of the waiver request. And then to actively and aggressively engage the federal decision makers in discussions about the very real benefits to this approach. I believe the WPQC concept dovetails well with the overall concepts of the Accountable Care Act. Thank you</p>	1			
51	<p>Please extend the Wisconsin Pharmacy Quality Collaborative (WPQC)benefits to Wisconsin citizens enrolled in the SeniorCare program. Thank you, Dr. Kawchak</p>	1			
52	<p>With Senior care, and especially with WPQC we are able to provide much more in depth care to our patients, we can provide services to these patients at no cost to them and help save the health system significant amounts of money and burden on the health care system. Please continue Senior care and add in the WPQC program for Senior Care. Thank you</p>	1			
53	<p>I support implementation of WPQC (Wisconsin Pharmacy Quality Collaborative) into the Wisconsin Senior Care program. It is extremely beneficial to patients and is a way to save the state/federal government money.</p>	1			

SeniorCare Waiver Application - Attachment E Public Comments - Summary

	Comment	In favor of renewal, supports WPQC	In favor, wants MTM, didn't mention WPQC	In Favor of Renewal	Not in Favor of Renewal
54	I support the inclusion of WPQC in the SeniorCare program. It provides a great value to patients, especially in the elderly population as they tend to have multiple medications and providers. The program can also serve as a cost-saving approach by allowing patients to have their medications reviewed by a pharmacist who would be able to prevent medication duplications, interactions and potentially hospitalizations.	1			
55	Please make sure to include the Wisconsin Pharmacy Quality Collaborative (WPQC) in the SeniorCare program, as it will already be added to Medicaid later this year.	1			
56	Please extend Wisconsin Pharmacy Quality Collaborative coverage to citizens enrolled in the SeniorCare program upon renewal. WPQC is a revolutionary way to streamline medication management. It offer supreme quality of care using evidence-based medicine and reduces healthcare costs for EVERY patient enrolled. Thank you!!	1			
57	I am requesting Wisconsin Medicaid to extend the WPQC benefits to Wisconsin citizens enrolled in the SeniorCare program	1			
58	I suggest inclusion of the WPQC program of the Pharmacy Society of Wisconsin in the waiver renewal application. This is the innovation and cost-saving services I would expect CMS to seek in strengthening our waiver renewal application.	1			
59	Please include the WPQC provision in the Senior Care program. It's cost will far outweigh the benefits to the system and improve the health of the population being served.	1			
60	I am advocating for WPQC in SeniorCare. Thank you. Joe Hardina	1			
61	I also feel there is the need for Medicaid and SeniorCare to use a standardized documentation/clinical management system in order to provide consistent delivery of care for patients. Since we completed our work with McKesson RelayHealth earlier this year, the United Way/WPQC program has been working with a company called Aprexis Health Solutions. We believe Aprexis to be a solution that will allow clinically robust and consistent delivery of care to be provided to participants. Medicaid is considering this option, but especially for those pharmacists who have utilized the system, please mention the advantages to working with a common platform that can be utilized to submit documentation/claims to multiple payors.			1	
62	Please extend WPQC benefits to Wisconsin citizens enrolled in Senior Care	1			
63	Please include the services of Wisconsin Pharmacy Quality Collaborative (WPQC) in the SeniorCare Waiver Renewal. This inclusion of this program will aid in better medication usage and lower overall health care costs.	1			
64	Please extend the WPQC benefits to Wisconsin citizens enrolled in the SeniorCare program! SeniorCare helps pay for medications and it is important to make sure seniors understand their medication regimens and are receiving the maximum possible benefit from their medications.. WPQC provides a personalized approach to health care to ensure seniors are healthier and safer with their medication and overall health.	1			
65	I strongly request that you consider adding the WPQC to the Wisconsin Senior Care program that is up for renewal at 2012 year end.	1			

**SeniorCare Waiver Application - Attachment E
Public Comments - Summary**

	Comment	In favor of renewal, supports WPQC	In favor, wants MTM, didn't mention WPQC	In Favor of Renewal	Not in Favor of Renewal
66	I am a pharmacist working in a hospital and I feel it is important for Wisconsin Medicaid to extend the WPQC benefits to Wisconsin citizens enrolled in the SeniorCare program. I feel this would decrease total health care costs and it would also improve care for Wisconsin Seniors. Thanks.	1			
67	Please extend the senior care waiver renewal. This program has been a uniquely valuable asset to senior health care in Wisconsin, a shining example of Wisconsin's leadership in creative health programs. As a subscriber to Senior care myself and a practicing pharmacist I also urge you to include WPQC provisions into the Senior Care program as well. Thank you.	1			
68	I am writing to encourage the inclusion of WPQC benefits to Wisconsin citizens enrolled in the SeniorCare in the next contract period. This is a wonderful program that works to improve patient care and reduce healthcare costs.	1			
69	I support the addition of WPQC in the Senior Care program. It's focus on improved medication use and outcomes should be a focus of any medication benefit program.	1			
70	PLEASE EXTEND THE WPQC BENEFIT IN THE SENIOR CARE PROGRAM.	1			
71	Include Pharmacy Society of Wisconsin WPQC program in Senior Care to assist is saving money	1			
72	Wisconsin Medicaid is seeking federal approval to extend the SeniorCare prescription drug program for Wisconsin senior citizens. The current federal waiver for the program expires at the end of 2012 and DHS will be requesting a new waiver to extend SeniorCare through 2015. However, the current program doesn't include provisions of the Wisconsin Pharmacy Quality Collaborative (WPQC). Wisconsin Medicaid plans to implement the WPQC program later this year for most Medicaid programs. As a pharmacist in the state of Wisconsin I encourage Wisconsin Medicaid to extend the WPQC benefits to Wisconsin citizens enrolled in the SeniorCare program.	1			
73	I am a pharmacist here in Wisconsin and am asking you to keep WPQC in the seniorcare extension.	1			
74	As a pharmacist and having a mother who benefits from SeniorCare, I support extending SeniorCare. I have also seen the positive results from the Wisconsin Pharmacy Quality Collaborative and ask that it be added to the waiver to extend SeniorCare. Thank you.	1			
75	I am writing to encourage policy makers to make Wisconsin Pharmacy Quality Collaborative - WPQC available to the members of Seniorcare. As a WPQC pharmacist I have been able to offer a valued service to many patrons who have select insurance payers. Soon I will be able to offer this additional service to my medicaid patients and I think it is imperative that the additional services of WPQC be offered to the members of Seniorcare. With their complex drug regimens and risks to medications associated with aging, they can benefit from what WPQC has to offer. I would be glad to answer any questions you may have. Thanks, Thad Schumacher, PharmD	1			

**SeniorCare Waiver Application - Attachment E
Public Comments - Summary**

	Comment	In favor of renewal, supports WPQC	In favor, wants MTM, didn't mention WPQC	In Favor of Renewal	Not in Favor of Renewal
76	it makes great sense to add the pharmacy quality collaborative to the senior care program....if quality deteriorates,we all lose....thanks	1			
77	I support the inclusion on WPQC in the SeniorCare program. It is already a important component incorporated into the medicaid program and would be important to the SeniorCare program.	1			
78	Please consider the inclusion of Wisconsin Pharmacy Quality Collaborative (WPQC) within the SeniorCare Program. WPQC will not only ensure medication safety for our WI seniors, but will also ensure that they are getting the most effective drug therapy and follow-up from pharmacists. I am proud to say that I am a WPQC trained pharmacist, and can offer comprehensive medication reviews. As a WPQC trained pharmacist, I help patients understand their medication regimens, reduce unnecessary medications, offer suggestions on how to handle side effects, review labs for effectiveness of medications and make recommendations to physicians based on evidence based clinical guidelines, and advocate medication adherence. WPQC will be implemented into WI Medicaid later this year, please also implement this wonderful program into SeniorCare to ensure medication safety for our WI seniors	1			
79	<p>Were it not for the Senior Care Program, the cost of coverage for a prescription drug care program would be prohibitive for me.</p> <p>The actual cost of my prescriptions and especially those of my spouse would make it impossible for us to buy them.</p> <p>Please continue with the Wisconsin Senior Care Program as it is and has been since the beginning of the program.</p> <p>Thank you, Sincerely, Marian Lambert</p>			1	
80	<p>Without the Wisconsin Senior Care Program, it would not be possible for me to take the prescriptions that make it possible for me to survive.</p> <p>Please continue the Wis. Senior Care Program.</p> <p>Thank you Sincerely, Howard Lambert</p>			1	

SeniorCare Waiver Application - Attachment E Public Comments - Summary

	Comment	In favor of renewal, supports WPQC	In favor, wants MTM, didn't mention WPQC	In Favor of Renewal	Not in Favor of Renewal
81	<p>I am testifying on behalf of my mother, Betty L. Leong. She is a resident at Cedar Crest Assisted Care Center in Janesville.</p> <p>My mother has a serious case of congestive heart failure. Three of the four heart valves are non-functional, with her only functional valve closing at a rate we are not absolutely sure of, when it will finally shut down. Her initial prognosis was a year or two, at best. That was five years ago. Because of the expensive medicines she needs, and receives through SeniorCare, this provides her a reasonable quality of life. We want you to continue this service by renewing the legislation that will sustain the SeniorCare program. If you do not....you will be basically handing my mother a death sentence by taking her ability to afford the necessary drugs to provide her with somewhat of a normal life. Not supporting SeniorCare and allowing for the waiver will be worse than taxing Wisconsin citizens.</p>			1	
82	<p>SeniorCare has been just the program I need and my membership DOESN'T cost the state anything.</p> <p>I pay \$30 per year (which I am sure more than covers the paper work of resigning me up each year).</p> <p>The program pays nothing toward my drugs because my income level is too high.</p> <p>I am luck to rarely need prescriptions & when I do I pay out of pocket.</p> <p>But SeniorCare saves me buying insurance that I would not use.</p>			1	
83	Please consider extending the WPQC benefits to Wisconsin citizens enrolled in the SeniorCare program	1			
84	Thousands of seniors depend on Senior Care, a Medicaid program. Please extend the law.			1	
85	Please consider inclusion of Wisconsin Pharmacy Quality Collaborative as part of the Senior Care extension. I oversee 8 retail pharmacies Madison and the surrounding areas and have been part of United Way Safe and Health Aging Coalition. Inclusion of Medication Therapay Management meetings with patients take anywhere from 45 minutes to 1-1/2hour. It is not something a pharmacy can offer for free. Those plans that have included this have seen that for every \$1.00 they spend they save anywhere from \$4-\$7. My pharmacists have reduced medications, or increased adherence with medication.	1			
86	I support the inclusion of WPQC in the SeniorCare program.	1			
87	I believe it is vitally important that the WPQC portion of SeniorCare be included going forward. Pharmacists are the most accessible health care provider and can offer real solutions in areas such as diabetes management.	1			

**SeniorCare Waiver Application - Attachment E
Public Comments - Summary**

	Comment	In favor of renewal, supports WPQC	In favor, wants MTM, didn't mention WPQC	In Favor of Renewal	Not in Favor of Renewal
88	<p>To DHS,</p> <p>I support PSW's efforts to manage health care costs in th elderly and our Medicaid population through prescription management with the Wisconsin Pharmacy Quality Collaborative(WPQC).</p> <p>Wisconsin has a tremendous opportunity to shine in the National spotlight has health care reform advances in our nation.</p> <p>Thank you for your consideration of this opportunity,</p> <p>Mark</p>	1			
89	<p>Please extend the WPQC benefits to Wisconsin citizens enrolled in the SeniorCare program. One of the great strengths of SeniorCare is the opportunity for patients to receive pharmaceutical care. As a pharmacist I have made many interventions to help seniors be healthier and wealthier by recommending appropriate, cost-effective medications to their physicians and discovering interactions and other problems. Our older, more vulnerable patients especially benefit from a pharmacist participating with their health care providers.</p>	1			
90	<p>I strongly encourage federal approval to extend the SeniorCare prescription drug program for Wisconsin senior citizens. I also encourage Wisconsin Medicaid to extend the WPQC benefits to Wisconsin citizens enrolled in the SeniorCare program. Pharmacists providing WPQC services promote drug safety in our most vulnerable patient population. Thank you.</p>	1			
91	<p>Please renew Wisconsin senior care waiver.this program has allowed my mother in law to stay in her house. please add these patients to the wpgc program</p>	1			
92	<p>SeniorCare is a unique program necessary for many of our elderly. Support for WPQC within SeniorCare will enable WI to remain ahead of the rest of the country in terms of health care.</p>	1			
93	<p>Please consider supporting the inclusion of the Wisconsin Pharmacy Quality Collaborative in the SeniorCare program. As a pharmacist soon to begin her practice in Wisconsin, I know that my patients would have tremendous benefit in receiving care under this program.</p> <p>Your consideration is appreciated. Please contact me with any questions you may have.</p>	1			
94	<p>The Wisconsin Pharmacy Quality Collaborative (WPQC) is a valuable program that allows pharmacists to provide services to patients in order to improve both the safety and efficacy of their drug regimen. It is important to include WPQC benefits in the proposed Senior Care program.</p>	1			
95	<p>Please include WPQC in the SeniorCare program.</p>	1			

SeniorCare Waiver Application - Attachment E Public Comments - Summary

	Comment	In favor of renewal, supports WPQC	In favor, wants MTM, didn't mention WPQC	In Favor of Renewal	Not in Favor of Renewal
96	Senior Care is a very valuable program for the senior citizens of our state and should be continued. Also the Wisconsin Pharmacy Quality Collaborative (WPQC) should be included in senior care as well and Wisconsin Medicare, that way patients in both programs can receive the pharmaceutical care they need to use their medicines correctly. This will both promote the patient's health and save the state money	1			
97	Please continue funding Senior Care and include the clinical Service of the WPQC program. This MTM program will save the state more than it will pay in. Studies show that pharmacists save \$2-\$7 on drug costs for every dollar they are paid. It is a win-win situation to include the WPQC program.	1			
98	I'm in my final year of pharmacy school right now and believe strongly that supporting the WPQC program could greatly help Wisconsin seniors by reimbursing pharmacists who do significant medication reviews. We can help take them off unneeded drugs and reduce dangerous side effects like dizziness.	1			
99	Please add provisions of WPQC (Wisconsin Pharmacy Quality Collaborative) to the extension being sought for the Wisconsin SeniorCare Program!!! Thank you.	1			
100	I strongly urge the State of Wisconsin DHS to consider including the provisions of the Wisconsin Pharmacy Quality Collaborative (WPQC) to citizens enrolled in Senior Care. The WPQC has been instrumental in advancing pharmacy practice and positive outcomes for patients enrolled in Medicaid. Results from other studies and initiatives across the country have shown the positive results when pharmacists guide drug therapy and are paid for these services rather than simply dispense medications. Wisconsin has historically been one of the leaders in the nation in its forward-thinking management of drug costs and pharmacists participation in new and effective practice models. This would be a way to continue that tradition.	1			
101	Please extend Wisconsin Pharmacy Quality Collaborative benefits to Wisconsin citizens enrolled in Senior Care! Thanks.	1			
102	Thank you for keeping the Senior going and for trying to extend it. I feel it is a big help to the Senior citizens of Wisconsin. I belong to Senior Care I don't use it much but I know it's there when needed. Thank you for all your help. Wisconsin is the best state and I won't live anywhere else.			1	
103	Please include provisions of the Wisconsin Pharmacy Quality Collaborative (WPQC) in SeniorCare! This offers cost savings to both the patient and the payor, improves outcomes and decreases overall health care costs. Wisconsin Medicaid plans to implement the WPQC program later this year for most Medicaid programs. I encourage Wisconsin Medicaid to extend the WPQC benefits to Wisconsin citizens enrolled in the SeniorCare program.	1			

SeniorCare Waiver Application - Attachment E Public Comments - Summary

	Comment	In favor of renewal, supports WPQC	In favor, wants MTM, didn't mention WPQC	In Favor of Renewal	Not in Favor of Renewal
104	It is important that we include the medication therapy management (MTM) services into the the SeniorCare as we do with all stated-based prescription coverage programs. The cost savings and value added to lives has been demonstrated in many controlled studies. CMS believes in the value of MTM to the degree of providing a \$4.1 million grant to the state of Wisconsin WPCQ (Wisconsin Pharmacy Quality Collaborative) program to expand the ability of pharmacists to provide these service.	1			
105	Please include the Wisconsin Pharmacy Quality Collaborative in the Senior Care Program. Thanks!	1			
106	Wisconsin Medicaid is seeking federal approval to extend the SeniorCare prescription drug program for Wisconsin senior citizens. The current program doesn't include provisions of the Wisconsin Pharmacy Quality Collaborative (WPQC). Wisconsin Medicaid plans to implement the WPQC program later this year for most Medicaid programs. I encourage Wisconsin Medicaid to extend the WPQC benefits to Wisconsin citizens enrolled in the SeniorCare program.	1			
107	Please extend the Wisconsin Pharmacy Quality Collaborative (WPQC) benefits to Wisconsin citizens enrolled in the SeniorCare program.	1			
108	Please include the WPQC program in SeniorCare. This program will provide pharmacists with an opportunity to better serve this population and also has proven to help lower the overall cost of healthcare.	1			
109	Please continue Senior Care -- it's really important to me. I'm an 82 year old widow and it really helps me financially. Thank you.			1	
110	please support			1	
111	Please extend the WPQC benefits to Wisconsin citizens enrolled in the SeniorCare program. This provision is very important to the professional pharmaceutical care of our Wisconsin citizens. Thank-you for your consideration	1			

SeniorCare Waiver Application - Attachment E Public Comments - Summary

	Comment	In favor of renewal, supports WPQC	In favor, wants MTM, didn't mention WPQC	In Favor of Renewal	Not in Favor of Renewal
112	<p>I'm asking that SeniorCare adopt the WPQC MTM program as part of the waiver extension process. Currently SeniorCare is not currently included in the list of covered patients for WPQC. In my own practice I've seen numerous instances of cost savings and clinical improvements using an medication management program similar to WPQC. I'm confident the state SeniorCare program will benefit financially from adding the WPQC program.</p> <p>If this program is picked up for SeniorCare, there will be a need for Medicaid and SeniorCare to use a standardized documentation/clinical management system in order to provide consistent delivery of care for patients. Many pharmacies in Wisconsin have had great success using a system called Outcomes, which is now the national leading program for documentation and billing of MTM. Another program used by WPQC is Aprexis which I'm told is a strong program as well. I urge the state to choose one of these applications for the SeniorCare program.</p>	1			
113	<p>As a community pharmacist, I urge you to take the necessary action in order to adopt the WPQC MTM program as part of the waiver extension. This program will be implemented for Medicaid patients; and it is desirable to utilize the same program for all state insured lives. I have been involved with the WPQC program and it would undoubtedly benefit WI's seniors greatly. Also, please consider the benefit of using the same claims processing software to increase efficiency and consistency.</p>	1			
114	<p>I encourage Wisconsin Medicaid to extend the WPQC benefits to Wisconsin citizens enrolled in the SeniorCare program. Medication management is expanding to many insurers and as a pharmacist that works closely with the program, I can tell you that the program works and has many more positives than negatives for the patients and their therapy. Thank you.</p>	1			
115	<p>I would like to encourage Wisconsin Medicaid to extend the Wisconsin Pharmacy Quality Collaborative(WPQC) benefits to Wisconsin citizens enrolled in the SeniorCare prescription drug program .</p>	1			
116	<p>Please include the Wisconsin Pharmacy Quality Collaborative in the extension of SeniorCare.</p>	1			
117	<p>I am writing to request that the Wisconsin Pharmacy Quality Collaborative be included in the Senior Care waiver extension request. This program is intended for a pharmacist to review complex medication regimens, identify possible conflicts, duplications, and risks to the patient, and improve overall outcomes and safety of patients. The elderly are the most likely to benefit from this service as they have the most complex drug regimens.</p>	1			
118	<p>I will be turning 65 this year and was counting on SeniorCare. I am a diabetic and cannot afford my medicine or strips now with the insurance I have through my work. I was looking forward to finally being able to get the medicine I need. I know of several people who are on SeniorCare who would not be able to afford their medicine without it.</p>			1	
119	<p>My wife and I have been enrolled in the Wisconsin SeniorCare Program since it was mandatory for us to enroll in Medicare Part D. This program has been a cost savings for us since we use very little medication thus saving on costly premiums in Part D insurance. We feel it is a well administered program and runs smoothly.</p>			1	
120	<p>Please support Wisconsin Medicaid extending the WPQC benefits to Wisconsin citizens enrolled in the SeniorCare program.</p>	1			

**SeniorCare Waiver Application - Attachment E
Public Comments - Summary**

	Comment	In favor of renewal, supports WPQC	In favor, wants MTM, didn't mention WPQC	In Favor of Renewal	Not in Favor of Renewal
121	Please consider extending the WPQC benefits to Wisconsin citizens enrolled in the SeniorCare program. Thank you.			1	
122	I AM IN FAVOR OF THE EXTENSION OF SENIOR CARE FOR WISCONSIN CITIZENS. I SEE ON A DAILY BASIS HOW THIS HELPS OUR CITIZENS COPE WITH THE HIGH COST OF PRESCRIPTION DRUGS. I ALSO STRONGLY SUPPORT INCLUSION OF THE WISCONSIN PHARMACY QUALITY COLLABORATIVE (WPQC) IN THE SENIOR CARE PROGRAM!!	1			

SeniorCare Waiver Application - Attachment E
Public Comments - Summary

	Comment	In favor of renewal, supports WPQC	In favor, wants MTM, didn't mention WPQC	In Favor of Renewal	Not in Favor of Renewal
123	<p>To Whom It May Concern:</p> <p>I'd like to take this opportunity to formally state my recommendation for the WI Senior Care Program to become an active member of the Wisconsin Pharmacy Quality Collaborative (WPQC) project as part of the waiver extension. I have been a practicing pharmacist working with the WPQC program since its inception and can offer you these reasons why Senior Care should participate in this innovative program:</p> <ol style="list-style-type: none"> 1. The Seniors of Wisconsin deserve to have quality care provided by their pharmacies/pharmacists. By nature, seniors are a vulnerable population. The WPQC program has a specific focus to ensure seniors are not taking potentially inappropriate medications that could put them at risk of an adverse medication event. 2. The Medicaid program has already signed on to WPQC and there is a lot to be said about having a common billing system/platform to boost participation by the providers. Currently, WPQC pharmacies are using Aprexis as a documentation platform. Aprexis is user-friendly and captures the data necessary to showcase outcomes. Most importantly, Aprexis can bill multiple payors, allowing the provider (pharmacist) to learn only one comprehensive system. 3. WPQC is the future of pharmacy practice. Wisconsin is uniquely positioned to be a leader for the entire nation. We can prove collaboration does indeed work to improve lives and decrease health care costs! <p>I could go on and on. If you'd like more information, feel free to contact me directly.</p> <p>Thank you for your consideration,</p> <p>Erika Horstmann Pharm.D. Director of Clinical/Integrative Services The Medicine Shoppe 5700 US HWY 51 McFarland WI 53558 Phone: 608-838-5700 Email: apothika@gmail.com</p>	1			

SeniorCare Waiver Application - Attachment E

Public Comments - Summary

	Comment	In favor of renewal, supports WPQC	In favor, wants MTM, didn't mention WPQC	In Favor of Renewal	Not in Favor of Renewal
124	As a fourth-year pharmacy student, I've spent the last three years learning how to perform medication therapy management (MTM) reviews. This is what we are trained to do as future pharmacists, to expand our patient care beyond dispensing. However, in most instances, we are not given the opportunity to practice what we've worked so hard to master. Or if we do get an opportunity, reimbursement for MTM tends to be rare or at a minimum. As one of the most accessible health professionals, pharmacists are in prime position to offer MTM services to patients in order to improve desired outcomes and save money in the long run. It's only a matter of time before others finally realize the potential pharmacists have to provide MTM services and the impact that will result. And those who take advantage of this potential now have the most to gain. I support the adoption of the WPQC MTM services by SeniorCare as part of the waiver extension.	1			
125	As a pharmacy student and student patient advocate, I strongly support extending the SeniorCare prescription drug assistance program that helps make prescription drugs more affordable for approximately 87,000 of our state's senior citizens. Furthermore, I support the incorporation of the Wisconsin Pharmacy Quality Collaborative (WPQC) program into SeniorCare. Since its launch in 2008, the WPQC program has demonstrated the ability to improve patient care and reduce overall health care costs by providing high-quality pharmaceutical care interventions (e.g. cost-effectiveness, dosage change, and adherence interventions) and comprehensive medication reviews. The program's success has already gained the confidence of the Centers for Medicare and Medicaid Services, who recently granted a \$4.1 million award to make the WPQC program accessible to Wisconsin Medicaid patients - an effort projected to save \$20 million dollars in health care costs over the 3-year award. Consequently, I believe the WPQC program should be included as a provision of the SeniorCare program in order to provide accessible, high-quality pharmaceutical care to our Wisconsin seniors.	1			
126	As a patient advocate, I strongly support extending the SeniorCare prescription drug assistance program that helps make prescription drugs more affordable for approximately 87,000 of our state's senior citizens. Furthermore, I support the incorporation of the Wisconsin Pharmacy Quality Collaborative (WPQC) program into SeniorCare. Since its launch in 2008, the WPQC program has demonstrated the ability to improve patient care and reduce overall health care costs by providing high-quality pharmaceutical care interventions (e.g. cost-effectiveness, dosage change, and adherence interventions) and comprehensive medication reviews. The program's success has already gained the confidence of the Centers for Medicare and Medicaid Services, who recently granted a \$4.1 million award to make the WPQC program accessible to Wisconsin Medicaid patients - an effort projected to save \$20 million dollars in health care costs over the 3-year award. Consequently, I believe the WPQC program should be included as a provision of the SeniorCare program in order to provide accessible, high-quality pharmaceutical care to our Wisconsin seniors.	1			

SeniorCare Waiver Application - Attachment E Public Comments - Summary

	Comment	In favor of renewal, supports WPQC	In favor, wants MTM, didn't mention WPQC	In Favor of Renewal	Not in Favor of Renewal
127	As a pharmacy student, I strongly support extending the SeniorCare prescription drug assistance program that helps make prescription drugs more affordable for approximately 87,000 of our state's senior citizens. Furthermore, I support the incorporation of the Wisconsin Pharmacy Quality Collaborative (WPQC) program into SeniorCare. Since its launch in 2008, the WPQC program has demonstrated the ability to improve patient care and reduce overall health care costs by providing high-quality pharmaceutical care interventions (e.g. cost-effectiveness, dosage change, and adherence interventions) and comprehensive medication reviews. The program's success has already gained the confidence of the Centers for Medicare and Medicaid Services, who recently granted a \$4.1 million award to make the WPQC program accessible to Wisconsin Medicaid patients - an effort projected to save \$20 million dollars in health care costs over the 3-year award. Consequently, I believe the WPQC program should be included as a provision of the SeniorCare program in order to provide accessible, high-quality pharmaceutical care to our Wisconsin seniors.	1			
128	Please extend the Wisconsin Pharmacy Quality Collaborative (WPQC) benefits to Wisconsin citizens enrolled in the SeniorCare program as extended to the citizens enrolled in Medicaid. Thank you.	1			
129	Please make sure that WPQC is part of the SeniorCare renewal. This program is vital to all pharmacy practice, but is of utmost importance for our senior population who tend to be on multiple medications with many chronic conditions, and oftentimes many barriers to optimal medical adherence.	1			
130	Please consider adding the WPQC to Senior Care prescription program. The combination of these 2 programs will provide much needed review and medical information to these patients. This will lead to enhanced patient care. Thanks, Robert Rennock--Pharmacist	1			
131	As a patient advocate and second-year medical student at the University of Wisconsin School of Medicine and Public Health, I strongly support extending the SeniorCare prescription drug assistance program that helps make prescription drugs more affordable for approximately 87,000 of our state's senior citizens. Furthermore, I support the incorporation of the Wisconsin Pharmacy Quality Collaborative (WPQC) program into SeniorCare. Since its launch in 2008, the WPQC program has demonstrated the ability to improve patient care and reduce overall health care costs by providing high-quality pharmaceutical care interventions (e.g. cost-effectiveness, dosage change, and adherence interventions) and comprehensive medication reviews. The program's success has already gained the confidence of the Centers for Medicare and Medicaid Services, who recently granted a \$4.1 million award to make the WPQC program accessible to Wisconsin Medicaid patients - an effort projected to save \$20 million in health care costs over the 3-year award. Consequently, I believe the WPQC program should be included as a provision of the SeniorCare program in order to provide accessible, high-quality pharmaceutical care to our Wisconsin seniors.	1			
132	SENIOR CARE IS NEEDED IN OUR STATE! PLEASE EXTEND			1	

SeniorCare Waiver Application - Attachment E Public Comments - Summary

	Comment	In favor of renewal, supports WPQC	In favor, wants MTM, didn't mention WPQC	In Favor of Renewal	Not in Favor of Renewal
133	The Wisconsin Pharmacy Quality Collaborative is an innovative program developed for use in pharmacies across the state of Wisconsin. Seniors are more likely to have multiple medical conditions and medications than their younger counterparts and thus can greatly benefit from this program. It has been shown to save money for payers due to patients correctly taking the right medications. The program was recently awarded a grant by the Centers for Medicaid and Medicare for innovations in healthcare. Please strongly consider including WPQC in the SeniorCare renewal bill.	1			
134	Please renew Seniorcare as I have used it from the beginning. It helps me with my medicine bills, otherwise I would not be able to afford all my medications. Thank you.			1	
135	I support the inclusion of WPQC into the WI SeniorCare Program.	1			
136	Please continue Senior Care It helps maintain my needed medicines and the ability to at least pay for some of the cost without feeling like a beggar or a pauper. Thank you. Sincerely Leah Lemanchek			1	
137	I believe this program is essential to seniors with limited income, like myself, as it provides an alternative to the Federal program at a much more affordable cost. Please keep this program in place			1	
138	Please renew this program			1	
139	I would like to respectfully urge you to include the WPQC patient counseling and monitoring to the SeniorCare program. I strongly encourage the continuation of the SeniorCare program as it is vital to my patients at Homecare Pharmacy in Beloit for affordable coverage for medications they need. These patients would not qualify for WI Medical Assistance so without the SeniorCare program many patients could not afford to get their maintenance and acute care medications. This would only lead to higher health care costs as these patients would very likely end up in the hospital or long term care facilities. The program has proven to be cost effective and is a model which many other states could copy.	1			
140	As a pharmacist with 30 years experience in community, hospital, and long-term care pharmacy, I definitely recognize the need for Medication Therapy Management in the Wisconsin Senior Care population. While I do what I can in the few moments at the pharmacy counter, I believe our Senior Care patients would be healthier and save even more money if I was able to spend more time with them than currently possible.		1		
141	I ask that SeniorCare adopt the WPQC MTM program as part of the request for waiver extension.	1			

SeniorCare Waiver Application - Attachment E Public Comments - Summary

	Comment	In favor of renewal, supports WPQC	In favor, wants MTM, didn't mention WPQC	In Favor of Renewal	Not in Favor of Renewal
142	<p>As a pharmacist who services primarily innercity low income patients I encourage you to extend the SeniorCare prescription drug program for Wisconsin senior citizens. I witness on a daily basis the benefit of this program to the senior citizens in our community. Without affordable drug programs many of these patients would forgo taking their medication due to the burden of cost. I also encourage you to extend the WPQC benefits to Wisconsin citizens enrolled in the SeniorCare program. Including this provision will ensure patients in WI continue to receive the highest quality of care while decreasing overall health costs due to medication management services.</p> <p>Thanks, Megan Haapanen, PharmD</p>	1			
143	<p>As a Wisconsin Pharmacist I would like to offer support for inclusion on WPQC in the Senior Care Program. Many senior citizens rely on this benefit and may be forced to choose between their medications and groceries every month. Thank you.</p>	1			
144	<p>Thanks to this program, my wife and I have been able to keep our home.</p> <p>P.S. My wife is 81 and I am 83.</p>			1	
145	<p>It is of utmost importance that SeniorCare be renewed.</p>			1	
146	<p>SeniorCare is one of the most popular programs that I have seen, and for good reasons. It is simple for seniors to apply and use, almost all drugs are covered, out-of-pocket costs are predictable for consumers, and it is efficient and cost-effective for consumers, as well as for state and federal governments. In addition, it helps those in need, and provides the most help to those who have the lowest incomes, and the highest drug costs.</p> <p>I urge the Governor and DHS to continue the program without change, except for the improved pharmacy counseling benefit.</p>		1		
147	<p>I implore WPQC to have both Medicaid and SeniorCare use a standardized documentation/clinical management system in order to provide consistent delivery of care for their patients. By utilizing one common platform for submission of documentation/claims to multiple payors; the pharmacy/pharmacists will be fully trained and be a more efficient process.</p>			1	
148	<p>Requesting the inclusion of WPQC benefit for Senior Care enrollees & approval of extension of Senior Care program in state of Wisconsin.</p>	1			

**SeniorCare Waiver Application - Attachment E
Public Comments - Summary**

	Comment	In favor of renewal, supports WPQC	In favor, wants MTM, didn't mention WPQC	In Favor of Renewal	Not in Favor of Renewal
149	I'm writing to encourage the Department to include the WPQC program in the SeniorCare waiver request. As a pharmacist that has worked with pharmaceutical care programs and now MTM programs since their inception, I can't emphasize enough how important it is for SeniorCare patients to receive the enhanced MTM service of a Level II visit if needed, that is not available through the basic pharmaceutical care program now. Just as CMS recognized the need for some seniors to have MTM visits with a pharmacist in the Part D benefit, this would be a cost effective enhancement of patient care services for Wisconsin citizens in the SeniorCare program.	1			
150	I strongly believe that SeniorCare participants should have access to the WPQC program that other Medicaid recipients will have access to (starting in Fall 2012). Studies show that elderly patients take a multitude of medications and pharmacists can assist in increasing adherence, simplifying regimens, and reducing duplicative and/or dangerous medications. WPQC will help SeniorCare participants. I also urge you also to consider choosing a documentation/billing platform that is used for the other WPQC-participating payors. In order for care to be delivered efficiently and effectively the same platform should be used across all payors, reducing the burden on participating pharmacists.	1			
151	Senior care is a much needed program for our senior citizens. My father has it and it has been a huge help to him. He has a deductible & spend down but he still has great need for your program. In my opinion as a pharmacist, it is run better than medicare D. A deductible & spend down at the beginning of the year with copays after that make a lot more sense than a donut hole in the middle of the year(medicare D). Thank you for this great program.			1	
152	I'm writing to encourage the Department to include the WPQC program in the SeniorCare waiver request. As a pharmacist who has specialized training in providing pharmaceutical care, I can't emphasize enough how important it is for SeniorCare patients to receive the enhanced MTM service of a Level II visit if needed. Support for this indepth care is not available through the basic pharmaceutical care program as it is now. Just as CMS recognized the need for some seniors to have MTM visits with a pharmacist in the Part D benefit, this would be a cost effective enhancement of patient care services for Wisconsin citizens in the SeniorCare program. These patients need the services available through the WPQC program. Many of them need extra help, often times the help, guidance and recommendations made by a pharmacist in cooperation with the medical provider can be enough to lower costs, reduce adverse events, limit additional doctor appointments, hospitalizations as well as delay the need for skilled and nursing care. Thank you for taking the time to review my comments. I strongly hope the Department includes the WPQC program in the SeniorCare waiver request. Ellen Maxwell	1			

SeniorCare Waiver Application - Attachment E

Public Comments - Summary

	Comment	In favor of renewal, supports WPQC	In favor, wants MTM, didn't mention WPQC	In Favor of Renewal	Not in Favor of Renewal
153	<p>I strongly support extending the SeniorCare prescription drug assistance program that helps make prescription drugs more affordable for approximately 87,000 of our state's senior citizens. Furthermore, I support the incorporation of the Wisconsin Pharmacy Quality Collaborative (WPQC) program into SeniorCare. Since its launch in 2008, the WPQC program has demonstrated the ability to improve patient care and reduce overall health care costs by providing high-quality pharmaceutical care interventions (e.g. cost-effectiveness, dosage change, and adherence interventions) and comprehensive medication reviews. The program's success has already gained the confidence of the Centers for Medicare and Medicaid Services, who recently granted a \$4.1 million award to make the WPQC program accessible to Wisconsin Medicaid patients - an effort projected to save \$20 million dollars in health care costs over the 3-year award. Consequently, I believe the WPQC program should be included as a provision of the SeniorCare program in order to provide accessible, high-quality pharmaceutical care to our Wisconsin seniors.</p>	1			
154	<p>WPQC should be required for all Federal/State funded programs to improve the benefits received.</p>	1			
155	<p>Part played by pharmacists is critical in aiding those on various medication programs to comply with the way their medications are to be taken. Also it aids in reducing duplicate therapies if similar acting medications are ordered or being taken.</p>		1		
156	<p>Dear Sirs: I am writing to ask (even beg) you to please renew the SeniorCare Program. This is a government program that actually works well. It is very easy to apply for and very easy to use and it is very economical. It is a tremendous benefit for Wisconsin seniors. Wisconsin seniors do not have to go through the torture of trying to wade through all the different insurance plans for drugs and try to pick a plan that works best for them. They do not have to worry about the "doughnut hole" or other issues. SeniorCare has been a blessing for my mother. It has saved her a lot of money. It has made her life much more enjoyable and hassle-free. It ain't broke and it works well: please don't "fix" it or cancel it. Thank you.</p>			1	

SeniorCare Waiver Application - Attachment E
Public Comments - Summary

	Comment	In favor of renewal, supports WPQC	In favor, wants MTM, didn't mention WPQC	In Favor of Renewal	Not in Favor of Renewal
157	<p>Please continue offering Senior Care to our State's elderly citizens. I managed my father's medical affairs for several years before he died, and the program served him very well. Enrollment was straight-forward and the system was easy to navigate. In contrast, I have been involved with my disabled husband's participation in Medicare Part D, which is cumbersome and confusing even for those who not compromised by memory issues/dementia and are computer savvy. PLEASE REQUEST THE WAIVER AND CONTINUE TO PROVIDE SENIOR CARE TO OUR STATE'S GREATEST GENERATION!!</p> <p>Thank you, Joelle Myers</p>			1	
158	<p>I do not drive, therefore, I cannot attend a meeting. But please continue the Senior Care program. I rely on that to help me afford my medications. Thank-you.</p>			1	
159	<p>I am a low income senior on Senior Care. I am seventy yrs. old and relay on Senior Care to obtain my meds. According to the acceptance letter from Senior Care, I am 160% below the poverty level and if this program were to be terminated, I would not be able to afford the monthly payments to buy a part D program. My life as I know it will be shortened and filled with pain.</p>			1	
160	<p>My agency markets health and life insurance products and a majority of our clients (over 4000) are utilizing Medicare. Approximately, 600 clients are enrolled in Senior Care and most of them would be hard pressed to pay for a Medicare Part D plan, with the co-payments and the coverage gap. Senior care gives these individuals access to the needed prescription drugs at a cost they can afford. Then they are able to take the medications as prescribed instead of as they can afford them. This keeps them healthier and out of the emergency rooms. A majority of these clients are over 75 and alone. They qualify for Senior Care because they have lost their spouse and part of their income. This is a wonderful program which makes sense. Let's keep it going.</p> <p>Thank you.</p>			1	
161	<p>Please support for the inclusion on WPQC in the SeniorCare program.</p>	1			
162	<p>I am submitting this request in support of my mother and a number of her friends who are receiving benefits through Senior Care. My mother is soon to be 89 years old, and suffers from a number of maladies including diabetes, high blood pressure and cancer. The Senior Care program has been a "Godsend" to her in allowing her to afford her medications and receive the treatment she needs. As many her age, she has extremely limited financial resources and the program assists her greatly. The peace of mind the program affords her in knowing she can obtain and afford her needed medications is priceless.</p> <p>On her behalf and that of the other seniors receiving these benefits, I would strongly encourage and support the continuation of the Senior Care Program. The designers of this program should be commended. The program works and I salute them.</p>			1	

SeniorCare Waiver Application - Attachment E Public Comments - Summary

	Comment	In favor of renewal, supports WPQC	In favor, wants MTM, didn't mention WPQC	In Favor of Renewal	Not in Favor of Renewal
163	<p>I would like to encourage the inclusion of the Wisconsin Pharmacy Quality Collaborative in the SeniorCare prescription drug program. To control the rising costs of healthcare, quality care and value need to be encouraged and rewarded. Payments based on simply the volume of procedures and labs cannot continue as the system will simply run out of money. Taxpayers cannot tolerate rising costs for marginal results.</p> <p>Thank you for your consideration.</p>	1			
164	<p>Senior Care has been a Godsend. I am able to afford my medication which improves my quality of life, inturn allowing me to live in my own home and retain my independence at 86 years of age. Thank you.</p>			1	
165	<p>I am asking that SeniorCare adopt the WPQC MTM program as part of the waiver extesion. It is of utmost importance that these patients be able to discuss and understand their medications.</p> <p>I am also asking the Medicaid and SeniorCare use a standardized documentation/clinical management system in order to provide consistent delivery of care for patients.</p>	1			
166	<p>The Senior Care program is allowing my mother to remain in her house.</p> <p>I do not know how she would be able to pay for her prescription drugs in any other manner.</p> <p>It is simple and it works.</p> <p>Don't change it.</p>			1	
167	<p>I just turned 65 and take no Rx drugs. I so appreciate being able to keep my drug insurance "credible" at a reasonable cost. Please continue this program.</p>			1	
168	<p>Please include WPQC in the extention of Senior Care. Senior Care patients are the most labor intensive patients we treat and the present reimbursement rates do not adequately pay us for the extra labor involved to get these patients taken care of.</p>	1			
169	<p>As a Pharmicist, I view Senior Care is a necessity for every senior in Wisconsin. The program is income based, so it provides a safety net for those lower income residents where Part D premium and copays would be cost prohibitive. Many of my patients save between 50 to 250 dollars monthly. Part D copays of 40-80 dollars for catagories where no generic is appropriate would have my patients not fill their prescriptions. The 15 dollar payments are manageable. The money Wisconsin invests with this program keep many patients out of the emergency room. Please continue this program. If I can provide any more information to support your decision to request a wavier please contact me</p>			1	
170	<p>I use this program to help paid for my prescriptions very month. If I cannot receive this help I will have to move to low income housing. Please have this program continue and thank you.</p>			1	

**SeniorCare Waiver Application - Attachment E
Public Comments - Summary**

	Comment	In favor of renewal, supports WPQC	In favor, wants MTM, didn't mention WPQC	In Favor of Renewal	Not in Favor of Renewal
		96	4	69	1

**SeniorCare Waiver Application - Attachment E
Public Comments - Summary**

email			17
in favor			17
not in favor			0
Date	From	Comment	Number of emails
Tues. 06/12/2012	Lynn Kemp	in favor of renewing waiver	1
Sun. 06/17/2012	Barb Green	in favor of renewing waiver	1
Mon. 06/18/2012	Judy Carlson	in favor of renewing waiver	1
various emails received		all in favor of renewing waiver	14
Total			17

SeniorCare Waiver Application - Attachment E
Public Comments - Summary

telephone				23
in favor				23
not in favor				0
Date	Name	Location	Comment	number of calls
Mon. 06/25/2012	Nancy Connor	Edgerton	Low income senior, she receives benefits under SeniorCare. Please keep it as it is.	1
various			DHCAA call center inquiries	20
6/1/2012	June Matoushek		I have only the best to say about the program--it's a wonderful service and a great relief to have it--can't see how people survive without SeniorCare	1
6/18/2012	Myrth Sunday		Thank you for the prompt answer. I sure hope we can keep it. If not my meds will use up my monthly state pension and more. Between my core and variable I lost \$40 in the last couple of months. Actually it was mostly on my core.	1
Total				23

SeniorCare Waiver Application - Attachment E
Public Comments - Summary

Mail				38
in favor				38
not in favor				0
Date	Name	Location	Comment	
Mon. 06/25/2012	Ingrid Thompson	Village of McFarland	McFarland Senior Outreach Services	1
Mon. 06/25/2012	Susan Richmond Vilas County Commission on Aging			1
Mon. 07/02/2012	Mrs. Ivadeane Abegglen	W414 Oak Road Colby, WI 54421		1
Mon. 07/02/2012	Charlyne Krings	201 E. 9th Street Marshfield, WI 54449		1
various mail			in favor of renewing waiver	34
Total				38

SeniorCare Waiver Application - Attachment E
Public Comments - Summary

	Speaker/participant		Address		Comment
1	Joyce Holstein	consumer	W2861 Shorewood Rd Grafton, WI 54436	V(T)	She supports the program, stating that "SeniorCare is absolutely wonderful." She has a breathing problem. Drugs are very expensive. SeniorCare is simple, affordable, efficient, and easier for the pharmacies to take care of. "Even if we had to pay a little more," she believes that people would want to participate in the program. The aging offices help people with SeniorCare. She states that the coverage she and her husband have under SeniorCare will run out in August.
2	Patrick Frye	provider	536 5th Ave. Antigo, WI 54409	V(T)	He is a pharmacist, with Lakeside Pharmacy in Antigo. He supports the SeniorCare program. It serves seniors at all income levels - upper income and lower. Co-pays are low and there is no deductible. It is equitable to all and better than Medicare Part D. There is a reasonable premium and no doughnut hole. He states that Medicare Part D should have used SeniorCare as a model for the nation.
3	Patrick Killeen	advocate	2655 15th St. S La Crosse, WI 54601	W/V	Support for continuance of SeniorCare waiver. He is the State President for AARP, a volunteer advocate position. He is here with Helen Marks Dicks. There are 810,000 AARP members in Wisconsin. Many are on SeniorCare. He commends the Department for pursuing continuance of the waiver. He was around 10 years ago for the program's inception. It enjoyed bipartisan support. Medicare Part D has its shortcomings. He had a career in health programs and is a pharmacist. He has been a pharmacist since 1972. He described the doughnut hole as something only an actuary could think up. He offered his support for the Department's efforts to renew the program
4	Helen Marks Dicks	advocate	222 W. Washington Ave., Suite 600 Madison, WI 53703	W/V	AARP Wisconsin is <u>very</u> supportive of the waiver. This program helps thousands of seniors with their expenses for prescription drugs. She indicated that one reason SeniorCare is preferable is the width of the formulary. Seniors are better off with it. She stated that Medicare Part D has its own formulary. AARP represents multiple generations. Consumers (seniors) always appreciate simplicity.

SeniorCare Waiver Application - Attachment E
Public Comments - Summary

	Speaker/participant		Address		Comment
5	Jayne Mullins	Older Americans Act consultant representing WAN	1414 MacArthur Rd. Madison, WI 53714	W	Comments supporting SeniorCare be maintained "as is" with no changes. WAN is made up of representation from a number of aging network professional associations. I am providing copies of my comments.
	advocate			V	She is with the Greater Wisconsin Aging Network. She provided written comments. The Network adopted a motion on May 18 supporting renewal of the SeniorCare program. One enhancement she recommends is medication therapy management.
6	Ethel Kakes	consumer	N4596 Angle Rd Antigo, WI 54409	W/V	Keep this program just as it is; it is the best inexpensive program for the elderly. She is 80 years old. She states that she is struggling with what the state is doing to us. She mentions Social Security and Medicare. She says that her father lost his farm. She has health problems and uses expensive medications. She hopes that the program stays as it is. She pays a \$30 annual enrollment fee and \$500 in co-pays. But she and her husband could not pay for the drugs they need on their own.
7	Maria Meyer	Elder Benefit Specialist advocate	ADRC of Portage County 1519 Water St Stevens Point, WI 54481	W/V	Thank you for keeping the benefit intact. See attached (written comments). She is with the ADRC for Portage County. She asked about a statement that some people do not reapply for benefits because they are financially ineligible for SeniorCare. A correction was provided that some people who do not reapply for benefits may be ineligible for non-financial reasons, such as becoming a member of full Medicaid.
8	Gurdon Hamilton	consumer, provider	3133 Channel Dr Stevens Point, WI 54481	V	He is a recently retired physician specializing in geriatrics and chemical dependencies. He stated that the average person over the age of 65 is taking 5 drugs as well as supplements. Chronic conditions that seniors suffer from include heart and lung conditions, diabetes, and neurophthia. He stated that compliance with drug regimes is tied in to finances. Compliance is especially important. He stated that the idea that SeniorCare is a partnership with pharmacists is very good to hear. He mentioned the medical home concept. He spoke of supplements and the ease of use. He sees things from a provider standpoint as well as in his role as a recent retiree. The doughnut hole in Medicare Part D does not hurt him, but most people are not so lucky. Medicaid Director Davis asked a follow-up question about medication therapy management. Dr. Hamilton stated that he strongly supports medication therapy management, saying that it is "most important."

**SeniorCare Waiver Application - Attachment E
Public Comments - Summary**

	Speaker/participant	Address		Comment
9	Cindy Piotrowski advocate	1519 Water St, Stevens Point, WI 54481	W/V	Very relieved to learn you have no proposed changes to the application. SeniorCare is a unique and extremely successful program for the State of Wisconsin. At the ADRC, staff sees the success of the program on a regular basis. A recent conversation with a senior on the ADRC Board revealed an estimated personal savings of more than \$600 per month and no period of time where there was no coverage (the donut hole). She works for the ADRC of Portage County. She stated that SeniorCare is a unique and successful program here in Wisconsin. She stated that users experience more than \$600 per month in savings. She stated that the program is unique to Wisconsin and is wildly successful. She thanked the Department for its efforts in the program.
10	Pat Runde	Livingston, WI	V(T)	She said that she does not know how she would survive without SeniorCare. She stated that "I hope it stays just as it is."
11	Robert Kakes consumer	N4596 Angle Rd Antigo, WI 54409	W	I support this program.
12	Sandra Martin advocate	4055 Briggs Lane Phelps, WI 54554	W	I support keeping SeniorCare as is. I have assisted friends and neighbors to apply for SeniorCare and it has helped them greatly.
13	Sue Martens Aging and Disability Resource Center of Portage County, advocate	1519 Water St Stevens Point, WI 54481	W	Good to hear no changes!
14	Marion Hokamp consumer	181 20th Ave. S. Wisc Rapids, WI 54494	W	I support SeniorCare as it is. How would we get along without it? I was in the hospital 4 times last year. My husband had heart surgery and many follow up surgeries. Now the donut hole comes earlier every year. I have 2 knees replaced and also 3 hip replacements
15	Joseph Hokamp consumer	181 20th Ave. S. Wisc Rapids, WI 54494	W	I support SeniorCare as it is.
16	Wally Reek advocate	600 Marathon Marshfield, WI 54445	W	We are Chapter Specialists for AARP for 15 years. We helped sign up people for SeniorCare. It was a very rewarding experience. You can't believe how important this program is to many people!

SeniorCare Waiver Application - Attachment E
Public Comments - Summary

	Speaker/participant		Address		Comment
17	Shirley Reek	advocate	600 Marathon Marshfield, WI 54445	W	This is an excellent program. Personally, have known several elderly people who have benefited by this program. It is easy to access - and very cost effective. Have helped many people sign up for the program, in early days of this program. These senior citizens were all so grateful for the opportunity to enroll. Definitely need to continue this program as it is!
18	Ray A. Kalpinski	advocate	3400 CY TT St. South Wisc Rapids, WI 54495	W	Both of my parents were beneficiaries of SeniorCare - through the lower prescription program.
19	Rachel A. Heldt	consumer	203 Water St Mosinee, WI 54455	W	I am in favor of the waiver renewal.
20	Jessica Prell	advocate	222 W. Washington Ave, Suite 600 Madison, WI 53703	W	SeniorCare is a vital and cost effective program for seniors in Wisconsin. Access to quality and affordable prescription drug coverage enables Wisconsinites to be active participants in their health and receive the necessary medications to prevent further decline and associated costs. SeniorCare should be extended.

W = Written remarks on speaker slip.

V = Verbal remarks; notes by DHS staff.

V(T) = Verbal remarks via telephone connection.

SeniorCare Waiver Application - Attachment E
Public Comments - Summary

	Speaker/participant		Address		Comment
1	Violet M. Glad	consumer	1001 Delafield St. Apt 513 Waukesha, WI 53188		Registered not wishing to speak.
2	Catherine Polster	consumer	1001 Delafield St. Waukesha, WI 53188		Registered not wishing to speak.
3	Pat Pax	consumer	1001 Delafield St. Apt 508 Waukesha, WI 53188		Registered not wishing to speak.
4	John Greene	advocate	716 Lyons St. Edgerton, WI 53534	W/V	Governor "needs" to sign waiver - request now! Time to stop playing politics and represent all the people. He indicated that he likes all of the positive words about the program and the future direction of the program. He is an advocate with AARP.
5	Carol Greene	advocate	Edgerton, WI 53534	W	The governor needs to sign and apply for the waiver so people will not lose what they have come to depend on.
6	Stephanie Sue Stein	advocate	MCDA 1220 W. Vliet Milwaukee, WI 53205	W/V	Submit waiver as soon as possible. Do not change program. She stated that she is 100% behind this. She wants the waivers to be renewed.
7	Barbara Bichiel	consumer, advocate	9251 N. 67th St. Brown Deer, WI 53223	V	She stated that it is nice to see all the positive feelings about the program. She chairs the Milwaukee Commission on the Aging. She strongly supports the program.
8	Judith Joslin-Crary	consumer, advocate	2567 Edgewood Dr Beloit, WI 53511	W/V	My husband and I were just recertified for SeniorCare coverage. We are very much hoping that the waiver will be requested and our coverage will continue. When I retired I did a lot of research and SeniorCare was the most cost effective means of coverage for our drug needs. Even if seniors have saved and invested wisely, retirement is a time of reduced income and expenditures. Interest rates are historically low. I am strongly advocating you continue this program. It's our lifeline! and you should be proud that Wisconsin is providing a national class drug program. She and her husband just renewed coverage under SeniorCare. Interest rates are down, so investments are not growing. This is important; "this is our lifeline."

**SeniorCare Waiver Application - Attachment E
Public Comments - Summary**

	Speaker/participant		Address		Comment
9	Helen Marks Dicks	advocate	222 W. Washington Ave., Suite 600 Madison, WI 53704	W/V	We are behind this 100%. This is one program that is wonderful. See to it that it is renewed. It is not just recipients but those caring for recipients for whom this matters a great deal.
10	Patrick E. Meier	advocate		W	SeniorCare is a valuable part of the health care system for many Wisconsin seniors. It is a unique Wisconsin program that has the potential to be a model for other states. The waiver, maintaining the program as it is, should be submitted as it stands.
11	Jayne Mullins for Mae Lenz, GWAAR	consumer	1414 MacArthur Rd Madison, WI 53714	W/V	I am testifying on behalf of Mae Lenz, an 84 year old woman of Waterloo, WI. Mae is now on SeniorCare and wants it to continue with no changes. Mae pays property taxes of over \$3,000. Her insurance premium is over \$300. She takes 6 meds, 5 generic and one brand name. She says it is very expensive without SeniorCare. She doesn't know what she would do without SeniorCare. She testified yesterday in Stevens Point. Today she is testifying on behalf of Mae Lenz. Ms. Lenz was born in 1929. She is attempting to live independently in her own home. It is harder and harder to get by each year. Her income is a little bit more than 130% of the Federal Poverty Limit. Her savings limit her eligibility for Medicare Part D. She takes 6 medications - 5 generic and one brand name. For SeniorCare, she pays a \$60 annual enrollment fee and \$40 per month in co-pays. She acknowledged the petition drive by Representative Jorgenson in which he collected 14,000 signatures in support of the program.
12	State Representative Peggy Krusick	legislator	State Capitol 128-N	V	She serves on the Aging and Long Term Care Committee. She shared a story from a constituent. She stated that drugs are the biggest expense seniors have. In 1999 she convened a work group for seniors. The Legislative Reference Bureau crafted this bill. It is a cost effective program. She asks that we renew it as is. She will be submitting written testimony.
13	Pat Towers	member of SeniorCare advisory committee	1000 W. Jonathan Bayside, WI	V	She has been on the SeniorCare advisory committee since it started. There remain 5 members of the original advisory committee. The program has been successful. It engages pharmacists as well as brand drug manufacturers. Without their involvement the program would not be a success. She lauds the Department.

SeniorCare Waiver Application - Attachment E
Public Comments - Summary

	Speaker/participant		Address		Comment
14	Cathy Bellovary	ARDC director	500 Riverview Ave. Waukesha, WI 53188	W	As our consumers in Waukesha County say - "Keep it!" The Ber Specs and other ADRC staff also echo the same sentiments. It has been a wonderful program and we are so very grateful that it is available. As professionals, we always thought that CMS should have rolled it out across the country. Thanks to all of you who work so hard to keep it going. We hope that the waiver renewal is approved.
15	State Representative Andy Jorgenson	legislator		V	<p>He recommends that SeniorCare be made a permanent program some day. He would like to see it take the place of Medicare Part D on a national basis. He stated that it is something that we, the government did right. It was a bipartisan effort. He mentioned Mae Lenz, who Jayne Mullins spoke on behalf of earlier - a constituent of his. He stated that SeniorCare was going to be dismantled in the Governor's budget. He said that it is good to hear that people are for it.</p> <p>Six years ago, he was first elected to the Legislature. He stated that President George W. Bush was not going to allow the program to continue. He shared a constituent story. The constituent said "I would die" if the program were not there. She said that this was not hyperbole - she would not be able to afford the medications she needs and so she would literally die. He indicated that this made him know that this was something he had to fight for. This is why, he said, that the SeniorCare program has to continue unchanged.</p> <p>He noted that Deputy Secretary Kitty Rhoades has made public statements that the Department intends to operate the SeniorCare program exactly as it is today. However, he is concerned about funding. He stated that a surplus of SeniorCare dollars was moved into the general fund. He stated that you cannot take those dollars. He has introduced a bill, AB-167, to ban moving surplus monies. He stated further that the bill stalled in committee and did not receive a hearing.</p> <p>He stated that if funding runs short the program will be at risk. He stated that he does not trust the current administration. He circulated petitions calling for the protection of the SeniorCare program. He was able to gather 14,000 signatures in one month's time. Then it was announced that the Department would not touch the program. He asked why it was on the chopping block in the first place.</p>

**SeniorCare Waiver Application - Attachment E
Public Comments - Summary**

	Speaker/participant		Address		Comment
16	David Hoffman	advocate (78)	2702 B South Shore DR Milwaukee, WI 53207	W	SeniorCare should be left as it is in Wisconsin and expanded nationally because it saves tax dollars and is easier for consumers to understand
17	Rob Wilkinson	consumer, advocate	633 Milton Ave. Janesville, WI 53545	W	The SeniorCare plan saves me about \$300 a year on my prescription medications. I was the Rock County Part D specialist the first 5 years of the plan. I talked with, advised thousands of people on their options for drug plans. SeniorCare was the best option for a considerable number of people I worked with. The simplicity of SeniorCare, the fact the plan did not change each year also helped many people chose it over a Part D plan. I volunteer for First Call in Rock County and still talk with many people who need help obtaining their prescription meds. SeniorCare is the best option for many people.
18	Richard R. Crary	advocate	2567 Edgewood Dr Beloit, WI 53511		Registered not wishing to speak.

W = Written remarks on speaker slip.

V = Verbal remarks; notes by DHS staff.

**SeniorCare Waiver Application - Attachment E
Public Comments - Summary**

	Speaker/participant		Address		Comment
1	Marjorie A. Bunce	Regional Representative for Senator Kohl	402 Graham Ave., Suite 206 Eau Claire, WI 54701	V	She indicated that she was here representing Senator Kohl and was here to listen.
2	Rep. Dean Knudson		220N State Capitol	V	He indicated that he was here to listen. He noted that it is a popular program. He stated that Wisconsin did it better than the feds did. He noted that SeniorCare serves tens of thousands of people who are most in need. In light of continuing budget pressures, it serves to help the elderly.
3	Wendy			V	She stated that SeniorCare serves her parents and her grandparents. Her grandparents are 103 years old.
4	Unknown			V	She is on the senior board. She noted that numerous people on the senior board are on SeniorCare. She and her husband take no prescription drugs. She stated that with Medicare Part D, you pay a 1% penalty for life if you do not have anything in place. SeniorCare satisfies that (requirement for creditable coverage). She saves \$200 per month by being on SeniorCare. She stated that SeniorCare serves people on both ends of the economic spectrum.
5	Marlene Ellingboe	consumer		V/W	She stated that she does not take drugs. I think this is an important program and should be continued.
6	Unknown			V	He is covered by Veterans' Administration coverage.
7	Jo Ann Freese		Grantsburg, WI	V	tagging. She stated that it is an important program.
				W	Continue program as is - essential to the welfare of our Seniors. P.S. Why is it necessary to go through this process (hearing renewal) every couple of years? Is this cost effective? Wouldn't every 5 years be sufficient?

SeniorCare Waiver Application - Attachment E

Public Comments - Summary

	Speaker/participant		Address		Comment
8	Eldon Freese	consumer, advocate, and other	25050 Gile Rd Grantsburg, WI 54840	V/W	<p>It's good to have these hearings. There are so many different kinds of people supporting SeniorCare. 1. He stated that he and his wife do not qualify for SeniorCare due to their income. 2. He stated that some of their friends do qualify. 3. He stated that he hits the doughnut hole every year as he takes a lot of drugs. Also feels the government is not taking care of seniors. He relies on several programs. He stated that he had surgery for a floating blood clot, and his drug costs went up. His surgery has been rescheduled for October 15. He worked for many years with AARP as an AARP advocate. He is also a GWAAR board member. He praised the work of Jayne Mullins.</p> <p>I am on the GWAAR board - as well as an AARP advocate. Former Burnett County Supervisor, was on the Department of Health Committee. Former Chair of Burnett and Polk County ADRC. Former Township Chair of West Marshland.</p>
9	Jayne Mullins	Older Americans Act consultant representing WAN, advocate	1414 MacArthur Rd. Madison, WI 53714	V	<p>She stated that her organization is an area office on the aging. The organization conducts elder abuse investigations. In the late 1980s and in the 1990s she worked on the creation of the SeniorCare program. She and others looked at what other states were doing. Revenue sources such as lottery revenues were considered. The program enjoyed and enjoys bipartisan support. She noted that seniors take a lot of drugs. She also stated that a lot of women over 80 years of age survive on \$1,100 per month. There are a lot of costs of living. The Wisconsin Aging Network is a consortium of aging specialists who provide various services. She noted that she spoke at the first two hearings and has copies of her testimony. She concluded by stating that SeniorCare is working for folks; it is the envy of other states.</p>

SeniorCare Waiver Application - Attachment E

Public Comments - Summary

	Speaker/participant		Address		Comment
10	Joan Schneider	AARP	2311 Golf View Dr River Falls, WI 54022	V/W	<p>She indicated that she was here representing AARP. She also stated that she is Kitty's former baby sitter! She has had a long term interest in health care, although she was a teacher. She wishes she were on SeniorCare. She makes too much money to be eligible. She is on Part D and often falls into the doughnut hole (she calls the "black hole". She stated that most people do not take their medications properly. She attributes this in part to the fact that they fall into the doughnut hole. As a result, their health suffers and the cost to care for them increases. She states that SeniorCare is a model program. "No changes, please." There is no penalty, with a cost of \$30 per year. She says "I don't know how we'd function without it." She wishes they could expand it by making more folks financially eligible. Healthy seniors benefit the entire community. This is one of the most important programs. She stated that it improves the quality of life for many people.</p> <p>The importance of the SeniorCare drug program. I am not currently in SeniorCare but fall into the doughnut hole so the prescription drug safety net! We must keep this most important program. AARP hopes SeniorCare can continue for Wisconsin seniors to lead productive lives.</p>

SeniorCare Waiver Application - Attachment E

Public Comments - Summary

	Speaker/participant		Address	Comment
11	Judy Norrish			<p>V/W She stated that she is an elderly specialist in Pepin County. She spoke of scenarios if SeniorCare were not renewed. She spoke of comparing the costs of being on Medicare Part D versus being on SeniorCare. She noted that some of the recipients could have been here but they sent her instead. She said that if Wisconsin is to be open for business - and to move "forward" - we should ensure that people 65 years of age and older have access to needed drugs. She said that she would provide written comments but spoke of several scenarios. 1. A 65 year old woman takes 2 brand name and 4 generic drugs. Her yearly cost under SeniorCare is \$440 plus the \$30 enrollment fee. She is able to pick up her drugs at a local pharmacy. If she were under Medicare Part D she would receive her drugs via mail order and the cost would be \$1,000. Under Medicare Part D if she were to pick up her drugs locally the cost would be \$2,698. 2. A 73 year old man level 1. He takes 2 generic and 1 brand name drug. His cost is \$35 per month; \$400 annually plus the \$30 enrollment fee. Under Medicare Part D by mail his drugs would cost \$2,076. Under Medicare Part D locally his drugs would cost \$2,400. He saves \$1,600 per year. 3. A couple in their 70s (2a). Their total cost under SeniorCare is \$1,380 plus \$30. His wife takes no drugs but is enrolled in SeniorCare for creditable coverage. The husband's drugs would cost \$3,640 annually if received via mail order. 4. A man, aged (??) He takes 6 generic and 2 brand name drugs. He also takes 2 insulins. He is on an old Medicare supplement plan. There are 3 different Medicare Part D plans. There is a \$200 difference in price. In total, she calculates a \$6,700 savings for these 4 people. She stated that SeniorCare needs to be renewed. An attachment from Pepin County with scenarios comparing SeniorCare and Medicare Part D.</p>

SeniorCare Waiver Application - Attachment E

Public Comments - Summary

	Speaker/participant		Address		Comment
12	Liza Gibson	Elder Benefit Specialist	St. Croix County 1101 Carmichael Rd Hudson, WI 54016	V/W	<p>She stated that she is an elderly benefits specialist with St. Croix County. She said that explaining Medicare Part D benefits to people leaves them glassy-eyed. When she explains SeniorCare they express a sense of relief. She stated that SeniorCare has a very easy application process. She is glad that the state intends to renew the program with no changes. She noted that the doughnut hole is going away but is not gone yet. She concluded that SeniorCare is a wonderful program and asked that we please renew it.</p> <p>I appreciate that there are no proposed changes. It is easy to apply for and understand. It is a cost effective program that helps our seniors and, as an advocate, I certainly would like to see it continue as it is. Part D remains confusing for Seniors and people with disabilities to understand. While I understand that the doughnut hole is closing in the future, it is not yet closed. SeniorCare fills this void for people and is much easier to understand. People have a sense of trust in SeniorCare that doesn't exist elsewhere.</p>

SeniorCare Waiver Application - Attachment E
Public Comments - Summary

	Speaker/participant		Address		Comment
13	Jane White	Elder Benefit Specialist, advocate	412 W. Kinne St. Ellsworth, WI 54011	V/W	<p>She stated that she is an elderly benefits specialist with Pierce County. She spoke of case scenarios. 1. A man she worked with found that Medicare Part D was very confusing to him. His income is just over the level for extra help. He is much better off in SeniorCare than in Medicare Part D. He has extra expenses and the savings in drugs help. 2. A person in SeniorCare. income/assets... \$1,973 annual costs with no deductible. The cost is \$1093 under SeniorCare. 3. A woman under age 65 is disabled. She had a heart transplant and is still working. She pays \$1,200 for an immunosuppresant drug. She came back out of ... When she turned 65 she enrolled in SeniorCare, and enjoyed great savings. I appreciate the fact that the State of Wisconsin understands the importance of SeniorCare and that they have asked for an extension of the waiver and that there are no changes to the program being proposed (except for increase in income guidelines). One thing that I would like to ask is the consideration of covering the shingles vaccination (Zostafax). I have had numerous SeniorCare clients not able to afford this prescription because it is expensive - thus taking the risk of getting shingles.</p> <p>I love this program and hope that CMS will also see the importance of this program vs. Medicare Part D. I appreciate the chance to provide my input on behalf of the Pierce County residents. Thank you. Jane White</p>

SeniorCare Waiver Application - Attachment E
Public Comments - Summary

	Speaker/participant		Address		Comment
14	Stan Hensley	GWAAR advisory council member	E 4630 453 Rd Menomonie, WI 54751	V/W	<p>He stated that he is a retired farmer. He is a member of the GWAAR advisory committee. He is glad to hear that SeniorCare has an external advisory committee. He has Crohn's disease and stopped farming. He is not yet 65 years of age. He asks that we continue the program. He asks us to reach out to rural areas. He stated that people who live in rural areas are averse to asking for help, but they really need help. He stated that he has been working in public service since his work with the Future Farmers of America at age 14 to 15. He stated that there will be a lot of old people. He noted that he never did make a lot of money. His wife works for the federal government, so his health care is paid for. He spoke of the Older Americans Act of 1965. He praised the work that Jayne Mullins is doing for GWAAR.</p> <p>We need to keep SeniorCare! There is a great need for the program for rural people!</p>
15	Fred Johnson	Health and Human Services Director, St. Croix County	Department of Health and Human Services 1445 N 4th Street New Richmond, WI 54017	V	<p>He stated that he is the Health and Human Services Director for St. Croix County. He noted that Liza Gibson, who spoke earlier, works for his department. He stated that she speaks to committees and SeniorCare always comes up. Anecdotally there is clear support for SeniorCare. He indicated that he is not here to speak about the details. He stated that he would try to get a formal resolution on the County Board's agenda. He was also interested in making comments on SeniorCare once it is open for the federal comment period.</p>

W = Written remarks on speaker slip.

V = Verbal remarks; notes by DHS staff.

Attachment F

Evaluation of Wisconsin SeniorCare

August 30, 2012

By

Cindy Parks Thomas PhD
cthomas@brandeis.edu

Donald S Shepard PhD
shepard@brandeis.edu

Schneider Institutes for Health Policy
Heller School, MS 035
Brandeis University
Waltham, MA 02454-9110

Overview

Background

Wisconsin SeniorCare has provided pharmacy assistance to low income seniors since 2002, in part through a Medicaid waiver that covers seniors with incomes below 200 percent of the Federal Poverty Level (FPL) and not covered by Medicaid. The Medicaid waiver, which requires that the program be revenue neutral, was most recently renewed in 2009 and an application will be submitted for renewal again in August 2012. Prior to implementation of the Medicare Drug Benefit (Part D) in 2006, SeniorCare was the only pharmacy coverage available to low-income seniors in Wisconsin; since 2006, it has served as creditable coverage and a wrap-around for Medicare Part D.

A limited evaluation of the waiver portion of Wisconsin SeniorCare conducted during July and August 2012 addressed major components of the program. These include enrollment, re-enrollment, impact on coverage of the low-income senior population, program costs, member out-of-pocket costs, and a comparison of SeniorCare to Medicare Part D on formulary coverage and patient out of pocket spending. Key data tables and conclusions are reported in this document.

Method

The evaluation included in-person and telephone interviews with more than 20 individuals, including current and former SeniorCare program officials, Medicaid staff involved in SeniorCare (data analysts, operations and enrollment staff), analysts for the Wisconsin Family Health Survey, SeniorCare Advisory Committee members, and a representative of the state pharmacist association.

Quantitative data for this evaluation were provided by SeniorCare and other Wisconsin state programs, as noted in the report. All data were secondary and reported in aggregate, with no raw data collected directly from claims or other sources, and no personally identifiable information disclosed. However, in some cases, data were assembled and analyzed by SeniorCare and other programs specifically for the purpose of this evaluation. Enrollment data from the SeniorCare program in this report identify unique individuals in the program during each year presented. Due to differences in methods of identifying individual members and timing and differences between unduplicated enrollees and average monthly enrollment, program enrollment data may differ between the program (SeniorCare) data system and the fiscal office. Years are calendar years, unless otherwise noted. This report is based on SeniorCare program data most recently updated on Aug. 21, 2012, and fiscal office data provided between July 24 and August 2, 2012. Earlier drafts were reviewed by SeniorCare officials and revisions made by August 29, 2012.

SeniorCare was compared to Medicare Part D for the calendar year 2012, for hypothetical cases, with the same high and low drug needs, at different income levels, in terms of the annual cost to the beneficiary. As well, the beneficiary cost for key medications was compared between SeniorCare and Medicare Part D.

Preliminary Findings

We found that SeniorCare remains a very popular program in Wisconsin, based on the limited number of interviews conducted. The waiver program has a relatively stable enrollment of between 75,000-77,000 between 2008 and 2011 (slightly declining in 2011), with a consistent distribution by income and gender over these years (Exhibits 1a, 1b, 1c). These achievements occurred in spite of the eligible seniors' increasing familiarity with Medicare Part D over the six years after its launch. SeniorCare is increasingly being used as a wrap-around for Part D (Exhibit 2). While a considerable number of new members enter each year, most members have been in the program for three or more years, and about 75 percent re-enroll from one year to the next (Exhibits 3 and 4). This is a favorable retention rate, considering the opt-in design of the plan (members must complete and return an application in order to remain in the program from one year to the next). Between 2002 and 2005, the proportion of Wisconsin seniors without drug coverage (prior to Medicare Part D) decreased by 37 percent for individuals less than 100 percent of poverty, and 25 percent for those between 100 and 200 percent of poverty (Exhibit 5).

Program spending in total and per member has decreased in the years 2008 through 2012, including lower member out of pocket costs. This is in part due to: increased use as a wrap-around to Part D and other programs; increased use of generic drugs and new generic pricing strategies; and increased use of supplemental rebates (Exhibit 6). Remarkably, over half of the program spending is paid for by rebates, and the state portion is less than 20 percent (Exhibits 7a and 7b).

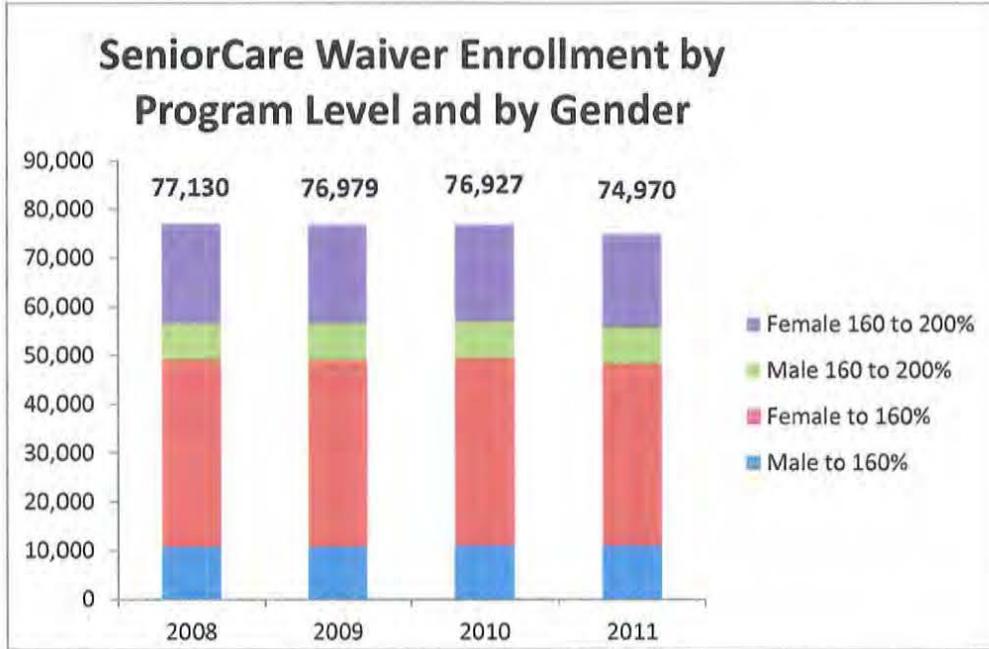
Compared to Medicare Part D, SeniorCare is a better option in terms of out-of-pocket spending in almost all cases. The only circumstance in which part D is preferable to SeniorCare is for persons not on Medicaid, and who meet the requirements for Medicare Part D's full low income subsidy (with very limited asset requirements). Because SeniorCare does not have an asset requirement, SeniorCare provides a considerable savings in out-of-pocket spending for the many individuals below 100 percent FPL do not receive Medicare Part D's low income subsidy due to assets. In the cases we examined, SeniorCare lowered out-of-pocket costs up to 69 percent over Part D for those individuals with high drug needs (Exhibit 8). In terms of formulary coverage, each of the individual medications identified as covered by SeniorCare and which contribute to high program spending are covered by 76 percent to 93 percent of Part D plans. However, the beneficiary cost for each of these drugs is 31 percent to 77percent lower in SeniorCare than the midpoint cost for Part D plans (Exhibit 9).

Finally, SeniorCare appears to be an efficient program. According to estimates provided by the program, administrative costs are less than three percent of program costs, a favorable comparison to either Medicare or private health insurance (Exhibit 10).

Table of Exhibits

<u>Exhibit</u>	<u>Title</u>
1a	Senior Care Waiver Enrollment by Program Level and Gender
1b	Senior Care Waiver Enrollment: Distribution by Program Level (Income Strata)
1c	Senior Care Waiver Enrollment: Distribution by Gender
2	SeniorCare Enrollment and Other Coverage
3	SeniorCare Current Waiver Enrollment by Years of Membership
4	SeniorCare Retention: Waiver Re-enrollment by Year
5	SeniorCare Waiver Coverage Penetration
6	SeniorCare Waiver Program Spending by Year
7a	Sources of Waiver Program Payments (excludes member share)
7b	Sources of Overall Payments for the SeniorCare Waiver (includes member share)
8	SeniorCare Member Out-of Pocket Costs Compared to Medicare Part D at Various Income Levels
9	Formulary Coverage for Specific Drugs, SeniorCare vs. Medicare Part D
10	SeniorCare Waiver Administrative Cost Estimates

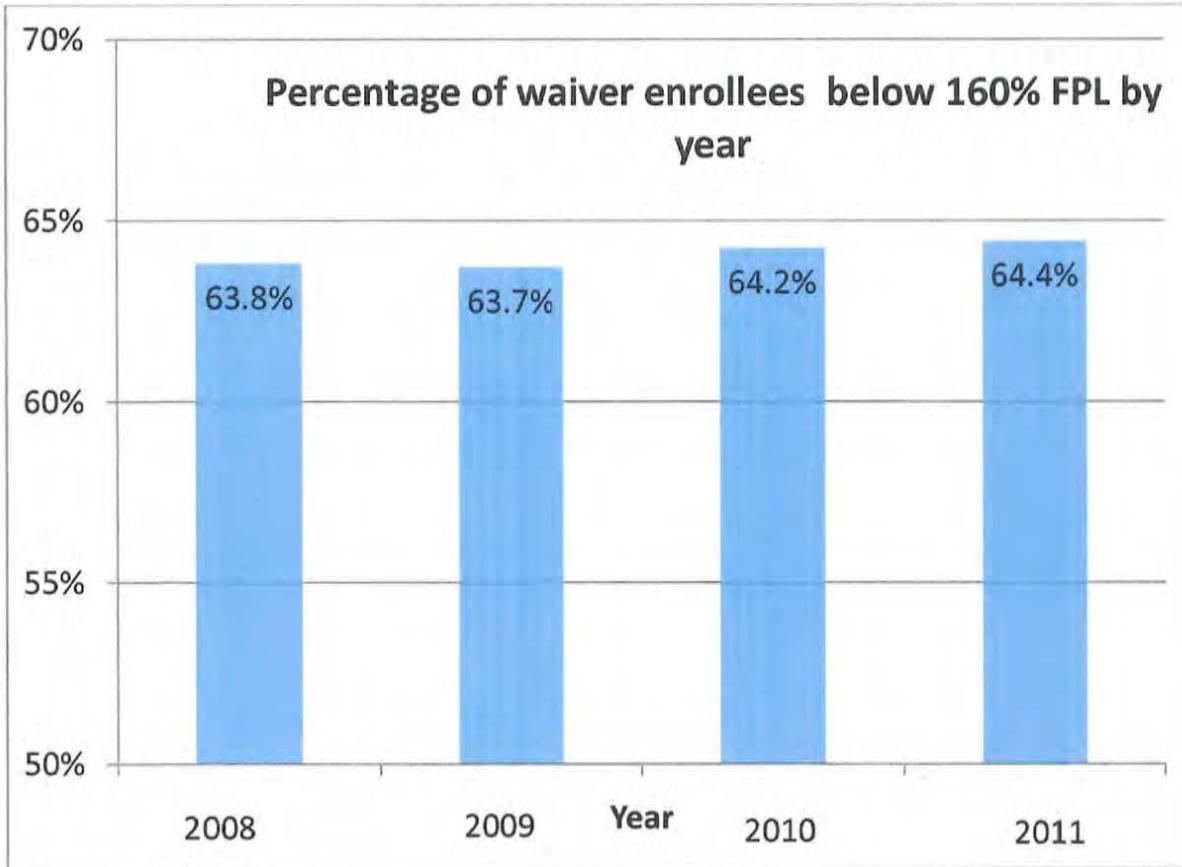
Exhibit 1a. Senior Care Waiver Enrollment by Program Level and Gender



- The SeniorCare waiver has had relatively stable enrollment, with a maximum annual decrease of 2.5 percent per year in 2011.
- 77-78 percent of members in the lower income level are female.
- 72-73 percent of members in the higher income level are female.
- Therefore, females make up a higher proportion of the low income program, reflecting expected senior income distribution in the state.

Source: SeniorCare Program

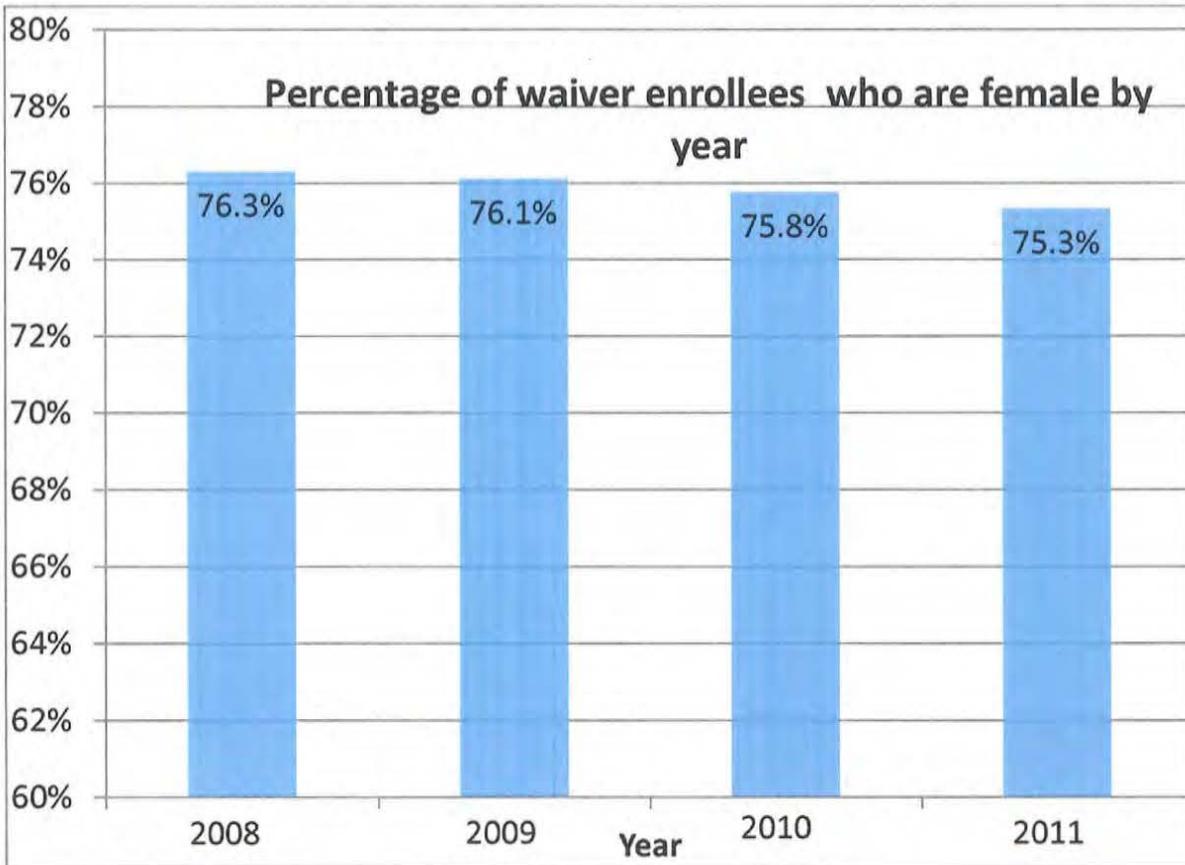
Exhibit 1b. SeniorCare Waiver Enrollment: Distribution by Program Level (Income Strata)



- Enrollment by income level has been extremely stable.
- The distribution of members between the two income categories changed by less than one percentage point between 2008 and 2011.

Source: SeniorCare Program

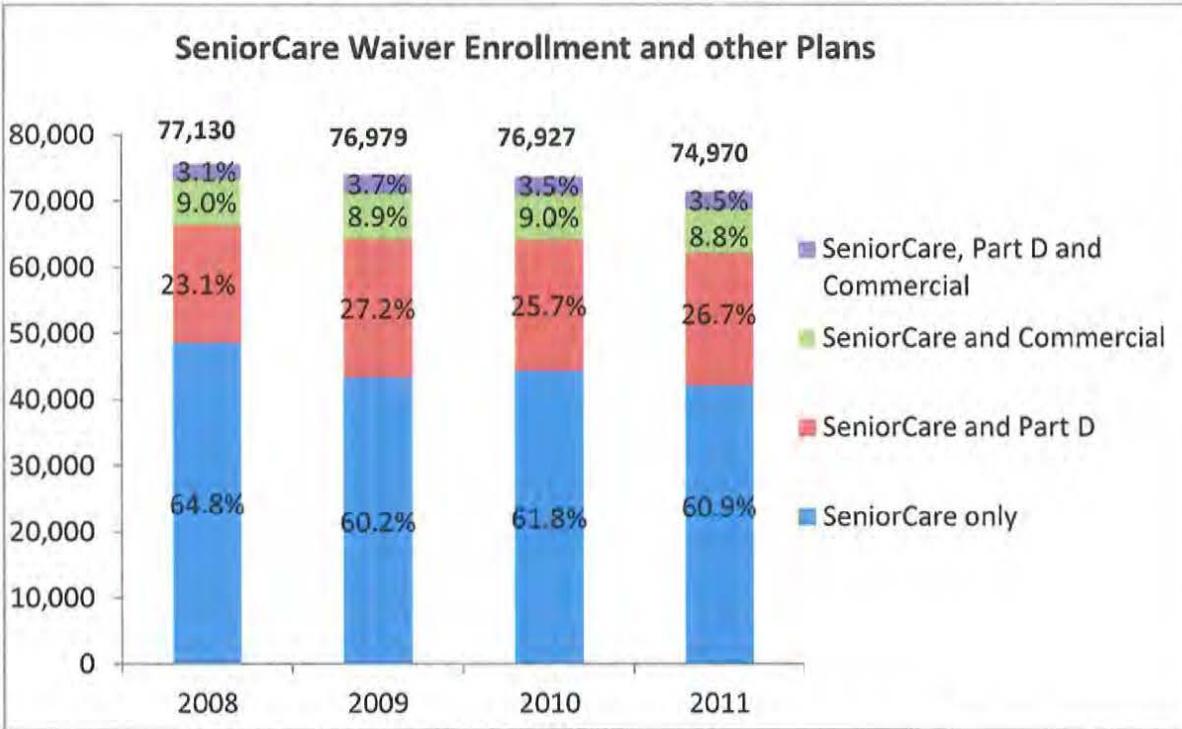
Exhibit 1c. Senior Care Waiver Enrollment: Distribution by Gender



Source: SeniorCare Program

- Enrollment by gender has been extremely stable.
- The distribution of members who are female changed by less than one percentage point between 2008 and 2011.

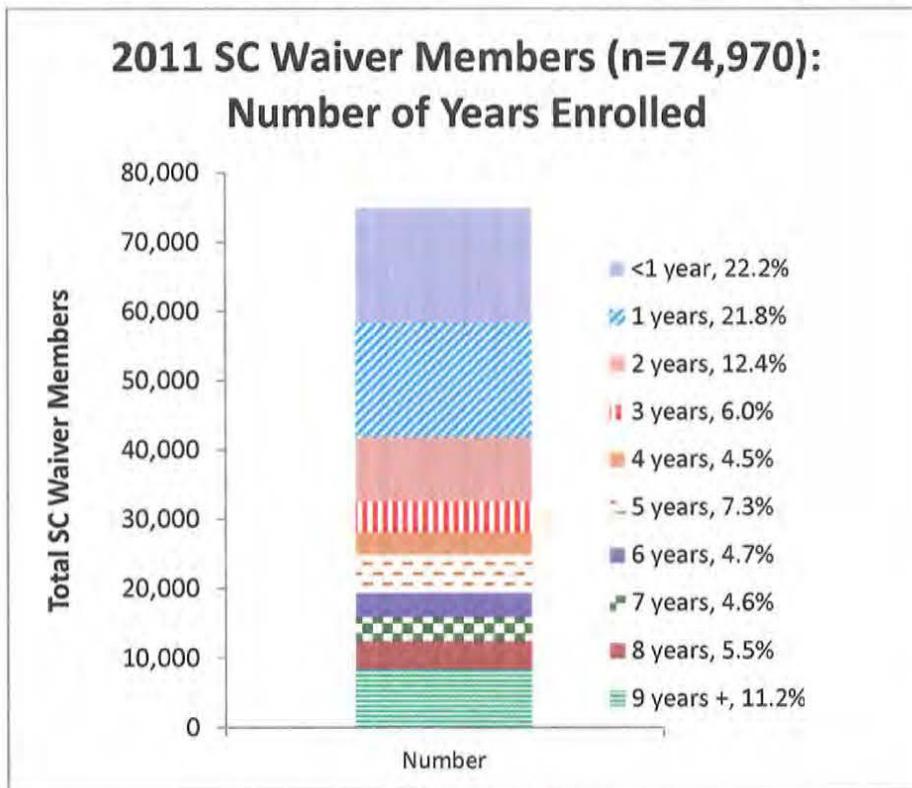
Exhibit 2. SeniorCare Enrollment and Other Coverage



- The SeniorCare waiver population enrollment is relatively stable, in spite of increased familiarity with Part D.
- Since 2008, there has been a decrease in the number of members who have SeniorCare waiver only (no other apparent drug coverage); SeniorCare is increasingly being used as a supplement to some other type of drug coverage.
- The cost of drugs per enrolled member is being diluted by an increasing share of SeniorCare waiver enrollees who may not be obtaining any drugs under SeniorCare.
- This factor (other insurance) would explain, at most, an 8% reduction in drug spending from 2008 to 2011 among SeniorCare waiver members.

Source: SeniorCare Program

Exhibit 3. SeniorCare Current Waiver Enrollment by Years of Membership



- Over half of SeniorCare waiver members have been enrolled 3+ years.
- One-third of waiver members have been enrolled 6+ years.
- Of the current waiver members, 11 percent have been with the program since its inception 9 years ago (charter members).

Source: SeniorCare Program

Exhibit 4. SeniorCare Retention: Waiver Re-enrollment by Year

Measure	2009	2010	2011	Average
Total number of SC waiver members	76,979	76,927	74,970	
Estimate of deaths during current year ¹	3,757	3,754	3,659	
Members available to reenroll for next year	73,222	73,173	71,311	
New enrollees for current year	17,476	18,313	16,616	
Current enrollment from previous year (net of new enrollees)		54,909	56,557	
Percent re-enrolled from previous year among those eligible.		75.0%	77.3%	76.1%
Percent re-enrolled from previous year without adjustment for deaths		71.4%	75.4%	73.4%

¹ Death rate estimated from: http://www.cdc.gov/nchs/data/dvs/MortFinal2007_Worktable23r.pdf

- Annual retention in the SeniorCare waiver program is estimated to be 75 to 77 percent.
- Reenrollment is very high, compared to that of general insured populations, especially considering the opt-in feature of the program.

Source: SeniorCare Program

Exhibit 5. SeniorCare Waiver Coverage Penetration

Non-Medicaid Seniors in Wisconsin: Results from Wisconsin Family Health Survey by Income (% of FPL)					
	<100%	100%- 200%	>200%	Unknown	All
Population 2002	16,465	83,315	221,546	58,856	380,182
Not covered					
Reported %	44.7%	40.2%	27.2%	35.2%	32.1%
Adjusted %	53.3%	47.3%	32.6%	49.6%	39.2%
Adj. number	8,771	39,386	72,300	29,176	148,868
Population 2005	16,943	78,937	244,461	35,383	375,724
Not covered					
Reported %	10.5%	19.4%	20.5%	19.6%	19.7%
Adjusted %	16.3%	22.6%	24.2%	24.8%	23.6%
Adj. number	2,761	17,836	59,129	8,781	88,767
Reduction					
Number	14,182	61,101	185,332	26,602	286,957
%	37.0%	24.7%	8.4%	24.8%	15.5%

Note: The adjusted percent reallocates responses of "don't know" and "inappropriate" in proportion to valid responses.

- Between the years 2002 and 2005, the percentage of low income seniors with drug coverage increased by 37.0 percent among those under 100% Federal Poverty Level (FPL) and by 24.7% for those between 100% and 200% FPL. This is the time in which SeniorCare was first implemented, and prior to Medicare Part D. While this increase may be due in part to factors other than SeniorCare, SeniorCare is likely the major factor.

Source: SeniorCare Program, Wisconsin Family Health Survey

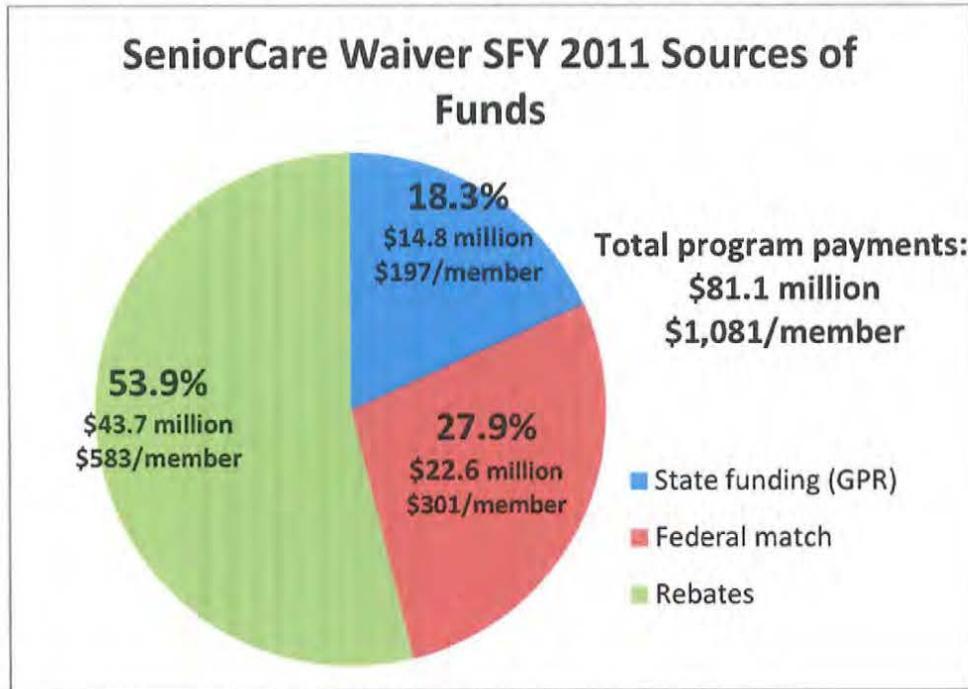
Exhibit 6. SeniorCare Waiver Program Spending by Year

	2002	2003	2009	2010	2011	2012	% change 2008- 2011
Waiver spending	Yr 1 of waiver	Yr 2 of waiver					
Amount Allowed Detail	\$1,493	\$1,773	\$ 1,762	\$ 1,644	\$ 1,613	\$ 1,440	-18.3%
Sum of Amount Copay	\$461	\$494	\$ 239	\$ 221	\$ 193	\$ 157	-34.2%
Sum of Amount Deductible			\$ 84	\$ 96	\$ 84	\$ 79	-6.1%
Sum of Amount Other Insurance			\$ 75	\$ 91	\$ 110	\$ 126	67.9%
Sum of Amount State Paid	\$1,032	\$1,279	\$ 1,365	\$ 1,239	\$ 1,230	\$ 1,083	-20.6%
Number of enrollees	60,704	76,211	76,979	76,927	74,970	74,866 (estimate based on projection)	-2.7%

- There has been a slight downward trend in enrollment, perhaps as some residents have switched to Medicare Part D.
- However, per-member spending has decreased to a greater degree than enrollment.
- The decrease in per-member spending is more than can be explained by the increase in members with concurrent insurance. (The increase in concurrent insurance would have accounted for at most an 8% decline in spending per person.)
- The decrease in cost per member may be also partially due to: increased generic utilization rates; change to wholesale acquisition cost (WAC) from average wholesale price (AWP) pricing, a decrease in the pharmacist dispensing rate, and an increase in the waiver rebates in 2011.
- The total per member payments to other insurance, while small in magnitude, has increased very substantially in relative terms.

Source: SeniorCare Program, Finance Department

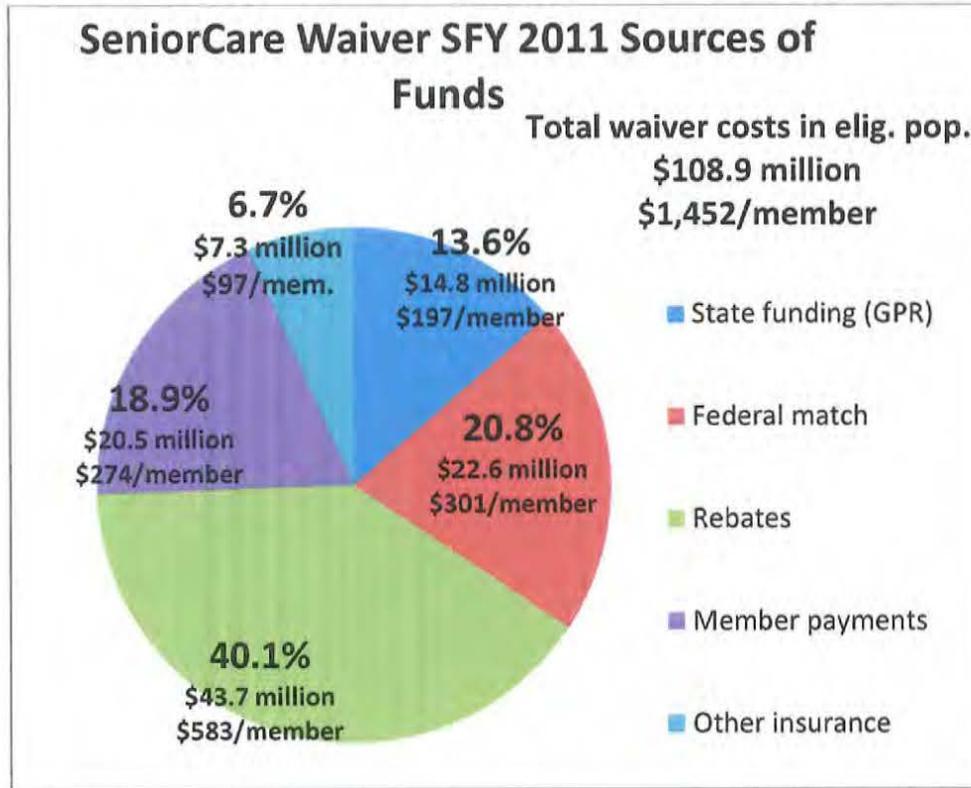
Exhibit 7a. Sources of Waiver Program Payments (excluding member payments)



- More than half the funding for SeniorCare waiver program payments is from rebates.
- The state funding portion of program payments is less than 20 percent.
- The state funding is the smallest of the three shares.

Note: SFY 2011 denotes state fiscal year 2011 (July 1, 2010 – June 30, 2011)

Exhibit 7b. Sources of Overall Payments for the SeniorCare Waiver (includes member share)



- Rebates are the largest single share of funding for the SeniorCare waiver spending, even when including member share.
-
- Member payments account for about one-fifth of waiver population gross drug costs.

Note: SFY 2011 denotes state fiscal year 2011 (July 1, 2010 – June 30, 2011)

Source: SeniorCare Program, Finance Department

Exhibit 8, part 1. SeniorCare Member Out-of-Pocket Costs Compared to Medicare Part D at Various Income Levels

ANNUAL DRUG AND PREMIUM COSTS - HIGH DRUG USE (see Part 2 of exhibit for list of drugs)

Income level and Part D Low Income Subsidy (LIS) status	No drug coverage	Senior Care	Part D			Comparison vs Part D Better choice	% Improvement over next cheapest choice
			Plan A	Plan B	Plan C		
<135% FPL, Full LIS or MSP (QMB, SLMB, QI) copay level for non MSP	\$10,500	\$570	\$237	\$270	\$276	Part D	58%
135%-149% FPL, partial LIS (15% copay, member pays 25% premium)	\$10,500	\$570	\$679	\$690	\$708	SC	16%
150%-159% FPL, No LIS, full premiums	\$10,500	\$570	\$1,834	\$1,955	\$2,562	SC	69%
161%-200% FPL, NO LIS, SeniorCare with Deductible	\$10,500	\$1,010	\$1,834	\$1,955	\$2,562	SC	45%

ANNUAL DRUG AND PREMIUM COSTS - LOW DRUG USE (See Part 2 of exhibit for list of drugs)

Income level and Part D LIS status	No Drug coverage	Senior Care	Part D	Part D	Part D	Comparison vs Part D Better choice	% Improvement over next cheapest choice
			Plan A	Plan B	Plan C		
<135% FPL, Full LIS or MSP (QMB, SLMB, QI) copay level for non MSP	\$2,464	\$270	\$72	\$73	\$96	Part D	73%
135%-149% FPL, partial LIS (15% copay, member pays 25% premium)	\$2,464	\$270	\$163	\$169	\$209	Part D	40%
150%-159% FPL, No LIS, full premiums	\$2,464	\$270	\$337	\$450	\$571	SC	20%
161%-200% FPL, NO LIS, SeniorCare with Deductible	\$2,464	\$330	\$337	\$450	\$571	SC	2%

- For most seniors eligible for the Senior Care waiver program, the program provides lower costs to members than Part D.
- The only exception is persons not in Medicaid eligible for the full low income subsidy, or the most generous partial low income subsidy.

Note: Costs for Part D plans were estimated by using Medicare Planfinder (CMS.gov), comparing SeniorCare to three lowest cost Part D plans at each income level. Medication profile follows cost estimates. This applies only to original Medicare with a Part D plan, not Medicare Advantage, which in many cases includes drug coverage in the MA premium.

Exhibit 8, Part 2. Reference Medication Profile used for Exhibit 8 Part 1. Provided by Aging and Disability Resource Center benefits specialist, actual example of high drug user (9 medications). Costs were also estimated for low drug user (four drugs, as noted) .

Medicine name	Quantity	Frequency & pharmacy	Generic options	Low user drugs
Alendronate Sodium TAB 35MG	4	monthly retail	Already Generic	Yes
Cyclosporine Modified CAP MD 100MG	60	monthly retail	Already Generic	No
Cyclosporine Modified CAP MOD 50MG	60	monthly retail	Already Generic	No
Furosemide TAB 20MG	30	monthly retail	Already Generic	Yes
Gemfibrozil TAB 600MG	60	monthly retail	Already Generic	No
Metoprolol Tartarate TAB 25 mg	60	monthly retail	Already Generic	Yes
Pravastatin 40 mg	30	monthly retail	Already Generic	Yes
Potassium Chloride 10 M Eq	60	monthly retail	Already Generic	No
Citalopram hydrobromide 20 mg	30	monthly retail	Already Generic	No

Source: Medicare.gov Plan Finder, SeniorCare

Exhibit 9. Formulary Coverage for Specific Drugs, SeniorCare vs Medicare Part D

(Specific brand drugs for analysis suggested by SeniorCare officials as contributing a high proportion of claims expense).

Drug	% of 29 plans covering drug	Annual retail cost no coverage	Annual price range in covered Part D plans (assume no LIS, only drug, includes premium)	Mid-point	SC out-of-pocket cost		SC savings over midpoint of Part D plans	
					SC to 160% FPL	SC 160-200% FPL	SC to 160% FPL	SC 160-200% FPL
Diovan 80 mg QD	93%	\$1,338	\$782-\$1,057	\$920	\$210	\$635	77%	31%
Lyrica 50 mg TID	93%	\$4,161	\$1,102 - \$1,629	\$1,366	\$210	\$680	85%	50%
Nexium 40 mg QD	76%	\$2,709	\$911-\$1,300	\$1,106	\$210	\$680	81%	38%
Celebrex 200 mg QD	76%	\$4,131	\$1,009-\$1,701	\$1,355	\$210	\$680	85%	50%
Abilify 10 mg QD	93%	\$8,272	\$2,904-\$3,178	\$3,041	\$210	\$695	93%	77%

- Most Part D plans cover these drugs.
- However, when estimating the cost of these drugs through SeniorCare and Medicare Part D (assuming each of these were the only drug an individual was taking), SeniorCare savings are considerable.

Source: SeniorCare, Medicare.gov Formulary Finder

Exhibit 10. SeniorCare Waiver Administrative Cost Estimates

Component	Amount
State personnel	\$192,100
Contractors	\$1,709,501
Total	\$1,901,601
Program gross payments	\$81,071,322
State payments	\$14,795,803
Administrative costs as percentage of program gross payments	2.3%

- SeniorCare administrative costs are relatively low, only 2.3 percent of program costs.
- This percentage compares to approximately 3 percent for Medicare and 10 percent for private health insurance programs.

Source: SeniorCare Program, Finance Department, R.Megna

Note:

Amounts indicate program administrative costs (waiver program only), SFY 2012



Scott Walker
Governor

Dennis G. Smith
Secretary

State of Wisconsin
Department of Health Services

Telephone: 608-266-8922
FAX: 608-266-1096
TTY: 711 or 800-947-3529
dhs.wisconsin.gov

September 26, 2012

Larry Reed, Director
Division of Pharmacy
Department of Health and Human Services
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop 52-14-26
Baltimore, Maryland 21244-1850

Dear Director Reed:

Thank you for your letter of September 14, 2012 detailing additional information needed for the SeniorCare demonstration project extension request to meet the February 27, 2012 federal regulations for Section 1115 demonstration projects. Based on the comments received from HHS, we have revised our application by adding text that draws from existing sections of the waiver application to address your specific concerns. The revised waiver application, dated September 26, 2012 is attached for your consideration.

The items below highlight the changes made to assist in your review of the revised waiver application:

1. Evidence of how the demonstration objectives were met can be found on page 11 of the waiver application.
2. Future goals of the demonstration are stated as being the same as the current goals on page 11.
3. Changes to the demonstration are included on pages 11-12, 17-18, and 21, where Medication Therapy Management (MTM) services are discussed.
4. The evaluation report of the demonstration is located in Attachment F.
5. Plans for evaluation activities are on page 43 of the waiver application.
6. The research hypothesis and evaluation design related to the inclusion of Medication Therapy Management (MTM) services are stated on page 12.
7. a. Public comments were solicited through email, mail, electronic mailing list, and public meetings. A summary of those comments can be found in Attachment E. As the

waiver application reports, comments generally were in favor of renewal of the demonstration. Page 11 states that the only change suggested by a significant number of commenters called for was the addition of MTM services. As a result of these comments, MTM services have been included. There are multiple references to MTM services throughout the waiver application.

- b. Public notices were posted to the SeniorCare website. The website included a description of the proposed delivery system, eligibility requirements, benefits, cost sharing, budget neutrality, evaluation plans, and waiver and expenditure authorities. Documentation of the public website can be found in Attachment D.
 - c. and d. Additional public notices, which included locations, contact information, websites, etc., were published in Wisconsin's Administrative record. These notices can be found in Attachment B.
 - e. Documentation of the SeniorCare website can be found in Attachment D.
 - f. Information regarding an electronic mailing list can be found on page 35.
8. The post-award public input process is described on page 35.
9. Documentation of the quality and access to our program are found throughout the waiver application. However, Section X, Evaluation Activities and Findings, Part A, Quality Measures, highlights these items. In addition, a summary of qualitative interviews conducted by the Brandeis University researchers will be included in an upcoming 2012 quarterly report.

Again, thank you for considering the extension of the Wisconsin's SeniorCare Section 1115 Demonstration Project. Please do not hesitate to contact me at (608) 266-9466 with any questions you may have. I look forward to notification that this waiver application is complete and that the federal comment period has begun.

Sincerely,

/Brett Davis/

Brett Davis
Medicaid Director

cc: Dennis Smith, Secretary



Administrator

Washington, DC 20201

AUG 17 2009

Mr. Jason A. Helgerson, Administrator
Division of Health Care Financing
Department of Health Services
1 West Wilson Street
P.O. Box 309
Madison, WI 53701-0309

Dear Mr. Helgerson:

We are pleased to inform you that Wisconsin's section 1115 Medicaid Demonstration Project, entitled SeniorCare (Project No. 11-W-00149/5) has been approved for a 3-year period, from January 1, 2010, through December 31, 2012, in accordance with section 1115(a) of the Social Security Act (the Act).

Our approval of the SeniorCare section 1115(a) Demonstration Project, including the enclosed expenditure authorities, is conditioned upon compliance and acceptance of the enclosed Special Terms and Conditions (STCs). The STCs set forth in detail the nature, character, and the extent of anticipated Federal involvement in the Demonstration. The STCs are effective January 1, 2010, unless otherwise specified. All the requirements of the Medicaid program expressed in law, regulation, and policy statement not expressly waived or identified as not applicable in the enclosed expenditure authority list shall apply to the Demonstration.

Written notification to our office of your acceptance of this award, including the STCs, must be received within 30 days of the date of this letter. Your project officer is Ms. Marge Watchorn. She is available to answer any questions concerning this Demonstration project. Ms. Watchorn's contact information is as follows:

Centers for Medicare & Medicaid Services
Center for Medicaid and State Operations
7500 Security Boulevard
Mailstop S2-14-26
Baltimore, MD 21244-1850
Telephone: (410) 786-4361
Facsimile: (410) 786-5943
E-mail: marge.watchorn@cms.hhs.gov

Page 2 - Mr. Jason A. Helgerson

Official communications regarding program matters should be sent simultaneously to Ms. Watchorn and to Ms. Verlon Johnson, Associate Regional Administrator in our Chicago Regional Office. Ms. Johnson's contact information is as follows:

Centers for Medicare & Medicaid Services
233 N. Michigan Avenue, Suite 600
Chicago, IL 60601-5519

If you have questions regarding this correspondence, please contact Ms. Terry Pratt, Acting Director, Disabled and Elderly Health Programs Group, Center for Medicaid and State Operations, at (410) 786-9499.

We look forward to continuing to work with you and your staff.

Sincerely,

/Charlene Frizzera/

Charlene Frizzera
Acting Administrator

Enclosures

Page 3 -Mr. Jason A. Helgerson

cc: James Jones, State of Wisconsin, Department of Health Services
Verlon Johnson, CMS Chicago Regional Office
Cynthia Garraway, CMS Chicago Regional Office

CENTERS FOR MEDICARE & MEDICAID SERVICES
EXPENDITURE AUTHORITY

NUMBER: 11-W-00149/5
TITLE: Wisconsin SeniorCare Section 1115 Demonstration
AWARDEE: Wisconsin Department of Health Services

Under the authority of section 1115(a)(2) of the Social Security Act (the Act), expenditures made by the State for the items identified below, which are not otherwise included as expenditures under section 1903 of the Act shall, for the period of this Demonstration, be regarded as expenditures under the State's title XIX plan.

The following expenditure authority shall enable the State to operate its section 1115 Medicaid SeniorCare Demonstration.

Demonstration-Eligible Population (“Aged Population”). Expenditures for prescription drug costs for individuals age 65 or over with income at or below 200 percent of the Federal poverty level (FPL) who are enrolled in the demonstration and who are not receiving full Medicaid benefits under a group covered under the State plan.

All requirements of the Medicaid program expressed in law, regulation, and policy statement, not expressly identified as not applicable in the list below, shall apply to the Demonstration Population beginning January 1, 2010, through December 31, 2012.

Title XIX Requirements Not Applicable to the Demonstration-Eligible Population:

1. **Notice and Appeals** **Section 1902(a)(3), 42 CFR 431.211, 42 CFR 431.213, 42 CFR 431.206, and 42 CFR 431.220**

To the extent necessary to enable the State to not provide the 10-day required notification prior to termination of eligibility in cases where the demonstration enrollee has clearly notified the Department either orally or in writing that he or she no longer wishes to receive services. Also, to the extent necessary to enable the State to not provide the right to a hearing to Demonstration enrollees with respect to denials of claims for benefit payments during any period in which funding for benefit payments under the program has been completely expended.

2. **Eligibility Standards and Methodologies** **Section 1902(a)(10)(A) and Section 1902(a)(17)**

To the extent necessary to enable the State to expand eligibility for coverage of pharmaceuticals to demonstration enrollees with incomes at or below 200 percent of the FPL

and to apply different financial eligibility standards and methodologies to the Demonstration-Eligible Population than would be applied to other Medicaid recipients. Eligibility will be re-determined and income will be reassessed for Demonstration enrollees once every 12 months.

3. Amount, Duration, and Scope **Section 1902(a)(10)(B)**

To the extent necessary to enable the State to offer a different benefit package to the Demonstration-Eligible Population that varies in amount, duration, and scope from the benefits offered under the State plan.

4. Benefits **Section 1902(a)(10)**

To the extent necessary to allow the State, during any period in which funding for benefit payments under the program is completely expended, to not pay pharmacies or pharmacists for prescription drugs sold to program participants. Further, to allow that pharmacies and pharmacists will not be required to sell drugs to Demonstration enrollees at the program payment rate; that Demonstration enrollees will not be entitled to obtain prescription drugs for the copayment amounts or at the program payment rate; that the State will not collect rebates from manufacturers for prescription drugs purchased by Demonstration enrollees; and that the State is required to continue to accept applications and determine eligibility for the program, and must indicate to applicants that the eligibility of Demonstration enrollees to purchase prescription drugs under the requirements of the program is conditioned on the availability of funding.

5. Cost Sharing **Section 1902(a)(14)**

To the extent necessary to enable the State to impose an annual enrollment fee of \$30; establish that certain Demonstration enrollees would pay the first \$500 of prescription drug costs prior to receiving the benefit of obtaining prescription drugs at the copayment levels; and establish copayment amounts that are above the limits in current Medicaid statutes for the Demonstration-Eligible Population.

6. Ex Parte Eligibility Redetermination and Applicant's Choice of Category **Section 1902(a)(19),
42 CFR 435.902, 42 CFR 435.916,
and 42 CFR 435.404**

To allow the State to require that a separate Demonstration application be filed by an applicant who is not eligible for regular Medicaid prior to being determined eligible for the Demonstration program; and to require Demonstration applicants to file separate Medicaid applications if they are interested in receiving benefits under any Medicaid eligibility group covered in the State plan.

7. Retroactive Eligibility

**Section 1902(a)(34) and
42 CFR 435.914**

To the extent necessary to enable the State to not provide coverage for the Demonstration-Eligible Population for any or all of 3 months prior to the date of application. Demonstration enrollees may participate in the program on the first day of the first month following the month in which all eligibility criteria are met.

8. Income and Eligibility Verification

**Section 1902(a)(46), 42 CFR
435.920, and 42 CFR 435.940
through 435.965**

To the extent necessary to enable the State to use all other State and Federal data exchanges under section 1137 except the Internal Revenue Service's data exchange for income verification for the Demonstration-Eligible Population.

**CENTERS FOR MEDICARE & MEDICAID SERVICES
SPECIAL TERMS AND CONDITIONS**

NUMBER: 11-W-00149/5

TITLE: Wisconsin SeniorCare Section 1115 Demonstration

AWARDEE: Wisconsin Department of Health Services

I. PREFACE

The following are the Special Terms and Conditions (STCs) for Wisconsin’s SeniorCare section 1115(a) Medicaid Demonstration extension (hereinafter referred to as “Demonstration”). The parties to this agreement are the Wisconsin Department of Health Services (“State”) and the Centers for Medicare & Medicaid Services (CMS). The STCs set forth in detail the nature, character, and extent of Federal involvement in the Demonstration and the State’s obligations to CMS during the life of the Demonstration. The STCs are effective January 1, 2010, unless otherwise specified. This Demonstration is approved through December 31, 2012.

The STCs have been arranged into the following subject areas: Program Description and Objectives; General Program Requirements; Eligibility Determination, Enrollment and Disenrollment; Benefits, Cost Sharing and Payment Rate; Delivery Systems; General Reporting Requirements; General Financial Requirements; Monitoring Budget Neutrality; Evaluation of the Demonstration; and Schedule of Deliverables for the Demonstration Period.

II. PROGRAM DESCRIPTION

The SeniorCare program offers a comprehensive prescription drug benefit to Wisconsin residents who are age 65 and older with income at or below 200 percent of the Federal poverty level (FPL) and are not otherwise receiving full Medicaid benefits. The program includes several innovative program features, including 1) a simple application and enrollment process, 2) an open formulary and broad network of providers, and 3) affordable cost-sharing for participants.

Wisconsin has established a SeniorCare Advisory Committee, which advises the State on matters pertaining to the SeniorCare program. The SeniorCare Advisory Committee includes AARP and the Wisconsin Coalition of Aging Groups.

Individuals with prescription drug coverage under other health insurance plans may enroll in SeniorCare. SeniorCare will coordinate benefit coverage with all other health insurance coverage, including Medicare covered drugs when submitted by the pharmacy as a prescription drug claim.

The key program goals include:

- Keeping Wisconsin seniors healthy by continuing to provide a necessary primary health care benefit;

- Helping control overall costs for the aged Medicaid population by preventing seniors from becoming eligible for Medicaid due to deteriorating health and spending down to Medicaid eligibility levels.

III. GENERAL PROGRAM REQUIREMENTS

1. **Compliance with Federal Non-Discrimination Statutes.** The State must comply with all applicable Federal statutes relating to non-discrimination. These include, but are not limited to, the Americans with Disabilities Act of 1990, title VI of the Civil Rights Act of 1964, section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975.
2. **Compliance with Medicaid Law, Regulation, and Policy.** All requirements of the Medicaid program expressed in law, regulation, and policy statement, not expressly waived or identified as not applicable in the waiver and expenditure authority documents (of which these terms and conditions are part), must apply to the Demonstration.
3. **Changes in Medicaid Law, Regulation, and Policy.** The State must, within the timeframes specified in law, regulation, or policy directive, come into compliance with any changes in Federal law, regulation, or policy affecting the Medicaid program that occur during this Demonstration approval period, unless the provision being changed is expressly waived or identified as not applicable.
4. **Impact on Demonstration of Changes in Federal Law, Regulation, and Policy.**
 - a) To the extent that a change in Federal law, regulation, or policy requires either a reduction or an increase in Federal financial participation (FFP) for expenditures made under this Demonstration, the State must adopt, subject to CMS approval, a modified budget neutrality agreement for the Demonstration as necessary to comply with such change. The modified agreement will be effective upon the implementation of the change.
 - b) If mandated changes in the Federal law require State legislation, the changes must take effect on the day such State legislation becomes effective, or on the last day such legislation was required to be in effect under the law.
5. **State Plan Amendments.** The State will not be required to submit title XIX State plan amendments for changes affecting any populations made eligible solely through the Demonstration. If a population eligible through the Medicaid State plan is affected by a change to the Demonstration, a conforming amendment to the appropriate State plan may be required, except as otherwise noted in these STCs.
6. **Changes Subject to the Amendment Process.** Changes related to eligibility (such as the expansion of eligibility beyond 200 percent of FPL, and /or changes to non-financial eligibility criteria) enrollment, benefit and cost sharing changes not reflected in Attachment A, evaluation design, sources of non-Federal share of funding, budget neutrality, and other comparable program elements must be submitted to CMS as amendments to the Demonstration. All amendment requests are subject to approval at the discretion of the Secretary in accordance with section 1115 of the Social Security Act

(the Act). The State must not implement changes to these elements without prior approval by CMS. Amendments to the Demonstration are not retroactive and FFP will not be available for changes to the Demonstration that have not been approved through the amendment process set forth in paragraph 7 below.

7. **Amendment Process.** Requests to amend the Demonstration must be submitted to CMS for approval no later than 120 days prior to the planned date of implementation of the change and may not be implemented until approved. CMS reserves the right to deny or delay approval of a demonstration amendment based on non-compliance with these STCs, including but not limited to failure by the State to submit required reports and other deliverables in a timely fashion according to the deadlines specified herein. Amendment requests must include, but are not limited to, the following:
 - a) An explanation of the public process used by the State, consistent with the requirements of paragraph 15, to reach a decision regarding the requested amendment;
 - b) A data analysis which identifies the specific “with waiver” impact of the proposed amendment on the current budget neutrality agreement. Such analysis shall include current total computable “with waiver” and “without waiver” status on both a summary and detailed level through the current approval period using the most recent actual expenditures, as well as summary and detailed projections of the change in the “with waiver” expenditure total as a result of the proposed amendment, which isolates (by Eligibility Group) the impact of the amendment;
 - c) A detailed description of the amendment, including impact on beneficiaries, with sufficient supporting documentation; and
 - d) If applicable, a description of how the evaluation design will be modified to incorporate the amendment provisions.
8. **Extension of the Demonstration.** States that intend to request demonstration extensions under sections 1115(e) or 1115(f) are advised to observe the timelines contained in those statutes. Otherwise, no later than 12 months prior to the expiration date of the Demonstration, the chief executive officer of the State must submit to CMS either a Demonstration extension request or a phase-out plan consistent with the requirements of paragraph 9.

As part of the Demonstration extension request, the State must provide documentation of compliance with the public notice requirements outlined in paragraph 15, as well as include the following supporting documentation:

- a) **Demonstration Summary and Objectives:** The State must provide a summary of the demonstration project, reiterate the objectives set forth at the time the demonstration was proposed and provide evidence of how these objectives have been met.
- b) **STCs:** The State must provide documentation of its compliance with each of the STCs. Where appropriate, a brief explanation may be accompanied by an attachment containing more detailed information. Where the STCs address any of the following

areas, they need not be documented a second time. Consistent with Federal law, CMS reserves the right to deny approval for a requested extension based on non-compliance with these STCs, including but not limited to failure by the State to submit required reports and other deliverables in a timely fashion according to the deadlines specified herein.

- c) **Quality:** The State must provide summaries of External Quality Review Organization (EQRO) reports, State quality assurance monitoring, and any other documentation of the quality of care provided under the Demonstration.
 - d) **Compliance with the Budget Neutrality Cap:** The State must provide financial data (as set forth in these STCs) demonstrating that the State has maintained and will maintain budget neutrality for the requested period of extension. CMS will work with the State to ensure that Federal expenditures under the extension of this project do not exceed the Federal expenditures that would otherwise have been made. In doing so, CMS will take into account the best estimate of current trend rates at the time of the extension.
 - e) **Interim Evaluation Report:** The State must provide an evaluation report reflecting the hypotheses being tested and any results available.
9. **Demonstration Phase-Out.** The State may suspend or terminate this Demonstration in whole, or in part, at any time prior to the date of expiration. The State must promptly notify CMS in writing of the reason(s) for the suspension or termination, together with the effective date. The State must provide advance notice in writing to CMS, Demonstration enrollees, and all other affected parties at least 30 days prior to suspending or terminating services to Demonstration enrollees. In the event the State elects to phase out the Demonstration, the State must submit a phase-out plan to CMS at least 6 months prior to initiating phase-out activities. Consistent with the enrollment limitation requirement in paragraph 10, a phase-out plan shall not be shorter than 6 months unless such action is necessitated by emergent circumstances. The phase-out plan is subject to CMS approval. If the project is terminated or any relevant waivers suspended by the State, FFP shall be limited to normal closeout costs associated with terminating the Demonstration including services and administrative costs of disenrolling participants.
10. **Enrollment Limitation During Demonstration Phase-Out.** Notwithstanding the situation described in paragraph 18, if the State elects to suspend, terminate, or not renew this Demonstration as described in paragraph 9, during the last 6 months of the Demonstration, individuals who would not be eligible for Medicaid under the current Medicaid State plan must not be enrolled unless the Demonstration is extended by CMS. Enrollment must be suspended if CMS notifies the State in writing that the Demonstration will not be renewed.
11. **CMS Right to Terminate or Suspend.** CMS may suspend or terminate the Demonstration (in whole or in part) at any time before the date of expiration, whenever it determines following a hearing that the State has materially failed to comply with the

terms of the project. CMS will promptly notify the State in writing of the determination and the reasons for the suspension or termination, together with the effective date.

12. **Finding of Non-Compliance.** The State does not relinquish its rights to challenge the CMS finding that the State materially failed to comply.
13. **Withdrawal of Waiver Authority.** CMS reserves the right to withdraw waivers or expenditure authorities at any time it determines that continuing the waivers or expenditure authorities would no longer be in the public interest or promote the objectives of title XIX. CMS will promptly notify the State in writing of the determination and the reasons for the withdrawal, together with the effective date, and afford the State an opportunity to request a hearing to challenge CMS' determination prior to the effective date. If a waiver or expenditure authority is withdrawn, FFP is limited to normal closeout costs associated with terminating the waiver or expenditure authority, including services and administrative costs of disenrolling participants.
14. **Adequacy of Infrastructure.** The State must ensure the availability of adequate resources for implementation and monitoring of the Demonstration, including education, outreach, and enrollment; maintaining eligibility systems; compliance with cost sharing requirements; and reporting on financial and other Demonstration components.
15. **Public Notice and Consultation with Interested Parties.** The State must continue to comply with the State Notice Procedures set forth in 59 Fed. Reg. 49249 (September 27, 1994) when any program changes to the Demonstration, including (but not limited to) those referenced in paragraph 6, are proposed by the State.
16. **FFP.** No Federal matching funds for expenditures for this Demonstration will take effect until the effective date identified in the Demonstration approval letter.
17. **Payor of Last Resort.** The Medicaid program is the payor of last resort; that is, all other available third-party resources must meet their legal obligation to pay claims before the Medicaid program will pay for the care of an individual eligible for Medicaid. Accordingly, the State must have adequate systems and safeguards in place to provide for coordination of benefits under the Demonstration.
18. **Notice Due to Unavailability of State Funding.** In the event that State funding for the Demonstration is unavailable for any period of time, resulting in suspension of the benefits under the Demonstration, the State must provide advance notice in writing to CMS, Demonstration enrollees, and any other parties directly affected by the suspension of benefits at least 30 days prior to terminating services to Demonstration enrollees. The State must also provide written notice to CMS, Demonstration enrollees, and any other affected parties within 10 business days of reinstating benefits.
19. **Promoting Medicaid Eligibility.** The State must inform all Demonstration applicants of their option to apply for full Medicaid benefits in lieu of enrolling in the Demonstration.

IV. ELIGIBILITY DETERMINATION, ENROLLMENT AND DISENROLLMENT

20. **Eligibility.** Aged individuals eligible for this demonstration are defined as individuals age 65 or older with income that does not exceed 200 percent of the FPL. They are

individuals who do not otherwise receive Medicaid benefits other than as a low-income Medicare beneficiary.

An applicant must meet the following eligibility requirements in order to enroll in this demonstration as a member of the Demonstration-Eligible Population (“Aged Population”):

- a) Must be at least 65 years of age;
- b) Must not receive full Medicaid benefits under the State plan, other than as a low-income Medicare beneficiary (QMB, SLMB, or QI);
- c) Must have annual income that does not exceed 200 percent of the FPL, based upon the average prospective gross income without any deductions or disregards, other than those applicable in the case of self-employment income, with verification required. Self-employment income will be calculated by deducting estimated business expenses, losses, and depreciation from gross self-employment income;
- d) Must provide verification, including documentation, of U.S. citizenship and Social Security number (SSN) (or proof of application for an SSN) in accordance with section 1903(x) of the Act, or the alternative citizenship documentation verification process if the State chooses to include in their State plan as stipulated in section 1902(a) and authorized by the Children’s Health Insurance Program Reauthorization Act of 2009 (CHIPRA) – Pub. L. 111-3;
- e) Must be a Wisconsin resident; and
- f) Must pay a \$30 annual enrollment fee.

The chart below summarizes the sources of income that will be considered under the Demonstration:

Annual Expected Income Considered for Enrollment	Annual Income Deductions
Gross Social Security	N/A
Gross Wages	N/A
Interest, Dividends and Capital Gains	N/A
Net Self-Employment Income	Business costs, business losses, depreciation of business assets and other deductions allowed by the Internal Revenue Service
Retirement Income	N/A
Other Income	N/A

21. Retroactive Eligibility. Enrollees who qualify as members of the Aged Population will not be provided retroactive coverage. The beginning effective date of prescription drug coverage under the demonstration is the first day of the month following the month in which all eligibility criteria are met.

22. **Continuous Eligibility.** Enrollees who are eligible as members of the Aged Population remain eligible during the 12-month certification period, regardless of income changes, unless they:
- a) Begin receiving full Medicaid coverage;
 - b) No longer reside in the State of Wisconsin;
 - c) Become incarcerated or are institutionalized in an Institution for Mental Disease (IMD); or
 - d) Are no longer living.
23. **Application Processing and Enrollment Procedures.** The State may require applicants for this demonstration to adhere to the following application and enrollment procedures:
- a) *Applications*- Applicants for the Aged Population are required to complete an application. The State must verify the full legal name, date of birth, SSN, and citizenship status of all applicants; ensure that applicants receive a full explanation of program rights and responsibilities; and obtain an applicant/member attestation to the accuracy of the information provided.
 - b) *Enrollment Fee*- All applicants are required to pay a \$30 enrollment fee at the initial enrollment and at each annual enrollment for the program. In addition, individuals who choose to reapply if their income changes are required to pay a new \$30 enrollment fee. The enrollment fee will be returned within 6-8 weeks if the applicant is not eligible to enroll in the Demonstration.
24. **Redetermination of Eligibility.** Redetermination of eligibility for the Aged Population must occur at least once every 12 months, which is done through the State's central processing center. An enrollee may request a redetermination of eligibility for the demonstration due to a change in family size (e.g., death, divorce, birth, marriage, adoption) at any time, and the State must perform such redeterminations upon request. Each redetermination must include a confirmation that the enrollee is not receiving coverage under any Medicaid eligibility group covered in the Medicaid State plan prior to re-enrollment into the Demonstration.
25. **Disenrollment.** Enrollees in the Demonstration may be disenrolled if they:
- a) Begin receiving full Medicaid coverage;
 - b) No longer reside in the State of Wisconsin;
 - c) Become incarcerated or are institutionalized in an IMD; or
 - d) Are no longer living.

V. BENEFITS, COST SHARING, AND PAYMENT RATE

26. **Comprehensive Prescription Drug Benefit.** Upon implementation, the Demonstration participants will receive a comprehensive prescription drug benefit, which is comparable to the State's coverage of legend drugs as currently provided under the Wisconsin Medicaid State plan and at the Medicaid payment rate.
27. **Cost Sharing.** Upon implementation, the Aged Population participants are required to pay the following:
 - a) **Enrollment Fee:** All applicants are required to pay an **annual \$30 enrollment fee** prior to the initial enrollment and at each annual enrollment for the program. In addition, individuals who choose to reapply if their income changes are required to pay a new \$30 enrollment fee. The enrollment fee will be returned within 6-8 weeks if the applicant is not eligible to enroll in the Demonstration.
 - b) **Co-Payments for Services:** All enrollees are required to pay co-payments of \$5 for generic drugs and \$15 for brand name drugs.
 - c) **Deductible:** Enrollees with income above 160 percent, and at or below 200 percent of the FPL, are required to pay the initial \$500 of prescription drug costs each year.

VI. DELIVERY SYSTEMS

28. **Medicaid Pharmacy Providers.** The State will utilize the current pharmacy provider network that provides prescription drugs to the existing Medicaid program to serve persons eligible as members of the Aged Population.

VII. GENERAL REPORTING REQUIREMENTS

29. **General Financial Requirements.** The State must comply with all general financial requirements under title XIX set forth in Section VII.
30. **Reporting Requirements Related to Budget Neutrality.** The State must comply with all reporting requirements for monitoring budget neutrality set forth in Section VIII.
31. **Conference Calls.** CMS will schedule conference calls with the State as needed. The purpose of these calls is to discuss any significant actual or anticipated developments affecting the Demonstration. Areas to be addressed include, but are not limited to, health care delivery, enrollment, cost sharing, quality of care, access, the benefit package, audits, lawsuits, financial reporting and budget neutrality issues, progress on evaluations, legislative developments, and any Demonstration amendments the State is considering submitting. CMS shall provide updates on any amendments or concept papers under review, as well as Federal policies and issues that may affect any aspect of the Demonstration. The State and CMS shall jointly develop the agenda for the calls.
32. **Quarterly Progress Reports.** The State must submit progress reports in accordance with the guidelines in Attachment B, no later than 60 days following the end of each quarter.

The intent of these reports is to present the State's analysis and the status of the various operational areas. These quarterly reports must include, but not be limited to:

- a) An updated budget neutrality monitoring spreadsheet;
- b) A discussion of events occurring during the quarter, or anticipated to occur in the near future that affect health care delivery, including, but not limited to: benefits, enrollment and disenrollment, grievances, quality of care, access, financial performance that is relevant to the Demonstration, pertinent legislative or litigation activity, and other operational issues;
- c) Action plans for addressing any policy, administrative, or budget issues identified;
- d) Quarterly enrollment reports for Demonstration-eligibles and other statistical reports listed in Attachment B; and
- e) Quarterly update on covered services and cost sharing. The State needs to confirm actual covered services and co-payments required as described in Attachment A for the demonstration in each quarterly progress report.

33. **Annual Report.** The State must submit a draft annual report documenting accomplishments, project status, quantitative and case study findings, interim evaluation findings, utilization data, progress on implementing cost containment initiatives (if relevant), benefit and cost sharing changes, policy and administrative difficulties in the operation of the Demonstration, and systems and reporting issues. The State must submit the draft annual report no later than 120 days after the close of the Demonstration year. Within 30 days of receipt of comments from CMS, a final annual report must be submitted.

VIII. GENERAL FINANCIAL REQUIREMENTS

34. **Quarterly Expenditure Reports.** The State must provide quarterly expenditure reports using Form CMS-64 to separately report total expenditures for services provided through this Demonstration under section 1115 authority. This project is approved for expenditures applicable to services rendered during the Demonstration period. CMS shall provide FFP for allowable Demonstration expenditures only as long as they do not exceed the pre-defined limits on the costs incurred as specified in Section IX.

35. **Reporting Expenditures Subject to the Budget Neutrality Agreement.** The following describes the reporting of expenditures subject to the budget neutrality agreement:

- a) In order to track expenditures under this Demonstration, the State must report demonstration expenditures through the Medicaid and Children's Health Insurance Program Budget and Expenditure System (MBES/CBES), following routine Form CMS-64 reporting instructions outlined in section 2500 of the State Medicaid Manual (SMM). All Demonstration expenditures claimed under the authority of title XIX of the Act must be reported each quarter on separate Forms CMS-64.9 Waiver and/or 64.9P Waiver, identified by the Demonstration project number (11-W-00149/5) assigned by CMS (including the project number extension, which indicates the

Demonstration Year (DY) in which services were rendered or for which payments were made).

- b) Each quarter, the State must submit separate Forms CMS-64.9 Waiver and/or 64.9P Waiver reporting Aged Population expenditures, using waiver name “SeniorCare.” Each quarter, the State must also submit separate Forms CMS-64.9 Waiver and/or 64.9P Waiver reporting total expenditures for the Medicaid Aged Population, using waiver name “Aged Medicaid.”
 - c) For monitoring purposes, cost settlements associated with expenditures subject to the budget neutrality expenditure limit may be recorded on the appropriate prior period adjustment schedules (Form CMS-64.9P Waiver) for Summary Sheet Line 10B, in lieu of Lines 9 or 10C. For any other cost settlements not so associated, the adjustments must be reported on lines 9 or 10C, as instructed in the SMM.
 - d) Enrollment fees and other applicable cost sharing contributions from enrollees that are collected by the State under the Demonstration must be reported to CMS each quarter on Form CMS-64 Summary Sheet line 9.D, columns A and B. Additionally, the total amounts that are attributable to the Demonstration must be separately reported on the CMS-64 Narrative, with subtotals by Demonstration Year (DY).
 - e) **Manufacturer Rebates.** The State has the capacity to use its Medicaid Management Information System to stratify manufacturer’s rebate revenue that should be assigned to net Demonstration expenditures. The State will generate a Demonstration-specific rebate report to support the methodology used to assign rebates to the Demonstration. The State will report rebate revenue on the Form CMS 64-9. This revenue will be distributed as State and Federal revenue consistent with the Federal matching rates under which the claim was paid. Budget neutrality will reflect the net cost of prescription drugs.
36. **Administrative Costs.** Administrative costs will not be included in the budget neutrality expenditure limit, but the State must separately track and report additional administrative costs that are directly attributable to the Demonstration. All such administrative costs will be identified on the Forms CMS-64.10 Waiver and/or 64.10P Waiver, using waiver name “SeniorCare.”
37. **Claiming Period.** All claims for expenditures subject to the budget neutrality expenditure limit (including any cost settlements) must be made within 2 years after the calendar quarter in which the State made the expenditures. Furthermore, all claims for services during the demonstration period (including any cost settlements) must be made within 2 years after the conclusion or termination of the Demonstration. During the latter 2-year period, the State must continue to identify separately net expenditures related to dates of service during the operation of the section 1115 Demonstration on the CMS-64 waiver forms in order to properly account for these expenditures in determining budget neutrality.
38. **Standard Medicaid Funding Process.** The standard Medicaid funding process shall be used during the Demonstration. The State must estimate matchable Medicaid expenditures on the quarterly Form CMS-37. In addition, the estimate of matchable

Demonstration expenditures (total computable and Federal share) subject to the budget neutrality agreement must be separately reported by quarter for each Federal fiscal year (FFY) on the form CMS-37.12 for both the medical assistance program and administrative costs. CMS shall make Federal funds available based upon the State's estimate, as approved by CMS. Within 30 days after the end of each quarter, the State must submit the Form CMS-64 quarterly Medicaid expenditure report, showing Medicaid expenditures made in the quarter just ended. CMS shall reconcile expenditures reported on the Form CMS-64 with Federal funding previously made available to the State, and include the reconciling adjustment in the finalization of the grant award to the State.

39. Extent of FFP for the Demonstration. Subject to CMS approval of the source(s) of the non-Federal share of funding, CMS shall provide FFP at the applicable Federal matching rates for the Demonstration as a whole as outlined below, subject to the limits described in Section IX:

- a) Administrative costs, including those associated with the administration of the Demonstration; and
- b) Net expenditures and prior period adjustments, made under approved Expenditure Authorities granted through section 1115(a)(2) of the Act for aged individuals, with dates of service during the operation of the Demonstration.

40. Sources of Non-Federal Share. The State certifies that the matching non-Federal share of funds for the Demonstration is State/local monies. The State further certifies that such funds shall not be used as the match for any other Federal grant or contract, except as permitted by law. All sources of non-Federal funding must be compliant with section 1903(w) of the Act and applicable regulations. In addition, all sources of the non-Federal share of funding are subject to CMS approval.

- a) CMS may review the sources of the non-Federal share of funding for the Demonstration at any time. The State agrees that all funding sources deemed unacceptable by CMS shall be addressed within the timeframes set by CMS.
- b) Any amendments that impact the financial status of the program shall require the State to provide information to CMS regarding all sources of the non-Federal share of funding.
- c) Under all circumstances, health care providers must retain 100 percent of the reimbursement amounts claimed by the State as demonstration expenditures. Moreover, no pre-arranged agreements (contractual or otherwise) may exist between the health care providers and the State government to return and/or redirect any portion of the Medicaid payments. This confirmation of Medicaid payment retention is made with the understanding that payments that are the normal operating expenses of conducting business (such as payments related to taxes—including health care provider-related taxes—fees, and business relationships with governments that are unrelated to Medicaid and in which there is no connection to Medicaid payments) are not considered returning and/or redirecting a Medicaid payment.

41. **Monitoring the Demonstration.** The State will provide CMS with information to effectively monitor the Demonstration, upon request, in a reasonable timeframe.

IX. MONITORING BUDGET NEUTRALITY

42. **Limit on Federal Title XIX funding.** The State will be subject to a limit on the amount of Federal title XIX funding that the State may receive for expenditures subject to the budget neutrality agreement during the Demonstration approval period.

43. **Risk.** The State shall be at risk for total expenditures for both the Demonstration as well as the Medicaid Aged Population under this budget neutrality agreement.

44. **Budget Neutrality Expenditure Limit.** The following table gives the total computable budget neutrality limits for each DY. DY 09 is defined as calendar year 2010, DY 10 is defined as calendar year 2011, and DY 11 is defined as calendar year 2012.

Demonstration Year	Budget Neutrality Limit – Total Computable
DY 09	\$1,882,753,501
DY 10	\$1,889,341,177
DY 11	\$1,936,291,306

The budget neutrality limit for the 3-year waiver extension period will be equal to the sum of the total computable budget neutrality limits for each of the 3 DYs multiplied by the composite Federal share. The composite Federal Share is the ratio calculated by dividing the sum total of FFP received by the State on actual Demonstration and Medicaid Aged Population expenditures during the 3-year waiver extension period, as reported through the MBES/CBES and summarized on Schedule C (with consideration of the expenditures reported in accordance with paragraph 32) by total computable Demonstration and Medicaid Aged Population expenditures for the same period as reported on the same forms. For the purpose of interim monitoring of budget neutrality, a reasonable estimate of Composite Federal Share may be developed and used through the same process or through an alternatively agreed upon method.

45. **Enforcement of Budget Neutrality.** CMS will enforce budget neutrality over the life of the 3-year waiver extension period rather than on an annual basis. However, if the State exceeds the budget neutrality expenditure limit in any given DY, the State must submit a corrective action plan to CMS for approval.

46. **Future Adjustments to the Budget Neutrality Expenditure Limit.** CMS reserves the right to adjust the budget neutrality expenditure limit in order to be consistent with enforcement of impermissible provider payments, health care related taxes, new Federal statutes, or with policy interpretations implemented through letters, memoranda, or regulations. CMS reserves the right to make adjustments to the budget neutrality expenditure limit if any health care related tax that was in effect during the base year, or provider-related donation that occurred during the base year, is determined by CMS to be in violation of the provider donation and health care related tax provisions of section

1903(w) of the Act. Adjustments to the budget neutrality agreement will reflect the phase-out of impermissible provider payments by law or regulation, where applicable.

47. **Exceeding Budget Neutrality.** If the budget neutrality expenditure limit has been exceeded at the end of this 3-year waiver extension period, the excess Federal funds shall be returned to CMS. If the Demonstration is terminated prior to the end of the budget neutrality agreement, the budget neutrality test shall be based on the time elapsed through the termination date.

X. EVALUATION OF THE DEMONSTRATION

48. **Submission of Draft Evaluation Design.** The State must submit to CMS for approval a draft evaluation design for an overall evaluation of the Demonstration no later than 120 days after the effective date of the Demonstration. At a minimum, the draft design must include a discussion of the goals and objectives set forth in Section II of these STCs, as well as the specific hypotheses that are being tested. The draft design must discuss the outcome measures that will be used in evaluating the impact of the Demonstration during the period of approval. It shall discuss the data sources and sampling methodology for assessing these outcomes. The draft evaluation design must include a detailed analysis plan that describes how the effects of the Demonstration must be isolated from other initiatives occurring in the State. The draft design must identify whether the State will conduct the evaluation, or select an outside contractor for the evaluation.
49. **Interim Evaluation Reports.** In the event the State requests to extend the Demonstration beyond the current approval period under the authority of section 1115(a), (e), or (f) of the Act, the State must submit an interim evaluation report as part of the State's request for each subsequent renewal.
50. **Final Evaluation Design and Implementation.** CMS must provide comments on the draft evaluation design within 60 days of receipt, and the State shall submit a final design within 60 days after receipt of CMS comments. The State must implement the evaluation design and submit its progress in each of the quarterly and annual progress reports.
51. **Final Evaluation Report.** The State must submit to CMS a draft of the evaluation report within 120 days after expiration of the Demonstration. CMS must provide comments within 60 days after receipt of the report. The State must submit the final evaluation report within 60 days after receipt of CMS' comments.
52. **Cooperation with Federal Evaluators.** Should CMS undertake an independent evaluation of any component of the Demonstration, the State shall cooperate fully with CMS or the independent evaluator selected by CMS. The State shall submit the required data to CMS or the contractor.

XI. SCHEDULE OF DELIVERABLES FOR THE DEMONSTRATION EXTENSION PERIOD

Date	Deliverable
Per paragraph 48	Submit Draft Evaluation Design
Per paragraph 8	Submit Demonstration Extension Application
Per paragraph 49	Submit Interim Evaluation Report
Quarterly	Deliverable
Per paragraph 32	Quarterly Progress Reports
Per paragraph 34	Quarterly Expenditure Reports
Annual	Deliverable
Per paragraph 33	Draft Annual Report

ATTACHMENT A
Summary Chart of the Comprehensive Prescription Drug Benefit and Cost Sharing for Aged Individuals

Comprehensive Prescription Drug Benefit for Aged Individuals	
Description of Coverage	Co-Payment, Deductible, and Payment Rate
All prescription drugs covered under Wisconsin's Medicaid program are covered.	A \$5 co-payment for generic drugs; \$15 co-payment for brand name drugs. The first \$500 in prescription drug costs must be paid each year by beneficiaries with income above 160 percent of the FPL, and at or below 200 percent of the FPL. The Medicaid payment rate to pharmacies.

**ATTACHMENT B
QUARTERLY REPORT FORMAT AND CONTENT**

Under Section VII, paragraph 32, the State is required to submit quarterly progress reports to CMS. The purpose of the quarterly report is to inform CMS of significant demonstration activity from the time of approval through completion of the Demonstration. The reports are due to CMS 60 days after the end of each quarter.

The following report guidelines are intended as a framework and can be modified when agreed upon by CMS and the State. A complete quarterly progress report must include an updated budget neutrality monitoring workbook.

NARRATIVE REPORT FORMAT:

Title Line One – Wisconsin – SeniorCare Section 1115 Demonstration

Title Line Two - Section 1115 Quarterly Report

Demonstration/Quarter Reporting Period:

Example:

Calendar Year 2010: (01/01/2010 – 12/31/2010)

Introduction

Information describing the goal of the Demonstration, what it does, and key dates of approval/operation. (This should be the same for each report.)

Enrollment Information

Please complete the following table that outlines all enrollment activity under the Demonstration. The State should indicate “N/A” where appropriate if there was no activity under a particular enrollment category, the State should indicate that by “0.”

Enrollment Count

Note: Enrollment counts should be person counts, not member months.

Demonstration Populations (as hard coded in the CMS-64)	Current Enrollees (to date)	Disenrolled in Current Quarter
SeniorCare		

Member Month Reporting

Enter the member months for the quarter.

Eligibility Group	Month 1	Month 2	Month 3	Total for Quarter Ending XX/XX
SeniorCare				

Outreach/Innovative Activities:

Summarize outreach activities and/or promising practices for the current quarter.

Operational/Policy Developments/Issues:

Identify all significant program developments/issues/problems that have occurred in the current quarter, including, but not limited to, approval and contracting with new plans, benefit changes, and legislative activity.

Financial/Budget Neutrality Developments/Issues:

Identify all significant developments/issues/problems with financial accounting, budget neutrality, and Form CMS-64 reporting for the current quarter. Identify the State's actions to address these issues. Specifically, provide an update on the progress of implementing the corrective action plan.

Consumer Issues:

A summary of the types of complaints or problems consumers identified about the program in the current quarter. Include any trends discovered, the resolution of complaints, and any actions taken, or to be taken, to prevent other occurrences.

Quality Assurance/Monitoring Activity:

Identify any quality assurance/monitoring activity in current quarter.

SeniorCare Advisory Committee:

Provide at a minimum an update on the activities and involvement of the SeniorCare Advisory Committee. Include any recommendations for changes to benefit design, quality of care health delivery system, emerging medical technologies and procedures, and utilization controls for the Demonstration.

Status of Benefits and Cost Sharing under the Core Benefit Plan:

Provide confirmation of the actual covered services and co-payments required as described in Attachment A for the Demonstration in current quarter.

Demonstration Evaluation:

Discuss progress of evaluation design and planning.

Enclosures/Attachments:

Identify by title any attachments along with a brief description of what information the document contains.

State Contact(s):

Identify individuals by name, title, phone, facsimile, and address that CMS may contact should any questions arise.

Date Submitted to CMS: