State of Wisconsin
Department of Health Services

Scott Walker, Governor
Kitty Rhoades, Secretary

June 30, 2015

Sylvia Burwell, Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Dear Secretary Burwell:

On July 1, 2002, The State of Wisconsin received the necessary waiver approvals from the Centers for Medicare & Medicaid Services (CMS) to operate SeniorCare, a prescription drug benefit for seniors age 65 and older, as a five-year demonstration project. The original five-year waiver period was extended through December 31, 2009 by the US Troop Readiness, Veterans' Care, Katrina Recovery and Iraq Accountability Appropriations Act of 2007. CMS approved the extension of the waiver for an additional three-year period on August 17, 2009. The current waiver period extension was awarded by CMS through December 31, 2015.

This letter is to formally request an extension to Wisconsin's SeniorCare Section 1115 Demonstration Project for an additional three years, extending from January 1, 2016 to December 31, 2018.

SeniorCare continues to be a popular and successful program. With a simplified enrollment process, $30 annual enrollment fee, income based deductibles and copayments of $5 for generic drugs and $15 for brand drugs, SeniorCare members have affordable access to creditable drug coverage.

Since its implementation on September 1, 2002, the SeniorCare waiver program has successfully delivered a comprehensive outpatient drug benefit to more than 260,000 seniors in the state. In 2014, the average age of a SeniorCare member was 80 years old, with 18% of members aged 85 years and older. SeniorCare is also financially efficient. In CY 2014, total drug expenditures billed to SeniorCare of $191 million were reduced to just over $27 million, which were paid by state and federal tax dollars, manufacturer rebates and member cost sharing.

The program continues to be budget-neutral. Savings are the 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.

Thank you for considering the extension of Wisconsin's SeniorCare Section 1115 Demonstration Project. Please do not hesitate to contact me at (608) 266-9622 with any questions you may have. I look forward to working with you to renew this valuable program for Wisconsin seniors.

Sincerely,

Kitty Rhoades
Secretary

cc: Wisconsin Congressional Delegation
Andy Slavitt, Acting Administrator, CMS
Kevin Moore, Medicaid Director/Administrator, Division of Health Care Access and Accountability

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: June 30, 2015

Table of Contents

I. Introduction.....4
Background.....4
Advantages of SeniorCare.....4
Overview.....6
A. Prescription Drugs and the Elderly.....6
B. Current Elderly and Disabled Wisconsin Medicaid Eligibility.....7
1. Supplemental Security Income (SSI).....7
2. Medically Needy.....7
3. Institutional and Other Long-Term Care.....8
4. Medicaid Purchase Plan.....8
5. Low-Income Medicare Beneficiaries.....8
C. Overview of Demonstration Project (SeniorCare).....9

II. SeniorCare Objectives.....11

III. Demonstration Project Renewal Program Design.....12
A. Eligibility Requirements.....12
B. Application Process for Pharmacy Waiver Benefits.....13
C. Enrollment Periods.....13
D. Coordination of Benefits.....14
E. Cost Sharing.....14
1. Annual Enrollment Fees.....14
2. Annual Costs for Certain Members.....14
3. Copayments.....15
F. Coordination with Other Medicaid Programs.....15
G. Benefits.....16
1. Pharmacy Benefits.....16
2. Medication Therapy Management Benefits.....16
H. Rates.....17
I. Cost Management Strategies.....17
1. Pharmacy Point-of-Sale System.....17
2. Prospective Drug Utilization Review.....17
3. Retrospective Drug Utilization Review.....18
4. State Maximum Allowed Cost List.....18
5. Medication Therapy Management.....19
6. Prior Authorization.....19
7. Diagnosis Restriction and Excluded Drugs.....20
8. Preferred Drug List.....20
9. Drug Authorization and Policy Override.....20

IV. Demonstration Project Renewal Program Administration.....21
A. Administering Agency.....21
B. Financing.....21
C. Provider Network 21
D. Implementation Schedule 21
E. Early Termination of the Waiver Program.....21

V. Waivers Requested.....21
A. Eligibility.....22
B. Comparability.....22
C. Cost Sharing….....22
D. Application Processing and Ex Parte Eligibility Redeterminations.....23
E. Program Integrity.....23
F. Retrospective Benefits.....24
G. Enrollment.....24
H. Hearings and Appeals.....25

VI. Budget and Cost-Effectiveness Analysis.....25

VII. Public Involvement.....29
A. SeniorCare Advisory Committee.....29
B. Coordination with Native Americans.....30
C. Public Notices.....31
D. SeniorCare Waiver Renewal Website.....32
E. Email List.....32
F. Post-award Meetings.....32

VIII. Public Comments 33
A. Overall Comments.....33
B. Web Form Comments.....33

IX. CMS Oversight of Waiver Program Quality.....33

X. Evaluation Activities and Findings.....35
A. Quality Measures.....35
1. Overall Support for SeniorCare.....35
2. High Renewal Rates 35
3. Low Call Volume from Members with Questions ….....37
4. Drug Utilization Review Improves Quality.....37
5. Advisory Committees Help Ensure Quality.....38
6. Qualitative Review Reveals High Satisfaction.....38

B. Quantitative Measures.....38
1. Previous External Evaluation.....38
2. Current Evaluation.....39
3. Future Evaluation.....49

I. INTRODUCTION

The Wisconsin Department of Health Services requests a three-year renewal of its Section 1115 Demonstration Project for the SeniorCare Prescription Drug Assistance Program. The current waiver is scheduled to expire on December 31, 2015. The Department requests that the waiver be renewed for an additional three-year period, from January 1, 2016, to December 31, 2018.

Background

On July 1, 2002, the Department received the necessary waiver approvals from the Centers for Medicare and Medicaid Services (CMS) to operate a portion of SeniorCare, a prescription drug benefit for seniors, as a five-year demonstration project. 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 the SeniorCare waiver program is seniors who are age 65 or older with income at or below 200 percent of the federal poverty level (FPL), which is $23,540 for an individual and $31,860 for a two-person family in 2015.

Since its implementation on September 1, 2002, the SeniorCare waiver program has successfully delivered a comprehensive outpatient drug benefit to more than 260,000 seniors in the state.

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, 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, as well as over-the-counter insulin. In addition, SeniorCare provides access to a robust network of pharmacies. More than 1,300 in-state pharmacies and another 100 out-of-state pharmacies 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 percent of the FPL have no other out-of-pocket costs. Those whose incomes fall between 160 percent and 200 percent of the 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 Calendar Year (CY) 2014, total drug expenditures billed to SeniorCare were reduced from nearly $191 million to just over $27 million, which was paid for by state and federal tax dollars, manufacturer rebates and member cost sharing.

By leveraging rebates on this scale, Wisconsin has successfully held drug companies accountable for contributing to reduced drug prices and the creation of an effective drug benefit.

Medication Therapy Management

SeniorCare offers a comprehensive Medication Therapy Management (MTM) benefit. MTM can improve member health and reduce overall costs to SeniorCare by educating members about their medications and improving adherence to drug regimens. SeniorCare members have received 8,819 intervention-based services and 668 Comprehensive Medication Review and Assessment (CMR/A) services since September 2012. A reduction in inappropriate medication use and an increase in medication adherence can ensure seniors stay healthier and reduce any inappropriate medical expenditure**.**

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

The Department projects that the SeniorCare waiver renewal will continue to reduce Medicaid expenditures for seniors who are age 65 or older, from what those expenditures would have been 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 medical services. These savings will offset the costs of continuing the SeniorCare waiver program. Reductions in expenditures will also be

realized by the Medicare Program through reduced hospitalizations for this population group.

The SeniorCare waiver has achieved budget neutrality throughout the original waiver period, as well as all renewal periods. Initial estimates indicate that the SeniorCare waiver program savings were approximately $130 million for State Fiscal Year (SFY) 2014.

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 2014, SeniorCare reduced drug costs for Wisconsin seniors by approximately $191 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 the senior 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 Medicaid Eligibility for Elderly, Blind or Disabled

1. Supplemental Security Income (SSI)

Wisconsin provides Medicaid coverage to all individuals 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, blind or disabled individuals, the federally mandated coverage group is individuals 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 individuals 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 individuals formerly eligible for SSI. Wisconsin covers certain disabled individuals who have returned to work and lost SSI eligibility as a result of employment earnings, but who still have the condition that rendered them disabled (and meet all non-disability criteria for SSI except income). Also covered are individuals who were once eligible for both SSI and Social Security payments but who lost their SSI because of certain cost-of-living adjustments to their Social Security. Similar Medicaid continuations are provided for certain other individuals 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 those who care for disabled individuals.

2. Medically Needy

Wisconsin also offers Medicaid coverage to medically needy elderly, blind or disabled individuals. By federal law, the associated income standards may not exceed 133.3 percent of the maximum Aid to Families with Dependent Children (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, which is over the medically needy limit.

3. Institutional and Other Long-Term Care

Wisconsin provides Medicaid coverage to nursing home residents and individuals participating in community-based long-term care programs under a special optional institutional income rule. This rule permits individuals who are not categorically eligible for SSI and who have income between 100 percent and 300 percent 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 percent of the monthly SSI payment level.

4. Medicaid Purchase Plan

In March 2000, Wisconsin implemented a new option provided under federal Medicaid law to extend 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 percent of the 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 member 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 (QMBs): These are individuals entitled to Medicare hospital insurance benefits (i.e., Medicare Part A) whose income does not exceed 100 percent of the FPL and whose resources do not exceed twice the SSI resource limit. For these individuals, Medicaid reimburses any required Medicare premiums, coinsurance and deductibles for both Medicare 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 (SLMBs): Medicaid pays the full Medicare Part B premium for individuals who otherwise meet the QMB requirements but have income between100 percent and 120 percent of the FPL.
- Qualifying Individuals I (QIs I): Medicaid pays the full Medicare Part B premium for individuals who are not eligible for full-benefit Medicaid, who otherwise meet the QMB/SLMB requirements and who have income between 120 percent and 135 percent of the FPL.
- Qualified Disabled and Working Individuals (QDWIs): These are individuals 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 Medicare Part A premium. Wisconsin has chosen to pay the entire Medicare Part A premium for individuals in this category who are under age 65, have income at or below 200 percent of the FPL and have 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, Wisconsin, as part of 2001 Wisconsin Act 16, established a prescription drug assistance program titled SeniorCare. SeniorCare statutes require the Department to 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 complied 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 historically has received strong support from the Wisconsin Legislature, which has fully funded SeniorCare since its inception in 2002. These state funds cover for approximately 22 percent of the SeniorCare program. Wisconsin is currently in the middle of the SFY 2016-2018 biennial budget deliberations. Once the budget is finalized, the Department will assess the impact of any required changes to the SeniorCare program as a result of the budget and will work with CMS as appropriate.

The SeniorCare waiver program serves seniors with incomes at or below 200 percent of the FPL. Since implementation on September 1, 2002, the SeniorCare waiver has successfully delivered a comprehensive outpatient drug benefit to over 260,000 seniors in the state. As of April 2015, 87,700 seniors were enrolled in SeniorCare. More than 49,000 of these seniors are enrolled in the waiver portion of the program (for those at or below 200 percent of the FPL).

The Department which 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.

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 advantages, even with the availability of

Medicare 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 offers an excellent value to the federal government by offsetting federal expenditures with a substantial state financial commitment and substantial (approximately 55 percent of expenditures) manufacturer rebates.

Under the SeniorCare program, Wisconsin residents who are ages 65 or older, not currently eligible for Medicaid benefits, and whose income does not exceed 200 percent of the 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.

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

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 his or her eligibility. The form is easy to read and complete. Seniors submit applications by mail to a central processing center administered by the Department.

Applicants receive notices about their eligibility, whether they have an annual payment, and other information regarding their participation in the program. Upon enrollment in SeniorCare, members receive an identification card distinct from the normal ForwardHealth card, which they use when purchasing prescription drugs. Members may 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 SeniorCare 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, Specialized Transmission Approval Technology-Prior Authorization (STAT-PA), prospective and retrospective Drug Utilization Review (DUR), and other cost containment processes. The system enables Medicaid-enrolled 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 real-time 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 FoodShare or other economic support programs. A SeniorCare customer service hotline, which began operations in July 2002, allows members to receive answers 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 Department 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 2013 Special Terms and Conditions. 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 or her medication is likely to be healthier because of it.

> *2) Helping control overall costs for the senior 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 which 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 or her medications is less likely to have hospital and nursing home admissions and other long-term care situations, therefore decreasing overall health care costs.

> *3) Reducing the rate of increase in the use of non-pharmacy-related services provided to this population including hospital, nursing facility and other related medical services.*

Extending pharmacy benefits to the senior population will result in a reduction to the use of inappropriate non-pharmacy-related services in population.

III. DEMONSTRATION PROJECT RENEWAL PROGRAM DESIGN

Wisconsin will continue the current SeniorCare program design through the demonstration project renewal, as described below.

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. Individuals considered medically needy eligible are those who 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 the SeniorCare waiver program, individuals must:

1. Be a Wisconsin resident;
2. Be a U.S. 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;
5. Have household income at or below 200 percent of the FPL; and
6. Pay the applicable annual enrollment fee of $30 per person.

Individuals with a household income above 200 percent of the 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 or Disabled (EBD) Medicaid deductions and other deductions are not applied.

- In cases of self-employment income, current policy for elderly, EBD Medicaid is followed. Therefore, deductions for business expenses, losses and depreciation are permitted for individuals with self-employment income.
- Income is determined on a prospective basis, annually.
- A fiscal test group that is consistent with current EBD Medicaid policy is used. Thus, individual income is used for a married person not living with his or her spouse, and joint income is used for a married person living with his or her spouse. These income amounts are compared to the FPL for a group size of one if counting only the income of the individual, or for a 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 SeniorCare waiver program.

B. Application Process for SeniorCare Waiver Program Benefits

The application process for eligible seniors in the SeniorCare waiver program is comprised of the following components:

- The senior completes the simple, short application.
- The senior submits the application by regular mail or online.
- The application is processed by a central unit administered by the Department.
- Near the end of the individual's year of eligibility, the Department notifies him or her 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, the SeniorCare waiver program member receives an identification card distinct from the current ForwardHealth card. The members must present the identification card to the pharmacy or pharmacist when purchasing prescription drugs.

This enrollment process focuses primarily on eligibility for the SeniorCare 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 Wisconsin or becomes deceased, he or she is no longer eligible for the SeniorCare waiver program.

- Members may reapply if their income decreases. For example, if an individual with income at or above 165 percent of the FPL subsequently loses a part-time job resulting in income below 160 percent of the FPL, the individual may reapply. In this situation, the individual 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.
- An individual is able 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 SeniorCare waiver program 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 waiver program uses a combination of automated, pre-payment cost avoidance with POS system and, where necessary, will bill liable third parties after the payment is made.

If a person is eligible to receive MTM services through commercial insurance and/or Medicare, the pharmacist is required to submit claims to other payers. SeniorCare is the payer of last resort for these services.

E. Cost Sharing

SeniorCare 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 SeniorCare members are required to pay an annual enrollment fee of $30. Once determined eligible for SeniorCare, an applicant will receive a letter notifying him or her of the eligibility and cost-sharing requirements. All applicants have the option to decline participation if they notify the Department within the 30-day processing period or within 10 days of the date on the letter, whichever is later. If an individual declines participation within this time period, the Department will refund the enrollment fee paid for that benefit period. If an individual has paid the annual enrollment fee with his or her application and is determined ineligible for the program, the Department will refund the paid enrollment fee.

2. Annual Costs for Certain SeniorCare Members

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

at the SeniorCare rate.

- SeniorCare members with income between 160 percent and 200 percent of the 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 SeniorCare members choose MTM services when filling their prescriptions and their income is between 160 percent and 200 percent of the 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.
- SeniorCare members with income at or below 160 percent of the FPL are not required to pay a $500 deductible for prescription drug costs or MTM services.

3. Copayments

For SeniorCare members with income above 160 percent of the FPL who have met the $500 annual deductible, and for members with income at or below 160 percent of the 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 MTM services.

F. Coordination with Other Medicaid Programs

The following are stipulations regarding coordination between the Medicaid program and the SeniorCare waiver program:

- SeniorCare members whose income decreases to allowable Medicaid eligibility levels and who want to receive full Medicaid benefits must apply for and be determined eligible for full-benefit Medicaid through the normal Medicaid application process.
- Except during the 30-day initial processing period, the enrollment fee is not refundable to SeniorCare members 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 the12-month period without having to pay another $30 fee.
- SeniorCare 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 and 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 Food and Drug Administration (FDA)-approved;
- The manufacturer signed a rebate agreement with CMS; and
- The manufacturer has reported data and prices to First DataBank (a national drug database).

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 over-the-counter insulin.

2. Medication Therapy Management Benefits

Effective September 1, 2012, the Department implemented a comprehensive MTM benefit, which is part of a national trend in health care.

This benefit includes intervention-based Services, during which the pharmacist assists the member in managing their prescription medications. Intervention-based services include:

- Consulting with the 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
- Recommending the addition or deletion of a medication.

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

MTM also includes CMR/As that allow specially trained pharmacists to review a member'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 CMR/A, 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 the 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

SeniorCare follows the CMS-approved ingredient rate methodology found here: https://www.forwardhealth.wi.gov/WIPortal/Max%20Fee%20home/tabid/77/Default.aspx. Any changes to prescription ingredient and/or dispensing fee methodologies for Wisconsin Medicaid benefits will be automatically applied to SeniorCare.

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 as follows:

1. Pharmacy Point-of-Sale

Wisconsin Medicaid maintains a pharmacy POS electronic claims management system for Medicaid fee-for-service. 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.

2. Prospective Drug Utilization Review

Prospective DUR is used to enhance clinical quality and cost-effective drug use by members. At the 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 contraindications for the member by activating alerts that identify the following problems, presented in hierarchical order:

- Drug-drug interactions:
  The alert is activated when another drug in the drug claims history interacts with the drug being filled.
- Drug-disease contraindications:
  The alert is activated when a drug is prescribed for a member who has a disease for which the drug is contraindicated.
- Therapeutic duplication:
  The alert is activated when another drug is present in the claims history in the same therapeutic class as the drug being dispensed.
- Pregnancy alert:
  The alert is activated when the prescribed drug is contraindicated in pregnancy.
- Overuse (Early Refill): The alert is activated when a member is requesting an early refill of a prescription.
- Underuse (Late Refill):
  The alert is activated when a member is late in obtaining a refill of a maintenance drug.
- Insufficient quantity (Three Month Supply):
- The alert is activated to give pharmacies the opportunity to dispense a three-month supply of medication.

3. Retrospective Drug Utilization Review

On a monthly basis, the Department performs retrospective DUR. During the DUR, drug claims are reviewed against DUR Board-approved criteria and member profiles are generated; these profiles are individually reviewed by pharmacists for clinical significance. Each month, for potential adverse drug concerns such as drug/drug interactions, overuse, drug/disease contraindications and duplicate therapy, are examined for all providers. If a potential concern is discovered, intervention letters are sent to all providers with members who may be potentially impacted by the concern.

4. State Maximum Allowed Cost List

Under Wisconsin's State Medicaid Plan approved by the Center for Medicare and Medicaid Services (CMS), Wisconsin Medicaid may assign State Maximum Allowable Costs (SMACs) to establish an upper limit for payment of brand or generic versions of the same drug (federal legend or OTC drugs), regardless of manufacturer.

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

Wisconsin's Medicaid's MTM program provides pharmacists with professional fees for providing intervention-based services and 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.

In order to be reimbursed, pharmacists must meet all basic requirements of federal and state law for dispensing a drug and must complete 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 member'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

Under Wisconsin Medicaid, pharmacists are required to receive PA for certain drugs in order to receive reimbursement for those drugs. PA requests may be submitted electronically for most drugs requiring PA. The Department requires PA for certain drug for the following reasons:

- To prevent potential drug abuse or misuse.
- To monitor use of drugs for cosmetic reasons only (for example, weight loss drugs not used to treat morbid obesity).
- To encourage use of therapeutically equivalent drugs when generics are available in the same drug classification.

While less than one percent of covered drugs require PA. PA has been shown to slow the rate of increase in drug expenditures without impeding access to necessary and appropriate drugs. Through the PA process, drugs are reviewed to determine if similar products are available, either generically or under brand name only brand. For drugs that are available both generically and under a brand name, Wisconsin Medicaid requires PA for the brand name drugs. Before any changes are made to PA requirements, drug manufacturers are notified and a review process is followed. This process ensures high quality for SeniorCare members and cost-effectiveness for the program.

7. Diagnosis Restriction and Excluded Drugs

Under Wisconsin Medicaid, a diagnosis restriction may apply for certain drugs if the prescribed use is not for a medically accepted indication. In addition, certain drugs may be excluded from coverage if they are on the Medicaid Negative Formulary drug list, 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 Wisconsin Medicaid, 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 PA Advisory Committee, which is composed of physicians, pharmacists, advocates, and consumers from the state of Wisconsin.

To determine 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 along with 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 Center

Providers may contact the Drug Authorization and Policy Override (DAPO) Center in order to request PA for certain drugs or to request an override of current policy on a case-by-case basis. Examples of policies that may be overridden include three-month supply, early refill, quantity limits and limits on MTM services and opioid prescriptions.

IV. DEMONSTRATION PROJECT RENEWAL PROGRAM ADMINISTRATION

A. Administering Agency

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

B. Financing

Prescription drug services under the SeniorCare waiver program are funded jointly through state general purpose revenue (GPR) funds and matching federal funds. Additional program revenue for the SeniorCare waiver program comes from annual enrollment fees, copayments and drug rebates. The Department 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

The SeniorCare waiver program provides access to a robust network of pharmacies. There are currently1,300 in-state pharmacies and another 100 out-of-state pharmacies that are Medicaid-enrolled providers. SeniorCare administrative code requires Medicaid-enrolled pharmacies to serve SeniorCare members.

D. Implementation Schedule

The SeniorCare program is a successful waiver program that determines eligibility and provides outpatient drug benefits to an average of 50,000 seniors per month. The current three-year waiver is set to expire December 31, 2015. With this renewal, the SeniorCare waiver would continue beginning January 1, 2016, through December 31, 2018.

E. Early Termination of the Waiver Program

Wisconsin reserves the right to end this SeniorCare waiver 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 waiver program. Section 1115(a)(2) permits the Department to regard as expenditures under the State Plan costs of the waiver program, 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. The Department requests that the Secretary waive all relevant Medicaid laws and regulations, which would allow the Department to receive federal matching funds, including the following Title XIX provisions:

A. **Eligibility**

The Department requests that the Secretary waive Sections 1902(a)(10)(A) and 1902(a)(17) of the Social Security Act. These sections prohibit federal financial participation for 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 SeniorCare waiver program members with incomes at or below 200 percent of the FPL;
- Apply different methodologies, described above, to SeniorCare waiver program members than would be applied to elderly, blind or disabled individuals under age 65 or to regular Medicaid member and;
- 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 program members once every 12 months.

B. Comparability

The Department requests that the Secretary waive Section 1902(a)(10)(B) of the Social Security Act. This section requires the amount, duration, and scope of services to be equally available to all members within an eligibility category and be equally available to categorically eligible and medically needy members. The Department seeks a waiver of these provisions to offer a comprehensive drug benefit to the expanded population.

C. **Cost Sharing**

The Department requests that the Secretary waive Section 1902(a)(14) of the Social Security Act, which relates to enrollment fees, copayments and other cost sharing. The Department 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 SeniorCare waiver program 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. Application Processing and Ex Parte Eligibility Redetermination

The Department requests that the Secretary waive section 1902(a)(19) of the Social Security Act and federal regulations under 42 CFR 435.902, 435.907, 435.916 and 435.930. The Department seeks a waiver to:

- Require that an applicant who is no longer eligible for regular Medicaid file separate SeniorCare waiver program application prior to being determined eligible for the SeniorCare waiver program;
- Require a SeniorCare waiver program member to file a separate Medicaid application if he or she is interested in receiving benefits under any other Medicaid subprogram; and
- Process applications as described in Section III of this waiver application.

E. Program Integrity

The Department requests that the Secretary waive Section 1902(a)(46) of the Social Security Act and federal regulations under 42 CFR 435.920 and 435.940 through 435.965 related to verification of applicant and member income and eligibility information. It is anticipated that certain income sources may have limited applicability for the SeniorCare waiver population, which generally is perceived as having fixed income. Further, because income is tested prospectively on an annual basis under the waiver program and because data from other sources represents a prior time period, some items may not be relevant in determining eligibility for the SeniorCare waiver program. In exploring the most efficient and effective methods for ensuring program integrity, the Department intends to do the following:

- Validate Social Security numbers at the time of application through the Social Security Administration (SSA) Numident process. If an individual does not have a Social Security number, the individual will receive assistance to obtain one. If there is a mismatch between the SSA information and the Social Security number provided by the applicant, the mismatch will be resolved as needed.
- Automatically test SSA benefits against tolerance levels established by the Department at

application and review. 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, SSA benefits, earnings from wages, earnings from self-employment, other unearned income and unemployment compensation will be verified after application. In particular, a random sample of all members will be taken. If a failure to report information results in an incorrect eligibility determination, program costs will be recovered.

F. Retrospective Benefits

The Department requests that the Secretary waive Section1902(a)(34) of the Social Security Act and 42 CFR 435.915, which require a state to retrospectively provide medical assistance for three months prior to the date of application in certain circumstances. The Department requests a waiver to establish the effective date for waiver program members as the date of enrollment as determined in accordance with Section III(C) above.

G. Enrollment

The Department requests that the Secretary 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 must 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 MTM 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 the program is conditioned on the availability of funding.

H. Hearings and Appeals

The Department requests that the Secretary waive Section 1902(a)(3)of the Social Security Act and federal regulations under 42 CFR 431.211 and 431.213 relating to required notification by the Department for an adverse action in cases where the member 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 member has clearly indicated in writing that he or she no longer wishes to receive services. Under the SeniorCare waiver program, an exception to the 10-day required notification would apply in cases where the member has clearly notified the Department either orally or in writing that he or she no longer wishes to receive services.

In addition, the Department requests that, under the authority of Section 1115(a)(2) of the Social Security Act, 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 comprehensive pharmacy benefits to seniors age 65 or older whose income is at or below 200 percent of the FPL.
- Administrative expenditures for SeniorCare program members include, but are not limited to, collecting program members' fees, enrolling pharmacies, producing and distributing enrollment/identification cards to program members, responding to member inquires, developing and processing applications, determining eligibility, collecting third-party insurance information and evaluating and monitoring this waiver.

The Department requests the right to request other waivers to implement the proposed SeniorCare waiver 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 SeniorCare waiver renewal, the Department projects that it will continue to reduce overall Medicaid expenditures for the senior population by providing primary care benefits for pharmacy, with accompanying MTM services. As in the original waiver period, budget neutrality will 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 related medical services. The savings realized by reducing the rate of increase in non-pharmacy-related Medicaid services for this population will offset the costs of continuing the

SeniorCare waiver program.

This cost-effectiveness analysis is conducted by projecting Medicaid expenditures for the senior population that would have occurred without the SeniorCare waiver and comparing that to projected Medicaid expenditures for the same population with the continued operation of the SeniorCare 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 equation. The tables in Attachment A (Budget Neutrality) and the narrative description below present the data and assumptions used to calculate budget neutrality for the proposed three-year waiver renewal period.

Table 1A establishes the pre-waiver historical trend (SFYs 1998-2002) of Medicaid expenditures and enrollment. The data in this table is the same data used in the original waiver submission. This table also includes previous projected "without waiver" Medicaid expenditures for SFYs 2003-2009 and for CYs 2010-2012 that were previously accepted by CMS. The waiver trends for these time periods were developed by applying rates approved by CMS in the original 2002 waiver submission and subsequent submissions.

Table 1B projects “without waiver” Medicaid expenditures and enrollment for CYs 2013-2015, as well as for the new renewal period of CYs 2016-2018. In order to project CYs 2016-2018 accurately, this table makes adjustments to the "without waiver" data submitted to CMS in the last waiver renewal application for CYs 2013-2015 by using actual experience for the Wisconsin Medicaid Program during this period.

The adjustments to the number of Medicaid member months for CYs 2013-2015 used the actual Aged Medicaid member growth rates that occurred in that period under the waiver with an addition of 0.3 percent to reflect the assumed increase in diversions resulting from SeniorCare and Medicare Part D. It’s reasonable to assume that diversion percentages will grow because both programs are relatively young. In addition, statistics show that 14 percent of our SeniorCare members have been enrolled since the beginning of the program, meaning they have not yet diverted to Medicaid.

Total Member Months diverted in CYs 2013-2018 are calculated by subtracting actual Medicaid member months (Table 2B) from the Medicaid “without waiver” member month (Table 1B).

The share of diversions due to Medicare Part D was determined using the August 2014 Kaiser Family Foundation report titled “Medicare in Its Ninth Year.” Statistics show that 672,797 Wisconsin residents were enrolled in Medicare Part D. Current Population Survey data was used to determine what percent of Medicare Part D eligibles are under 200 percent of the federal poverty level (FPL). This benchmark aligns with the FPL for the SeniorCare waiver population.

Medicaid members with Medicare Part D (dual eligibles) were removed using the average

monthly Medicare clawback payment statistics. This identifies the number of residents in Wisconsin who are under 200 percent of the FPL and not enrolled in Medicaid.

Because SeniorCare only serves the aged population, whereas Medicare Part D serves both the aged and disabled populations, it is necessary to determine what percent of the 34,540 Medicare Part D enrollees under 200 percent of the FPL are aged. CMS Medicare reports were used to determine that approximately 83.2 percent are aged.

Approximately 20,000 individuals chose Medicare Part D, 9,000 individuals chose both SeniorCare and Medicare Part D, and 42,000 individuals chose SeniorCare. Using these statistics, individuals selected Medicare Part D 34.18 percent of the time, whereas SeniorCare was selected 65.82 percent of the time. Diversion rates for SeniorCare and Medicare Part D are equally attributed to both programs at 50 percent each.

Therefore, of the aged individuals below 200 percent of the FPL diverted from Medicaid, 34.18 percent can be attributed to Medicare Part D.

In order to determine the "without waiver" projection, it is assumed that the per-member, per-month (PMPM) amounts for the aged population in a world without SeniorCare would be higher.

Both the waiver period of CYs 2013-2015 and the renewal period of CYs 2016-2018 used the projected PMPM from the actual/projected Medicaid member expenditures (Table 2B). This PMPM assumes savings from having healthier recipients in Medicaid due to SeniorCare participation in earlier years.

To estimate the magnitude of these savings, a comparison of current Medicaid members to SeniorCare members in previous years was made. There are approximately 10,000 Medicaid members who previously participated in SeniorCare. The difference in monthly PMPM for a member in Medicaid and a nursing home is approximately $800 higher. This amount was used as our baseline to estimate savings from diverting these costs to the Medicaid program.

Table 2A shows Medicaid expenditure trends with the SeniorCare waiver in place for SFYs 2002-2007 and CYs 2008-2011. This table tracks trends in actual expenditures, eligible member months, and cost per eligible member for Medicaid members age 65 or older.

Table 2B shows the "with waiver" Medicaid actual member months, expenditures, and cost per member for CYs 2013-2014, the estimated CY 2015 member enrollment and costs, and projected member enrollment and costs for the waiver renewal period of CYs 2016-2018. The member month historical trend has been modified to show a higher member growth rate for CYs 2016-2018 when compared to CYs 2011-2014. The Wisconsin Department of Administration's projected growth rate for the over-65 population is 23 percent higher for CYs 2015-2020 when compared to CYs 2010-2015.

The PMPM calculation for Medicaid members includes all Medicaid expenditures tied to

individual fee-for-service claims, capitation payments for an individual, and services under home and community based waivers. The PMPM trend, which includes Long-Term Care and Family Care, was modified significantly from the base period of CYs 2013-2015 in order to revise an unusually low average annual rate from CYs 2012 -2015.

Table 3A shows SeniorCare expenditure data for SFYs 2003-2008 and CYs 2009-2011. This table tracks trends in actual expenditures, manufacturer rebates, eligible member months, and cost per eligible member.

Table 3B shows actual SeniorCare expenditure data for the base period of CYs 2012-2014, and estimated CY 2015 member enrollment and costs, by using trends in this base period; it projects member months and expenditures for the renewal period of CYs 2016-2018. The trend for member months has been changing over recent years with a decline in SeniorCare enrollment from 7.8 percent in CY 2013 to an estimated 1 percent in CY 2015. As a result of recent growth in the "non-waiver" SeniorCare population (200 percent to 240 percent of the FPL) and higher projected growth of the aged population in Wisconsin, it has been assumed that SeniorCare enrollment will grow in CY 2017 and CY 2018.

There has also been a significant change in utilization trends. Although the cost per member declined in years prior to CY 2014, it increased by 11.8 percent in CY 2014 and continues to increase in CY 2015 by a similar rate. As a result, it is assumed that the cost per member will increase by 10 percent annually in CYs 2016-2018. A 10 percent increase seems to be a reasonable assumption based on current industry experience. Finally, Medicare increased its clawback payments from 3 percent to 11 percent to reflect drug expense increases, which also support this assumption.

Table 4 summarizes the SeniorCare budget neutrality calculation for CYs 2013-2015 and the projected CYs 2016-2018 waiver renewal period. It compares the total projected Medicaid expenditures with waiver plus SeniorCare waiver expenditures to projected Medicaid expenditures without the waiver. The "without waiver Medicaid expenditures" projected in this table are based on the new expenditures estimated from Table 1B.

As shown in Table 4, it is projected that total Medicaid and SeniorCare costs for the aged population with the continued renewal of the SeniorCare waiver will be less than total Medicaid aged costs for this population 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 Medicaid eligible during the waiver period as a result of the improved health of this population,
- Reducing the number of individuals in this population who spend down to Medicaid eligibility, and
- Reducing the cost per eligible member for a subgroup of Medicaid members who entered

Medicaid healthier as a result of participating in SeniorCare, which allowed lower long-term care costs through home and community-based waiver versus nursing home care.

In addition, the federal government will benefit from the renewal of the SeniorCare waiver because it will reduce Medicare expenditures by lowering 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.

Ongoing, budget neutrality and cost effectiveness will be reported using the Wisconsin's Decision Support System (DSS) instead of the CMS 64 report. On March 1, 2013, CMS approved this method of reporting for budget neutrality for the CYs 2013-2015 waiver period. The Department will continue to use this method of reporting for the new waiver period.

VII. PUBLIC INVOLVEMENT

Wisconsin has a tradition of open government and extensive public involvement in the design, implementation and administration of major programs. In this tradition, the Department provides a general website for the public to access different kinds of information about the SeniorCare program: 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/.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 and information on providing comments.

Forums for public information and comment included the following:

- SeniorCare Advisory Committee (SAC);
- Communications with Native American tribal leaders and members;
- 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 the SAC. The SAC meets in open forums to advise the Department on important SeniorCare matters. The SAC met on May 11, 2015. Attachment B contains a copy of the announcement for the meeting.

In addition, the SAC will meet in August 2015 to review and/or discuss comments related to the waiver.

In 2015, the SAC included representatives from:

- Senior advocacy groups (e.g., AARP);
- Benefit specialists (e.g., Wisconsin Area Agencies on Aging, and the Wisconsin Board on Aging and Long-Term Care);
- Providers (pharmacists and physicians practicing in Wisconsin);
- Community partners (e.g., county and tribal community care representatives, Pharmacy Society of Wisconsin [PSW] and the Pharmaceutical Research and Manufacturers of America, [PhRMA]); and
- Representatives from the Department and CMS.

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, of BadgerCare Plus, and 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 Service Clinics could still be reimbursed by Medicaid fee-for-service funds for services provided to tribal members enrolled in HMOs; this meant that Indian Health Service Clinic funds would not be jeopardized by the expansion of the HMO program.

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

A letter to tribal leaders and tribal members was sent on April 30, 2015, offering different options for submitting comments regarding the initial draft waiver application. In addition, the SeniorCare waiver renewal request was discussed at the May 6, 2015, tribal consultation meeting. The two letters are included in Attachment C. Following are details of the tribal meeting:

Tribal Health Directors Meeting
Wednesday, May 6, 2015

10:00 am to 3:30 pm
Quality Inn
2901 Hummingbird Road
Wausau, WI 54401

C. Public Notices

1. Notices of Public Hearings

As part of the waiver renewal request process, the Department held two public meetings. Notices of each meeting can be found in Attachment B. These notices were published in advance of the dates.

The hearing notices were published in the state's official administrative record, the Wisconsin Administrative Register, No. 711A2 edition (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 the meeting on May 11, 2015. There were approximately 25 people in attendance at the meeting. The Medicaid director led the SAC Meeting and the SeniorCare public meeting. Following are the details of the two public meetings:

SeniorCare Advisory Committee Meeting
Monday, May 11, 2015
10:00 am to 12:00 pm
Department of Health Services
1 West Wilson Street
Room 751
Madison, WI 53703

SeniorCare Public Meeting
Tuesday, May 12, 2015
10:00 am to 12:00 pm
Wilson Park Auditorium
Wilson Park Senior Center
2601 West Howard Avenue
Milwaukee, WI 53221

D. SeniorCare Waiver Renewal Website

Various written materials were created to inform the public of the Department's progress and goals in applying for a SeniorCare waiver renewal. These materials include a draft of the application, hearing notices, presentations and media announcements. They are available on the Department's SeniorCare waiver renewal website at: www.dhs.wisconsin.gov/seniorcare.

On this website, there was a form that could be used to submit comments through an online survey tool. The website also gave an address to which comments could be mailed (this address was also included on meeting notices). The comment period closed on Monday, June 22, 2015.

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

E. Email List

On the SeniorCare waiver renewal website, there is also a tool that members of the public can use to sign up for email updates on the SeniorCare waiver renewal. An email will be sent in July 2015 announcing that the waiver application has been submitted and providing a copy of a press release announcing 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

As outlined in the original SeniorCare waiver application, the SAC will meet annually in a public forum to solicit comments on the progress of the SeniorCare program. We will continue to hold this public forum at a time that will allow us to include a summary of the forum in our annual report to CMS. SAC meeting notices will continue to 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 Department's SeniorCare website at www.dhs.wisconsin.gov/seniorcare will continue to be updated to reflect SAC meetings.

VIII. PUBLIC COMMENTS

The Department received approximately 394 comments via telephone, email, Web form,

public hearings and mail (see Attachment E). Comments were received from a variety of stakeholders including, pharmacists, advocates and SeniorCare program members.

A. Overall Comments

The following sample comments reflect the main themes of the overall comments received:

- "We love SeniorCare. This program works. Please leave it alone."
- "I am a Wisconsin resident, formerly from Illinois. Illinois has nothing like this for seniors, turns out it's the only in Wisconsin. [This] is something [the] officials can be proud of and brag about."
- "If SeniorCare goes away or is changed, it could place a financial hardship on many seniors that depend on this program. Please leave it alone!"

B. Web Form Comments

The following sample comments reflect the main themes of the overall comments received:

- "Please support keeping SeniorCare as is. This is a fantastic RX program that is as good as if not better than Part D. Creditable coverage at an affordable cost for those 65 and older. Support this program that works."
- "The need to preserve SeniorCare in its present state is critical for the elderly that are currently in their 70's, 80's and 90's. Once the baby boomers turn 65, the majority will have higher Social Security income and will probably not be eligible for level 1 or even level 2 of SeniorCare. But for the current elderly population it is critical for them to continue to be able to enroll in SeniorCare for future years. Thank you for your time."
- "WI SeniorCare program is an important program for seniors and is cost effective for both the senior and the state. Please reapply for another three year federal waiver extension."

IX. CMS OVERSIGHT OF WAIVER PROGRAM QUALITY

CMS oversight of the SeniorCare waiver program is an ongoing activity that consists of different kinds of interaction with the Departments. Ongoing dialogue is not new. CMS Regional Office staff have always communicated with the Department in many different ways. These interactions throughout the life of a waiver are an important aspect of CMS over-sight activity.

Information accumulated though ongoing dialogue with the Department adds to the body of information formally obtained through the quarterly and annual reports, Department responses to CMS requests for information, complaints to CMS and

Department 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 Department with a CMS report on the Department's management of the SeniorCare waiver program. CMS ongoing dialogue takes many forms, including:

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

- Participating in Department oversight activities (e.g., monitoring visits the Department conducts of its service providers); talking with Department staff who carry out this activity;
- Observing delegated program administration functions, (e.g., talking with Department managers about service delivery and their understanding of requirements and the Department'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 Department staff develop that facilitate information sharing. Technical assistance to the Department 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 the Department.

Review of written documents**,** including:

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

Other/General Dialogue

- Attending and presenting at Department-sponsored conferences or meetings including the SAC;
- Hosting education days (meetings or calls) for sharing information among states and the CMS 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 ongoing dialogue to record and preserve the interactions between CMS and the Department and the outcome/decisions made as a result of the dialogue.

X. EVALUATION ACTIVITIES AND FINDINGS

A. Quality Measures

The following are the indicators of the quality and accessibility of the SeniorCare waiver program that the Department has observed through program monitoring activities.

1. Overall Support for SeniorCare

The overwhelming outpouring of support for the SeniorCare Program is evidence that it is perceived by the public as being a high-quality program that provides essential benefits to Wisconsin seniors.

2. High Renewal Rates

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

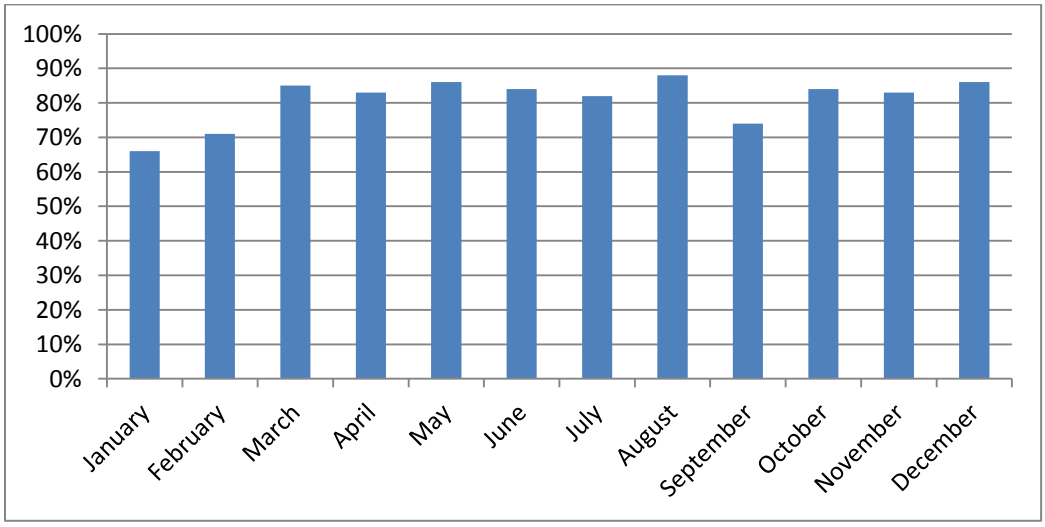
SeniorCare waiver and non-waiver program renewal rates are high and member problems and appeals are low. On average 81 percent of individuals who received a renewal notice returned their renewal in order to extend their benefit period for another 12 months.

CY 2014 SeniorCare Waiver Applications and Renewals

	New Applications	Renewals Due	Renewals Received	Renewal Rate
January	1,108	4,907	3,252	66%
February	978	5,064	3,572	71%
March	1,066	4,586	3,921	85%
April	895	4,588	3,852	83%
May	981	5,015	4,363	86%
June	798	3,528	2,980	84%
July	924	3,827	2,684	82%
August	974	10,079	8,911	88%
September	855	5,046	3,762	74%
October	1,506	5,809	4,896	84%
November	2,553	8,429	7,041	83%
December	3,160	11,620	10,053	86%
Total	**15,798**	**72,498**	**59,287**	**81%**

In other words, of the 72,498 members eligible for the SeniorCare waiver program during CY 2014, 59,287 (81 percent) applied for renewal and were found to be eligible in 2014**.** The rest either didn't apply or applied and were found ineligible for the program.

2014 Member Renewal Rates

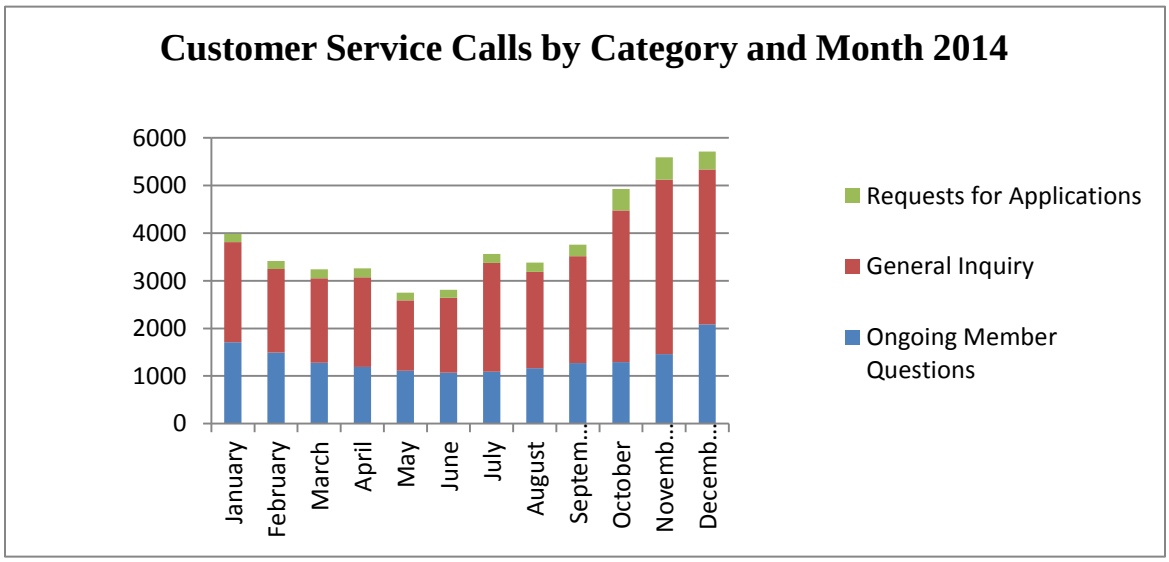


3. Low Call Volume from Members with Questions

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

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

The following 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, which is likely, a reflection of the fact that the program is deliberately kept simple.



4. Drug Utilization Review Improves Quality

Earlier in this waiver 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 SeniorCare program.

Prospective DUR occurs at the 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 with members who may be potentially impacted by the concern.

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 PDL. The participation of these groups is essential to improving and maintaining the high quality of care the SeniorCare 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 CYs 2010-2012. The researchers completed interviews with approximately 15 individuals. Preliminary reports from the researchers show that the SeniorCare program is an overwhelmingly effective and well- administered program.

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

B. Quantitative Measures

1. Previous External Evaluation

Dr. Donald Shepard and Dr. Cindy Thomas also completed a quantitative evaluation of the most recent SeniorCare waiver period of CYs 2010-2012. The Department provided the data for the evaluation. Their analysis of the data showed the following:

- SeniorCare remains a very popular program in Wisconsin.
- The waiver program had a relatively stable enrollment of between 75,000 and 77,000 from 2008 to 2011 (slightly declining in 2011), with a consistent distribution by income and gender over these years.
- SeniorCare is increasingly being used as a wrap-around for Medicare Part D.
- While a considerable number of new members enroll 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. This is a favorable retention rate, considering the opt-in design of the plan.
- Between 2002 and 2005, the proportion of Wisconsin seniors without drug coverage (prior to Medicare Part D) decreased by 37 percent for individuals with income less than 100 percent of the FPL and 25 percent for those between 100 percent and 200 percent of the FPL.
- 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 Medicare Part D and other programs; increased use of generic drugs; new generic pricing strategies; and increased use of supplemental rebates.

- Remarkably, over half of the program spending is paid for by rebates, and the state portion is less than 20 percent.
- In the cases examined, SeniorCare lowered out-of-pocket costs up to 69 percent over Medicare Part D for those individuals with high drug needs.
- Finally, SeniorCare is an efficient program. Administrative costs are less than three percent of program costs, a favorable comparison to either Medicare or private health insurance.

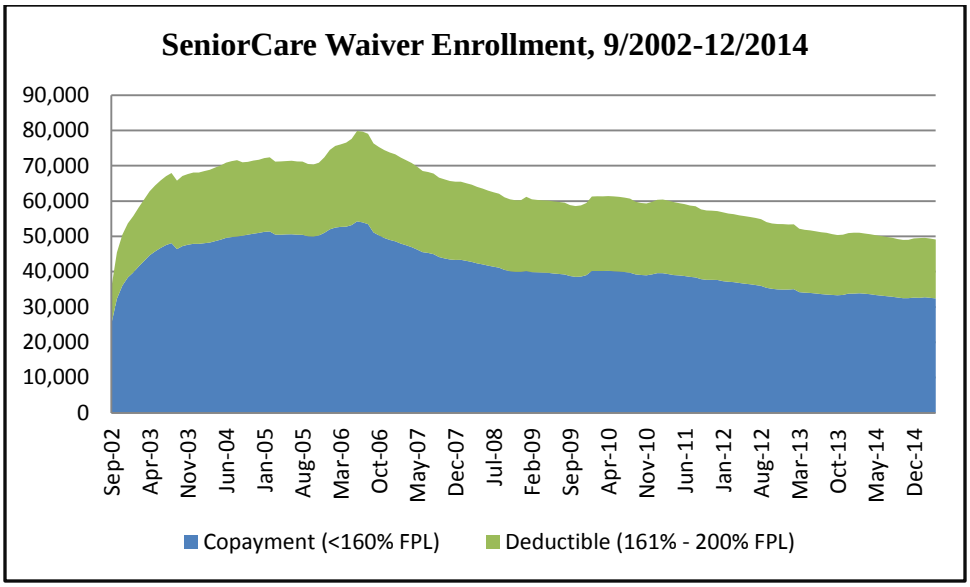
2. Current Evaluation

The evaluation for the current 2012-2015 waiver period will build on information about program enrollment, utilization, and costs as reported in earlier evaluations. In addition, the evaluation will 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.

This waiver renewal application presents some preliminary descriptive data related to program enrollment, member characteristics, and program utilization and costs. Data for these measures have been drawn from SeniorCare program enrollment and claims data. Other components of the evaluation are in progress and will be reported in the final evaluation report next year.

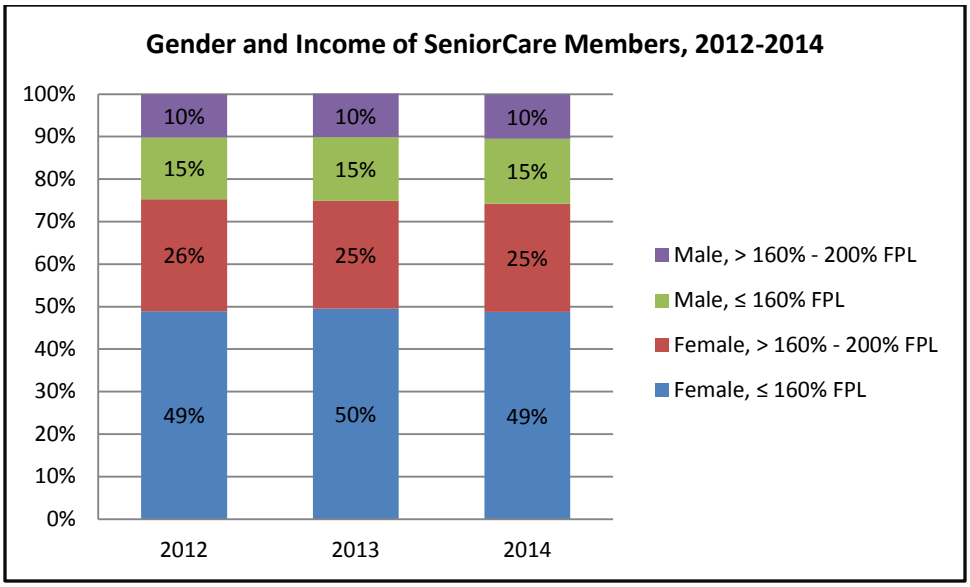
a. Program Description

The evaluation of the CY 2010-2012 waiver period found relatively stable enrollment levels with the waiver population having a fairly consistent makeup. More recent data present a similar picture. The figure below shows enrollment from September 2002 through December 2014. Enrollment reached a peak of nearly 80,000 in mid-2006, after which enrollment began declining. However, enrollment has been relatively stable in recent years, with members who have income less than 160 percent of the federal poverty level (FPL) representing two-thirds of the waiver population.

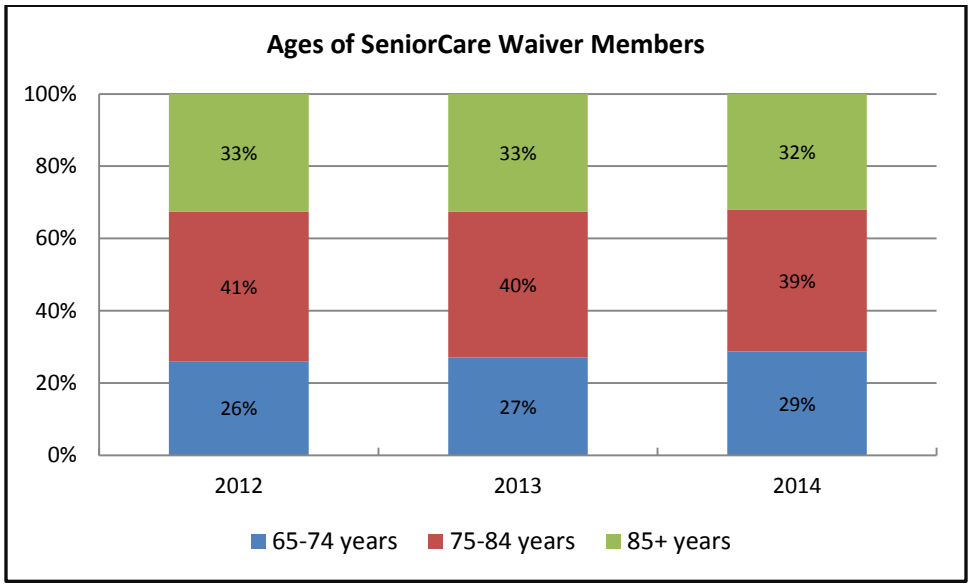


The table and chart below show the gender and income composition of the waiver population during three recent years, CY 2012- 2014. Consistent with the time series data shown on the previous page, members with income less than 160 percent of the FPL represent not quite two-thirds (63 -64 percent) of the waiver population. Approximately three-quarters of the waiver population are female. In fact, almost half of SeniorCare members are women with income less than 160 percent of the FPL.

	2012		2013		2014	
	Members	Percent of Total	Members	Percent of Total	Members	Percent of Total
Female, ≤ 160% FPL	27,047	48.9%	26,423	49.5%	25,297	48.8%
Female, > 160% - 200% FPL	14,588	26.4%	13,537	25.4%	13,184	25.4%
Male, ≤ 160% FPL	8,035	14.5%	7,985	15.0%	7,938	15.3%
Male, > 160% - 200% FPL	5,653	10.2%	5,434	10.2%	5,411	10.4%
Totals	55,323	100%	53,379	100%	51,830	100%



Individuals who are 65-74 years old comprise just over one-quarter of the SeniorCare waiver population. Approximately 40 percent of the waiver population is 75-84 years old, and those who are 85 years of age or older represent one-third of the waiver population.



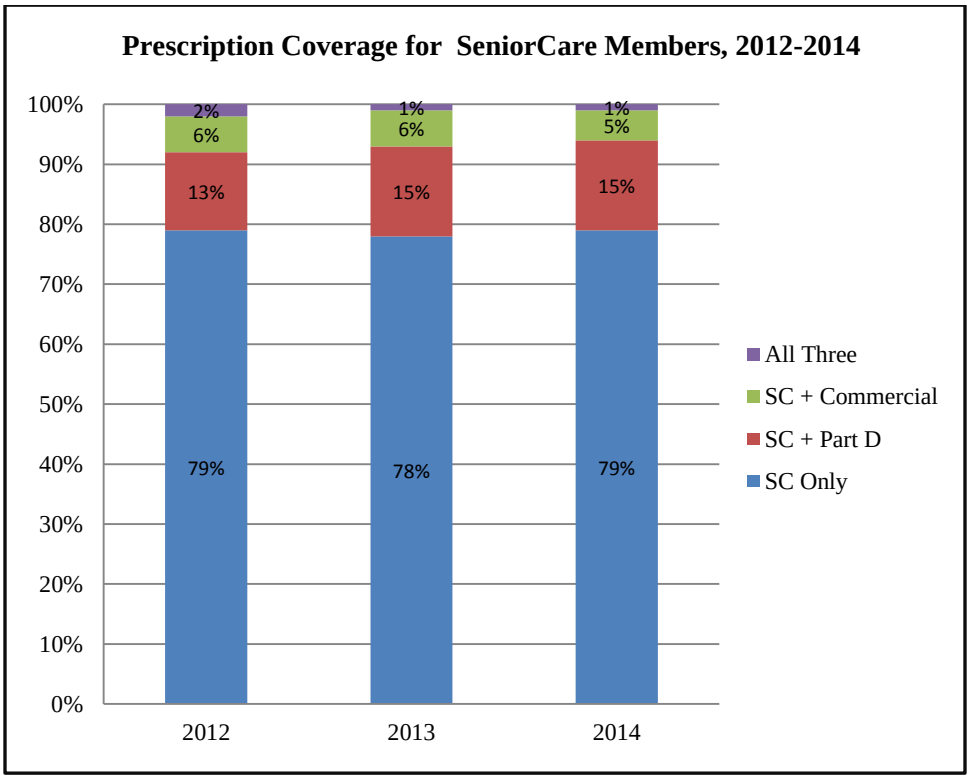
One-quarter of the individuals in the waiver program on December 31, 2014, had been enrolled for two years or less. Close to one-half of the members at that time had been enrolled for up to five years, and three-quarters had been enrolled for up to 10 years. Nearly 6,400 members, or 14 percent of those enrolled at the end of CY 2014, had been enrolled for 12-13 years—since the implementation of the waiver program. Thus, while there is a steady influx of new members into the waiver program, some individuals have maintained their SeniorCare membership for an extended period of time.

Length of Enrollment (Years)	Members	Percent of Total	Members (Cumulative)	Percent of Total (Cumulative)
0-1	6,142	13%	6,142	13%
1-2	5,619	12%	11,761	25%
2-3	3,811	8%	15,572	33%
3-4	3,259	7%	18,831	40%
4-5	3,679	8%	22,510	48%
5-6	3,366	7%	25,876	55%
6-7	2,060	4%	27,936	60%
7-8	1,627	3%	29,563	63%
8-9	3,460	7%	33,023	70%
9-10	2,643	6%	35,666	76%
10-11	2,121	5%	37,787	80%
11-12	2,786	6%	40,573	86%
12-13	6,367	14%	46,940	100%
Total	46,940	100%	---	---

SeniorCare remains very important to the waiver population as a source of insurance coverage for prescription drugs. During CY 2012-2014, nearly 80 percent of waiver members had SeniorCare only, with no other prescription drug coverage. Fifteen percent or less had Medicare Part D in addition to SeniorCare, and less than 10 percent had other insurance coverage for prescription drugs (e.g., employer-based insurance or privately-purchased commercial insurance).

Enrollment by Benefit Combination

Year	Total Enrollment	Enrollment Combinations	Members	Percent of Total
2012	55,323	SC Only	43,684	79%
		SC + Part D	7,052	13%
		SC + Commercial	3,413	6%
		All Three	1,174	2%
2013	53,379	SC Only	41,879	78%
		SC + Part D	7,877	15%
		SC + Commercial	3,020	6%
		All Three	603	1%
2014	51,830	SC Only	40,820	79%
		SC + Part D	7,858	15%
		SC + Commercial	2,654	5%
		All Three	498	1%



b. Program Utilization and Costs

In CY 2014, there were more than 1.5 million drug claims paid on behalf of SeniorCare waiver members, at a cost of nearly $74 million.

	Total Claims	**Total Paid Amount**
Total pharmacy claims and total amount paid, CY 2014	15,10,217	$73,913,268.69

SeniorCare members who had prescription claims in CY 2014 had an average of 33.6 paid claims each. Fifty-five percent of the members had no more than 30 paid claims in the year; only a few members had more than 200 claims during the year.

Claims per Year	**Members**	**Percent of Members**	**Cumulative Members**	**Cumulative Percent**
1-10	9,299	20.2%	9,299	20.2%
11-20	8,594	18.7%	17,893	38.9%
21-30	7,590	16.5%	25,483	55.4%
31-40	5,965	13.0%	31,448	68.3%
41-50	4,479	9.7%	35,927	78.1%
51-60	3,278	7.1%	39,205	85.2%
61-70	2,306	5.0%	41,511	90.2%
71-80	1,502	3.3%	43,013	93.5%
81-90	1,016	2.2%	44,029	95.7%
91-100	682	1.5%	44,711	97.2%
101-110	409	0.9%	45,120	98.0%
111-120	283	0.6%	45,403	98.7%
121-130	201	0.4%	45,604	99.1%
131-140	144	0.3%	45,748	99.4%
141-150	97	0.2%	45,845	99.6%

151-160	58	0.1%	45,903	99.7%
161-170	35	0.1%	45,938	99.8%
171-180	30	0.1%	45,968	99.9%
181-190	13	0.0%	45,981	99.9%
191-200	15	0.0%	45,996	99.9%
201-210	12	0.0%	46,008	100.0%
211-220	6	0.0%	46,014	100.0%
221-230	4	0.0%	46,018	100.0%
231-240	0	0.0%	46,018	100.0%
241-250	0	0.0%	46,018	100.0%
251-260	0	0.0%	46,018	100.0%
261-270	2	0.0%	46,020	100.0%
Total	46,020	100.0%	---	---

The program encourages the use of generic drugs when available in a given drug classification and also applies a higher copayment for brand-name drugs in an effort to control program costs. In keeping with this, 81 percent of all paid claims in CY 2014 were for generic drugs, yet generics accounted for only 18 percent of the total amount paid.

Drug Type	Claims (Unique ICN)	Percent of Total	Total Paid Amount	Percent of Total	Average Paid Amount
Brand	270,637	18%	$47,477,356.90	64%	$175.43
Generic	1,229,273	81%	$13,502,020.66	18%	$10.98
Specialty	9,163	1%	$12,876,236.74	17%	$1,405.24
Other	1,144	< 1%	$57,654.39	< 1%	$50.40
Total	1,510,217	100%	$73,913,268.69	100%	$48.94

A breakdown of claims by cost, using $50 cost increments, shows that the great majority of claims paid on behalf of SeniorCare members are for relatively modest amounts. Eighty-three percent of all paid claims in CY 2014, representing 11 percent of the total amount paid that year,

cost the program less than $50 each; the average amount paid for these claims was $6.68 per claim. Nearly 100 percent of all paid claims were for less than $550; these claims represented 73.3 percent of the total amount paid. (Note that some rows have been omitted from the table below to save space.) At the other end of the distribution, a handful of claims in 2014 cost more than $18,000.

Payment Range	Claims (Unique ICN)	Percent of Total	Total Paid Amount	Percent of Total	Average Paid Amount
0-50	1,253,190	83.0%	$8,373,774.61	11.3%	$6.68
50-100	67,474	4.5%	$4,981,363.16	6.7%	$73.83
100-150	38,529	2.6%	$4,638,554.17	6.3%	$120.39
150-200	37,511	2.5%	$ 6,585,185.28	8.9%	$175.55
200-250	28,338	1.9%	$6,279,098.32	8.5%	$221.58
250-300	43,863	2.9%	$12,173,547.87	16.5%	$277.54
300-350	14,663	1.0%	$4,785,785.95	6.5%	$326.39
350-400	9,861	0.7%	$3,642,743.24	4.9%	$369.41
400-450	3,288	0.2%	$1,393,689.28	1.9%	$423.87
450-500	1,452	0.1%	$693,344.73	0.9%	$477.51
500-550	1,125	0.1%	$585,038.99	0.8%	
--- Rows have been omitted ---					
> 18000	6	0.0%	$320,626.09	0.5%	$53,437.68
Total:	1,510,217	100.0%	$73,913,268.69	100.0%	---

Therapeutic classes are a way of classifying medical drugs according to their functions. Each therapeutic class is a group of similar medications classified together because they are intended to treat the same medical conditions.

There are many different therapeutic classes. These commonly have names that describe their intended effects, (e.g., antipsychotics, tranquilizers, and decongestants); they are also sometimes named for their chemical method of action (e.g., beta-adrenergic antagonists, more popularly known as beta blockers, which diminish the effects of adrenaline and other stress-related hormones and neurotransmitters).

Medications can also be categorized in more than one drug class, according to context. For example, a drug that can be used to treat both pain and fever, such as aspirin, may be categorized as either an analgesic or an antipyretic, depending on what it is being used for.

Calendar Year 2014 SeniorCare drug claims were classified by therapeutic class. The table below shows claims and amounts paid for the 25 types of drugs most commonly dispensed to SeniorCare members in CY 2014, ranked by the number of paid claims. The number of claims in each class is shown as a percentage of the total of all drugs purchased in CY 2014; likewise, the amount paid for drugs in each class is shown as a percentage of the total amount paid for all claims in CY 2014. The 25 types of drugs most often purchased through SeniorCare by members represented 66 percent of all claims paid in CY 2014 and accounted for 44 percent of the total amount paid that year.

Drug Name	Claims	Percent of Total	Amount Paid	Percent of Total
Proton-pump inhibitors	88,502	6%	$2,439,315.98	3%
Antihyperlipidemic - HMG COA reductase inhibitors	88,222	6%	$1,694,406.78	2%
Beta-adrenergic blocking agents	87,499	6%	$2,478,232.04	3%
Analgesics, narcotics	61,493	4%	$1,379,893.79	2%
Calcium channel blocking agents	50,365	3%	$768,821.59	1%
Anticonvulsants	47,734	3%	$1,466,438.77	2%
Antihypertensives, ace inhibitors	47,368	3%	$169,114.99	0%
Potassium replacement	46,459	3%	$897,067.05	1%
Thyroid hormones	42,507	3%	$784,956.01	1%
Selective serotonin reuptake inhibitor (SSRIs)	41,711	3%	$100,140.30	0%
Loop diuretics	41,349	3%	$108,288.85	0%
Miotics/other intraocular pressure reducers	36,331	2%	$2,117,164.79	3%
Anti-anxiety drugs	35,449	2%	$49,391.87	0%
Anticoagulants, Coumarin type	35,111	2%	$107,430.75	0%
Insulins	29,623	2%	$7,901,109.39	11%
Antihypertensives, angiotensin receptor antagonist	29,298	2%	$996,882.31	1%

Thiazide and related diuretics	24,474	2%	$101,034.50	0%
Platelet aggregation inhibitors	24,077	2%	$649,176.31	1%
Bone resorption inhibitors	23,532	2%	$322,575.83	0%
Glucocorticoids	22,066	1%	$597,779.01	1%
Beta-adrenergic and glucocorticoid combinations	21,489	1%	$4,881,426.16	7%
Benign prostatic hypertrophy/micturition agents	21,137	1%	$116,254.39	0%
Antihyperglycemic, biguanide type	17,209	1%	$96,576.34	0%
Lipotropics	16,665	1%	$2,002,748.11	3%
Beta-adrenergic agents	15,018	1%	$630,196.65	1%
Total Claims and Amount Paid, Top 25 Drugs (HIC3)	**994,688**	**66%**	**$32,856,422.56**	**44%**
Total Claims and Amount Paid, All Drugs in 2014	**1,510,217**	**100%**	**$73,913,268.69**	**100%**

c. Medication Therapy Management

The MTM benefit was implemented for SeniorCare members in September 2012. 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. The MTM benefit expands upon the Pharmaceutical Care services model used previously; most services previously billed under Pharmaceutical Care are now classified as intervention-based services. These 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.

Intervention-based services generally involve a pharmacist providing a brief consultation to a member on an unscheduled, as-needed basis. The CMR/A provides an 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; it is intended for members considered at high risk of medical complications due to the nature of their drug regimen. The table below summarizes the SeniorCare members receiving MTM services, and the services received, since the benefit was implemented.

	Members Receiving MTM Services (Cumulative thru March 2015)	MTM Services Provided to Members (Cumulative thru March 2015)
Initial assessment	403	426
Follow-up assessment	60	81
Cost effectiveness	518	656
Three-month supply	2,143	4,689
Dose/form/duration change	320	378
Focused adherence	1,633	2,732
Medication additions	117	152
Medication deletions	140	170
Medication device instruction	209	252
In-home medication management	13	39

From the inception of the MTM benefit in September 2012 through March 2015, 403 SeniorCare waiver members have had an initial assessment (CMR/A), and 60 members have received a follow-up assessment. The most common services resulting from these assessments are the Three-Month Supply and Focused Adherence.

Other data show that females outnumber males by three-to-one among members getting MTM services, consistent with the gender ratio in the waiver population overall.

d. Other Evaluation Activities

In addition to the descriptive data reported here, activities related to other components of the evaluation are in progress; results are not yet available and are not reported here. In July 2015, a survey will be mailed to approximately 1,000 recent SeniorCare enrollees. In addition, examinations of the effect of SeniorCare on Medicaid receipt, nursing home admissions, and hospitalizations for selected health conditions are also being conducted. Additional MTM-related analyses will also be included in the final evaluation report.

3. Future Evaluation

The Department will continue to monitor SeniorCare program data in order to ensure that

program goals and objectives are met.

The objectives for the waiver period are to keep Wisconsin seniors healthy by continuing to provide a necessary primary health care benefit and helping control overall costs for the senior 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, the Department will continue to monitor SeniorCare enrollment; 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 Medicaid Management Information Systems (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+

	Pre-Waiver Submitted in Original Waiver 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%

[1] Pre-waiver cost, utilization, and enrollment was not fully compiled before the original waiver application was submitted to CMS (March 28, 2002). SFY 2002 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 2002 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 2001 and SFY2002: The nursing home supplement increased by $36 million (from $40 to $76 million). Additionally, Family Care expansion began in 2001 and continues to expand.

	Projections Previously Submitted to CMS						
	SFY03	SFY04	SFY05	SFY06	SFY07	SFY 08[2]	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	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)[3]	$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 [1]	$0	-$24,500,000	-$56,000,000	-$28,000,000	$0	$0	$0
Net Expenditures with Iniatives	**$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] Initiatives are cost savings from the following policy changes: prior authorization, preferred drug list, generic first, supplemental rebates and reimbursement rates.

[2] Trend rates reflect figures negotiated with CMS from the original budget neutrality worksheet (eligible member months: 2.0% and cost per eligible: 6.3%).

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

SeniorCare Waiver Application
Attachment A Budget Neutrality

	Projections Previously Submitted to CMS		
	CY10	CY11	CY12
Member Months[1]	855,909	880,788	906,391
Member Month Change[2]	2.9%	2.9%	2.9%
Members[3]	71,326	73,399	75,533
Rate of Diversion from Medicaid due to Part D[4]	2.31%	2.04%	2.17%
Rate of Diversion from Medicaid due to ACA change [5]	0.00%	0.14%	0.12%
Number of Member Months Diverted (Part D & ACA)	19,751	19,207	20,763
Adjusted Member Months	836,157	861,581	885,628
Cost per Member per Month Net of Rebates (PMPM)	$1,999	$1,960	$2,008
Medicaid Expenditures [6]	**$1,671,731,953**	**$1,688,615,154**	**1,778,416,696**
Net Expenditures with Initiatives	**$1,671,731,953**	**$1,688,615,154**	**1,779,247,201**

[1] Member Months CYs 2010-2012 were recalculated in order to better reflect actual experience in the Medicaid Program.

[2] Member months change percentages are based on Medicaid trends. Trends for CYs 2010-2012 are based on Medicaid trends from CYs 2009-2011.

[3] Continued diversion occurs as people who would have signed up for Medicaid are signing up for Medicare Part D. Total Member Months diverted in CY 2010 and CY 2011 calculated as the difference between the member months above and the Medicaid member months for the same years.

[4] Diversion attributable to Medicare Part D is based on the national average share of Medicare eligibles enrolled in Medicare Part D, from data published in the Medicare & Medicaid Research Review 2012 Statistical Supplement.

[5] Changes in diversion due to ACA changes is based on the year-to-year change in Medicare Part D enrollment from the 2012 Medicare Trustees Report.

[6] Net Expenditures calculated as adjusted member months multiplied by cost per member per month.

SeniorCare Waiver Application
Attachment A Budget Neutrality

Table 1B: Hypothetical Medicaid Members Age 65+

	Re-estimated Base Numbers Using Actuals to Estimate the CY 2016 to 2018 Waiver			New Projections			
	CY13	CY14	CY15	CY16	CY17	CY18	3-year Total
Member Months [1]	923,404	940,285	956,508	976,711	997,341	1,018,407	2,992,459
Members 65+ [2]	76,950	78,357	79,709	81,393	83,112	84,867	249,372
Member Months Change	1.9%	1.8%	1.7%	2.1%	2.1%	2.1%	
Total Member Months Diverted [3]	36,076	39,397	42,780	46,425	50,196	54,098	150,718
Total Diversion Rate	3.9%	4.2%	4.5%	4.8%	5.0%	5.3%	
Rate of Diversion from Medicaid due to Part D [4]	1.29%	1.43%	1.58%	1.72%	1.84%	1.96%	
Adjusted Members 65+ after Diversion	75,960	77,235	78,451	79,994	81,579	83,208	244,782
Number of Member Months Diverted	11,886	13,465	15,099	16,778	18,392	19,911	55,080
Adjusted Member Months after Diversion	911,518	926,820	941,408	959,934	978,949	998,496	2,937,378
Cost per Member Per Month (PMPM)[5]	$1,883	$1,855	$1,890	$1,927	$1,964	$2,001	
PMPM Change	-3.8%	-1.5%	1.9%	1.9%	1.9%	1.9%	
Net Expenditures	**$1,716,106,261**	**$1,719,105,098**	**$1,779,623,030**	**$1,849,442,237**	**$1,922,276,957**	**$1,998,319,778**	**$5,770,038,972**

[1] Member Months CYs 2013-2015 were recalculated in order to better reflect actual experience in the Medicaid Program. Member months for CYs 2013-2015 and projected CYs 2016-2018 were calculated by increasing the prior year's member months by the actual growth rate experienced in Wisconsin, plus 0.3%. The added 0.3% per year is to reflect further diversions from Medicare Part D and SeniorCare compared to the without waiver scenario.

[2] Members calculated by dividing member months by 12.

[3] Total Member Months diverted in CYs 2013-2018 are calculated by subtracting actual Medicaid member months (Table 2B) from the Medicaid without waiver member months without the SC waiver (Table 1B).

[4] The availability of Medicare Part D is assumed to divert persons from enrolling in Medicaid since the availability of pharmacy coverage will result in better maintenance of health and postponing the need for long term care under Medicaid. Total Member Months diverted in CYs 2013-2018 were calculated utilizing the diversion level assumed in the previous approved waiver request for CY 2012 and using the footnote 1 assumption.

[5] Both CYs 2013-2015 and the renewal period CYs 2016-2018 used the projected PMPM from the actual/projected Medicaid member expenditures (Table 2B). This PMPM assumes savings from having healthier members in Medicaid due to SeniorCare participation in earlier years. Comparing current Medicaid members to SeniorCare members in previous years, there are approximately 10,000 Medicaid members that previously participated in SeniorCare.

SeniorCare Waiver Application
Attachment A Budget Neutrality

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

	Pre-Waiver Expenditures Previously Submitted in original waiver 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 Submitted for CY 2009-12 waiver to CMS					
	SFY03	SFY04	SFY05	SFY06 [1]	SFY07	Actual CY08 [2]
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 Medicare Part D.

[2] SFY08 data based on actuals.

	With Waiver Projections Previously Submitted to CMS		
	CY09	CY10	CY11
Member Months	807,768	822,432	850,872
Estimated Members	67,314	68,536	70,906
Cost per Member per Month (PMPM)	$1,737	$1,814	$1,786
Medicaid Expenditures Net of Rebates [1]	**$1,403,224,935**	**$1,491,757,296**	**$1,519,800,054**

[1] Medicaid expenditures net of rebates are calculated using estimated rebate amounts because of data limitations.

SeniorCare Waiver Application
Attachment A Budget Neutrality

Table 2B: Actual Medicaid Members 65+ Expenditures, excluding SeniorCare

	Updated Base for Actuals					New Projections			
	CY11	CY12	CY13	CY14	Estimated CY15	CY16	CY17	CY18	3-year Total
Member Months 65+	850,872	873,552	887,328	900,888	913,728	930,286	947,145	964,309	2,841,740
Members 65+	70,906	72,796	73,944	75,074	76,144	77,524	78,929	80,359	236,812
Member Change [1]	3.5%	2.7%	1.6%	1.5%	1.4%	1.8%	1.8%	1.8%	
Cost per Member per Month (PMPM)	$1,812	$1,802	$1,805	$1,777	$1,813	$1,849	$1,886	$1,924	
Cost per Member Change [2]	-1.0%	-0.5%	0.1%	-1.5%	2.0%	2.0%	2.0%	2.0%	
Gross Expenditures [3]	$1,541,676,418	$1,574,510,124	$1,601,555,930	$1,600,941,815	$1,656,234,593	$1,719,973,540	$1,786,165,434	$1,854,904,672	$5,361,043,646
Rebates [4]	$6,679,751	$5,586,881	$5,001,998	$5,850,792	$5,909,300	$6,027,486	$6,148,036	$6,270,996	$18,446,518
Rebates Change		-16.36%	-10.47%	16.97%	1.00%	1.00%	1.00%	1.00%	
Net Expenditures	**$1,534,996,668**	**$1,568,923,244**	**$1,596,553,932**	**$1,595,091,023**	**$1,650,325,293**	**$1,713,946,054**	**$1,780,017,398**	**$1,848,633,676**	**$5,342,597,128**

[1] Member change percentage for CYs 2016-2018 based on the actual prior year trend increased in proportion to the projection increase in Wisconsin's projected aged population relative to the base period.

[2] The PMPM trend, which includes Long-Term Care and FamilyCare, was modified significantly from the base period of CYs 2013-2015 in order to revise an unusually low average annual rate from CYs 2012-2015.

[3] CYs 2016-2018 gross expenditures were calculated by multiplying the cost per member per month (PMPM) and the number of member months.

[4] Rebates are estimated by using the base period relationship between rebates and drug expenditures and applying that percentage to the projected period drug expenditures.

SeniorCare Waiver Application
Attachment A Budget Neutrality

Table 3A: SeniorCare

	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 (PMPM)	$59.79	$77.53	$88.49	$91.95	$83.79	$78.41
Cost PMPM 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 with Initiative	$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%	0.00%	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 2003 is lower than other years because the SeniorCare program was not in place for the full fiscal year.

[2] Members estimated by dividing Member Months by 12.

	Previously Reported to CMS		
	Actuals		
	CY09	CY10	CY11
Member Months	727,327	739,824	719,030
Member Months Change	-7.42%	1.7%	-2.8%
Members	60,611	61,652	59,919
Cost per Member per Month (PMPM)	$ 179.94	$ 168.22	$ 157.92
Cost PMPM Change	-3.2%	-6.5%	-6.1%
Gross Expenditures	$130,873,828	$124,453,554	$113,548,836
Intervention-based Services MTM Initiative [5]			
Comprehensive Medication Review (CMR) MTM Initiative [5]			
Gross Expenditures with Initiative	$130,873,828	$124,453,554	$113,548,836
Spenddown, Deductible & Copays	$24,107,858	$22,426,684	$20,474,563
Deductible & Copays Change	-31%	-7.0%	-8.7%
Drug Manufacturer Rebates	$53,218,657	$55,570,501	$49,969,867
Rebate Change	7.4%	4.4%	-10.1%
Net Annual Expenditures	**$53,547,313**	**$46,456,369**	**$43,104,406**
Net Annual Expenditure Change	-13.07%	-13.24%	-7.22%

SeniorCare Waiver Application
Attachment A Budget Neutrality

Table 3B: Actual SeniorCare

	Actual			New Projections				
	CY12	CY13	CY14	Estimated CY15	CY16	CY17	CY18	3-year Total
Member Months	650,607	618,474	599,986	593,986	593,986	599,926	611,925	1,805,837
Member Months Change [1]	-7.8%	-4.9%	-3.0%	-1.0%	0.0%	1.0%	2.0%	
Members	54,217	51,540	49,999	49,499	49,499	49,994	50,994	150,486
Cost per Member per Month	$ 154.24	$ 153.92	$ 172.02	$ 189.22	$ 208.15	$ 228.96	$ 251.86	
Cost per Member per Month Change [2]	-4.1%	-0.2%	11.8%	10.0%	10.0%	10.0%	10.0%	
Gross Expenditures[3]	$100,347,375	$95,196,755	$103,211,058	$112,396,842	$123,636,526	$137,360,181	$154,118,123	$415,114,830
Gross Expenditures with Initiative	$100,347,375	$95,196,755	$103,211,058	$112,396,842	$123,636,526	$137,360,181	$154,118,123	$415,114,830
Deductible & Copays	$15,682,274	$14,467,865	$13,759,765	$13,622,167	$13,622,167	$13,758,389	$14,033,557	$41,414,114
Deductible & Copays Change	-16.9%	-7.7%	-4.9%	-1.0%	0.0%	1.0%	2.0%	
Rebates	$48,007,630	$44,948,791	$51,315,266	$57,582,353	$64,770,536	$73,416,651	$83,871,923	$222,059,111
Rebates as percent of state paid amount	64%	63%	65%	65%	65%	65%	65%	
Rebates Change	-4.9%	-6.4%	14.2%	12.2%	12.5%	13.3%	14.2%	
Net Expenditures	**$27,516,868.60**	**$26,656,130.76**	**$27,437,579.87**	**$30,788,507**	**$34,631,931**	**$39,254,892**	**$44,845,185**	**$118,732,008**

[1] Member Months Change for the projection period of CYs 2016-2018 reflects the changing trend during the base period in which declines are moderate. As a result of recent growth in the "non-waiver" SeniorCare population (200-240 percent of the FPL) and higher projected growth of the aged population in Wisconsin, it has been assumed that SeniorCare enrollment will grow in CY 2017 and CY 2018.

[2] Cost per member month in the projection period reflects the recent increase in utilization experienced in CY 2014 and the first half of CY 2015 and is expected to continue.

[3] Gross Expenditures are calculated as Member months multiplied by Cost PMPM for the projection period.

SeniorCare Waiver Application
Attachment A Budget Neutrality

Table 4: Comparison of Expenditures

	Re-estimated Base Numbers Using Actuals to Estimate the Current Waiver Period			Projections		
Comparison	CY13	CY14	CY15	CY16	CY17	CY18
Medicaid Net With Waiver Expenditures	$1,596,553,932	$1,595,091,023	$1,650,325,293	$1,713,946,054	$1,780,017,398	$1,848,633,676
SeniorCare Net Expenditures	$26,656,131	$27,437,580	$30,788,507	$34,631,931	$39,254,892	$44,845,185
Total Net With Waiver Expenditures (MA Plus SC)	$1,623,210,062	$1,622,528,603	$1,681,113,800	$1,748,577,986	$1,819,272,290	$1,893,478,861
Without Waiver Medicaid Expenditures	$1,716,106,261	$1,719,105,098	$1,779,623,030	$1,849,442,237	$1,922,276,957	$1,998,319,778
Savings with Waiver	$92,896,199	$96,576,495	$98,509,230	$100,864,251	$103,004,667	$104,840,918

Attachment B

WISCONSIN
TRIBAL HEALTH DIRECTORS MEETING AGENDA

Midway
2901 Hummingbird Road
Wausau, WI 54401
715-842-1616

Wednesday, May 6, 2015
10:00am- 2:40 pm

10:00am - 10:05am	Welcome and Roll Call
10:05am-11:15am	National Suicide Project, GLIT-Epi Center-Jacob Melson
11:15am-11:45 am	Wisconsin Emergency Assistance Volunteer Registry (WEAVR), Billee Bayou
11:45-12:15pm	Lunch
12:15pm-12:45pm	State Plan Amendment-Updates Al Matano, Wisconsin Dept. of Health Svcs
12:45pm-1:15pm	Wisconsin Institute for Healthy Living (WIHA), Evidence Based Programs, Keetah Smith
1:15pm-1:45pm	Prescription Drug Monitoring Program (PDMP), Ho-Chunk Nation Health, Lt. James Gabriel Buel, Pharmacist and Heather Carpenter, Health Information
1:45pm-2:15pm	Division of Long Term Care-Staff Transition, Beth Wroblewski and Camille Rodriquez
2:15pm-2:25pm	Announcements: DHS FY16 Tribal Contract Update DHS Mid-Year Consultation, May 12, 2015, Oneida
2:25pm-2:40pm	Agenda Topics for July Meeting UW Carbone Cancer Center-Cancer Paper/Summary State Plan Amendment Update Health Equity Check-In Adjourn

Next Meeting-July 1, 2015

Web and Teleconference Access Information: Next Page

→ Join Lync Meeting

Join by Phone
+1 (866) 715-6499
+1 (719) 325-2776
Find a local number

Participant code: 8297618106

Help

.....

DIVISION OF HEALTH CARE ACCESS AND ACCOUNTABILITY

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

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

Scott Walker
Governor

Kitty Rhoades
Secretary

State of Wisconsin

Department of Health Services

OPEN MEETING NOTICE

SeniorCare Advisory Committee
May 11, 2015
10:00 am to 12:00 pm
1 West Wilson St., Room 751, Madison, WI 53701

10:00am	**Welcome and Introductions**	Kevin Moore Medicaid Director / Administrator
10:10am	**SeniorCare Program** • Overview of Program & Statistics • Waiver Renewal Process & Timeline • Program Evaluation	Kevin Moore Rachel Currans-Henry Director, BBM
11:00am	**Public Comments** *The public is welcome to share their comments about SeniorCare at this time. We ask that you keep your comments to 1- 2 minutes so that all who wish to speak are given the opportunity.*	
12:00pm	**Adjournment**	

NOTES:

- Contact Person – Tiffany Reilly (608) 266-9438 or tiffany.reilly@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
Editor, The Wheeler Report

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

Wisconsin Administrative Register No. 713A1

Published every Monday by the Legislative Reference Bureau under s. 35.93, Wis. Stats.

Publication Date: May 4, 2015

Subscribe to receive email notification of changes to Administrative Code chapters or of selected notices published in the Administrative Register.

Table of Contents

- Emergency Rules in Effect
- Notices of Submittal of Proposed Rules to Legislative Council Clearinghouse
- Rule-Making Notices (Hearing Notices)
- Notices of Submittal of Rules to Legislature in Final Draft Form
- Final Permanent Rules Filed with LRB for Administrative Code Publication
- Emergency Rules Filed with Legislative Reference Bureau
- Public Notices

Public Notices

Document	Agency	Related to
Notice of Public Hearing	Department of Health Services (DHS)	Renewal of the SeniorCare program

Contact the Register Editors: (608)266-3151. Email bruce.hoesly@legis.wisconsin.gov or tamara.dodge@legis.wisconsin.gov

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
Monday, May 11, 2015
10:00 a.m. to 12:00 noon
Public comment at 11:00 a.m.

Tuesday, May 12, 2015
10:00 a.m. to 12:00 noon

Location
SeniorCare Advisory Committee
Department of Health Services
One West Wilson Street
Room 751
Madison, WI 53703

Wilson Park Auditorium
Wilson Park Senior Center
2601 West Howard Avenue
Milwaukee, WI 53221-1941

Agendas for these meetings will be posted to http://www.dhs.wisconsin.gov/seniorcare/.

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 intérprete, traductor o esta información en su propio idioma o en un formato alterno, usted puede pedir asistencia para participar en los programas

comunicándose con Al Matano al número (608)267-6848. 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 waiver assumes the SeniorCare program will operate the same as it currently is today. If any additional changes are required to this program as a result the Wisconsin biennial budget deliberations, the Department will assess the impact of these changes on the waiver renewal timeline. The current waiver

is scheduled to expire on December 31, 2015. The State requests that the waiver be extended for an additional three-year period, from January 1, 2016 to December 31, 2018.

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 $23,540 for an individual and $31,860 for a two-person family in 2015. Each month the SeniorCare waiver program serves about 50,000 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, June 22, 2015 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.

Attachment C

DIVISION OF HEALTH CARE ACCESS AND ACCOUNTABILITY

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

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

Scott Walker
Governor

Kitty Rhoades
Secretary

State of Wisconsin

Department of Health Services

April 29, 2015

RE: Renewal of the 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 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, 2015. The Department will request that the SeniorCare program continue in its current form.

We are committed to providing tribal members with several ways to find out about and comment on the SeniorCare program:

- The Department will convene a meeting of the SeniorCare Advisory Committee in May 2015. Myrna Warrington, Tribal Councilwoman, Menominee Indian Tribe of Wisconsin, is a member of this committee.
- A member from the Department's Division of Health Care Access and Accountability will be attending the Wisconsin Tribal Health Director meeting in Wausau on May 6, 2015.
- Public hearings will be held in June 2015.

More information about the hearings and the SeniorCare waiver renewal is available on the following website: dhs.wisconsin.gov/seniorcare/input.htm. Also available on the website is a form that anyone can use to submit their comments about the SeniorCare program.

The Department anticipates submitting the waiver renewal application at the end of June 2015. If any additional changes are required to the SeniorCare program as a result of the current Wisconsin biennial budget deliberations, the Department will assess the impact of these changes on the waiver renewal timeline and inform tribal members accordingly.

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

Sincerely,

Kevin E. Moore

Kevin E. Moore
Medicaid Director/Administrator

cc: Gail Nahwahquaw

DIVISION OF HEALTH CARE ACCESS AND ACCOUNTABILITY

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

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

Scott Walker
Governor

Kitty Rhoades
Secretary

State of Wisconsin

Department of Health Services

April 29, 2015

RE: Renewal of the SeniorCare Waiver

Dear Tribal Members:

This letter is to inform you that the State of Wisconsin Department of Health Services 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, 2015. The Department will request that the SeniorCare program continue in its current form.

We are committed to providing tribal members with several ways to find out about and comment on the SeniorCare program:

- The Department will convene a meeting of the SeniorCare Advisory Committee in May 2015. Myrna Warrington, Tribal Councilwoman, Menominee Indian Tribe of Wisconsin, is a member of this committee.
- A member from the Department's Division of Health Care Access and Accountability will be attending the Wisconsin Tribal Health Director meeting in Wausau on May 6, 2015.
- Public hearings will be held in June 2015.

More information about the hearings and the SeniorCare waiver renewal is available on the following website: dhs.wisconsin.gov/seniorcare/input.htm. Also available on the website is a form that anyone can use to submit their comments about the SeniorCare program.

The Department anticipates submitting the waiver renewal application at the end of June 2015. If any additional changes are required to the SeniorCare program as a result of the current Wisconsin biennial budget deliberations, the Department will assess the impact of these changes on the waiver renewal timeline and inform tribal members accordingly.

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

Sincerely,

Kevin E. Moore

Kevin E. Moore
Medicaid Director/Administrator

cc: Gail Nahwahquaw

Attachment D

SeniorCare FAQ
SeniorCare Home
What is it?
Should I Apply?
Where Do I Apply?
SeniorCare Application Form and Instructions
Publications
Income Limits/FPL
Waiver Information
HIPAA Privacy Notice

SeniorCare - Continuing the Program

Print Email ShareThis

SENIORCARE® Prescription Drugs for Wisconsin Seniors

Overview

The Wisconsin Department of Health Services 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, 2018. The current waiver is scheduled to expire on December 31, 2015. SeniorCare, Wisconsin's prescription drug assistance program for Wisconsin residents who are 65 years of age or older is designed to help seniors with their prescription drug costs.

The Department anticipates submitting the waiver renewal application at the end of June 2015. If any additional changes are required to the SeniorCare program as a result of the current Wisconsin biennial budget deliberations, the Department will assess the impact of these changes on the waiver renewal timeline.

Public Input

If you would like to share your comments about SeniorCare, please click here.

The Department will hold several public hearings around the state to seek input on the SeniorCare program waiver renewal.

Waiver Renewal Timeline

The Department will submit the waiver renewal request to CMS by the end of June 2015.

Stay Informed!

Sign up to receive email updates on SeniorCare.

Email address:	
(optional) Your name:	
	Subscribe

History of the Program

On July 1, 2002, Wisconsin received the necessary waiver approvals from CMS to operate a portion of SeniorCare 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

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 percent of the federal poverty level (FPL). Each month the SeniorCare waiver program serves about 60,000 seniors.

Last Revised: May 1, 2015

SeniorCare Home

What is it?

Should I Apply?

Where Do I Apply?

SeniorCare Application Form and Instructions

Publications

Income Limits/FPL

Waiver Information

HIPAA Privacy Notice

SeniorCare - Continuing the Program

Print

SENIORCARE Prescription Drugs for Wisconsin Seniors

Overview

The Wisconsin Department of Health Services 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, 2018. The current waiver is scheduled to expire on December 31, 2015. SeniorCare, Wisconsin's prescription drug assistance program for Wisconsin residents who are 65 years of age or older is designed to help seniors with their prescription drug costs.

The Department anticipates submitting the waiver renewal application at the end of June 2015. If any additional changes are required to the SeniorCare program as a result of the current Wisconsin biennial budget deliberations, the Department will assess the impact of these changes on the waiver renewal timeline.

Public Input

If you would like to share your comments about SeniorCare. Provide comments.

The Department will hold several public hearings around the state to seek input on the SeniorCare program waiver renewal. Hearing dates and locations:

SeniorCare Waiver Draft - May 22, 2015

- Table 1A
- Table 2A
- Table 3A

SeniorCare Advisory Committee Meeting - May 11, 2015

SAC Motion - May 11, 2015

SeniorCare Public Meeting - May 12, 2015

Public Meeting Presentation - May 11, 2015

Waiver Renewal Timeline

The Department will submit the waiver renewal request to CMS by the end of June 2015.

Stay Informed!

Sign up to receive email updates on SeniorCare.

Email address:

(optional) Your name:

Subscribe

History of the Program

On July 1, 2002, Wisconsin received the necessary waiver approvals from CMS to operate a portion of SeniorCare 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 percent of the federal poverty level (FPL). Each month the SeniorCare waiver program serves about 60,000 seniors.

Last Revised: May 22, 2015

SeniorCare - Continuing the Program

Overview

The Wisconsin Department of Health Services 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, 2018. The current waiver is scheduled to expire on December 31, 2015. SeniorCare, Wisconsin's prescription drug assistance program for Wisconsin residents who are 65 years of age or older is designed to help seniors with their prescription drug costs.

Current Status of Waiver

The Department has submitted the waiver renewal application for continuation of the SeniorCare program.

Application Materials

SeniorCare Waiver Final Application - June 29, 2015

- Cover Letter
- Waiver Renewal
- Budget Neutrality Table

Meetings

SeniorCare Advisory Committee Meeting - May 11, 2015

SAC Motion - May 11, 2015

SeniorCare Public Meeting - May 12, 2015

Public Meeting Presentation - May 11, 2015

Waiver Renewal Timeline

The Department will submit the waiver renewal request to CMS by the end of June 2015.

Stay Informed

Sign up to receive email updates on SeniorCare.

Email address:

(optional) Your name:

Subscribe

History of the Program

On July 1, 2002, Wisconsin received the necessary waiver approvals from CMS to operate a portion of SeniorCare 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 percent of the federal poverty level (FPL). Each month the SeniorCare waiver program serves about 60,000 seniors.

Last Revised: June 29, 2015

Attachment E

2015 Public Comments:
Summary

	In favor of renewal	Not in favor of renewal	Total
Web	359	4	363
Public Hearing: Madison	17	0	17
Public Hearing: Milwaukee	14	0	14
Grand Total	390	4	394

2015 Public Comments:
Summary

Email	363
In Favor	359
Opposed	4

Date	From	Comment
5/4/2015	Linda Symons	Please renew the SeniorCare waiver with CMS with no changes in programming and services from the last waiver request.
5/4/2015	Mary B	Please support keeping SeniorCare as is. This is a fantastic RX program that is as good as if not better than Part D. Creditable coverage at an affordable cost for those 65 and older. Support this program that works.
5/7/2015	Judy Norrish	The need to preserve SeniorCare in its present state is critical for the elderly that are currently in their 70's, 80's and 90's. Once the baby boomers turn 65, the majority will have higher Social Security income and will probably not be eligible for level 1 or even level 2 of SeniorCare. But for the current elderly population it is critical for them to continue to be able to enroll in SeniorCare for future years. Thank you for your time.
5/8/2015	Jill McHone	Please leave SeniorCare alone!!! It has proven to be a successful program and gives consumers, especially those most in need, the opportunity for a comprehensive drug coverage program that is affordable!
5/8/2015	Barbara Pritzl	As the director of a Senior & Community Center in a very small, economically depressed city in WI, I strongly urge you to do all that is in your power to keep this program affordable to the elders in communities like ours. Thank you for all that you do for your constituents. I do not envy your jobs.

2015 Public Comments:

Summary

Date	From	Comment
5/8/2015	Kelly Janda	I am a case manager at the Stoughton Senior Center and I serve people over the age of 55 in our community. There are 4 of us case managers here. All together we assist roughly 400 people with the SeniorCare and SeniorCare renewals. Increasing the annual premium to SeniorCare or changing SeniorCare in any way so that it is more cost prohibitive would severely undermine my clients, most all of whom are on fixed incomes, via Social Security and small pensions. You would be hurting those who are most in need of cost saving benefits related to their prescription medications. If you must increase premiums, perhaps consider doing it only for those seniors who come to SeniorCare at the level of 2B or higher. They could perhaps afford this annual increase. But my seniors who are at the income level of 1 through 2A could certainly not. We know many seniors who stop taking their medications or cut back on their dosages because of lack of affordability. Why make it harder for those in financial need? It jeopardizes the weakest and most vulnerable of our State's population. Thank you for your time. This is my own commentary as a professional in the field of older adult case management. Kelly Janda, CAPSW, Stoughton Senior Center
5/8/2015	Wendy Kelly	As an Elder Benefit Specialist in Monroe County, I discuss and assist people with Senior Care issues regularly. 731 people is this small rural county are currently enrolled in Senior Care. They love it and support it for many reasons. Senior Care meets the needs of Seniors in all income categories, with diverse drug requirements, and is easily understood. Changing the program in any way will lower the positive impacts it has for Monroe County seniors. Please continue this Medicaid waiver program in it's current form.
5/8/2015	Pat Peterson	I encourage the legislators to keep the Wisconsin Senior Care program in its present form. It is affordable for applicants and saves the state budget.
5/8/2015	Lisa Hanson	Why are you messing with the best service we have for older adults? Isn't it hard enough for seniors to pay for and get all the required medical needs without adding another burden? Please think before you act, one day, you too, will know someone who will need this service. Be proactive not detrimental for our aging population please.
5/8/2015	Kay Davis	The WI SeniorCare Program is an important program for seniors and is cost effective for both the senior and for the state. Please reapply for another three year federal waiver extension.

2015 Public Comments:

Summary

Date	From	Comment
5/9/2015	Roberta Wahl	SeniorCare is a leading program that helps seniors with their medicine costs. We hear about seniors not eating properly because they cannot afford their medicines and doctors visits. Please don't change the program and please, please continue the program.
5/9/2015	Charolette Snow	I do not have any drug prescriptions so I pay $30. for SeniorCare in case I need to enroll in Part D in the future. At present, I spend $30. / year for nothing, and I would certainly not like any kind of an increase in the cost of SeniorCare.
5/10/2015	Marie Williams	Please do not change SeniorCare.
5/11/2015	Marie Williams	Please continue SeniorCare RX
5/11/2015	Hollee Camacho	WI SeniorCare program is an important program for seniors and is cost effective for both the senior and for the state. Please reapply for another three year federal waiver extension.
5/11/2015	Caroline Werner	I don't know why the State of Wisconsin keeps threatening seniors every year with changes to or abolishment of SeniorCare when it works so well for everybody. All the legislators are doing is finding ways to make more money off the backs of seniors who don't have extra money for increased health care costs. Are they trying to kill us off early????
5/12/2015	Yolanda Salazar	Our seniors need help. Please help them.
5/13/2015	Esther Olson	I was unable to make the public meeting on Monday, but I would like to voice my opinion on SeniorCare. Please do not make any changes to SeniorCare at this time. It should be pulled from the budget and given considerable more thought before proposing any changes. It is imperative that public input be considered and the citizen advisory group should be instrumental in deciding the right course of action. Why destroy a program that works and is a national model for serving our elderly?

2015 Public Comments:
Summary

Date	From	Comment
5/22/2015	Amanda Hilliard	I work as a Social Service Coordinator for limited income older adults and people with disabilities. I have assisted many older adults in renewing their SeniorCare applications year after year. In doing this, all the seniors I have worked with, have stated what a wonderful program SeniorCare is for them. They can afford their medications and have an easy, straight forward renewal process. With the set prescription rates offered by SeniorCare, my clients know how much their medications will cost month to month. Without SeniorCare, prescription drug costs or drug plans for our seniors will cost more. This is scary to me as I have already seen seniors spend less on food or eat cheap, low quality foods in order to have enough money for their health care and medications. The ones who have decided to eat low cost, low quality foods, in order to pay for their healthcare or prescriptions, have ended up in nursing homes. These clients ended up developing more serious health issues as a direct result of poor nutrition. Once administered to the nursing home, my previous clients were eventually shifted to Medicaid to cover the cost of nursing home care. When you think about it, something as simple as ensuring an older adult has access to low cost medications, could save us so much more in the long run to avoid unnecessary nursing home care. Please ensure to extend SeniorCare to give seniors access to low cost medications and drug plan.
5/22/2015	Judy Cline	I'm an oncology social worker in an outpatient setting. I often receive referrals to help patients who cannot afford their prescriptions. Some patients never enrolled in a prescription plan or they have Medicare Part D but can't afford the prescription due to amount of co-payment. SeniorCare is a blessing for many of the patients I work with. It's not the solution for everyone, but without it some patients would not be able to obtain prescriptions.
5/22/2015	Lee Werner	Without assistance with my one regular prescription and one or two other occasional ones, I simply would not be able to take prescribed medicine. I do hope that this will be taken into consideration regarding the need to renew this waiver. I know there are many other seniors that, through no fault of their own (I happened to not be able to work for many, many years while home caring for my son with autism), are unable to pay full price for their medication. Thank you very much for understanding and renewing this program.
5/22/2015	Carolyn Bischel	Please continue the SeniorCare Drug Plan. I currently care for my 86 year old mother, and the SeniorCare benefit is one of many reasons we are still able to keep her out of nursing home care. Thank You!

2015 Public Comments:
Summary

Date	From	Comment
5/22/2015	Dennis Bergeron	Being retired and living on a fixed income without this plan I doubt I could afford my meds. I have been on this plan for 8 years and sure do appreciate its benefits. Thanks
5/22/2015	Josephine Omprey	I have worked with Wisconsin Seniors through AARP TaxAide since 1997. I assisted Seniors in applying for SeniorCare since the inception of the program and every year since. It REALLY helps the seniors of Wisconsin. So many will go without their medications without it. The tiered systems of payments assures that those with greatest needs get the greatest help. Please consider continuing this very effective and cost effective program.
5/22/2015	Elda Dickey	I am 80 years old and still work part time. I have SeniorCare, but since I get S.S and wages, I pay full price for my meds. But am told if I don't belong to a drug program, the cost of my meds would cost more. I have checked into part D and my monthly premium would be more than my monthly med cost. Actually more than double . Hope SeniorCare continues. Down with Walker!!
5/22/2015	Nancy Lieske	I work with people who are low-income. PLEASE keep this benefit program going for them. If there would be any change in the program, may I suggest that there be added a qualifying amount of assets under a certain level as well as the income level amount. Over the years at my work I have seen people with low income and a large amount of (retirement) assets who receive SeniorCare at their (low) income level.
5/22/2015	Virgil Slifer	SeniorCare is an important part of health care management for my wife and I. Without it, our health care costs would increase by hundreds of dollars that we would be hard pressed to afford.
5/22/2015	Mary Van Remortel	As a senior on a fixed income I have really appreciated the help I have received from SeniorCare. I certainly hope it is continued and really am grateful for it.
5/22/2015	Edwina Glisczinski	Being 94 almost 95 SeniorCare is most important to keep for me and others. I am living on a meager pension plan left by my husband--and a social security check. I own my own home, pay my property taxes, pay all my bills, and purchase items that are necessities. I need SeniorCare to help me live independently--I live within my means --no frills--and need the help with my prescriptions. Gov. Walker has hurt this state terribly---I can't expect my kids to help financially since the governor has hurt them with Act 10 and right to work laws. It is the least the Republicans can do to aid the elderly--keep SeniorCare as it is now!

2015 Public Comments:
Summary

Date	From	Comment
5/22/2015	Cheryl Van Dyke	I take very few prescription drugs at this time so I was interested in a drug plan that would meet the Federal requirement that said I needed to have a plan if I was eligible to have one or when I do need a drug plan I would have to pay a penalty for each month or year that I was eligible but didn't have a plan. The SeniorCare plan was suggested by the HMO Medicare insurance plan person that I talked to. Basically I pay into the plan but I get no monetary benefit from it since I have a relatively high income so I don't qualify for reimbursement or co pays.
5/22/2015	Thomas Janikian	I know hundreds of seniors who would stop buying medicines if it would not be for Senior(Care) or they would stop paying for their health plans so they could afford their medicines. We must approve SeniorCare so our seniors can afford medicines. The program is a great use of taxpayers dollars.
5/23/2015	Lanny Kolpek	I sign up for SeniorCare solely for the purpose of having something affordable (premium wise) in regard to prescription drugs. As I am not on any prescription drugs at this time, it only makes sense to use this program instead of the higher premiums I would be paying if I had to use Part D. Seniors on a fixed income need every source of help they can get. I am hoping that they will extend this coverage until 2018 and beyond. Thank You!
5/23/2015	Joanne Thiel	I do like this program. I hope it will continual for many years.
5/23/2015	Stanley Douglas	The primary reason my wife and I use the SeniorCare program is to avoid the penalty for delayed use of the federal Rx program. Over the last ten years we've found the using SeniorCare and purchasing many of our drugs on the world market is far less expensive than the Part D. It is worth the $60 per year we pay to allow us the opportunity to add Part D should it ever become financially reasonable. Therefore we sincerely hope that the Wisconsin program continues.
5/23/2015	Arleen Schaffenberger	I am going on 85 and have COPD and on Oxygen. My only income is SS and less then $100.00/yr Interest and with the cost of meds, I really don't know what I'd do without SeniorCare. I want to thank all of you for all your hard work keeping this program for us Seniors.
5/23/2015	Hugo Rodriguez	SeniorCare helps keep the cost of Medicare down by keeping seniors from discontinuing their medications because of non affordability and ending hospitalized because their condition is now worse or out of control. These hospitalizations are preventable if the senior has access to affordable medications.

2015 Public Comments:

Summary

Date	From	Comment
5/24/2015	Christine Trudell	The SeniorCare Program has been a God Sent to me and my husband. My husband is a Vet and has the VA for his healthcare. I rely on Medicare, AARP and SeniorCare. With the help of SeniorCare we are able to just keep our heads above water and Keep Our Pride. Without SeniorCare Assistance I would either go without my medications or completely go on public assistance. Old age comes with many problems and is not easy for most. I am grateful for SeniorCare and pray for it to continue. It is a Blessing to us. Thank you for all you do. Sincerely, Chris Trudell
5/24/2015	John Ghastin	I assist my 71 year old sister with her ongoing finances, including medical and prescription costs. Based on our 2 year experience with SeniorCare, I strongly agree that the program should be continued. She has saved thousands of dollars under the program. As importantly, the SeniorCare easy-to-use policy has saved us (mostly me) a lot of hassle compared to a previous use of Medicare Part D. Her medications can change monthly and dealing exclusively with a local pharmacy had been much easier and safer (she has never run out of medications using the SeniorCare plan). In summary, the cost and convenience of SeniorCare is a great advantage for us; please continue the program. Thank you.
5/24/2015	Marcia McCollum	It is very important that the SeniorCare Programs continues; as so many Wisconsin Seniors would not be able to afford to pay for their medications without the program. If Wisconsin Seniors cannot pay for their medications, they will become more sick and cause a greater medical cost which they would not be able to pay for.
5/24/2015	Vernon Ming	Please continue to renew the prescription drug program as it is definitely saving medication expenses for my relative and is a valuable service to all low income seniors. I am aware of others that could not afford prescriptions that are vital to their well being without SeniorCare.
5/25/2015	Roger King	We are on the waiting list. We wish we could be in this program the waiting list is ok -- but perhaps there are other people ahead of us--but it seems as though we will never get off the list and in the program.
5/25/2015	Regina Hartline	Both my husband and I are enrolled in SeniorCare and are very pleased with the program. Please continue with the program as its benefits many people. Thank You
5/26/2015	James Rice	I am glad this has been extended.

2015 Public Comments:
Summary

Date	From	Comment
6/1/2015	Rebecca Spychalla	I am an insurance broker for Seniors and would like the program to continue. Many of my clients fall into the 'coverage gap' and need additional help paying for their prescriptions. Some of my clients are healthy and really don't need to have a Part D Prescription Plan. SeniorCare is a great alternative for them. Thanks, Rebecca Spychalla, Integrity Insurance Services, LLCP.O. Box 413 Okauchee, WI 53069
6/2/2015	Bojana Bozic	Seniors need this!
6/5/2015	Anna Palmer	I am 80 years old. My only income is Social Security, $1380 per month. I have a home to keep up and all the utilities and insurance etc. I have glaucoma and the eye drops are very expensive, if I didn't have SeniorCare. SeniorCare is a great help to many people. Thank You.
6/5/2015	Harold Van Stelle	The proposed increase in enrollment fee is a bad idea. If the governor would speak to some of the elderly people, by elderly, I mean 80+ years old. If you take into consideration the cost of rent, utilities, food, etc. The Social Security check does not increase at the same rate as the cost of living. We are limited as to what we can sacrifice to adjust the cost of living.
6/5/2015	Johanne Gaines	I currently have a $500 deductible. An increase in the monthly rate will be very hard for me to afford. Please keep SeniorCare in WI. And, please keep it at the same rate. Thank You!
6/8/2015	Lorraine Thomsen	Thank you for keeping SeniorCare as it is.
6/8/2015	Elizabeth Price	SeniorCare is one of the few programs that helps middle class senior citizens. Persons who are not taking any medications are able to be on SeniorCare and do not have to pay a monthly premium for an insurance policy (Part D plan) that they are not using to avoid a later lifelong penalty should they eventually need a Part D plan.

2015 Public Comments:

Summary

Date	From	Comment
6/9/2015	Peggy Strey	I am an Elder Benefit Specialist for Waupaca County and have learned a great deal in recent years about what a tremendous benefit SeniorCare is and has been to our area seniors. I honestly can't imagine not having the ability to offer this service to those ages 65 and older who are struggling with affordable prescription drug needs. It is sad to think that in a wealthy country such as ours that we even have to have a discussion about the continuing benefits of a drug program that has statistically proven it's value and need. It is more than a welcome choice to those with low and moderate incomes who daily struggle to pay for their basic needs and has brought certain relief to those who are experiencing the Medicare Part D donut hole. My office is located next door to our Disability Benefit Specialist who services persons ages 18-59 and she has stated, on many occasions, how much she wishes she had a program like SeniorCare to offer to the population of disabled individuals she services - many who are or will be Medicare eligible. When one suffers from poor health, at any age, needing prescription drugs and not having them affordably available can be circularly devastating. Please vote for continuation of the SeniorCare program, AND - if I could offer a glimmer of reason, expand it to those younger than age 65. Many - like AARP consider the elderly to begin, at the very least at age 55. Thank you.
6/9/2015	Susan Corrieri	As an Elder Benefit Specialist, I am called to assist the most needy and aged seniors in our county, primarily widows and widowers, whose Social Security benefits are the only source of income, often less than $800/mo. It is challenging enough for them to pay for basic shelter, utility costs and food, without the undue burden of being forced to purchase an additional Part D plan. They count on the SeniorCare program for their prescription drugs and would otherwise go without necessary medications. Thank you.
6/9/2015	Lynn Forshaug	SeniorCare has been a wonderful program for the seniors in the Mt. Horeb area and throughout Wisconsin. I am the Director of the Mt. Horeb Senior Center and we have many seniors who benefit from this prescription drug program. Most would not be able to afford the Medicare D programs, with co-pays and monthly deductions. The SeniorCare program is also much easier to apply to, a one page form, versus an application online with many choices. To have SeniorCare renewed through Dec. 2019 would be wonderful for our most vulnerable seniors. Thank you for looking into this great program!

2015 Public Comments:
Summary

Date	From	Comment
6/9/2015	Christine Kondrasuk	My mother has a very limited income and must take quite a few pills. Without SeniorCare, she would be unable to afford her medications. Please keep this program funded.
6/9/2015	Marlene Jones	Without SeniorCare to help pay for my prescriptions I would have food but a much smaller amount. I would not have protein every day. The cost of food is rising and my social security doesn't cover enough food for a month and buy medications too. I need SeniorCare to survive every month.
6/9/2015	Susan Fadness	SeniorCare is a vital program that many seniors need and depend upon. Please renew the waiver. It is critical that we keep SeniorCare as it currently exists.
6/10/2015	Connie Crosby	One person I know saved thousands of dollars by being on Wisconsin SeniorCare instead of Medicare Part D. This was even including her $850.00 deductible. With a Medicare Part D a plan that would cover her meds would cost her over $5,000.00 for the year and with Wisconsin SeniorCare her cost was just over $1700.00. It is a great program for Wisconsin Seniors and is very cost effective.
6/10/2015	Charles White	Please pass the three year waiver for SeniorCare. Many of our seniors rely on this program for their much needed prescriptions. Without SeniorCare, it could mean more hardship for many of our disadvantaged seniors. It might mean going with out food, just to keep well.
6/10/2015	Justine Nordine	Please please keep SeniorCare in Wisconsin. There are more struggling Seniors now and coming up with the baby boomers. This is a successful program.
6/10/2015	Mary Hansen	SeniorCare is very important to have for Seniors that cannot afford medicine and other items that are needed to stay alive which Medicare and other health insurance does not include. SeniorCare does not cause any expense to the government, it pays for it self.
6/10/2015	Curtis Reese	Please renew the SeniorCare Waiver for Wisconsin residents. It is a real lifeline for the needy older residents.
6/10/2015	Arlene Zakhar	SeniorCare is an extremely important program for seniors with very low income. Without it they would not be able to afford some of the medications they need due to a lack of funds. Please extend this program for Wisconsin elderly residents.

2015 Public Comments:

Summary

Date	From	Comment
6/10/2015	Clarice Gensch	I currently have very few prescriptions and having to pay the monthly Medicare Part D premium was more than I pay for prescriptions. Being able to get SeniorCare as a placeholder in lieu of Part D until such time that I may need it and not be penalized for not taking it when I qualified for Medicare Part A & B when I retired. I am sure there are other people like me and I urge the government to extend SeniorCare waiver.
6/10/2015	Michael Friedel	Please continue this much needed SeniorCare. There are so many that are depended on theses programs. Thank You.
6/10/2015	Kim Lehan	Seniors deserve to afford their medication AND pay their rent AND buy food
6/10/2015	Regina Deutsch	SeniorCare is an essential program for Wisconsin residents over 65. Please continue the waiver for this program!!
6/10/2015	Jean Marie Hinds	This is to urge the renewal of the waiver for Wisconsin to continue using SeniorCare. Thank you!
6/10/2015	Carol Pasnecker	Please consider retaining beyond December 2015 the SeniorCare program that is so much needed to assist the elderly to be more independent and omit or delay institutional care that is expensive for individuals.
6/10/2015	Patricia Evans	Many senior citizens need SeniorCare because that is what they can afford on their fixed incomes. Please leave SeniorCare the way it is and renew the waiver.
6/11/2015	Judy Gmach	Please renew SeniorCare. It has been a wonderful program and is essential to so many of us.
6/11/2015	Cynthia Piotrowski	SeniorCare is an incredibly successful and popular program for seniors that has helped many remain independent. This program is unique to Wisconsin and began before Medicare Part D and remains a better option for many elderly people throughout the state.
6/11/2015	Glenn Coenen	SeniorCare is very important to so many of us that need it to LIVE . Please let it be so that older adults can benefit for the help that gives us a longer life as we grow older. Glenn Coenen
6/11/2015	Carol Johnston	With out this my whole life changes, I buy 14 meds, I love SENIORCARE, Keep helping all of us, thank you.

2015 Public Comments:
Summary

Date	From	Comment
6/11/2015	Connie Bauer	My 93-year old mother now depends on Wisconsin SeniorCare. When Medicare Part D became available, she was not on any medications, so did not take advance of it. Now at 93, she would have to pay a high premium and a penalty fee every month because did not get Part D back some years ago. Also, her net monthly Social Security in only $45.00, because she was a stay at home mom for many many years and my father worked for the California school system that did NOT pay into SS. Thus, she lives on her savings and really needs Wisconsin SeniorCare.
6/11/2015	Dave Hegedus	Please vote to renew Wisconsin's status that allows federal aid to elderly.
6/11/2015	Alan Grall	More seniors need help every day. Renew SeniorCare today!
6/11/2015	Laura Frost	SeniorCare saved me over $9500 last year. That is almost half my income. Seniors in other states should have this option; please don't let ours go away. Extend Wi's waiver.
6/11/2015	Kathy Bornheimer	Seniors have earned the right to be treated with dignity and respect. This is a true Pro-life focus. Quality of life is even more important for the elderly. We'll all be there someday; how do you want to be treated?
6/11/2015	Sylvia Gleiter	Please extend waiver. WI needs SeniorCare!
6/11/2015	David Chroninger	Us Seniors have worked all our lives for what little benefits we have, can you not mess around with this one? It's hard enough to live on s.s. without some rich congressman taking away what little dignity we have. Thank you
6/11/2015	William Curtis	SeniorCare is a Godsend! It allows my wife and I the opportunity to obtain low cost drugs without the complexity of the Medicare Part D maze.
6/11/2015	Jessica Prell	SeniorCare is a popular and cost-effective prescription drug program for older adults in Wisconsin. It's a win-win for citizens and the state. Let's keep it that way! Please continue the SeniorCare waiver.
6/11/2015	Robert Ledvina	When people depend on their social security for a living, SeniorCare is a must, it helps them with their prescription bills.

2015 Public Comments:
Summary

Date	From	Comment
6/11/2015	Kathy Bornheimer	Seniors have EARNED the right to be treated with respect and dignity. Most of us will be old eventually; how would you want to be treated.
6/11/2015	Margo Geffert	I would not be able to get my medications without SeniorCare due to the cost. I am on Social Security only for my current income. I care for my 90 year old Mother in my home and cannot go out for a job!! I have also had a stroke.
6/11/2015	Bucky McKinley	We need to keep SeniorCare as a very important and viable program for caregivers.
6/11/2015	Mary Strand	I live in my home, surrounded by my gardens, my cats and my friends--all because of the IRIS program. More important than that, I select the people who come into my now drastically reduced life and do the things that I cannot any longer. My monthly budget is thousands of dollars less than the cost to the state for any other care. Why throw away the baby with the bath water?
6/11/2015	Barbara Grabow	SeniorCare is very important to me as I am a retired Wisconsin teacher with no prescription options available to me with my current insurance. I also know that many of my retired teacher friends are also relying in SeniorCare for their prescription needs. It is a very fair and affordable program for seniors of all incomes.
6/11/2015	Sam Wilson	Having worked in the aging community for over 15 years, I've not come across another program that has as much positive impact on seniors as the SeniorCare program has in the state of Wisconsin. It's ability to provide both the health and financial security that seniors need is a testament to its design, its utilization, and the simplicity in decision-making that it provides in an otherwise complicated prescription drug landscape. All that being said, it's also an extremely cost-effective program for the state that helps mitigate both acute and long-term care services utilization by ensuring that seniors have access to affordable prescription drugs with medication management built into the program to negate negative drug interactions. Please support the state of Wisconsin's waiver application to continue the SeniorCare program as it is for current and future Wisconsinites that can use the assistance this program provides. Thank you.
6/11/2015	Jane White	I do hope you continue our SeniorCare as it is.
6/11/2015	Donald Stampes	The waiver needs renewing. SeniorCare is very important for Wisconsin's elderly.

2015 Public Comments:
Summary

Date	From	Comment
6/11/2015	Linda Tansey	Please extend the waiver that allows Wisconsin to offer the SeniorCare program for three more years. I am one of many Wisconsin citizens that need this benefit. Without it, we will face the inability to access prescription medications, some of which address life-threatening conditions. Please consider all senior citizens who are now benefiting from SeniorCare, and vote to extend this benefit for another three years. Thank you for your consideration, Linda S. Tansey
6/11/2015	Jackie McFarlin	The SeniorCare Program is taxpayer dollars well spent! My parents benefited from it and I am hoping to be able to count on having it as a part of my retirement plan in the future as well. Thank you!
6/11/2015	Patrick Meier	SeniorCare is a unique Wisconsin program that helps over 85,000 Wisconsin seniors obtain prescription medications. The program has a bipartisan history and actually has a positive impact on state revenues. SeniorCare is not broken and there is no reason to try to fix it. The State Dept. of Health Services should actively seek to extend the existing federal waiver.
6/11/2015	Patricia Youra	Our Senior Citizens have worked most of their lives and many have fought for this country. Now they are on fixed incomes and some struggle to be able to pay for the medications needed. They need this program to survive and we need to do what we can to make sure that they have it. What is more important to the United States of America than its citizens? They should be a priority.
6/11/2015	Shirley Powell	SeniorCare has been very helpful to me. The cost is very reasonable. It helps keep health care costs down. At this time, I take no medication so I am not a drain on the system.
6/11/2015	Mavourneen Kelly	Please allow the continuation of Wisconsin's SeniorCare program. It is a real money saver and a great help to seniors.

2015 Public Comments:
Summary

Date	From	Comment
6/12/2015	Robert Macek	SeniorCare is a modest safety net for WI seniors, who need financial assistance to deal with skyrocketing healthcare-prescription expenses. Our leaders, so clearly bought and paid for by pharmaceutical companies, special interests, insurance companies, etc., have fostered a culture of unbelievable exploitation of seniors, some, like me, who have gotten some small relief from this subsidy. Scott Walker has proposed that the prescription drug assistance that I get through SeniorCare, should be replaced by Medicare part D coverage (at a significantly greater cost to me.) By doing this, as a little accounting trick, he has proposed eliminating SeniorCare from the State budget, and moving it to the Federal budget, just to make his numbers look better. No matter the consequences to me and other seniors covered under this program. Well, I want my tax dollars to go toward continuing programs like SeniorCare, as it was intended. Thank you for your consideration my comments. Please do the right thing.
6/12/2015	Melvin Wollenburg	Sirs: SeniorCare in Wisconsin has worked. Please extend the waiver that will allow us to continue to offer this benefit to our Seniors. Melvin
6/12/2015	Lois Hlavachek	Please continue the SeniorCare program for another 3 years. Lois
6/12/2015	Jane Swanson	SeniorCare has been very to my husband, my mother & me. I would not like to try anything else.
6/12/2015	Kathy Jones	We need to keep SeniorCare.
6/12/2015	Barbara Burmeister	I don't want to lose SeniorCare, because it helps a lot with prescriptions, it really helps a lot. Please don't get rid of it. It is worth the 30.00 a year for it . Thank you.
6/12/2015	Nancy Cechvala	I greatly appreciate the informational training that I received from DHS regarding SeniorCare and how to assist senior citizens in the best way possible.
6/12/2015	Elizabeth Arcand	As an Elder Benefit Specialist, SeniorCare has been a vital program to help elderly with limited income obtain medications at an affordable cost. The simplicity of SeniorCare is essential for clients who are easily confused and overwhelmed by the Medicare options and process. For an affordable fee, these individuals can obtain coverage for otherwise very costly medication. It is also an excellent wrap around program to Medicare D, allowing limited-income seniors to afford their medications through the Part D Coverage Gap. Wisconsin is truly forward thinking by approving and supporting the SeniorCare program!

2015 Public Comments:
Summary

Date	From	Comment
6/12/2015	Mary De Wolf	SeniorCare saves me over $35 dollars a month which is a big deal to someone who is on a fixed income. It would be a hardship for me and many others to lose this program.
6/12/2015	Dennis Robus	I am an insurance agent who works with a large number of people on Medicare and Medicaid. I have seen many situations where if it were not for the Wisconsin SeniorCare Program, many individuals with low and even moderate income could not have purchased the medications they needed for survival. Just knowing that you have this plan available and the cost of drugs are reasonable assures many of our senior citizens that they don't need to worry about how they will pay for them as time goes forward. To eliminate this program would be devastating to many of my senior clients.
6/12/2015	Mary Griesbach	My mother has been on SeniorCare for years. She has recently been put on insulin. SeniorCare will not pay for the insulin she is taking. I will be looking for another plan when open enrollment time is here.
6/12/2015	Diane Dillett	The SeniorCare program is a critical benefit for many of my clients. I help people enroll in Medicare and in supplemental insurance. This plan is critical to those in need of prescriptions with lower income. The annual fee and low co pays are manageable to those who do not have pensions and rely on Social Security for most of their income.
6/12/2015	Donald Stuessy	SeniorCare is a much needed program for seniors with low incomes. Many would simply go without when it comes to drug costs. Sharing the cost is the only way a lot of seniors can get the drugs and supplies they need !! Thanks for your concern for Seniors ! Donald Stuessy
6/12/2015	Mary Ann Wagner	As an insurance agent, I know, from my clients, how important SeniorCare is to them. For many, this plan 'keeps them afloat'. Those taking Tier 2 and higher drugs, would have far less money for other living if it weren't for the savings realized from SeniorCare.
6/12/2015	Arthur Regner	Please continue SeniorCare
6/12/2015	David Radowicz	As a 72 yr old disabled veteran, SeniorCare is a lifeline for many seniors in WI. It should be renewed by the Federal government for the next three years.
6/13/2015	Gary Metz	SeniorCare does work. I am sure you have records that show this. It is a good example of what can be done to keep drug prices low, and I that same time serve seniors that need SeniorCare.

2015 Public Comments:
Summary

Date	From	Comment
6/13/2015	S.B.	This health care is important for seniors who have worked hard all their lives to contribute to the well being of the folks of WI. And in most cases it is women!! They should not have to suffer without health care while others line their pockets and will never have to worry about affording insurance!
6/13/2015	Marion Krysiek	SeniorCare is the best program out there for Wisconsin senior citizens. Thankfully, I don't need a whole lot of medicine so I didn't want to enroll in Medicare Part D and pay into that each year when I didn't need it. If I ever do need it, I won't have to pay the penalty for late enrollment. Any politician who wants to end the program should and will lose the seniors' votes!
6/13/2015	Karen Tape	Leave Senior{Care} as it is. Don't change anything.
6/13/2015	John Ulness	What does WI SrCare cost per person compared to Part D? What are the reasons for the cost difference? Many people have Medicare Part D that pays first and then WI SrCare. Should WI SrCare be a supplement program only? To control costs all health care and insurance programs need to engage the consumer.
6/13/2015	Mary Spohn	Senior citizens need something like this just to survive. It has been a godsend for me.
6/13/2015	Patricia Stone	Two elderly (90's) neighbors spent hour after hour sharing their concerns with me about their fear of losing SeniorCare. Their relief of its continuation caused them untold hours of relief and joy. Thank you for contributing to their mental health!
6/14/2015	Diana Reyer	Me and Glenn are so very thankful that they have extended the SeniorCare. I do not know what we would do without it. It would cause us extreme hardship. We would not be able to afford to pay for our prescriptions. We prayed so hard that God would hear our pray. We thank you so much for extending SeniorCare.
6/14/2015	Linda Rorvick	We will be destitute if our living expenses increase..... Save WI SeniorCare
6/14/2015	James Courtright	SeniorCare is a credible alternative to Medicare. Cost is small. At the lowest income level, annual cost should remain the same. Different [higher] levels of coverage and cost could be based on income (which is declared with annual renewal) with larger costs for those more capable of making the payment.
6/14/2015	Myron Bennett	I can not afford to pay any more for a drug plan.

2015 Public Comments:
Summary

Date	From	Comment
6/14/2015	Verna Lou Zirbel	My daughter is sending in this comment for me. I want to say what a life saver the SeniorCare program is to me. Several years ago when I told my pharmacist I was not able to afford my medication he suggested I look into SeniorCare. Because of SeniorCare I am able to take the medicine I need. I now live in assisted living and am doing very well. Without SeniorCare I would not be as healthy as I am now because I would not be taking the medicine I need. Thank you for making this available to seniors like myself whose income is almost entirely from Social Security.
6/15/2015	Sharon Woelfel-Nett	Thank you for contacting me for my input on the SeniorCare Program. My mother Gladys Woelfel has been on SeniorCare for years. My father used SeniorCare when he was alive. The program is so important for for my mom because she receives a small amount of Social Security plus some $$ from an annuity. She could not have the quality of life she has now. My family and I do not want the SeniorCare program to end. The Community needs the program. There are people who are making choices of paying the bills or food or medication. Many times the choice is not paying the medication and they become sicker and costly to care for in the future. The cost of living has been increasing and the Social Security is not keeping up with it via the COLA increases. The cost of medication is a issue for all of society. It is very important to reconsider the importance of this program for the elderly and continue it into the future.
6/15/2015	Luanne Gotz	SeniorCare is a great program. Part D is too expensive & sometimes has a deductible in add'l to costly premium. I sell insurance & if at all possible I will enroll someone in SeniorCare before a Part D even though I do not get paid anything, And I am self employed insurance agent.
6/15/2015	Fred Wester	Wisconsin SeniorCare fits my needs and budget.

2015 Public Comments:
Summary

Date	From	Comment
6/15/2015	Bar Zieg	Seriously, the whole medical/insurance system in this country is BROKEN.I joined SeniorCare out of FEAR that if I didn't sign up for drug insurance (which I don't now need, never have needed, never, ever want to use), then I would risk being arrested and unwillingly carted off to a FEMA CAMP for extermination. Please digest this for a moment before you write me off as some crazy. I have a college degree, started several businesses and have no trace of senility, am well-read and do my best to keep up with every type of news. We Seniors are not stupid, blind sheepal to be lead astray. Trash Obama Care, trash evil doctors, trash evil insurance companies, trash evil hospital administrators, etc. Until everything is fixed, keep SeniorCare. It is our last safety net.
6/15/2015	Lottie Flink	The seniors need the SeniorCare. After all we have worked our life and now it seems they want to all cut the senior when they think of cutting. Why don't they quit giving so much free things to the people that could work and won't. Seniors are living on a fixed income so why do they have to get all the cuts.
6/16/2015	Lois M. Borkowski	I love SeniorCare. The Renewal process is hassle-free and the premiums, deductible and/or co-pay are affordable. It is the ideal policy!!
6/16/2016	Richard Smith	My wife and I have had SeniorCare for 7 years. We have been lucky so far as to only use one prescription each this we must pay the total cost of the med each time we refill. I see the main problem with the system is the ridiculous high cost of medications in this country. If we ever need to go on some serious meds we will be bankrupt in no time.
6/17/2015	Jean Verber	As a recipient of SeniorCare, I wholeheartedly support the request for a waiver to continue receiving SeniorCare benefits. I take 7 prescription medicines daily for my heart and related conditions. I would not be able to afford these without the help of SeniorCare.
6/17/2015	Paul Novak	Any other prescription plan would be too expensive since I use no prescriptions usually. SeniorCare has worked for me for many years.
6/17/2015	Jerome Baumgardt	SeniorCare has been a life savor for me. It has helped me to maintain a workable budget and to get along without I am insulin dependent and a cancer survivor. My drug load is heavy and without SeniorCare it would be devastating. I depend on it and, contrary to most government programs, seems to run well.
6/17/2015	Patricia Sommerfled	SeniorCare is of utmost importance!

2015 Public Comments:
Summary

Date	From	Comment
6/17/2015	Beryl Woolford	I live on a very limited income and could not afford private insurance.
6/17/2015	Lance Fredricks	Health services are important especially as you get older. Since I'm retired I will actively work against ANY political candidate that isn't for seniors.
6/17/2015	Lisa Zander	I believe that SeniorCare for elderly prescription users should definitely be renewed and should have an evergreen clause included if at all possible. This idea of charging our elderly inordinate amounts for medications that improve the quality of their life and extend their lives is totally backward. Our seniors should never have to choose between medications and food. Please extend this service and let's put some energy into finding ways to make services like this available and customary for our seniors in the future.
6/17/2015	Patrick Shay	Please keep SeniorCare Waiver Renewal in tact. We seniors rely on it. Thank You
6/17/2015	Dennis Govig	SeniorCare waiver must be renewed.
6/17/2015	Fred and Rita Reinke	When the Px mandate came about I went to seminars to learn the options for my mother...Most options were complicated and unpredictable...SeniorCare was simple, easy, and worked with my mother's assets....I think it could be a model for other states.
6/17/2015	John Chandik	Please continue your efforts to support the Wisconsin SeniorCare program by urging the Federal Government to renew its financial commitment. Wisconsin's SeniorCare is vital for the well being of a large demographic group.
6/17/2015	Howard Galoff	Nothing to add
6/17/2015	Kathleen Quinn	My professional career was about advocating for those who couldn't advocate for themselves. A lot of progress has been made sine the 70's for those without a voice and that's wonderful; I'm proud of our collective efforts. Now, as an elder, I'm finding myself and others without a voice-- it is devastating! It's not right, not ethical; wrong. I'm still cool, I still contribute, I still love to help others. Many seniors volunteer time and wisdom to aid those who need those gifts. Please protect the interests of one of our valuable resources in this very capitalistic, fast-moving society! Our seniors are valuable in so many ways, especially to our young, upcoming Americans! Thank You.
6/17/2015	Roger Henderson	Make it better, not worse! Add to it for those of us in our mid 40's as well, Expand Badger Care too!

2015 Public Comments:
Summary

Date	From	Comment
6/17/2015	Brenda Wessen	Extend the SeniorCare program another three years.
6/17/2015	Elim Oscar	I would like to offer in opinion to the SeniorCare-Wisconsin prescription Drug Assistance Program ... when I was working I was able to pay for my prescription with a little help but now that I am retired you are trying to take away the little help that I am getting. I do not see irony in this ... I am now on a more fix income than I was when I was working now we as senior can not enjoy retirement because of medication, we are trying to stay healthy to enjoyed life.
6/17/2015	Larry and Linda Hoyer	SeniorCare has provided us with an excellent method of having mandated drug coverage. We currently have just two prescriptions between the two of us and SeniorCare makes our prescription costs affordable. This service NEEDS to be kept!
6/17/2015	Margo Preston	Having RA is a very expensive healthcare issue to manage. I would not be able to remain mobile without the costly medications I take. SeniorCare is critical to affordable care.
6/17/2015	Nancy Faulkner	There seems to be a consensus of, cutting social security benefits, and other programs for seniors. Why.... Just to save money? We have to cut some where! Why should seniors be held accountable for govt mismanagement? What does the govt, and the state expect us to live on? AIR! Most of us have little to live on as is. And now, we have to expect more cuts for seniors!!?? I thought this was to be THE GOLDEN YEARS, for seniors! Who is looking out for seniors? Our families, if we have them? The state? The federal govt? Who is looking out for seniors.....
6/17/2015	Annette Krueger	Extend this waiver!
6/17/2015	Brian and Lisa Oleniczak	SeniorCare renewal is vital, please do what we elected you for. Do not throw seniors under the bus- do the right thing. We're counting on it. Sincerely, Brian & Lisa Oleniczak
6/17/2015	Mary Ann Zeimet	American senior citizens are Americans and deserve to be treated justly and fairly. By and large, we worked hard and supported our country in many ways and, although most of us are no longer in the work force, we still contribute to our country. We deserve to have health care which is affordable for us and our health care should be up to the standards of the younger generations. Renewing the SeniorCare Waiver is important to the citizens of Wisconsin.

2015 Public Comments:

Summary

Date	From	Comment
6/17/2015	Cynthia Cook	SeniorCare is important because older adults are important. Without this viable option, many older American will suffer and die simply because they can't afford medical care. Needed prescriptions will not be taken because a US senior citizen will have to make the choice between food and rent or medication.
6/17/2015	Jeff Whiting	I am old, have very little money. Need to choose between food and meds. This allows me to get both.
6/17/2015	Marlene Perry	This program is a godsend for people who cannot afford the Medicare D premiums of more $50 per month - and they still have sizable copays. Please extend the waiver for Wisconsin SeniorCare.
6/17/2015	Linda Hooker	SeniorCare is VERY important to not just me, but my whole family. Please don't let this be jeopardized for our future.
6/17/2015	Bernadette Davel	Legislators -- respond to your pledge to act on behalf of all people -- Renew SeniorCare! It is compassionate and effective.
6/17/2015	Joyce Jones	Please protect SeniorCare!
6/17/2015	Karen Loomis	The SeniorCare program has helped me with an inexpensive alternative to having a Part D program. Please continue to offer this to us Seniors who do not have large pharmacy bills, but must have a part D.
6/17/2015	Mary Paulson	Both my husband and I use SeniorCare, because we are very health conscious and do not require any medications. So why should we have to pay for something we do not use.
6/17/2015	Nancy and Richard Taves	Dick and I are both disabled and lots medical issues now. Dick has COPD, Aneurism and now Alzheimer's. I do not know how we would service without help like SeniorCare and Help for Elderly we have in our city. PLEASE DO NOT DROP THAT TAKE TIME CARE US WHO HAVE WORKED HARD AND PAYED TAXES VOTED DID NOT TRANSFER FROM ANOTHER STATE TO GET HELP BORN RAISED LIVED IN WISCONSIN PLEASE TAKE CARE US.
6/17/2015	Barbara Parkman	Please keep this *very* important program going!
6/17/2015	David Policht	Extend the waiver.
6/17/2015	Carol DeLoye	My Mother who lives in Rhinelander WI has been on SeniorCare for quite a few years. She is a widow and lives on SS with some supplemental financial help from her kids. She absolutely will not be able to afford her medications if she doesn't have SeniorCare. This is very important for seniors in WI.....

2015 Public Comments:
Summary

Date	From	Comment
6/17/2015	Don Posh	My parents have very limited resources and this program has been a lifeline in their so called golden years.
6/17/2015	Dan and Valarie Nicholson	Please continue SeniorCare for another 2 years. We think all seniors need help with prescriptions with Big Pharma and Doctors prescribing drugs for everything.
6/17/2015	Robert Starbuck	The value of SeniorCare to the financially disadvantaged is very important to the health care of all Wisconsinites.
6/17/2015	Peter Nierenberger	Please extend this waiver!
6/17/2015	Barbara Long	Keep SeniorCare in place.
6/17/2015	George Dippold	I believe that the Wisconsin SeniorCare program is beneficial to low income seniors and should be continued.
6/17/2015	Kathleen Raschke	As a senior citizen who knows the high costs of medical coverage I belief it is imperative to extend the waiver for SeniorCare in Wisconsin. Please do not let this coverage end for some many of the older citizens in our state. Their health and the health of our Wisconsin community depends on it. Kathy Raschke
6/17/2015	Richard Buntrock	I have worked since age 15 years old. Additionally I have worked all of my adult life to date. I am requesting that you support the Senior prescription drug assistance program.
6/17/2015	Joan Van Dusen	We need help with drug costs. My husband and I can hardly afford the medications that my husband needs. Please help!!!
6/17/2015	Marion Fraleigh	I am writing in support of reserving the funding, eligibility and scope of Wisconsin SeniorCare as an alternative to Medicare Part D drug coverage to WI residents who are 65 years and older. This income-based program has no monthly premiums orÂ doughnut holes Â in coverage, copayments of $5 to $15 for each medication, and a $30 annual enrollment fee. As such, it provides most low income individuals with better coverage than Part D, thus contributing to better health care and overall quality of life for Wisconsin citizens including both individually and collectively. Thank you.

2015 Public Comments:

Summary

Date	From	Comment
6/17/2015	Jay Benson	In most cases the WI Sr. Care pharmaceutical plan is superior and less costly to beneficiaries that the Federal Part D plan. In fact, the Federal Part D plan should be modeled after WI Sr. Care.
6/17/2015	Jean Burgardt	When will Congress learn how much they continue to take from us seniors. Guess who are the ones who get out there and vote!
6/17/2015	Linda Spaulding	VERY IMPORTANT TO SENIORS!!!!
6/17/2015	Mark Smith	If the state can afford to spend millions and billions locking up people and throwing away the key, and give millions and billions to large companies who don't have to pay it back, it can afford to take care of its senior citizens!!!
6/17/2015	Kay Rhodes	Most seniors are living on a low fixed income, including me. We need housing assistance, health care that Medicare doesn't cover, transportation, caregiver services, and many other services that are often unaffordable to people on a fixed income when costs continue to rise steeply.
6/17/2015	Susann Wurl	SeniorCare is extremely important for so many people, and it is the kind and decent thing to do to extend the waiver for it. Taking good care of each other is the right thing to do.
6/17/2015	David Ace	Please extend SeniorCare.
6/17/2015	Linda Otterstrom	Seniors deserve better. SeniorCare is an important program and makes it possible to keep medications somewhat affordable. You keep trying to take away many benefits we have earned, please leave our dignity in tact.
6/17/2015	Kathleen Wipert	It is vital that you keep this program going for those who need it and can not afford an alternative plan.
6/17/2015	Peggy Gawel	Please leave SeniorCare as it is. My parents are both disabled. My mom worked until her 70's but just isn't able to anymore. They have gone without food, heat and life saving meds when they fall into the insurance doughnut hole. They were finally able to get SeniorCare and I'm hoping for the first time in a long time they will not have to go without vital basic needs and meds now they are enrolled in a SeniorCare. We are all going to age, as the poverty level increases we all will need help. We won't have Social Security! Act now to protect those who have worked so hard to make our country what it is and to help all us all in the future.
6/17/2015	Mike Mac	I see people using it. In the future I might use it.

2015 Public Comments:
Summary

Date	From	Comment
6/17/2015	Linda Bernhardt	Take care of our seniors on limited budgets. Stop corporate tax breaks and help out the little people who have invested in us and the state, and the country. This is a supportive family issue. Help support families.
6/17/2015	Dan Stokely	Please allow the Wisconsin drug assistance program to continue, the high cost of some prescriptions has a major impact on the people on fixed retirement budgets. Assistance or lack of, can mean life or death to some with limited finances.
6/17/2015	Ernest Agne	Please work to continue SeniorCare Waiver Renewal program beyond 2015. Likewise please work to accept Federal funding to expand Medicare/Medicaid across Wisconsin. This denial along parties lines is hurting our Wisconsin families. We all live here, work here, and are proud Wisconsin residence. Thank you!
6/17/2015	James Rice	Please extend SeniorCare of Wisconsin.
6/17/2015	Roger Bahr	When senior's need it the most, why is there someone, a elected official always trying to take this much need help away? This as well as S.S increases that are perhaps one of the biggest jokes. A 1.5% increase compared to the large increase our elected official get each year. Lets keep this program going.
6/17/2015	Carla Roden	SeniorCare has been very important to my mother. Her only income is her Social Security check. Without SeniorCare I don't know how she would afford her medications for heart issues and diabetes. It really has been a life-saver for her. Please don't let it end. Low-income senior citizens need this program.
6/17/2015	Jean Weihert	As a retiree, SeniorCare is very important to me and is my only source for prescription drug coverage. It's working -- please continue this important program.
6/17/2015	Barbara Quarles	SeniorCare, is important to all people that are disable. Not only the retiree we are getting by ok some of us, their are wheelchair user, walkers, oxygen user, we all depends on SeniorCare in different ways.
6/17/2015	William DeHoff	Being able to manage drug costs allows seniors to remain in their homes and keeps them healthier. In the long run that's better for the economy, neighborhood stability and quality of life for all of us. I'm a senior and fortunately do not need the program, but others have not been as fortunate.
6/17/2015	Lynn Shoemaker	I am 76 years old, fairly healthy at the moment. But my health is fragile. I view SeniorCare as a needed necessity. I have friends that need it right now. Please do not mess with this program.

2015 Public Comments:
Summary

Date	From	Comment
6/17/2015	David Slaby	SeniorCare is some of the only benefits that we have left that this administration wants to take away from is . Tell Obama to leave our care alone.
6/17/2015	Patricia Tessmer	Please Renew SeniorCare. I'm On Medicare & my Co-Pay has gone to $2.65 a prescription from $1.30 Per!!! Between mine & my husbands it is over $20.00 a month!! Our income is $1300 Mo we only receive $76 a Mo in FoodShare it was $367, they say our income is too much, even though it DID NOT GO UP!!!!!! I'm Sorry I added a few extra's word, I just Wanted to let People know how difficult Us Seniors have to live in the USA!!! In CHINA THEY RESPECT THEIR ELDERS & TAKE OF THEIR OWN!!!!!
6/17/2015	Kristin Jolivette	I am a nurse who has worked with both the Elderly and the medically fragile and I don't think cutting funds to any of these services are going to help those families/ elderly who use these services. Most of these people do not have the financial resources to pay for services themselves and navigating the system is a major burden for many of these people and their families. So to force them to learn a new set of rules and procedures will only complicate things more. PLEASE leave the waiver service programs in place, just as they are and do not cut funding for them either. I think that corporations and the rich should be helping to pay for more than they already do. They have had too many tax breaks while the poor and middle class have had to continue paying the same (or more) with less income than they have had before because of rising costs of living, our skyrocketing medical insurance premiums and deductibles, and overall medical costs- while going years without receiving decent and livable wages from our employers- employers who by the way who are reaping profits benefits off of those tax breaks while refusing to give raises that keep up with the rising cost of living. Many employers do not put that money gained from tax breaks back into their work force payrolls and back into their communities. Worker's wages are a good part of what keeps the local economies in Wisconsin afloat. If corporations pocket the money, it usually goes out of the state and away from our communities... think about this next time you're asked to vote on tax breaks for the compaines and the rich.
6/17/2015	Susan Peterson	SeniorCare has been a blessing for me. At this time I am not in need of prescription drugs. This program offered as an alternative to Medicare Part D has been a big savings to me!! I very much appreciate having access to this program. I hope it continues to be available to senior citizens like me.

2015 Public Comments:
Summary

Date	From	Comment
6/17/2015	Albert Powers	It makes no sense economically, politically, socially, morally, or otherwise not to renew Wisconsin's SeniorCare. With the dramatic rise in medical costs and prescriptions many seniors face the possibility of bankruptcy. This is not right. We should take care of struggling seniors.
6/17/2015	Kathleen Lahner	Many seniors do not have any insurance other than Medicare as they can't afford a supplement!
6/17/2015	Deborah Brice	I take care of my aunt who has Alzheimer's. Her income is below poverty level. The medications for Alzheimer's are costly. Without SeniorCare she could not afford the much needed medication!!
6/17/2015	Mary Tessmer	Why is the first place the government wants to cut back or eliminate is any programs for seniors. Warren Buffett says it best. Tax the richest people fairly not just the middle class and/or seniors.
6/17/2015	Leo Steiner	I support SeniorCare waiver renewal.
6/17/2015	Thomas Roberts	There are very few doors left to open for help. Thank you.
6/17/2015	Rachel Louret	Please do not cancel SeniorCare. I've counted on it and it has helped me tremendously for quite a few years. I could not afford my prescriptions without it.
6/17/2015	Greg Eckert	I sincerely hope they continue the SeniorCare system in place . I am only 52 but became disabled less then 2 years ago . I worked 38 years until I could no longer do the job I was trained to do. My new health insurance Anthem is terrible compared to United Health. My fiancé has MS and is only 46 and has a host of other problems. We are counting on SeniorCare. She has worked for 28 years at Northwestern Mutual. We deserve to have SeniorCare when we need it .
6/17/2015	Carol Johnson	Please protect SeniorCare. Wisconsin is NOT taking care of it's citizens - we need the federal government to make sure seniors are taken care of.
6/17/2015	Kim Reyenga	SeniorCare is vital to my mother, as well as many others in a fixed income situation. Without SeniorCare she would not be able to afford all the life saving medications she needs to have. Without SeniorCare she would have to decide between paying for medications and paying for groceries, heat etc. Please continue to support SeniorCare!
6/17/2015	Dan Quirt	This program is critical to our aging population who would suffer medically without it

2015 Public Comments:
Summary

Date	From	Comment
6/17/2015	Donna Spencer	Please extend the waiver to allow Wisconsin to continue to offer SeniorCare as a prescription plan for it's seniors. I work with seniors and this is a godsend for some of my clients. Without it many would not be able to continue in their homes or take their medications. It is a very valuable and helpful program for many people. Thank you
6/17/2015	Hugo Rodriguez	SeniorCare keeps the cost of Healthcare down by ensuring seniors can afford medications. Seniors will stop taking their medications if they are not affordable which in turn aggravates their condition resulting in costly complications and preventable hospitalizations. This program needs to continue and to be further improved.
6/17/2015	Mary Lou Nord	SeniorCare makes possible greater security for people with limited finances who would probably go without the medications they need. These are citizens who have paid taxes and contributed in a variety of ways to their communities, state and country. It is a simple way to support long term citizens in need. Please give serious consideration to the SeniorCare Waiver Renewal.
6/17/2015	Robert Hill	I am in this age bracket.
6/17/2015	Marie Buchta	PLEASE keep SeniorCare in effect.
6/17/2015	Debra L. Carlson	SeniorCare allows seniors to get their medications at a reasonable cost they can afford and not have to make a choice whether or not they get their medicine this month or not..and a big plus it keeps them out of the hospitals and nursing homes that would eventually cost all tax payers a lot more than SeniorCare..!
6/17/2015	Barbara Olson	I'm healthy at the present and appreciate the cost savings of not having to purchase a prescription Part D at this time .
6/17/2015	Ruth Peterson	SeniorCare is the best insurance for me. I'm happy with my doctor and medicine is cheaper. Please keep this insurance, especially for us Seniors.
6/17/2015	Gary York	SeniorCare is very important to seniors because of the help to keep health care costs down and providing other valuable programs as we age.
6/17/2015	Susan & Stanley Larson	A lot of disabled people need help.

2015 Public Comments:
Summary

Date	From	Comment
6/17/2015	Jean Holliday	I myself have great supplementary coverage, which costs me nothing because the Methodist Church pays for it. My good friend, however, who lives on a very small fixed income, considered poverty level, pays almost $300.00 a month for her supplemental. Were she not able to live with me, she'd be living under a bridge somewhere.
6/17/2015	Suzy Ardelt	This shouldn't even be debatable. Most Seniors are on fixed incomes anyway, & w/prescription drug prices climbing to ridiculous amounts, the issue becomes whether to take their meds or buy food or pay rent. Maybe that's what they're hoping, that if Seniors can't afford their meds, they'll die sooner & it's just that many more people they don't have to worry about. If they want to go after someone, go after the Prescription Drug Companies that have become WAY TOO powerful, controlling government & even dictating what procedures, tests, meds, etc. doctors can recommend for their patients.
6/17/2015	Gary Wilbur	It's hard enough now. For you to take anything away would just make harder.
6/17/2015	Sally Kelling	Please do not diminish this important benefit for our seniors. Thanks.
6/17/2015	Bruce A. Samoore	I will be 83 in October, my wife will be 81 in August. We are both on Medicare as our main health care program, with United Healthcare as the supplementary. There is a strong possibility that we could lose that coverage. We will then need ANY assistance that we can find. Please renew SENIORCARE.
6/17/2015	Judith Keilholtz	I am healthy, but can not afford more for health expenses. SeniorCare allows me to eat and yet have coverage for unexpected and unwanted expense.
6/17/2015	Mary Bolda	Save SeniorCare. The Poor class us Seniors who have debilitating illnesses need it desperately.
6/17/2015	Don Seeger	SeniorCare is important to the elderly in Wisconsin. Please don't let them suffer.
6/17/2015	Elizabeth Shirah	This help with the cost of medicines is critical to many people, for their very survival. Please extend the program to continue to help elderly with the steep cost of prescriptions.

2015 Public Comments:
Summary

Date	From	Comment
6/17/2015	Perry & Yvonne Titus	My Husband and I are retired....the money that we both paid to the government for SS. was a lot, since we both have worked for 30 some years. What we get back now for being retired is hardly enough to get by. The government is always taking money out and not putting it back in does not make since to me. Now the Government is trying to take more away.
6/17/2015	Jean-Francois	SeniorCare should be continued for many reasons, but one of them is that it gives the possibility to have creditable coverage for a future Plan D. In the absence of SeniorCare, it is likely that I would incur substantial penalties when I join Plan D later on. This would be a very deceptive way to treat the people who signed up for SeniorCare to avoid future penalties with the promise that such coverage would be recognized. Essentially the premiums paid until taking a drug plan would be wasted.
6/17/2015	Nora & John Eibl	SeniorCare Waiver Renewal Don't fix what is not broken.
6/17/2015	Larry Nitz	None.
6/17/2015	Patricia Finder-Stone	When the waiver for our Wisconsin SeniorCare expires in December, I truly hope you will extend the expiration date for several more years. Although I do not use SeniorCare, I have many friends who rely on it for their medications so that they are able to purchase other necessities. It has been a Godsend for so many. Please do not let this wonderful program fall by the wayside. Thank you.
6/17/2015	Keith Hollatz	As a person over 55 this service is needed.
6/17/2015	Mark Chojnacki	I feel that SeniorCare is important to me so when the time comes fore to need it I want to be able to care for myself.
6/17/2015	Alan Johnson	Elder people absolutely need this to survive.

2015 Public Comments:
Summary

Date	From	Comment
6/17/2015	Geri Zeibert	So many of the seniors I know are living just above the poverty line. It is a bleak existence. Many of us worked and saved for years only to have everything we had struggled for lost in just a few shot months in 2008. Since so many of us were already living on our retirement income our investments had no chance to recover. Without Wisconsin SeniorCare most of us would loose our homes just to manage health care expenses. Our homes (some of us still have mortgages but many more had our homes paid off and had to remortgage them in order to cover day to day living expenses) are all most of us have left. There are quite a few widows who lost spouses who were bringing income that is no longer there and it is an almost unbearable burden to manage alone. I know one lady who eats soup only 5 nights a week so she can pay for the food and vet bills for her beloved canine companion. She does it gladly to keep the only home they have ever known. Without the benefits of SeniorCare she and her best friend would probably be out on the streets in a matter of months. So many of us are just one wrong step away from homelessness.
6/17/2015	D Barger	The State of WI does not do enough for the older citizens of this state as well as the poor citizens. My husband and I live are living in poverty-not enough food and too costly utilities. Enough already.
6/17/2015	Roger Demark	Seniors need this renewal. Please take seniors serious an help them.
6/17/2015	Jim Costigan	I've worked all my life. I've earned the right to decent health care. I've lived a healthy lifestyle and now need a certain level of care.
6/17/2015	Terry Fillyaw	SeniorCare is a viable and necessary program. Let's keep it going!
6/17/2015	Ken Singer	Please do not change the SeniorCare program. It is working great as is!
6/17/2015	Kelly Witt	I'm not personally a senior citizen, however, I do believe that the elderly should be able to receive assistance whenever needed. A renewal should definitely be reinstated for each member.
6/17/2015	George Kartali	To all of the people in politics and government just leave us old people alone quit trying to bleed our funds of which we paid into alone and just operate with what you have and when you find that you need some more money take a look at what you make and skim some off of that then you will know how we feel.

2015 Public Comments:
Summary

Date	From	Comment
6/17/2015	Chris Mier	SeniorCare is better for seniors than the federal program. My partner took advantage of it. My parents did and do too. Please leave this program available for me when I will need it in few years too. Thank you, Chris Mier
6/17/2015	Susan Lied	The SeniorCare program in Wisconsin is essential to seniors who would not be able to afford their prescription drugs without it. That would also impact health care systems who would experience more ER and hospital admissions when people can't afford so can't take needed meds. Please be sure that this program continues.
6/17/2015	Michael Zimmerman	Without SeniorCare I could not afford all of the medications I need.
6/17/2015	Susan Konwal	This is a must. My mother is 90 with dementia. Please consider. As I am told each week I attend church.....we are called to take care of the elderly and the babies.... Thank you.
6/17/2015	Barbara Tripp	I'm for SeniorCare to stay available and help those seniors that have a hard time paying the price of prescription insurance especially when they don't use very many prescriptions, the cost of the insurance is so high and social security doesn't cover those premiums.
6/17/2015	Susan Knox	I am a Wisconsin senior on a fixed, limited income. I will begin on Medicare in a few months, and hope that SeniorCare will be there for me when I need medication.
6/17/2015	Allen Vogt	SeniorCare is an important resource for many older adults. The number of eligible people continues to increase each year. Now is the time for Legislature to increase the SeniorCare not reduce it.
6/17/2015	Lois Hill	I have no income other than Social Security and the SeniorCare program is the only way I can afford my medications. Taking this away could be a death sentence for me.
6/17/2015	Patricia Evans	Please continue SeniorCare. Do not change it because many senior citizens depend on it and cannot afford Medicare D.
6/17/2015	Paul George	For years the State of Wisconsin and older adults have benefited greatly from the success of SeniorCare. SeniorCare's benefits accrue not only to the State and Citizens of Wisconsin, but to our entire country. SeniorCare has become the nationwide template for providing prescription benefits at huge cost savings to senior citizens in Wisconsin and other states. I and my fellow senior citizens throughout the nation urge you to renew the SeniorCare waiver that has benefited so many, so that many more can continue to obtain its' benefits.

2015 Public Comments:

Summary

Date	From	Comment
6/17/2015	Judith Igl	SeniorCare has meant very, very much over the past years. It has saved us prescription expenses, and also premium. It would be a great disappointment if it were cancelled.
6/17/2015	William Mcaloon	Do what's right.
6/17/2015	Alice Lundstrom	Mom and Dad used SeniorCare and now I can too. Either in your own home or assisted it is the best savings around.
6/17/2015	Deborah Ciepluch	My mother-in-law said she could not afford to live without SeniorCare.
6/17/2015	Shirley Lewis	Seniors need care, we just never know when, so it should be available when we need it.
6/17/2015	Loretta Glenna	SeniorCare is very important to us Seniors so that we can continue to live a more carefree life, instead of worrying about where we are going to be able to afford necessary things that we need to live.
6/17/2015	Mary Lee Rossmaessler	Seniors are particularly vulnerable for many reasons. These include lack of proper nourishment, being able to afford prescriptions and medical care. Please - do not jeopardize these jewels of wisdom in our country - which can include your parents or grandparents. SeniorCare needs no cuts - to do so is heartless.
6/17/2015	Leslie Takkinen	My wife and I really appreciate SeniorCare prescription drug program. It has saved lots of money since we are not requiring any medications. Thank you for having this program. Les & Linda Takkinen
6/17/2015	Heidi Garnello	Not everyone makes more than $25,000 in America even though they worked hard in their lives; now as seniors, since we don't and haven't gotten universal care, at least give us a break now when social security is minimal.
6/17/2015	Dennis Myhre	Having been self-employed for over 25 years I rely on government programs to protect my senior care. Government safety nets are needed to assure my health care and income in retirement.
6/17/2015	Brian Tolbert	I can ill afford anything of my medications to stay alive. I need the assistance.
6/17/2015	Carol Exner	PLEASE keep SeniorCare in the budget. It was a God-send for my mother and many other seniors. Very important.

2015 Public Comments:
Summary

Date	From	Comment
6/17/2015	Darlene Burk	Please continue Wisconsin SeniorCare waiver renewal as it is needed by me.
6/17/2015	Norda Gromoll	SeniorCare is important to my husband and me only to prove we have credible coverage and avoid a penalty if we need to take prescription drugs in the future. We receive no public assistance through SeniorCare. If we needed to fill a prescription we would pay for it. Thank you for your consideration.
6/17/2015	Richard Dickman	Please support Wisconsin's SeniorCare.
6/17/2015	Jim Walsh	I am 72 years old and don't how we can afford health care. Obama care is mess.
6/17/2015	Barbara Bova	Protect Seniors. Vote for a waiver renewal. Remember, one day you will be one of us (unless you die first).
6/17/2015	Michael Kuczek	Please extend the waiver.
6/17/2015	Jacalyn Coutant	
6/17/2015	David Greunke	This is an incredibly useful and cost effective program. It should be continued.
6/17/2015	Hazel Thoreson	We really need this SeniorCare insurance. We already pay more than $300 in co - pays per month between the two of us and our income is only $1700/month. Please do everything to renew this program. I'm sure many more are grateful to have this program to help us live normally.
6/17/2015	Pat Goeddel	The system works and serves the people whom have contributed to the tax base for years.
6/17/205	Ronald Kasper	Help our seniors, you will be in our shoes soon.
6/17/2015	Marcial Martinez	I am a senior of 75 years and an Army Veteran. My wife has benefited with her SeniorCare program. We live on our savings and Social Security that we earned through our working lives. My wife has had two major operations in the past two years. Without SeniorCare we would have lost our home. Please support this program for all seniors; Thanks.

2015 Public Comments:

Summary

Date	From	Comment
6/17/2015	Dawn Marie Sass	SeniorCare has helped my 82 year old mother. She only receives $49.00/month in pension and $500.00 /month in social security. She still has a mortgage to pay along with utilities and taxes. SeniorCare has helped her to get the heart medication she needs.
6/17/2015	Joseph Prebeg	I believe senior people ought to be covered more than ever!
6/17/2015	Brian Clare	I need the support of SeniorCare.
6/17/2015	Sylvia Hecht	SeniorCare was a big help for me when I needed it. I did not have Medicare at the time but work insurance that did not cover some of the medication I needed. I was on a low salary at the time.
6/17/2015	Reinhold Aschmotat	We need SeniorCare for us over 65, just look around and you see many poor on fixed income. Please keep SeniorCare for years to come.
6/17/2015	Christian Chatham	As an EMT I know how important having care for Seniors is. Especially since I fall into that category as well. I have seen a lot of seniors not being able to get the proper care because of the cost. In their lives they have done a lot for us. We should take care of them to show our gratitude for what they have done and shown us. I have seen too many just left to wither away in nursing homes forgotten by their families. I have yet to find a nursing home that I would want to be put in yet. I hope the government does not turn its back on us and take away the funds we have been directed by the government to take out of our checks so there is something there for us. Please think hard on this matter and do not forget our elderly.
6/17/2015	Susan Motisi	Please leave SeniorCare the way it is.
6/17/2015	Charlene Decoster	Please continue this valuable programs for seniors in WI. Too many have to choose between medications or eating. This helps. Our seniors need that help.
6/17/2015	L Buck	My 92 year old mother benefits from SeniorCare. She survives on her meager Social Security income and without SeniorCare she would not afford her prescription medications. SeniorCare provides her with peace of mind. It is a wonderful program for the low income senior citizen.
6/17/2015	Susan Giesau	Protect the seniors.

2015 Public Comments:
Summary

Date	From	Comment
6/17/2015	Monica Byrd	Please keep SeniorCare. After all they do deserve this especially since most worked hard their entire lives so now it's the time to help the seniors.
6/17/2015	Monica Byrd	SeniorCare's important since my mother is on her own and needs this extra help. It's much needed and appreciated.
6/17/2015	Victoria Hoover	Please extend the SeniorCare Waiver. This is a program which does a world of good and it works well. It would be very foolish not to extend this program when financially it does a very good job over what it would cost to use or set up a different system. Do not 'fix' something that isn't broken.
6/17/2015	Lynn Roeder	SeniorCare allows my mother to afford her medicine. Without that, she would go without because of the cost of everything else is so high. Living on a fixed income doesn't allow for any additional expenses. Please allow SeniorCare to continue!
6/17/2015	Lynn Moen	Please continue to support the drug assistant program for SeniorCare. The assistance is so very important to so many. Thanks. Lynn
6/17/2015	Kathy Gibbs	Everything I've read about SeniorCare, and every interview that I've watched on television in the last six months or so, have been overwhelming supportive of SeniorCare. If it works as well as has been described, one would wonder why it might be in danger of not being renewed. We know how important it is to have affordable health care insurance as an option for elderly recipients. Please carefully consider this valuable program for State of Wisconsin residents and vote to renew.
6/17/2015	Lucy Gibson	I greatly hope that the Federal Government will extend the waiver of the State of Wisconsin to run our SeniorCare program, which helps older people stay in their homes rather than moving to nursing homes. I am 66 now, and not looking forward to the possibility of being stuck in a nursing home. The quality of care in nursing homes is usually not adequate, and when it is adequate, it's still not as desirable as being in one's own home. I hope to live as long and healthy a life as I can, and I believe that a nursing home will not make that possible, while staying in my own home will.
6/17/2015	Robert Kranz	SeniorCare is crucial for many of the elderly in Wisconsin.
6/17/2015	Laura Kevin	If it weren't for SeniorCare, Dad would be on Medicaid. This helps to take some worry from him. Our seniors deserve this program. Now, if we can take it one step further and look at drug company profit margins.....

2015 Public Comments:
Summary

Date	From	Comment
6/17/2015	John MacDonald	We need to help seniors in every way we can. These are the people who paved the way to what we enjoy today. It should be and is our turn to repay them for the work they have done to help us so much.
6/17/2015	Carol Patterson	I could not afford my meds without SeniorCare. It's just not possible.
6/17/2015	Kathy Briggs	The prescription drug plan is valuable to me as I don't take any meds so I can get creditable insurance through SeniorCare for $30. I won't get any drugs paid for until I meet a very high deductible; however, since I don't take any drugs, I don't need insurance and yet it is important that I have creditable insurance and I can get it from SeniorCare.
6/17/2015	Therine Schmaeng	Why should seniors spend all their hard-earned money, or worse, go without the medications they need to support their quality of life? Or to stay alive? Costs have skyrocketed since healthcare became for profit.
6/17/2015	Lyle Ennis	I need SeniorCare. I don't make enough money to pay for all my drugs. Please keep SeniorCare going or I will die without my drugs. Thank You, Lyle Ennis
6/17/2015	David Swenson	Please continue to support SeniorCare Program.
6/17/2015	Annette Waitzman	My income is pretty small, I have four prescriptions, two are generic and two are very expensive and I would be hard put to pay full price for them. With my medications I am pretty healthy I go to the gym two or three times a week and I garden growing most of the vegetables and fruit I eat. I may not be able to afford the Part D insurance and the additional charge for the medications and would probably become very depressed. SeniorCare is so important to me and many others who are able to take care of themselves because we have just enough cash left to live on.
6/18/2015	Catherie Wilette	Gov. Walker, et al...Why do you folks keep thinking you need to fix something that is NOT broken. LEAVE SENIORCARE ALONE!!! STOP LINING YOUR POCKETS AND THOSE OF YOUR POLITICAL FRIENDS ON THE BACKS OF THE SENIORS AND MIDDLE CLASS. **SHAME ON YOU**!!!!!
6/18/2015	Lois M. Borkowski	I love SeniorCare. The renewal process is hassle free and the premiums, deductible/ co-pay are affordable. It is the ideal policy for everyone especially us low income seniors.
6/18/2015	Dave Remington	Dave Remington submitted a letter of support for the SeniorCare program. The letter may be viewed in full following this table.

2015 Public Comments:
Summary

Date	From	Comment
6/18/2015	David F. Strzok	Health care costs are rising because of legislation which doesn't funny its requirements - so expenses are passed around in a distorted fashion. I'd like to receive what the social security and Medicare plans promised but no one seems capable of administrating it efficiently. I have no clear notion what filling out this information does for anyone and the name on this page is even contorted. Social Services is a bottomless pit.
6/18/2015	Jelaine Zastrow	In these days of constant contention you would have to be a moron to even think of such an idea much less act on it. We the peons of this democracy are the ones paying your way with our taxes. What say you?
6/18/2015	Cathy Kaufman	I just retired last week and now must make do with the small amount of dollars I will have available for many more years...will need all the breaks I can get as time goes by.
6/18/2015	James Schultz	Continue SeniorCare waiver, please.
6/18/2015	Barbara Reetz	My mom is 88 and she is on SeniorCare. It is very important to me for her sake. It's affordable for her, the plan is easy to understand and there is no confusion. I don't see how the legislature can put so much burden on seniors to help with the state debt. These people are on a fixed income and Wisconsin's SeniorCare is one benefit that shouldn't be taken away. It's a big concern for me because I care about my mom as she is aging.
6/18/2015	Geraldine Graebel	Surprised it got through the Wisconsin legislature! Obama may have to get physical to pry this out of the federal legislature.
6/18/2015	Arleen Granchalek	Please continue the waiver for Wisconsin SeniorCare. It is vital for me since I live on Social Security. Thank you so much.
6/18/2015	Carol Booth	SeniorCare is more fiscally responsible than Part D due to the fact that drug prices can be reduced by negotiating prices with drug companies. Due to this, it is then cheaper for seniors in our state and offers a program that is much easier to enroll in and receive benefits from, than Part D. It just makes fiscal and ease of use sense to continue this valuable program!
6/18/2015	Val Koehler	SeniorCare is a vital program for senior citizens, The savings alone is mind bogling, I am so very thankful for this program for keeping me alive , as I could never afford medication at $300.00 and some. If this is taken away, why don't you just shoot us, that will solve all your problems with senior citizens. God will get you.

2015 Public Comments:
Summary

Date	From	Comment
6/18/2015	Diane Bright	With the costs of food, gas and other living expenses, Seniors are caught in a dilemma, how do we pay for our medications too?
6/18/2015	Keith Zelhofer	I spent my career working as a pharmacist and I know first hand how critical this program is to many seniors. Many of them would not be able to afford to see their doctor or their medication without this program and would have their quality of life significantly decreased if this program were not available. Please continue to offer this program as it is critical to the overall health of the senior population.
6/18/2015	Ilene Grant	Good Morning, My husband and I both have SeniorCare and we love it, it is a good plan and we sure hope that it continues. Thank you for keeping the plan.
6/18/2015	Irene Kutz	I am the Elder Benefit Specialist for Green Lake County. I have helped many consumers from our rural County. They are offend say Life is a struggle â€" whatever you're struggling with, it helps to hear words of encouragement that remind us that we all take knocks in life, but the best things in life come through persistence with WI SeniorCare Program.
6/18/2015	Ronny Bucholtz	Without my medication I will probably die. And affordable prices are currently in my best interest seeing that my medication is over 900.00 a month. That is what I have to pay after my insurance expires. I can't afford that.
6/18/2015	Amalie Milot	It is important that I receive SeniorCare to help me with my prescription drugs. Some are VERY costly. There are other elderly even More in need than I.
6/18/2015	Maxine Handrick	Please vote to extend this care for Seniors of Wisconsin...It is just Basic common sense...In fact it should be continued indefinitely....
6/18/2015	Judy Brodjeski	We must renew SeniorCare Waiver. This generation has worked hard their entire life deserves this help. Please renew.
6/18/2015	Robin House	As a former Pharmacy Tech, I know the cost of many drugs. We are all stuck until the patent runs out on new and helpful medication, and hurts those who need monetarily. I cannot afford $1000 a month for one prescription. Many citizens cannot. Please make sure that you continue SeniorCare for those who need it most. Thank you.

2015 Public Comments:

Summary

Date	From	Comment
6/18/2015	Kathy Pokes	Last year my drug costs with Medicare Part D QUADRUPLED! Medicare Part D picks and choses what medications it will cover. The premium is at least $80-90/month with No negotiation on drug prices. On SeniorCare I pay $30 then have a spend down ($850) with negotiated prices resulting in a huge savings. Why should we pay upwards of approx $90 in premiums PLUS the huge cost of the medications on Medicare Part D? SeniorCare is a huge benefit for those of us struggling on social security. Please do not dismantle it as our absentee college dropout Governor wants to do.
6/18/2015	Memoree Vanhey	Wisconsin SeniorCare helps seniors to sign up easily for pharma assistance. It is simpler for them to understand and they get good deals on their medication.
6/18/2015	Tim Leemon	Please consider continuing SeniorCare for Wisconsin seniors. It is a very valuable and important issue for many seniors to continue to be able to afford their medications. Respectfully, Tim Leemon
6/18/2015	Debra Hoffman	My parents are farmers that raised 9 children and they qualify for SeniorCare which this is the only thing they have taken for a discounted hand out We need to keep SeniorCare for my parentsðŸ˜ŠðŸ˜Š. My parents would also like their voice be heard but they are not computer friendly but you can put their names down also Ronald and MaryAnn Ladick 6905 Seetz Road Vesper, WI 54489. 715-435-3258. Thank you ðŸ˜Š
6/18/2015	Kay Schaefer	Keep the SeniorCare Waiver Renewal in Wisconsin. Excellent program for those not needing the full blown drug plan by Medicare. Why pass on more expenses to an already costly program and things are not getting cheaper. Best program around. Should have modeled ObamaCare after it. Would have saved a lot of money.
6/18/2015	Linda Grueter	SeniorCare is an important program that literally saves lives, we need it. Please do not let this program lapse.
6/18/2015	William Payne	Without aid in health care my son would not be able to get medicine for his asthma & heart problems.
6/18/2015	Mary Kay Bahrke	I really rely on SeniorCare to make get my prescriptions at a reasonable cost. I actually also get Extra Help because I have diabetes and keep ending up in the Part D 'donut hole'. 80,000 people in Wisconsin rely on SeniorCare. Please make the state accept your subsidy to continue this program.

2015 Public Comments:

Summary

Date	From	Comment
6/18/2015	Mary Sladich	The elderly make up 20% of Clark County's population. When the Aging Office brings up SeniorCare folks are very outspoken about the true value of the program. For many of our senior's it is a difference of being able to afford their medications. At one if the senior groups, the senior's themselves brought writing paper, addresses of local legislators, stamps and handed the items out to the folks and asked them to write a personal letter to their legislator to explain to them the value of SeniorCare and to request that no changes be made. We had one couple on level 3 with a higher deductible where the husband is taking an expensive cancer drug. They save all year to make the 1st month's deductible cost and have SeniorCare cover the rest of the year. They would not be able to afford the drug if it were not for SeniorCare and he would not be here today (still living). Their time is precious. With the high poverty rate in Clark County, many of our seniors are on level one. SeniorCare enables them to take the prescribed drugs which provides them with quality in their life. Just today, I had a gentleman in my office. He reached the donut hole in April (for his wife), normally she does not until October. With her recent diagnosis of dementia and prescription for Namenda, etc. he wondered how long they could afford the drugs. We talked about SeniorCare, gave him the application and program description, and encouraged him to apply. He left feeling hopeful and was going to apply. If the proposed changes had gone through with SeniorCare as a wrap around to Medicare D, many of our seniors would have been in trouble.
6/18/2015	Margaret Johnson	I have worked as a nurse in the service of others, if I ever would financially need assistance I would hope that SeniorCare would be there for me.
6/18/2015	Marjorie Braskamp	lease keep SeniorCare going and please do not keep cutting Senior funds and benefits. We worked hard and thought we had set things up the right way ... please. Thank you.
6/18/2015	Rita Pierce	Please keep SeniorCare a viable option for the seniors of Wisconsin. Thank you.
6/18/2015	Rose Franzke	Please keep SeniorCare in Wisconsin!! I have several health issues and if I have to pay full price for all my meds (7 prescription drugs) including inhalers for COPD and meds for Acid Reflux, I will have to discontinue taking them because I can't afford them!

2015 Public Comments:
Summary

Date	From	Comment
6/19/2015	Cole Warner	I believe we have an obligation to take care of our fragile populations -- including infants and seniors. Research seems to indicate that most seniors live on fixed incomes but have need for prescription medications. Given this fact, I would like to see this program extended.
6/19/2015	Liz Wyss	You must not keep cutting programs to help seniors. I feel this is like committing physical abuse to them. Not every single senior in Wisconsin needs this program, so the ones that need it count on it. Stop the non sense and keep helping seniors. I pay state taxes and if it helps them great. They need this to get medicine and doctor care. Thank You, Liz Wyss
6/19/2015	John Barker	We need to keep SeniorCare in the mix of benefits for people 65+, it's a crucial part of our overall health care package.
6/19/2015	Tom Erdman	SeniorCare helps me greatly. I wouldn't mind paying a little more for the annual fee, if it would help out. But to force me into that other program first, Part D, I don't even know what that would mean for the cost to me. I have 8 prescriptions, one of which is $11. per day, so you can see that I am thankful that the committee decided to keep it. I could however, afford to pay more for the annual fee, say up to $100. per year would be OK with me. Thank You, Sincerely, Tom Erdman
6/19/2015	Brian Sieger	Remember these are out parents and forefathers we need to take care of them.
6/19/2015	Susan Furth	SeniorCare is important because it is the care that individuals have worked for all their lives. It is their right, not a privilege. It is important to protect their lives and health. The Preamble to the Constitution of the United States is: We the people of the United States in order to form a more perfect, establish justice and ensure domestic tranquility is all. That means exactly what SeniorCare is all about and SeniorCare needs to be protected. Seniors have worked hard and long and have a right to preserve SeniorCare. Thank you. Sincerely, Susan Fruth
6/19/2015	Conrad Wrzesinski	Please continue to make SeniorCare a viable option to help seniors afford the high cost of medicine prescriptions.
6/19/2015	Kurt Wallace	My father-in-law depends on SeniorCare to augment his meager income. Without SeniorCare, he would have to cut back on his groceries which I already subsidize.

2015 Public Comments:
Summary

Date	From	Comment
6/19/2015	Veronica Heaney	SeniorCare is a well-constructed program that provides much needed assistance to those most in need of medications and who have the greatest need of assistance in paying for them. It is also a cost effective way of meeting the Prescription Drug requirement (without worrying about future penalties) for those who can afford to pay for their medications. I really hope to see its continuance.
6/19/2015	Brenda Isajiw	SeniorCare has really helped me keep my head up financially. My medication was costing over $200 a month and I only got around $1,000 a month from my job (before taxes) and my small social security check together (of which $120 was coming out for my supplemental insurance). I was really struggling financially and I still have to watch how I spend my money but without having to pay $200 a month for medication, SeniorCare gave me just a little more breathing room. I work in a food pantry and I see a lot of seniors having a difficult time with their finances. This help is greatly needed and appreciated by so many seniors or a lot of us couldn't afford to buy our medication.
6/19/2015	Barb Ellingson	I need SeniorCare!!! I don't need any perscriptions at the moment so this insurance is perfect for me. I can't afford other insurance and then not even us it!!! Barb
6/20/2015	Rosemary Reschenberg	PLEASE KEEP THE WAIVER RENEWAL WITH SENIORCARE
6/20/2015	Conrad Wrzesinski	SeniorCare continues to be a very successful program for Wisconsin seniors. The program provides the kind of assistance that is needed in an uncomplicated way for those that benefit from the program. I strongly support the renewal of the SeniorCare Waiver. Conrad and Mary Wrzesinski
6/21/2015	Alex Sobo	Please extend SeniorCare for the elderly in our state. My mother benefited and my mother-in-law is now benefiting from this wonderful program.
6/21/2015	Diane Jarr	Please continue to support the WI SeniorCare Rx program by extending the waiver for three years. Your efforts are greatly appreciated. Sincerely, Diane Jarr

2015 Public Comments:

Summary

Date	From	Comment
6/22/2015	John Hendrick	On behalf of Coalition of Wisconsin Aging Groups, we support changing the SeniorCare deductible to 50/50 co-insurance in an equal amount. The Legislative Fiscal Bureau estimates this will generate $6 million in additional revenue. Alternative: increase program revenues into SeniorCare by changing the current $500 and $850 deductibles into co-insurance. Because each prescription paid for in whole or in part by SeniorCare generates drug company rebates, the prescriptions that are now in the deductible could be a source of new revenue. The following illustration is intended to explain how the change would generate revenue, not how much the actual revenues would be. Using several simplifying assumptions, additional drug company rebates could approach $10 million per year. Specifically, in December 2010 there were 20,500 participants in Level 2A which has a $500 deductible. If each of those participants purchased $1000 of prescriptions in the year, then the change from deductible to 50/50 coinsurance would generate $5.1 million in drug company rebates assuming a 50% rebate rate. (According to LFB, such rebates were 69% of the revenues for the program in the most recent year). Similarly, there were 11,500 participants in Level 2B which has an $850 deductible. If each of those purchased $1700 of prescriptions in the year, then the 50/50 coinsurance would produce $4.9 million assuming a 50% rebate rate.
6/22/2015	Tamara Schonsberg	Please maintain SeniorCare. My mother is a beneficiary of this wonderful program. The cost of medications would be crippling for her and many other on-the-financial-edge senior citizens in Wisconsin. She is grateful, and I am grateful that this program is available to her.
6/22/2015	Shirley Steinke	I feel this is a very good program & should be kept for those of us who have low incomes.
6/22/2015	Jean Dohery	SeniorCare is a wonderful program. As a low-income participant and someone who is not currently on any medications, I would not be able to afford a Medicare D premium on top of the monthly Medicare premium and a monthly Medicare supplement premium (which increases yearly). SeniorCare allows me the prescription coverage that I need in case of the worse case scenario should occur and I will need medication in the future. Wisconsin should be proud of this excellent program which is helping thousand of people.
6/22/2015	David Remington	See enclosed letter immediately following the public comment spreadsheet.

2015 Public Comments:
Summary

Date	From	Comment
6/22/2015	Kathy Gerhardt	This is a very important part of life for seniors.
6/22/2015	Shirley Speier	This is a needed program for seniors and being able to renew it for longer time would benefit me plus, hopefully decrease some of your paperwork. Also each year you must wait for acceptance. Having this waiver extended till 2018 would be great news.... Please make it happen. Thank you.
Total	363	

2015 Public Comments:
Summary

Comments	17
In Favor	17
Opposed	0

Speaker / Participant	Designation	Type	Comment
Sybil Better	Consumer	Written	I support the continuation of the SeniorCare program. The program is working well and should be continued in it's current form. Over 85,000 seniors are dependent on this program. It provides affordable drug coverage for those with low income. And the program is "very efficient." SeniorCare also provides creditable coverage for those who don't want or need Medicare D currently, but who may want to enroll in the future.
Susan Fadness	Consumer	Written	Please do not change SeniorCare or Family Care. Both programs need to remain the same as they currently exist. These programs have positive assistance for people as they currently exist. Many elders would not be able to exist if changes are made. People would go without services and necessary medications if they need to pay more. SeniorCare does not cost tax payers more, there are other sources that fund it. Keep these positive programs. Let Wisconsin be a leader for excellent, low cost,
Jim Flaherty	Advocate	Written	SeniorCare is a win-win for Wisconsin, saving millions of dollars for the state and giving affordable drugs to low-income seniors. Extending the waiver and keeping SeniorCare exactly the same as it is now is a no-brainer for Wisconsin. Don't try to fix
Patsy Evans	Advocate	Written	I love SeniorCare. Please do not get rid of it and keep it the same.
Gary A. Glover	Advocate	Written	I'm saddened by the proposal of cutting SeniorCare by 40% like our Gov. Walker wants. This would devastate the people that need this service and are living on a fixed income. We must keep these prescription drugs affordable. Seniors can't be strapped by higher prices. This program has been proven that it works and it saves money for the State of Wisconsin. Keep SeniorCare, it works!!
Carol Green	Advocate AARP	Written	My mother is on SeniorCare and has been for several years. She lives in a subsidized building and is on a fixed income. Any changes to or the loss of the SeniorCare program would result in a hardship for her. Please do not make any changes to SeniorCare that would cost my mother as well as other seniors additional fees they cannot afford. Please leave SeniorCare alone!!
Patrick Meyer	Advocate	Written	Support waiver request for SeniorCare program as it is. It is not broken, don't fix it. Any changes made in the course of the state budget should call for a separate hearing for public comment.

2015 Public Comments:
Summary

Speaker / Participant	Designation	Type	Comment
Georgia J. Frazier	Advocate	Written	85,000 people sign up for SeniorCare each year. The budget changes proposed would only increase their costs. Making life even harder. Any changes in the SeniorCare budget should be subject to public comments.
Jacqueline I. Scherrer	Consumer	Written	I am a Wisconsin resident- formerly from Illinois. Illinois has nothing like this for seniors- turns out, it's only in Wisconsin. Something officials can be proud of and brag about. I am a senior of some means and will tell you that even if you have a lot of money- you can't afford some medicines without being wiped out fairly soon. Some (most) seniors are doing fine on the current rate, but many cannot afford a higher rate. They have contributed (work) all their lives and are doing OK as is. Please keep SeniorCare and the rate as is.
Wilma Lamont	Advocate	Written	So many people need SeniorCare. Please consider them when you are planning the budget. What we now have works well. Fee increase would be difficult for many seniors on fixed incomes. Thank you.
Joan	Advocate	Oral	Keep SeniorCare as is. See everyday how it helps seniors in Wisconsin.
Jill McHone & Amy Jordan	Advocate	Oral	Leave SeniorCare as is. I am a social worker at the senior center. I have signed a lot of people up for SeniorCare. A lot would be affected by the change. It's successful. Keep it as it is.
Helen Marks Dicks	Advocate-AARP	Oral	I am a strong supporter as is. Work with the legislature so there are no changes. If changes are made because of not taking our advice- we want a public meeting so we can voice our concerns.
Helen Marks Dicks	Advocate-AARP	Written	We support the waiver to continue of the SeniorCare waiver as it is today. If there are changes put in the waiver we would like a new hearing to comment on them.
James Lamont	Advocate	Oral	We support continuing SeniorCare. All of the discussion in the meeting today has been how it effects the bureaucracy. Nothing has been said how if effects the people. What's the actual cost to them? It's coming out of their pockets. Bring the discussion down from the bureaucratic level to the public level.

2015 Public Comments:
Summary

Speaker / Participant	Designation	Type	Comment
Judith Joslin-Crary	Advocate/ Consumer	Oral	Support extending the waiver for the program as is. The proposal would create financial hardships. This is a self sustaining program. Seniors and the state benefits. State benefits if we are not spending money on medications, it goes back into the state. I would rather see the money go back into the state rather than see the money go to a drug company. Every dollar they (seniors) spend, they have budgeted carefully. Money's not growing- interest rates suck. This is money out of the pot. At this rate we will out live the money. We are asking for help. Rather than not spend money that way. Seniors need the same increases as everyone else. SeniorCare is more effective then Part D. Keep so we (seniors) can help with the economy and not the drug sections.
John Green	Advocate-AARP	Oral	Save as is. Accept Medicaid dollars to improve all Badger programs. I grew up with the Wisconsin idea. SeniorCare / BadgerCare- all good programs. Mother- in-law is retired at 96 years old. She has been productive all her life. Medicare Part D comes around and she is confused on what program to take. My wife and I are not on SeniorCare. My Mother -in-law found out about SeniorCare and was happy. It's easy to understand and she didn't have to make all of these decisions. I have a great-granddaughter that had a stroke before she was born. She will never be able live on her own. Need to keep these program now. If we don't who will keep the programs in the future?
Total	17		

2015 Public Comments:
Summary

Comments	14
In Favor	14
Opposed	0

Speaker / Participant	Designation	Type	Comment
Bob Hasse	Advocate	Oral	Don't change anything in the SeniorCare program. Renew the waiver. He is a board member of WI Allegiance of Retired Americans. Both his wife and him are on SeniorCare from it's inception. $30 enrollment fee is great. Low income seniors benefit from SeniorCare. Cash rebates from drug companies goes into the state coffers. $80 million equals state money. There are 85,000 satisfied participants. Continue SeniorCare as it is. ARA supports the motion that was brought forward at the SeniorCare Advisory Committee meeting the day before.
Charles Kurtz	Consumer/ Advocate	Oral	Keep SeniorCare the same. Charles has been a volunteer for AARP for many years. He witnessed the inception of SeniorCare and how eagerly it was received. He still sees the joy it brings it new seniors who apply for this program. He promotes SeniorCare every time he meets with seniors. It is the best drug program in the industry, so why would you consider changing it?
Regina Deutsch	Advocate	Oral	She supports the SeniorCare Advisory Committee's motion. One -third of all members use SeniorCare as creditable coverage. SeniorCare has a very significant savings for seniors. The state saves money. Thank you.
Michael Hineberg	Advocate	Oral	Keep SeniorCare. His mother benefited from SeniorCare. It helped her survive. If SeniorCare is moved to a private industry it would be a travesty. The program will not have the same sensitivity if it were moved to a business model. It's simple. It was made by Wisconsin for Wisconsin. Keep it as is.
Julie Alexander		Oral	She has aging parents and supports SeniorCare as it stands today. It's a home grown program. She doesn't understand why it would go to a federal program when we don't accept other federal funds. Keep the program as it is. We would lose a lot of rebates. It helps keep the drug costs down.

2015 Public Comments:
Summary

Speaker / Participant	Designation	Type	Comment
Vi Hawkins	Consumer	Oral	Keep SeniorCare as it is today. It works for seniors without changing any waivers. Keep Long Term Care, Family Care and IRIS also. Keep SeniorCare as it is a vital program for seniors. It works well, why change it? It helps seniors through their lives. Gov. Walker needs to stay out of the federal government. Why hand it over to the federal government? The costs go up. She has Part D and it is hard to find an organization to supply her needs. Why make their lives any harder then it already is. Seniors have lived their lives and paid their dues. There aren't hearses pulling U-Hauls behind them with the money in it. Why do the big spenders try to redirect what the seniors do?
Edward J. Olson	Advocate	Oral	He is a former chairperson of the Milwaukee County Commission of the Aging. There is a clear success and appropriateness of the program. He has seen the evolution of the program. Older adults were identified and asked what they needed. Their answers were essentially SeniorCare. Everyone understands what the program does. The program is the best possible program for Wisconsin. How can you turn down $80 million from the feds? Gov. Walker- be damned if SeniorCare isn't extended as it is.
Robert Pietrgkowski	Advocate/ Consumer	Oral	He is a chairperson for the Milwaukee County Aging & Disables Resource Center. Keep SeniorCare as is. His Father-in-law was in SeniorCare since it began. He couldn't believe that there was this kind of a benefit out there. This is a big benefit for seniors. He is a professional consultant and unless those that abstained on the vote at the SeniorCare Advisory Committee meeting had a conflict of interest, they should have voted. He is very offended that they didn't vote on the motion.
Judith Roth	Consumer	Written	SeniorCare has proven to be an excellent program that benefits Wisconsin senior citizens both in healthcare and financially. It needs to be continued AS IT CURRENTLY WORKS / IS WRITTEN. Seniors benefit in the cost effectiveness and the state benefits from rebates from the federal government and pharmacies. Extend the program without change.
Rita Bruce	Advocate-AARP/ Consumer	Written	Please continue SeniorCare just as it is. I love SeniorCare.

2015 Public Comments:
Summary

Speaker / Participant	Designation	Type	Comment
Fred Knueppel	Advocate	Written	I am the President of Franklin Senior Citizens, Inc. and a member of the Milwaukee County Department of Aging. Please keep SeniorCare as it currently works. The loss of this program will have detrimental effect on seniors. The cost shift is not a good program change. Drug companies provide $52 million dollars into this program. We seniors can't afford that loss. Thank you.
Patricia Spannraft	Consumer	Written	Appreciate leaving SeniorCare as is!
Deborah Hoffman	Consumer	Written	Leave SeniorCare as is!
David Hoffman	Consumer	Written	Leave SeniorCare as is!
Total	14		

REMINGTON INSURANCE

David J. Remington
1309 Merryman Street
Marinette, WI 54143
Phone & Fax: (715) 735-3936
E-mail: bestpolicy@new.rr.com

June 18, 2015

Carol Cole
The Department of Health Services

Re: SeniorCare Comments

Dear Carol Cole:

Thank you for allowing me to submit my comments regarding SeniorCare. I have been an insurance agent since 1980 and an independent broker for the past 13 years. Most of the business I've worked with in all those years was Medicare Supplement, and more recently Medicare Advantage and Part D Prescription Drug plans. Over the years I've enrolled probably well over 100 people into SeniorCare. Despite the fact that I don't get paid for enrolling folks into SeniorCare as opposed to being paid when I sell them a Part D drug plan, I always try to get all the options on the table and help the client pick what will be best for them.

.

When SeniorCare was the only option for most people because the Part D drug plans hadn't been invented yet, SeniorCare made a world of difference to folks with high drug costs. By its design as an income-based program, it helped the truly needy the most. Those who didn't have other options for drug coverage and had to find a way to pay for their medications plus all of the other routine living expenses could count on SeniorCare to make their prescriptions affordable. The advent of the Part D drug plans helped a lot and gave people many more choices, but SeniorCare was and is the preferred choice for many people. It is my hope that SeniorCare will continue to be an option for those who need it.

I've found that different groups of people benefit from SeniorCare. The first is the people who it was designed to help: those who use SeniorCare as their only source of help for prescription drug expense. Those with the lowest incomes get the most help with drug costs. The $30 annual cost is much more affordable than the Part D drug plans, which range from $188.40 to $1,560.00 per year. The $5 and $15 co-pays are

usually much lower that the co-pays typically found in the Part D plans. The simplicity of SeniorCare makes it much easier to understand than the Part D drug plans. And the fact that SeniorCare does not have a donut hole makes SeniorCare a far better choice for many people.

Another group of people who benefit from having SeniorCare are those who bought a Medicare Supplement plan several years ago during the time that at least one insurance company paid for insulin and all prescription drugs related to diabetes. Since those Medicare Supplement plans were guaranteed renewal for life, and were doing such a great job paying for diabetes, some folks still have those plans. The drug coverage in those plans is not creditable coverage, so those folks are likely targets for Part D Late Enrollment Penalties if they choose to join Part D in the future. By joining SeniorCare, they are fulfilling the requirement of having creditable coverage, allowing them to join Part D in the future without penalties or delays. And the annual fee of $30 they pay in will not have any claims against it, so their annual fees can help keep SeniorCare solvent.

Another group of people who benefit from having SeniorCare are those who have a Medicare Advantage plan. Many of these folks cannot afford the more comprehensive Medicare Supplement plans, so a Medicare Advantage plan is a good alternative for them. With SeniorCare providing their prescription drug coverage, they can enroll in a Medicare Advantage plan that does not provide drug coverage. This often is much less expensive than buying a Medicare Advantage plan that does include prescription drug coverage.

Another group of people who benefit by having SeniorCare is the folks who don't take any prescription drugs and have no drug expense. Many resent the fact that the federal government forces them to buy a product (a Part D drug plan) that they don't need, don't like, and, in some cases, can't afford. With SeniorCare, they can save money now, when they don't need benefits, and later on join Part D without penalties or delays.

One final group that comes to mind is that bunch of good folks who have been doing the work to make SeniorCare work for everybody else for so many years. It takes people to process applications, service claims, address customer service issues, and all to other tasks that get done somehow to make the whole thing work. What will become of these good folks if SeniorCare goes away?

The only complaints I can recall ever hearing about SeniorCare is that it's not available to people who are under 65 years of age, and that it does not cover shingles shots.

As I understand it, SeniorCare was allowed to continue after the Part D drug program was launched by the federal government because it did a better job for the clients at less cost than Part D would have done. Every three years the same negotiations take place and the same conclusions are drawn, so SeniorCare is allowed to keep doing what it does so well for another three years.

I encourage you and all the other folks involved in the process to keep SeniorCare in its present form so it can keep helping all of those folks who have come to rely on it, plus those who would benefit from this fine program in the future. Maybe I'll be a candidate some day! If there are new ideas or ways to improve SeniorCare, by all means they should be investigated. But don't take away a program that does so much for so many.

Thank you,

David J. Remington, 527713