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OFFICE OF THE GOVERNOR
STATE OF WISCONSIN

P.O. Box 7863
MADISON, WI 53707

June 15, 2018

Seema Verma, Administrator
Department of Health and Human Services
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Dear Administrator Verma:

On July 1, 2002, Wisconsin received the necessary waiver approvals from the Centers for Medicare & Medicaid Services to operate SeniorCare, a prescription drug benefit for seniors age 65 and older, as a five-year demonstration project. The SeniorCare waiver extends Medicaid eligibility through Title XIX of the Social Security Act of 1965 to cover prescription drugs as a necessary primary health care benefit. The current waiver period extension is set to expire December 31, 2018.

This letter is to formally request an extension to Wisconsin's SeniorCare Section 1115 research and demonstration project for an additional ten years, extending from January 1, 2019, to December 31, 2028.

Since its implementation on September 1, 2002, the SeniorCare waiver program has successfully delivered a comprehensive outpatient drug benefit to more than 290,000 seniors in the state. With a simplified enrollment process, \$30 annual enrollment fee, income based deductibles and copayments of \$5 for generic drugs and \$15 for brand named drugs, SeniorCare members have affordable access to creditable drug coverage.

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.

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 research and demonstration project. We look forward to working with you to renew this valuable program for Wisconsin seniors.

Sincerely,



Governor Scott Walker

Wisconsin Application Certification Statement - Section 1115(a) Extension

This document, together with the supporting documentation outlined below, constitutes Wisconsin's application to the Centers for Medicare & Medicaid Services (CMS) to extend the 1115 research and demonstration project for the SeniorCare Prescription Drug Assistance Program for a period of 10 years pursuant to section 1115(a) of the Social Security Act.

Type of Request (*select one only*):

 X **Section 1115(a) extension with no program changes**

This constitutes the state's application to the Centers for Medicare & Medicaid Services (CMS) to extend its demonstration without any programmatic changes. The state is requesting to extend approval of the demonstration subject to the same Special Terms and Conditions (STCs), waivers, and expenditure authorities currently in effect for the period January 1, 2016, through December 31, 2018.

The state is submitting the following items that are necessary to ensure that the demonstration is operating in accordance with the objectives of title XIX and/or title XXI as originally approved. The state's application will only be considered complete for purposes of initiating federal review and federal-level public notice when the state provides the information as requested in the below appendices.

- **Appendix A:** A historical narrative summary of the demonstration project, which includes the objectives set forth at the time the demonstration was approved, evidence of how these objectives have or have not been met, and the future goals of the program.
- **Appendix B:** Budget/allotment neutrality assessment, and projections for the projected extension period. The state will present an analysis of budget/allotment neutrality for the current demonstration approval period, including status of budget/allotment neutrality to date based on the most recent expenditure and member month data, and projections through the end of the current approval that incorporate the latest data. CMS will also review the state's Medicaid and State Children's Health Insurance Program Budget and Expenditure System (MBES/CBES) expenditure reports to ensure that the demonstration has not exceeded the federal expenditure limits established for the demonstration. The state's actual expenditures incurred over the period from initial approval through the current expiration date, together with the projected costs for the requested extension period, must comply with CMS budget/allotment neutrality requirements outlined in the STCs.
- **Appendix C:** Interim evaluation of the overall impact of the demonstration that includes evaluation activities and findings to date, in addition to plans for evaluation activities over the requested extension period. The interim evaluation should provide CMS with a clear analysis of the state's achievement in obtaining the outcomes expected as a direct effect of the demonstration program. The state's interim evaluation must meet all of the requirements outlined in the STCs.

- **Appendix D:** Summaries of External Quality Review Organization (EQRO) reports, managed care organization and state quality assurance monitoring, and any other documentation of the quality of and access to care provided under the demonstration.
- **Appendix E:** Documentation of the state's compliance with the public notice process set forth in 42 CFR 431.408 and 431.420.

Section 1115(a) extension with minor program changes

This constitutes the state's application to the Centers for Medicare & Medicaid Services (CMS) to extend its demonstration with minor demonstration program changes. In combination with completing the Section 1115 Extension Template, the state may also choose to submit a redline version of its approved Special Terms and Conditions (STCs) to identify how it proposes to revise its demonstration agreement with CMS.

With the exception of the proposed changes outlined in this application, the state is requesting CMS to extend approval of the demonstration subject to the same STCs, waivers, and expenditure authorities currently in effect for the period [insert current demo period].

The state's application will only be considered complete for purposes of initiating federal review and federal-level public notice when the state provides the information requested in Appendices A through E above, along with the Section 1115 Extension Template identifying the program changes being requested for the extension period. Please list all enclosures that accompany this document constituting the state's whole submission.

1. Section 1115 Extension Template
2. [List Enclosure]
3. [List Enclosure]
4. [List Enclosure]

The state attests that it has abided by all provisions of the approved STCs and will continuously operate the demonstration in accordance with the requirements outlined in the STCs.

Signature: _____

[Governor]

Date: _____

6-15-2018

CMS will notify the state no later than 15 days of submitting its application of whether we determine the state's application meets the requirements for a streamlined federal review. The state will have an opportunity to modify its application submission if CMS determines it does not meet these requirements. If CMS reviews the state's submission and determines that any proposed changes significantly alter the original objectives and goals of the existing demonstration as approved, CMS has the discretion to process this application full scope pursuant to regular statutory timeframes for an extension or as an application for a new demonstration.

STATE OF WISCONSIN DEPARTMENT OF HEALTH SERVICES

Wisconsin SeniorCare

A Pharmaceutical Benefit For Low-Income Seniors

1115 Demonstration Project Renewal
Final Application

Final Application Date: June 15, 2018

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I. INTRODUCTION

The Wisconsin Department of Health Services (DHS) requests a 10-year renewal of its section 1115 research and demonstration project for the SeniorCare Prescription Drug Assistance Program. The current waiver is scheduled to expire on December 31, 2018. DHS requests that the waiver be renewed for an additional 10-year period, from January 1, 2019, through December 31, 2028.

Background

On July 1, 2002, DHS 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 of the Social Security Act of 1965 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 \$24,280 for an individual and \$32,920 for a two-person family in 2018.

Since its implementation on September 1, 2002, the SeniorCare waiver program has successfully delivered a comprehensive outpatient drug benefit to more than 290,000 seniors in the state.

Advantages of SeniorCare

Simple Application and Enrollment Process

The SeniorCare application consists of a simple application form which must be mailed to the SeniorCare central application processing center with a \$30 enrollment fee. SeniorCare requires no asset test. 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 reapply 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 over-the-counter insulin, as well as prescription drugs with a federal rebate agreement. 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. All SeniorCare members pay an annual \$30 enrollment fee and incur copays 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 2017, total drug expenditures of \$109 million billed to the SeniorCare program were reduced by manufacturer rebates, member cost sharing, and third-party insurance to a total of just over \$23 million, which was paid for by state and federal tax dollars.

By leveraging rebates on this scale, which cover 52 percent of the amount paid to pharmacies, Wisconsin has successfully held drug companies accountable for contributing to reduced drug expenditures and creating 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 9,054 intervention-based services and 793 comprehensive medication review and assessment (CMR/A) services from September 2012 to January 2018. Intervention-based services are no longer a separately reimbursed service as of April 1, 2017. A reduction in inappropriate medication use and an increase in medication adherence can ensure seniors stay healthier and reduce inappropriate medical expenditures.

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

DHS 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 facilities, and other medical services. These savings will offset the costs of continuing the SeniorCare waiver program. The Medicare program will also realize reductions in expenditures through reduced hospitalizations for this population group.

The SeniorCare waiver 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 \$40 million for state fiscal year 2017.

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 state fiscal year 2017, SeniorCare members had cost sharing of \$12.1 million in drug costs of \$109 million.

Keeps Seniors Healthier, Longer, and Reduces Medicaid Costs

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

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 results 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 aggregate health care costs.

B. Current Medicaid Eligibility for Elderly, Blind or Disabled

1. SUPPLEMENTAL SECURITY INCOME

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, individuals who qualify for and receive the federal SSI payment are the federally mandated coverage group. Wisconsin has also chosen to cover optional groups of people who receive a state-only supplemental payment, as well as people 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 because of employment earnings, but who still have the condition that caused the disability. These individuals meet all non-disability criteria for SSI except income. Wisconsin also covers individuals who were once eligible for both SSI and Social Security payments but who lost their SSI for any reason); however if certain cost-of-living adjustments were excluded from their income, they would be eligible for SSI-related Medicaid. Similar Medicaid continuations are provided for 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 offers Medicaid coverage to medically needy elderly, blind, or disabled individuals. By federal law, the associated income limits 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 for 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 residents of a medical institution 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 less 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 work activity 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 Beneficiary (QMB):** These are individuals whose income does not exceed 100 percent of the FPL and whose resources do not exceed the program limit are entitled to Medicare hospital insurance benefits (i.e., Medicare Part A). The resource limit is adjusted annually in accordance with increases in the consumer price index. In 2018, the resource limit is \$7,560 for an individual or \$11,340 for a married couple. For these individuals, Medicaid pays 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 Beneficiary (SLMB):** Medicaid pays the full Medicare Part B premium for individuals who otherwise meet the QMB requirements but have income between 100 and 120 percent of the FPL.
- **Specified Low-Income Medicare Beneficiary Plus (SLMB+):** Medicaid pays the full Medicare Part B premium for individuals who are not eligible for full-benefit Medicaid who otherwise meet the QMB or SLMB requirements and who have income between 120 and 135 percent of the FPL.
- **Qualified Disabled and Working Individual (QDWI):** 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, not otherwise eligible for Medicaid, have income at or below 200 percent of the FPL, and have assets up to twice the SSI resource limits.

C. Overview of the SeniorCare Demonstration Project Renewal Program

In response to the critical need for prescription drug coverage for the elderly, Wisconsin established a prescription drug assistance program titled SeniorCare through 2001 Wisconsin Act 16. SeniorCare statutes required DHS to submit to the federal Department of Health and Human Services (HHS) a request that SeniorCare be covered under a section 1115 research and demonstration project, which was granted in 2002. This section and Appendix A describe the history of the SeniorCare demonstration project.

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. This includes application processing, claims processing, federal reporting, and safeguards for fraud and abuse.

The successful and popular SeniorCare program has historically received strong support from the Wisconsin Legislature, which has provided funding for SeniorCare since its inception in 2002. These state funds cover approximately 10 percent of the SeniorCare program.

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 290,000 Wisconsin seniors. As of March 2018, more than 46,000 seniors were enrolled in 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:

- Offer a prescription drug benefit that provides comprehensive coverage comparable to Medicare Part D prescription drug plans, but has a simple application and enrollment process, a broad network of pharmacy providers, and affordable and predictable cost sharing for costly but essential drugs.
- Help to preserve the health and quality of life of the senior population, resulting in lower utilization and expenditures of other health care services and savings to the Medicare and Medicaid programs.
- Protect the finances of low-income seniors, reducing the rate at which seniors spend down to Medicaid eligibility and become entitled to Medicaid benefits.

- 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 53 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 prescription drugs and over-the-counter insulin as currently provided under the Wisconsin Medicaid state plan. Seniors with prescription drug coverage under other plans are also eligible to enroll in SeniorCare, and SeniorCare will cover eligible costs that are not covered by the 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 of the FPL and at or below 200 percent of the FPL are also responsible for the first \$500 of prescription drug costs each year at the SeniorCare rate.

The simple SeniorCare application form requests the applicant's name, birth date, Social Security number, income, residence, spouse's name, and other limited information needed to determine their eligibility. Seniors submit signed applications by mail to a central processing center administered by DHS.

Applicants receive notices about their eligibility, whether they have an annual payment, and other information about their participation in the program. Once they are enrolled in SeniorCare, members receive an identification card that is distinct from the ForwardHealth card that they use when purchasing prescription drugs. A member's enrollment in SeniorCare begins on the first day of the month following the date their completed application is received and they meet all enrollment rules, including paying the enrollment fee. Once someone is enrolled in SeniorCare, they 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 passes away, they are no longer eligible for the SeniorCare waiver program.

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, prospective and retrospective drug utilization review, and other cost containment processes. The POS system allows Medicaid-enrolled providers to submit 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 a member's deductibles and copayments. This information is 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 and other economic support programs. A SeniorCare customer service hotline, which began operating 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 SeniorCare eligibility and enrollment functions. DHS leverages existing system capacity to meet the program needs in the most efficient way.

II. SENIORCARE OBJECTIVES

1) Keeping Wisconsin seniors healthy by providing a necessary prescription drug benefit with low administrative burden and high level of member satisfaction.

Enrolling in programs like Medicaid and Medicare Part D often requires a significant administrative burden and that may lead to confusion and poor coverage decision-making by many seniors. SeniorCare has a simple application, enrollment, and renewal process that provides a valuable and necessary prescription drug insurance benefit for Wisconsin seniors.

2) Helping protect the finances of low-income Wisconsin seniors by controlling prescription drug costs and reducing financial barriers to obtaining needed medications.

Many seniors, including seniors enrolled in Medicare Part D, face problems affording medically necessary prescription drugs. SeniorCare helps reduce these financial barriers by providing affordable and predictable cost sharing.

3) Reducing the rate of increase in the medical services provided to this population such as hospital, emergency department, and nursing facility services.

A senior who takes his or her medications is more likely to have reduced medical spending, therefore decreasing overall health care costs. SeniorCare helps to preserve the health and quality of life of the senior population, resulting in lower utilization and expenditures for other

health care services and savings to the Medicare and Medicaid programs.

III. DEMONSTRATION PROJECT RENEWAL PROGRAM DESIGN

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

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 of 1965. Certain groups, such as pregnant women and the elderly, are considered categorically eligible if they also meet income criteria based on the FPL. Individuals are considered medically needy if they cannot afford to pay their medical bills and would be categorically needy except for their slightly higher income. To be eligible for prescription drug services under the SeniorCare waiver program, individuals must meet all of the following eligibility requirements:

- Be a Wisconsin resident.
- Be a U.S. citizen or have qualifying immigrant status.
- Not be a recipient of full-benefit Medicaid. This does not include low-income Medicare beneficiary programs QMB, SLMB, SLMB+ or QDWI.
- Be age 65 or older.
- Have household income at or below 200 percent of the FPL.
- 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 a 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 Medicaid for the elderly, blind, or disabled deductions and other deductions are not applied.
- In cases of self-employment income, current policy for Medicaid for the elderly, blind, or disabled is followed. Therefore, deductions for allowable business expenses, losses and depreciation are permitted for individuals with self-employment income.
- Income is determined annually on a prospective basis.
- A fiscal test group that is consistent with current policy for Medicaid for the elderly, blind, or disabled is used. Thus, individual income is used for a married person not living with their spouse, and joint income is used for a married person living with their spouse. These income amounts are compared to the FPL for a group size of one if counting only the income of the individual, or for a group size of two if counting the income of the applicant and their 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 mail.
- A central unit administered by DHS processes the application.
- Near the end of the individual's year of eligibility, DHS notifies the individual of the need for an annual redetermination of their eligibility. DHS provides the individual with a pre-printed renewal form containing some of the information they provided the previous year. To continue coverage, the individual must complete the renewal form in a timely manner and pay the annual enrollment. The renewal must be processed and approved by DHS.
- Upon initial 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.

The SeniorCare enrollment process focuses primarily on eligibility for the SeniorCare waiver program. Seniors are also advised to consider Medicare Part D enrollment to cover their prescription drug needs or to complete a full Medicaid application if they are applying for benefits other than prescription drugs.

C. Enrollment Periods

The enrollment periods for members enrolled in SeniorCare 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 passes away, they are no longer eligible for the SeniorCare waiver program.
- If a member loses eligibility due to a change of income, they 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 participating in the program on the first day of the month following the date their completed application is received and they meet all enrollment rules, including paying the enrollment fee.
- SeniorCare enrollment is only prospective. There is no retroactive enrollment in the program.

D. Coordination of Benefits

The SeniorCare waiver program extends coverage only to prescription drugs and to over-the-counter insulin. These are drugs that are currently covered by the Wisconsin Medicaid state plan. Benefits are coordinated similarly to the Medicaid program. The SeniorCare waiver program uses a combination of automated, pre-payment cost avoidance within the 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 or Medicare, the pharmacist is required to submit the MTM claims to other payers.

SeniorCare is the payer of last resort for covered services.

E. Cost Sharing

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

1. ANNUAL ENROLLMENT FEES

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

2. ANNUAL COSTS FOR CERTAIN SENIORCARE MEMBERS

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

- SeniorCare members with income above 160 percent of the FPL and at or below 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 chooses to receive MTM services and their income is above 160 percent of the FPL and at or below 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 and at or below 200 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

There are certain circumstances when Medicaid and SeniorCare need to coordinate benefits and enrollment policies between the two programs:

- SeniorCare members whose income decreases to allowable Medicaid eligibility levels and who want to receive full Medicaid benefits must apply. They must apply for full-benefit Medicaid through the normal Medicaid application process and be determined eligible for the program.
- Except during the 30-day initial processing period, the enrollment fee is not refundable to SeniorCare members who become eligible for full Medicaid benefits during their 12-month SeniorCare benefit period. SeniorCare will remain open to these individuals. Thus, if they subsequently become ineligible for full Medicaid benefits during the 12 months, they will automatically be able to receive SeniorCare benefits for the remainder of the 12-month period without having to pay another \$30 fee.
- SeniorCare members who are terminated from the SeniorCare program or who fail to reenroll will not be automatically reviewed for eligibility for other Medicaid programs prior to termination.

G. Benefits

1. PHARMACY BENEFITS

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

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

- The drug is approved by the federal Food and Drug Administration.
- The manufacturer signed a rebate agreement with CMS.
- 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. Like Wisconsin Medicaid, which covers certain over-the-counter drugs, SeniorCare extends coverage to over-the-counter insulin.

2. MEDICATION THERAPY MANAGEMENT BENEFITS

The MTM benefit consists of private consultations between a pharmacist and a member to review the member's drug regimen, as currently provided under the Wisconsin Medicaid state plan.

CMR/A allows 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 the 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

Drugs covered by SeniorCare are reimbursed according to a separate ingredient cost and professional dispensing fee. Ingredient cost reimbursement is based on actual acquisition cost as defined by 42 CFR §§ 447.502. Professional dispensing fee reimbursement is based on a cost-of-dispensing survey, which collects information on the pharmacy costs associated with filling a prescription.

Any changes to ingredient cost or professional dispensing fee methodologies for Wisconsin Medicaid benefits will automatically apply to SeniorCare.

I. Cost Management Strategies

To further enhance the primary health care benefits and the cost-effectiveness of the SeniorCare waiver program, DHS 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 POS

Wisconsin Medicaid maintains a pharmacy POS electronic claims management system for Medicaid fee-for-service. The POS system allows providers to electronically submit real-time claims for prescription 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. This occurs 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 system screen provides the pharmacist with information about potential contraindications for the member by activating alerts that identify the following problems, which are 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.
- 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, DHS performs retrospective DUR. During the DUR cycle, drug claims

are reviewed against DUR Board-approved criteria and member profiles are generated. Pharmacists then individually review the member profiles for clinical significance. Each month, 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 who have seen members who may be potentially impacted by the concern.

4. STATE MAXIMUM ALLOWED COST LIST

Under Wisconsin's Medicaid state plan approved by 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 prescription or over-the-counter drugs), regardless of manufacturer.

If Wisconsin Medicaid establishes a SMAC for covered outpatient drugs, then the SMAC rate will be published on a state and specialty pharmacy drug reimbursement rate list. SeniorCare will use the Wisconsin Medicaid SMAC list.

5. MEDICATION THERAPY MANAGEMENT

Wisconsin Medicaid's MTM program provides pharmacists with professional fees for providing CMR/As to Wisconsin Medicaid and SeniorCare members.

CMR/As 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 prior authorization (PA) for certain drugs in order to receive reimbursement for those drugs. PA requests may be submitted electronically for most drugs requiring PA. DHS requires prior authorization for certain drugs to:

- Prevent potential drug abuse or misuse.
- Monitor use of drugs for cosmetic reasons only (e.g., weight loss drugs not used to treat morbid obesity).
- 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 a brand name. 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

On October 1, 2004, DHS 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 Prior Authorization Advisory Committee (PAC). This committee is composed of physicians, pharmacists, advocates, and consumers from the state of Wisconsin.

To determine drugs to be included on the PDL, the PAC reviews evaluations of a drug's relative safety, effectiveness, clinical outcomes, and the relative cost. 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 generally 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, opioid script limit, and limits on MTM services.

IV. DEMONSTRATION PROJECT RENEWAL PROGRAM ADMINISTRATION

A. Administering Agency

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

B. Financing

Prescription drug services under the SeniorCare waiver program are funded jointly through state general purpose revenue funds and matching federal funds. Additional program revenue for the SeniorCare waiver program comes from annual enrollment fees, copayments, and drug rebates. DHS currently has drug rebate agreements with all pharmaceutical companies participating in the Medicaid rebate program, pursuant to § Section 1927 of the Social Security Act of 1965.

C. Provider Network

The SeniorCare waiver program provides access to a robust network of pharmacies. There are currently 1,300 in-state pharmacies and another 100 out-of-state pharmacies that are Medicaid-enrolled providers. SeniorCare Wis. Admin. Code ch. 109.52(2)(a) requires Medicaid-enrolled pharmacies to serve SeniorCare members.

In accordance with the federal Patient Protection and Affordable Care Act (ACA) (2010), SeniorCare requires all physicians and other professionals who prescribe, refer, or order services for SeniorCare members to be enrolled in Wisconsin Medicaid. A limited Medicaid enrollment is available for physicians and other professionals who do not wish to routinely render or be reimbursed for services provided to Medicaid members.

D. Implementation Schedule

SeniorCare is a successful waiver program that determines eligibility and provides outpatient drug benefits to an average of 47,000 seniors per month. The current three-year waiver is set to expire December 31, 2018. With this ten-year renewal, the SeniorCare waiver would continue beginning January 1, 2019, through December 31, 2028.

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 of 1965. § Section 1115(a)(1) permits the Secretary of HHS to waive compliance with any of the requirements of § Section 1902, 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 DHS 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 of 1965. These provisions allow the Secretary of HHS to waive existing program restrictions and provide expanded eligibility or services to members not otherwise covered by Medicaid. DHS requests that the Secretary of HHS waive all relevant Medicaid laws and regulations, which would allow DHS to receive federal matching funds, including the following Title XIX provisions:

A. Eligibility

DHS requests that the Secretary of HHS waive § Sections 1902(a)(10)(A) and 1902(a)(17) of the Social Security Act of 1965. These sections prohibit federal financial participation for states that implement eligibility standards in excess of the stated maximums and in manners that are not consistent with the standards prescribed by the Secretary of HHS. 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 members.
- Apply different standards than those prescribed by the Secretary of HHS related to eligibility determination. Eligibility will be re-determined and income will be reassessed for waiver program members once every 12 months.

B. Comparability

DHS requests that the Secretary of HHS waive § Section 1902(a)(10)(B) of the Social Security Act of 1965. 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. DHS seeks a waiver of these provisions to offer a comprehensive drug benefit to the expanded population.

C. Cost Sharing

DHS requests that the Secretary of HHS waive § Section 1902(a)(14) of the Social Security Act of

1965, which relates to enrollment fees, copayments, and other cost sharing. DHS 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 SeniorCare benefit and obtaining prescription drugs at the copayment levels.
- Establish copayment amounts higher than those used for the general Medicaid population.

D. Application Processing and Ex Parte Eligibility Redetermination

DHS requests that the Secretary of HHS waive § Section 1902(a)(19) of the Social Security Act of 1965 and federal regulations under 42 C.F.R. §§ 435.902, 435.907, 435.916 and 435.930. DHS seeks a waiver to:

- Require that an applicant who is no longer eligible for full-benefit 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.
- Process applications as described in Section III of this waiver application.

E. Program Integrity

DHS requests that the Secretary of HHS waive § Section 1902(a)(46) of the Social Security Act of 1965 and federal regulations under 42 C.F.R. §§ 435.920 and 435.940- 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, DHS 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 DHS at application and renewal. Case situations that exceed tolerance levels will be verified and discrepancies will be resolved. In addition, periodic random samples of all cases will be reviewed 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.

- Verify SSA benefits, earnings from wages, earnings from self-employment, other unearned income and unemployment compensation after application. 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 of HHS waive § Section 1902(a)(34) of the Social Security Act of 1965 and 42 C.F.R. §§ 435.915, which require a state to retrospectively provide medical assistance for three months prior to the date of application in certain circumstances. DHS 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

DHS requests that the Secretary of HHS waive § Section 1902(a)(10) of the Social Security Act of 1965 related to entitlement of benefits. Wis. Stat. ch. 49.688 (7)(b) require that, during any period in which funding for benefit payments under the program is completely expended, all of the following must apply:

- DHS 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.
- DHS may not collect rebates from manufacturers for prescription drugs purchased by program members.
- DHS may not pay pharmacies and pharmacists for MTM services received by program members.
- DHS 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

DHS requests that the Secretary of HHS waive § Section 1902(a)(3) of the Social Security Act of 1965 and federal regulations under 42 C.F.R. §§ 431.211 and 431.213 relating to required notification by DHS 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 DHS either orally or in writing that he or she no longer wishes to receive services.

In addition, DHS requests that, under the authority of § Section 1115(a)(2) of the Social Security Act of 1965, 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 that include, but are not limited to, collecting program member fees, enrolling pharmacies, producing and distributing enrollment and identification cards to program members, responding to member inquiries, developing and processing applications, determining eligibility, collecting third-party insurance information, and evaluating and monitoring this waiver.

DHS 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, DHS 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 home and other related medical services. Budget neutrality will be supported by having healthier Medicaid members due to the provision of pharmacy services under SeniorCare prior to receiving full-benefit Medicaid. 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 SeniorCare and the cost of the waiver program under the proposed renewal. Under each analysis, the availability and impact of Medicare Part D are factored into the equation. The tables in Appendix B (Budget Neutrality) and the narrative description below present the data and assumptions used to calculate budget neutrality for the proposed 10-year waiver renewal period.

Table 1A establishes the pre-waiver historical trend (state fiscal years (SFY) 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, for calendar years (CY) 2010-2012, and CYs 2013-2015 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" (hypothetical) Medicaid expenditures and enrollment that DHS would have experienced without the waiver for CYs 2016-2018, as well as for the new renewal period of CYs 2019-2028. In order to project CYs 2019-2028 accurately, this table makes adjustments to the "without waiver" (hypothetical) data submitted to CMS in the last waiver renewal application for CYs 2016-2018 by using actual experience for the Wisconsin Medicaid program during this period.

The adjustments to the number of Medicaid member months for CYs 2016-2018 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 approximately 15,000 of the 190,600 aged persons who were enrolled in SeniorCare from CY 2002 to CY 2017, are now currently full-benefit Medicaid members. Total member months diverted in CYs 2016-2028 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 requested data from the CMS Chronic Condition Data Warehouse (CCW) which supplied data on total Aged Medicare Part D enrollees for CYs 2013-2015 and CY 2017 with a breakout for the aged that were low income subsidy enrollees. The CCW data showed that there were 635,363 aged Part D enrollees in CY 2016. Current Population Survey data was used to determine what percent of aged Medicare Part D eligibles are under 200 percent of the FPL (25.2 percent in CY 2016). This benchmark aligns with the FPL for the SeniorCare waiver population. These statistics indicated that in CY 2016 there were approximately 160,000 aged Medicare Part D enrollees below 200 percent of the FPL.

Full-benefit Medicaid members ages 65 or older with Medicare Part D (dual eligibles) were

removed using enrollment data from the Wisconsin Medicaid data warehouse which showed average monthly duals of approximately 62,000 for CY 2016. Subtracting the 62,000 aged dual enrollees from the 160,000 provides the number of Wisconsin residents ages 65 or older who are under 200 percent of the FPL, enrolled in Medicare Part D, and not enrolled in full-benefit Medicaid (97,900 in CY 2016).

Approximately 89,100 individuals chose Medicare Part D, 8,800 individuals chose both SeniorCare and Medicare Part D, and 39,400 individuals chose SeniorCare. If the joint enrollees in both Medicare Part D and SeniorCare are split equally between both programs, individuals selected Medicare Part D 68.1 percent of the time, whereas SeniorCare was selected 31.9 percent of the time. Therefore, of the aged individuals below 200 percent of the FPL diverted from Medicaid, 68.1 percent can be attributed to Medicare Part D.

In order to determine the “without waiver” (hypothetical) 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 and 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 15,000 Medicaid members who previously participated in SeniorCare. For these 15,000 previous SeniorCare enrollees, it was assumed the average PMPM was 10 percent lower than other aged Medicaid enrollees ages 65 and older. This amount was used as our baseline to estimate savings from diverting these costs to the Medicaid program.

Table 2A shows Medicaid expenditure trends from previous waiver submission with the SeniorCare waiver in place for the period prior to the waiver requested period. In addition to the original waiver request, which had the trend period of SFYs 1998-2002, this table shows the prior trend period for the three subsequent waiver requests that include trend data through CY 2015. This table tracks trends 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 2014-2017, the estimated CY 2018 member enrollment and costs, and projected member enrollment and costs for the waiver renewal period of CYs 2019-2028. The Medicaid costs included in this waiver request are more comprehensive than prior waiver requests because they incorporate Medicaid payments for Medicare Part A and Part B premiums. Since the PMPM for the waiver case builds off of actual or projected PMPM for the with waiver case, this has minimal impact on the budget neutrality amounts. The member month trend for the waiver

projection period of CYs 2016-2028 is slightly higher than the member growth rate for CYs 2014-2018 since the aging baby boom generation is expected to increase the population over 65 years of age. 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.

Table 3A shows SeniorCare expenditure data for the previous three waiver submissions which encompasses the periods SFYs 2003-2008 and CYs 2009-2015. 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 2014-2017 and estimated CY 2018 member enrollment and costs, by using trends in this base period. It also projects member months and expenditures for the renewal period of CYs 2019-2028. Although the trend for member months has been declining slightly during the base period, it is assumed that enrollment will begin to grow starting in CY 2020 due to baby boomers reaching age 65. During the base period (CY's 2014-2017), PMPM spending for SeniorCare increased from 5 percent to 11 percent annually. For the waiver request period of CYs 2019-2028, it is assumed that the PMPM will increase 6 percent annually, which is only slightly higher than the assumption from Medicare 2-17 Trustee Report for Part D PMPM spending in CYs 2019 and later.

Table 4 summarizes the SeniorCare budget neutrality calculation for CYs 2014-2018 and the projected CYs 2019-2028 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.
- 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 care costs.

The federal government will also 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.

Budget neutrality and cost effectiveness will be reported using the Wisconsin's Decision Support System 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. DHS will continue to use this method of reporting for the new waiver period.

VII. PUBLIC INVOLVEMENT

Wisconsin has a tradition of open and transparent government and extensive public involvement in the design, implementation, and administration of major programs. In this tradition, DHS provides information on its website for the public to access different kinds of information about the SeniorCare program: www.dhs.wisconsin.gov/seniorcare.

A page was added to the SeniorCare section of the DHS website for specific information about the waiver renewal. The draft waiver renewal application was added to the SeniorCare website on May 7, 2018, 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
- Emails, addresses and phone numbers published for public to comment

A. SeniorCare Advisory Committee

To ensure ongoing communication and coordination with stakeholders, DHS has established the SAC. The SAC meets in open forums to advise DHS on important SeniorCare matters. The SAC met on May 14, 2018. Appendix E contains a copy of the announcement for the meeting.

In addition, the SAC will meet later this year to discuss SeniorCare.

In 2018, 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])
- Representatives from DHS and CMS

B. Communication and Coordination with Native Americans

The Wisconsin Medicaid program 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, BadgerCare Plus implementation, and other initiatives 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.

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

A letter to tribal health directors and tribal members was sent on April 13, 2018, offering different options for submitting comments regarding the initial draft waiver application. In addition, the SeniorCare waiver renewal request was discussed at the May 9, 2018, tribal health director meeting to serve as tribal consultation for this waiver. The letter is included in Appendix E. Below are details of the tribal meeting:

Tribal Health Directors Meeting

Wednesday, May 9, 2018

10 a.m. to 1:00 p.m.

Radisson- Green Bay

2040 Airport Dr.

Green Bay, WI 54313

C. Public Notices

1. NOTICES OF PUBLIC HEARINGS

As part of the waiver renewal request process, DHS will hold two public meetings. Notices (abbreviated and full) of each meeting can be found in Appendix E. The abbreviated notice was published in advance of the public meeting dates in the state's official administrative record, the Wisconsin Administrative Register, No. 748B edition (see Appendix B). The full notice was posted on the DHS website prior to the start of the public comment period.

The full notice includes 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.

The public had an opportunity to view the public meeting via a live stream link and to call in with their comments at the public meeting on May 14, 2018. There were approximately 20 people in attendance at the meeting and 5 people viewed the meeting via the livestream link. The Director of the Bureau of Benefits Management led the meeting. Following are the details of the two public meetings:

SeniorCare Public Meeting

Thursday, May 10, 2018

2-4 p.m.

Wilson Park Auditorium

Wilson Park Senior Center

2601 West Howard Avenue

Milwaukee, WI 53221

SeniorCare Advisory Committee Meeting*

Monday, May 14, 2018

9:00 am to 12:00 pm

Department of Health Services

1 West Wilson Street

Room 751

Madison, WI 53703

*Join remotely by viewing the webcast at <https://livestream.com/accounts/14059632/events/8188702> or by dialing 877-820-7831 (passcode 846590)

D. SeniorCare Waiver Renewal Website

Various written materials were created to inform the public of the goals and progress of DHS in

applying for a SeniorCare waiver renewal. These materials include a draft of the application, hearing notices, copies of the presentation, and meeting agendas. They are available on the DHS SeniorCare waiver renewal webpage at: www.dhs.wisconsin.gov/seniorcare/input.htm.

There is a form on the webpage that can be used to submit comments through an online survey tool. The webpage also lists the address that the public can mail written comments to. This address was also included on meeting notices. The public comment period will close on June 7, 2018.

Appendix E will show screen shots of the webpage 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. DHS will continue to update this site throughout the renewal process.

E. Email List

On the SeniorCare waiver renewal webpage, 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 on May 7, 2018 announcing that the waiver application has been submitted. Future emails are planned announcing the beginning of the federal comment period and the approval of the waiver application.

F. Post-Award Meetings

The SAC will meet as needed in a public forum to solicit comments on the progress of the SeniorCare program. SAC meeting notices will continue to be published with the date, time, and location of the public meeting in a prominent location on the SeniorCare webpage, at least 30 days prior to the date of the planned public meeting.

In addition, the DHS SeniorCare webpage at www.dhs.wisconsin.gov/seniorcare will be updated to reflect SAC meetings.

VIII. PUBLIC COMMENTS

The Department received approximately 532 comments via telephone, email, online survey, public hearings, and mail (see Appendix 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:

- One of the best programs in the entire State of Wisconsin. Please extend this program that helps senior citizens of Wisconsin.
- Please, please continue this program!
- Please keep this prescription drug program for seniors. It helps us so much!
- I support the program being extended for another 10 years.

B. Web Form Comments

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

- Thank you for allowing us to have SeniorCare.
- My mother used SeniorCare for many years. It was of great benefit for her as she was low-income. I am hoping it will still be in place when I turn 65 next year....
- My mom, husband and I have used SeniorCare for many years. We have been very pleased.
- I have been on SeniorCare since September 1, 2002 and I sure would like it to continue. I have benefited from this program for all these years. I would really hate it to discontinue.

IX. CMS OVERSIGHT OF WAIVER PROGRAM QUALITY

CMS oversight of the SeniorCare waiver program is ongoing and consists of different kinds of interaction with DHS. CMS Regional Office staff have always communicated with DHS in many different ways. These interactions throughout the life of a waiver are an important aspect of CMS oversight activity.

When gathered continuously over the 10-year cycle, the observations and body of information will serve as the basis for providing CMS with relevant highlights regarding DHS management of the SeniorCare waiver program. Ongoing dialogue with CMS takes many forms, including:

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

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

- Participating in DHS oversight activities (e.g., monitoring visits DHS conducts of its service providers) and talking with DHS staff who carry out these activities.
- Observing delegated program administration functions, (e.g., talking with DHS managers about service delivery and their understanding of requirements and DHS oversight of their functions).
- 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 enrolled in SeniorCare, to learn about the program, to affirm the oversight role of CMS, 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.
- When CMS staff request the opportunity to participate in any standing meetings or events that provide an opportunity to meet with groups of members, families and advocates.

Through providing technical assistance, relationships between CMS and DHS staff develop that facilitate information sharing. CMS providing technical assistance to DHS provides valuable assistance in understanding and meeting CMS expectations and in improving quality, including:

- Phone contact.
- State agency staff visit CMS offices.
- CMS staff visit DHS.

Review of written documents, including:

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

Other examples of collaboration include:

- Attending and presenting at DHS-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 and phone calls with state Medicaid directors to discuss developments in the federal program and state issues.

It is essential that CMS and DHS staff document the ongoing dialogue to record and preserve the

interactions between CMS and DHS and the outcome and decisions made as a result of the dialogue.

X. EVALUATION OBJECTIVES AND HYPOTHESES

1. Effects of SeniorCare on the market for prescription drug insurance coverage in Wisconsin.

Hypothesis 1: SeniorCare positively impacts the market for prescription drug insurance coverage for low-income seniors and promotes optimal coverage selections by seniors.

Programs that provide prescription drugs insurance coverage to low-income seniors, such as Medicaid and Medicare Part D, often require significant administrative burden for enrollment, and lead to confusion and poor coverage decision-making by many seniors. SeniorCare provides low-income seniors with a prescription drug insurance benefit with a simple application, enrollment, and renewal process that increases the likelihood they will choose an appropriate plan that has the drug coverage that meets their needs. There are a number of potential outcomes for this hypothesis.

Market impacts:

- The number, price, and quality of Medicare Part D prescription drug plan options available to low-income seniors.
- The number or fraction of low-income seniors who choose Medicare Part D plans.
- Member satisfaction with the extent of drug coverage (i.e., coverage on the preferred drug list or drug formulary) and ease of access to participating pharmacies (i.e., access to and convenience of provider network).
- Rural members' experience in SeniorCare relative to urban members, where disparate experience is currently reported by rural Medicare Part D members relative to urban Medicare Part D members.

Plan choice impacts:

- Member understanding of their prescription drug benefit.
- The efficiency and effectiveness of the member's plan choice by comparing coverage and use under SeniorCare compared to what it would have been under Medicare Part D for the same member.
- Member satisfaction with the application, enrollment, and renewal processes.

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

Hypothesis 2: SeniorCare will have a positive effect on financial hardship and cost-related non-adherence.

Previous studies have shown that Medicare Part D beneficiaries experience significant levels of financial burden due to the high levels of variability in cost sharing for medications. SeniorCare offers a prescription drug insurance benefit with affordable and predictable cost sharing, reducing the out-of-pocket costs and financial hardship seniors experience affording their medications. By increasing affordability and reducing financial burden, seniors will be more likely to take their medications as prescribed and have lower rates of cost-related non-adherence.

Potential outcomes to address in this area include:

- Self-reported financial hardship (e.g., financial burden, having someone else pay, or going without other necessities in order to fill prescriptions).
- Cost-related non-adherence (e.g., skipping or delaying prescriptions, reducing dosages).
- Adequacy of SeniorCare for meeting member medication-related needs.
- Member satisfaction with SeniorCare cost sharing (e.g., annual enrollment fees, deductibles, copayments) and perceived value.

3. EFFECTS OF SENIORCARE ON HEALTH OUTCOMES

Hypothesis 3: SeniorCare will have a positive effect on the health outcomes of Wisconsin seniors.

SeniorCare provides affordable drug coverage that reduces the out-of-pocket costs for prescription drugs, which can lead to improved health outcomes for Wisconsin seniors. A senior who takes his or her medications is likely to have reduced medical spending, therefore decreasing the overall health care costs. SeniorCare helps to preserve the health and quality of life of the senior population, resulting in lower utilization and expenditures for other health care services and savings to the Medicare and Medicaid programs.

Potential outcomes to address in this area include:

- Self-reported health status (e.g., overall health, physical health status, mental or emotional health status, health-related quality of life).
- Impact of MTM services on member health (e.g., impact on self-reported status, convenience and feasibility of medication regimen).
- Rates of inappropriate medication use (e.g., Beers list of drugs) compared to comparable seniors with Medicare Part D.

4. EFFECTS OF SENIORCARE ON MEDICAID AND MEDICARE

Hypothesis 4: SeniorCare will reduce the likelihood of Medicaid entry and provide cost savings to the Wisconsin Medicaid program.

Hypothesis 5: SeniorCare will provide cost savings to the Medicare program.

SeniorCare helps protect the finances of low-income seniors, reducing the rate at which seniors spend down to Medicaid eligibility and become entitled to Wisconsin Medicaid benefits. It also provides seniors with access to medications that help to prevent and control chronic health conditions, helping to keep seniors healthy and to avoid the use of other more costly medical services that are paid for by other public payers such as Medicaid and Medicare.

Potential outcomes to address in this area include:

- The rate at which seniors spend down to Medicaid eligibility and become entitled to Wisconsin Medicaid benefits.
- Rates and costs of Medicaid-funded nursing home admissions over time compared to comparable seniors with Medicare Part D.
- Rates and costs of Medicare-funded hospital and emergency department visits over time compared to comparable seniors with Medicare Part D.
- Rates and costs of other Medicare-funded medical services (e.g., office visits) over time compared to comparable seniors with Medicare Part D.

Appendix C provides the historical program evaluations for the SeniorCare demonstration project, which clearly show success in achieving expected outcomes for Wisconsin seniors.

DHS will continue to monitor program effectiveness and outcomes by evaluating the following demonstration questions for the renewal period:

- Does SeniorCare positively influence the market for prescription drug insurance coverage for low-income seniors and promote optimal coverage selection by seniors?
- Will SeniorCare have a positive effect on financial hardship and cost-related non-adherence?
- Will SeniorCare have a positive effect on the health outcomes of Wisconsin seniors?
- Will SeniorCare reduce the likelihood of Medicaid entry and provide cost savings to the Wisconsin Medicaid program?
- Will SeniorCare provide cost savings to the Medicare program?

These questions have been modified since they were originally approved by CMS in December 2017.

XI. External Quality Review Organization reports

Federal regulations at 42 §§ CFR Part 438, subpart E External Quality Review (EQR) equality review) set forth the parameters that states must follow when conducting an EQR of its contracted managed care organizations (MCOs). An EQR is the analysis and evaluation by an external quality review organization (EQRO) of aggregated information on quality, timeliness, and access to the health care services that an MCO furnishes to Medicaid recipients. SeniorCare is a comprehensive drug benefit that is not contracted to MCOs. The EQRO summary can be found on Appendix D.

The DHS Medicaid Quality Control section leads two federally mandated Medicaid quality control programs, the Medicaid Eligibility Quality Control program (MEQC) and the Payment Error Rate Measurement (PERM) programs. As part of the audits performed by the Quality Control section, random samples of members are selected, including SeniorCare members, for a comprehensive eligibility review. The ACA has suspended formal MEQC and PERM requirements. Instead, states have been directed to conduct targeted pilot reviews of ACA-affected populations. SeniorCare members are not part of the ACA expansion or otherwise affected population.

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Appendix A

On July 1, 2002, DHS 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 of the Social Security Act of 1965 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 \$24,280 for an individual and \$32,920 for a two-person family in 2018.

Since its implementation on September 1, 2002, the SeniorCare waiver program has successfully delivered a comprehensive outpatient drug benefit to more than 290,000 seniors in the state.

The SeniorCare application consists of a simple application form which must be mailed to the SeniorCare central application processing center with a \$30 enrollment fee. SeniorCare requires no asset test. 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 reapply for enrollment in the program.

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 over-the-counter insulin, as well as prescription drugs with a federal rebate agreement. 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.

SeniorCare has predictable and affordable cost sharing requirements. All SeniorCare members pay an annual \$30 enrollment fee and incur copays 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.

SeniorCare is a financially efficient program for all payers. In calendar year 2017, total drug expenditures of \$109 million billed to the SeniorCare program were reduced by manufacturer rebates, member cost sharing, and third-party insurance to a total of just over \$23 million, which was paid for by state and federal tax dollars.

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By leveraging rebates on this scale, which cover 52 percent of the amount paid to pharmacies, Wisconsin has successfully held drug companies accountable for contributing to reduced drug prices and creating an effective drug benefit.

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 9,054 intervention-based services and 793 comprehensive medication review and assessment (CMR/A) services from September 2012 to January 2018. Intervention-based services are no longer a separately reimbursed service as of April 1, 2017. A reduction in inappropriate medication use and an increase in medication adherence can ensure seniors stay healthier and reduce inappropriate medical expenditures.

DHS 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 facilities, and other medical services. These savings will offset the costs of continuing the SeniorCare waiver program. The Medicare program will also realize reductions in expenditures through reduced hospitalizations for this population group.

The SeniorCare waiver 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 \$40 million for state fiscal year 2017.

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.

SeniorCare also provides exceptional value to its members. In state fiscal year 2017, SeniorCare members had cost sharing of \$12.1 million in drug costs of \$109 million.

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

Appendix B

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 SeniorCare and the cost of the waiver program under the proposed renewal. Under each analysis, the availability and impact of Medicare Part D are factored into the equation. The tables in Appendix B (Budget Neutrality) and the narrative description below present the data and assumptions used to calculate budget neutrality for the proposed 10-year waiver renewal period.

Table 1A establishes the pre-waiver historical trend (state fiscal years (SFY) 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, for calendar years (CY) 2010-2012, and CYs 2013-2015 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.



SeniorCare Budget
Neutrality _Table 1A.p

Table 1B projects "without waiver" (hypothetical) Medicaid expenditures and enrollment that DHS would have experienced without the waiver for CYs 2016-2018, as well as for the new renewal period of CYs 2019-2028. In order to project CYs 2019-2028 accurately, this table makes adjustments to the "without waiver" (hypothetical) data submitted to CMS in the last waiver renewal application for CYs 2016-2018 by using actual experience for the Wisconsin Medicaid program during this period.

The adjustments to the number of Medicaid member months for CYs 2016-2018 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 approximately 15,000 of the 190,600 aged persons who were enrolled in SeniorCare from CY 2002 to CY 2017, are now currently full-benefit Medicaid members. Total member months diverted in CYs 2016-2028 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 requested data from the CMS Chronic Condition Data Warehouse (CCW) which supplied data on total Aged Medicare

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Part D enrollees for CYs 2013-2015 and CY 2017 with a breakout for the aged that were low income subsidy enrollees. The CCW data showed that there were 635,363 aged Part D enrollees in CY 2016. Current Population Survey data was used to determine what percent of aged Medicare Part D eligibles are under 200 percent of the FPL (25.2 percent in CY 2016). This benchmark aligns with the FPL for the SeniorCare waiver population. These statistics indicated that in CY 2016 there were approximately 160,000 aged Medicare Part D enrollees below 200 percent of the FPL.

Full-benefit Medicaid members ages 65 or older with Medicare Part D (dual eligibles) were removed using enrollment data from the Wisconsin Medicaid data warehouse which showed average monthly duals of approximately 62,000 for CY 2016. Subtracting the 62,000 aged dual enrollees from the 160,000 provides the number of Wisconsin residents ages 65 or older who are under 200 percent of the FPL, enrolled in Medicare Part D, and not enrolled in full-benefit Medicaid (97,900 in CY 2016).

Approximately 89,100 individuals chose Medicare Part D, 8,800 individuals chose both SeniorCare and Medicare Part D, and 39,400 individuals chose SeniorCare. If the joint enrollees in both Medicare Part D and SeniorCare are split equally between both programs, individuals selected Medicare Part D 68.1 percent of the time, whereas SeniorCare was selected 31.9 percent of the time. Therefore, of the aged individuals below 200 percent of the FPL diverted from Medicaid, 68.1 percent can be attributed to Medicare Part D.

In order to determine the “without waiver” (hypothetical) 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 and 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 15,000 Medicaid members who previously participated in SeniorCare. For these 15,000 previous SeniorCare enrollees, it was assumed the average PMPM was 10 percent lower than other aged Medicaid enrollees ages 65 and older. This amount was used as our baseline to estimate savings from diverting these costs to the Medicaid program.



SeniorCare Budget
Neutrality_Table 1B.pc

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Table 2A shows Medicaid expenditure trends from previous waiver submission with the SeniorCare waiver in place for the period prior to the waiver requested period. In addition to the original waiver request, which had the trend period of SFYs 1998-2002, this table shows the prior trend period for the three subsequent waiver requests that include trend data through CY 2015. This table tracks trends actual expenditures, eligible member months, and cost per eligible member for Medicaid members age 65 or older.



SeniorCare Budget
Neutrality_Table 2A.p

Table 2B shows the “with waiver” Medicaid actual member months, expenditures, and cost per member for CYs 2014-2017, the estimated CY 2018 member enrollment and costs, and projected member enrollment and costs for the waiver renewal period of CYs 2019-2028. The Medicaid costs included in this waiver request are more comprehensive than prior waiver requests because they incorporate Medicaid payments for Medicare Part A and Part B premiums. Since the PMPM for the waiver case builds off of actual or projected PMPM for the with waiver case, this has minimal impact on the budget neutrality amounts. The member month trend for the waiver projection period of CYs 2016-2028 is slightly higher than the member growth rate for CYs 2014-2018 since the aging baby boom generation is expected to increase the population over 65 years of age. 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.



SeniorCare Budget
Neutrality_Table 2B.pc

Table 3A shows SeniorCare expenditure data for the previous three waiver submissions which encompasses the periods SFYs 2003-2008 and CYs 2009-2015. This table tracks trends in actual expenditures, manufacturer rebates, eligible member months, and cost per eligible member.



SeniorCare Budget
Neutrality_Table 3A.p

Table 3B shows actual SeniorCare expenditure data for the base period of CYs 2014-2017 and estimated CY 2018 member enrollment and costs, by using trends in this base period. It also projects member months and expenditures for the renewal period of CYs 2019-2028. Although the trend for member months has been declining slightly during the base period, it is assumed that enrollment will begin to grow starting in CY 2020 due to baby boomers reaching age 65. During the base period (CY's 2014-2017), PMPM spending for SeniorCare increased from 5

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percent to 11 percent annually. For the waiver request period of CYs 2019-2028, it is assumed that the PMPM will increase 6 percent annually, which is only slightly higher than the assumption from Medicare 2-17 Trustee Report for Part D PMPM spending in CYs 2019 and later.



SeniorCare Budget
Neutrality_Table 3B.pc

Table 4 summarizes the SeniorCare budget neutrality calculation for CYs 2014-2018 and the projected CYs 2019-2028 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.
- 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 care costs.

The federal government will also 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.

Budget neutrality and cost effectiveness will be reported using the Wisconsin’s Decision Support System 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. DHS will continue to use this method of reporting for the new waiver period.



SeniorCare Budget
Neutrality_Table 4.pdf

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Historical and Projected Enrollment and Expenditure Data

The table below shows the historical and projected enrollment and expenditure data.



Historical and
Projected Enrollment &

SeniorCare Waiver Application

Appendix B Budget Neutrality

Table 1A Hypothetical Scenario Medicaid Members Age 65+

	Pre-Waiver Trend Actuals/Estimates 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.

	Trend 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 Initiatives	\$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
Adjusted Cost per Member Change ⁷	6.3%	6.3%	6.3%	-5.9%	9.8%	2.2%	3.0%
Adjusted Member Month Change ²	2.0%	2.0%	2.0%	1.0%	0.5%	-1.0%	-2.1%

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 **Appendix B Budget Neutrality**

Table 1A Hypothetical Scenario Medicaid Members Age 65+

	Trend 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 Expenditures⁶	\$1,671,731,953	\$1,688,615,154	1,778,416,696
Intervention-based Services			
MTM Initiative ⁷			\$152,515
Comprehensive Medication Review (CMR) MTM Initiative ⁷			\$677,990
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 **Appendix B Budget Neutrality**

Table 1A Hypothetical Scenario Medicaid Members Age 65+

	Trend Projections Previously Submitted to CMS		
	CY13	CY14	CY15
Member Months 1	923,404	940,285	956,508
Members 65+ 2	76,950	78,357	79,709
Member Months Change	1.9%	1.8%	1.7%
Total Member Months Diverted 3	36,076	39,397	42,780
Total Diversion Rate	3.9%	4.2%	4.5%
Rate of Diversion from Medicaid due to Part D 4	1.29%	1.43%	1.58%
Rate of Diversion from Medicaid due to ACA changes (included in percentage above) 5	0.10%	0.10%	0.09%
Adjusted Members 65+ after Diversion	75,960	77,235	78,451
Number of Member Months Diverted	11,886	13,465	15,099
Adjusted Member Months after Diversion	911,518	926,820	941,408
Cost per Member Per Month (PMPM)5	\$1,883	\$1,855	\$1,890
PMPM Change	-3.8%	-1.5%	1.9%
Net Expenditures	\$1,716,106,261	\$1,719,105,098	\$1,779,623,030

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 for 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 **Appendix B Budget Neutrality**

Table 1B Hypothetical Without Waiver Medicaid Aged Expenditures

	Re-estimated Base Numbers Using updated model for diversion split and PMPM adjustment			Re-estimated Base Numbers using actuals and new models to adjust prior projections			Projections for CYs 2019-2028 Waiver Request Period		
	CY13	CY14	CY15	CY16	CY17	CY18	CY19	CY20	CY21
Member Months ¹	925,583	942,013	962,605	991,238	1,019,007	1,049,577	1,082,114	1,116,741	1,153,594
Members 65+ ²	77,132	78,501	80,217	82,603	84,917	87,465	90,176	93,062	96,133
Member Months Change	2.1%	1.8%	2.2%	3.0%	2.8%	3.0%	3.1%	3.2%	3.3%
Total Member Months Diverted ³	30,767	33,997	37,465	41,354	45,363	49,644	54,183	59,001	64,121
Total Diversion Rate	3.3%	3.6%	3.9%	4.2%	4.5%	4.7%	5.0%	5.3%	5.6%
Rate of Diversion from Medicaid due to Part D ⁴	2.15%	2.37%	2.60%	2.84%	3.08%	3.30%	3.51%	3.72%	3.93%
Rate of Diversion from Medicaid due to ACA changes (included in percentage above) ⁵	0.10%	0.10%	0.09%	0.10%	0.10%	0.09%			
Adjusted Members 65+ after Diversion	75,472	76,639	78,129	80,257	82,306	84,580	87,007	89,600	92,357
Number of Member Months Diverted	19,920	22,342	25,052	28,160	31,340	34,620	38,024	41,546	45,304
Adjusted Member Months after Diversion	905,663	919,672	937,553	963,078	987,666	1,014,957	1,044,090	1,075,195	1,108,289
Cost per Member Per Month (PMPM) ⁵	\$1,919	\$1,896	\$1,880	\$1,876	\$1,895	\$1,914	\$1,933	\$1,953	\$1,972
PMPM Change		-1.2%	-0.9%	-0.2%	1.0%	1.0%	1.0%	1.0%	1.0%
Net Expenditures	\$1,737,866,775	\$1,743,776,553	\$1,762,561,704	\$1,806,468,130	\$1,871,745,858	\$1,942,699,025	\$2,018,446,473	\$2,099,365,939	\$2,185,623,614
Intervention-based Services MTM Initiative ⁷	\$0	\$0	\$0	\$0	\$0	\$0			
Comprehensive Medication Review (CMR)									
MTM Initiative ⁷	\$0	\$0	\$0	\$0	\$0	\$0			
Net Expenditures with Initiatives	\$1,737,866,775	\$1,743,776,553	\$1,762,561,704	\$1,806,468,130	\$1,871,745,858	\$1,942,699,025	\$2,018,446,473	\$2,099,365,939	\$2,185,623,614

¹ Member Months CYs 2014-2018 were recalculated in order to reflect updates to models for diversion split between Part D and SC and updates to PMPM adjustment. Also, Member Months CYs 2016 to 2017 were adjusted to reflect actual experience in the Medicaid Program. Member months for CYs 2014-2018 and projected CYs 2019-2028 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 2014-2028 are calculated by subtracting actual and projected Medicaid member months (Table 2B) from the Medicaid without waiver member months (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 2014-2018 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 2014-2018 and the renewal period CYs 2019-2028 used the PMPM from the actual/projected Medicaid member expenditures (Table 2B) with one adjustment. 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 15,000 Medicaid members that previously participated in SeniorCare. It is assumed that these 15,000 prior SC members have costs that are 10% less than they would have been without the benefit of SC prescription drug coverage.

SeniorCare Waiver Application **Appendix B Budget Neutrality**

Table 1B Hypothetical Without Waiver Medicaid Aged Expenditures

Projections for CYs 2019-2028 Waiver Request Period							
CY22	CY23	CY24	CY25	CY26	CY27	CY28	10-year Waiver Total
1,191,662	1,230,987	1,271,610	1,313,573	1,356,921	1,401,699	1,447,955	9,214,407
99,305	102,582	105,967	109,464	113,077	116,808	120,663	767,867
3.3%	3.3%	3.3%	3.3%	3.3%	3.3%	3.3%	
69,505	75,166	81,113	87,362	93,923	100,812	108,041	615,922
5.8%	6.1%	6.4%	6.7%	6.9%	7.2%	7.5%	
4.13%	4.34%	4.55%	4.76%	4.97%	5.18%	5.39%	
95,199	98,127	101,144	104,252	107,455	110,754	114,154	731,085
49,273	53,464	57,885	62,549	67,466	72,648	78,107	441,391
1,142,389	1,177,523	1,213,725	1,251,024	1,289,455	1,329,051	1,369,848	8,773,016
\$1,992	\$2,012	\$2,032	\$2,052	\$2,073	\$2,093	\$2,114	
1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	
\$2,275,398,553	\$2,368,833,228	\$2,466,075,854	\$2,567,280,616	\$2,672,607,912	\$2,782,224,598	\$2,896,304,254	\$18,028,725,015

\$2,275,398,553	\$2,368,833,228	\$2,466,075,854	\$2,567,280,616	\$2,672,607,912	\$2,782,224,598	\$2,896,304,254	\$18,028,725,015
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SeniorCare Waiver Application **Appendix B Budget Neutrality**

Table 2A Medicaid Members 65+ Trend Expenditures with Waiver (Excludes SeniorCare)

	Pre-Waiver Trend 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 Trend Actuals/Estimates Submitted for CY 2009-12 waiver to CMS					Actual CY08 ²
	SFY03	SFY04	SFY05	SFY06 ¹	SFY07	
Member Months	775,224	760,092	765,516	760,728	767,052	780,852
Estimated Members	64,602		63,793	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 Trend Actuals/Estimates 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 **Appendix B Budget Neutrality**

Table 2A Medicaid Members 65+ Trend Expenditures with Waiver (Excludes SeniorCare)

	With Waiver Trend Actuals/Estimates Previously Submitted to CMS				
	CY11	CY12	CY13	CY14	Estimated CY15
Member Months 65+	850,872	873,552	887,328	900,888	913,728
Members 65+	70,906	72,796	73,944	75,074	76,144
Member Change	3.5%	2.7%	1.6%	1.5%	1.4%
Cost per Member per Month (PMPM)	\$1,812	\$1,802	\$1,805	\$1,777	\$1,813
Cost per Member Change	-1.0%	-0.5%	0.1%	-1.5%	2.0%
Gross Expenditures	\$1,541,676,418	\$1,574,510,124	\$1,601,555,930	\$1,600,941,815	\$1,656,234,593
Gross Expenditures Change	2.4%	2.0%	2.0%	2.0%	2.0%
Gross Expenditures with Initiatives	\$1,541,676,418	\$1,574,510,124	\$1,601,555,930	\$1,600,941,815	\$1,656,234,593
Rebates	\$6,679,751	\$5,586,881	\$5,001,998	\$5,850,792	\$5,909,300
Rebates Change		-16.36%	-10.47%	16.97%	1.00%
Net Expenditures	\$1,534,996,668	\$1,568,923,244	\$1,596,553,932	\$1,595,091,023	\$1,650,325,293

SeniorCare Waiver Application

Appendix B Budget Neutrality

Table 2B Medicaid With Waiver Aged Base Actuals and Projections for the New Waiver Request Period (Excludes SeniorCare)

							Projections for CYs 2019-2028 Waiver Request Period		
	CY13	CY14	CY15	CY16	CY17	Estimated CY 18	CY19	CY20	CY21
Member Months 65+	894,816	908,016	925,140	949,884	973,644	999,932	1,027,930	1,057,740	1,089,473
Members 65+	74,568	75,668	77,095	79,157	81,137	83,328	85,661	88,145	90,789
Member Change ¹	1.8%	1.5%	1.9%	2.7%	2.5%	2.7%	2.8%	2.9%	3.0%
Cost per Member per Month (PMPM)	\$1,889	\$1,866	\$1,850	\$1,845	\$1,863	\$1,882	\$1,901	\$1,920	\$1,939
Cost per Member Change ²	0.1%	-1.2%	-0.9%	-0.3%	1.0%	1.0%	1.0%	1.0%	1.0%
Gross Expenditures ³	\$1,690,382,077	\$1,694,361,637	\$1,711,055,331	\$1,752,269,740	\$1,814,061,283	\$1,881,671,347	\$1,953,701,726	\$2,030,462,667	\$2,112,290,312
Gross Expenditures Change	2.0%	0.2%	1.0%	2.4%	3.5%	3.7%	3.8%	3.9%	4.0%
Gross Expenditures with Initiatives	\$1,690,382,077	\$1,694,361,637	\$1,711,055,331	\$1,752,269,740	\$1,814,061,283	\$1,881,671,347	\$1,953,701,726	\$2,030,462,667	\$2,112,290,313
Rebates ⁴	\$5,279,887	\$6,132,760	\$6,831,989	\$7,269,980	\$7,342,680	\$7,416,107	\$7,490,268	\$7,565,171	\$7,640,822
Rebates Change		16.15%	11.40%	6.41%	6.41%	6.41%	6.41%	6.41%	6.41%
Net Expenditures	\$1,685,102,190	\$1,688,228,877	\$1,704,223,341	\$1,744,999,759	\$1,806,718,603	\$1,874,255,240	\$1,946,211,458	\$2,022,897,496	\$2,104,649,490

¹ Member change percentage for CYs 2018-2028 based on the actual prior year trend increased but increased slightly to reflect the impact of an aging baby boom population.

² The PMPM trend, which includes Long-Term Care and FamilyCare, reflect trend for the most part but at the higher end since the composition of MA enrollees over 65 is moving to higher ages.

³ Compared to prior Waiver submission, one new type of cost has been added to expenditures: Medicare Part A and B premiums paid for by Medicaid. CYs 2019-2028 gross expenditures were calculated by multiplying the cost per member per month (PMPM) and the number of member months.

⁴ Rebates are projected for CY 2107 and later by using the actual rebate percentage for the aged and applying that percentage to actual Aged drug costs in CY 2016 and assuming growth in rebates of 6.41% in years after CY 2016.

SeniorCare Waiver Application Appendix B Budget Neutrality

Table 2B Medicaid With Waiver Aged Base Actuals and Projections for the New Waiver Request Period (Excludes SeniorCare)

Projections for CYs 2019-2028 Waiver Request Period							
CY22	CY23	CY24	CY25	CY26	CY27	CY28	10-year Waiver Total
1,122,157	1,155,822	1,190,496	1,226,211	1,262,997	1,300,887	1,339,914	8,598,485
93,513	96,318	99,208	102,184	105,250	108,407	111,659	716,540
3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	
\$1,958	\$1,978	\$1,998	\$2,018	\$2,038	\$2,058	\$2,079	
1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	
\$2,197,415,612	\$2,285,971,461	\$2,378,096,111	\$2,473,933,384	\$2,573,632,900	\$2,677,350,306	\$2,785,247,523	\$17,371,647,297
4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	
\$2,197,415,612	\$2,285,971,461	\$2,378,096,111	\$2,473,933,384	\$2,573,632,900	\$2,677,350,306	\$2,785,247,523	\$17,371,647,297
\$7,717,231	\$7,794,403	\$7,872,347	\$7,951,070	\$8,030,581	\$8,110,887	\$8,191,996	\$55,668,515
6.41%	6.41%	6.41%	6.41%	6.41%	6.41%	6.41%	
\$2,189,698,381	\$2,278,177,058	\$2,370,223,764	\$2,465,982,314	\$2,565,602,319	\$2,669,239,419	\$2,777,055,527	\$17,315,978,782

**SeniorCare Waiver Application
Attachment A Budget Neutrality**

	Trend 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 Expenditures⁶	\$1,671,731,953	\$1,688,615,154	1,778,416,696
Intervention-based Services MTM Initiative ⁷			\$152,515
Comprehensive Medication Review (CMR) MTM Initiative ⁷			\$677,990
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 Without Waiver Medicaid Aged Expenditures

	Re-estimated Base Numbers Using updated model for diversion split and PMPM adjustment			Re-estimated Base Numbers using actuals and new models to adjust prior projections					
	CY13	CY14	CY15	CY16	CY17	CY18	CY19	CY20	CY21
Member Months ¹	925,583	942,013	962,605	991,238	1,019,007	1,049,577	1,082,114	1,116,741	1,153,594
Members 65+ ²	77,132	78,501	80,217	82,603	84,917	87,465	90,176	93,062	96,133
Member Months Change	2.1%	1.8%	2.2%	3.0%	2.8%	3.0%	3.1%	3.2%	3.3%
Total Member Months Diverted ³	30,767	33,997	37,465	41,354	45,363	49,644	54,183	59,001	64,121
Total Diversion Rate	3.3%	3.6%	3.9%	4.2%	4.5%	4.7%	5.0%	5.3%	5.6%
Rate of Diversion from Medicaid due to Part D ⁴	2.15%	2.37%	2.60%	2.84%	3.08%	3.30%	3.51%	3.72%	3.93%
Rate of Diversion from Medicaid due to ACA changes (included in percentage above) ⁵	0.10%	0.10%	0.09%	0.10%	0.10%	0.09%			
Adjusted Members 65+ after Diversion	75,472	76,639	78,129	80,257	82,306	84,580	87,007	89,600	92,357
Number of Member Months Diverted	19,920	22,342	25,052	28,160	31,340	34,620	38,024	41,546	45,304
Adjusted Member Months after Diversion	905,663	919,672	937,553	963,078	987,666	1,014,957	1,044,090	1,075,195	1,108,289
Cost per Member Per Month (PMPM) ⁵	\$1,919	\$1,896	\$1,880	\$1,876	\$1,895	\$1,914	\$1,933	\$1,953	\$1,972
PMPM Change		-1.2%	-0.9%	-0.2%	1.0%	1.0%	1.0%	1.0%	1.0%
Net Expenditures	\$1,737,866,775	\$1,743,776,553	\$1,762,561,704	\$1,806,468,130	\$1,871,745,858	\$1,942,699,025	\$2,018,446,473	\$2,099,365,939	\$2,185,623,614
Net Expenditures with Initiatives	\$1,737,866,775	\$1,743,776,553	\$1,762,561,704	\$1,806,468,130	\$1,871,745,858	\$1,942,699,025	\$2,018,446,473	\$2,099,365,939	\$2,185,623,614

¹ Member Months CYs 2014-2018 were recalculated in order to reflect updates to models for diversion split between Part D and SC and updates to PMPM adjustment. Also, Member Months CYs 2016 to 2017 were adjusted to reflect actual experience in the Medicaid Program. Member months for CYs 2014-2018 and projected CYs 2019-2028 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 2014-2028 are calculated by subtracting actual and projected Medicaid member months (Table 2B) from the Medicaid without waiver member months (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.

⁵ Both CYs 2014-2018 and the renewal period CYs 2019-2028 used the PMPM from the actual/projected Medicaid member expenditures (Table 2B) with one adjustment. 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 15,000 Medicaid members that previously participated in SeniorCare. It is assumed taht these 15,000 prior SC members have costs that are 10% less than they would have been without the benefit of SC prescription drug coverage.

SeniorCare Waiver Application

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Table 2A Medicaid Members 65+ Trend Expenditures with Waiver, but excluding SeniorCare

	Pre-Waiver Trend 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 Trend Actuals/Estimates Submitted for CY 2009-12 waiver to CMS					Actual CY08 ²
	SFY03	SFY04	SFY05	SFY06 ¹	SFY07	
Member Months	775,224	760,092	765,516	760,728	767,052	780,852
Estimated Members	64,602	63,341	63,793	63,394	63,921	65,071
Cost per Member per Month (PMPM)	\$1,779	\$1,853	\$1,929	\$1,854	\$1,879	\$1,757
Medicaid Expenditures Net of Rebates	\$1,379,133,558	\$1,408,828,437	\$1,477,055,849	\$1,410,717,267	\$1,441,310,377	\$1,372,010,896

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

² SFY08 data based on actuals.

	With Waiver Trend Actuals/Estimates 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

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

SeniorCare Waiver Application
Attachment A Budget Neutrality

Table 2B Medicaid With Waiver Aged Base Actuals and Projections for the New Waiver Request Period (Excludes SeniorCare)

	CY14	CY15	CY16	CY17	Estimated CY 18	CY19	CY20	CY21
Member Months 65+	908,016	925,140	949,884	973,644	999,932	1,027,930	1,057,740	1,089,473
Members 65+	75,668	77,095	79,157	81,137	83,328	85,661	88,145	90,789
Member Change ¹	1.5%	1.9%	2.7%	2.5%	2.7%	2.8%	2.9%	3.0%
Cost per Member per Month (PMPM)	\$1,866	\$1,850	\$1,845	\$1,863	\$1,882	\$1,901	\$1,920	\$1,939
Cost per Member Change ²	-1.2%	-0.9%	-0.3%	1.0%	1.0%	1.0%	1.0%	1.0%
Gross Expenditures ³	\$1,694,361,637	\$1,711,055,331	\$1,752,269,740	\$1,814,061,283	\$1,881,671,347	\$1,953,701,726	\$2,030,462,667	\$2,112,290,312
Gross Expenditures Change	0.2%	1.0%	2.4%	3.5%	3.7%	3.8%	3.9%	4.0%
Gross Expenditures with Initiatives	\$1,694,361,637	\$1,711,055,331	\$1,752,269,740	\$1,814,061,283	\$1,881,671,347	\$1,953,701,726	\$2,030,462,667	\$2,112,290,313
Rebates ⁴	\$6,132,760	\$6,831,989	\$7,269,980	\$7,342,680	\$7,416,107	\$7,490,268	\$7,565,171	\$7,640,822
Rebates Change	16.15%	11.40%	6.41%	6.41%	6.41%	6.41%	6.41%	6.41%
Net Expenditures	\$1,688,228,877	\$1,704,223,341	\$1,744,999,759	\$1,806,718,603	\$1,874,255,240	\$1,946,211,458	\$2,022,897,496	\$2,104,649,490

¹ Member change percentage for CYs 2018-2028 based on the actual prior year trend increased but increased slightly to reflect the impact of an aging baby boom population.

² The PMPM trend, which includes Long-Term Care and FamilyCare, reflect trend for the most part but at the higher end since the composition of MA enrollees over 65 is moving to higher ages.

³ Compared to prior Waiver submission, one new type of cost has been added to expenditures: Medicare Part A and B premiums paid for by Medicaid. CYs 2019-2028 gross expenditures were calculated by multiplying

⁴ Rebates are projected for CY 2107 and later by using the actual rebate percentage for the aged and applying that percentage to actual Aged drug costs in CY 2016 and assuming growth in rebates of 6.41% in years af

**SeniorCare Waiver Application
Attachment A Budget Neutrality**

	Actuals/ Estimates for Trend 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
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 SeniorCare Base Actuals and Projections for new Waiver Request Period

SeniorCare	CY14	CY15	CY16	CY 17	Estimated CY 18	CY19	CY20	CY21
Member Months	613,080	595,428	578,484	566,844	561,176	561,176	566,787	572,455
Member Months Change ¹	-2.6%	-2.9%	-2.8%	-2.0%	-1.0%	0.0%	1.0%	1.0%
Members	51,090	49,619	48,207	47,237	46,765	46,765	47,232	47,705
Cost per Member per Month	\$ 167.67	\$ 177.41	\$ 185.34	\$ 199.80	\$ 211.79	\$ 224.49	\$ 237.96	\$ 252.24
Cost per Member per Month Change ²	10.9%	595,428	4.5%	7.8%	6.0%	6.0%	6.0%	6.0%
Gross Expenditures ³	\$102,792,200	-2.9%	\$107,217,360	\$113,254,501	\$118,849,273	\$125,980,230	\$134,874,434	\$144,396,569
Gross Expenditures with Initiative	\$102,792,200	\$105,633,406	\$107,217,360	\$113,254,501	\$118,849,273	\$125,980,230	\$134,874,434	\$144,396,569
Deductible & Copays	\$13,760,900	\$12,878,818	\$12,193,926	\$12,007,733	\$11,887,656	\$11,887,656	\$12,006,532	\$12,126,598
Deductible & Copays Change	-4.9%	-6.4%	-5.3%	-1.5%	-1.0%	0.0%	1.0%	1.0%
TPL	11,075,850	12,762,418	13,349,844	15,940,340	16,896,760	17,910,566	18,985,200	20,124,312
	14.0%	15.2%	4.6%	19.4%	6.0%	6.0%	6.0%	6.0%
State Paid Amount	\$ 78,211,640	\$ 80,219,593	\$ 81,964,928	\$ 85,750,392	\$ 90,064,857	\$ 96,182,008	\$ 103,882,702	\$ 112,145,659
State Paid Amount Change	9.7%	2.6%	2.2%	4.6%	5.0%	6.8%	8.0%	8.0%
Rebates	\$49,687,550	\$51,953,431	\$57,637,931	\$60,939,915	\$64,846,697	\$70,212,866	\$76,873,199	\$84,109,245
Rebates as percent of state paid amount	64%	65%	70%	71%	72%	73%	74%	75%
Rebates Change	11.4%	4.6%	10.9%	5.7%	6.4%	8.3%	9.5%	9.4%
Net Expenditures	\$28,524,089.76	\$28,266,162	\$24,326,997	\$24,810,477	\$25,218,160	\$25,969,142	\$27,009,502	\$28,036,415

¹ Member Months Change for the projection period of CYs 2019-2028 reflects the changing trend during the base period in which declines are moderate. Due to higher projected growth of the aged population in Wisconsin, it has been assumed that SeniorCare enrollment will grow at 1% annually in future years.

² The assumed 6% annual increase in the cost per member month in the projection period reflects the most recent trend.

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

⁴ Medication Therapy Management (MTM) service initiative for SeniorCare members effective 09/01/2012, and as a result, are captured in the base expenditure amounts and no longer need to be separately estimated.

SeniorCare Waiver Application **Attachment A Budget Neutrality**

Table 4 Comparison of Expenditures

Re-estimated Base Numbers Using Actuals to Estimate the Current Waiver Period								
Comparison	CY14	CY15	CY16	CY17	CY18	CY19	CY20	CY21
Medicaid Aged Net With Waiver Expenditures	\$1,688,228,877	\$1,704,223,341	\$1,744,999,759	\$1,806,718,603	\$1,874,255,240	\$1,946,211,458	\$2,022,897,496	\$2,104,649,490
SeniorCare Net Expenditures	\$28,524,090	\$28,266,162	\$24,326,997	\$24,810,477	\$25,218,160	\$25,969,142	\$27,009,502	\$28,036,415
Total Net With Waiver Expenditures (Aged MA Plus SC)	\$1,716,752,966	\$1,732,489,503	\$1,769,326,757	\$1,831,529,080	\$1,899,473,400	\$1,972,180,600	\$2,049,906,999	\$2,132,685,905
Without Waiver Medicaid Aged Expenditures	\$1,743,776,553	\$1,762,561,704	\$1,806,468,130	\$1,871,745,858	\$1,942,699,025	\$2,018,446,473	\$2,099,365,939	\$2,185,623,614
Savings with Waiver	\$27,023,587	\$30,072,202	\$37,141,373	\$40,216,778	\$43,225,625	\$46,265,872	\$49,458,940	\$52,937,709

SeniorCare Waiver Application **Attachment A Budget Neutrality**

Projections for 10-Year Waiver Request

CY22	CY23	CY24	CY25	CY26	CY27	CY28	10-Year Waiver Total
\$2,189,698,381	\$2,278,177,058	\$2,370,223,764	\$2,465,982,314	\$2,565,602,319	\$2,669,239,419	\$2,777,055,527	\$23,389,737,227
\$29,647,776	\$31,325,537	\$33,070,921	\$34,884,992	\$36,768,617	\$38,722,436	\$40,746,828	\$326,182,167
\$2,219,346,158	\$2,309,502,595	\$2,403,294,686	\$2,500,867,306	\$2,602,370,935	\$2,707,961,855	\$2,817,802,355	\$23,715,919,394
\$2,275,398,553	\$2,368,833,228	\$2,466,075,854	\$2,567,280,616	\$2,672,607,912	\$2,782,224,598	\$2,896,304,254	\$24,332,161,041
\$56,052,395	\$59,330,633	\$62,781,169	\$66,413,310	\$70,236,977	\$74,262,744	\$78,501,899	\$616,241,647

Historical and Projected Enrollment and Expenditure Data

Re-estimated Base numbers Using Actuals To Estimate the Current Waiver Period					
	CY14	CY15	CY16	CY17	CY18
Medicaid Aged Enrollment	75,668	77,095	81,137	93,513	83,328
SeniorCare Enrollment	51,090	49,619	48,207	47,237	46,765
Medicaid Aged Net With Waiver Expenditures	\$1,688,228,877	\$1,704,223,341	\$1,744,999,759	\$1,806,718,603	\$1,874,255,240
SeniorCare Net Expenditures	\$28,524,090	\$28,266,162	\$24,326,997	\$24,810,477	\$32,847,004
Total Net With Waiver Expenditures (Aged MA Plus SC)	\$1,716,752,966	\$1,732,489,503	\$1,769,326,757	\$1,831,529,080	\$1,907,102,244
Without Waiver Medicaid Aged Expenditures	\$1,743,776,553	\$1,762,561,704	\$1,804,468,130	\$1,871,745,858	\$1,948,699,025
Savings with Waiver	\$27,023,587	\$30,072,202	\$37,141,373	\$40,216,778	\$35,596,781

Projections for 10-Year Waiver Request					
	CY19	CY20	CY21	CY22	CY23
Medicaid Aged Enrollment	85,661	88,145	90,789	93,513	96,318
SeniorCare Enrollment	46,765	47,232	47,705	48,182	48,663
Medicaid Aged Net With Waiver Expenditures	\$1,946,211,458	\$2,022,897,496	\$2,104,649,490	\$2,189,698,381	\$2,278,177,058
SeniorCare Net Expenditures	\$35,077,953	\$37,886,426	\$40,899,959	\$44,133,304	\$47,602,272
Total Net With Waiver Expenditures (Aged MA Plus SC)	\$1,981,289,411	\$2,060,783,922	\$2,145,549,449	\$2,233,831,686	\$2,325,779,330
Without Waiver Medicaid Aged Expenditures	\$2,018,446,473	\$2,099,365,939	\$2,185,623,614	\$2,275,398,553	\$2,368,833,228
Savings with Waiver	\$37,157,062	\$38,582,017	\$40,074,165	\$41,566,867	\$43,053,898

	Projections for 10-Year Waiver Request				
	CY24	CY25	CY26	CY27	CY28
Medicaid Aged Enrollment	99,208	102,184	105,250	108,407	111,659
SeniorCare Enrollment	49,150	49,642	50,138	50,639	51,146
Medicaid Aged Net With Waiver Expenditures	\$2,370,223,764	\$2,465,982,314	\$2,565,602,319	\$2,669,239,419	\$2,777,055,527
SeniorCare Net Expenditures	\$51,323,804	\$55,316,054	\$59,598,478	\$64,191,924	\$69,118,730
Total Net With Waiver Expenditures (Aged MA Plus SC)	\$2,421,547,568	\$2,521,298,368	\$2,625,200,797	\$2,733,431,343	\$2,846,174,257
Without Waiver Medicaid Aged Expenditures	\$2,466,075,854	\$2,567,280,616	\$2,672,607,912	\$2,782,224,598	\$2,896,304,254
Savings with Waiver	\$44,528,286	\$45,982,248	\$47,407,115	\$48,793,256	\$50,129,997

State of Wisconsin Department of Health Services
1115 Demonstration SeniorCare Prescription Drug Assistance Program

Appendix C

Appendix C provides the historical program evaluations for the SeniorCare demonstration project, which clearly shows success in achieving expected outcomes for Wisconsin seniors.

DHS will continue to monitor program effectiveness and outcomes by evaluating the following demonstration questions for the renewal period:

- Does SeniorCare positively influence the market for prescription drug insurance coverage for low-income seniors and promotes optimal coverage selection by seniors?
- Will SeniorCare have a positive effect on financial hardship and cost-related non-adherence?
- Will SeniorCare have a positive effect on the health outcomes of Wisconsin seniors?
- Will SeniorCare reduce the likelihood of Medicaid entry and provide cost savings to the Wisconsin Medicaid program?
- Will SeniorCare provide cost savings to the Medicare program?

These questions have been modified since their original CMS approval in December 2017.

DHS is submitting the following documentation to demonstrate evaluation activities and findings to date.

-Interim Evaluation



2016-2018 Interim
Evaluation results.pdf

-2017 SeniorCare Annual Report



SC 2017 Annual
report FINAL.pdf

-2016 SeniorCare Annual Report



SC 2016 Annual
report FINAL.pdf

-2013-2015 OPIB Evaluation Report



SC
evaluation.final12.8.16

State of Wisconsin Department of Health Services
1115 Demonstration SeniorCare Prescription Drug Assistance Program

-2012 Brandeis Evaluation Report



Brandeis Evaluation
2012.pdf

-2002-2007 Brandeis Evaluation Report



Brandeis Evaluation
2002-2007.pdf

SeniorCare Waiver Report
Created: January 13, 2016
Last Updated: December 1, 2016

**EVALUATION REPORT FOR
THE WISCONSIN SENIORCARE SECTION 1115
PHARMACEUTICAL BENEFIT DEMONSTRATION**

Wisconsin Department of Health Services
Office of Policy Initiatives and Budget
Policy and Research Section
December 2016

Executive Summary

The Wisconsin SeniorCare waiver program was first implemented in September 2002 as a demonstration project approved by the Centers for Medicare and Medicaid Services (CMS). The program was designed to provide assistance with the cost of prescription drugs for low-income seniors in Wisconsin. Access to prescription medication is recognized as an important primary health care benefit. Use of prescription drugs is cost-effective compared to the cost of hospitalization or long term care, but inadequate insurance coverage for prescription drugs leads many low-income individuals to restrict their use of essential medications, which has the potential to increase other, non-pharmacy health care costs.

Since 2002, the SeniorCare waiver program has continued to operate under waiver extensions and renewals. As required by CMS, an evaluation of the program was conducted for the waiver period that ended on December 31, 2015. The evaluation included a survey of a random sample of 1,000 recent SeniorCare enrollees examining their experiences with the program and the program's impact on their ability to afford their medicines.

More than one-quarter of respondents reported that before enrolling in SeniorCare they sometimes failed to fill or delayed filling a prescription or skipped or reduced doses because they could not afford to pay for their medicines and other necessary expenses, thus, highlighting the need for prescription assistance. After enrolling in SeniorCare, fewer individuals reported ever taking these actions, and fewer individuals reported having less to spend on essential expenses in order to pay for their prescriptions.

About 90 percent of respondents reported that they were spending about the same or less for their medicines after enrolling in SeniorCare. A small number, about 16 percent, of survey respondents reported that it was still a little difficult to pay for their medicines since joining SeniorCare, but that was half the number who found it difficult before enrollment.

The survey respondents reported favorable experiences with the SeniorCare program despite their limited enrollment period. Ninety-five percent of respondents said that it was easy to enroll and 94 percent said that it was easy to buy prescriptions through the program. Three-quarters of the respondents said that all of the medicines they take are covered by SeniorCare.

The evaluation also assessed the Medication Therapy Management (MTM) benefit which became available to SeniorCare members in 2012. Under MTM, pharmacists are reimbursed for providing in-depth analysis of all medications and support for members considered at high risk due to chronic conditions or multiple prescriptions. Research has shown that this support, which is intended to help members manage their medications and improve adherence, helps to improve health outcomes in a cost-effective way. At the time of data collection for this evaluation, relatively few SeniorCare members, less than 15 percent, had received any MTM services. The services that were provided appeared to be appropriately targeted to members who meet specified eligibility criteria.

In addition, the evaluation examined the effect of the program on the receipt of Medicaid and Medicaid-funded nursing home care by Wisconsin seniors as well as on the rate of hospital admissions among seniors for medical conditions such as heart disease and diabetes. Findings from this component of the

evaluation are inconclusive as to whether the SeniorCare waiver program led to reduced use of Medicaid or Medicaid-funded nursing home care by Wisconsin seniors, or reduced use of non-prescription medical services such as hospitalizations.

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Information about the Demonstration

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

Brief History and Description of the SeniorCare Program

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

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

The SeniorCare Program offers a comprehensive prescription drug benefit to Wisconsin residents age 65 and older who are U.S. citizens or have proof of immigration status, have an income at or below 200 percent of the federal poverty level (FPL), are not receiving full Medicaid benefits, and who pay the applicable annual program enrollment fee of \$30 per person.¹

SeniorCare is a voluntary program and individuals may apply for SeniorCare benefits upon turning age 65. While Medicare Part D is also a voluntary program, it imposes a penalty for delayed enrollment without creditable coverage, which SeniorCare does not. SeniorCare members may have other insurance that includes prescription coverage, including Medicare Part D, as well as employer-sponsored coverage or other coverage purchased by the member. SeniorCare coordinates benefits with other insurance coverage.

The SeniorCare program includes several innovative features, including: 1) a simple application and enrollment process, 2) an open formulary and broad network of providers, and 3) affordable cost-sharing for participants. Since 2002, SeniorCare has provided drug coverage to more than 260,000 seniors in

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

Wisconsin. Prior to the implementation of the Medicare Drug Benefit (Part D) in CY2006, SeniorCare was the only pharmacy coverage available to low-income seniors in Wisconsin, and since CY2006 it has served as creditable alternative coverage and a wrap-around program for Medicare Part D. Individuals with prescription drug coverage under other health insurance plans may enroll in SeniorCare, which coordinates benefit coverage with all other health insurance coverage, including Medicare Part D.

The primary purposes of the demonstration project are to keep Wisconsin seniors healthy by continuing to provide a necessary primary health care benefit; reduce the rate of increase in the use of non-pharmacy related services provided to this population, including hospital, nursing facility and other non-pharmacy related medical services; and help control overall costs for the aged Medicaid population by preventing seniors from becoming eligible for Medicaid due to deteriorating health and spending down to Medicaid eligibility levels.

A 2007 evaluation of the program² found that SeniorCare was implemented in 2002 successfully with relatively few problems. SeniorCare was associated with important successes in the use of prescription medications. There was a reduction in self-reported instances where members would go without the daily necessities and skipping doses of their prescribed medications for financial reasons. SeniorCare led to a reduced entry into Medicaid for enrollees compared to a matched group of control group members from Ohio, which at that time did not have a pharmacy assistance program for seniors, as well as lower rates of nursing home entry and Medicaid nursing home expenditures for former SeniorCare members. Between CYs2002-2005, the rate of seniors without drug coverage (prior to Medicare Part D) decreased by 37 percent for members below 100 percent of the FPL and 25 percent for members between 100 and 200 percent of the FPL.

Brandeis University also conducted the evaluation for the CYs2009-2012 waiver period.³ The evaluation found that SeniorCare remained a popular program with stable enrollment. Seventy-five percent of the members re-enroll each year. Compared to Medicare Part D, SeniorCare has better options in terms of out-of-pocket spending. SeniorCare provides considerable savings in out-of-pocket spending for members below 100 percent of the FPL, since it does not have an asset requirement. SeniorCare lowered out-of-pocket costs up to 68 percent over Medicare Part D for members with high drug needs.

For further descriptive information about the program, including recent data on enrollment, member characteristics, and utilization and costs, see Appendix A. The appendix builds on information about program enrollment, utilization, and costs as reported in the evaluation of the initial waiver period as well as a more recent evaluation report completed in 2012.

Organization Conducting the Evaluation

The current evaluation has been conducted by the Policy and Research Section of the Office of Policy Initiatives and Budget (OPIB). OPIB is an executive-level office attached to the Office of the Secretary of the Wisconsin Department of Health Services (DHS). OPIB oversees agency-level budget development, policy development and research. OPIB provides policy and research services, including evaluation

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

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

services, for the DHS. The unit does not have any administrative or program responsibilities for the SeniorCare Demonstration.

This evaluation was managed by Linda McCart, Policy Chief. The lead analyst for this evaluation was Susan Cochran, Evaluation Analyst.

Evaluation Objectives and Hypotheses

The SeniorCare program benefits seniors by providing access to medications that help to prevent and control adverse health conditions, thus helping to keep seniors healthy and avoid or delay Medicaid eligibility and spending on non-drug health services such as emergency department visits, hospitalizations, and nursing home care. The overall demonstration hypothesis is that extending pharmacy benefits to the aged population will result in a reduction in the rate at which the aged population spends down to full Medicaid benefit eligibility levels, thereby controlling overall costs for this population.

The specific evaluation hypotheses are as follows:

1. Recent enrollees in the SeniorCare waiver program will report lower levels of financial hardship and prescription non-adherence after enrolling in SeniorCare than for a comparable period prior to program enrollment.
2. SeniorCare waiver program members who receive Comprehensive Medication Review and Assessment (CMR/A) services will have improved medication adherence, compared to members who do not receive CMR/A.
3. The rate of Medicaid entry among Wisconsin seniors age 65 and older will be lower after SeniorCare implementation than before SeniorCare.
4. The rate of hospital admissions among Wisconsin seniors age 65 and older for selected medical conditions such as diabetes and heart disease will be lower after SeniorCare implementation than before SeniorCare.
5. The rate of Medicaid-funded nursing home admissions among Wisconsin seniors age 65 and older will be lower after SeniorCare implementation than before SeniorCare.

The evaluation hypotheses, methods and data sources are discussed next. A similar analytical approach is used to address Hypotheses 3-5; therefore the methods and data sources for these hypotheses are discussed in a single section.

In addition, this evaluation revisits and builds on earlier evaluations of the SeniorCare program conducted by Brandeis University.

The subsequent sections discuss the methods, findings, and limitations of the evaluative efforts undertaken for each of the above hypotheses.

Effects of SeniorCare on Cost-Related Non-Adherence and Financial Burden

Hypothesis 1: Recent enrollees in the SeniorCare waiver program will report lower levels of financial hardship and prescription non-adherence after enrolling in SeniorCare than for a comparable period prior to program enrollment.

Background

Previous research has demonstrated widespread problems among low-income and elderly individuals in paying for prescription drugs, often because they lack prescription drug insurance. An earlier evaluation of the state pharmacy programs in Illinois and Wisconsin conducted by Brandeis University in 2007 included a survey of participants in those programs, which documented that publicly-funded drug programs such as SeniorCare could alleviate this problem. The current evaluation sought to re-visit this issue to determine whether the program still serves to alleviate drug-related financial hardship and provide a critical health benefit as intended.

Methods and Data Sources

A sample of recent SeniorCare waiver enrollees was surveyed about changes in their access to needed medications and their ability to pay for those drugs. The one-time survey addressed two time periods: before and after SeniorCare enrollment.

Questions addressed by the survey included:

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

The survey utilized questions developed by the evaluation team as well as questions adapted from the original SeniorCare survey conducted by Brandeis University,⁴ from the Medicare Current Beneficiary Survey⁵ and from the CAHPS (Consumer Assessment of Healthcare Providers and Systems) Health Plan Survey.⁶

Following review and pre-testing of the survey, a universe of members who enrolled in the SeniorCare waiver program from January 1, 2015 through June 30, 2015 was identified and a simple random sample of 1,000 members was selected from that group. The self-administered survey, along with a postage-paid, addressed return envelope, was mailed to these members on July 28, 2015. A reminder postcard and a second reminder with an additional copy of the survey were subsequently mailed to sampled members

⁴ "Evaluation of State Pharmacy Assistance Programs", 2007

⁵ Medicare Current Beneficiary Survey; Centers for Medicare & Medicaid Services, Baltimore, MD.

⁶ CAHPS Health Plan Survey, Adult Medicaid Survey 4.0; Agency for Healthcare Research and Quality, Rockville, MD.

who had not yet returned a completed survey. There were 702 surveys returned; 689 of these provided valid and useable responses, for a response rate of 69 percent. A copy of the survey can be found in Appendix B.

Results from a Member Survey

The demographic characteristics and health status of respondents were summarized, and respondents' answers regarding non-adherence and drug-related financial hardship during a pre-SeniorCare period were compared to their responses for the post-enrollment period.

Description of Survey Respondents

Sixty-three percent of the survey respondents were female and 42 percent were married. Respondents ranged in age from 65 to 99 years of age with a mean age of 74.1 years. Thirty-eight percent of respondents were 65-69 years old, 36 percent were in their seventies, 22 percent were in their eighties, and 5 percent were ninety years old or older. Sixteen percent of respondents reported receiving some assistance from a spouse, relative, guardian or some other person to complete the survey.

	Percent
Female	62.6%
Married	41.9%
Age	
65-69 years	38.2%
70-79 years	35.8%
80-89 years	21.5%
90-99 years	4.6%
Received help with the survey	15.8%

A high percentage of the survey respondents, 81 percent, reported having some type of health insurance prior to enrolling in SeniorCare. Fifty-eight percent of these survey respondents reported that their health insurance included coverage for prescription drugs. This means that nearly half, 47 percent, of all the survey respondents had some insurance coverage for prescription drugs before enrollment in the SeniorCare waiver program.

Respondent Health Status

The survey respondents were asked to rate their overall health status, whether or not they had a number of specific health conditions, and whether or not they were taking prescription medicine for the conditions they reported. The survey also included several questions about how frequently the respondent had utilized several critical healthcare services, visiting an emergency department, staying overnight or longer in a hospital, and staying in a long-term care facility such as a nursing home, in the past two years.

Overall Health Status

Thirty-one percent of the survey respondents reported that their overall health was 'Excellent' or 'Very Good', while another 41 percent said their health was 'Good'. Twenty-seven percent of respondents indicated that their health was 'Fair' or 'Poor'.

Self-Reported Health Status	Count	Percent
Excellent	37	5.4%
Very Good	176	25.8%
Good	283	41.5%
Fair	158	23.2%
Poor	28	4.1%
Total Responses	682	100.0%

Specific Health Conditions and Medications

In addition to their overall health status, respondents were asked to identify any specific health conditions they had and whether or not they were taking prescription medicine for each condition they reported. The table below shows the distribution of these responses. Twenty-one percent of the respondents said they had no specific health conditions, 36 percent reported one or two health conditions, and the remaining 44 percent reported having from three to nine health conditions. In all, respondents reported having a mean of 2.6 different health conditions. If respondents who reported having no health conditions are -removed from the calculation, then the remaining respondents had an average of 3.2 conditions.

Self-Reported Health Conditions			Self-Reported Prescription Medicines		
	Count	Percent		Count	Percent
None	145	20.7%	None	153	22.2%
One or two	251	35.8%	One or two	253	36.7%
Three or four	195	27.8%	Three or four	189	27.4%
Five or six	93	13.2%	Five or six	75	10.9%
Seven or more	18	2.6%	Seven or more	19	2.8%
Total	702	100.0%	Total	689	100.0%

Similarly, respondents reported taking zero to nine different prescription medicines for the health conditions they reported at the time of the survey. Twenty-two percent of respondents reported taking no medicines, 38 percent reported taking one or two medicines, 27 percent were taking three or four medications, and the remaining 14 percent were taking five or more medications. In all, survey respondents reported taking an average of 2.3 prescription medicines at the time of the survey. If respondents who reported no prescriptions are excluded, then the remaining respondents were taking an average of 3.0 medicines per person.

The health conditions most often reported by the survey respondents were hypertension, high cholesterol and arthritis (reported by 51 percent, 37 percent, and 32 percent of respondents, respectively) followed by heart disease, stomach ulcers, heartburn or reflux, and diabetes.

Self-Reported Health Conditions	Reported having condition		Reported taking medicine	
	Count	Percent of total	Count	Percent of those with condition
Hypertension or high blood pressure	354	51.4%	336	94.9%
High cholesterol	253	36.7%	238	94.1%

Arthritis	224	32.5%	151	67.4%
Heart disease or any heart condition	182	26.4%	167	91.8%
Stomach ulcers, heartburn or reflux	144	20.9%	130	90.3%
Diabetes or high blood sugar	141	20.5%	133	94.3%
Depression	88	12.8%	84	95.5%
Asthma, emphysema or COPD	84	12.2%	74	88.1%
Osteoporosis or high blood pressure	75	10.9%	60	80.0%
Cancer or other malignancy	48	7.0%	32	66.7%
Stroke	39	5.7%	30	76.9%
Alzheimer's disease or dementia	19	2.8%	14	73.7%

The table above also shows the extent to which prescription medicines are used by SeniorCare members to treat and manage their health conditions. Overall, a high percentage of members who reported having specific health conditions also reported taking prescription medicine for the conditions reported. For example, more than 90 percent of respondents who reported having diabetes, depression, heart disease, high cholesterol, hypertension or stomach ulcers/heartburn/reflux were taking medication for those conditions. Respondents with arthritis and cancer were least likely to take medication for those conditions.

Use of Critical Healthcare Services

Most respondents reported no use of critical healthcare services in the previous two years. Fifty-eight percent of respondents reported making no trips to the emergency department in the previous two years, more than two-thirds had no overnight hospital stays during that time, and more than 90 percent had no stay in a nursing home or other long-term care facility.

	Count	Percent
Emergency Department Visits (n = 665)		
(0) None	386	58.0%
(1) 1 time	140	21.1%
(2) 2 times	83	12.5%
(3) 3 times	26	3.9%
(4) 4 times	15	2.3%
(5) 5-9 times	14	2.1%
(6) 10 or more times	1	0.1%
Inpatient Hospital Stays (n = 671)		
(0) None	461	68.7%
(1) 1 time	116	17.3%
(2) 2 times	61	9.1%
(3) 3 times	15	2.2%
(4) 4 times	14	2.1%
(5) 5-9 times	4	0.6%
(6) 10 or more times	0	0.0%
Long Term Care Stays (n = 689)		
(0) No	627	91.0%
(1) Yes	62	9.0%

A simple scale was created from the responses to the questions about visits to the emergency department and inpatient and long-term care stays. Responses to the questions about emergency department visits and inpatient hospital stays were assigned a value of 0 (none) through six (10 or more times). Responses to the question about long-term care stays were assigned a value of zero (No) or 1 (Yes). The values of all three questions were then summed to create a single value representing use of critical healthcare services in the past two years by the respondent. The resulting ordinal scale ranges from zero to thirteen, indicating lesser or greater use of emergency department/inpatient/long-term care services. The values of the scale themselves have no inherent meaning, except that a scale value of zero indicates that the respondent reported no use of any emergency department/inpatient/long-term care services, while a score of 13 signifies the most intensive utilization of these services by a respondent.

Respondents' scores on this scale ranged from zero to ten. Fifty percent of respondents had a scale value of zero, reporting no use of any critical healthcare services in the previous two years. Another 31 percent reported only limited use of such services, with a scale value of one or two.

Scale Value – Use of Critical Healthcare Services	Count of respondents	Percent
Zero	325	49.5%
One	114	17.4%
Two	88	13.4%
Three	44	6.7%
Four	29	4.4%
Five	22	3.3%
Six	12	1.8%
Seven	9	1.4%
Eight	4	0.6%
Nine	6	0.9%
Ten	4	0.6%
Total	657	100.0

Respondents' Experience Filling Prescriptions

Nearly three-quarters of the 689 survey respondents, or 505 members, reported filling prescriptions both before and after enrolling in SeniorCare. A small percentage, less than 10 percent of the total in each case, reported filling prescriptions during only one of the time periods in question. Almost 15 percent of all respondents reported filling no prescriptions during either time period.

	Count	Percent
Filled prescriptions before and after SC enrollment	505	73.3%
Filled prescriptions before SC enrollment only	30	4.4%
Filled prescriptions after SC enrollment only	54	7.8%
No prescriptions filled before or after SC enrollment	100	14.5%
Total Respondents	689	100%

The finding that some recent SeniorCare enrollees had prescriptions filled both before and after enrolling in SeniorCare while others did not fill any prescriptions during either time period raises the question of how the groups of respondents might differ. The table below summarizes relevant findings related to the differences between these groups of survey respondents. Survey respondents who reported filling prescriptions before **and** after SeniorCare enrollment were the oldest, on average (although not significantly older than respondents who filled prescriptions during only one of the time periods), and those who did not report filling prescriptions before or after SeniorCare enrollment were the youngest. Respondents who reported filling prescription before **and** after SeniorCare enrollment reported poorer overall health status, a greater number of specific health conditions, and also reported taking more prescriptions for those conditions. Respondents who reported not filling prescriptions before or after joining SeniorCare reported better overall health status, fewer specific health conditions, and fewer prescriptions being taken than other respondents. Respondents who reported filling prescriptions during only one of the time periods were intermediate to the other two groups in terms of reported health and prescriptions taken.

	Prescriptions before and after SC enrollment	Before SC enrollment only	After SC enrollment only	No prescriptions before or after SC enrollment
Age (mean)	74.7 years	74.2 years	74.6 years	70.9 years
Self-reported Health (lower score is better)	3.12	2.69	2.77	2.27
Health conditions (mean number)	3.2	1.4	1.7	0.6
Reported Prescriptions (mean number)	2.84	1.27	1.48	0.36

Cost-Related Non-adherence and Financial Burden

To address prescription non-adherence, respondents were asked to select a response of ‘Never’, ‘Sometimes’ or ‘Often’ to the following questions for the before-SeniorCare and after-SeniorCare time periods:

- How often did you decide not to fill or refill a prescription because you did not have enough money to pay for the medicine?
- How often did you delay getting a prescription filled or refilled because you did not have enough money to pay for the medicine?
- How often did you skip doses or take smaller doses because you did not have enough money to pay for the medicine?

To address prescription-related financial burden, respondents were asked to respond ‘Yes’ or ‘No’ to the following questions for both time periods:

- Did you ever have less to spend on food, heat or other things you needed in order to pay for prescription medicines?
- Did you ever give up going out or doing things you enjoyed in order to pay for prescription medicines?
- Did you ever put off or decide not to buy something you wanted in order to pay for prescription medicines?

A total of 505 individuals reported filling a prescription both before and after enrolling in SeniorCare. Twenty-five to thirty percent of these respondents reported that in the six months before enrolling in SeniorCare they ‘Often’ or ‘Sometimes’ failed to fill or refill or delayed filling or refilling a prescription, or skipped or reduced doses, because they could not afford to pay for their medicines. After enrolling in SeniorCare, fewer members reported taking these actions.

Likewise, fewer members reported having less to spend on essential expenses, having to give up things they enjoyed, or put off buying things in order to pay for their prescriptions after enrolling in SeniorCare.

How often did you...because you did not have enough money to pay for the medicine?	Before SeniorCare		Since SeniorCare	
	Count	Percent	Count	Percent
Decide not to fill or refill a prescription	(n = 387)		(n = 411)	
Never	286	73.9 %	388	82.2 %
Sometimes	87	22.5 %	64	15.6 %
Often	14	3.6 %	9	2.2 %
Delay getting a prescription filled or refilled	(n = 388)		(n = 417)	
Never	262	67.5 %	336	80.6 %
Sometimes	107	27.6 %	73	17.5 %
Often	19	4.9 %	8	1.9 %
Skip doses or take smaller doses to make the medicine last longer	(n = 387)		(n = 419)	
Never	277	71.6 %	353	84.2 %
Sometimes	88	22.7 %	56	13.4 %
Often	22	5.7 %	10	2.4 %
Did you ever...in order to pay for prescription medicines?	Before SeniorCare		Since SeniorCare	
	Count	Percent	Count	Percent
Have less to spend on food, heat or other things you needed	(n = 397)		(n = 419)	
No	245	61.7 %	336	80.2 %
Yes	152	38.3 %	83	19.8 %
Give up going out or doing things you enjoyed	(n = 398)		(n = 421)	
No	195	49.0 %	299	71.0 %
Yes	203	51.9 %	122	29.0 %
Put off or decide not to buy something you wanted	(n = 394)		(n = 418)	
No	182	46.2 %	281	67.2 %
Yes	212	53.8 %	137	32.8 %

When asked how difficult it was to pay for their prescription medicines before and after enrolling in SeniorCare, 30 percent more respondents reported that it was ‘Not at All Difficult’ after they enrolled in SeniorCare and began using their SeniorCare card. After enrolling in SeniorCare, about 16 percent of members reported finding it ‘A Little Difficult’ or ‘Very Difficult’ to pay for their prescription medicines, although that was less than half the number who reported that level of difficulty paying for their medicines before enrollment.

	Before SeniorCare		Since SeniorCare	
	Count	Percent	Count	Percent
Not at all Difficult	97	24.3%	231	55.3%
Somewhat Difficult	150	37.6%	120	28.7%
A Little Difficult	113	28.3%	58	13.9%
Very Difficult	39	9.8%	9	2.2%
Total Responses	399	100.0%	418	100.0%

When asked if the amount of money spent on medicines after enrolling in SeniorCare was ‘More’, ‘About the Same’ or ‘Less’ than was spent before getting the SeniorCare card, nearly 60 percent of members reported that they were spending less after getting their SeniorCare card than they had before, and another 29 percent said they were spending ‘About the Same’.

	Count	Percent
More	44	11.5%
About the Same	111	29.0%
Less	228	59.5%
Total Responses	383	100.0%

These results were examined further according to whether members had prescription coverage prior to enrolling in SeniorCare. Members without prescription coverage before SeniorCare were more likely to report not filling prescriptions because they did not have enough money than were members who previously had prescription coverage ($\chi^2 = 14.539$, $p = .001$).

Members without prescription coverage before SeniorCare enrollment did not report more specific types of financial hardship (that is, having less to spend on basics, giving up going out or doing things they enjoyed, or putting off or deciding not to buy something) due to the need to pay for prescriptions than did members who previously had prescription insurance coverage. However, members without prescription coverage before SeniorCare were significantly more likely than members who did have such coverage to report that they had some difficulty paying for their prescriptions before enrolling in SeniorCare ($\chi^2 = 8.847$, $p = .031$).

Finally, there was no relationship between pre-enrollment prescription coverage and whether members reported paying more, less or the same after enrolling in SeniorCare.

Using the measures of adherence and financial hardship employed in this member survey, there is limited evidence that having insurance coverage for prescriptions prior to enrolling in SeniorCare was related to either prior adherence or financial hardship. But, the data does indicate that members without prescription coverage before SeniorCare enrollment were more likely to feel that it was difficult to pay for their prescription medicines.

Respondents' Experiences with the SeniorCare Program

The survey respondents reported favorable experiences with the SeniorCare program. Ninety-five percent of respondents said that it was 'Very Easy' or 'Somewhat Easy' to enroll in the SeniorCare program. Ninety-four percent of the respondents who reported filling prescriptions since enrolling in SeniorCare said that it was 'Very Easy' or 'Somewhat Easy' to buy those prescriptions using the SeniorCare card. When asked if there are any prescription medicines that they need that are not covered by SeniorCare, 76 percent of the 315 respondents who answered the question indicated that all of the medicines they take are covered by SeniorCare; just over one-third of respondents either did not respond or selected 'Don't Know.'

The member survey included several questions about conversations members might have had with their pharmacist about their prescription medicines. These questions were intended to identify members who had a Comprehensive Medication Review and Assessment (CMR/A), which is a benefit under the Medication Therapy Management (MTM) program that was added in CY2012. (See the section related to Hypothesis 2 for more information on MTM and CMR/As.)

Almost two-thirds (65.7 percent) of the survey respondents who filled one or more prescriptions since enrolling in SeniorCare reported having a conversation with their pharmacist about all of their prescription medicines. Most of these individuals reported that the pharmacist did help them to understand why they needed to take their medicines (93.1 percent) or explained how to take their medicines safely and correctly (97.9 percent).

However, as explained in the next section, relatively few SeniorCare members have had a CMR/A. It is likely that many survey respondents who reported having a conversation with their pharmacist were referring to routine counseling by the pharmacist as required under Wisconsin state law.

Limitations of the Member Survey

While it was important and informative to obtain member feedback via the mail survey, there are some limitations to this approach. The desire to minimize the burden on members, some of whom are advanced in age and did not receive assistance with the survey, meant that the length of the survey needed to be limited. Some issues could not be addressed; for example, questions about members' health status, specific health conditions, and prescriptions taken for those conditions, were asked only once, after SeniorCare enrollment, so that any changes in those factors from before to after SeniorCare enrollment could not be assessed or taken into account.

The survey provides first-hand and primarily qualitative information about members' use of prescriptions, adherence, financial burden, and health status. Members' survey responses were not verified by linking to objective measures such as medical records or pharmacy claims. For example, members were not asked about their actual out-of-pocket spending on prescriptions either before or after enrolling in SeniorCare. Therefore while members were asked if they were spending 'More', 'Less' or 'About the Same' on their prescriptions since joining SeniorCare, it was not possible to actually determine the extent to which members' costs might have increased or decreased. Likewise, whether or to what extent members might have delayed filling prescriptions, for example, or have gone without necessities in order to pay for their medicines was not objectively verified.

Survey responses were dependent upon members' recall and their ability to successfully navigate and respond to the survey questions, and therefore are subject to some error. In particular, there was some indication that the skip patterns in the survey may have been confusing to some respondents. It might have been preferable to administer the survey by telephone or in person.

In addition, survey data on members' other insurance coverage for prescription drugs was limited. There was a high level of missing responses and inconsistent responses to questions about other insurance, which suggests that the questions were unclear or that some members are uncertain or uninformed about the nature of their insurance coverage. It is also possible that because members were asked about two separate time periods, before and after enrolling in SeniorCare, in a single survey, they may have been confused about which time period was being referred to in particular questions.

Finally, it is also possible that the timing of survey administration biased member responses. Survey planning and development took place at the same time that a budget proposal submitted by the governor was being considered. The proposal included a requirement that SeniorCare members, as a condition of program eligibility, apply for and enroll in Medicare Part D, so that SeniorCare would serve primarily to fill gaps in Medicare Part D coverage for SeniorCare members. The budget proposal did not pass but did receive a great deal of statewide media coverage. The survey was administered a short time after the proposal failed. Member concern about the budget proposal may have contributed to the robust response rate and may have led some members to provide responses more favorable to the program. With the existing data, there is not an empirical way to assess the potential impacts of survey timing, such that its implications remain speculative.

Despite these study limitations, member feedback provided in the survey is overwhelmingly favorable to the program, indicating that SeniorCare members find enrollment into the program to be simple and consider the program both easy to use and helpful in managing the costs of their prescription medicines.

The Medication Therapy Management (MTM) Benefit

Hypothesis 2: SeniorCare waiver program members who receive CMR/A services will have improved medication adherence, compared to members who do not receive CMR/A services.

Background

The Medication Therapy Management (MTM) benefit was implemented for SeniorCare members in September 2012.⁷ The benefit includes two levels of service, intervention-based services (IBS) and Comprehensive Medication Review and Assessment (CMR/A). The goal is to help members manage their medications and improve adherence,⁸ which research has shown helps to improve health outcomes in a cost-effective way.

The MTM benefit expands upon the former Pharmaceutical Care services model used during the previous waiver period; most services previously billed under Pharmaceutical Care are now classified as IBS, which include generic substitutions, transitioning from one-month to three-month supplies, dosage changes, consultations about a lack of adherence, adding or eliminating medications based on clinical concerns, education about medication administration devices, and in-home medication management for those who are not able to pick up their medication. These services generally involve a pharmacist providing a brief consultation to a patient on an unscheduled, as-needed basis.

The second set of services offered through the MTM benefit is the CMR/A. A CMR/A includes a private consultation between a pharmacist and a member to review the member's drug regimen and to provide more extensive support to the member.

MTM services may be initiated by either the prescriber or the pharmacist. Prescribers may request that a member receive MTM services, and may also receive communications from pharmacies when MTM services have been provided. In order to receive reimbursements for MTM services rendered, pharmacies must be Medicaid-enrolled as a pharmacy provider.

Pharmacies offering CMR/A services are located statewide and include chains, large health systems, and independent pharmacies. Pharmacists and pharmacies are not required to participate; however, they can no longer bill for Pharmaceutical Care services as they could before MTM implementation in September 2012.

The CMR/A service is intended for members who are considered at high risk of medical complications due to the nature of the drug regimen prescribed. While the service is optional and members may decline the service, members must meet one of the following criteria in order to be offered a CRM/A:

- Member takes four or more prescription medications to treat two or more chronic conditions, one of which must be hypertension, asthma, chronic kidney disease, congestive heart failure, dyslipidemia, Chronic Obstructive Pulmonary Disease (COPD), or depression.
- Member has diabetes.

⁷ The MTM benefit is also covered for members in the state's BadgerCare Plus and Medicaid programs.

⁸ Adherence refers to the extent to which a patient follows the recommendations made by a healthcare provider with respect to the timing, dosage and frequency of medication-taking.

- Member requires coordination of care due to multiple prescribers.
- Member has been discharged from the hospital or long-term care setting within the past 14 days.
- Member has health literacy issues as determined by the pharmacist.
- Member has been referred for MTM services by the prescriber.

Lists of high-risk members who qualify for CMR/A services are sent to pharmacies to ensure better utilization of the service. Members who reside in a nursing home are not eligible for CMR/As.

Methods and Data Sources

This component of the evaluation used two primary sources of data. Pharmacist service data (i.e., number and type of CMR/A or an IBS) was reported to DHS by participating Wisconsin pharmacies. Wisconsin pharmacies providing MTM services are required to document information about the type and outcomes of MTM services they provide. In addition, SeniorCare prescription claims data was used to provide information about members and prescription histories, including, the number, type and cost of drugs for which claims were filed, dates of refills, etc.

Although MTM benefits are often expected to lead to lower drug utilization and lower drug-related costs, some recent research suggests that prescription costs do not always decrease after implementing a MTM program.⁹ This evaluation compares prescription utilization, prescription load, and prescription costs for SeniorCare members who received MTM services to the same measures for members not receiving MTM; however, no specific hypothesis was made regarding the effect of the MTM benefit on these measures.

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

There are various ways of defining and measuring adherence to prescribed medication therapy; this evaluation planned to use a measure that uses administrative data such as pharmacy claims for that purpose. The evaluation also planned to compare prescription utilization, costs, and adherence for two time periods, (before and after receiving CMR/A services for members who received such services), or before and after a reference date for a group of comparable members who did not receive CMR/A services. However, few SeniorCare members actually received CMR/A services by the time data requests

⁹ Shah, Nilay, PhD. "Medication Therapy Management Services: Does the Evidence Support Policy?" University of Wisconsin-Madison School of Medicine and Public Health Population Health Sciences Seminar Series, March 18, 2013. Lecture. Available at <http://videos.med.wisc.edu/presenters/4986>. (A study of a MTM pilot program at Mayo Clinic showed that while drug costs did not decrease for members who received MTM services, there was a decrease in medical costs.)

were made near the end of the waiver period; therefore, there were too few cases to make valid comparisons at this time.

As a result, this report primarily examines descriptive data related to the MTM benefit, including the number of SeniorCare waiver members who received MTM services, the demographic characteristics (e.g., age and gender) of waiver program members who received MTM services and the characteristics of members receiving MTM services. The effects of MTM services on outcomes for SeniorCare members will be evaluated in the future, when there are a greater number of members who have received MTM services.

Analysis and Findings

A 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, initial consultation and up to three follow-up consultations per year. This service is intended for members who are considered at high risk of medical complications due to the nature of the drug regimen prescribed.

The claims experience of SeniorCare members who were continuously enrolled from September 1, 2012, when MTM services were first implemented, until October 2015 was examined. Prescription histories (e.g., number, type and cost of drugs for which claims were filed, dates of refills, etc.), pharmacist service data, and demographic data were retrieved for each waiver member who had at least one prescription claim during the designated time period. These members were categorized as receiving either CMR/A or an IBS based on the information provided by pharmacists. Further refinements to the data yielded three groups of members whose characteristics were examined. First were those members who received one or more CMR/A services; these members may also have received an IBS in addition to the CMR/A. The second group included members who received only an IBS, without receiving a CMR/A. The third group included members who did not receive any MTM services: neither a CMR/A, nor an IBS.

There were 28,513 SeniorCare members who were continuously enrolled from September 1, 2012 through October 2015. One percent (413) of these members received a CMR/A at some time since September 1, 2012, and another 12 percent received only an IBS. Eighty-six percent of the SeniorCare members who were continuously enrolled since September 1, 2012 received no MTM services from their pharmacist.

Members Continuously Enrolled, 9/2012-10/2015	Count	Percent
Received a CMR/A (may also have received IBS)	413	1%
Received IBS only	3,440	12%
Received no MTM services	24,660	86%
Total	28,513	100%

Members who received any MTM services were slightly older than those who received no MTM services. Neither gender nor race/ethnicity appeared to be related to receipt of MTM services.

The table below shows the number of MTM services provided to members who received CMR/A services and to those who received only IBS. Note that the denominator for the percentages in this table is the total

number of services provided to members of each group, not the number of members in each group. Thus, for example, out of the total of 1,650 MTM services provided to members continuously enrolled from September 2012 to October 2015 who received a CMR/A, 21 percent of those MTM services involved transitioning from a one-month supply to a three-month supply. Except for the CMR/A, the three-month supply and focused adherence were the MTM services most often provided to SeniorCare members.

MTM Services Provided to Members Continuously Enrolled 9/2012-10/2015	CMR/A and IBS		IBS Only	
	Count	Percent of Total Services	Count	Percent of Total Services
Total MTM Services Received	1,650	100%	7,737	100%
Cost Effectiveness	124	8%	945	12%
Three- Month Supply	353	21%	3,471	45%
Dose/Dosage form/ Duration Change	93	6%	360	5%
Focused Adherence	330	20%	2,579	33%
Medication Addition	80	5%	77	1%
Medication Deletion	85	5%	134	2%
Medication Device Instruction	34	2%	170	2%
In-home Medication Management	10	1%	1	0%
Initial CMR/A	438	27%	0	0%
Follow-up CMR/A	103	6%	0	0%

Likewise, when looking at the number of SeniorCare members who received various MTM services, more SeniorCare members received three-month supply and focused adherence than other services. The denominator for the percentages in this table is the total number of members in each group. Thus, of the 3,440 members continuously enrolled from September 2012 to October 2015 who received only intervention-based services, 41 percent received focused adherence.

SeniorCare Members Receiving MTM Services (Members Continuously Enrolled 9/2012-10/2015)	CMRA and IBS		IBS Only	
	Count	Percent of Total Members	Count	Percent of Total Members
Total Members Receiving MTM Services	413	---	3,440	---
Cost Effectiveness	85	21%	744	22%
Three-Month Supply	150	36%	1,608	47%
Dose/Dosage form/ Duration Change	73	18%	320	9%
Focused Adherence	126	31%	1,420	41%
Medication Addition	53	13%	70	2%
Medication Deletion	60	15%	121	4%
Medication Device Instruction	25	6%	146	4%
In-home Medication Management	4	1%	1	0%
Initial CMR/A	399	97%	0	0%
Follow-up CMR/A	75	18%	0	0%

The Department's MTM policies specify that members who take four or more prescription medications to treat two or more chronic conditions, one of which must be hypertension, asthma, chronic kidney disease, congestive heart failure, dyslipidemia, Chronic Obstructive Pulmonary Disease (COPD), or depression, and members who have diabetes are eligible to receive a CMR/A. Members must meet one of these qualifiers to receive MTM services.

Because the CMR/A is intended for a particular subset of SeniorCare members, it is important to determine whether the benefit is being targeted effectively to that group of individuals, that is, the extent to which they meet the above criteria for receiving the benefit. On average, members who received CMR/A services had the most health conditions, and members who received no MTM services had the fewest health conditions. Ninety-five percent of the members in the CMR/A group had two or more conditions, compared to 81 percent of members who received only IBS and 63 percent of members who received no MTM services. CMR/A members averaged 1.84 more conditions than members of the No MTM group.

Number of Conditions per Member* by MTM Receipt	CMR/A and IBS (n = 413)		IBS Only (n = 3,440)		No MTM (n = 24,660)	
	Count	Percent of Total Members	Count	Percent of Total Members	Count	Percent of Total Members
0 Conditions	1	< 1%	67	2%	3,118	13%
1 Condition	17	4%	597	17%	5,833	24%
2 Conditions	88	21%	1231	36%	6,312	26%
3 Conditions	173	42%	1043	30%	3,859	16%
4 Conditions	91	22%	411	12%	1,058	4%
5 Conditions	37	9%	80	2%	142	< 1%
6 or more conditions	6	2%	11	< 1%	17	< 1%
Mean Conditions	3.14	----	2.40	----	1.30	----

* Members continuously enrolled from September 2012 through October 2015.

The table below shows the percent of members with each chronic condition, by MTM receipt. The most common conditions among members in all three groups were hypertension and dyslipidemia. For each condition except chronic kidney disease, the percentage of members with each condition is greater in the CMR/A group than in the IBS Only and No MTM groups.

The greatest difference between the groups is found in the percent of members with diabetes, which is to be expected since having diabetes is sufficient to receive a CMR/A. Fifty-five percent of CMR/A recipients have diabetes, compared to 25 percent of IBS Only members and 19 percent of No MTM members.

Health Conditions by MTM Receipt, SeniorCare Members Continuously Enrolled 9/2012–10/2015	CMR/A and IBS (n = 413)		IBS Only (n = 3,440)		No MTM (n = 24,660)	
	Count	Percent of Total Members	Count	Percent of Total Members	Count	Percent of Total Members
Condition						

Asthma	47	11%	184	5%	66	0%
Congestive Heart Failure	44	11%	92	3%	118	0%
Chronic Kidney Disease	1	0%	20	1%	117	0%
COPD	87	21%	581	17%	2,698	11%
Depression	155	38%	1,060	31%	5,493	22%
Diabetes	227	55%	873	25%	4,772	19%
Hypertension	397	96%	3,174	92%	19,685	80%
Dyslipidemia	339	82%	2,320	67%	13,597	55%
Total Members	413		3,440	---	24,660	---

Based on the number and type of health conditions reported for members in the CMR/A, IBS Only and No MTM groups, CMR/A services are being appropriately targeted to those members most in need of those services.

The tables below show the number of pharmacy claims and amounts paid, per month and per member per month (PMPM), by receipt of MTM services. There were 30 times more paid pharmacy claims for members without MTM services than CMR/A members, which is a function of the number of members who did or did not get MTM services. CMR/A members had more claims PMPM, and averaged \$125 more paid per month than the No MTM group.

	CMR/A and IBS	IBS Only	No MTM
Total Pharmacy Claims	63,130	383,690	1,931,643
Pharmacy Claims Per Month	1,608.53	9,776.32	49,217.78
Members	413	3,440	24,660
Pharmacy Claims PMPM	3.89	2.84	2.0

	CMR/A and IBS	IBS Only	No MTM
Total Paid	\$ 3,975,635.33	\$ 24,978,599.11	\$ 116,378,606.46
Paid Per Month	\$ 101,298.12	\$ 636,447.82	\$ 2,965,294.51
Members	413	3,440	24,660
Amount Paid PMPM	\$ 245.27	\$ 185.01	\$ 120.25

Limitations of the MTM Evaluation

As noted earlier in the report, the evaluation plan included a comparison of prescription utilization, costs, and adherence for two time periods between members who did and those who did not receive CMR/A services. However, the small number of SeniorCare members who received CMR/A services during the 2013-2015 waiver period meant that it was not possible to carry out such analyses for this evaluation. Therefore, the effects of MTM services on outcomes for SeniorCare members will be evaluated in the future, when a greater number of SeniorCare members have received MTM services.

Effects of SeniorCare on Medicaid Receipt, Hospitalizations and Nursing Home Use

Hypothesis 3: The rate of Medicaid entry among Wisconsin seniors age 65 and older will be lower after SeniorCare implementation than before SeniorCare.

Hypothesis 4: The rate of hospital admissions among Wisconsin seniors age 65 and older for selected medical conditions such as diabetes and heart disease will be lower after SeniorCare implementation than before SeniorCare.

Hypothesis 5: The rate of Medicaid-funded nursing home admissions among Wisconsin seniors age 65 and older will be lower after SeniorCare implementation than before SeniorCare.

Background

These hypotheses aim to explore the utilization effects of SeniorCare, specifically on use of the Medicaid program due to healthcare-expenditure-related impoverishment and utilization of inpatient hospital and nursing home services. In general, seniors who obtain outpatient drug coverage are expected to require fewer non-pharmacy healthcare services. By extension, it is also expected that spending down to Medicaid eligibility will be reduced, as will inpatient hospital and nursing home admissions related to drug-sensitive healthcare conditions.

SeniorCare's effects on diversion from Medicaid eligibility are expected to be most prominent among seniors who would qualify under medically needy eligibility provisions. Medically needy rules allow individuals with income above the Medicaid limit to qualify if they have high healthcare or long-term care expenditures relative to their income.

SeniorCare income eligibility extends to up to 200 percent of the FPL, which is above income thresholds for Medicaid eligibility for seniors in Wisconsin. A member whose income and/or assets decrease to Medicaid eligibility levels must submit a Medicaid application and be determined eligible through existing Medicaid procedures in order to receive full Medicaid benefits.

It is hypothesized that SeniorCare benefits keep eligible seniors healthier, thereby reducing healthcare expenditures that would allow an individual to qualify for Medicaid under medically needy eligibility provisions (Hypothesis 3).

By assisting low-income seniors to obtain needed prescription medications at an affordable price, it is expected that SeniorCare will lead to better adherence to prescription regimens and thereby to improved health and reduced use of other, non-drug health services such as inpatient hospital services (Hypothesis 4). In particular, this evaluation focuses on changes in the rate of hospitalizations among Wisconsin seniors for chronic medical conditions such as diabetes and heart disease, which are prevalent among seniors, amenable to drug therapy, and thus should be responsive to a program such as SeniorCare which provides prescription drug coverage. It was hypothesized that there would be fewer hospitalizations for such conditions among seniors after SeniorCare implementation than before.

Finally, it is also expected that by leading to reduced cost-related non-adherence, better health, and reduced use of non-drug health services, SeniorCare implementation will result in delayed or avoided nursing home entry by Wisconsin seniors. Thus there should be lower Medicaid-funded use of nursing homes for low-income seniors after SeniorCare implementation than in the years before implementation (Hypothesis 5).

Methods and Data Sources

The availability of publicly-funded outpatient pharmacy benefits for seniors has changed considerably since SeniorCare began in 2002. Most notably, Medicare Part D began in 2006 and offers all individuals 65 years and older access to prescription drug coverage. For this reason it is no longer possible to easily identify or construct a comparison group of seniors who are similar to SeniorCare waiver members but who do not have access to a pharmacy benefit.

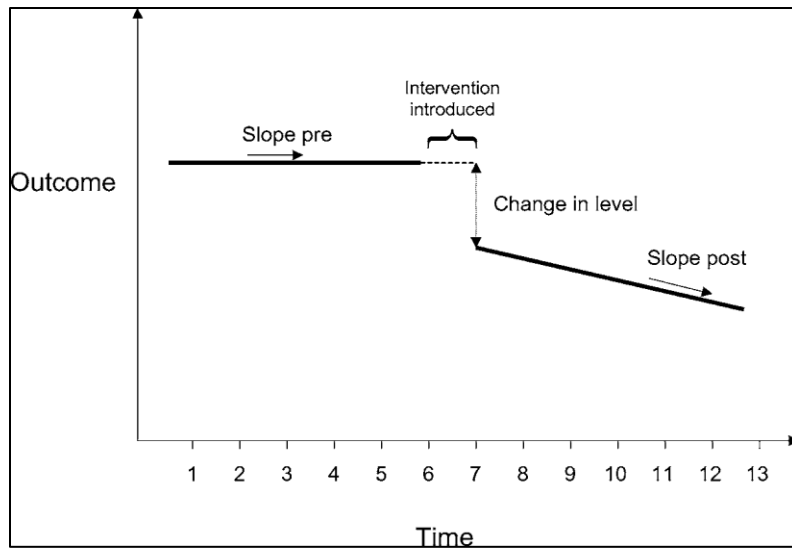
For this evaluation, DHS did not have access to individual level data on SeniorCare members prior to their enrollment in SeniorCare. The lack of individual-level, pre-enrollment data on SeniorCare members limited the possible research designs that could be considered. The evaluation for this waiver demonstration utilized a population-level analysis to address Hypotheses 3–5, comparing aggregate measures across a number of years before and after the implementation of SeniorCare.

This evaluation leveraged an interrupted time series evaluation design. Interrupted time series is a quasi-experimental design that can be used to assess the longitudinal effects of interventions. A time series is a sequence of values of a particular measure taken at regularly spaced intervals over time. An “interrupted” time series occurs when the sequence of measures is divided into two or more portions, by a real-world event, a policy change, a program implementation, or an experimental intervention, with multiple measures taken both before and after the ‘interruption’. An example is shown below; ‘O’ represents an outcome measured at multiple points in time and ‘X’ represents an intervention:

O O O O X O O O O

Segmented regression analysis of interrupted time series data is one method that allows a researcher to assess, in statistical terms, how much the intervention changed an outcome of interest. Segmented regression analysis allows analysts to control for prior trends in the outcome measure and to study whether the outcome measure exhibits a change from the previously established pattern following the intervention. Thus if the values of the outcome measure are plotted over time, the pre-intervention pattern serves as a baseline against which the post-intervention pattern can be assessed. It is assumed that in the absence of any intervention effect, the pre-existing pattern would continue, and this would represent what would happen in the absence of the intervention. If, however, there is a significant change in the level and/or slope of the plotted outcome measure, this is considered evidence of the intervention’s effect.

The following figure represents this graphically.



Source: Ramsay et al., 2003¹⁰

Even without a control group, segmented regression analysis addresses important threats to internal validity (such as history and maturation) by making multiple assessments of the outcome variable both before and after the intervention.

This evaluation uses segmented regression to address Hypotheses 3-5, employing aggregate data from several sources for the period CYs1999-2005, which encompasses nearly four years prior to the start of SeniorCare and three years afterwards. It does not include any time period which occurred after the start of Medicare Part D.

The number of Wisconsin seniors age 65 and older who were dually eligible for Medicare and Medicaid, hospitalizations for selected conditions, and the number of dual eligibles living in a nursing home during several years prior to SeniorCare implementation were compared to the same measures during the years after SeniorCare began. SeniorCare enrollment data and claims records were obtained from the SeniorCare program and Medicaid data was obtained from Wisconsin's Medicaid Management Information System (MMIS), known as ForwardHealth interChange. Wisconsin transitioned to interChange in 2008; the system supports a number of critical programs administered by DHS.

It is difficult to isolate individuals age 65 and over who qualify for full Medicaid benefits under the "medically needy" provisions, therefore, the analyses for Hypothesis 3 and Hypothesis 5 were conducted using data on "full-benefit dual eligibles" age 65 and over. These were individuals eligible for both Medicare and full Medicaid benefits, and so encompass the "medically needy" group.

Likewise, the analysis for Hypothesis 5 looks at the number of dual eligibles age 65 and over who are living in a nursing home (whose costs are paid by Medicaid), and examines the extent to which this

¹⁰ Ramsay CR, Matowe L, Grilli R, Grimshaw JM, Thomas RE. Interrupted time series designs in health technology assessment: Lessons from two systematic reviews of behavior change strategies. *Int.J.Technol.Assess.Health Care* 2003;19:613-23

changes after SeniorCare implementation. Due to resource limitations, the evaluation focuses on Medicaid-funded nursing home care and does not address rehabilitation stays paid by Medicare.

Hospital discharge data and population data needed to assess Hypothesis 4 were obtained from the Office of Health Informatics, Division of Public Health, in DHS. Wisconsin's non-Veteran's Administration hospitals have been required by statute to report information from their billing systems on all inpatients since 1989. These data, which are compiled and edited by the Wisconsin Hospital Association and shared with DHS' Office of Health Informatics, were used to compare hospital admissions among seniors for selected health conditions, before and after SeniorCare implementation in 2002. Hospitalizations for heart disease were considered to be those with ICD-9 codes 414.0-414.9, 428.0-428.9, exclusive of Medicaid as payer and non-Wisconsin residents. Hospitalizations for diabetes were those with ICD-9 codes 250.0-250.93, exclusive of Medicaid as payer and non-Wisconsin residents. Data for CY1999, unlike later years, do not include Minnesota hospitals.

Ideally this evaluation would have examined the effects of SeniorCare on seniors' use of emergency department services as well as inpatient stays; however, hospitals in Wisconsin were not required to begin reporting emergency department data until 2002, the year in which SeniorCare was implemented. Therefore it would not have been possible to obtain data on emergency department usage prior to 2002 to serve as a baseline.

Analysis- Effects of SeniorCare on Medicaid Receipt, Hospital Admissions for Selected Health Conditions, and Nursing Home Use among Wisconsin Seniors.

This section provides an overview of the analyses and findings related to Hypotheses 3-5; these hypotheses are discussed together because a similar analytical approach was used to address each of these hypotheses. Further details can be found in Appendix B at the end of this report.

The table below summarizes the outcome variables for Hypotheses 3-5, how each outcome variable was defined, and the source of the data used for each analysis.

Hypothesis	Outcome Variable and Definition	Data Source
Hypothesis 3	<p><u>Outcome Variable:</u> The number of Wisconsin Medicare-Medicaid Dual Eligibles Age 65 and over per quarter for CYs1999–2005</p> <p><u>Definition:</u> Individuals eligible for Medicare Part A and/or Part B who had a claim for Medicaid services on at least one day of the quarter.</p>	ForwardHealth interChange (Wisconsin's Medicaid Management Information System)
Hypothesis 4	<p><u>Outcome Variable:</u> The rate of hospital admissions among Wisconsin seniors age 65 and older for diabetes and heart disease</p> <p><u>Definitions:</u> Hospitalizations for heart disease were defined as those with ICD-9 codes 414.0-414.9, 428.0-428.9 (exclusive of Medicaid as payer and non-WI residents). Hospitalizations for diabetes were defined as those with ICD-9 Codes 250.0-250.93 (exclusive of Medicaid as payer and non-WI residents).</p>	Office of Health Informatics, Division of Public Health, DHS
Hypothesis 5	<p><u>Outcome Variable:</u> The number of Wisconsin Medicare-Medicaid Dual Eligibles Age 65 and over living in a nursing home per quarter for CYs1999-2005.</p> <p><u>Definition:</u> The number of individuals eligible for Medicare Part A and/or Part B and having at least one claim for Medicaid-funded nursing home care during a quarter.</p>	ForwardHealth interChange (Wisconsin's Medicaid Management Information System)

The hypotheses were tested by means of the following model¹¹:

$$Y = \beta_0 + \beta_1 * \text{Time} + \beta_2 * \text{SeniorCare} + \beta_3 * \text{Time After SeniorCare}$$

A series of linear regressions were run using each outcome variable described in the table above as the dependent variable. Each analysis included indicators for Time (number of quarters from the start of the series), SeniorCare (0 for time periods before SeniorCare and 1 for time periods after SeniorCare) and Time After SeniorCare (0 for periods before SeniorCare and taking sequential values of 1-12 for periods after SeniorCare) as the independent variables. Where appropriate, correction was made for auto-correlation. The table below summarizes the results of these analyses. More detailed information can be found in Appendix B.

Outcome Variable	Regression Terms	Coefficient	Probability
Dual Eligibles Age 65+	Constant β_0	57847.824	< .001
	β_1 (Time)	-75.527	< .05
	β_2 (SeniorCare)	1266.857	< .001
	β_3 (Time After SeniorCare)	15.703	n.s.
Dual Eligibles Age 65+ Living in a Nursing Home	Constant β_0	30133.786	< .001
	β_1 (Time)	-184.104	< .001
	β_2 (SeniorCare)	379.626	n.s.
	β_3 (Time After SeniorCare)	36.632	n.s.
Hospital Discharges (Heart Disease), Persons 65+	Constant β_0	5287.000	< .001
	β_1 (Time)	7.700	n.s.
	β_2 (SeniorCare)	270.115	n.s.
	β_3 (Time After SeniorCare)	-20.997	n.s.
Hospital Discharges (Diabetes), Persons 65+	Constant β_0	546.638	< .001
	β_1 (Time)	.679	n.s.
	β_2 (SeniorCare)	-37.855	n.s.
	β_3 (Time After SeniorCare)	-1.080	n.s.

When Dual Eligibles Age 65+ (Hypothesis 3) is used as the dependent variable in the regression model, the results indicate that at the beginning of the observation period in CY1999, there were on average about 57,848 dually-eligible Medicare-Medicaid members who were 65 years and older in Wisconsin. There was a significant decline over time of about 75 dual eligibles per quarter (β_1 is significant); this rate of decline did not change after SeniorCare was implemented (β_3 is not significant).

The number of dual eligibles increased somewhat, by about 1,267 on average, around the time that SeniorCare was implemented (the coefficient β_2 was significant). This is contrary to expectations, and will be discussed in the final sections of the report.

When Dual Eligibles Age 65+ Living in a Nursing Home (Hypothesis 5) is used as the dependent variable, the results showed that on average, 30,134 dual eligibles aged 65 and over lived in nursing homes at the start of the observation period. This number declined by about 184 persons per quarter (β_1 is significant), but this rate of decline did not change following SeniorCare implementation (β_3 is not

¹¹ See Wagner et al., “Segmented regression analysis of interrupted time series studies in medication use research” (2002).

significant). There is also no effect due to SeniorCare implementation on the level of the outcome variable (the coefficient β_2 was not significant).

Additional analyses were conducted in which these count variables were converted into a percentage of the Wisconsin population age 65 and over with income less than 200 percent of the FPL; similar results were obtained and are not shown here.

Subsequent analyses used hospital discharges for heart disease and hospital discharges for diabetes among Wisconsin residents ages 65 and over as the dependent variables (Hypothesis 4). Except for the constant, none of the terms of interest in the regression equation were statistically significant using these outcome variables. When these outcome variables were converted to the rate of hospital discharges per 1,000 rather than the number of discharges, similar results were obtained and are not shown here.

Overall, the results from this analysis do not allow us to state whether or not SeniorCare leads to reduced Medicaid receipt, reduced hospitalizations, or reduced use of Medicaid-funded nursing home care by seniors in Wisconsin. Limitations in the study design hinder the ability to draw useful conclusions from these data.

Limitations of Analyses Related to Hypotheses 3-5

The inconclusive results of the current evaluation with regard to Hypotheses 3-5 may be due to limitations in the analytic approach as well as the data used. The 2007 SeniorCare evaluation used an individual-level analysis comparing Medicaid entry and costs for SeniorCare members to individuals in a matched comparison group in Ohio, which at that time did not have a pharmacy assistance program. The population-level analysis used in this evaluation employed aggregate data which included individuals who were and were not eligible to enroll in SeniorCare, as well as eligibles that did and did not enroll. As shown in descriptive analyses included in Appendix A, less than 30 percent of the eligible low-income population has been enrolled in the SeniorCare waiver program over time, and SeniorCare waiver members have comprised ten percent or less of the statewide senior population. Therefore it would take substantial program effects to show significant results using the approach employed here.

Ideally the analyses for Hypotheses 3 and 5, which test the effects of SeniorCare on reducing medical spenddown, would have been limited to those individuals who qualify as “medically needy” by spending down their income or assets as a result of high medical or long term care expenses. Medically needy Medicaid eligibles best represent the group of Medicaid eligible seniors who would have had SeniorCare prior to Medicaid enrollment.

However, it is difficult to isolate individuals age 65 and over who qualify for full Medicaid benefits under the “medically needy” provisions within the state MMIS. Instead, the analyses for Hypothesis 3 and 5 were conducted using data on all “full-benefit dual eligibles” age 65 and over. These individuals, eligible for both Medicare and full Medicaid benefits, include the “medically needy” group, but also “full-benefit dual eligibles” who qualify for Medicaid for other reasons. Therefore, it is difficult to isolate the effects of SeniorCare on Medicaid enrollment among seniors, and the results are subject to factors affecting the non-medically needy dual eligibles.

In addition, overly inclusive data affects the analyses related to Hypothesis 4, which examined the effect of SeniorCare on hospitalizations for selected health conditions. The data extracted from the hospital discharge database included all statewide hospital discharges for heart disease and diabetes among Wisconsin seniors. This means that the data included hospitalizations for seniors of all income levels, whereas only low income seniors are eligible to enroll in SeniorCare. It would have been preferable to limit the data to hospitalizations of low-income seniors in order to more truly assess the effects of the SeniorCare program on the eligible population.

Hypotheses 3-5 utilized a population-level analysis to examine the overall effects of SeniorCare implementation. The overall effect of the program is the average effect on the entire population served. Any program effects found using a population-level analysis cannot be extrapolated to individuals. Thus even a significant program effect cannot be used to predict what effect SeniorCare enrollment might have on given individual members.

In addition, the population-level approach used here, which employed aggregate data, does not allow for taking into consideration the effects of individual-level factors that might affect the outcomes for particular groups. Some member characteristics that might be associated with different likelihoods of Medicaid entry, nursing home usage or hospitalization include factors such as age, chronic disease and health status, prior prescription coverage, and income level. A different analytic approach utilizing individual-level data might find that such factors play a significant role in post-enrollment outcomes for SeniorCare members with certain characteristics but not others. Effects related to such individual-level factors might not be apparent at the population level, when outcomes are averaged across all members.

One of the primary limitations of an interrupted time series analysis is the possibility that other factors not identified and accounted for, policy or programmatic changes, real-world events, or economic conditions, (for example, which occur at or around the same time as the intervention being studied, may contribute to any effects found). The approach assumes that the outcomes of interest would follow their pre-existing pattern in the absence of the policy, program or intervention of interest. It also assumes that there are no external factors that systematically affect the outcomes of interest (i.e. other “interventions”).

One factor which may have influenced the results of this evaluation related to Medicaid receipt was the implementation of the Family Care program in five pilot counties, including the state’s largest, Milwaukee County, in CY2000 and CY2001. Family Care is Wisconsin’s comprehensive long-term care program which helps frail elders and adults with disabilities get the services they need to remain in their homes. Family Care has, over time, involved restructuring Wisconsin’s long-term care system and replacing earlier waiver programs. Members served under the pre-existing waivers were converted to Family Care and people who were on service waiting lists under the previous waivers were added to the membership rolls. Thus the expansion of the Family Care program during the same general time period as the implementation of SeniorCare may make it difficult to isolate the effects of SeniorCare on Medicaid receipt using aggregate data.

It is worth noting that research on the impact of Medicare Part D has also yielded somewhat mixed results. SeniorCare was implemented in 2002 and Medicare Part D began in 2006. The basic logic of the programs is similar, assisting seniors with the cost of essential prescription medicines is expected to reduce financial hardship and thereby increase seniors’ ability to take their medications as prescribed.

Improved adherence is in turn expected to lead to health benefits and ultimately to lower utilization and costs for non-pharmacy healthcare services. Due to the similar logic underlying the two programs it is not unreasonable to anticipate similar outcomes. Thus far the research examining the effects of Part D on health outcomes and utilization of non-pharmacy healthcare services is promising but not entirely consistent.¹²

It may be that pharmacy assistance programs such as SeniorCare have greater effects for some participants than for others. For example, people who had no prescription coverage prior to enrollment, or who are taking prescriptions that are considered critical rather than discretionary, might receive the greatest benefits from enrolling in a program such as SeniorCare. In addition, having prescription coverage through a program such as SeniorCare would have the greatest effect for individuals who are highly adherent to their prescription regimen. The analytic approach used in this evaluation employed aggregate data rather than the individual-level data about prior prescription coverage, nature of medications taken, adherence or other factors such as chronic conditions that would be needed in order to identify whether the program serves to primarily benefit certain groups of members.

¹² See: Y. Zhang et al., 2009; R. Kaestner and N. Khan, 2010; J.M. McWilliams et al., 2011; T.M. Dall et al., 2013; R. Kaestner et al., 2014; and B.A. Briesacher et al., 2015.

CONCLUSIONS

The results of the member survey suggest that the SeniorCare program continues to make seniors' prescription medicines more affordable and improves adherence by reducing the extent to which they skip doses or fail to fill prescriptions. New program enrollees report that it is easy to enroll in the program, easy to fill their prescriptions, and that the program covers all of the prescriptions they need.

The assessment of the MTM benefit which became available to SeniorCare members in 2012 and which is intended to help members manage their medications suggests that it is being appropriately targeted to those members at highest risk of complications due to the nature of their medication regimen. These results are preliminary, as relatively few members have receive MTM services thus far; the impact of MTM services will be further explored in the future as additional data become available.

Finally, this evaluation, which was hampered by several data limitations, did not produce conclusive findings regarding whether SeniorCare has led to reduced use of Medicaid or nursing homes by Wisconsin seniors, or reduced use of non-prescription medical services such as hospitalizations.

Collectively, these data indicate the SeniorCare program continues to be an important program for Wisconsin seniors.

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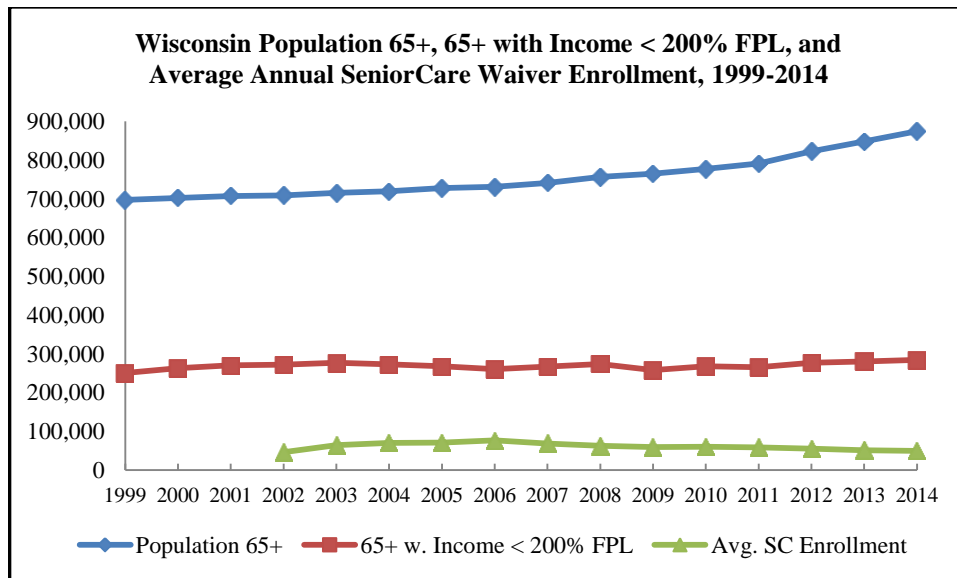
APPENDIX A

Program Description—Enrollment, Utilization and Costs

Data for these analyses were drawn from SeniorCare program enrollment and claims data, and from population data as relevant.

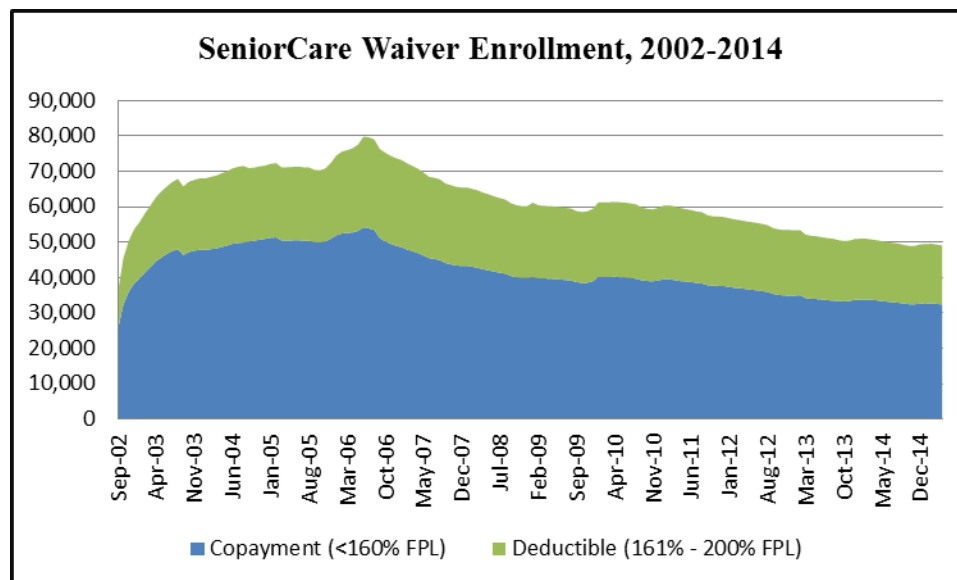
The table and figure below help to put the SeniorCare waiver program into context relative to the statewide population of persons aged 65 years and older. In the years leading up to the implementation of SeniorCare, there were about 700,000 persons in Wisconsin who were 65 years or older. Those with incomes up to 200 percent of the FPL, who would be eligible for the SeniorCare waiver program when it began in late 2002, represented about 35-38 percent of all seniors. Since CYs1999-2000, the population aged 65 and over has grown by 25 percent, to 875,000 in 2014, while the percentage of seniors with incomes up to 200 percent of the FPL has grown more slowly, by 13 percent. Thus the state's waiver-eligible population has been a gradually declining proportion of the overall senior population.

Year	Wisconsin Population 65 Years and Older	Percent of 65+ Population that is Waiver-Eligible (Income up to 200% FPL)	Estimated Number of Waiver-Eligible Persons (65+ with Income up to 200% FPL)	Average Monthly Waiver Enrollment	Average Monthly Waiver Enrollment as a Percent of the Estimated Waiver-Eligible Population	Average Monthly Waiver Enrollment as a Percent of the Total Population 65 Years and Older
1999	697,304	35.9%	250,332	n/a	n/a	n/a
2000	702,553	37.4%	262,755	n/a	n/a	n/a
2001	707,724	38.2%	270,351	n/a	n/a	n/a
2002	709,058	38.4%	272,278	46,305	17.0%	6.5%
2003	715,402	38.7%	276,861	64,255	23.2%	9.0%
2004	719,486	37.9%	272,685	70,330	25.8%	9.8%
2005	727,595	36.8%	267,755	71,347	26.6%	9.8%
2006	730,977	35.6%	260,228	76,557	29.4%	10.5%
2007	741,547	36.0%	266,957	68,838	25.8%	9.3%
2008	756,456	36.2%	273,837	62,684	22.9%	8.3%
2009	765,006	33.7%	257,807	59,764	23.2%	7.8%
2010	777,314	34.5%	268,173	60,655	22.6%	7.8%
2011	791,439	33.6%	265,924	58,815	22.1%	7.4%
2012	822,906	33.7%	277,319	55,118	19.9%	6.7%
2013	848,232	33.1%	280,765	51,540	18.4%	6.1%
2014	874,415	32.5%	284,185	49,999	17.6%	5.7%



Enrollment in the SeniorCare waiver program reached a high of more than 76,555 in 2006 and has declined gradually since that time.

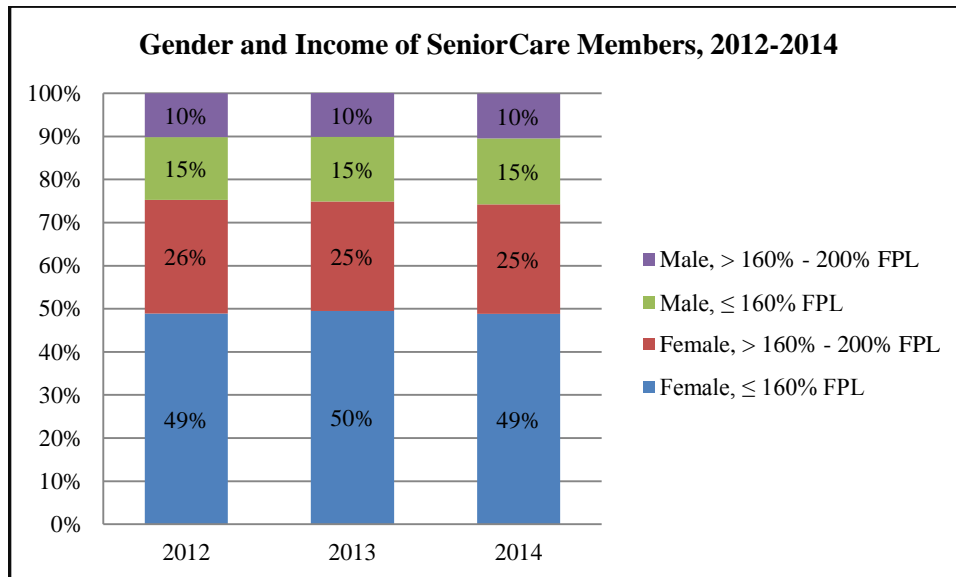
The figure below shows waiver enrollment from September 2002 through December 2014 broken out by income level. As noted, waiver enrollment reached a peak in mid-2006, after which enrollment began declining. Members who have income less than 160 percent of the FPL have consistently represented about two-thirds of the waiver population.



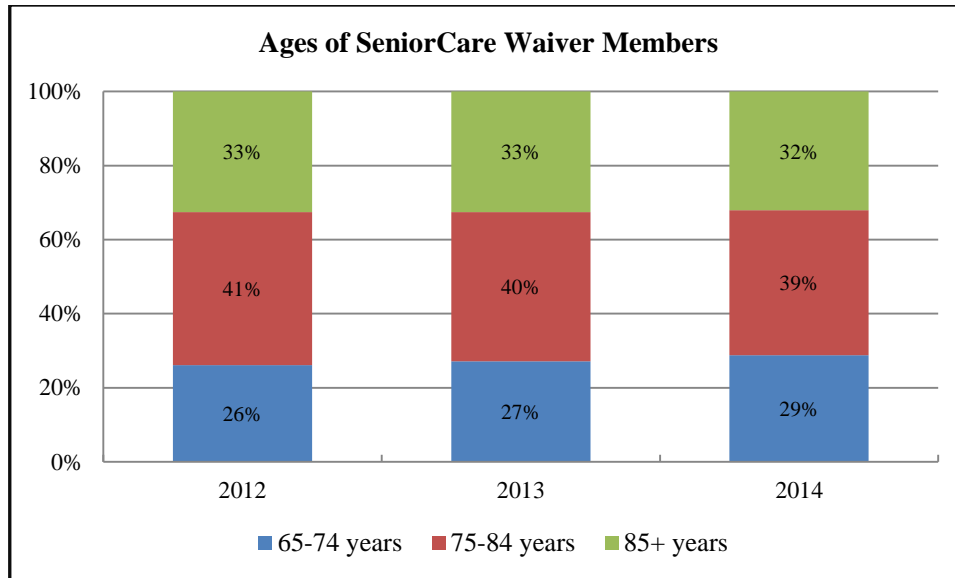
The evaluation of the CYs2010-2012 waiver period found that the waiver population had a fairly consistent composition. More recent data present a similar picture. The table and chart below show the

gender and income composition of the waiver population during three recent years, CYs2012- 2014. Consistent with the figure above, members with income less than 160 percent of the FPL represent not quite two-thirds (63 percent-64 percent of the waiver population. Approximately three-quarters of the waiver population are female. In fact, almost half of SeniorCare waiver 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 and 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 ten years. Nearly 6,400 members, or 14 percent of those enrolled at the end of CY2014, had been enrolled for 12-13 years, or since the start 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%	---	---

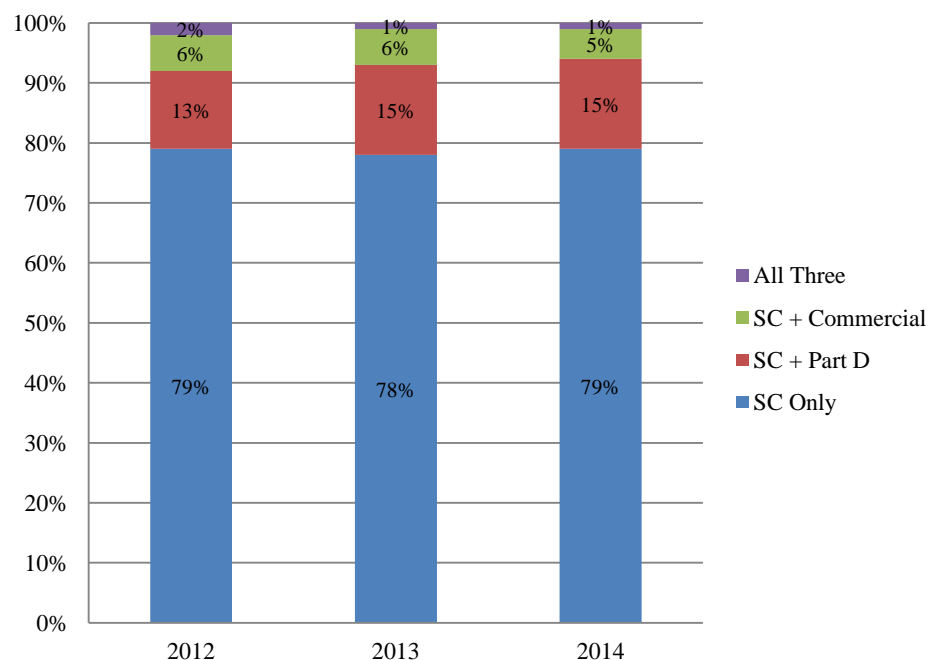
SeniorCare remains very important to the waiver population as a source of insurance coverage for prescription drugs. During CYs2012- 2014, nearly 80 percent of waiver members had SeniorCare only, with no other prescription drug coverage. Fifteen percent or less had Medicare Part D in addition to

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

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

Prescription Coverage of SeniorCare Members, 2012-2014



In CY2014, 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, CY2014	1,510,217	\$ 73,913,268.69

SeniorCare members who had prescription claims in CY2014 had an average of 33.6 paid claims each. Fifty-five percent of 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 CY2014 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 CY2014, 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. Ninety-nine and one-half 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 distribution shown in the table below, to save space.) At the other end of the distribution, a handful of claims in CY2014 cost more than \$18,000.

Payment Range (in dollars)	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%	---

Pharmaceutical codes are used to uniquely identify medications. The Hierarchical Ingredient Code ("HIC") was created by First Data Bank. The HIC is a 6-character code that identifies the combination of active ingredients in the drug, irrespective of manufacturer. Because the coding is hierarchical, part of the HIC may be used to group drugs together by active ingredient, strength, route, and dosage form. First Data Bank's specific therapeutic class consists of the first 3 characters of the Hierarchical Ingredient Code. For this reason it is called the "HIC3".

The HIC3 coding system was used to classify CY2014 SeniorCare drug claims. The table below shows claims and amounts paid for the 25 types of drugs most commonly purchased by SeniorCare members in CY2014, 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 CY2014; likewise, the amount paid for drugs in each class is shown as a percentage of the total amount paid for all claims in CY2014. The 25 types of drugs

most-often purchased through SeniorCare by members represented 66 percent of all claims paid in CY2014 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 CY2014	1,510,217	100%	\$ 73,913,268.69	100%

APPENDIX B
Survey of Recent SeniorCare Waiver Enrollees

The cover letter for the survey is as follows:

Dear Wisconsin Resident,

The Wisconsin Department of Health Services manages the SeniorCare program. We are conducting a survey to learn more about who takes part in the program and how well SeniorCare helps with the cost of prescription medicines. You have been randomly chosen to take part in the survey. We hope that you will help us to serve you better by telling us about your experience with SeniorCare.

There are several things that are important for you to know. First, the survey is voluntary. That is, you may choose to take the survey or not; the decision is up to you. If you choose not to, this will not affect the benefits that you get.

Second, some survey questions ask about your experiences with the SeniorCare program. Other questions ask about your health and other insurance coverage that you have. We don't think that most people will object to these questions, but you may skip questions that you do not wish to answer.

If you take part, what you say will be confidential. Your answers will be added to the answers of other people so that no person or household can be identified. Your name will not be used in any reports about the survey.

You may notice a number on this survey and on the return envelope. This number is used to keep track of the surveys so that reminders don't have to be sent to people who have already returned their survey. If you return your survey, we will use this number to remove your name from the list for follow-up mailings.

If you have trouble reading or answering the questions, you may ask someone such as a spouse, relative, or someone else to help you. After you complete the survey, place it in the return envelope and mail it back to us by [INSERT DATE].

If you have questions, please call XXX-XXX-XXXX. All calls to this number are free. While your participation is voluntary, we hope you will take the time to answer these questions. Most people find that this takes about 20 minutes. It is important to us that all opinions are represented. Thank you for your help.

Sincerely,
[SPONSOR]

Enclosed:

Questionnaire; return envelope

The survey begins on the following page.

SENIORCARE SURVEY

Thank you for taking part in the SeniorCare Survey! The survey is intended to learn more about who takes part in SeniorCare and how well the program helps Wisconsin residents with the cost of prescription medicines. It will take about 20 minutes to complete the survey. Your participation is voluntary, and everything you say will be kept confidential. Your responses will be added to the responses of other people participating in the survey so that no person or household can be identified.

Instructions:

- ❖ Most of the questions ask you to check one or more boxes. You can mark your answer like this: ☒. There are just a few questions that ask you to write an answer.
- ❖ Section 1 refers to the six months **before** you got your SeniorCare card.
- ❖ Section 2 refers to the recent period **since** you got your SeniorCare card; some of these questions are similar to those in Section 1, except for the time period that the question asks about.
- ❖ Section 3 involves questions about your health.
- ❖ You may ask another person such as a spouse, friend, or other caregiver to help you with the survey as needed.
- ❖ When you have completed the survey, put it in the return envelope that was provided and place it in the mail.

SECTION 1: BEFORE SENIORCARE

Questions in this section refer to the **six months before** you got your SeniorCare card.

1. Did you have health insurance for all or part of the six months before you got your SeniorCare card?
☐ Yes ☐ No (go to Question 4)
2. If you answered Yes to Question 1, what was the source of this insurance coverage? Check all that apply.
 - ☐ I got insurance through my job or my spouse's job
 - ☐ I bought insurance on my own or with my spouse
 - ☐ I got insurance through Medicare
 - ☐ I got insurance through Medicaid
 - ☐ I got insurance through the Veteran's Administration or other public source
 - ☐ I had other insurance. (Specify) _____
 - ☐ Don't Know

3. If you answered Question 2, did the insurance you checked cover all or part of the cost of your prescription medicines?

☐ Yes ☐ No ☐ Don't Know

4. In the six months before you got your SeniorCare card, did you fill or refill any prescriptions for your own medicine(s)?

☐ Yes ☐ No ➔ 5. If No, is that because you didn't have any prescriptions to fill or refill?

☐ Yes (Go to Section 2) ☐ No

Sometimes people may not fill prescriptions, or they may take less medicine than prescribed. Before you got your SeniorCare card....

6. How often did you decide not to fill or refill a prescription because you did not have enough money to pay for the medicine?

☐ Often ☐ Sometimes ☐ Never ☐ Don't Know

7. How often did you delay getting a prescription filled or refilled because you did not have enough money to pay for the medicine?

☐ Often ☐ Sometimes ☐ Never ☐ Don't Know

8. How often did you skip doses or take smaller doses to make the medicine last longer, because you did not have enough money to pay for the medicine?

☐ Often ☐ Sometimes ☐ Never ☐ Don't Know

Sometimes people go without things they need or want in order to pay for prescription medicines. In the six months before you got your SeniorCare card...

9. Did you ever have less to spend on food, heat or other things you needed in order to pay for prescription medicines? ☐ Yes ☐ No

10. Did you ever give up going out or doing things you enjoyed in order to pay for prescription medicines? ☐ Yes ☐ No

11. Did you ever have to put off or decide not to buy something you wanted in order to pay for prescription medicines? ☐ Yes ☐ No

12. In general, how difficult was it for you to pay for the medicines prescribed for you in the six months before you got your SeniorCare card?

☐ Very Difficult
 ☐ Somewhat Difficult
 ☐ A Little Difficult
 ☐ Not at all Difficult

SECTION 2: SINCE SENIORCARE

Questions in this section refer to the recent period **since** you got your SeniorCare card.

13. Have you had other health insurance for all or part of the time since you got your SeniorCare card?

☐ Yes
 ☐ No (go to Question 16)

14. If you answered Yes to Question 13, what is the source of this insurance coverage? Check all that apply.

☐ I got insurance through my job or my spouse's job
☐ I bought insurance on my own or with my spouse
☐ I got insurance through Medicare
☐ I got insurance through Medicaid
☐ I got insurance through the Veteran's Administration or another public source
☐ I had other insurance. (Specify) _____
☐ Don't Know

15. If you answered Question 14, does the insurance you checked cover all or part of the cost of your prescription medicines?

☐ Yes
 ☐ No
 ☐ Don't Know

16. How easy was it to enroll in SeniorCare?

☐ Very Easy
 ☐ Somewhat Easy
 ☐ Somewhat Difficult
 ☐ Very Difficult

17. Have you filled or refilled any prescriptions for your own medicine(s) since you got your SeniorCare card?

☐ Yes
 ☐ No ➔ 18. If No, is that because you didn't have any prescriptions to fill or refill?

☐ Yes (Go to Section 3)
 ☐ No

19. How easy is it to fill a prescription using the SeniorCare card?

- ☐ Very Easy
 ☐ Somewhat Easy
 ☐ Somewhat Difficult
 ☐ Very Difficult
 ☐ Don't Know

20. Are there any prescription medicines you need that are **not** covered by SeniorCare?

- ☐ Yes
 ☐ No
 ☐ Don't Know

21. Since you got your SeniorCare card, has your pharmacist ever discussed all of your medicines with you?

- ☐ Yes
 ☐ No (go to Question 24)
 ☐ Don't Know (go to Question 24)

If you answered Yes to Question 21, tell us whether you agree or disagree with the following statements about the discussion with your pharmacist:

22. The pharmacist helped me to understand why I need to take my medicine(s).

- ☐ Agree
 ☐ Disagree

23. The pharmacist helped me to understand how to take my medicine(s) safely and correctly.

- ☐ Agree
 ☐ Disagree

Since getting your SeniorCare card...

24. How often have you decided not to fill or refill a prescription because you did not have enough money to pay for the medicine?

- ☐ Often
 ☐ Sometimes
 ☐ Never
 ☐ Don't Know

25. How often have you delayed getting a prescription filled or refilled because you did not have enough money to pay for the medicine?

- ☐ Often
 ☐ Sometimes
 ☐ Never
 ☐ Don't Know

26. How often have you skipped doses or taken smaller doses to make the medicine last longer, because you did not have enough money to pay for the medicine?

- ☐ Often
 ☐ Sometimes
 ☐ Never
 ☐ Don't Know

Sometimes people go without things they need or want so they can pay for prescription medicines. Since you got your SeniorCare card...

27. Have you ever had less to spend on food, heat or other necessities in order to pay for prescription medicines? ☐ Yes ☐ No
28. Have you ever had to give up going out or doing things you enjoy in order to pay for prescription medicines? ☐ Yes ☐ No
29. Have you ever had to put off or decide not to buy something you wanted in order to pay for prescription medicines? ☐ Yes ☐ No
30. In general, how difficult has it been to pay for the medicine(s) prescribed for you since you got your SeniorCare card?
- ☐ Very Difficult ☐ Somewhat Difficult ☐ A Little Difficult ☐ Not at All Difficult
31. Would you say that the amount of money you spend on prescription medicines now is more, about the same, or less than you spent before you got your SeniorCare card?
- ☐ More ☐ About the same ☐ Less ☐ Don't Know

SECTION 3: ABOUT YOU

32. How would you describe your overall health?
- ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

33. What health conditions, if any, do you have? Check all that apply below and check the ones you currently take medicine for. If you have no specific health conditions, leave this question blank and go to Question 34.

Health Condition (check those you have)	Do you take medicine for the conditions checked?
<input type="checkbox"/> Alzheimer's disease or dementia	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
<input type="checkbox"/> Arthritis	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
<input type="checkbox"/> Asthma, emphysema or chronic obstructive pulmonary disease (COPD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
<input type="checkbox"/> Cancer or other malignancy	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
<input type="checkbox"/> Diabetes or high blood sugar	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
<input type="checkbox"/> Depression	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
<input type="checkbox"/> Heart disease or any heart condition	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
<input type="checkbox"/> High cholesterol	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
<input type="checkbox"/> Hypertension or high blood pressure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
<input type="checkbox"/> Osteoporosis or soft or fragile bones	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
<input type="checkbox"/> Stroke	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
<input type="checkbox"/> Stomach ulcers, heartburn or reflux	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know

34. **In the past two years**—how many times have you gone to a hospital emergency department to get care for yourself?

☐ Never
 ☐ 1 time
 ☐ 2 times
 ☐ 3 times
☐ 4 times
 ☐ 5-9 times
 ☐ 10 times or more

35. **In the past two years**—how many times have you been a patient in a hospital for an overnight stay or longer?

☐ Never
 ☐ 1 time
 ☐ 2 times
 ☐ 3 times
☐ 4 times
 ☐ 5-9 times
 ☐ 10 times or more

36. **In the past two years**—have you ever been admitted to a nursing home or similar place that provides long term care?

☐ Yes ☐ No

37. What is your age, in years? _____ years

38. Are you male or female?

☐ Male ☐ Female

39. What is your marital status?

☐ Married ☐ Divorced ☐ Separated
☐ Widowed ☐ Never Married

40. In which Wisconsin county do you live? _____

41. Did someone help you with this survey?

☐ Yes ☐ No (go to Question 44)

42. If you answered Yes to Question 41, who helped you with this survey?

☐ Spouse ☐ Guardian
☐ Other relative ☐ Other, please specify: _____
☐ Friend or neighbor

43. How did that person help? Mark one or more.

☐ Read the questions to me
☐ Wrote down the answers I gave
☐ Answered the questions for me
☐ Translated the questions into my language
☐ Helped in some other way

44. Those are all of the questions we have. If you have comments to share about your experiences with the SeniorCare program, please include them below.

Thank you for your help!

Please put your completed survey in the return envelope that was provided and place it in the mail.

APPENDIX C

Details of Analyses for Hypotheses 3-5

This appendix provides the details for the analysis of Hypotheses 3-5, which are:

3. The rate of Medicaid entry among Wisconsin seniors age 65 and older will be lower after SeniorCare implementation than before SeniorCare.
4. The rate of hospital admissions among Wisconsin seniors age 65 and older for selected medical conditions such as diabetes and heart disease will be lower after SeniorCare implementation than before SeniorCare.
5. The rate of Medicaid-funded nursing home admissions among Wisconsin seniors age 65 and older will be lower after SeniorCare implementation than before SeniorCare.

The number of Wisconsin seniors age 65 and older who were dually eligible for Medicare and Medicaid, hospitalizations for selected conditions, and the number of dual eligibles living in a nursing home during several years prior to SeniorCare implementation were compared to the same measures during the years after SeniorCare began. SeniorCare enrollment data and claims records were obtained from the SeniorCare program and Medicaid data was obtained from Wisconsin's MMIS, known as ForwardHealth interChange. Wisconsin transitioned to interChange in 2008; the system supports a number of critical programs administered by DHS.

It is difficult to isolate individuals age 65 and over who qualify for full Medicaid benefits under the “medically needy” provisions, therefore, the analyses for Hypothesis 3 and 5 were conducted using data on “full-benefit dual eligibles” age 65 and over. These were individuals eligible for both Medicare and full Medicaid benefits, and so encompass the “medically needy” group.

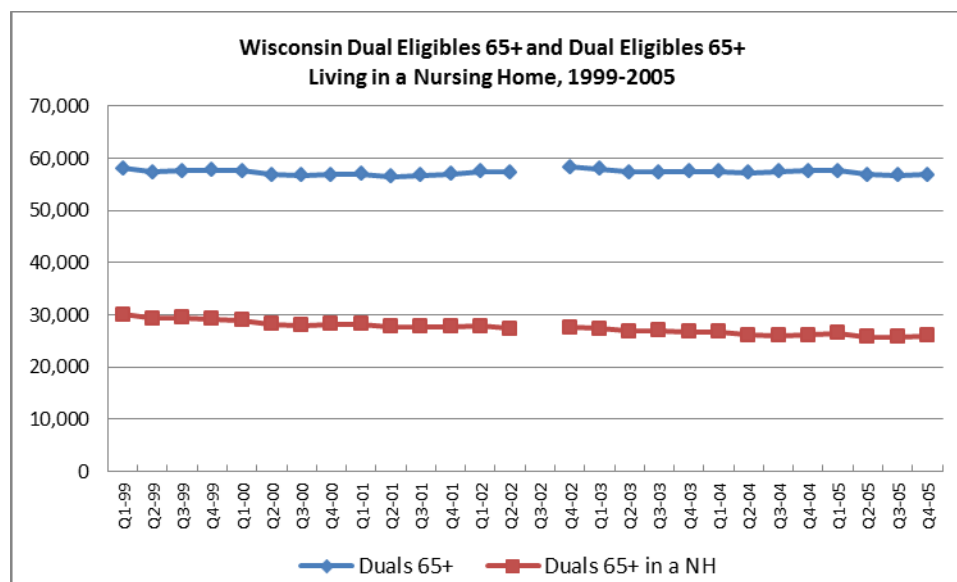
Likewise, the analysis for Hypothesis 5 looks at the number of dual eligibles age 65 and over who are living in a nursing home (whose costs are paid by Medicaid), and examines the extent to which this changes after SeniorCare implementation. Due to resource limitations, the evaluation focuses on Medicaid-funded nursing home care and does not address rehabilitation stays paid by Medicare.

Hospital discharge data and population data needed to assess Hypothesis 4 were obtained from the Office of Health Informatics, Division of Public Health, in DHS. Wisconsin's non-Veteran's Administration hospitals have been required by statute to report information from their billing systems on all inpatients since 1989. These data, which are compiled and edited by the Wisconsin Hospital Association and shared with DHS' Office of Health Informatics, were used to compare hospital admissions among seniors for selected health conditions, before and after SeniorCare implementation in CY2002. Hospitalizations for heart disease were considered to be those with ICD-9 codes 414.0-414.9, 428.0-428.9, exclusive of Medicaid as payer and non-Wisconsin residents. Hospitalizations for diabetes were those with ICD-9 codes 250.0-250.93, exclusive of Medicaid as payer and non-Wisconsin residents. Data for CY1999, unlike later years, do not include Minnesota hospitals.

Although ideally this evaluation would also have examined the effects of SeniorCare on seniors' use of emergency department services as well as inpatient stays, hospitals in Wisconsin were not required to begin reporting emergency department data until CY2002, the year in which SeniorCare was implemented. Therefore it would not have been possible to obtain data on emergency department usage prior to CY2002 to serve as a baseline.

In the figures that follow related to Hypotheses 3-5, the data for the third quarter of 2002 (SeniorCare began in September 2002, near the end of that quarter) has been omitted to make it easier to view pre-SeniorCare and post-SeniorCare trends in the data.

The figure below shows the data for Hypothesis 3 and 5 plotted over time. The data represents the number of Dual Eligibles Age 65+ and the number of Dual Eligibles Ages 65+ Living in a Nursing Home on a quarterly basis from CYs1999-2005.



Data Source: ForwardHealth interChange (Wisconsin's MMIS)

'Dual Eligibles' were defined as individuals eligible for Medicare Part A and/or Part B and having a claim for Medicaid services on at least one day of the quarter.

'Dual Eligibles Living in a Nursing Home' is defined as individuals eligible for Medicare Part A and/or Part B and having at least one claim for Medicaid-funded nursing home care during the quarter.

The segmented regression model described earlier was run using the number of Dual Eligibles Age 65+ per Quarter as the dependent variable. The model was also was run using the number of Dual Eligibles Age 65+ per Quarter Living in a Nursing Home as the dependent variable. For each of these analyses, indicators for Time (number of quarters from the start of the series), SeniorCare (0 for time periods before SeniorCare and 1 for time periods after SeniorCare) and Time After SeniorCare (0 for periods before SeniorCare and taking sequential values of 1-12 for periods after SeniorCare) as the independent variables. In both cases, a test for autocorrelation in the data showed evidence of positive autocorrelation; to correct for this, the data were lagged by two quarters. The overall models were tested and found to be significant ($p = .003$ for the dependent variable Dual Eligibles 65+ and $p < .001$ for the dependent variable Dual Eligibles 65+ Living in a Nursing Home).

The table below summarizes the results of these analyses. With Dual Eligibles Ages 65+ as the dependent variable, the coefficient for Time was significant ($p = .012$), indicating a downward trend in the number of dual eligibles over time. In addition, the coefficient for SeniorCare was significantly different from zero ($p = .000$). Contrary to expectations, however, this indicates that on average, the number of dual eligibles is somewhat higher following the implementation of SeniorCare rather than lower.

When the number of dual eligibles per quarter was transformed into a percentage of the Wisconsin population age 65 and over with income less than 200 percent of the FPL, similar results were obtained and are not shown here.

Outcome Measure	Variable	Coefficient	Std. Error	t-statistic	Probability
Dual Eligibles 65+	Constant β_0	57847.824	268.201	215.688	.000
	β_1 (Time)	-75.527	27.517	-2.745	.012
	β_2 (SeniorCare)	1266.857	292.508	4.331	.000
	β_3 (Time After SeniorCare)	15.703	38.915	.404	.690
Dual Eligibles 65+ in a Nursing Home	Constant β_0	30133.786	194.241	155.136	.000
	β_1 (Time)	-184.104	19.929	-9.238	.000
	β_2 (SeniorCare)	379.626	211.845	1.792	.087
	β_3 (Time After SeniorCare)	36.632	28.183	1.300	.207
Duals 65+ with Community-Based Long Term Care	Constant β_0	28873.242	117.162	246.438	.000
	β_1 (Time)	-197.275	12.021	-16.411	.000
	β_2 (SeniorCare)	-112.429	127.781	-.880	.388
	β_3 (Time After SeniorCare)	-24.989	17.000	-1.470	.156

Using the number of Dual Eligibles age 65+ per quarter who were in a nursing home as the dependent variable and the indicators for Time, SeniorCare and Time After SeniorCare as the independent variables, a test for autocorrelation in the data showed evidence of positive autocorrelation; to correct for this, the data were lagged by two quarters.

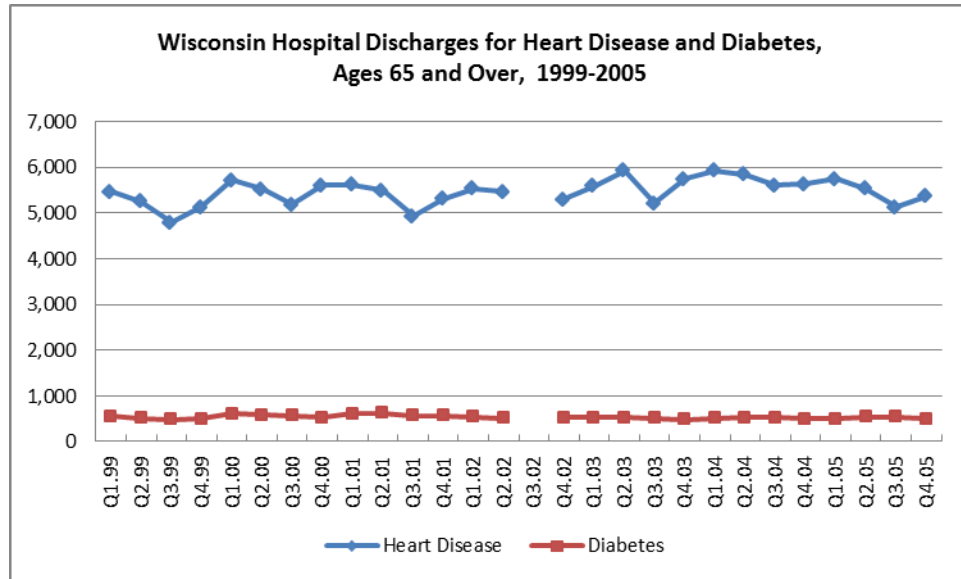
In this case the overall model is also significant ($p < .0001$). However, this is due primarily to the downward trend in the number of dual eligibles living in a nursing home; only the coefficient for Time is significantly different from zero, reflecting the decrease over time in the number of dual eligibles age 65 and over who are in a nursing home. There is no effect due to SeniorCare implementation in either the level of the outcome variable or the trend.

When the number of dual eligibles per quarter who were living in a nursing home was converted into a percentage of the Wisconsin population age 65 and over with income less than 200 percent of the FPL, similar results were obtained and are not shown here.

As a matter of interest, data pertaining to the number of Wisconsin dual eligibles age 65 and over who received Medicaid-funded community-based long-term care services each quarter from CYs 1999-2005 was also examined using the approach described here. 'Dual Eligibles Receiving Community-Based Long Term Care' was defined as individuals eligible for Medicare Part A and/or Part B and having at least one claim for Medicaid-funded long-term care during the quarter. These data are not shown graphically, but the results of the regression analysis are included in the previous table. Again, only the coefficient for

Time is significant, reflecting a decline over time in the number of dual eligibles receiving community-based long term care. The implementation of SeniorCare had no effect on this measure.

The graph below shows the data for Hypothesis 4 plotted over time. These data represent the number of heart disease-related hospital discharges among Wisconsin seniors age 65 and over per quarter from CYs1999-2005, as well as the diabetes-related discharges for the same population and the same time period.



Data Source: Office of Health Informatics, Division of Public Health, DHS

Hospitalizations for Heart Disease: ICD-9 codes 414.0-414.9, 428.0-428.9 (exclusive of Medicaid as payer and non-WI residents); data for CY1999 do not include Minnesota hospitals.

Hospitalizations for Diabetes: ICD-9 Codes 250.0-250.93 (exclusive of Medicaid as payer and non-WI residents); data for CY1999 do not include Minnesota hospitals.

Using the number of heart disease-related hospital discharges among Wisconsin seniors age 65 and over per quarter as the dependent variable and indicators for Time, SeniorCare and Time After SeniorCare as the independent variables, a regression was run using the model described earlier. None of the coefficients are significantly different from zero. This indicates that the number of hospitalizations for heart disease among Wisconsin residents age 65 and over did not change after SeniorCare began. Similar results were obtained when the number of heart disease-related hospitalizations was transformed into the rate per 1,000; these results are not shown here.

Outcome Measure	Variable	Coefficient	Std. Error	t-statistic	Probability
Heart Disease-Related Discharges (Counts), Persons 65+	Constant β_0	5287.000	147.347	35.881	.000
	β_1 (Time)	7.700	16.206	.475	.639
	β_2 (SeniorCare)	270.115	207.911	1.299	.206
	β_3 (Time After SeniorCare)	-20.997	25.820	-.813	.424
Diabetes-Related Discharges (Counts), Persons 65+	Constant β_0	546.638	19.271	28.365	.000
	β_1 (Time)	.679	2.120	.320	.752
	β_2 (SeniorCare)	-37.855	27.193	-1.392	.177
	β_3 (Time After SeniorCare)	-1.080	3.377	-.320	.752

When the same model was run using the number of diabetes-related hospital discharges among Wisconsin seniors age 65 and over per quarter as the dependent variable and indicators for Time, SeniorCare and Time After SeniorCare as the independent variables, the test of the overall regression model was not significant, indicating that the model does not provide a good fit for these data, and the coefficients for the predictors did not reach statistical significance. It does not appear that the implementation of SeniorCare had any effect on statewide hospitalizations for diabetes among Wisconsin seniors. When the rate of diabetes-related hospital discharges per 1,000 was used rather than the number of discharges, similar results were obtained and are not shown here.

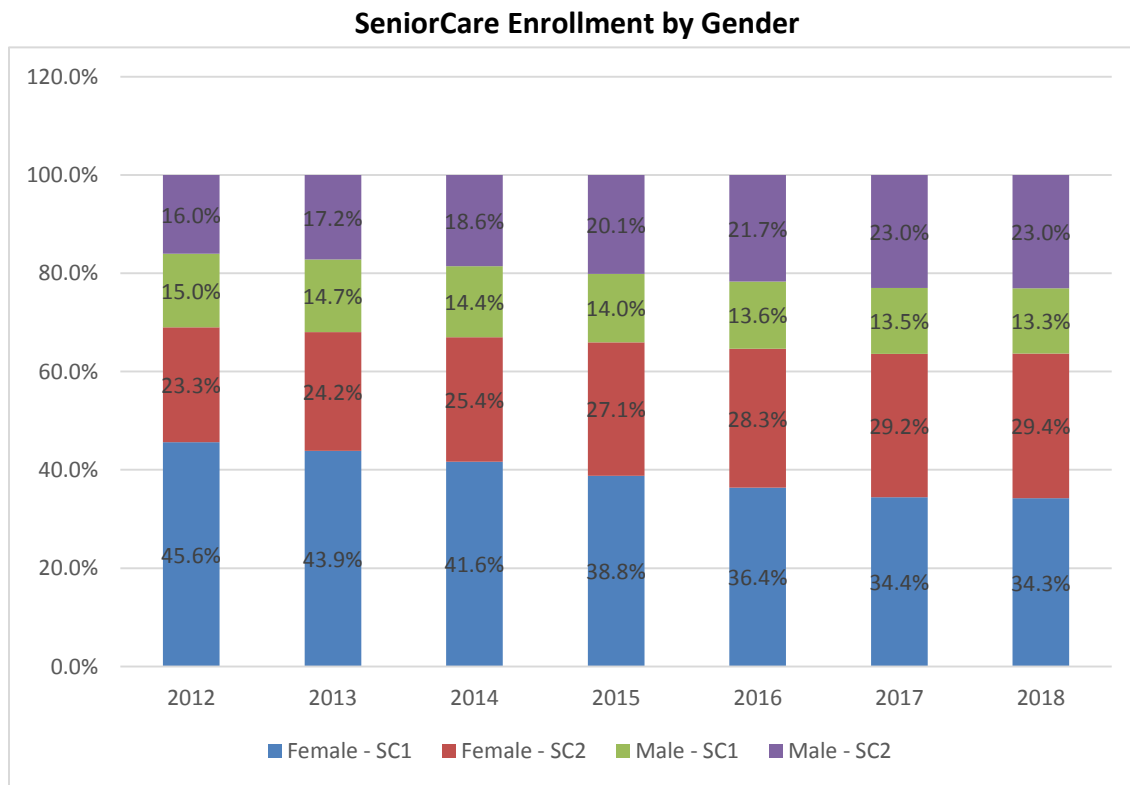
2016-2018 Interim Evaluation

The evaluation for the current 2016-2018 waiver period will build on information about program enrollment, utilization, and costs as reported in earlier evaluations.

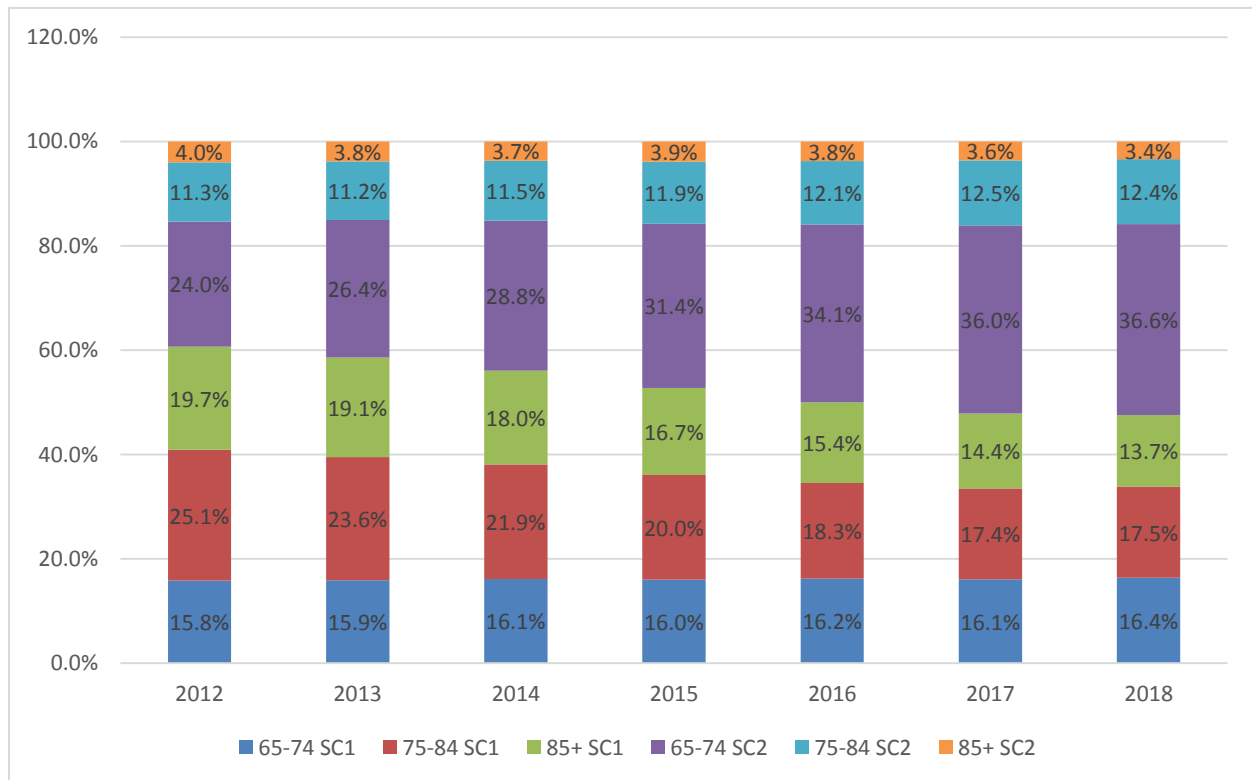
This waiver renewal application presents some preliminary descriptive data related to program enrollment, member characteristics, and program utilization and costs. Data for these measures have been drawn from SeniorCare program enrollment and claims data. In addition to the data reported here, other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

Tables/Charts

The tables and charts below provide descriptive data on the SeniorCare waiver population, which is denoted as “SC1.”



SeniorCare Enrollment by Age

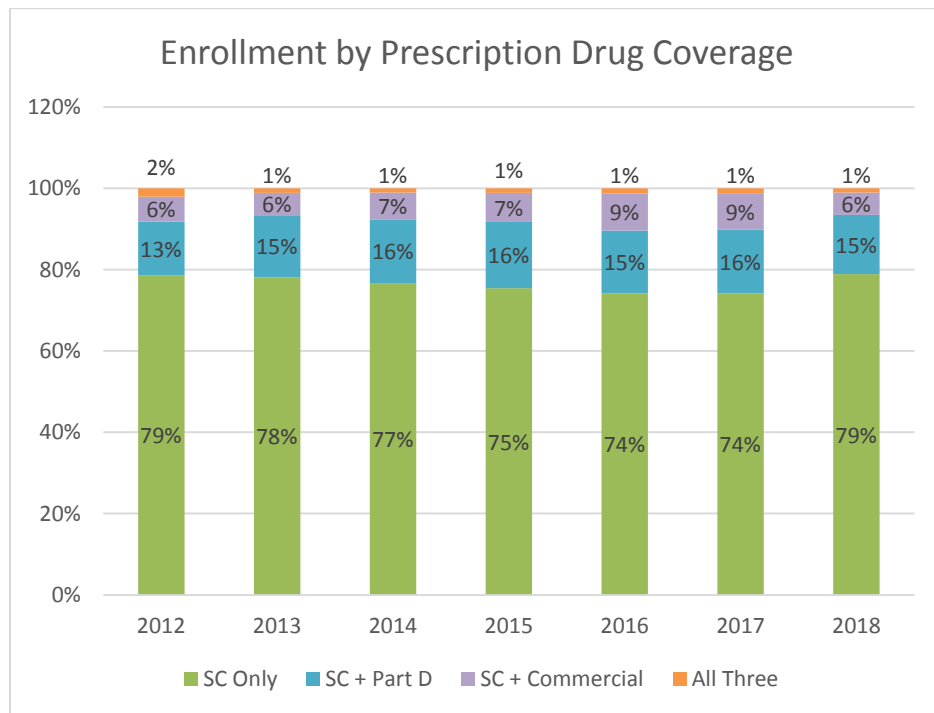


SeniorCare Length of Enrollment

Years of Enrollment	Members	Percent of Total	Members (Cumulative)	Percent of Total (Cumulative)
0 - 1	5,958	14%	5,958	14%
1 - 2	5,313	12%	11,271	26%
2 - 3	4,269	10%	15,540	36%
3 - 4	3,505	8%	19,045	44%
4 - 5	3,059	7%	22,104	51%
5 - 6	2,257	5%	24,361	56%
6 - 7	1,989	5%	26,350	61%
7 - 8	2,348	5%	28,698	66%

8 - 9	2,118	5%	30,816	71%
9 - 10	1,285	3%	32,101	74%
10 - 11	1,054	2%	33,155	77%
11 - 12	2,172	5%	35,327	82%
12 - 13	1,618	4%	36,945	85%
13 - 14	1,230	3%	38,175	88%
14 - 15	1,639	4%	39,814	92%
15 - 16	3,443	8%	43,257	100%
Total	43,257	100%	43,257	100%

Enrollment by Prescription Drug Coverage



SeniorCare Claims/Payments

Drug Type	Claims (Unique ICN)	Percent of Total	Total Paid Amount	Percent of Total	Average Paid Amount
BRAND	223,093	13.8%	\$ 81,886,430.90	84.0%	\$ 367.05
GENERIC	1,289,497	80.0%	\$ 15,418,588.07	15.8%	\$ 11.96
SPECIALTY		0.0%		0.0%	
OTHER	99,027	6.1%	\$ 176,872.87	0.2%	\$ 1.79
Total	1,611,617	100%	\$ 97,481,891.84	100%	\$ 60.49

SeniorCare Top 25 Drugs Paid in CY2017

Drug Name	Claims	Percent of Total	Total Paid	Percent of Total
INSULINS	39,607	6%	\$ 2,883,323.72	18%
ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS	1,129	0%	\$ 9,327,080.01	13%
BETA-ADRENERGIC AND GLUCOCORTICOID COMBO, INHALED	25,916	4%	\$ 6,393,010.03	9%
ANTINEOPLASTIC IMMUNOMODULATOR AGENTS	454	0%	\$ 4,995,586.95	7%
DIRECT FACTOR XA INHIBITORS	17,482	3%	\$ 4,746,810.17	7%
ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITOR	1,388	0%	\$ 4,423,489.69	6%
ANTICHOLINERGICS, ORALLY INHALED LONG ACTING	14,809	2%	\$ 3,866,694.70	5%
ANTINEOPLASTIC - ANTIANDROGENIC AGENTS	836	0%	\$ 2,716,139.49	4%
ANTIHYPERGLYCEMIC, DPP-4 INHIBITORS	8,605	1%	\$ 2,372,714.86	3%
ANTICONVULSANTS	50,478	8%	\$ 2,281,592.12	3%
MIOTICS AND OTHER INTRAOCULAR PRESSURE REDUCERS	41,324	6%	\$ 2,269,450.31	3%
URINARY TRACT ANTISPASMODIC, M(3) SELECTIVE ANTAG.	6,430	1%	\$ 1,611,912.75	2%
ANTIHYPERLIPIDEMIC - HMG COA REDUCTASE INHIBITORS	98,361	15%	\$ 1,271,605.29	2%
BETA-ADRENERGIC AND ANTICHOLINERGIC COMBO, INHALED	6,426	1%	\$ 1,268,303.85	2%
LIPOTROPICS	12,084	2%	\$ 1,245,496.33	2%
PROTON-PUMP INHIBITORS	92,069	14%	\$ 1,090,677.44	2%
BETA-ADRENERGIC BLOCKING AGENTS	77,828	12%	\$ 1,031,517.14	1%
ANTIARRHYTHMICS	9,981	2%	\$ 1,003,867.84	1%
THYROID HORMONES	48,354	8%	\$ 910,458.39	1%
ANTINEOPLASTIC - JANUS KINASE (JAK) INHIBITORS	85	0%	\$ 865,976.54	1%
ANALGESICS, NARCOTICS	30,244	5%	\$ 847,564.28	1%
ANTIHYPERGLY,INCRETIN MIMETIC(GLP-1 RECEP.AGONIST)	1,855	0%	\$ 797,598.58	1%
GLUCOCORTICOID, ORALLY INHALED	4,958	1%	\$ 782,681.44	1%
POTASSIUM REPLACEMENT	43,476	7%	\$ 747,876.88	1%
DRUG TX-CHRONIC INFLAM. COLON DX,5-AMINOSALICYLAT	2,311	0%	\$ 725,938.39	1%
TOTALS	636,490	100%	\$ 70,477,367.19	100%

Appendix D

Federal regulations at 42 §§ CFR Part 438, subpart E External Quality Review (EQR) equality review) set forth the parameters that states must follow when conducting an EQR of its contracted managed care organizations (MCOs). An EQR is the analysis and evaluation by an external quality review organization (EQRO) of aggregated information on quality, timeliness, and access to the health care services that an MCO furnishes to Medicaid recipients. SeniorCare is a comprehensive drug benefit that is not contracted to MCOs.

The DHS Medicaid Quality Control section leads two federally mandated Medicaid quality control programs, the Medicaid Eligibility Quality Control program (MEQC) and the Payment Error Rate Measurement (PERM) programs. As part of the audits performed by the Quality Control section, random samples of members are selected, including SeniorCare members, for a comprehensive eligibility review. The ACA has suspended formal MEQC and PERM requirements. Instead, states have been directed to conduct targeted pilot reviews of ACA-affected populations. SeniorCare members are not part of the ACA expansion or otherwise affected population.

State of Wisconsin Department of Health Services
1115 Demonstration SeniorCare Prescription Drug Assistance Program

Appendix E - Part 1

To document the state's compliance with the public notice process set forth in 42 §§ CFR 431.08 and 431.420, DHS is submitting the following documentation to show compliance:

-Abbreviated notice and proof of publication



Public_Hearing_Abbre
viated_Notice_final.pdf



Publication of
SeniorCare Abbreviate

-Full notice



SeniorCare Full
Notice_5.4.18_Final.pdf

-Public meeting agendas



SeniorCare
Milwaukee Public Meeting



SeniorCare Advisory
Committee Meeting_11

-Communication with Native Americans



SeniorCare Renewal
Tribal Letter 2018 FIN

-Screen shots of the state's website



SeniorCare Website
04_26_18.png



Web 5-18-18.png



Web 5-18-18.png



Accepting Public
Comments_05-08-18.pdf



Partner
Email_announce draft



PSW_SeniorCare
Extension.PNG

-Public Comments



2018 Public
Comments~ SeniorCa

Scott Walker
Governor

Linda Seemeyer
Secretary



State of Wisconsin
Department of Health Services

DIVISION OF MEDICAID SERVICES

1 WEST WILSON STREET
PO BOX 309
MADISON WI 53701-0309

Telephone: 608-266-8922
Fax: 608-266-1096
TTY: 711

Wisconsin Department of Health Services

Section 1115 SeniorCare Prescription Drug Assistance Program Waiver Extension

Overview

The Department of Health Services (DHS) intends to submit an application to the Centers for Medicare & Medicaid Services (CMS) requesting an extension of its section 1115 research and demonstration project waiver, known as the SeniorCare Prescription Drug Assistance Program. Wisconsin was previously authorized to extend the waiver beginning January 1, 2016, through December 31, 2018. DHS is requesting a 10-year extension so Wisconsin may continue to operate SeniorCare through December 31, 2028.

Through a section 1115 demonstration waiver renewal, Wisconsin seeks to continue federal Medicaid funding of outpatient pharmacy benefits for individuals who qualify for SeniorCare. In addition, by extending access to prescription drug benefits for the elderly, Wisconsin will continue to provide a needed health care benefit to low-income seniors.

This Wisconsin SeniorCare Prescription Drug Assistance Program 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 is seniors who are age 65 or older with income at or below 200 percent of the federal poverty level (FPL), which is \$24,280 for an individual and \$32,920 for a two-person family in 2018.

Public Comment

Providing information to and getting input from the public on changes is important to DHS as we prepare to submit the extension request. By law, you have the opportunity to review the official full public notice and waiver extension application and provide comments from May 7 through June 7, 2018. These documents will be available on the DHS: www.dhs.wisconsin.gov/seniorcare/input.htm.

You may also provide comments through written or verbal statements made during public hearings (see below). Public comments will be included in the waiver extension submitted to CMS and will be available on the DHS website at the address listed above.

Public Hearings

Thursday, May 10, 2018
2-4 p.m.
Wilson Park Auditorium
Wilson Park Senior Center
2601 West Howard Avenue
Milwaukee, WI 53221-1941

Monday, May 14, 2018
9 a.m. to 12 p.m.
Public comment at 11 a.m.
SeniorCare Advisory Committee
Department of Health Services
1 West Wilson Street
Room 751
Madison, WI 53703

Scott Walker
Governor



Linda Seemeyer
Secretary

State of Wisconsin
Department of Health Services

DIVISION OF MEDICAID SERVICES

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Agendas for these meetings will be posted to www.dhs.wisconsin.gov/seniorcare/input.htm.

Written Comments

Written comments on the proposed application are welcome and will be accepted May 7 through June 7, 2018. Send written comments to the Division of Medicaid Services at:

Fax: 608-266-1096
Email: DHSSeniorCare@dhs.wisconsin.gov
Mail: Department of Health Services
Attn: Tiffany Reilly
1 West Wilson Street, P.O. Box 309
Madison, WI 53707-0309

Copies of Waiver Documents

On May 7, 2018, a copy of waiver documents, including the waiver application, may be obtained from DHS at no charge by downloading the documents from www.dhs.wisconsin.gov/seniorcare/input.htm or by contacting or by contacting Al Matano at:

Phone: 608-267-6848
Fax: 608-266-3205
Email: alfred.matano@dhs.wisconsin.gov
Mail: Department of Health Services
Attn: Al Matano
1 West Wilson Street, P.O. Box 309
Madison, WI 53707-0309

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Linda Seemeyer
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State of Wisconsin
Department of Health Services

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PUBLIC NOTICE
Wisconsin Department of Health Services
Section 1115 SeniorCare Prescription Drug Assistance Program Waiver Extension

In accordance with federal law, the Department of Health Services (DHS) must notify the public of its intent to submit to the federal Department of Health and Human Services (HHS) Centers for Medicare & Medicaid Services (CMS) any new section 1115 demonstration waiver project, extension, or amendment of any previously approved demonstration waiver project or ending of any previously approved expiring demonstration waiver projects. Additionally, DHS must provide an appropriate public comment period prior to submitting to CMS the new, extended, or amended section 1115 demonstration waiver application.

This notice serves to meet those federal requirements and to notify the public that DHS intends to submit a request for an extension of the SeniorCare demonstration project to CMS. You can review the official extension request and provide written comments starting May 7 through June 7, 2018 (below) as well as through written or verbal statements made at the following public hearings:

Thursday, May 10, 2018
2-4 p.m.
Wilson Park Auditorium
Wilson Park Senior Center
2601 West Howard Avenue
Milwaukee, WI 53221-1941

Monday, May 14, 2018*
9 a.m. to 12 p.m.
Public comments at 11 a.m.
SeniorCare Advisory Committee
Department of Health Services
1 West Wilson Street
Room 751
Madison, WI 53703

*Join remotely by viewing the webcast at:
<https://livestream.com/accounts/14059632/events/8188702>
or by dialing 877-820-7831 (passcode 846290)

Scott Walker
Governor

Linda Seemeyer
Secretary



State of Wisconsin
Department of Health Services

DIVISION OF MEDICAID SERVICES

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Telephone: 608-266-8922
Fax: 608-266-1096
TTY: 711

Comments will be considered as the extension request is finalized but will not affect proposed or enacted state and federal law. In addition, all public comments will be communicated to HHS as part of the final waiver extension application.

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. Please make your request at least 3 days before the activity.

Spanish

DHS es una agencia que ofrece igualdad en las oportunidades de empleo y servicios. Si necesita algún tipo de acomodaciones debido a incapacidad o si necesita un interprete, traductor o esta información en su propio idioma o en un formato alterno, usted puede pedir asistencia para participar en los programas comunicándose con Al Matano al número 608-267-6848. Debe someter su petición por lo menos 3 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 3 hnuab ua ntej qhov hauj lwm ntawd.

BACKGROUND

Wisconsin reimburses providers for services provided to medical assistance recipients under the authority of Title XIX of the Social Security Act and Chapter 49 of Wisconsin Statutes. DHS administers Wisconsin's medical assistance program, which is known as Medicaid. In addition, Wisconsin has expanded Medicaid to create SeniorCare, a prescription drug program for seniors under the authority of Title XIX of the Social Security Act and Chapter 49 of Wisconsin state statutes.

Federal statutes and regulations require that a state plan be developed that provides the methods and standards for reimbursement of covered services. A plan that describes the reimbursement system for the services (methods and standards for reimbursement) is currently in effect.

Section 1115 of the Social Security Act provides the secretary of federal Department of

Scott Walker
Governor

Linda Seemeyer
Secretary



State of Wisconsin
Department of Health Services

DIVISION OF MEDICAID SERVICES

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Health and Human Services (HHS) broad authority to authorize experimental or pilot research and demonstration projects, or demonstration projects that are likely to assist in promoting the objectives of the Medicaid program. Flexibility under section 1115 is sufficiently broad to allow states to test substantially new ideas of policy merit.

On July 1, 2002, DHS requested and received the necessary waiver approvals from CMS to operate SeniorCare, as a five-year demonstration project. Effective September 1, 2002, Wisconsin was authorized to extend Medicaid eligibility through Title XIX of the Social Security Act to cover prescription drugs as a necessary primary health care benefit for seniors who are age 65 or older.

Since its implementation on September 1, 2002, the SeniorCare waiver program has successfully delivered a comprehensive outpatient drug benefit to more than 290,000 seniors in the state. 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 \$24,280 for an individual and \$32,920 for a two-person family in 2018.

The current SeniorCare waiver is set to expire on December 31, 2018.

PROJECT GOALS

- Keep Wisconsin seniors healthy by continuing to provide a necessary primary health care benefit.
- Help control overall costs for the aged Medicaid population by preventing seniors from becoming eligible for Medicaid due to deteriorating health and spending down to Medicaid eligibility levels.
- Promote cost-effective and therapeutically appropriate services.
- Maintain budget neutrality. Medicaid costs with SeniorCare can be no more than what estimated Medicaid costs would have been without SeniorCare.

PROJECT DESCRIPTION

In response to the critical need for prescription drug coverage for the elderly, the Wisconsin legislature, as part of 2001 Wisconsin Act 16, established a prescription drug assistance program called SeniorCare. DHS was required to submit a request to the federal government that SeniorCare be covered under a Medicaid 1115 research and demonstration project. This request was approved in 2002.

Under the SeniorCare program, Wisconsin residents who are ages 65 or older, who are not currently eligible for Medicaid benefits, and whose income does not exceed 200 percent of the FPL are eligible for coverage of prescription drugs and over-the-counter insulin through the Wisconsin Medicaid state plan. Seniors with prescription drug coverage under other plans are

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also eligible to enroll in SeniorCare and SeniorCare will cover eligible costs that are not covered by the other plans.

The successful and popular SeniorCare program has historically received strong support from the Wisconsin Legislature, which has provided funding for SeniorCare since its inception in 2002. These state funds cover approximately 10 percent of the SeniorCare program.

As of March 2018, more than 46,000 seniors were enrolled in 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:

- Offer a prescription drug benefit that provides comprehensive coverage comparable to Medicare Part D prescription drug plans, but has a simple application and enrollment process, a broad network of pharmacy providers, and affordable and predictable cost sharing for costly but essential drugs.
- Help to preserve the health and quality of life of the senior population, resulting in lower utilization and expenditures of other health care services and savings to the Medicare and Medicaid programs.
- Protect the finances of low-income seniors, reducing the rate at which seniors spend down to Medicaid eligibility and become entitled to Medicaid benefits.
- 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 53 percent of expenditures) manufacturer rebates.

BUDGET AND COST EFFECTIVENESS ANALYSIS

The SeniorCare waiver has achieved budget neutrality throughout the original waiver period and in all waiver extension periods.

Under this proposed SeniorCare waiver renewal, DHS projects that it will continue to reduce overall Medicaid expenditures for the senior population by providing primary care benefits for pharmacy along with accompanying medication therapy management 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 low-income seniors including hospital, nursing facility, and other related medical services. Budget neutrality will be supported by having healthier Medicaid enrollees due to the providing pharmacy services under SeniorCare prior to in non-pharmacy-related Medicaid benefits. The savings realized by reducing the rate of

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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 SeniorCare and the cost of the waiver program under the proposed renewal. Under each analysis the availability and impact of Medicare Part D is factored into the equation.

Refer to the Appendix for historical annual enrollment and expenditure data and for an estimate of the expected increase in annual enrollment and in annual aggregate expenditures.

HYPOTHESIS AND EVALUATION PARAMETERS

DHS will continue to monitor program effectiveness and outcomes by evaluating the following demonstration questions:

- Does SeniorCare positively influence the market for prescription drug insurance coverage for low-income seniors and promote optimal coverage selection by seniors?
- Will SeniorCare have a positive effect on financial hardship and cost-related non-adherence?
- Will SeniorCare have a positive effect on the health outcomes of Wisconsin seniors?
- Will SeniorCare reduce the likelihood of Medicaid entry and provide cost savings to the Wisconsin Medicaid program?
- Will SeniorCare provide cost savings to the Medicare program?

SPECIFIC WAIVER AND EXPENDITURE AUTHORITIES

DHS is requesting the same waiver and expenditure authorities as those approved in the current demonstration's special terms and conditions.

The waiver renewal requires continued waivers from Title XIX of the Social Security Act. The Social Security Act § Section 1115(a)(1) permits the Secretary of the Department of Health and Human Services (the Secretary) to waive compliance with any of the requirements of § Section 1902, which specify state Medicaid plan requirements, to the extent and for the period necessary to carry out the waiver program. The Social Security Act § Section 1115(a)(2) permits DHS 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. DHS requests that the

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Secretary waive all relevant Medicaid laws and regulations, which would allow DHS to receive federal matching funds, including the following Social Security Act Title XIX provisions.

Waiver List

1. Eligibility – §§ Sections 1902(a)(10)(A) and 1902(a)(17)
 - To the extent necessary to enable Wisconsin to expand eligibility for pharmaceuticals to SeniorCare waiver program members with incomes at or below 200 percent of the FPL.
 - To the extent necessary to enable Wisconsin to apply different methodologies to SeniorCare waiver program members than would be applied to elderly, blind, or disabled individuals under age 65 or to regular Medicaid members.
 - To the extent necessary to enable Wisconsin to apply different standards than those prescribed by the HHS secretary related to eligibility determination. DHS will reassess eligibility and income for waiver program members once every 12 months.
2. Comparability – §§ Sections 1902(a)(17) and 1902(a)(10)(B): To the extent necessary to enable Wisconsin to offer a comprehensive drug benefit to the expanded populations.
3. Cost Sharing – § Section 1902(a)(14)
 - To the extent necessary to enable Wisconsin to collect an enrollment fee of \$30 per person.
 - To the extent necessary to enable Wisconsin to require members to pay the first \$500 of prescription drug costs prior to receiving prescription drugs at the copayment levels.
 - To the extent necessary to enable Wisconsin to establish copayments higher than copayments for the general Medicaid population.
4. Application Processing and Ex Parte Eligibility Redetermination – § Section 1902(a)(19) and 42 C.F.R. §§ 435.902, 435.907, 435.916 and 435.930
 - To the extent necessary to enable Wisconsin to require an applicant who is no longer eligible for Medicaid to apply separately for the SeniorCare waiver program.
 - To the extent necessary to enable Wisconsin to require an applicant to apply for other Medicaid programs with a separate application.
5. Program Integrity - § Section 1902(a)(46) and 42 C.F.R. §§ 435.920 and 435.940-435.965
 - To the extent necessary to enable Wisconsin to validate Social Security numbers at the time of application through the Social Security Administration 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 Social Security Administration information and the Social Security number provided by the applicant, the mismatch will

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be resolved as needed.

- To the extent necessary to enable Wisconsin to automatically test Social Security Administration benefits against tolerance levels established by DHS 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.
 - To the extent necessary to enable Wisconsin to verify Social Security Administration benefits, earnings from wages, earnings from self-employment, other unearned income, and unemployment compensation. 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.
6. Retrospective Benefits – § Section 1902(a)(34) and 42 C.F.R. § 435.915: To the extent necessary to enable Wisconsin to establish the effective date for waiver program members as the date of enrollment.
7. Enrollment – § Section 1902(a)(10)
- To the extent necessary to enable Wisconsin to reserve the right to not pay pharmacies or pharmacists for prescription drugs or over-the-counter insulin sold to program members.
 - To the extent necessary to enable Wisconsin to exempt pharmacies and pharmacists required to sell drugs to eligible program members at the program payment rate.
 - To the extent necessary to enable Wisconsin eligible program members to be entitled to obtain prescription drugs or over-the-counter insulin for the copayment amounts or at the program payment rate.
 - To the extent necessary to enable Wisconsin to not collect rebates from manufacturers for prescription drugs purchased by program members.
 - To the extent necessary to enable Wisconsin to not pay pharmacies and pharmacists for medication therapy management services received by program members.
 - To the extent necessary to enable Wisconsin 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.
8. Hearing and Appeals – § Section 1902(a)(3) and 42 C.F.R. §§ 431.211 and 431.213: To the extent necessary to enable Wisconsin to forgo the required notification by DHS for an adverse action in cases where the member has clearly indicated that he or she no longer

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wishes to receive services.

Expenditure Authorities

Demonstration Projects – § Section 1115(a)(2)

- Wisconsin requests that expenditures for providing comprehensive pharmacy benefits to seniors age 65 or older whose income is at or below 200 percent of the FPL be regarded as expenditures under the state plan.
- Wisconsin requests that administrative expenditures for SeniorCare program members be regarded as expenditures under the state's Medicaid state plan. This includes but is not limited to collecting program members fees, enrolling pharmacies, producing and distributing identification cards to program members, responding to member inquiries, developing and processing applications, determining eligibility, collecting third-party insurance information, and evaluating and monitoring this waiver,.

COPIES OF DEMONSTRATION PROJECT WAIVER DOCUMENTS

A copy of waiver documents, including the waiver application (once it is complete), may be obtained from DHS at no charge by downloading the documents from www.dhs.wisconsin.gov/seniorcare/input.htm or by contacting Al Matano at:

Phone: 608-267-6848
Fax: 608-266-3205
Email: alfred.matano@dhs.wisconsin.gov
Mail: Department of Health Services
Division of Medicaid Services
Attn: Al Matano
1 West Wilson Street, P.O. Box 309
Madison, WI 53701-0309

WRITTEN COMMENTS

Written comments on the proposed changes are welcome and will be accepted from May 7 through June 7, 2018. Send written comments to the Division of Medicaid Services at:

Fax: 608-266-1096
Email: DHSSeniorCare@dhs.wisconsin.gov
Mail: Department of Health Services
Division of Medicaid Services
Attn: Tiffany Reilly

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Public comments will be included in the waiver extension submitted to CMS and will be available on DHS's website at www.dhs.wisconsin.gov/seniorcare/input.htm.

Appendix

Historical and Projected Enrollment and Expenditure Data

Re-estimated Base numbers Using Actuals To Estimate the Current Waiver Period					
	CY14	CY15	CY16	CY17	CY18
Medicaid Aged Enrollment	75,668	77,095	79,157	81,137	83,328
SeniorCare Enrollment	51,090	49,619	48,207	47,237	46,765
Medicaid Aged Net With Waiver Expenditures	\$1,688,228,877	\$1,704,223,341	\$1,744,999,759	\$1,806,718,603	\$1,874,255,240
SeniorCare Net Expenditures	\$28,524,090	\$28,266,162	\$24,326,997	\$24,810,477	\$32,847,004
Total Net With Waiver Expenditures (Aged MA Plus SC)	\$1,716,752,966	\$1,732,489,503	\$1,769,326,757	\$1,831,529,080	\$1,907,102,244
Without Waiver Medicaid Aged Expenditures	\$1,743,776,553	\$1,762,561,704	\$1,806,468,130	\$1,871,745,858	\$1,942,699,025
Savings with Waiver	\$27,023,587	\$30,072,202	\$37,141,373	\$40,216,778	\$35,596,781

Projections for 10-Year Waiver Request					
	CY19	CY20	CY21	CY22	CY23
Medicaid Aged Enrollment	85,661	88,145	90,789	93,513	96,318
SeniorCare Enrollment	46,765	47,232	47,705	48,182	48,663
Medicaid Aged Net With Waiver Expenditures	\$1,946,211,458	\$2,022,897,496	\$2,104,649,490	\$2,189,698,381	\$2,278,177,058
SeniorCare Net Expenditures	\$35,077,953	\$37,886,426	\$40,899,959	\$44,133,304	\$47,602,272
Total Net With Waiver Expenditures (Aged MA Plus SC)	\$1,981,289,411	\$2,060,783,922	\$2,145,549,449	\$2,233,831,686	\$2,325,779,330
Without Waiver Medicaid Aged Expenditures	\$2,018,446,473	\$2,099,365,939	\$2,185,623,614	\$2,275,398,553	\$2,368,833,228
Savings with Waiver	\$37,157,062	\$38,582,017	\$40,074,165	\$41,566,867	\$43,053,898

Appendix
Historical and Projected Enrollment and Expenditure Data

	Projections for 10-Year Waiver Request				
	CY24	CY25	CY26	CY27	CY28
Medicaid Aged Enrollment	99,208	102,184	105,250	108,407	111,659
SeniorCare Enrollment	49,150	49,642	50,138	50,639	51,146
Medicaid Aged Net With Waiver Expenditures	\$2,370,223,764	\$2,465,982,314	\$2,565,602,319	\$2,669,239,419	\$2,777,055,527
SeniorCare Net Expenditures	\$51,323,804	\$55,316,054	\$59,598,478	\$64,191,924	\$69,118,730
Total Net With Waiver Expenditures (Aged MA Plus SC)	\$2,421,547,568	\$2,521,298,368	\$2,625,200,797	\$2,733,431,343	\$2,846,174,257
Without Waiver Medicaid Aged Expenditures	\$2,466,075,854	\$2,567,280,616	\$2,672,607,912	\$2,782,224,598	\$2,896,304,254
Savings with Waiver	\$44,528,286	\$45,982,248	\$47,407,115	\$48,793,256	\$50,129,997

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April 13, 2018

[Tribal Leader Address Block]

RE: Renewal of the SeniorCare Waiver

Dear Chairman/President:

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, 2018. The Department will request that the SeniorCare program continue in its current form. The Department intends to submit a waiver request for the longest renewal period allowed, which is ten years.

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

- A member from the Department's Division of Medicaid Services will be attending the Wisconsin Tribal Health Director meeting in Wausau on May 9, 2018.
- A public hearing will be held in Milwaukee on May 10, 2018.
- The Department will convene a meeting of the SeniorCare Advisory Committee on May 14, 2018. This Committee includes a representative from a Wisconsin Indian Tribe.

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. All comments received by June 14, 2018 will be included in the waiver submission to CMS.

The Department anticipates submitting the waiver renewal application by June 15, 2018.

Sincerely,

Heather K. Smith
Medicaid Director

cc: Gail Nahwahquaw

Tribal Health Directors

2018 SeniorCare Waiver Public Comments:

	In favor of renewal	Neutral comment	Not in favor of renewal	Total
Email	379	21		400
Mail	88	10		98
Fax	12	1		13
Public Hearing: Milwaukee	5	0		5
Public Hearing: Madison	16	0	0	16
Grand Total	500	32	0	532
Email Received: Without Comments				5

2018 SeniorCare Waiver Public Comments:

Email

Date	Comment	In Favor	Neutral	Opposed	Resolution
5/2/2018	As a senior citizen, I would definitely like to see SeniorCare extended another ten years. It has been a welcomed, more affordable alternative to Medicare Part D. As one ages, more prescriptions are often necessary; and I feel that SeniorCare would be sorely missed by those of us on a fixed income.	X			Follow up was not needed.
5/7/2018	Gentlemen, I am 71 and have been on SeniorCare for about 5 years. My income is low and I take Eliquis and at \$535 monthly SeniorCare is the only way I can afford the drug with my \$500 deductible the drug becomes \$15 monthly. Thank you SeniorCare, I would be lost without it!	X			Follow up was not needed.
5/7/2018	I am in favor of the renewal of the waiver for SeniorCare. It is a less costly alternative for Part D.	X			Follow up was not needed.
5/7/2018	I pray that the SeniorCare Program is continued in Wisconsin. It has been a blessing for my mom helping with her prescriptions. It's a blessing for me because I help her with her care and this program is so easy to understand. Black and white- no 10 page document and no need for intercession by a legal advisor. This program should not be stopped. I hope people speak up! Sincerely, Barb Retz, Oshkosh, WI	X			Follow up was not needed.
5/7/2018	My 97 year old mother has greatly benefited from the SeniorCare Program. Her income is less than \$18,000/year and there is no way she could afford her prescriptions without this wonderful program. I hope it is successfully renewed and continues to serve people such as my mother.	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments:

Date	Comment	In Favor	Neutral	Opposed	Resolution
5/8/2018	I wish I could attend the meeting, but live too far. I hope the SeniorCare program will continue, it has been a lifesaver during my retirement as my income is very low and my drugs are very expensive. Medicare Part D copays are so high that I have....	X			An email was sent to the member informing the member of the web address for live stream and the phone number to call in so the member could participate in the meeting.
5/8/2018	My husband and I support continuing the SeniorCare program.	X			Follow up was not needed.
5/8/2018	SeniorCare has been a great option for me. Since retiring, almost 3 years ago, I have been enrolled in SeniorCare as credible coverage for Medicare Part D. The cheapest Medicare D plan would cost me \$500+ per year. Since I don't take any prescription drugs that's a very high cost. SeniorCare saves me money since it costs \$30 per year! This contributes to my secure retirement. Thank you SeniorCare and the State of Wisconsin for a good program	X			Follow up was not needed.
5/8/2018	To whom it may concern: My job is one that advocated for the needs of the seniors who reside with Rock & Walworth Counties. There are a tremendous number of seniors who count on the SeniorCare Rx plan of WI to assist them with providing an affordable option to purchase their medications. I can assure you that it is in great part that this plan is currently used and continues to be made available to those who are living on a small fixed income in order to be able to afford the medications that are necessary to assist them with their health needs. Please maintain SeniorCare Rx plan for the many seniors who are counting on it.	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments:

Date	Comment	In Favor	Neutral	Opposed	Resolution
5/9/2018	I assume it's not possible or practical to request a 'permanent' waiver? Requesting 10 years is certainly a step in the right direction. Thanks for the opportunity to comment.	X			Follow up was not needed.
5/9/2018	Hello, I am 71 years old and have a hard time coming up with the SeniorCare \$500 deductible every year. Without SeniorCare I could never afford the lifesaving medication I need in order to survive. Please continue to support this program for myself and many other seniors in the state of Wisconsin.	X			Follow up was not needed.
5/11/2018	Please continue the program. It has been a big help to me financially.	X			Follow up was not needed.
5/15/2018	Thank you for the opportunity to make a comment about the renewal of SeniorCare to 2028. I strongly support the renewal. The program is a significant positive contribution to my healthcare. I would hop that the SeniorCare program would become a model for prescription drugs for seniors throughout the nation.	X			Follow up was not needed.
5/15/2018	Please continue SeniorCare. People with low incomes depend on it because they [can]not afford [the] prices without it. It means they were unable to buy the drugs they need in order to stay healthy. Extend it for the next ten years.	X			Follow up was not needed.
5/16/2018	To Whom It May Concern: Please keep SeniorCare alive in Wisconsin. Many people depend on this service. Don't forget the elderly.	X			Follow up was not needed.
5/16/2018	Keep this program. Many Wisconsinites depend on this.	X			Follow up was not needed.
5/16/2018	Please extend SeniorCare.	X			Follow up was not needed.
5/16/2018	I am a strong proponent of keeping the SeniorCare program. It has provided invaluable to those seniors in needier circumstances, and is cost effective.	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments:

Date	Comment	In Favor	Neutral	Opposed	Resolution
5/16/2018	One of the best programs in the entire State of Wisconsin. Please extend this program that helps Senior Citizens of Wisconsin. Thank you/Cheers	X			Follow up was not needed.
5/16/2018	Please extend SeniorCare. Those of us on fixed incomes who need daily medication really appreciate SeniorCare. Thank you.	X			Follow up was not needed.
5/16/2018	Please keep this prescription drug program for seniors. It helps us [so] much!	X			Follow up was not needed.
5/16/2018	I am requesting that SeniorCare be extended through 2028. Thanks	X			Follow up was not needed.
5/16/2018	Dear Sir/Madam, It is very important for our Wisconsin Seniors to continue getting their prescription drugs through SeniorCare on account of negotiated discounts and better pricing. The increased affordability in a win-win for Wisconsin and our Seniors who have limited income. I strongly support renewing and extending the program through 2028. Sincerely yours, Walter Wong	X			Follow up was not needed.
5/16/2018	My husband is new to Medicare. SeniorCare is the only way he has been able to get all the prescriptions he is supposed to be taking.	X			Follow up was not needed.
5/16/2018	Please, please extend this vital alternative to Part D for the citizens of Wisconsin! If this program is allowed to lapse, over 92,000 citizens here in Wisconsin will be left in the lurch. This is vital for the Seniors like myself who will be left with no drug coverage if it is not renewed. Many of us will then have to choose between refilling our medications or paying for rent, food, etc. Please help!	X			Follow up was not needed.
5/16/2018	Please extent [sic] SeniorCare in Wisconsin. So many seniors are on low fixed incomes. Those people need financial help for prescriptions, as well other health services.	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments:

Date	Comment	In Favor	Neutral	Opposed	Resolution
5/16/2018	I am writing to urge renewal of this valuable program. With the graduated scale it helps a large number of seniors who are on fixed incomes. I am one of these people. I can't imagine why we would not renew this program to continue helping seniors. Regards, Ken Wooley	X			Follow up was not needed.
5/16/2018	Please extend your SeniorCare program until 2028.	X			Follow up was not needed.
5/16/2018	SeniorCare works for me. It covers my part D problem as my husband has VA coverage. I certainly hope it continues.	X			Follow up was not needed.
5/16/2018	Please seriously consider continued funding for SeniorCare. It provides needed services for many WI elders. Decreasing or eliminating funding could create added barriers for seniors to access the medications they need to survive.	X			Follow up was not needed.
5/16/2018	<p>I support the SeniorCare program being extended for 10 years. This program is one of those critical helps that enable citizens to have reasonable and affordable access to care.</p> <p>It is hard to listen to the news and information concerning tax breaks for big corporations and the potential cuts to programs such as these for purposes of balancing the budget and paying for insurance.</p>	X			Follow up was not needed.
5/16/2018	SeniorCare is a major way for lower income seniors to afford necessary drugs at a time when pharmaceutical companies continually raising prices. Prices in WI can be controlled by the state's ability to negotiate prices for SeniorCare recipients. SeniorCare is a win-win for both the state and the budgets of seniors who are being squeezed by drug prices. Actually, this waiver should not only be extended for ten years. It should be a model of reducing Part D Medicare drug costs for all seniors.	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments:

Date	Comment	In Favor	Neutral	Opposed	Resolution
5/16/2018	We the people of WI need to continue to use of the SeniorCare program. We retirees are faced with fixed incomes and rising prescription prices. Sincerely, Mark Nacewicz	X			Follow up was not needed.
5/16/2018	Although it does not impact me directly at this time, I want to express my support for extending the SeniorCare program. SeniorCare is a win-win program for Wisconsin and its participants. The costs of the program are largely managed by the state's ability to negotiate discounts and pricing. Enrolls pay reasonable amounts with the program and that is their benefit. It has made a big difference for many low-income seniors. Please extend it.	X			Follow up was not needed.
5/16/2018	Please keep SeniorCare, it is a much needed program, for Wisconsin seniors. Sincerely, Robert Noland	X			Follow up was not needed.
5/16/2018	I think all Americas deserve to have SeniorCare extended.	X			Follow up was not needed.
5/16/2018	I am writing in favor to extend SeniorCare to [the] elderly in Wisconsin. Since losing my job last year and obtaining Medicare it is clear that the cost of medication is astronomical for people who are on fixed incomes. Since the Federal Government will not negotiate pricing with the drug companies and costs continue to rise, it is more important than ever that Wisconsin provides SeniorCare to assist those in need. Affording medication can be the difference between life and death. I have been appalled at the cost of my medications and will have problems meeting these out of pocket costs. Just a week ago, I had order pen needles for my insulin. Since the out of pocket costs was so high, I will start re-using needles. Not an ideal situation but these are the decisions that have to be made because of the increasing cost of medications and supplies. Thank you.	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments:

Date	Comment	In Favor	Neutral	Opposed	Resolution
5/16/2018	Please extend Wisconsin's SeniorCare prescription drug program. My mother who is 88 years old depends on SeniorCare for her prescription drugs. These prescriptions are life saving for her. In addition to blood pressure and pain meds she needs glaucoma meds for her vision, without these meds she would be blind and unable to live independently. There is considerable cost savings for her being able to live in her home with support from her children rather than a nursing home. She is one of thousands in similar circumstances. Please continue to provide this invaluable support for Wisconsin's seniors. Thank you.	X			Follow up was not needed.
5/16/2018	Many older Wisconsinites live on fixed incomes and are struggling to make ends meet each month with rising costs of living and soaring costs of medications. Please extend the SeniorCare program by another 10 years to help these and other older Americans.	X			Follow up was not needed.
5/16/2018	Keep SeniorCare	X			Follow up was not needed.
5/16/2018	I am a long time Wisconsin resident and faithful voter. As a newly enrolled Medicare member, I have greatly appreciated how my Wisconsin SeniorCare drug benefit has helped me significantly lower my health care costs. Please do all you can to continue this cost saving drug benefit.	X			Follow up was not needed.
5/16/2018	My mom was enrolled in this program for the last 4 or 5 years of her life. It saved her a lot as she was on pricey heart medications. Do not let this program go. It should be a model for seniors in other states that have to pay exorbitant prices for prescription drugs. She had to pay [a] \$500 deductible and with one or 2 medications, it was filled quickly.	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments:

Date	Comment	In Favor	Neutral	Opposed	Resolution
5/16/2018	Please do not discontinue this very important program! This is critical to affordable coverage!	X			Follow up was not needed.
5/16/2018	I would hope that much consideration will be given to the extended continuation of the SeniorCare drug program in Wisconsin. As seems the case drug prices are much like gasoline prices in that the purveyors of these products are always looking for way...	X			Follow up was not needed.
5/16/2018	Lets get Senior drug prices down. I have 7 perscription [sic] drugs, all of them increase 30% to 50% this year. Thanks Scott Orten		X		Thanked the member for their comment and insured the member that DHS is always looking at ways to control the costs of drugs without impacting our members.
5/16/2018	<p>Us baby boomers have been supporting our government and we are continuing to take tax cuts and having to a large co-pay on our prescriptions as our government does not regulate pharmacy costs. Is this genocide? The officers continue to get raises and VERY good health care programs.</p> <p>Stop this and help us.</p>		X		Thanked the member for their comment and insured the member that DHS is always looking at ways to control the costs of drugs without impacting our members.

2018 SeniorCare Waiver Public Comments:

Date	Comment	In Favor	Neutral	Opposed	Resolution
5/16/2018	<p>Sir/Madam:</p> <p>I wish to voice my desire to see SeniorCare extended. I believe this is a cost and benefit effective program. Although I personally am not eligible at this time, I believe the history of the program has demonstrated both its cost effectiveness and its humanitarian benefit. As health care and prescription drug prices spiral out of control, this program allows negotiation of prescription care and enables many to obtain that care that would otherwise be unattainable.</p>	X			Follow up was not needed.
5/16/2018	<p>To whom it may concern,</p> <p>SeniorCare which is Wisconsin's alternative to Medicare Part D is currently set to expire on Dec. 31, 2018. I am writing to you in support of Wisconsin's request to extend a waiver for this important program for 10 years.</p> <p>I am perplexed that anyone would want to remove a program for our Seniors and Elderly when we should be doing everything in our power to make life easier for them. They are the ones who did so much for us, raising us through wars, recessions and hard times.</p> <p>Now it is time to come through for them and extend this important program. I urge you to approve the request to extend the waiver for Wisconsin's SeniorCare program.</p>	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments:

Date	Comment	In Favor	Neutral	Opposed	Resolution
5/16/2018	<p>This needs to continue. Seniors need all the help they can get, especially those on a fixed income. They also need to add , hearing aid, glasses and dentures to the list. Theses are the things seniors need as they get older.</p> <p>Thanks,</p>	X			Thanked the member for their comment and insured the member that DHS is always looking at ways to control the costs of drugs without impacting our members.
5/16/2018	Thank you for allowing us to have SeniorCare.	X			Follow up was not needed.
5/16/2018	We cannot financially survive without this program. Keep it going.	X			Follow up was not needed.
5/16/2018	<p>Lately there's been a lot of discussion among lawmakers about the high cost of prescription drugs. Meanwhile, many older Wisconsinites on fixed incomes are struggling to make ends meet each month with rising costs of living and soaring costs of medications. SeniorCare is Wisconsin's creative and innovative solution to help seniors manage their medication budgets. By any measure, SeniorCare is a win-win program for Wisconsin and its participants and I fully support the extension of the wavier that allows Wisconsin to continue offering this cost-efficient and effective program for another 10 years.</p> <p>Sincerely,</p>	X			Follow up was not needed.
5/16/2018	Don't be stupid!! Renew this coverage	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments:

Date	Comment	In Favor	Neutral	Opposed	Resolution
5/16/2018	Please extend SeniorCare for another decade!!!	X			Follow up was not needed.
5/16/2018	<p>Almost every week my wife and I experience the out of control costs of prescriptions and fight the battle as most seniors do with balancing costs of living, co-pays and medications as we age.</p> <p>Even though we fight that fight on a daily bases[sic] we are some of the lucky ones we have insurance and even though it doesn't pay 100% we squeak by.</p> <p>With those thoughts in mind it is a scary thought to face these concerns without insurance or income sufficient to keep this balancing act going and that is why we strongly endorse SeniorCare.</p> <p>We seniors not only need SeniorCare it becomes for some of us an absolute requirement to survival.</p> <p>This should never become a question of survival of the fittest but an insistence that all not only survive but enjoy the last years of our lives with honor and dignity.</p>	X			Follow up was not needed.
5/16/2018	To whom it may concern: I am a retired RN who has worked for 30 in healthcare and have seen the benefits of SeniorCare for many elderly people. It is a great program that has helped thousands of people afford their medications which in turn keeps people on their needed medications ultimately maintaining health. Please consider extending the program.	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments:

Date	Comment	In Favor	Neutral	Opposed	Resolution
5/16/2018	The most vulnerable Wisconsinites rely on SeniorCare to survive. If we can afford big tax cuts for the most wealthy, we MUST make sure Seniors are protected too. What would Jesus do?....protect those most vulnerable. Extend SeniorCare. It's the RIGHT thing to do!	X			Follow up was not needed.
5/16/2018	I need SeniorCare I only have social security	X			Follow up was not needed.
5/16/2018	Please renew SeniorCare for Wisconsin. This program is critical for the health of our seniors.	X			Follow up was not needed.
5/16/2018	Please due your part to extend SeniorCare for Wisconsin's elder populations, thanks	X			Follow up was not needed.
5/16/2018	Let us get Wisconsin Sr. CARE RIGHT NOW.	X			Follow up was not needed.
5/16/2018	We need to keep it up	X			Follow up was not needed.
5/16/2018	It seems that SeniorCare is a positive health decision as well as a common sense budget decision. Don't let politics dismantle a program because of any party line agenda item. Let's support things that work.	X			Follow up was not needed.
5/16/2018	Program has been a great help for my parents.	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments:

Date	Comment	In Favor	Neutral	Opposed	Resolution
5/16/2018	<p>Department of Health Services:</p> <p>Please continue to support SeniorCare through 2028. This program is vital to my husband, as he has prescription costs that would extend past our ability to pay exorbitant prices. With his current medication, he is able to lead a productive and full life. He has a life-threatening, but manageable illness that would take its toll and result in death if he does not have regular access to the medication. The program means the world to our family.</p> <p>Thanks</p>	X			Follow up was not needed.
5/16/2018	This program is vital for seniors. My mother would not have been able to get her prescriptions without it! Do not eliminate this important program!	X			Follow up was not needed.
5/16/2018	Please vote to extend this program for the senior citizens of Wi. Many of us seniors who have worked hard for many years rely on coverage from this program.	X			Follow up was not needed.
5/16/2018	I am concerned SeniorCare will expire the end of 2018. I do not take a lot of drugs, therefore SeniorCare is affordable for me. This is one program that is good for seniors on fixed incomes. I am pleading to gave [sic] it extended.	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments:

Date	Comment	In Favor	Neutral	Opposed	Resolution
5/16/2018	<p>At this time, I don't know if SeniorCare would help me but it would help a good number of people in WI. Please see to it that this valuable program does not expire.</p> <p>Sincerely,</p> <p>PS. I did run into a problem where Medicare does not cover something I most certainly needed. I got endocarditis. An infection of the heart. I had to take IV antibiotic therapy. Medicare does not cover this. It would have helped if they put a maximum amount to be paid even if they don't pay for it. It is an awful thing to have a drug cost \$679.11 every day with no maximum payable I spent about \$4000. This so I could have the open heart surgery to replace the infected valve. Something needs to be done about the drug prices and fast. I have a friend who is paying \$12,000 a month and working because the Cancer drug is that much. She is 73 years old but can get no help on this Cancer drug. She has to keep her job to get the insurance to pay for the drug. I did not have that choice as I was to sick to work. I would have liked to go back to work but needed the surgery but first needed to cure the infection.</p>	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments:

Date	Comment	In Favor	Neutral	Opposed	Resolution
5/16/2018	<p>Hello,</p> <p>I am retired and disabled 11 years by myalgic encephalomyelitis, a devastating, debilitating and life-crushing disease that has no identified cause, no approved treatment, and no cure. As such, I receive in-home support through the IRIS program which allows me to remain in my home and community. Because I qualify for SeniorCare, I have no drug copays.</p> <p>I am <u>exceedingly grateful</u> for both the IRIS and SeniorCare programs. I would not be able to pay my bills, buy groceries or make prescription copays without state assistance. In fact, I would be forced into a nursing home (with much higher costs) than these two programs charge Wisconsin.</p> <p>Please do whatever it takes to ensure that SeniorCare remains a waiver program.</p> <p>Thanks,</p>	X			Follow up was not needed.
5/16/2018	Please act now to extend SeniorCare to Wisconsin for drug assistance for seniors	X			Follow up was not needed.
5/16/2018	Pls continue this program so seniors can continue to receive their meds.	X			Follow up was not needed.
5/16/2018	<p>Hello,</p> <p>My mother and mother-in-law were both on SeniorCare when they were alive. I feel this is an excellent program and hope it will continue.</p> <p>Maria Cooney</p>	X			Follow up was not needed.
5/16/2018	<p>Please work to extend SeniorCare in Wisconsin!</p> <p>Retired after working in Wisconsin for 40 years</p>	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments:

Date	Comment	In Favor	Neutral	Opposed	Resolution
5/16/2018	<p>Please extend this program. If a person does not have VA coverage it is the best cost effective creditable drug program in place.</p> <p>When Medicare part D Rx drug coverage became available it was supposed to simplify drug coverage for Seniors and this never happened it only added more confusion to the already confusing health care system that is in place for citizens. The costs of Rx drug programs continue to increase yearly.</p> <p>My spouse receives \$710.00 per month social security after Medicare part B is deducted. With my SS income of 1544.00 per month. I have been an RN for almost 45 years and continue to work part time and Unfortunately we still do not have enough money to make ends meet with housing, taxes, food, health care costs.</p> <p>Please continue SeniorCare to help out the elderly.</p> <p>Thank you</p>	X			Follow up was not needed.
5/16/2018	Voting for Extension	X			Follow up was not needed.
5/16/2018	Please continue SeniorCare.	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments:

Date	Comment	In Favor	Neutral	Opposed	Resolution
5/16/2018	<p>Dear DHS Staff,</p> <p>I have had SeniorCare for a year and half and am extremely pleased and grateful that Wisconsin has provided this option for creditable prescription coverage.</p> <p>I would vote enthusiastically to continue this program indefinitely, but will gladly settle for the next 10 years.</p> <p>Sincerely,</p>	X			Follow up was not needed.
5/16/2018	<p>Hello,</p> <p>I spent a long time with my mother to get her on this program and it helped her greatly. Tried to keep her well and help her with her medicines.</p> <p>She is now 92 years old and I am now at the age where I could benefit from this program. Please help us keep this very important program for all and the baby boomers that will need so much help. There are so many of us that are not so fortunate to be able to afford medicines and food at the same time. Do not make us choose between the two of them I beg you.</p> <p>thank you for your time,</p>	X			Follow up was not needed.
5/16/2018	<p>Please support the extention [sic] of this wonderful program which helps to provide affordable prescriptions for Seniors like me. Thank you!</p>	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments:

Date	Comment	In Favor	Neutral	Opposed	Resolution
5/16/2018	<p>To Whom It May Concern:</p> <p>I am a benefactor of this WONDERFUL program offered here in our State. I cannot afford other prescription insurance, and therefore without this program I would NOT be able to obtain my necessary mediations. The loss of this program to me would be SERIOUSLY detrimental!!!</p> <p>PLEASE DO NOT TAKE THIS PROGRAM AWAY FROM US!! Thank you!!</p>	X			Follow up was not needed.
5/16/2018	<p>To Whom It May Concern:</p> <p>I am writing to request that Wisconsin's SeniorCare for prescription drug coverage be extended another 10 years. With the cost of prescriptions continually on the rise this provides a way for Seniors with limited incomes to receive the medication they need without having to choose between medication and food or utilities.</p> <p>Sincerely, Shirley Barnum</p>	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments:

Date	Comment	In Favor	Neutral	Opposed	Resolution
5/16/2018	<p>The current waiver that allows Wisconsin to offer SeniorCare as a creditable alternative to Medicare Part D, but it's set to expire on Dec. 31.</p> <p>Many older Wisconsinites on fixed incomes are struggling to make ends meet each month with rising costs of living and soaring costs of medications. With SeniorCare, Wisconsin has set the bar high for not only creating a very accessible and affordable program for seniors, but one that is an extraordinarily cost-effective use of taxpayer dollars.</p> <p>Please extend the waiver that will make it possible for this program to continue.</p> <p>Sincerely,</p>	X			Follow up was not needed.
5/16/2018	<p>I am living below the poverty level. Without the help of special programs, I would not be able to get my monthly prescriptions. Unfortunately, I have to take daily Thyroid Hormone Replacement Meds daily. Since precancerous growths were found on my Thyroid and removed, this is med is not optional.</p> <p>Please extend the SeniorCare program(s) that make this possible.</p>	X			Follow up was not needed.
5/16/2018	<p>My husband has this coverage and it is great. Our income hasn't changed because the social security raise we would have got went to pay the higher Medicare premium so there is even less income with the higher costs of everything else this program is a godsend.</p>	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments:

Date	Comment	In Favor	Neutral	Opposed	Resolution
5/16/2018	I wholeheartedly support SeniorCare. I am 66 years old on Medicare. I am not using SeniorCare, but my mother was a tremendous supporter of the program. She enrolled and benefitted from the program throughout her last years of life. Until her death due to cancer. She talked about how valuable the program was for her, with her limited income. She lived in Medford, Wisconsin in Taylor County in north central Wisconsin.	X			Follow up was not needed.
5/16/2018	YES!!! SeniorCare is a win-win program for Wisconsin. YES!!! I'm all in for Wisconsin's request to extend a waiver for this program by 10 years.	X			Follow up was not needed.
5/16/2018	SeniorCare is a valuable asset to Wisconsin seniors that have worked to create a state that honors elders. Please maintain this program; it is something we can point to with pride.	X			Follow up was not needed.
5/16/2018	If it weren't for Senior Care, I would be dead. I do not exaggerate. I am 78 years old and even have to continue working part time to stay in my home. I know some people who won't move out of Wisconsin, just because of the terrific and life saving benefits of SENIORCARE. In the name of all that is merciful – PLEASE EXTEND SENIOR CARE FOR AS LONG AS YOU CAN. (not yelling) THANK YOU	X			Follow up was not needed.
5/16/2018	I would like for you to support the SeniorCare program of Wisconsin and do any thing you can to save senior citizens money.	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments:

Date	Comment	In Favor	Neutral	Opposed	Resolution
5/16/2018	Both my mother and I rely on SeniorCare to keep our costs down on medication. Who can we contact to fight for what we NEED. Both of us are on a fixed income and both are widows.	X			Follow up was not needed.
5/16/2018	Yes to senior without it my wife and I could not afford her prescriptions.	X			Follow up was not needed.
5/16/2018	Also you should provide financial assistance for family caregivers. I'm caring for my elderly mother with cancer and macular degeneration and helping sister with Ms . I'm 62, signed up for SS, but \$760.00 a month not much to live on.				Thanked the member for their comment and referred the member the ADRC in their area for additional help.
5/16/2018	<p>To Whom It May Concern:</p> <p>I wish to add my request with others that Wisconsin extend the current waiver set to expire 12/31/2018 regarding SeniorCare. Anything that can help Wisconsinites age 65-plus with any costs is needed. I experienced this a little with my recently deceased sister, who had to pay a lot of health care costs out of her own pocket, which isn't right after she had worked so long and hard before retiring.</p> <p>Many older Wisconsinites on fixed incomes are struggling to make ends meet each month with rising costs of living and soaring costs of medications. I understand that with SeniorCare, Wisconsin has set the bar high for not only creating a very accessible and affordable program for seniors, but one that is an extraordinarily cost-effective use of taxpayer dollars. Anything that helps older Wisconsinites should be kept going, and I urge you to do so.</p>	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments:

Date	Comment	In Favor	Neutral	Opposed	Resolution
5/16/2018	To the Department, I am urging you to continue with the WI SeniorCare program and just as importantly to allow it to be creditable coverage under the Medicare Part D program. Thank you,	X			Follow up was not needed.
5/16/2018	I do not partake in SeniorCare, at the present time. I have had relatives who needed this coverage, without it they would have been in big trouble without it. I have also worked in food pantry's where not only did the clients not have enough to eat, but also depended on SeniorCare for survival [sic]. We need to take care of our elderly citizens. There is a need for this so why would we discontinue the coverage. Please think of the People who need help!!!! Thank You For Reading My Note	X			Follow up was not needed.
5/16/2018	Extend SeniorCare	X			Follow up was not needed.
5/16/2018	I REALY appreciate SENIORCARE as a service for me. I can now afford my medicines. I want Wisconsin to continue to provide this service to all of our senior citizens..	X			Follow up was not needed.
5/16/2018	I am writing to voice my hope that SeniorCare of Wisconsin will extend beyond the current 12/2018 deadline. This service has helped me greatly in keeping my prescription drug costs under control. I am on a fixed income and need this service badly. Please extend the deadline during the next session. Thank you	X			Follow up was not needed.
5/16/2018	Please extend the WI Sr. Care program for qualifying senior citizens.	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments:

Date	Comment	In Favor	Neutral	Opposed	Resolution
5/16/2018	SeniorCare has to be extended for another ten years. When you take very expensive medicine it is the next thing to impossible to take it. SeniorCare helps. We don't get much increase in Social Security and when you depend on that to keep going you have to have some help from something. Please do not stop SeniorCare at the end of the year. We need it.	X			Follow up was not needed.
5/16/2018	Of course extend the program, 92,000 plus people who depend on this don't need to be scrambling to find a new and probably more costly program. Very few people have other alternatives like wealth, VA, or insurance through a job that pays these costs, expecially [sic] when you're 65 or older. Yes extend it.	X			Follow up was not needed.
5/16/2018	Please continue the SeniorCare program. My recently deceased father, age 96, benefitted greatly from the program. I don't know what he would have done without it. Thank you.	X			Follow up was not needed.
5/16/2018	Please keep SeniorCare for those seniors that need the financial help with their prescription medications. The cost of medications are astronomical and may seniors cannot afford their prescriptions. Thank you	X			Follow up was not needed.
5/16/2018	I am requesting that SeniorCare does get extended for 10 more years. It is of the utmost importance that seniors, who are usually at a lower income, have available an affordable means to healthcare. Please vote to extend it. Sincerely,	X			Follow up was not needed.
5/16/2018	We need this SeniorCare extended here in Wisconsin!	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments:

Date	Comment	In Favor	Neutral	Opposed	Resolution
5/16/2018	Please keep this program. Or lower the price of medications-significantly!! Thanx	X			Follow up was not needed.
5/16/2018	Please add my voice to that of other Wisconsin seniors who are behind extending the SeniorCare Program. We need, and deserve the benefits of SeniorCare. Please do NOT allow this coverage to lapse! Sincerely,	X			Follow up was not needed.
5/16/2018	Please extend SeniorCare for another 10 years. Thanks,	X			Follow up was not needed.
5/16/2018	This is a wonderful program which my mother was able to participate in for 11 years. Please do not take away this program from those who cannot afford the high cost of prescription drugs.	X			Follow up was not needed.
5/16/2018	<p>Please extend SeniorCare.</p> <p>By any measure, SeniorCare is a win-win program for Wisconsin and its participants. The costs of the program are largely managed by the state's ability to negotiate discounts and pricing. Enrollees pay an annual \$30 fee and deductibles are based on their average income. After the deductible, SeniorCare has a co-pay of \$5 for generic drugs and \$15 for name-brand drugs.</p> <p>Many older Wisconsinites on fixed incomes are struggling to make ends meet each month with rising costs of living and soaring costs of medications. With SeniorCare, Wisconsin has set the bar high for not only creating a very accessible and affordable program for seniors, but one that is an extraordinarily cost-effective use of taxpayer dollars.</p> <p>Thank you for this valued service.</p>	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments:

Date	Comment	In Favor	Neutral	Opposed	Resolution
5/16/2018	It is time that we take care of our own seniors, disabled veterans, veterans and all Americans. This country has taken funds from social security, to cover law maker's over spending. Stop taking care of all these other countries, never repaying this country.		X		Follow up was not needed.
5/16/2018	To whom it may concern, I wish to express my support for The SeniorCare program in Wisconsin. The POTUS promise to effect changes in drug costs has fallen through and so once again seniors are facing outrageous price hikes in prescription drug costs. This Wisconsin program has already proven to be a win for our seniors.	X			Follow up was not needed.
5/16/2018	Please extend SeniorCare to those who desperately need it.	X			Follow up was not needed.
5/16/2018	<p>To whom it may concern:</p> <p>I am in agreement and support the statement below:</p> <p>The Wisconsin Department of Health Services (DHS) is requesting a 10-year renewal of its section 1115 demonstration project for the SeniorCare Prescription Drug Assistance Program to continue the program through December 31, 2028. 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.</p> <p>I am requesting an extension because it is crucial to many of the Wisconsin residents who depend on this type of aid.</p> <p>Thank you,</p>	X			Follow up was not needed.
5/16/2018	Drug costs are a huge expense for many of Wisconsin's seniors. Please don't take away this benefit.	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments:

Date	Comment	In Favor	Neutral	Opposed	Resolution
5/16/2018	I feel the SeniorCare program needs to be extended to 2028. Many seniors can not afford the high cost of life saving drugs.	X			Follow up was not needed.
5/16/2018	SeniorCare has been a great help to our aging population. Wisconsin need to continue it reputation in helping taking care of it most vulnerable citizens. Thanks,	X			Follow up was not needed.
5/16/2018	Please extend the period for SeniorCare.	X			Follow up was not needed.
5/16/2018	I received the email about extending the coverage for Wisconsin prescription for Senior Citizens just before I was leaving to go to the drugstore to pick up four refill prescriptions. Without this plan I would be hard put to pick up all four of them. Before I was eligible for this plan I would have to pick and chose which one(s) I could get filled and still have money for bills and food. Please extend this plan because it is vital and it works. If it ain't broke don't fix it! Thank you.	X			Follow up was not needed.
5/16/2018	we need to keep helping us seniors with care and prescriptions. Health care is needed yet out of reach. we worked hard all our life for this?	X			Follow up was not needed.
5/16/2018	Please extend the WI Senior Care until 2028. We need it very badly as pharma costs continue to go up. Thank you.	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments:

Date	Comment	In Favor	Neutral	Opposed	Resolution
5/16/2018	<p>Hello,</p> <p>As a lifelong citizen of Wisconsin, I hope you will extend SeniorCare benefits. With the uncertainty at the federal level and the continued gouging by pharmaceutical companies for necessary medications, it is truly a question of life or death for many people. It is my hope that, regardless of the partisan political climate, leaders will come together to do the right thing and continue this program.</p> <p>Sincerely,</p>	X			Follow up was not needed.
5/16/2018	Please do not stop SeniorCare. It is not just not right to deny health care for those who need.	X			Follow up was not needed.
5/16/2018	This is a necessary service as our population ages, even tho many do save for retirement care.	X			Follow up was not needed.
5/16/2018	please extend SeniorCare in Wisconsin.	X			Follow up was not needed.
5/16/2018	Please extend help to seniors to keep drug costs affordable!	X			Follow up was not needed.
5/16/2018	Please extend the plan for another 10 years. Thanks,	X			Follow up was not needed.
5/16/2018	Please continue SeniorCare. It is very cost saving.	X			Follow up was not needed.
5/16/2018	<p>Please extend the SeniorCare program for another ten years. It is the most effective way I can afford prescriptions.</p> <p>Thank you for your consideration.</p>	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments:

Date	Comment	In Favor	Neutral	Opposed	Resolution
5/16/2018	<p>My wife and I participate in the SeniorCare medication program. We are low income retirees, and SeniorCare is an essential program in our lives. With it, we can afford our medications, AND food and other necessities of life. If SeniorCare ended, we would not be able to afford our medications, or the high premiums and co-pays of a regular Medicare D policy, especially the doughnut hole that still exists.</p> <p>My wife's mother was also in this program, and it was a lifesaver for her. Before I found SeniorCare for her, she was spending almost half of her monthly social security income for medication, was cutting back on food, and paying her energy bills late. Her life improved after she was enrolled in SeniorCare.</p> <p>Please, please extend the waiver for this much needed program! It is a life-saver for over 90,000 Wisconsin seniors!</p> <p>Thank you,</p> <p>Retired- and loving it!</p>	X			Follow up was not needed.
5/16/2018	<p>Please continue this program. I work with folks on Medicare and this is a wonderful help to those clients.</p> <p>Thank you</p>	X			Follow up was not needed.
5/16/2018	<p>My mother was on SeniorCare for part of her last years. It helped a lot. Please continue the program.</p>	X			Follow up was not needed.
5/16/2018	<p>While I don't qualify for SeniorCare , I know a lot of friends and relatives who could not afford their drugs without this valuable program. Please support the continuation of SeniorCare to help our low income seniors with their health.</p>	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments:

Date	Comment	In Favor	Neutral	Opposed	Resolution
5/16/2018	Please continue the SeniorCare program. As a agent, the ability to direct Medicare recipients to a viable alternative and cost savings option for prescription drugs is a win for Wisconsin's seniors who are already fighting rising costs on every hand. Many people with a Medicare Supplement find the SeniorCare option a great opportunity and I am always happy to direct clients to it.	X			Follow up was not needed.
5/16/2018	I am 63-years old, currently in the hospital. I'm insured but not everyone is as lucky. Please vote to keep this essential program. Sincerely,	X			Follow up was not needed.
5/16/2018	My 93 year old mother and my disabled sister rely on SeniorCare 100%. My older sister, especially, would NEVER be able to afford all the medicines she's been on for years if she didn't have SeniorCare. She lives in "low income" based housing--which she dislikes immensely as there is so much negative reaction to those words: low income. She is there through no fault of her own. She has been devastated by multiple illnesses and is now facing blindness due to macular degeneration. PLEASE fight for SeniorCare to be renewed. There are SO many people that wouldn't be able to afford their medications without it.	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments:

Date	Comment	In Favor	Neutral	Opposed	Resolution
5/16/2018	<p>Dear Reader</p> <p>PATH is a public service organization with a mission to bring truth to the health care debate.</p> <p>Public Access to Healthcare (PATH) is important for all citizens of Wisconsin. Please do everything to support SeniorCare.</p> <p>We will be watching and supporting your efforts on behalf of SeniorCare.</p> <p>Visit us at www.path-wi.orghttp://www.path-wi.org</p> <p>PATH member</p>	X			Follow up was not needed.
5/16/2018	<p>I am currently 61 years of age. After a lifetime of working I was laid off at age 60 from my long held job of 32 years without any benefits. I am not even an unemployment statistic since I have not signed up for unemployment benefits and I am continuing to look for meaningful work that will pay the bills. At my age this is not easy. By the time I turn 65 I should be completely broke from living off of my savings for five years if things continue as they are. If not broke long before if I don't find work.</p> <p>I am writing to implore the State Department of Health Services to do whatever is in its power to request and push for the SeniorCare program to be extended another ten years. I believe this is an invaluable program for senior citizens of Wisconsin. It is a win win by any measure for all parties involved. I can already see how this may affect me in the future, even though at this time I am in fairly good health.</p> <p>Thank you for listening</p>	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments:

Date	Comment	In Favor	Neutral	Opposed	Resolution
5/16/2018	<p>To Whom It May Concern:</p> <p>Without SeniorCare my parent could not have afforded their medications and world have died sooner and in more pain. This program is one program that works and is economical for all stakeholders, not just the elderly it serves. Please do not destroy this program. My parents were even willing to pay a little more for it, like \$50 a month. I am sure there are many other seniors sin the same situation as my parents - not much income (about \$800 a month) but benefiting from the program and willing to pay what they could.</p> <p>Thank you,</p>	X			Follow up was not needed.
5/16/2018	Keep SeniorCare in Wisconsin! We have a program that is working and allowing us affordable medication. Let It Keep Working!	X			Follow up was not needed.
5/16/2018	Width <i>[sic]</i> the cost of med's going up all the time our savings and SSA just don't make it work to well. Think about it, either SeniorCare or older people dieing <i>[sic]</i> in the street. That is not to <i>[sic]</i> far fetched the way things are going.		X		Thanked the member for their comment.
5/16/2018	Please continue the SeniorCare program.... If continuing this is not a viable option, please work towards a system where our seniors can still afford their medications, etc. There are many elderly Wisconsin residents counting on these programs to maintain the quality of their lives. Thank you.	X			Follow up was not needed.
5/16/2018	extend SeniorCare it is good to have this	X			Follow up was not needed.
5/16/2018	Should remain in effect. Helpful to all of our hard working individuals who have now retired and are on a fixed income	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments:

Date	Comment	In Favor	Neutral	Opposed	Resolution
5/16/2018	I'm writing to request that you consider extending SeniorCare another 10 years. The people that are receiving this benefit are the poorest of our senior citizens and taking it from them would cause many of them to go without the medications they need. How we treat our elderly says a lot about the people of our state, I would hope we could proudly say we take care of our most vulnerable citizens. Thank you,	X			Follow up was not needed.
5/16/2018	Please, please, do advocate to retain or increase the benefits. I will remind you of the many seniors living on a fixed income. They need every penny for their day to day needs. I am not a clever writer, but I am direct. Please help!	X			Follow up was not needed.
5/16/2018	I work at the county level with elderly, blind and disabled citizens applying for FoodShare and Medicaid benefits. Many of these people are on fixed incomes and cannot afford the cost of medical care and their prescriptions. I am in favor of continuing the SeniorCare program for the people of Wisconsin.	X			Follow up was not needed.
5/16/2018	Please extend SeniorCare for 10 years with a waiver. Please extend SeniorCare in WI.	X			Follow up was not needed.
5/16/2018	Please continue funding for this valuable program. Continue to use our buying power to help the group that has paid for our institutions and served our country in times of war and peace.	X			Follow up was not needed.
5/16/2018	We need care for our elders. If anything we should be adding programs to take care of them in their final years. I'm totally in favor of the senior extended care program 10 year extension. Respectfully,	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments:

Date	Comment	In Favor	Neutral	Opposed	Resolution
5/16/2018	Please extend SeniorCare in Wisconsin for 10 years. Without it, my sister would have to pay over \$232 a month for prescriptions instead of \$90. When she only gets \$1032.00/month it makes a huge difference in what she can afford to pay in rent.	X			Follow up was not needed.
5/16/2018	I've worked my entire life starting at age 13. My social security is \$839.00 per month and my rent is \$600.00 not including utilities, garbage, etc.... Yes, please extend the program for another 10 years.	X			Follow up was not needed.
5/16/2018	From a geriatric health care provider: I believe SeniorCare is a desperately needed, cost effective program for seniors who are unable to have Medicare part D. Please extend the waiver for SeniorCare for an additional 10 years. Thank you,	X			Follow up was not needed.
5/16/2018	Please keep the SeniorCare drug plan in effect for the future, it is a great program that Wisconsin can be proud of and it helps many people. Thank you,	X			Follow up was not needed.
5/16/2018	Dear DHSS, Please have a heart... Help seniors in Wisconsin with drug costs. Drug costs are so high and I know because I need several drugs. I can afford Medicare and Part D. I don't know what else these	X			Follow up was not needed.
5/16/2018	My mother used SeniorCare for many years. It was of great benefit for her as she was low income. I am hoping it will still be in place when I turn 65 next year. I will be low income also and have diabetes so it would be nice to have help with prescriptions costs which keep rising. Sincerely,	X			Follow up was not needed.
5/16/2018	Please extend SeniorCare through 2028.	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments:

Date	Comment	In Favor	Neutral	Opposed	Resolution
5/16/2018	We need to save this innovative and cost saving program for Wisconsin residents!! Thank you!!	X			Follow up was not needed.
5/16/2018	Please keep SeniorCare in Wisconsin. Until he passed a few years ago my father used it and it was a lifesaver. It let him afford the care he needed while staying in his home longer. Please keep it.	X			Follow up was not needed.
5/16/2018	Please extend SeniorCare through 2028. Thank you,	X			Follow up was not needed.
5/16/2018	Many retired and disabled seniors have a hard time paying for their drugs when drug companies keep raising their prices higher each year. While their income doesn't go up at all in comparison. Seniors need plans or programs to help them afford their drugs, this is where government is supposed to help!		X		Follow up was not needed.
5/16/2018	I am of the people that uses SeniorCare. It helps so much more then Medic-Care part "D". Please extend SeniorCare so that we can continue to be a state really helps it's senior citizens. Thank you,	X			Follow up was not needed.
5/16/2018	Please continue this innovative program. It's important to those who need insurance coverage at a sane price.	X			Follow up was not needed.
5/16/2018	Please extend Senior Care. Rising costs for medical treatments are breaking us seniors. Thank You for caring.	X			Follow up was not needed.
5/16/2018	Please extend waiver past December 2018.	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments:

Date	Comment	In Favor	Neutral	Opposed	Resolution
5/16/2018	SeniorCare is a must how much more do the Seniors have to lose	X			Follow up was not needed.
5/16/2018	This programs is so helpful and necessary to many of our Wisconsin residents. Please continue to allow this programs to exist and expand so that many more may benefit. For those of you in election mode—we are watching and will take note of your position, statements and vote. Please listen to your constituents and do the right thing for the people of Wisconsin. Thank you.	X			Follow up was not needed.
5/16/2018	I know SeniorCare works: a friend used it & got excellent care she otherwise could not afford. With SeniorCare, Wisconsin has set the bar high for not only creating a very accessible and affordable program for seniors, but one that is an extraordinarily cost-effective use of taxpayer dollars. Please do the right thing & extend the program.	X			Follow up was not needed.
5/16/2018	It seems Senior citizen resources are being cut now that the boomers are fast approaching 65. It would seem obvious that now is the time to increase rather than to eliminate the resources that are so vitally needed by our citizens who have done their part to have the medical services they need in their retirement , ESPECIALLY PRESCRIPTION MEDICINE!		X		Follow up was not needed.
5/16/2018	seniors representative the smallest demographics in the workplace. how can we afford our medications when we have little or no earned income? It's a no brainer to approve the extension.	X			Follow up was not needed.
5/16/2018	I live in Burlington< Wi and SeniorCare is important to me and my relatives, keeping us well and out of hospital. Extend it to 2028.	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments:

Date	Comment	In Favor	Neutral	Opposed	Resolution
5/16/2018	SeniorCare helps more than 92,000 Wisconsinites age 65-plus with their prescription drug costs. But the current waiver that allows Wisconsin to offer SeniorCare as a creditable alternative to Medicare Part D		X		Follow up was not needed.
5/16/2018	<p>I have a \$500 deductible with SeniorCare. Even with their help, my prescription costs vary from \$16 to \$76 each month! Cannot imagine what the costs might be without SeniorCare, for as it is, I'm dipping into my savings every month for medications. Once I'm truly broke, I suppose I will just have to start skipping most of these meds! I have already prepaid for my cremation, thought this was preferable to giving my last dime to pharmaceutical companies.</p> <p>Anything that can be done to help Seniors would be appreciated more than you can imagine. Hope you will keep, or expand SeniorCare.</p> <p>Thank you....</p>	X			Thanked the member for their comment and insured the member that DHS is always looking at ways to control the costs of drugs without impacting our members.
5/16/2018	Please help protect our senior citizens with adequate drug coverage by extending SeniorCare through 2028. These elderly have not had time to prepare for losing coverages. Many older Wisconsinites on fixed incomes are struggling to make ends meet each month with rising costs of living and soaring costs of medications. Please help them and future elderly by keeping this program in place.	X			Follow up was not needed.
5/16/2018	<p>Good afternoon,</p> <p>I would respectfully ask you to seriously consider renewing the current Senior Health Care program in WI. I am nearing the retirement age as is my wife. I also have 2 elderly parents in WI that will utilize the program.</p> <p>Thank you.</p>	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments:

Date	Comment	In Favor	Neutral	Opposed	Resolution
5/17/2018	I Timothy extend my hand and support to AARP senior care program to ensure of its security and safety of the program Of the AARP senior care medical program My email is as follows @gmail.com And maybe Used in the support of the AARP Senior medical program for its use Only there will be no for the use of my email other than the use of the AARP senior medical program I Timothy allow AARP To utilize my email for the use of the AARP senior medical program no further use Can Or Will be use for any other program matters I support Only The AARP Senior Medical Program.	X			Thanked the member for their comment. Clarified with the member that SeniorCare administers the program and AARP provies extensive support and encouragement of the program.
5/17/2018	Please extend this program so that vulnerable seniors are not denied care at a reasonable cost.	X			Follow up was not needed.
5/17/2018	Please extend this program. Thank you.	X			Follow up was not needed.
5/17/2018	Thank you for taking time to reconsider eliminating [sic] SeniorCare . Those of us who are, "coming of age" have worked hard for this and some of us still working. A small benefit such as SeniorCare can make a huge difference for seniors trying to make it on a pretty tight income. Thank you, and please consider doing what's right.	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments:

Date	Comment	In Favor	Neutral	Opposed	Resolution
5/17/2018	<p>I am a retired Wisconsinite who uses SeniorCare for my prescription drug cost. I know that they current e [sic] alternative to Medicare Part D is currently set to expire on Dec. 31, 2018.</p> <p>Please [c]onsider to extend SeniorCare through to 2028 for the thousand retored [sic] Wisconsin seniors.</p> <p>SeniorCare is a win-win program for Wisconsin and its participants. The costs of the program are largely managed by the state's ability to negotiate discounts and pricing. Enrollees pay an annual \$30 fee and deductibles are based on their average income. After the deductible, SeniorCare has a co-pay of \$5 for generic drugs and \$15 for name-brand drugs.</p> <p>Many older Wisconsinites on fixed incomes are struggling to make ends meet each month with rising costs of living and soaring costs of medications. With SeniorCare, Wisconsin has set the bar high for not only creating a very accessible and affordable program for seniors, but one that is an extraordinarily cost-effective use of taxpayer dollars.</p> <p>Thank you for you[r] consideration</p>	X			Follow up was not needed.
5/17/2018	<p>I support all efforts to continue SeniorCare. I am not eligible but many friends, neighbors, people from church and other groups are subscribers and the program is so beneficial. Without SeniorCare some would be choosing between their meds and eating.</p>	X			Follow up was not needed.
5/17/2018	<p>SeniorCare has been an important resource in my health care. Fulfilling my obligation for health care coverage and catastrophic coverage were my reasons for the affordable coverage. I am requesting that you extend the SeniorCare option. Jeff Vollstedt</p>	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments:

Date	Comment	In Favor	Neutral	Opposed	Resolution
5/17/2018	Dear Sirs, Please vote to extend Wisconsin SeniorCare. Thank you.	X			Follow up was not needed.
5/17/2018	We need to maintain a way of life that is worth having for seniors. It makes no sense to have a huge military if our way of life is not worth protecting. Thanks, R		X		Follow up was not needed.
5/17/2018	Please, please continue this valuable program. It's a struggle to make ends meet. This program offers some financial comfort. For someone on a fixed income this means so much to combat the extreme cost of health care and necessary medications.	X			Follow up was not needed.
5/17/2018	We all know how unaffordable the prescription medication market is and how desperate the need for care by many seniors in Wisconsin [sic]. Please include my concern about losing SeniorCare in Wisconsin. Our government has been playing to the lowest morale agenda for far too long and leaving the poorest and most needy in need. SeniorCare is a vital part of sustaining our citizens. God Bless,	X			Follow up was not needed.
5/17/2018	I have been using SeniorCare for 3 years. Without this program I would have to make a choice between medicine or food. With have some physical restrictions that do not allow me to work, earning extra money is not an option. Trying to pay for a prescription drug program was impossible as premiums were having large increases every year.	X			Follow up was not needed.
5/17/2018	I support the extension of Wisconsin SeniorCare prescription drug plan for another 10 years. It is a very good program.	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments:

Date	Comment	In Favor	Neutral	Opposed	Resolution
5/17/2018	Please do your best to extend the SeniorCare program. It was so beneficial for my mother. Seniors with limited income are just not able to afford the high cost of prescription drugs! This is vital for our seniors!	X			Follow up was not needed.
5/17/2018	My dad and aunt are in a nursing home. With the cost of a nursing home stay, SeniorCare helps keep other cares affordable. If this program is extended they will be assured of continuous care and it will ease the emotional as well as financial strain that would otherwise occur. Please extend this program for the next ten years.	X			Follow up was not needed.
5/17/2018	Seniors in the state of Wisconsin have spent their lives improving the quality of life in the state. They have earned the right to live the final years with dignity and respect. They have also "paid their Dues" and should expect to be taken care of in the twilight of their lives. Don't take that away. Please continue the waiver for Badger Care in Wisconsin. <i>Note: The email subject line indicated SeniorCare even though BadgerCare is referenced.</i>	X			Follow up was not needed.
5/17/2018	My husband and I respectfully request that you keep the SeniorCare program in place. We are not heavily medicated people and therefore don't really need to pay the high and RISING premiums of PartD-participating companies. As seniors, this program has been an enormously beneficial. Please, we urge you to keep the program in place. In addition, low income folks simply can't afford to pay the high premiums I referred to. Thank you very much for considering this opinion.	X			Follow up was not needed.
5/17/2018	Please keep it going	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments:

Date	Comment	In Favor	Neutral	Opposed	Resolution
5/17/2018	SeniorCare is a lifeline for many in the State. I do volunteer driving for Doctor Appts and Grocery shopping for seniors as part of the non-profit East Side Senior Service. I encounter many elderly that are at minimal survival levels in our area. I am sure that this level of existence is evident in rural as well as city living. Don't take away these basic services.	X			Follow up was not needed.
5/17/2018	Please extend the deadline on SeniorCare. It has greatly helped my Mother who, at 78 has Alzheimer's and Dementia. She is on a fixed income and a very tight budget, and SeniorCare has assisted with the cost of her meds. For myself, at 52, I would like the option to still be out there when I'm in need of assistance, as I will be in the same financial situation as she is. Thank you for listening,	X			Follow up was not needed.
5/17/2018	Fix this please and don't delay! Thanks very very much. Glenn	X			Follow up was not needed.
5/17/2018	PLEASE PLEASE PLEASE...continue this program!! Sincerely,	X			Follow up was not needed.
5/17/2018	Please extend the SeniorCare for Wisconsin's elderly.	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments:

Date	Comment	In Favor	Neutral	Opposed	Resolution
5/17/2018	YOU ARE GOING TO STEAL FROM SENIORCARE NOW TO PAY FOR ALL THE CORRUPTION OF SCOTT WALKER AND THE OTHER CRIMINAL POLITICIANS FROM THE PAST!! TIME WE THE PEOPLE THAT ACTUALLY NEED THE HELP GET IT AND THE CORRUPT CRIMINAL POLITICIANS AND THEIR RICH BRIBERS DO THEIR FARE SHARE!! IT IS SICKENING THAT THE RICH KEEP GETTING RICHER AS MORE AND MORE IS TAKEN AWAY FROM THOSE THAT NEED IT!! ENOUGH IS ENOUGH!! HEALTHCARE IS NOT HEALTHCARE BUT A MONEY MAKING SCAM BY THE RICH AND IT NEEDS TO STOP!! WE THE PEOPLE ARE GETTING SICK AND TIRED OF THIS GARBAGE AND IT IS TIME TO START DOING WHAT'S RIGHT AND LOWERING SENIORCARE AND NOTHING ELSE THAT'S WHAT'S RIGHT!! #ResistTheGreedAndCorruption		X		Member was thanked for their comments.
5/17/2018	Good Morning, Please help to extend the Wisconsin SeniorCare program. I don't use it, but have friends and relatives that count on it for their prescriptions. Thank you,	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments:

Date	Comment	In Favor	Neutral	Opposed	Resolution
5/17/2018	<p>SeniorCare helps 50,000 Wisconsin senior citizens who need prescribed pharmaceuticals to stay healthy. Most are on fixed incomes that are determined by how much they earned while working, or on assistance that is not designed to keep pace with accelerating health care costs. Even for those who wisely saved for medical costs during retirement, that money was saved based on the known procedures, drugs and prices that were available at the time the money was saved. They need serious help to pay for new medical innovations and drugs, some of which were not even imagined during their working years.</p> <p>I therefore strongly urge you to support extension of SeniorCare, a program which should serve as a model for other states around the nation in caring for their seniors.</p>	X			Follow up was not needed.
5/17/2018	<p>Wisconsin's SeniorCare prescription drug program is much appreciated as an option to other insurance companies part D plans. I just turned 65 and have subscribed to SeniorCare and am hoping that the SeniorCare program will be extended another 10 years. Thank you for listening and the work you do for Seniors!</p>	X			Follow up was not needed.
5/17/2018	<p>Even though I'm not covered by SeniorCare, I still feel it is a much needed program to allow seniors support as well as a safety net. Even with our retirement income plus Social Security, our family has to watch our expenses. People/seniors who are economically challenged need this support.</p> <p>I encourage our Wisconsin State Legislature to continue funding these services.</p> <p>Thank you,</p>	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments:

Date	Comment	In Favor	Neutral	Opposed	Resolution
5/17/2018	<p>I turned 70 last year and had to retire for health reasons. I'm am living strictly on Social Security because I have no pension to draw on.</p> <p>Before I qualified for SeniorCare, I had another drug supplement plan. Once I hit the donut hole in August of last year, I actually had to stop taking one of my prescribed medications because I simply could not afford to pay the cost to have it refilled every month. I did have to keep refilling the blood thinner medication, but it was an extreme financial drain on my very limited income.</p> <p>Since I've been on SeniorCare, I have been able to pay the co-pay to have both of these Tier 3 prescriptions refilled. I couldn't manage without it.</p> <p>Please vote to extend the SeniorCare program through 2028. Thank you.</p>	X			Follow up was not needed.
5/17/2018	<p>SeniorCare provides accessible and affordable plans for medications for senior citizens and I am grateful to be a SeniorCare recipient. SeniorCare has helped me personally with the high cost of prescriptions. Please continue this program to help those of us on fixed incomes.</p> <p>Thank you, Judy Kelegian</p>	X			Follow up was not needed.
5/17/2018	<p>I am writing to encourage the extension of SeniorCare. It has proven to be a lifesaver for people on fixed incomes. It enables me to actually create some form of a budget knowing what my prescription costs will be monthly.</p> <p>Thanking you in advance. MR Miller</p>	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments:

Date	Comment	In Favor	Neutral	Opposed	Resolution
5/17/2018	<p>My dad who is 74 years old, is disabled due to a stroke 5 years ago. He has limited income with social security being his only income source. He relies on SeniorCare. His monthly medication is outrageous. He couldn't afford it. Seniors rely on these types of programs. We cannot take this program away or cut these programs. Our seniors worked hard all of their lives, they deserve to be taken care of better than what we do. I'm appalled at all of the cuts aimed at our senior citizens. Let them enjoy their final years without the constant financial worries caused by health care and medication. They deserve our respect and the ability to enjoy their final years.</p> <p>Thank you,</p>	X			Follow up was not needed.
5/17/2018	<p>I would like to express my support for Wisconsin's SeniorCare program to be extended for another 10 years. It would be a tremendous help to low-income seniors to pay for high-priced drugs they badly need. Thank you,</p>	X			Follow up was not needed.
5/17/2018	<p>I am a senior citizen that is depending on Wisconsin to aid in caring for their seniors. Please continue with [the] SeniorCare program.</p>	X			Follow up was not needed.
5/17/2018	<p>To the Honorable Scott Walker,</p> <p>I do not use SeniorCare to buy drugs, but pay the annual fee to maintain the requirement to have a drug plan as required by Social Security. I know a number of Seniors that do the same. It does not cost the State of Wisconsin any funds and they get the enrollment fee, so please extend the program.</p> <p>Thank you,</p>	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments:

Date	Comment	In Favor	Neutral	Opposed	Resolution
5/17/2018	Please support the extension of SeniorCare to 2028 to provide affordable prescription coverage to our Wisconsin Senior Citizens. As a fellow Senior, I know the high cost has become out of reach for myself and many others. Thank you for supporting this coverage.	X			Follow up was not needed.
5/17/2018	I had the opportunity to hear about the program and how much it benefits the seniors in Wisconsin. I would like to express my support for the extension of SeniorCare.	X			Follow up was not needed.
5/17/2018	Yes, please vote to extend SeniorCare in Wisconsin. It is a very helpful and easy to use program. Thank you !	X			Follow up was not needed.
5/17/2018	My Mom, Husband & I have used Senior Care for many years. We have been very pleased.	X			Follow up was not needed.
5/17/2018	We have been very happy with SeniorCare. My Mom, my husband & I.	X			Follow up was not needed.
5/17/2018	Extend SeniorCare	X			Follow up was not needed.
5/17/2018	Extend part D for 10 more years.		X		Follow up was not needed.
5/17/2018	SeniorCare is an important program to help seniors get their medications at reasonable prices. Please don't do away with it.	X			Follow up was not needed.
5/17/2018	The SeniorCare prescription plan is crucial to the well being of senior citizens who otherwise could not afford needed medicines. It saves money in the long run by reducing ER visits, unnecessary illnesses that can cost taxpayers even more.	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments:

Date	Comment	In Favor	Neutral	Opposed	Resolution
5/17/2018	<p>Hi, Wanted to let you know how much my wife and I appreciate SeniorCare. I recently had a major medical procedure and needed several expensive prescriptions after it. If not for SeniorCare I could not have afforded to get them. Please extend this very important coverage for 10 more years. Today's seniors really need it! Thanks,</p>	X			Follow up was not needed.
5/17/2018	<p>Hi, my mother-in-law is on SeniorCare. This is a major help to her as her only income is social security. It is literally a life saver for her. Please obtain the needed waiver to keep this in place!</p> <p>Thank you so much!!</p>	X			Follow up was not needed.
5/17/2018	<p>Wisconsin DHS Dear Sir or Madame:</p> <p>Many older Wisconsinites on fixed incomes are struggling to make ends meet each month with rising costs of living and soaring costs of medications. With SeniorCare, Wisconsin has set the bar high for not only creating a very accessible and affordable program for seniors, but one that is an extraordinarily cost-effective use of taxpayer dollars.</p> <p>Please ask the federal government for a ten year extension so the Great State of Wisconsin can continue this excellent program for another 10 years.</p> <p>Thank you for considering this request.</p> <p>Sincerely,</p>	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments:

Date	Comment	In Favor	Neutral	Opposed	Resolution
5/17/2018	<p>I am a Stephen Minister in my church. Many people in our congregation are seniors on a fixed income. SeniorCare helps people like them afford the medications they need. Drug costs are soaring, and are especially high for drugs that don't have a generic yet. An older person on a fixed income may have to choose between getting a medication and doing without it...suffering the consequences of an untreated condition. Please extend the waiver for SeniorCare for another 10 years. It has helped so many, and so many still need help.</p> <p>Mary Grossnickle</p>	X			Follow up was not needed.
5/17/2018	<p>SeniorCare is the most practical, useful, and financial drug plan available to all levels of income in the state of Wisconsin for persons over 65 years of age. My elderly mother was able to have this plan having only social security as income to support herself. She was able to have this drug plan and drug coverage at a reasonable price meeting her needs. If she had to go elsewhere for coverage that would not be possible under the circumstances-costs would be prohibitive. It then becomes a choice as to what she needs and can afford, which means some drugs would go unfilled or food choices. We also have selected SeniorCare as our drug insurance. We are very grateful that it is in place and ask that it be maintained as it is with the present premiums and levels of service. This is one of the few programs offered by the state that is actually beneficial to all over 65 years of age and needs to be maintained.</p> <p>Respectfully,</p>	X			Follow up was not needed.
5/18/2018	<p>Please extend SeniorCare through 2028 Thank You</p>	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments:

Date	Comment	In Favor	Neutral	Opposed	Resolution
5/18/2018	<p>Please vote to extend the Wisconsin Care Program. We should be doing everything to keep medical costs down for everyone. This is one thing we can do to save our seniors money so they can afford their prescriptions.</p> <p><i>Note: The email subject line indicated SeniorCare even though Wisconsin Care is referenced.</i></p>	X			Follow up was not needed.
5/18/2018	<p>Please consider extending Wisconsin Senior Care to 2028. It is a critical resource For many seniors. Thank You for your consideration.</p>	X			Follow up was not needed.
5/18/2018	<p>We really, really need this program. My rx inhaler costs \$400.00. Who can afford this?</p>	X			Follow up was not needed.
5/18/2018	<p>Please don't allow SeniorCare to expire! It's a beneficial program for our state's elders.</p>	X			Follow up was not needed.
5/18/2018	<p>My Mom worked hard to help with this, it's important for seniors to have help with additional health costs. I'm not quite old enough to use it but I sure hope it's still around when/if I ever need it.</p>	X			Follow up was not needed.
5/18/2018	<p>Please extend Wisconsin's waiver for this program by 10 years. It is a program that helps the elderly.</p>	X			Follow up was not needed.
5/18/2018	<p>Working in retail pharmacy for 22 years, SeniorCare is a big help to seniors in providing cost effective medication coverage.</p>	X			Follow up was not needed.
5/18/2018	<p>I am very much in favor of SeniorCare. Please extend this program, I have used it for many years. Thank you</p>	X			Follow up was not needed.
5/18/2018	<p>We need to keep SeniorCare for another 10 years. I have very little money \$ left after paying bills to pay for all my prescriptions. I don't know what will happen. I couldn't get my prescriptions. Please keep senior care for our prescriptions. Thank you.</p>	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments:

Date	Comment	In Favor	Neutral	Opposed	Resolution
5/18/2018	I urge you to do everthing [sic] possible to keeping WI SeniorCare available, it's the best plan available, don't mess with something that actually works. We have had a very good experience [sic] with this plan.	X			Follow up was not needed.
5/18/2018	Please very much extending the SeniorCare Program through 2028. This program is critical to many senior citizens in the United States and in Wisconsin. Please keep this program going! Thanks...	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments:

Date	Comment	In Favor	Neutral	Opposed	Resolution
5/18/2018	<p>Hello:</p> <p>My Mom spent the last several years of her life working with AARP to get SeniorCare passed to help the senior citizens of Wisconsin. She considered it one of her greatest accomplishments.</p> <p>Many older Wisconsinites on fixed incomes are struggling to make ends meet each month. And the situation is [sic] getting more and more dire with rising costs of living and the soaring costs of medications. With SeniorCare, Wisconsin has set the bar high for not only creating a very accessible and affordable program for seniors but one that is also an extraordinarily cost-effective use of taxpayer dollars.</p> <p>SeniorCare helps more than 92,000 Wisconsinites age 65-plus with their prescription drug costs.</p> <p>SeniorCare is a great program for Wisconsin and its participants. The costs of the program are largely managed by the state's ability to negotiate discounts and pricing. Enrollees pay an annual \$30 fee and deductibles are based on their average income. After the deductible, SeniorCare has a co-pay of \$5 for generic drugs and \$15 for name-brand drugs.</p> <p>Wisconsin's SeniorCare has proven to be a great program and could very well be a model for the nation to help senior citizens.</p> <p>The current waiver that permits SeniorCare as a creditable alternative to Medicare Part D expires on Dec. 31, 2018. Please allow the waiver to be extended for another 10 years.</p> <p>Thank you.</p>				Follow up was not needed.
5/18/2018	<p>I have been very lucky to have had SeniorCare for many years. It has helped me so much to be able to live on my limited income. Please continue this valuable service for us seniors.</p> <p>Thank you.</p>	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments:

Date	Comment	In Favor	Neutral	Opposed	Resolution
5/18/2018	<p>Keep SeniorCare. It's a win-win program for Wisconsin.</p> <p>AARP is right. SeniorCare is a win-win for WI. Adults who worked hard all their lives, but aren't able to pay high price, get the meds they need. And [t]he drug companies reduce fees while still making lots of money. Win-win for all concerned.</p> <p>I remember when old folks (in the '50's that meant over 65) went without food to buy meds., or went without meds to buy food - thus getting sick, not being able to care for grandchildren, and costing the government more more because they didn't get care till their health problems were acute.</p> <p>Nobody wants to go back to 1950's health care. It's not effective and it's more expensive in the long run.</p>	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments:

Date	Comment	In Favor	Neutral	Opposed	Resolution
5/18/2018	<p>To Whom It May Concern:</p> <p>I am writing to support the Wisconsin SeniorCare Program. While I do not qualify for the program, I have a number of friends who do. This program has been a real life-saver for theming has allowed them to not have to choose between medications they desperately need and food/rent. Wisconsin has been a leader in supporting its seniors in a way that allows them to remain active and live their lives as active members of their family and the community. This allows them to be treated like elders as they should be, rather than constantly struggling and worrying.</p> <p>This SeniorCare program has been, and continues to be, a model program. It is my hope that it continues to benefit our elders and the entire community. Thank you for your continued support of this wonderful program.</p> <p>Sincerely, Neil C. Van Rossum</p>	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments:

Date	Comment	In Favor	Neutral	Opposed	Resolution
5/18/2018	This drug coverage was so VERY IMPORTANT to my Mom from its beginnings. Without this she would not have been able to afford those prescriptions that she needed, and she lived to be 101 years of age on very little monetary sustenance yearly - so it was very important. I have also read that this is the best drug coverage in the U.S and actually SAVES money. It should NOT be discontinued, but should be implemented in every state if the U.S.!!!!!!	X			Follow up was not needed.
5/18/2018	This is a program that I feel is the minimum needed to assist seniors in staying healthy and in living decently. I am a medical first responder for an all Volunteer Fire Department. I am horrified at the lack of resources this state had for seniors (and many others). We desperately need home care, mental health care, care for drugs, transportations services where an ambulance is not required, and many others. We can be the BEST - let's stop thinking and acting like we are the worst.		X		Follow up was not needed.
5/19/2018	Since we have to have prescription coverage I have had Senior Care for several years now. I pay the \$30 yearly and it helps me since I am not on any prescriptions and do not have to pay a monthly fee. It really helps my fixed income. We need to keep SeniorCare, since it surely helps a lot of our seniors! Sincerely	X			Follow up was not needed.
5/19/2018	Please do not let SeniorCare expire on Dec 2018. This is a very important savings program for my husband and I who are living on a fixed income. It is the only way I can purchase a very expensive medication to help me to not have a stroke. I appreciate your consideration Thank you	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments:

Date	Comment	In Favor	Neutral	Opposed	Resolution
5/19/2018	You have such a good thing with SeniorCare, Please don't discontinue it. It is the best that Wisconsin could have made, I'm so happy we found it so many years ago.	X			Follow up was not needed.
5/19/2018	Please extend SeniorCare for whatever term is possible. At almost 87 it is wonderful to be able to get my prescriptions each month using SeniorCare. Sincerely,	X			Follow up was not needed.
5/19/2018	Our Medicare coverage continue to decrease while healthcare costs escalated. SeniorCare gives retirees a break on drug costs while we are forced to eliminate taking them because we can't afford them.		X		Follow up was not needed.
5/20/2018	The SeniorCare should be continued, fortunately I don't reach the \$500.00 but does make the purchases less expensive. I am 87. Thank You	X			Follow up was not needed.
5/20/2018	I feel it's very important to extend the SeniorCare program through 2028. Sincerely,	X			Follow up was not needed.
5/20/2018	Hello, I am a current 67 year old single female who received the much appreciated Wisconsin SeniorCare prescription drug benefit. I plead with you to extend this benefit for another decade. I am able to manage my drug costs, and good health with this much needed program. Thank you. Donna Bartuski	X			Follow up was not needed.
5/20/2018	I am writing to request that the SeniorCare Drug Program be continued for the next 10 years. We rely heavily on this program for our drug needs. The cost of drugs continues to rise and we have limited funds to afford the rising costs. Please assure us that this program will continue. Thank you,	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments:

Date	Comment	In Favor	Neutral	Opposed	Resolution
5/20/2018	SeniorCare is a wonderful program for prescription savings for seniors. I think that it should be continued. I have recently retired from Economic Support in Human Services and have talked to hundreds of seniors who use the program and believe it is a benefit that should be continued.	X			Follow up was not needed.
5/20/2018	<p>I support the extension of SeniorCare. Us seniors have worked our whole life and when we reach Senior status, we are continually being charged extra fees. There is no break for us, that why Senior Care is so valued by us Seniors.</p> <p>We are on a fixed income, and prices are going up and up, we need a break once in a while.</p> <p>If Gov Scott Walker votes against SeniorCare, I will definitely vote for the other party.</p>	x			Follow up was not needed.
5/20/2018	<p>Please do whatever is necessary to continue SeniorCare. I am 80 and live on \$1482 per month Social Security. Within the past three years I have developed atrial fibulation and oral cancer which has necessitated three extensive surgeries. Four years ago I was told about SeniorCare and have been on it ever since. There is no way I would be able to afford my medications without SeniorCare. I am sure there are many people who are in worse shape than I am. Please do not allow SeniorCare to expire.</p> <p>Sue Mercier</p>	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments:

Date	Comment	In Favor	Neutral	Opposed	Resolution
5/20/2018	<p>To Whom It May Concern:</p> <p>I am writing to express my support for continuing the SeniorCare Prescription Drug Assistance Program for another 10 years.</p> <p>My mother was in this program, and we were thankful for it even though she had never met the deductible. It gave her an affordable way to have creditable insurance and peace of mind that should she need more medications, those too would have been affordable.</p> <p>Sincerely,</p>	X			Follow up was not needed.
5/21/2018	<p>Dear Department of Health Services,</p> <p>I am sending you this email to let you know that I support SeniorCare as an alternative to Medicare Part D. I understand that it is to expire in December and it should extend for another 10 years. It is an innovative and cost effective drug plan that saves seniors money.</p> <p>Diane L. Sass</p>	X			Follow up was not needed.
5/21/2018	<p>Department of health services: We urge the continuation of the SeniorCare prescription program, as new retirees it has allowed us to join a value plan for health insurance that best fits our health and lifestyle. Thank you.</p>	X			Follow up was not needed.
5/21/2018	<p>SeniorCare is very important to me, with just my advantage plan / <i>cannot afford the drops for my glaucoma. I must use brand name, which is way too expensive. Please extend this program another 10 years. I am not eligible for Medicaid. Thank you,</i></p>	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments:

Date	Comment	In Favor	Neutral	Opposed	Resolution
5/21/2018	<p>Dear Sir or Madam,</p> <p>As an Insurance Broker who specializes in assisting Wisconsin residents with Medicare benefits for Seniors, I strongly recommend extending SeniorCare coverage to our Wisconsin residents.</p> <p>Many of my customers cannot afford the copays and gap costs pertaining to Medicare's Part D prescription drug coverage. Without SeniorCare coverage these individuals would either do without their medications or not eat.</p> <p>Please extend SeniorCare for another 10 years.</p> <p>Thank you,</p>	X			Follow up was not needed.
5/21/2018	I have SeniorCare please don't take this away.	X			Follow up was not needed.
5/21/2018	<p>I am aware that the waiver to continue this program will expire at the end of this year. I work with senior citizens on a daily basis who not only use but depend on SeniorCare to obtain their Medicare prescription drugs. I fully support SeniorCare and hope it will be renewed as it greatly benefits our elderly population.</p> <p>Thank you....</p>	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments:

Date	Comment	In Favor	Neutral	Opposed	Resolution
5/21/2018	<p>Dear DHS,</p> <p>Please continue the SeniorCare prescription program for senior citizens in Wisconsin. My mother, Darlene Redsten, has SeniorCare because she has a very limited income and this program is very affordable. Having this program extended for another 10 years would be very beneficial for my mother and many other senior citizens in the state of Wisconsin.</p> <p>My mother would not be able to afford the cost of living without this program. The only income she receives is through Social Security. The cost of her prescriptions would be very high without Senior.</p> <p>Thank you for your consideration.</p> <p>Sincerely,</p>	X			Follow up was not needed.
5/21/2018	I am writing to encourage you to extend the SeniorCare Waiver renewal request for Wisconsin to 2028. This is a valuable program for Senior to access prescription/medication insurance affordably.	X			Follow up was not needed.
5/22/2018	I am on SeniorCare and without it, I can not afford my prescriptions at all. I have done everything to keep this program active for me and I don't want it to stop. Please help me and other Seniors to keep getting the medication we all need. PLEASE	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments:

Date	Comment	In Favor	Neutral	Opposed	Resolution
5/22/2018	<p>I support the extension of SeniorCare. Us seniors have worked our whole life and when we reach Senior status, we are continually being charged extra fees. There is no break for us, that why Senior Care is so valued by us Seniors.</p> <p>We are on a fixed income, and prices are going up and up, we need a break once in a while.</p> <p>If Gov Scott Walker votes against SeniorCare, I will definitely vote for the other party.</p>	X			Follow up was not needed.
5/22/2018	<p>I support the extension of SeniorCare. Us seniors have worked our whole life and when we reach Senior status, we are continually being charged extra fees. There is no break for us, that why Senior Care is so valued by us Seniors.</p> <p>We are on a fixed income, and prices are going up and up, we need a break once in a while.</p> <p>If Gov Scott Walker votes against SeniorCare, I will definitely vote for the other party.</p>	X			Follow up was not needed.
5/22/2018	<p>Please extend this savings program for seniors in the State of Wisconsin. Without it, I would have to choose between buying groceries and taking my prescriptions. This program has saved many seniors from having to make this choice! I am pleading with you to extend this waiver for another ten years.</p> <p>Sincerely,</p>	X			Follow up was not needed.
5/22/2018	<p>I would like to comment on the SeniorCare Waiver that is set to expire December 31, 2018. I would like to see it reinstated as it is of great benefit [sic] to seniors here in Wisconsin.</p>	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments:

Date	Comment	In Favor	Neutral	Opposed	Resolution
5/22/2018	PLEASE RENEW SeniorCare for at least 10 more years. Without it, I would not be able to afford my prescriptions. Thank you,	X			Follow up was not needed.
5/22/2018	SeniorCare is an important program in Wisconsin. Poverty seniors and others who qualify, can receive medicine at lower rates than those who [are] in Medicare part D. It is do easy to apply and is easy to understand. This is very helpful to people who do not have care givers or family to help them manage health care. Many are widows or widowers who live alone, so something easy to handle is important to them. Without SeniorCare, I am sure some sick people would go without medicine. If you had an relative in these circumstances, you would find this program very helpful and be proud that you voted to extend this program.	X			Follow up was not needed.
5/22/2018	Please extend this program. I am just about ready to sign up for this innovative program.	X			Follow up was not needed.
5/22/2018	As an 86 year old Wisconsin resident I support the renewal of SeniorCare. It is very important for Wisconsin Seniors.	X			Follow up was not needed.
5/22/2018	One only has to look at the number of elderly in Wisconsin who benefit from this program to see the effects and need. My mother who is 92 and legally blind would have no idea how to navigate the quagmire that is Medicare Part D. Now, all she has to do is show her SeniorCare Card, pay the copay and walk out the door. This program has become a national showcase on the correct way to provide prescription drugs to the people who need them the most. It must be continued. Sincerely,	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments:

Date	Comment	In Favor	Neutral	Opposed	Resolution
5/23/2018	This is to express my interest in extending the SeniorCare for prescription drug coverage. Currently I am 63 and heading down the path of social security and Medicare and will want the best care possible without braking [sic] bank. Thank you	X			Follow up was not needed.
5/23/2018	I am writing in support of the wavier to extend SeniorCare for 10 more years. It will give senior a sense of security in planning for their health needs in the future. It will give a senior a simple system to used. The program will be locally controlled. It will help control the cost drug cost for senio[rs]	X			Follow up was not needed.
5/23/2018	I am writing this email in support of Wisconsin request for a 10 year waiver to continue the state SeniorCare program. The waiver will help the seniors in Wisconsin in their long term planning for drug care which now totals over 92,000 individuals. The program is simple for seniors and will help control the cost of drugs which continue to raise yearly and put a burden on the individuals with limited income.	X			Follow up was not needed.
5/23/2018	In a nutshell, if I didn't have SC I would not be able to get my meds. I take 5 meds that involve a co-pay. The money just wouldn't be there. This is the best ins for Rx I have ever seen- everyone qualifies, one payment \$30.00 a year, extremely reasonable co-payments. No other state has a program like this. I have diabetes, glaucoma (2 surgery[sic]), congestive heart failure and SC is vital for my health.	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments:

Date	Comment	In Favor	Neutral	Opposed	Resolution
5/23/2018	<p>Mr. Walker (Goveror [sic])</p> <p>Ending SeniorCare to me would be very disgusted [sic] because I need for my health and for my cost down. You people are not keep[ing] the baby bomoer [sic] alive!</p> <p>I support SeniorCare. I have been using the program since I turned 65. I am now 70. Please keep it.</p>	X			Follow up was not needed.
5/23/2018	<p>Dear Governor Walker-</p> <p>I can't begin to tell you how much we need the SeniorCare 10 year waiver. Since September 1, 2002 I have signed up thousands of seniors. We can tell at the state level how many Wisconsin residents use this program. Please keep it in the budget.</p> <p>Sincerely,</p>	X			Follow up was not needed.
5/23/2018	<p>Dear Governor Walker:</p> <p>I benefit from SeniorCare. I really hate the thought of it being ended. Many People use SeniorCare. Please reconsider Keeping SeniorCare in the Budget.</p> <p>Sincerly [sic],</p>	X			Follow up was not needed.
5/23/2018	<p>Dear Governor Walker:</p> <p>I would like to see SeniorCare stay. It benefits so very many people. Please reconsider and keep SeniorCare in the budget.</p> <p>Sincerly [sic],</p>	X			Follow up was not needed.
5/23/2018	<p>I have been on SeniorCare since Sept 1, 2002 and I sure would like it to continue. I have benefited from this program for all these years. I would realy hate it to discontinue it.</p> <p>Sincerley,</p>	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments:

Date	Comment	In Favor	Neutral	Opposed	Resolution
5/23/2018	<p>Dear Department of Health Services:</p> <p>I understand that the SeniorCare program for Wisconsin is up for renewal. I live in far Northern Wisconsin and have not been able to attend the public hearings. But I live in an area with many low income seniors and I am about to turn 65 myself and I spent my working career in long term care. I ask you to please renew this program for the seniors of Wisconsin to allow them to obtain their necessary medications at a reasonable cost. This program has been very effective in our area, allowing older Wisconsinites to continue to live independently because they can maintain optimal health with the medications they need. Please don't let this benefit go away!</p> <p>Sincerely</p>	X			An email was sent out with the link to view the recorded meeting.
5/23/2018	This seems to be a great program. Please request authorization to continue it.	X			Follow up was not needed.
5/24/2018	<p>SeniorCare is a great program and I hope it will continue. Without SeniorCare I estimate it would cost me at least \$500 or more per year for drug coverage.</p> <p>Sincerely,</p>	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments:

Date	Comment	In Favor	Neutral	Opposed	Resolution
5/24/2018	<p>Please HELP Wisconsin's most vulnerable seniors to obtain medical prescriptions they need by extending the SeniorCare waiver for another ten years.</p> <p>It is heartbreaking to me when I hear story after story about retired citizens from our state in the U.S. of AMERICA cutting their required dosages, sharing their prescriptions with loved ones, skipping their medications or, WORSE, not getting them in the first place! This happens in OUR COUNTRY because of the inability to pay high medical drug prices!</p> <p>What a devastating, hurtful, humiliating, unhealthy, and dangerous or even deadly situation for people who one were wage earners within our state and continue to pay taxes!</p> <p>Please...don't let our seniors face the dilemma of not obtaining and taking their prescription medications appropriately and consistently. Where once these people more than likely added to the overall quality of life in Wisconsin, it is time to help ADD TO THE QUALITY OF LIFE for them.</p> <p>Thank you.</p>	X			Follow up was not needed.
5/25/2018	<p>Destitution caused by Republican attacks on Medicare and Social Security, will in this set of generations facing aging, lead to suicides. This population will commit suicide rather than put a burden on their children's lives. I'm sure the Repubs will spin this to show that fewer people will negate the need to improve the environment and renewable energy. What an ashamed mean spirited bunch.!</p>		X		Follow up was not needed.
5/25/2018	<p>This program has been a life saver for the seniors I advocate for. Please continue this program.</p>	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments:

Date	Comment	In Favor	Neutral	Opposed	Resolution
5/25/2018	<p>To Whom it May Concern,</p> <p>Please continue to provide SeniorCare for us over 65 to help us with prescription drug costs!</p> <p>I cannot emphasize enough the fact that without this service, I would have had to go without my Lialda medication because I could not afford its cost under normal circumstances!!! Medicare part D is still too expensive of a deductible for me to pay. (I have tried the generic version and it causes awful side affects.) I am 71 and still need to (luckily, want to and am able to) work! This is the only way I remain independent, even though I draw social security. This service/drug prescription provides me the ability to work because my body can cooperate and I'm not sitting home managing my IBS condition. I feel I can (and want to) continue to be a viable/positive member of society. SeniorCare benefits give me that chance.</p> <p>Please continue SeniorCare for another 10 years, or more, so I can still be a healthy, useful, contributing member of Wisconsin's society.</p> <p>Thank you!</p>	X			Follow up was not needed.
5/25/2018	<p>To whom it may concern,</p> <p>Please extend the SeniorCare waiver for another 10 years! Or let me know what other action I can take to advocate for this great program.</p> <p>Best Regards</p>	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments:

Date	Comment	In Favor	Neutral	Opposed	Resolution
5/25/2018	Hello, we would like to voice our support for the continuation of SeniorCare in Wisconsin. We need it as we do not have prescription PART D insurance and it is vital to keep the program intact. Appreciate all of your efforts to keep this valuable program intact.	X			Follow up was not needed.
5/26/2018	We have been fortunate to have had SeniorCare for three years now and it has worked out well for us. We don't need much in the way of prescriptions so paying a high monthly premium makes no sense for us. Please extend this program. Thank you.	X			Follow up was not needed.
5/26/2018	<p>I just wanted to comment about SeniorCare. My parents were on a lot of medications that they would not have been able to afford without SeniorCare. My mom took care of the paperwork and she told me how much she appreciated how easy it was to apply every year, and how simple it was to deal with the co-pays and to always know what to expect on all those trips to the pharmacy. When you are in your 80's and not in great health, you really appreciate anything that gives you fewer problems and less stress.</p> <p>And, now it's my turn. When I signed up for Medicare I looked at the various drug programs and the cheapest one was \$17 a month, and the co-pays and deductibles varied according to a bunch of small print that didn't make much sense, except I just think they "varied." I signed up with SeniorCare even though I only take one prescription and it's cheaper to pay out of pocket, but that could always change. It WAS simple to apply, very straightforward.</p> <p>I am grateful to have access to SeniorCare.</p> <p>Thank you,</p>	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments:

Date	Comment	In Favor	Neutral	Opposed	Resolution
5/27/2018	Since I am a senior on this program it has helped immensely with my required prescriptions !	X			Follow up was not needed.
5/27/2018	Extend	X			Follow up was not needed.
5/27/2018	Please extend the waiver up to 10 years.	X			Follow up was not needed.
5/24/2018	As a widow and retiree, SeniorCare has helped me to keep my health care costs down. Our increase this year again went to part A. I have not seen even a \$5.00 increase in years. Food, gas, medical premiums, etc. have certainly increased. Please extend SeniorCare for another 10 years. Thank you,	X			Follow up was not needed.
5/27/2018	Please continue SeniorCare. I have had SeniorCare for the last 10 years and it has saved me so much money. I am on a limited income and without SeniorCare, I do not know what I would do. Please extend it for me and others like me who need this coverage.	X			Follow up was not needed.
5/28/2018	I am writing to let you know the importance of SeniorCare for my prescription drugs. I have used it since I signed up for Medicare and have been grateful for the savings it offers me. It is simple, easy, convient and cost effective. If the program would be canceled, my prescription cost would go up greatly. Please try and keep the program in place because being on a fixed income is not easy to manage. Thanks for listening.	X			Follow up was not needed.
5/28/2018	Continue Elder care funding Seniors have worked with family, friends, helping others, and being good Americans. Please don't let them down. They deserve what worked so hard to achieve		X		Follow up was not needed.

2018 SeniorCare Waiver Public Comments:

Date	Comment	In Favor	Neutral	Opposed	Resolution
5/28/2018	<p>My Rx drug costs have been lower with SeniorCare for a couple of years now. It was easy to enroll and the low cost for the program is a pleasant surprise.</p> <p>State help to negotiate better prices for our prescriptions is important to thousands of voters; please do keep the program helping seniors.</p>	X			Follow up was not needed.
5/28/2018	<p>We strongly support the extension of this program. It has been a godsend for the less fortunate of our Wisconsin elderly.</p> <p>Thanks for your consideration.</p>	X			Follow up was not needed.
5/29/2018	<p>Please extend SeniorCare Wisconsin through 2028.</p> <p>Thank you</p>	X			Follow up was not needed.
5/29/2018	<p>I think the SeniorCare program is a wonderful program!</p> <p>I use it and I have several family, friends & neighbors that are enrolled in the program and without it would have a financially difficult time getting medication we need.</p> <p>It is a very worthwhile program & it would be devastating to many seniors if it is not renewed. For some having to decide to get medicine or food.</p> <p>Please know I wholeheartedly support this program!!!</p>	X			Follow up was not needed.
5/29/2018	<p>Please keep the SeniorCare program running as so many senior citizens rely on this program. This is one of the most cost effective programs I have encountered when I was taking care of my elderly parents, and now I am entering this age gender and would very much so like to see it continue.</p>	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments:

Date	Comment	In Favor	Neutral	Opposed	Resolution
5/29/2018	<p>To whom it may concern:</p> <p>I'm writing this letter to ask you to please help get the 10 year extension for SeniorCare. It's a very important part of people over 65's continuing to live their lives past retirement.</p> <p>We've worked all of our adult lives to get to the point where we can experience the fruits of our labor without worrying if we can go to a doctor or not. Since the majority of companies don't extend healthcare to retirees, it's up to us to make sure we're able to take care of ourselves and not have to forego medical care that's most likely very important to sustain our lives beyond the workforce.</p> <p>I hope that you can see it in your heart to please help to extend the SeniorCare for another 10 years.</p> <p>Sincerely,</p>	X			Follow up was not needed.
5/29/2018	<p>I went on SeniorCare a few years ago as my coverage through the State of Wisconsin expired and it wasn't open enrollment time. I am all for the SeniorCare Program to be renewed and for 10 years would be great. I depend on SeniorCare for my 5 everyday prescriptions. Even though I have to pay for each prescription (at SeniorCare Rates) it is affordable. I have a \$500 deductible and haven't reached that in the couple of years that I have had it, but it is there and affordable in case something drastic would happen. As you know medical costs can break a person, especially prescriptions. Thank you for listening.</p>	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments:

Date	Comment	In Favor	Neutral	Opposed	Resolution
5/29/2018	<p>This is a good program. Please extend your benefits to include (1) Wisconsin citizens of all ages and (2) health supplements and (3) treatments with all natural healing professionals.</p> <p>Before Big Pharma monopolized our country in the 1920s, many different health practitioners were appreciated for their excellent skills. Rothschild and Rockefeller orchestrated all this damage called Big Pharma. MD is a term created/imposed by Big Pharma and used to demonize all practitioners who did not tag on MD to their name.</p> <p>People had a freedom to chose how they wanted to heal their bodies then. Please restore all medical freedoms.</p> <p>These "alternative" professionals also studied for years at many distinguished medical arts healing schools. These schools were maliciously run out of business by Rothschild and Rockefeller. "Alternative" healthcare practitioners worked/studied hard to receive their own professional credentials/titles/certificates.</p> <p>All MD types of health care are completely out of the price range of most Americans.</p> <p>Senior Care has proved to be an excellent start at creating a stellar healthcare system for Wisconsin. I applaud their great work and encourage them to take this to the next step AND BEYOND (to quote Star Trek).</p> <p>Sincerely, Senior Citizen</p>		X		<p>Thanked the member for their comment and referred the member the ADRC in their area for additional help.</p>

2018 SeniorCare Waiver Public Comments:

Date	Comment	In Favor	Neutral	Opposed	Resolution
5/29/2018	<p>In regards to SeniorCare,</p> <p>It would be a sad day if this program were discontinued. There are numerous seniors that rely on this program to keep their drug costs under control. You will be harming more seniors if this is discontinued and that is a unfortunate demographic that often cannot go back to work to pay for more bills. What would be wonderful if it would open up to anyone on Medicare not just over 65. Thanks you for listening.</p> <p>Gently Guiding Individuals and Families to the Best Opportunities to Minimize Risk</p> <p>"See the light in others, and treat them as if that is all you see" ~Wayne Dyer</p>	X			Follow up was not needed.
5/29/2018	<p>I would be in real trouble if I did not have access to SeniorCare. Due to a diagnosis of Parkinson's disease I had hit the donut hole by May of 2017. The cost of the meds was huge, \$700 for one of my meds for 30 days Supply. I didn't know what I would do and the county Senior advisor help me to sign up for SeniorCare. This program is life-changing for me and enables me to live independently longer.</p>	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments:

Date	Comment	In Favor	Neutral	Opposed	Resolution
5/29/2018	<p>Attn: Tiffany Reilly</p> <p>My wife and I have been in the SeniorCare program for many years. Due to each of us having many ongoing health issues, we are grateful for the Prescription Drug Assistance Program. It has been a financial benefit that we really depend on, and would be adversely affected without it.</p> <p>We are submitting this comment with regard to the 10 Year SeniorCare Waiver Extension Request, which came to our attention via an email received today from dhsseniorecare@input.wisconsin.gov. We definitely want to see the Waiver Renewal Submission approved.</p> <p>Sincerely,</p> <p>Paul and Rosalie Langenkamp</p>	X			Follow up was not needed.
5/29/2018	<p>Hello,</p> <p>I am an Independent Insurance Agent located at Binning & Dickens Insurance, 319 W Center St, Whitewater, WI 53190. I have helped many seniors (couldn't count the number) with both SeniorCare and the Medicare Part D options. I have sold insurance in the State of Wisconsin since 1975. I do NOT charge a fee for any Senior who needs help with their Prescription Drug Coverage here in Wisconsin. Many seniors do not have computers and those that do are easily confused by the enrollment process. For those seniors that qualify, SeniorCare is an important option (for many their only option) for their Prescription Drug plan. By failing to pass the Waiver Renewal, many seniors will lose the ability to afford their prescriptions and their health will be compromised.</p> <p>From my corner of the State, SeniorCare works very well for Seniors and it would be a big mistake to allow it to go away.</p>	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments:

Date	Comment	In Favor	Neutral	Opposed	Resolution
5/29/2018	This program has allowed me to live with dignity and not request food stamps or boxes of food. I hope you will decide to continue it for the benefit of all of us seniors who do not have a large income. I live totally on Social Security and it's getting more difficult as inflation increases and medical costs also increase. Thank you for your consideration to continue this program.	X			Follow up was not needed.
5/29/2018	I am enrolled in SeniorCare and have been for many years. It is a great alternative to Medicare Plan D. It saves me over \$35.00 a month and that goes a long way to help pay my other bills. Please continue to offer this valuable plan. Thank You	X			Follow up was not needed.
5/29/2018	SeniorCare has been a blessing for so many seniors. Both my father and mother-in-law have benefited from this program. I too have been enrolled in SeniorCare for a year now, keeping it so simple and affordable. Please continue this program.	X			Follow up was not needed.
5/29/2018	Greetings, as a licensed Wisc health insurance agent, I would love to sell a Part D plan to Wisconsin Residents as that is how I make a living. However, in good conscious I always suggest they consider the Wisc Sr Care Program for Part D. \$30/yr premium vs average \$30/MONTH premiums is a big difference for many fixed income people. Especially if the client takes no drugs or very low cost generics. Wisconsin is to be commended for taking care of their seniors on Medicare and helping with drug coverage. Thank you,	X			Follow up was not needed.
5/29/2018	SeniorCare is a wonderful program for WI residents. It decreases the cost for patients and helps them afford their meds. It appears to be more affordable than any of the Obamacare plans. I hope that WI will be able to keep it for many yrs. Why wreck success?	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments:

Date	Comment	In Favor	Neutral	Opposed	Resolution
5/29/2018	<p>I am an 83 year old with diabetes, kidney failure, heart failure, and other issues. I am currently on over 20 prescriptions and over the counter medications. 4 of these medications would cost over \$1,000 each for a 30 day supply, and several others would cost over \$400 each for a 30 day supply. The last year that I had Part D prescription drug coverage I was in the "donut hole" by the first week of February. Without SeniorCare I would need to decide which medications I had to discontinue . . . Insulin for my diabetes? . . . Heart medications? . . . Digestive medications? . . Would you care to make this choice?</p> <p>My wife and I live on Social Security and a small retirement income. We could not afford to pay for these medications without the assistance of SeniorCare. Please do not discontinue this program.</p>	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments:

Date	Comment	In Favor	Neutral	Opposed	Resolution
5/29/2018	<p>Hello State of Wisconsin,</p> <p>As an Independent Agent that works mainly with Medicare Beneficiaries, SeniorCare is such a blessing for them. Many of my clients are in need of prescriptions that are too expensive with a normal Part D Plan. SeniorCare gives them a reprieve from figuring out what to buy in a month; prescriptions or some other necessity. Those that use both, SeniorCare and a Part D, do so to help them with costs during the 'donut hole' and with the Part D deductible.</p> <p>SeniorCare affords the single/married members with only a small income to maintain a good Medical Plan and utilize the State Pharmaceutical Plan for prescriptions without having to pay a much higher premium monthly from a Part D and higher costs for the brand name and 3 or 4 tier generic prescriptions.</p> <p>Keep up the good work !</p> <p>Independent Health Insurance Agent</p>	X			Follow up was not needed.
5/29/2018	<p>Hello,</p> <p>My wife Nancy and myself (66 & 69) have found the SeniorCare Program to be very worthwhile and beneficial to us. We therefore would very much like to see it extended for another ten years. Thanks for your time.</p>	X			Follow up was not needed.
5/29/2018	<p>I would like to see the Wisconsin SeniorCare Program continue. It helps many people who cannot afford the high cost of prescriptions.</p>	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments:

Date	Comment	In Favor	Neutral	Opposed	Resolution
5/29/2018	<p>To whom it may concern:</p> <p>Please continue the SeniorCare program. It is definitely a good thing for those of us who are living on our Social Security Income and small retirement investments. When my husband died, I lost his SS income. With the very small increase we received I gained \$4.00 because the Medicare cost went up. Also my health care supplement increased by \$20 – how can an older person survive on these “going in the hole” increases? Does not make much sense to me.</p> <p>At my age I am looking for a part-time position to supplement, but because of the income limits for one person it is almost impossible to earn much because then I pay more for medicines.</p> <p>Quite depressing when I figure all the ups and downs of this whole thing. And now I’ve been told that my Senior Care Gold with Dean Health is also going away at the present cost – it probably will almost double for 2019...that is really depressing. Sometimes I feel like our representatives are not looking out for the senior population but trying to put them in the poor house without any options.</p> <p>Thank you for giving me an opportunity to speak on SeniorCare. It has saved me so much money for my medicines.</p>		X		Follow up was not needed.

2018 SeniorCare Waiver Public Comments:

Date	Comment	In Favor	Neutral	Opposed	Resolution
5/29/2018	<p>I will be turning 70 in August. I am not on any prescription drugs. Since I do not take any drugs, I enrolled in SeniorCare when I enrolled in Medicare 4 years ago. I work hard to maintain my health, involving myself in exercise classes and a fitness center five days a week, and walking 5 miles a day seven days a week. I am careful to maintain a healthy diet as well. I would like to see SeniorCare extended so that I can continue to have creditable drug coverage at an affordable price. I feel the SeniorCare program goes a long way in rewarding those like myself who take care of themselves. In the same token, we are not requesting any financial help from the program to pay for drugs. \$20 a month is a steep price to pay for drug insurance if I am already working hard to maintain a healthy lifestyle so that I don't have the need to use prescription drugs.</p> <p>Thank you</p>	X			Follow up was not needed.
5/30/2018	<p>I am writing to express my support for the 10 year waiver for SeniorCare.</p> <p>SeniorCare is a cost effective program serving the most critically needy part of our senior population.</p> <p>Our state has almost 1/3 of all seniors who get by on Social Security alone, so every penny counts.</p> <p>This program helps this community manage to afford their medical prescriptions without sacrificing other critical needs such as food or heating.</p> <p>Please do everything you can to get this 10 year waiver approved and so provide some long term stability for needy seniors</p> <p>Thank You David Matthews</p>	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments:

Date	Comment	In Favor	Neutral	Opposed	Resolution
5/30/2018	<p>Good Morning,</p> <p>I wanted to send my thoughts regarding Wisconsin's SeniorCare Program. Having worked in the public assistance world for more than 30 years, I can say the SeniorCare program is an excellent program for our citizens that are 65 and older. The program is understandable, relatively easy to apply for, and most importantly, makes sense to our senior citizens.</p> <p>Before my mother's passing in 2014, she was a SeniorCare recipient. My mother had very few assets and an income which was about \$900/month. The SeniorCare program allowed my mom to get her needed medications at an affordable cost.</p> <p>I pray all of our elected officials will agree this program needs to continue for our Wisconsin seniors.</p> <p>Thank you for your consideration of my comments.</p> <p>Jeannie Blumer Former Economic Support Supervisor, Green County Human Services</p>	X			Follow up was not needed.
5/30/2018	<p>I am writing this to request that the SeniorCare program is extended. This program is needed for all of the seniors whose income is in or below the poverty level. Without it, I would end up paying about \$150 per month for my prescriptions, money I can use for other needed items. As seniors, we do not have a way to increase our incomes. I have worked all my adult life and have never been on Medicaid.</p> <p>Please continue this valuable program. Thank you.</p>	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments:

Date	Comment	In Favor	Neutral	Opposed	Resolution
5/30/2018	<p>Through participation in various senior activities in our area, we have learned that:</p> <ul style="list-style-type: none"> - SeniorCare program helps thousands of Wisconsin seniors with their prescription drug costs. - SeniorCare program not only helps Wisconsin seniors manage their medication budgets, but it is also a nation's most innovative and cost effective state prescription drug savings program for Wisconsin seniors. - SeniorCare program is an extraordinary cost-effective use of taxpayer dollars. - Senior Care program is a win-win program for Wisconsin seniors. - We urge the federal government to extend SeniorCare program to 2028. 	X			Follow up was not needed.
5/30/2018	<p>SeniorCare has been a big help to me. I have several high priced meds which under regular plan D plans means I probably would hit donut holes.</p> <p>Being on a fixed income and any raises going to Medicare it can be hard to make ends meet. I also have over the counter meds that add up.</p> <p>I hope this passes again. I like that the state has our back. Thank you. Judy Weide</p>	X			Follow up was not needed.
5/30/2018	<p>Please consider continuing SeniorCare for the elderly. Both of my parents have been helped by SeniorCare since its introduction. Now not only are they on a fixed income, they resided in a Nursing Home.</p> <p>Discontinuing [sic] this beneficial program for help with medication would affect thousands of elderly people who otherwise might not be able to obtain their medication.</p> <p>Sincerely,</p>	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments:

Date	Comment	In Favor	Neutral	Opposed	Resolution
5/30/2018	<p>I am writing in support of extending the SeniorCare Waiver for 10 more years. I work with the older populations with AARP Taxaide and have witnessed the positive impact of this program. This prescription drug plan has allowed seniors to live better healthier lives. With the low income of so many of our elderly, this program allows them to remain a vital part of our communities.</p> <p>Please continue this program for those over 65. I would add that I wish this program could be made available to more age groups. It is a very excellent program, one I have proposed be adapted on a national scale.</p> <p>Thank you</p>	X			Follow up was not needed.
5/30/2018	<p>By any measure, SeniorCare is a win-win program for Wisconsin and its participants. The costs of the program are largely managed by the state's ability to negotiate discounts and pricing. Enrollees pay an annual \$30 fee and deductibles are based on their average income. After the deductible, SeniorCare has a co-pay of \$5 for generic drugs and \$15 for name-brand drugs.</p> <p>Many older Wisconsinites on fixed incomes are struggling to make ends meet each month with rising costs of living and soaring costs of medications. With SeniorCare, Wisconsin has set the bar high for not only creating a very accessible and affordable program for seniors, but one that is an extraordinarily cost-effective use of taxpayer dollars.</p> <p>James & Darlene Jakusz</p>	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments:

Date	Comment	In Favor	Neutral	Opposed	Resolution
5/30/2018	<p>How Valuable is SeniorCare? Well it is this simple. Before I even fill any prescription just by being a member of SeniorCare I save \$418.80. That's what the yearly cost is plus my fee for \$30 for SeniorCare is with my wife's medication plan not counting the co-pay and annual other fees.</p> <p>If that's what it saves for me, and I use very hardly any meds, then the simple matter is \$418.80 helps me with afford a lot of other things that Seniors face.</p> <p>Do I support the extension of SeniorCare YOU BET!! I look forward to hearing that the extension has been approved.</p>	X			Follow up was not needed.
5/30/2018	Please extend the SeniorCare extention [<i>sic</i>] thru 2028. This is so important to us who are income challenged. Thank you	X			Follow up was not needed.
5/30/2018	As the child of two elderly parents, I would like to tell you how important having SeniorCare was to them. Without SC, both fell into the donut hole and were paying a huge out of pocket expense for their medications. My parents were frugal all their lives. They lived within their means and worked hard to care for themselves. SeniorCare with its modest cost allowed them to pay for their medications and continue to live their modest lifestyle. Please keep this program for our seniors.	X			Follow up was not needed.
5/30/2018	Please work to preserve the SeniorCare prescription drug assistance program 10-year renewal. Being on a limited income I would struggle meeting my monthly needs if I didn't have the advantage of being able to be a part of the waiver program under Wisconsin's Medicaid Program. At this point I only have one inexpensive prescription costing between 7 to 10 dollars every 3 months. This has been a huge savings for me and has given me peace of mind. I believe this program is important not only for me but for many Wisconsinites.	X			Follow up was not needed.
5/30/2018	I like this program. Please continue it!	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments:

Date	Comment	In Favor	Neutral	Opposed	Resolution
5/30/2018	My husband and I have benefited greatly with the SeniorCare program. We are both in our 80s at present and would not be able to afford one vital medicine, and other needed medicines, without the Senior program because of the cost factor. We have checked the cost of our medicine without SeniorCare and it would be prohibitive. I do not know what input we have in the decision making process but the least we can do is show our appreciation for the program and plead for a continuation of this valuable help for those on a limited income. Please keep us updated on progress in the future, Sincerely,	X			Follow up was not needed.
5/30/2018	Please continue Wisconsin SeniorCare. It is a blessing!	X			Follow up was not needed.
5/31/2018	Many of the seniors I have assisted via community care givers programs or long term care outreach are <u>dependant</u> [sic] on these sort of programs. As seniors live longer and longer at home they are dependant [sic] on proper medications and ability to afford them. Also, more and more often unpaid (family) caregivers are working and trying to balance the cost of keeping loved one at home- which is savings for Medicaid passed onto seniors at home.		X		Follow up was not needed.
5/31/2018	It really makes sense to provide this assurance for consumers + providers with cutting the beauracracy [sic] in the next 10 years rather than all the red tape in 3 + 6 years when we know what we all want to do anyway. Not seeing any rationale right now for the program to go away in the foreseeable future.		X		Follow up was not needed.
5/31/2018	Please continue SeniorCare. I have used it as a placeholder the past 10 years. Because of SeniorCare I have saved over \$5000.00 dollars in premiums for medications. I'm fortunate that my meds are only \$150.00 a year. Thank you.	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments:

Date	Comment	In Favor	Neutral	Opposed	Resolution
5/31/2018	<p>My name is D K. The Senior Care Program has been a blessing for me. I have severe COPD. Without this program I could not afford the insurance premium or the cost of the life saving medications I need to take on a daily basis.</p> <p>Please extend this wonderful program.</p>	X			Follow up was not needed.
5/31/2018	<p>My name is E. A. I am a HUD Service Coordinator. I work at a Section 8, Independent Living Senior apartment in Milwaukee, WI. SeniorCare has helped many of our low income seniors. Without it, our seniors would have to pay a premium and more money for their prescriptions. Sometimes a senior chooses to go without their medicine because they have other bills to pay or want to eat. Doing so can cause health problems and eventually they end up in the hospital. That causes an unnecessary expense to the senior, as well. For this reason and many others, I hope you will consider continuing the provision of SeniorCare for 10 more years.</p> <p>Sincerely, Service Coordinator</p>	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments:

Date	Comment	In Favor	Neutral	Opposed	Resolution
5/31/2018	<p>Wisconsin Dept. of Health Services</p> <p>I read an editorial regarding SeniorCare in the May 20th issue of the LaCrosse Tribune.</p> <p>SeniorCare is an important service and as stated in the editorial "a credible alternative" to Medicare Part D. It goes without saying that the cost of health care and insurance is more than middle class families can afford. SeniorCare fills that gap at a very affordable price.</p> <p>It would be my hope that the request from the Wisconsin Department of Health Services for the extension of the waiver for a 10 year period be granted. Thank you for your efforts in this regard.</p> <p>Yours Truly,</p>	X			Follow up was not needed.
5/31/2018	PLEASE extend the SeniorCare program. Like many others who are on Social Security, I depend on this program and am very thankful for it. Without it we would not be taking necessary medications because we could not afford them. Thank you.	X			Follow up was not needed.
5/31/2018	Dear Medical Services, Please continue to provide SeniorCare for the elderly. Thanks. George Madl	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments:

Date	Comment	In Favor	Neutral	Opposed	Resolution
5/31/2018	<p>Good afternoon.</p> <p>I am writing to express my desire for the Senior Care program to be extended permanently. Even though Oneida and Vilas Counties are viewed as very wealthy areas for retirees, the fact is that the majority of our seniors simply do not have the resources to pay large costs for their services.</p> <p>The state and the federal government needs to be doing more to HELP our senior population rather than trying to hurt them. Senior Care is very vital to everyone and should be implemented permanently.</p> <p>Sincerely,</p>	X			Follow up was not needed.
5/31/2018	See letter attached	X			Follow up was not needed.
5/31/2018	I would like SeniorCare to continue and agree with the waiver proposal.	X			Follow up was not needed.
5/31/2018	I am a 68 year old retiree that lives in Pewaukee Wisconsin. Please extend SeniorCare for Wisconsin. It benefits our state for seniors to be able to afford medications that allow them to continue to live independently and it reduces other medical costs because without needed medications seniors would become much sicker. Given the high cost of prescription drugs this is a necessity. Thank you for your consideration.	X			Follow up was not needed.
6/1/2018	I am writing to give my support and appreciation for the Senior Care program. It has been a godsend to my 90 year old mother. She has a limited income of Social Security and struggles to meet her basic needs without additional help. Thank you so much for requesting a continuation of the program. I know there are so many people that benefit from it.	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments:

Date	Comment	In Favor	Neutral	Opposed	Resolution
6/1/2018	<p>To whom it may concern,</p> <p>With the rising cost of medications SeniorCare has been a lifeline for numerous patients in our practice to be able to afford medications that have improved their quality of life. SeniorCare has an established fiscally sound foundation serving the people who need it the most in our state and has been an important secondary insurance in most instances that I have seen. SeniorCare has had it's largest impact in my practice helping people once they reach the Medicare coverage gap or when they have been prescribed cancer or biologic medications in which the prices have become unaffordable for most. I would be happy to provide more specific examples of instances where we have helped patients get access to cancer or biologic medications that would have otherwise went without or been unable to pay for their medications. I believe SeniorCare is a critical aspect to Wisconsin's health care system and a very valuable component of our drug availability for those who need it the most. Please let me know if there is anything else you need from myself, as a pharmacist I have helped numerous patients enroll in SeniorCare and truly believe it has made an impact in their lives.</p> <p>Thanks, Pharm D</p>	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments:

Date	Comment	In Favor	Neutral	Opposed	Resolution
6/1/2018	<p>To whom it may concern,</p> <p>I am a community pharmacist practicing in New London Wisconsin. I have seen extraordinary benefits for my patients who participate in the SeniorCare program. Especially those patients with diabetes and COPD. Many of these patients would never be able to come close to affording their medications without this program (even with Medicare part D drug plans). Without this program these people would likely go without medications for these diseases which would increase hospitalizations dramatically.</p> <p>In our WPQC certified pharmacy we strive to help improve outcomes for our patients while reducing drug spend for the beneficiary as well as their various insurance plans. The provisions in the SeniorCare program dramatically help us to continue to do these services and improve the quality of life for these patients.</p> <p>Please consider renewing the Wisconsin SeniorCare program.</p> <p>-Pharm D</p>	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments:

Date	Comment	In Favor	Neutral	Opposed	Resolution
6/1/2018	<p>I support the renewal of Senior Care for the next ten years!</p> <p>This is a great program helping Seniors meet their prescription drug needs without a doughnut hole....coverage gap....pharmaceutical companies have strong lobbying interests & unfortunately influence our elected officials to the point of not supporting this program. Their numbers speak for themselves.....income....drug needs.....most of these people would not be able to afford their medications without this program staying in place.....50,000 thousand strong sends a message loud & clear as to the actual need & usage of Senior Care!!!!</p> <p>Thank You.</p>	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments:

Date	Comment	In Favor	Neutral	Opposed	Resolution
6/1/2018	<p>Keep SeniorCare:</p> <p>My mother and her sister were both on SeniorCare. They each were widowed for several years. They both have since passed. The difference for them was the fact that they were able to live out their lives in a dignified way. Each had a very modest, low income, single family home, and were able to pay real estate taxes. And, assisted with some state government programs, they were able to contribute to their communities.</p> <p>The U.S.A. gives billions of aid to foreign countries, and some hate us. Some of that money needs to be spent in the U.S.A. to help U.S. citizens!!!</p>		X		Follow up was not needed.
6/2/2018	<p>Hello,</p> <p>The extension of the waiver that allows Wisconsin to provide the SeniorCare Prescription Drug Assistance Program is very important to me. The Program is an essential component of my health care plan. Please do everything you can to assure its continuation.</p> <p>Thank you,</p> <p>Lon McCloskey</p>	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments:

Date	Comment	In Favor	Neutral	Opposed	Resolution
6/2/2018	I am on very few drugs and the SeniorCare program is very helpful to me because I am on a limited budget and I cannot afford the medicare program for drugs. With SeniorCare I can make use of the program. So I think you should keep the SeniorCare program. Thanks so much.	X			Follow up was not needed.
6/2/2018	<p>Please continue to support the SeniorCare program in Wisconsin. In this time of change in health care costs and providers, this program is essential in so many ways. In my case, I am fortunate not to need medications and I am blessed to be able to enroll in SeniorCare in the event that I would need them unexpectedly.</p> <p>This is a protective plan that offers Seniors so much. Thank you for your compassion.</p>	X			Follow up was not needed.
6/3/2018	SeniorCare is the only way I can afford the drugs that I take.	X			Follow up was not needed.
6/3/2018	<p>Please extend the SeniorCare program through 2028. Too many seniors are at low income levels while medications are becoming more unaffordable. Seniors are among the most vulnerable populations and deserve our assistance and consideration.</p> <p>Sincerely,</p>	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments:

Date	Comment	In Favor	Neutral	Opposed	Resolution
6/3/2018	<p>To DSS:</p> <p>I am writing to support the ongoing extension of SeniorCare. I'm currently retired, but prior to that I served as McFarland Senior Outreach Department Director for over 17 years. In working with seniors, I realized the value SeniorCare brings to so many seniors.</p> <p>Wisconsin's SeniorCare is the only program of its kind in the United States which offers enrollees an alternative to Medicare Part D prescription drug coverage. SeniorCare requires only a one page application, a very small annual membership fee, and is available to anyone over the age of 65 whose income is below 200% of the federal poverty level. It does not have an asset test, co-payments are minimal, and a person can enroll year-round.</p> <p>In comparison, enrollment in Medicare Part D is open only one time a year. Typically, it takes individuals about 1.5 hours and access to the Internet to decide which one of over 40 insurance options might best fit their particular prescription drug needs based on their current medication requirements at the time of enrollment. Most seniors need professional assistance to complete the application.</p> <p>SeniorCare is a unique partnership between Wisconsin, the federal government and pharmaceutical companies. Unlike Medicare, SeniorCare negotiates lower drug prices, saving millions of dollars. Over 60,000 senior participate in the SeniorCare waiver program.</p> <p>In 2011, numerous "Save SeniorCare" petitions were circulated in Wisconsin collecting over 14,000 signature. Legislators heard from their constituents about the value of SeniorCare for their health and safety. I remember that an 85 year old senior I knew went door to door to get signatures because she was so concerned that the program would be cancelled and she would no longer have SeniorCare.</p> <p>Please register me in support of continuing SeniorCare.</p> <p>Thank you for listening.</p>	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments:

Date	Comment	In Favor	Neutral	Opposed	Resolution
6/3/2018	I do not have enough income to afford the medications I am taking at this time for heart disease and breast cancer. This help keeps me healthy and out of a hospital. I would be willing to comment further on this issue of renewal of the Wisconsin SeniorCare Program. Thank You,		X		Follow up was not needed.
6/3/2018	Please don't let the SeniorCare Program close! I don't know what my husband & I would do without this very important program. Thankyou,	X			Follow up was not needed.
6/3/2018	To Whom it may concern: I would like to strongly encourage an extension of the SeniorCare program. I believe it is vital to continue to assist those 65 and over with meeting the high cost of prescriptions and medicines vital to ensuring a healthy life. Thank you,	X			Follow up was not needed.
6/3/2018	to let you know how much this program means to us. My husband has COPD,without it we could not afford the inhalers he has to use. WE have a co pay of 500 dollars.One inhaler is over 350.00 for 30 day supply. Now you know what I am mean in needing this program. He has worked at his business in feed mills for 57 years. Retired and now 78 years old. I do see a need for the shingles shot that they tell me is not covered by Senior Care. Very expensive,why is this not covered?	X			Thanked the member for their comments and informed the member that immunizations would require a statute change. Referred to the ADRC in their area for additional information.

2018 SeniorCare Waiver Public Comments:

Date	Comment	In Favor	Neutral	Opposed	Resolution
6/4/2018	<p>Dear Tiffany,</p> <p>I am in favor of extending SeniorCare for 10 years. SeniorCare is an important part of my ongoing healthcare, as I only receive Social Security.</p> <p>Thank you for allowing me to comment.</p>	X			Follow up was not needed.
6/4/2018	<p>SeniorCare is vital to this state. Without it, my mother cannot afford her medication.</p> <p>Please continue to fund this program. Thank you.</p>	X			Follow up was not needed.
6/4/2018	<p>This is to report to you that my husband (82) and myself (78) have been blessed w/ being on Senior Care for the past several years. We are sooo thankful for the benefits it provides for us...We highly recommend it to others who qualify!</p> <p>Thank you,</p>	X			Follow up was not needed.
6/5/2018	<p>Hello,</p> <p>I am hopeful that the SeniorCare Program will stay in effect. My 90 year old mom lives independently in her own home (since 1954) and has social security as her income. She counts on this program to help with remaining independent as she needs prescription medications, which would otherwise be too expensive.</p> <p>Thank you,</p>	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments:

Date	Comment	In Favor	Neutral	Opposed	Resolution
6/5/2018	<p>Since its implementation, SeniorCare has provided a needed safety net for people to be able to afford their medications. Prior to this program, many were faced with making crucial decisions regarding their health and well-being due to the cost of needed medications and affordability. The SeniorCare program provides the necessary avenue for those low-income people to obtain their medications. I would like to see some type of asset test applied for eligibility, but realize that this is administratively cost-prohibitive, and the likely small percentage of people using SeniorCare that have assets, over say \$10,000, makes this unnecessary.</p>	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments:

Date	Comment	In Favor	Neutral	Opposed	Resolution
6/5/2018	<p>To whom it concerns: Please continue this very good program. Both my parents have used this program since it started. Their ages are 96y and 98y Living at home.They can get their medications at \$5 and maintenance meds get a 90 day supply. Plus membership is \$ 30 year fee.</p> <p>This has been a great help for them financially. This is affordable for them with their fixed income. Thank you State of WI!</p> <p>I myself Hav[e] been using the program since age of 68, my late husband used it also. Although we Had large spend downs it worked for him since he was on a drug that cost \$1000 a weekly injection. We had some savings to pay the first month spendown [sic]of \$3400 then able to get rest year for \$15 month that was so helpful. He would not been able to take needed injection at that monthly full cost! Thanks to SeniorCare, we survived the financial burden.</p> <p>I urge the state of WI to continue and extend the SeniorCare program for seniors.</p> <p>Thank you for listening to us seniors of WI.....</p> <p>Sincerely; Patricia Eisentraut and parents</p>	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments:

Date	Comment	In Favor	Neutral	Opposed	Resolution
6/5/2018	<p>Hello!</p> <p>I'm writing to urge that Wisconsin's wonderful SeniorCare program be retained and fully funded by whatever means necessary. This easy-to-use program has been a godsend for many of our citizens over the years and will continue to do so in future.</p> <p>I am a decade or so away from being able to utilize SeniorCare, but both of my parents were enrolled every year. They have been gone for many years now, but I remember so clearly how much this program meant to our family that I had to write and say so. My parents benefited so much for the low annual fee and deductibles, and the access to low cost prescription drugs. Having been tax-paying citizens all their lives, they were finally able to actually utilize a state program. From my work at a public library, I have encountered many seniors who can benefit from this plan and would encourage the state to increase its PR program, so more of them are aware of it.</p> <p>SeniorCare is a model for our country of how to provide a genuine service to citizens who have, perhaps, never used a governmental support program before. Let's remember our seniors--current and future--and extend this program into the future.</p> <p>Thank you Jill Giencki</p>	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments:

Date	Comment	In Favor	Neutral	Opposed	Resolution
6/5/2018	<p>SeniorCare is a critical program for so many adults and it needs to be in place for years to come. I support the 10 year extension of the waiver. Without this program many older adults would not be able to afford their prescription medications, and they would not be able to afford other daily needs such as shelter, food, heat, and clothing if spending limited income on prescription drugs. Ultimately the cost to the State would be greater as a greater number of individuals become sicker. They would need to seek other options as such as MA, utilize more medical resources, and possibly lose housing, etc.</p> <p>Please extend the waiver indefinitely. Thank you.</p>	X			Follow up was not needed.
6/5/2018	<p>To whom it may concern,</p> <p>Please approve the Waiver Extension Request for the 10-year renewal of section 1115 demonstration project for the SeniorCare Prescription Drug Assistance Program to continue the program through December 31, 2028.</p> <p>This is an IMPORTANT benefit for seniors that cannot be stopped.</p>	X			Follow up was not needed.
6/5/2018	<p>The SeniorCare program is so important to the many low income over 65 Wisconsin residents. For many it is the difference between being able to have their needed drugs and still have food and heat. It saves money by keeping residents in better health, preventing more hospitalizations and expensive treatments. The loss of the program would be a serious blow to hundreds of people.</p> <p>Please renew this program for 10 years when it expires at the end of 2018.</p> <p>Thank you,</p> <p>Janet Kleinschmidt</p>	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments:

Date	Comment	In Favor	Neutral	Opposed	Resolution
6/6/2018	<p>Dear DHS, I am Betty J. Meyer from Plainfield, WI. I am 92 years old. Wisconsin's SeniorCare has made it possible for me to purchase my prescriptions at the reduced rate of \$5.00 per prescription in the past years. SeniorCare has made it possible for me to receive the prescriptions that I need. Without the help from SeniorCare I would not be able to afford to pay for them.</p> <p>I am requesting that the federal government continues to give the waiver to the great state of Wisconsin to continue this program for the elderly who desperately need this program. Wisconsin cares about their elderly and this is one way that they show it. We are very fortunate that the great state of Wisconsin provides us with this much needed service. Thank you for your time.</p>	X			Follow up was not needed.
6/6/2018	Support SeniorCare	X			Follow up was not needed.
6/6/2018	<p>SeniorCare is a wonderful program for the seniors of Wisconsin. In my case, suddenly finding myself in the low income category, it is a godsend. After paying premiums for Medicare and a supplement there is no money left to pay another monthly premium for a prescription plan. Fortunately I don't need a lot of prescriptions but it is comforting to know that SeniorCare is available for low income Seniors. Wisconsin should be very proud to make SeniorCare available for it's residents.</p>	X			Follow up was not needed.
6/6/2018	<p>Hello: Please extend the SeniorCare program. It is an important and valuable program for many Wisconsin citizens.</p> <p>Thank you</p>	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments:

Date	Comment	In Favor	Neutral	Opposed	Resolution
6/6/2018	I think u should fund SeniorCare civil service Corpse? Could help seniors, handicapped,and veterans stay in their own homes.Could be like AmeriCorps and pay able bodied retirees to help neighbors with rides to Dr appointment s , shopping and errands.And senior home care concierge,and yardwork, like I do now. I'm caring for my elderly mother with cancer and macular degeneration and helping sister with Ms!		X		Follow up was not needed.
6/6/2018	<p>I am writing in support of the renewal for SeniorCare in Wisconsin. My mother in-law has saved money on her monthly prescriptions with this program. She is living in Assisted Living and is paying for the rent on her own. The financial savings with SeniorCare helps her to continue to afford her apartment.</p> <p>I hope that the coverage will be renewed as this program benefits my mother-in-law along with countless other seniors in Wisconsin.</p> <p>Sincerely [sic],</p>	X			Follow up was not needed.
6/6/2018	<p>It is essential that SeniorCare Program be continued for the elderly population. Without this program many elderly citizens will be forced, on a daily basis, to make a choice between buying their required medication and having a meal. We support the Wisconsin Department of Health Services (DHS) request for a 10-year renewal of its section 1115 for the continuation of the SeniorCare Prescription Drug Assistance Program.</p> <p>President/CEO Health International Network System</p>	X			Follow up was not needed.
6/6/2018	<p>This email is to express my full support for the SeniorCare program. Many of my family have benefited from SeniorCare because of its affordability and good drug coverage. When the time comes I hope to get SeniorCare. It's one of the best programs Wisconsin has ever initiated.</p> <p>Respectfully</p>	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments:

Date	Comment	In Favor	Neutral	Opposed	Resolution
6/6/2018	<p>WDHS:</p> <p>Clearly prescription drug costs are not attainable for low income seniors as well as the low income general public. How drug costs escalated to unfathomable prices is not clearly understood and eliminates a large portion of low middle income people. Surely SeniorCare is critical to maintain.</p>	X			Follow up was not needed.
6/6/2018	<p>I am writing this at the request of my 89 year old mother who is enrolled in the SeniorCare program. We are very grateful for this program as my mother only receives her monthly Social Security check to live on. This program has proven to be beneficial both in the coverage and the cost for her prescriptions. Please extend this program for the next 10 year period for all those seniors that are in need and for those baby boomers that are and have retired. Thank you.</p>	X			Follow up was not needed.
6/7/2018	<p>This ins is such a savings to me and many,many other Seniors that I am acquainted with. I would not be able to afford all my medications if I had to pay a large monthly premium + a co-pay as is the case with regular Part D Plans. I am a widow and have barely enough to keep my home. I have to keep my Medical expenses to a minimum as do many other Seniors, especially us who are single. There is no second income for us unless we want to drain every cent of our savings.</p> <p>I know the Federal government does not understand this and I'd be happy to explain it to them if they'd contact me. This is a major item for the Seniors of Wisconsin. I thank Gov. Walker for reversing his attitude towards SeniorCare and realizing what a benefit it is for us Seniors.</p> <p>Thank You</p>	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments:

Date	Comment	In Favor	Neutral	Opposed	Resolution
6/7/2018	I am writing in support of continuing this program for SeniorCare in support of its continuation. I am 76, worked until age 69 and receive SS benefits monthly of \$890. As I am divorced. I have a modest retirement that gives me about \$7,000 a year. I am in fairly good health, in my paid for older home, but I am diabetic and on a number of meds including insulin. I am unable to work at my age and a discontinuation of this program would place a huge hardship on me. Please consider the needs of the elderly in your decisions. Thank you,	X			Follow up was not needed.
6/7/2018	See letter attached	X			Follow up was not needed.
6/7/2018	Appreciate the program, has had it for many years all he can afford but it covers what he needs.	X			Follow up was not needed.
6/7/2018	I do need SeniorCare, because I'm a diabetic and I need my insulin- also I'm on a fixed income. I'm also on other medicine. There are many people in the State of Wisc that also needs SeniorCare. Thank you,	X			Follow up was not needed.
6/7/2018	Only program I could afford, don't know what I would do without it.	X			Follow up was not needed.
6/7/2018	SeniroCare Waiver Extension Request	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments:

Date	Comment	In Favor	Neutral	Opposed	Resolution
6/7/2018	<p>ATT. MS. TIFFANY REILLY</p> <p>My wife & I have been enrolled in SeniorCare since 2006. We do not benefit directly from the program, however, we are able to avoid being forced to join Medicare Part D. Our combined prescription costs amount to approx. \$300.00 per year---plus \$60.00 per year for SeniorCare. At an average cost of about \$30.00 /month each, Medicare Part D would cost us \$720.00 per year—plus co-pays. After checking the co-pays for our prescriptions, it would still be more economical to pay cash(as we do now) for our drugs even with having a Part D plan. Not having SeniorCare would cost us over \$700.00 per year out of our Social Security funds.</p> <p>SENIORCARE IS MORE THAN JUST PAYING FOR PRESCRIPTIONS!! THANK YOU FOR YOUR TIME.</p>	X			Follow up was not needed.
6/7/2018	<p>My husband and I are retirees who have SeniorCare. This program is essential because Medicare requires people 65 and over to have “creditable coverage” for drugs. SeniorCare is exactly right for us. I don’t take any prescription drugs and my husband only takes one. SeniorCare is our best deal because although we don’t get any reduction on medications when we need them, we do get the “creditable coverage,” which costs much less than any of the other drug plans. For people who are in tight financial situations, the reduction in drug prices is important. Keep the program! We are very happy with it! It’s a plan that works.</p> <p>Peggy Savides</p>	X			Follow up was not needed.
6/7/2018	<p>Please extend SeniorCare it very important for those of us that need that care. Programs like this are so important to people who need it the most. Cost is less than the huge help this program is to the people of this state. Have a heart!</p>	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments:

Date	Comment	In Favor	Neutral	Opposed	Resolution
6/8/2018	This program is so important to us.	X			Follow up was not needed.
6/8/2018	<p>I am a second-generation user of SeniorCare. My mother needed to take several prescription drugs and was very grateful for the help she received from SeniorCare. She had a limited income, lived into her 90's, and passed away in 2004. Think of the increases in the cost of prescription drugs since 2004! Think of the thousands of Wisconsinites who have benefited from SeniorCare up until the present!</p> <p>I am in a different situation. I am 72 and have been covered by SeniorCare since I was 65. I take no prescription drugs, but I am glad I can sign up for SeniorCare each year for \$30 and avoid paying hundreds of dollars a year for Medicare Part D which I don't need.</p> <p>I give my full support to granting SeniorCare another 10-year waiver.</p> <p>I am sorry that my response is late, but I only learned about your request for consumer input on June 7 through my ADRC newsletter. Thanks you for considering my views even though I was not able to give my input on time.</p>	X			Follow up was not needed.
6/9/2018	<p>I just learned that I could comment on SeniorCare and I can say this!</p> <p>I don't know what I would do without it!!</p> <p>I am on 9 prescriptions drugs a day after open heart surgery a year ago and high blood pressure issues too.</p> <p>To pay just \$5 for each prescription makes life so much more manageable financially. Please do not change the program for we seniors.</p> <p>It would be catastrophically negative for all of us!!</p> <p>Thank you,</p>	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments:

Date	Comment	In Favor	Neutral	Opposed	Resolution
6/9/2018	<p>To Whom concerned:</p> <p>SeniorCare is for seniors of low income who do not need many prescriptions. The program is low cost for us low income seniors who must have a drug program. Please continue the program.</p> <p>Thank you,</p> <p>A concerned senior</p>	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments

Mail

Date	Comment	In Favor	Neutral	Opposed	Resolution
5/22/2018	<p>Please help to fight for SeniorCare. It is an essential part of my Dad's health care. We do not want to become one of the horror stories that people in the government programs have become. This program has been a money saver and a well run program with easy access to it.</p> <p>(My Dad's helper)</p>	X			Follow up was not needed.
5/22/2018	<p>Dear Ms. Reilly,</p> <p>I spent most of my nursing career as a Public Health Nurse, administering several Wisconsin DHS programs in Polk County. In 2002 I started working as a Parish Nurse in Polk County, and enrolled people in SeniorCare. SeniorCare was and is the BEST program Wisconsin ever developed.</p> <p>When Medicare D started, I hoped the federal government would simply enact SeniorCare across the United States. It is a fantastic program for low income people and for those seniors who don't need much prescription coverage. Paying \$30 a year is far better than a monthly insurance premium if you really don't need Part D coverage!</p> <p>SeniorCare might not be good for insurance companies; but it surely is good for Wisconsin seniors. Please do everything you can to keep it.</p> <p>Sincerely, R.N. (retired)</p>	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments

Date	Comment	In Favor	Neutral	Opposed	Resolution
5/23/2018	<p>Wisconsin Department of Health Services</p> <p>Please do whatever you possibly can to help me keep SeniorCare. I feel I cannot manage at all without it. With the high costs of prescriptions, I could not pay my bills. My income is only Social Security and after Medicare & Senior Preferred Supplement I get only \$13, 752 a year. Also, it could come to losing my home. I am 75 yrs old & need 8 prescriptions. Please do not ignore this letter & the letter of so many others. We desperately need your help to keep SeniorCare. Thank you very much for any help you can give me to keep SeniorCare. I don't know how I can get along without SeniorCare.</p> <p>Darlene Redsten</p>	X			Follow up was not needed.
5/30/2018	<p>I believe the SeniorCare Prescription Drug Assistance Program has helped seniors 65 and over in the state for the past six years. Since the program is cost effective, I believe the program be extended for 10 years. I believe Medicaid seniors have their prescription drugs at affordable prices. I like the idea that benefits differ based on four different income levels.</p>	X			Follow up was not needed.
6/1/2018	<p>Dear Ms. Reilly,</p> <p>We support the Wisconsin DHS in requesting a 10 year renewal from the federal government for SeniorCare. We have used SeniorCare since it started. It has been very valuable in paying drug costs, which at times have been large while on a fixed income.</p> <p>Sincerely</p>	X			Follow up was not needed.
6/1/2018	<p>Last year at 78 I fell, broke my leg and had two blood clots. The medication after my deductible was for \$422 for a 3 month supply- and possibly the rest of my life. This is big drug companies on the backs of seniors.</p> <p>Please vote to extend SeniorCare.</p>		X		Follow up was not needed.

2018 SeniorCare Waiver Public Comments

Date	Comment	In Favor	Neutral	Opposed	Resolution
6/1/2018	<p>Dear Tiffany,</p> <p>Please keep SeniorCare it helps me afford my prescriptions since my only income is Social Security, otherwise I would have to make some hard choices.</p> <p>Thank you</p>	X			Follow up was not needed.
6/1/2018	<p>Attn. Tiffany Reilly;</p> <p>We are two seniors- husband and wife of 65 years, ages 85 and 89 and really depend on the prescription drug program that SeniorCare provides, along with <u>many</u> seniors in our area that also depend on the program. It really helps for all on fixed and limitted [<i>sic</i>] incomes. To many seniors it's essential that it needs to be extended and fully support the program.</p> <p>Thank you.</p> <p>Sincerely,</p>	X			Follow up was not needed.
6/1/2018	<p>Dear Ms. Reilly:</p> <p>I respectfully request the ten year renewal section 1115 for the SeniorCare Prescription Drug Assistance Program. This is an important program for our Senior population and knowing it would be continued for ten years provides a good bit of comfort to their daily life and planning.</p> <p>Sincerely,</p> <p>Suzanne Rooney</p>	X			Follow up was not needed.
6/1/2018	<p>Dear Ms. Reilly,</p> <p>I am a user of SeniorCare. It is a very real help in keeping me in my home. It is easy to apply for and the \$30 enrollment fee is reasonable. I hope this program continues as it is a real benefit to the citizens like myself who as we age find ourselves needing more meds.</p> <p>Sincerely,</p>	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments

Date	Comment	In Favor	Neutral	Opposed	Resolution
6/1/2018	<p>Tiffany Reily [sic],</p> <p>I respectfully request the 10- year waiver extension for the SeniorCare Drug Assistance Program good through December 31, 2028.</p> <p>Thank you,</p>	X			Follow up was not needed.
6/1/2018	<p>I am in favor of a 10 year extension for SeniorCare Prescription Drug Assistance.</p> <p>Prescription drugs reduce the number of doctor visits and hospital stays and therefore save money. They also improve the quality of life for seniors in need.</p>		X		Follow up was not needed.
6/1/2018	<p>Attn: Tiffany Reilly</p> <p>Monthly, I receive several prescriptions thru SeniorCare. Prior to SeniorCare, my insurance carrier, had me in my 'donut hole' by June 1st every year.</p> <p>What hurt me the most was 'budesonide' my Colitis medication. It cost \$800.00 to \$1,100.00 per month. My cost, thru insurance carrier was \$200-\$275 per month.</p> <p>My insurance carrier claimed, that, there is no federal regulation as to how much the pill distributor can charge anyone!</p> <p>I survive on my social security retirement income, only.</p> <p>Than God and SeniorCare for help. Quite honestly, I don't know what I could do without them.</p> <p>Regards,</p>		X		Follow up was not needed.

2018 SeniorCare Waiver Public Comments

Date	Comment	In Favor	Neutral	Opposed	Resolution
6/4/2018	I think it's a vital part of what Wisconsin can do to show that the elderly [sic] is important to our government. So much of our seniors are in need and sadly neglected. They gave so much of themselves when younger, such as service to this country or simply as hardworking <u>tax-paying</u> people. Please show that thier [sic] lives have meaning and that they are a valuable part to Wisconsin, to us, those who cheer them on- Thank you!		X		Follow up was not needed.
6/4/2018	I need this SeniorCare. I live on a fixed income, which means I don't make enough money to afford insurance for my prescriptions. I know a lot of people are in my position. I am 73 years old which most of us are getting older and SS goes up a few dollars so then our Medicare goes too and with sup. insurance we barley have enough to live on.	X			Follow up was not needed.
6/4/2018	Dear Ms. Reilly, I am writing about the SeniorCare offered to help seniors with their prescriptions. I'm 75 and I greatly appreciate the offer SeniorCare gives me on my prescriptions. I'm on a fixed income and every little bit helps. I hope they continue to give us this discount. Sincerely,	X			Follow up was not needed.
6/4/2018	I think it is a great program. My father was on it and without it he would not of been able to get his medicine. I know several people that are on it and really like and depend on it.	X			Follow up was not needed.
6/4/2018	See letter attached.	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments

Date	Comment	In Favor	Neutral	Opposed	Resolution
6/4/2018	<p>I have been on SeniorCare since 2005, I have an \$850 deductible I have to meet before it goes into effect. Without this program, I could not afford the prescriptions I take. I am very thankful for the help I get from SeniorCare. Please continue to support this program.</p> <p>Sincerely,</p>	X			Follow up was not needed.
6/4/2018	<p>Dear Ms. Reilly;</p> <p>My wife and I are on Medicare, and Social Security is our primary revenues source.</p> <p>SeniorCare has made a huge difference for me. I take several prescription medications since a Stroke in 2012; and several surgeries on the last 12 years.</p> <p>We had a Medicare Advantage plan which provided me with some support; but at a significant cost. I sincerely hope that the SeniorCare program will be renewed.</p> <p>Thank you.</p> <p>Sincerely;</p>	X			Follow up was not needed.
6/4/2018	<p>The SeniorCare program is a valuable safety net program for those persons who have limited finances to purchase their medications. As a retired Home Care R.N. I can attest to the importance of the elderly being able to be assured they can purchase their medications as prescribed and not be forced to skip doses or alter the schedules prescribed. The data shows how many elderly are in need of this program, and without this assistance, consequences of emergency room visits, hospital admissions, long term care admissions will increase (due to inadequate medication supply or compliance). Please continue SeniorCare as is!</p>	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments

Date	Comment	In Favor	Neutral	Opposed	Resolution
6/4/2018	I would like to see SeniorCare continue for a reason that is probably way on the other end of the spectrum.... I am healthy! As a very healthy senior, I do not take any prescription drugs, but am required by law to have a drug plan. SeniorCare is the most reasonable, affordable one for me.	X			Follow up was not needed.
6/4/2018	Without SeniorCare, I wouldn't be able to afford all my medicine. I have a serious heart condition. Thank you for advocating for us. SeniorCare is vital for us.	X			Follow up was not needed.
6/4/2018	Ruth has had SeniorCare for several years but only used it a few times. However, it is the only alternative she has to more expensive part D. We believe it "fills a gap" and should be continued for another 10 years.	X			Follow up was not needed.
6/4/2018	I have used SeniorCare for years. It has really worked good for me. I would be disappointed if it was stopped. It is good for seniors in Wis. It is very well run and I have never had any problems. It is a blessing for Wis.	X			Follow up was not needed.
6/4/2018	I retired from a nursing career in 2004. That was the year I signed up for SeniorCare & have been enrolled since. My retirement income is too high to cover prescription costs, which fortunate good health have remained low. The benefit to me of having equivalent coverage for Medicare D these many years has been the monthly cost savings in private insurance. I am grateful to the people of WI who saw the initial advantage for may seniors & having kept it going all these years. Keep the program going for all seniors to offer cost savings on medicine or Medicare D coverage.	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments

Date	Comment	In Favor	Neutral	Opposed	Resolution
6/4/2018	Helping seniors with their tax returns. Helping seniors with legal documents. Helping seniors with rides to Madison Hospitals. Helping seniors with little things like cutting toenails & and any notices that you get, but don't understand. Trips to ball games & scenic places in Wisconsin. Helping those on fixed incomes with budgets.		X		Follow up was not needed.
6/4/2018	I was the guardian for my parents and my father Donald W. Rogers qualified for the SeniorCare program with only social security and a small pension for income. The program was a very big help, with his medications. I don't qualify for SeniorCare but for all the people who need assistance it's a wonderful program.	X			Follow up was not needed.
6/4/2018	For many years I paid into SeniorCare but when my income level fell below the minimum level I have to only pay \$5.00 for my prescriptions. It has been a great help to me. I would appreciate whatever can be done to keep this program operating for years to come.	X			Follow up was not needed.
6/4/2018	Dear Ms. Tiffany Reilly: I am writing to state that the SeniorCare program is the best thing that we older people have going for us. Please do whatever you can to keep it going. I take quite a bit of medication which has been prescribed for me for various health problems, and I doubt I'd been able to take them without the SeniorCare program. The cost would have been prohibitive! With my limited budget, I doubt if I'd still be around without the help I received from the program. Please do whatever you can to help us keep SeniorCare continuing for at least another ten years!!! Sincerely,	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments

Date	Comment	In Favor	Neutral	Opposed	Resolution
6/5/2018	Dear Sir, Please do not cancel SeniorCare! My monthly s security is \$1,009.00 a month. I have no computer, do not take trips or buy anything I don't need. I take quite a few medications that I have too take. If I don't have SeniorCare I could not buy what I need and would not be able to afford them- so <u>please</u> don't take away what I need- SeniorCare! Thank you,	X			Follow up was not needed.
6/5/2018	Tiffany Reilly, I'm an 82 year old with heart problems. 3 yrs ago without SeniorCare. I couldn't afford drugs I need to take. SeniorCare is the greatest out there for Senior Citizens for there [sic] drug[s]. Thank you,	X			Follow up was not needed.
6/5/2018	Dear Ms. Reilly I just want to let you know how important SeniorCare is. I have CODP, congestive heart, glaucoma [sic]. One of my meds alone is \$319.00 dollars a month plus I also have oxygen. So please <u>Keep SeniorCare</u> for the next 10 years. Thank you!	X			Follow up was not needed.
6/5/2018	SeniorCare is very good. Should be continued. Seniors need it.	X			Follow up was not needed.
6/5/2018	My husband and I are both on SeniorCare. The rent is so high in Baraboo among other things are life ins, car ins, ins supplements all things you must have leaves little room for medicine & even food for a lot of seniors.		X		Follow up was not needed.
6/5/2018	I would like to see the SeniorCare program continued. It has been a big help to me (I'm 90) and others I know.	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments

Date	Comment	In Favor	Neutral	Opposed	Resolution
6/5/2018	Hi Tiffany Reilly I am writing in concern to SeniorCare Renewal program. I don't know what I would do without the SeniorCare. For sure I could not be able to pay for my medicines. You's over there in Madison keep pushing for the 10 year waiver. Us seniors need it, also many others. Thank you & keep up the good work. Sincerely,	X			Follow up was not needed.
6/6/2018	Wis Department of Health Services I would like to see SeniorCare continued. I am on a fixed income. Will be 88 in July. It helps with the price of prescriptions. I have been a member since 2007. Prescriptions have gone up up so much. Thank you.	X			Follow up was not needed.
6/6/2018	We need SeniorCare. I am & a lot of other SeniorCare people depend on it. We are on a very limited low income. We can not afford [sic] the price of medication. With SeniorCare we only half [sic] to pay \$5 co-pay, which really helps with the small amount of income we get. Please keep SeniorCare for us.	X			Follow up was not needed.
6/6/2018	I am a senior living on Social Security. I get \$1,130 a month. My rent, Medicare and Dean Care takes almost all my money. I have no money for prescriptions, a hearing aide, etc. Please have mercy on the old ones who are struggling. I am 77 years old and disabled. Thank you. Scott Walker, Governor: Please help the elderly. I worked hard all my life.	X			Follow up was not needed.
6/6/2018	Program will be very helpful in the near future.		X		Follow up was not needed.

2018 SeniorCare Waiver Public Comments

Date	Comment	In Favor	Neutral	Opposed	Resolution
6/6/2018	<p>Without SeniorCare and its very affordable premium per year, I would be forced into the poverty category- have no family help. Being 81 living on a very fixed income each month my only source of money I must stick to a very tight budget so SeniorCare is so essential to me!</p> <p>Please fight to keep affordable SeniorCare coverage available to those of us in dire need!</p> <p>Thanks so much for your help and consideration!</p> <p>Sincerely,</p>	X			Follow up was not needed.
6/6/2018	<p>I was on SeniorCare when we started on Medicare and needed to fulfill the Part D requirement. I wasn't on any prescriptions so didn't want to pay for an expensive Part D plan. SeniorCare worked very well for me and helped keep our medical expenses down once we were on a fixed income.</p> <p>I urge you to keep SeniorCare available to Wisconsin residents.</p>	X			Follow up was not needed.
6/6/2018	<p>I'm a senior citizen who at the present time is in very good health. I take one prescription. By having SeniorCare available, I'm saving money by not paying a monthly drug premium. But, I also have the assurance, that if my health condition changes, it won't be a problem for me to get drug coverage.</p> <p>Wisconsin Needs SeniorCare!!</p> <p>P.S. My mother, who will be 100 in September, is also on SeniorCare. She takes "no" prescriptions- SeniorCare is saving her money. Monthly drug premiums would be a burden for her.</p>	X			Follow up was not needed.
6/6/2018	<p>I have been on SeniorCare for a number of years now and am very pleased with the service they provide. I really like the fact they cover all my medications for a lot less than I would have to pay anywhere else. I really hope you will continue SeniorCare.</p> <p>Sincerely,</p>	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments

Date	Comment	In Favor	Neutral	Opposed	Resolution
6/6/2018	It's a good deal for the older folks.		X		Follow up was not needed.
6/6/2018	<p>SeniorCare is a lifeline for me.</p> <p>Without it, I could never afford the excessively high cost of my meds.</p> <p>I'm 95, live on a fixed income, my S. Security check is 877.00 a month.</p> <p>I worry that having to choose between rent, food or meds., could be in the future for me.</p> <p>Sincerely,</p>	X			Follow up was not needed.
6/6/2018	I think Sr. Care is the best thing ever in the State of Wisconsin. It is the best plan we could find for our medications and has saved us a lot of money after our deductible is paid. Being on Social Security is hard enough for seniors, without having to pay large amounts for medications. We hope that you will continue this program for years to come. Thank you.	X			Follow up was not needed.
6/6/2018	<p>Currently, I don't have a drug plan as I am not on any medication. So I belong to SeniorCare so at some point if I may need to take meds and will need a drug plan. SeniorCare provides me the necessary coverage to be able to get a drug plan at a later date.</p> <p>This program is a valuable tool and aid to many others in the senior community on limited incomes who do need necessary and life saving meds. Without this coverage, many would have no protection and not able to get meds. They would be vulnerable to worsening conditions in their health and costly care.</p> <p>Please renew this program. Thank you.</p>	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments

Date	Comment	In Favor	Neutral	Opposed	Resolution
6/6/2018	<p>I am a senior (85 years old) and I want to see Sr. Care continued. I am on Pravastatin 20mg for cholestrol [sic] control and can get a 90 day supply for \$5.00 of the generic prescription drug. This is a real help to me financially. I hope SeniorCare is continued.</p> <p>Sincerly [sic],</p>	X			Follow up was not needed.
6/6/2018	<p>If I don't have SeniorCare, I would just have to stop taking my medicine, because I wouldn't be able to pay full price for it.</p> <p>My insurance will not cover medications!</p>	X			Follow up was not needed.
6/6/2018	<p>I have had SeniorCare [for] 15 yrs & I am so thankful [for] the prescription coverage. I would not be able to pay for all the meds. I take. 2009 I had open heart surgery so I have to take a lot [of] meds. \$30.00 a year is such a great price I can't imagine if I had the full price to pay. Ten years would be great too. I just turned 80 so I have a few years with a great coverage.</p> <p>Thank you!</p>	X			Follow up was not needed.
6/6/2018	<p>We need SeniorCare bad. I could not afford to pay what Medicare coverage would cost. All I have for income is Social Security. I have not had a increase in income in 4 yrs. The government does not need to take this away from us.</p>	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments

Date	Comment	In Favor	Neutral	Opposed	Resolution
6/6/2018	<p>Dear Sir or Madam:</p> <p>I am writing to you in regard to the waiver to SeniorCare that is being considered. SeniorCare is a blessing to us Senior Citizens who are also fortunate to live in Wisconsin.</p> <p>When I compare the actual cost of my prescription drugs with the amount SeniorCare saves on the cost, it is amazing! Plus I only pay \$5 for any generic drug and \$15 for those not generic, after I meet my deductible. I don't think I'd be able to have any of my income left after 2 months without SeniorCare. I don't know why every one of our 50 states doesn't do away with Medicare Part D and give their citizens a break with their own SeniorCare plan!! The enrollment fee is only \$50 [sic] a Senior, compared to the monthly fee for Part D.</p> <p>I believe if memory serves me correctly we have Gov. Tommy Thompson for coming up with the plan, and fighting for it.</p> <p>Sincerely,</p>	X			Follow up was not needed.
6/7/2018	It provides seniors with a low-cost alternative to prescription drug coverage. Especially those on low-income that cannot afford Medicare Part D premiums. If income changes it gives them a non-penalty method to them sign up for Part D Medicare coverage.	X			Follow up was not needed.
6/7/2018	It gives Seniors an option for low-cost prescription drug availability, especially low-income Seniors that find Medicare Part D unaffordable. It only seems fair to provide them with a NO PENALTY option for signing up in the future should their financial situation change.	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments

Date	Comment	In Favor	Neutral	Opposed	Resolution
6/7/2018	<p>Attn: Tiffany Reilly</p> <p>My husband and I have had SeniorCare for many years.</p> <p>We are low-income seniors on Social Security. We are 78 and 80 years old.</p> <p>We have United Health, Theda Care with prescription drug coverage thru them.</p> <p>My husband has been taking Eloquis for 2 years now, because he has A-Fib. SeniorCare is secondary.</p> <p>Our health care puts my husband into the "donut hole" around the 10th month every year, where they don't cover his prescription drugs until the 1st of Jan., the new year.</p> <p>We are so grateful that our SeniorCare takes over for us and pays for Bill's drugs with just a co-pay for us to pay. It's only 2 mo. that they take over fully, but it means everything to us. Life-Saving....</p> <p>Please, keep this program. It is so valuable to all the low-income Seniors in WI.</p> <p>Thank You,</p>	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments

Date	Comment	In Favor	Neutral	Opposed	Resolution
6/7/2018	<p>I have had SeniorCare since I got off BadgerCare and started Medicare. I need it everyday because I take medications for seizures, eyes, back paint. I have cerebral palsy.</p> <p>If Paul Ryan keeps taking away what I live on social security, Medicare and Medicaid I don't know what I will do!</p> <p>Please help Seniors! Save Us!!</p> <p>Please leave the senior benefits alone we have earned anything we get!</p>	X			Follow up was not needed.
6/7/2018	<p>Dear Tiffany</p> <p>I hear that SeniorCare is approved until Dec of 2018.</p> <p>Glenn and I pray that you will continue SeniorCare. It would be a hardship for us without SeniorCare.</p> <p>Please, we hope you consider continuing the program.</p> <p>We want to thank you in advance.</p>	X			Follow up was not needed.
6/7/2018	<p>I really depend on SeniorCare for my medicines. I am on a fixed income and take 2 medications so SeniorCare means a lot to pay for my medicine.</p>	X			Follow up was not needed.
6/7/2018	<p>I have SeniorCare and it is economical and meets my needs. It is a very good program and necessary.</p>	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments

Date	Comment	In Favor	Neutral	Opposed	Resolution
6/7/2018	<p>Attention Sr. Care. Please do not cancel this wonderful program.</p> <p>I'm on a limited income and could not begin to buy my medications at the full price.</p> <p>This Sr. Care is so helpful and important, please don't cancel it. I'm 89 and I desperately need it. Thank you</p>	X			Follow up was not needed.
6/7/2018	<p>Dear Tiffany Thank you for fighting to keep SeniorCare going. Please stay fighting for it!</p> <p>I don't know how I would be able to afford my drugs without it. It is a wonderful program for us seniors.</p> <p>Thank you</p>	X			Follow up was not needed.
6/7/2018	<p>Dear Ms. Reilly:</p> <p>I am writing to you to express my support for SeniorCare. My mom is on the SeniorCare program and if she were not I don't know who she could afford her prescription drugs. She has limited income.</p> <p>Please keep the SeniorCare program in Wisconsin!</p> <p>Thank you, Kathy Barr</p>	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments

Date	Comment	In Favor	Neutral	Opposed	Resolution
6/7/2018	<p>Attn: Tiffany Reilly,</p> <p>I think SeniorCare is the best thing that happened in Wisconsin. The 10 year extension sounds wonderful & hop it happens. It has been terrific these last 7 years for me. Couldn't be better.</p> <p>Just received this info a couple of day's ago. Least we have this last week to answer.</p>	X			Follow up was not needed.
6/7/2018	<p>This is very important to keep, with all the expense we have with my husband. It is very important for me to have SeniorCare. Please keep this in place!</p>	X			Follow up was not needed.
6/7/2018	<p>Attn: Tiffany Reilly</p> <p>This is just to let you know you now that SeniorCare is helpful to many older people. I hope it will continue.</p> <p>Sincerely, (a senior)</p>	X			Follow up was not needed.
6/7/2018	<p>Please keep SeniorCare in operation. I would be financially hurting if it wasn't for Sr. Care. With 11 pills a day and 2 injections for insulin.</p> <p>Hope this isn't too late. First knew about this in my June aging newsletter. It should have been in the May letter.</p> <p>Wisc. Seniors need this.</p> <p>Good Luck</p>	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments

Date	Comment	In Favor	Neutral	Opposed	Resolution
6/7/2018	<p>Attn: Tiffany Reilly</p> <p>I am writing this to let you know, how important the SeniorCare program is to us.</p> <p>My husband and I are in our 80's. We farmed all our lives. Our Social Security income is not very big and seems like everything else goes up. We are on Medicare and a Medicare Advantage Plan, but could not pay for my prescriptions without SeniorCare. Some of my prescriptions have no generic substitute.</p> <p>SeniorCare is</p> <ol style="list-style-type: none"> 1. simple- premium once a year 2. affordable 3. no donut hole 4. efficient- easy for pharmacies 5. they can bargain for medication prices 6. it works <p>Without SeniorCare I couldn't afford my prescriptions. Please save SeniorCare.</p>	X			Follow up was not needed.
6/7/2018	<p>My husband is 88 years old and I am 84. We are on a limited income. We have SeniorCare because of our prescription medication are less per month than what Medicare B would cost us per month. When we enroll in SeniorCare we won't have to pay a penalty should we need to go to Medicare D. Medications are so expensive and most of us need some. All our expense increase every year. We are grateful [sic] that we have SeniorCare. We have always felt fortunate that we live in Wisconsin, many other states don't have SeniorCare- we have always appreciated that WI does have it; and ADRC. ADRC helps us to figure if we need Medicare D.</p>	X			Follow up was not needed.
6/7/2018	<p>Keep it going- I've used it for several years.</p>	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments

Date	Comment	In Favor	Neutral	Opposed	Resolution
6/7/2018	<p>Dear Tiffany Reilly,</p> <p>Please don't drop the SeniorCare program- that is pretty much my own savior which helps me with medicine. I am 87 years old- farmed most of my life- raised 8 children & really need the help. My income is \$927.00 a month & a supplement for health ins at \$162.00 a month & live on this. Please consider leaving the SeniorCare as is.</p> <p>Thank you so much</p>	X			Follow up was not needed.
6/7/2018	<p>I have just enrolled in Wisconsin SeniorCare prescript [sic] program. Is it true that it may not be available [sic] next year. <u>Please</u> keep it going. I had to leave my private supplement w/prescript. [sic] because [sic] of the cost. I am 83 yrs. And like so many my age really [sic] need this program because living costs are always getting more money.</p> <p>Thank you for caring.</p>	X			Follow up was not needed.
6/7/2018	<p>Att. Tiffany Reilly:</p> <p>I am writing to let you know how much SeniorCare for my prescriptions means to me. I would not be able to afford all my prescriptions without SeniorCare's assistance.</p> <p>I have been with them for sometime now and think it is one of the best programs for the "Senior population." I am 87.</p> <p>I had By-Pass Heart Surgery in 1999 and in 2001 was diagnosed with Polycythemia [sic] a blood disease which is being treated with medications.</p> <p>Your help at keeping this program is very my [sic] appreciated.</p> <p>Thank you</p>	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments

Date	Comment	In Favor	Neutral	Opposed	Resolution
6/7/2018	Please keep SeniorCare. It is very important to me and many of my friends and family.	X			Follow up was not needed.
6/7/2018	I have been a consumer of SeniorCare since it began and it's important to me to have a credit on out prescriptions. I am 89 years old and a renter, so SeniorCare helps me! Thank you	X			Follow up was not needed.
6/7/2018	We all need SeniorCare- without this it is unlikely we could eat. Drugs are so expensive and we have no extra money. I pray every year they will keep it going for us as it helps with our wellness. Please let us keep our safety net and peace of mind!	X			Follow up was not needed.
6/7/2018	I would like to [see] SeniorCare continue as it does help me. It helps so much to help me with my drugs, etc. It is getting harder and harder to keep up with medical expenses. So please keep us seniors as a priority. Thank you. It is very important to us and <u>affordable</u> .	X			Follow up was not needed.
6/7/2018	My name is Evelyn D Sullivan. I have been on SeniorCare for a long time. It is a good program. It would be a great hardship on the elderly if the program ends. Thank you	X			Follow up was not needed.
6/7/2018	SeniorCare is very important to us seniors living on not much more than Social Security. We've been on SeniorCare for a few years now, and before that I was on Medicare Part "D." SeniorCare is a hundred times better. Please, please <u>do not</u> even consider discontinuing it!! Thank you so much.	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments

Date	Comment	In Favor	Neutral	Opposed	Resolution
6/7/2018	I am 85 years young. I have A-Fib- mini strokes Serious Heart problems as well as lung issues. I am on a lot of expensive medications. Without SeniorCare I would not be able to pay my rent or car insurance or got out for breakfast twice a month for a social life. I want to remain as active as I can. Please- I need SeniorCare.	X			Follow up was not needed.
6/7/2018	I strongly urge the ten year extension on the waiver allowing SeniorCare. SeniorCare saves me paying high price of prescription insurance when I don't need any help.	X			Follow up was not needed.
6/7/2018	I am on a fixed budget so I do depend on SeniorCar[e]. I have a lot of meigon [sic] to take. If we lost SeniorCare I don't know if I could keep up with all my medicine. Thank you Please excuse my spelling	X			Follow up was not needed.
6/7/2018	We have had SeniorCare since it started. It would be great to get it for ten more years.	X			Follow up was not needed.
6/7/2018	I have been on SeniorCare since February 1, 2007. I turned 65 on January 20, 2007. I have been at level 2B the whole time. I only have had about \$100.00 to \$150.00 in prescriptions over the past 11 years. The \$30.00 per year SeniorCare creditable coverage for Medicare Part D has saved me at least \$3,500.00 if not more for creditable coverage. I think it's a WONDERFUL program. My health insurance does not offer drug coverage.	X			Follow up was not needed.
6/7/2018	Being in the lower income bracket I rely on SeniorCare for my drug coverage. SeniorCare makes my medication affordable. I sincerely hope this program will continue.	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments

Date	Comment	In Favor	Neutral	Opposed	Resolution
6/7/2018	SeniorCare is the only way that I can afford by prescribed medicines. I have ben diagnosed with Heart Failure and Kidney Failure and my monthly drugs are several hundred dollars. Only my \$500.00 deductible [sic] SeniorCare saves me. I live on Soc. Sec. and a Calif. pension. <u>Please continue SeniorCare.</u>	X			Follow up was not needed.
6/7/2018	I have asthma, which is under control with the medication I am on, but without SeniorCare it would be impossible for me to be able to buy the expensive medication. Please continue to renew with another 10 years waiver. Thank you.	X			Follow up was not needed.
6/7/2018	Sr.Care has allowed me to live in comfort in my old age (100). Would not be possible without it. It's a godsend!	X			Follow up was not needed.
6/7/2018	ATT. MS. TIFFANY REILLY My wife & I have been enrolled in SeniorCare since 2006. We do not benefit directly from the program, however, we are able to avoid being forced to join Medicare Part D. Our combined prescription costs amount to approx. \$300.00 per year- plus \$60.00 per year for SeniorCare. At an average cost of about \$30.00/ month each, Medicare Part D would cost us \$720.00 per year- plus co-pays. After checking the co-pays for our prescriptions, it still would be mire economical to pay cash (as we do now) for our drugs even with having a Part D plan. Not having SeniorCare would cost us over \$700.00 per year out of our Social Security funds. SENIORACARE IS MORE THAN JUST PAYING FOR PRESCRIPTIONS!! THANK YOU FOR YOUR TIME.	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments

Date	Comment	In Favor	Neutral	Opposed	Resolution
6/7/2018	<p>What would I do without SeniorCare? I think of this question often. My husband has Alzheimer's [<i>sic</i>]disease and presently is in a nursing home.</p> <p>I only have an income thru Social Security. Without SeniorCare... really what would I do? What would happen to my husband? Dr. Kevorkian has some solutions, but, oh dear.</p> <p>So, thank you "SeniorCare"</p> <p>PS I talk with our sons (3) about the importance of extra money at retirement for health care.</p> <p>Thank you again!!</p>	X			Follow up was not needed.
6/7/2018	<p>I think this program should be extended without changes to eligibility or benefits. With as many people at or below 160% FPL using this program it shows the need for the program to continue. We certainly do not want to become a third world country that does not care about our <u>low income citizens</u>! We can do our part to assure [<i>sic</i>] this from happening by taking care of our low income seniors in our state (Wisconsin). Let us continue to take care of our seniors as they helped our state in their youth by being past workers that paid WI income tax.</p> <p>With the cost of the program being over 60% funded by rebated from drug companies, this is very cost effective.</p>	X			Follow up was not needed.
6/7/2018	SeniorCare Waiver without SeniorCare I could not afford ny presc cost. No income besides S.S.	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments

Date	Comment	In Favor	Neutral	Opposed	Resolution
6/7/2018	<p>RE: SeniorCare Waiver Public Comment</p> <p>Unfortunately we just received the monthly updates from the ADRC Clark County a few days ago. We don't have a computer & not good with using them at the library. My husband and I are part of this SeniorCare program and appreciate what it offers us even through our combined incomes brings us into the upper percentile at least my husband reaches his goal & then we see a better discount, only towards the end of the year. We apply for energy assistance & that too puts us close to the maximum allowed for the benefit. However, we are told we make too much money with social security & pension \$305.90 to get any "Extra Help." We, seniors, need every bit of the help that "we" can get. Most of us can't write because of arthritis or hear that if we don't comment & stand up for our rights as Seniors that we don't care. Most of us have hard time standing up physically. That is why it is good to have the ADRC there for us to help us Seniors & the DHS to represent Wisc.</p> <p>Please extend the waiver for 10 years. Seniors keep losing mentally & physically & we need the Center for Medicare & Medicaid Services (CMS) to help us still be a part of the statistics of seniors fighting for our well-being.</p> <p>Thank you for hearing me! Sorry this comes late but hope it helps.</p>		X		Follow up was not needed.
6/7/2018	<p>To Tiffany Reilly, I need SeniorCare because my monthly check from Social Security is at poverty level.</p> <p>To pay for my medicine without SeniorCare would be very hard to do.</p>	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments

Date	Comment	In Favor	Neutral	Opposed	Resolution
6/7/2018	<p>I hope we can continue with it money wise. Former soldier always needs help. Lots of help needed with all the surging costs.</p> <p>Thank you</p>		X		Follow up was not needed.
6/7/2018	<p>My Social Security is \$606 a month and & pension \$64.59. I rent some land for \$480.</p> <p>This puts me about in the federal poverty level, so the \$30 SeniorCare really helps me. Any insurance plan would be many times that amount. I really need SeniorCare and a lot of others do too.</p>	X			Follow up was not needed.
6/13/2018	<p>I have a parent who has been on the SeniorCare program since the beginning. This program is extremely helpful to her and has helped her to maintain her financial stability and receives the medications she needs which is a big help in keeping her in her own home.</p> <p>The SeniorCare Prescription Drug Assistance Program should be continued without changes.</p>	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments

Fax

Date	Comment	In Favor	Neutral	Opposed	Resolution
5/30/2018	<p>SeniorCare is <u>essential</u> for older adults to assist them to maintain [<i>sic</i>] in their lives.</p> <p>I don't know what my family would have done without the 'SeniorCare' benefit!</p> <p>Prescription costs are unbelievable and out of control. Our administration is doing <u>nothing</u> about it.</p> <p><u>Do not</u> take this benefit away from the seniors who depend upon it!</p>	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments

5/30/2018	<p>I am writing this in support of keeping SeniorCare as an available program to people over the age of 65. My spouse and I did not enroll in a Part D plan because we had no medications. When we started to take medications, we were assessed a penalty of about \$30 per month for each us for life. Therefore, we pay an additional \$60 per month for a part d drug plan. I am also in the donut hole with my part d plan and pay \$180 for Eliquis and \$75 for another prescription. Are [sic] income is limited with a total of about \$26,000 a year in gross income from Social Security.</p> <p>We met with the Aging and Disability Resource Center to apply for SeniorCare. I will be able to disenroll from my part D plan and no longer have a premium and penalty each month. I will also be able to pay \$15 for my Eliquis instead of \$180.</p> <p>Therefore, this program is very valuable to me and my wife. We are now in our 80s and my wife suffered two strokes. Any help we can receive means a lot to us.</p> <p>Respectfully submitted, Charles Illgen</p>	X			Follow up was not needed.
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2018 SeniorCare Waiver Public Comments

5/31/2018	<p>Dear Ms. Reilly;</p> <p>My wife and I are on Medicare, and Social Security is our primary revenues source.</p> <p>SeniorCare has made a huge difference for me. I take several prescription medications since a Stroke in 2012; and several surgeries in the last 12 years.</p> <p>We had a Medicare Advantage plan which provided me with some support; but at a significant cost. I sincerely that the SeniorCare program will be renewed. Thank you.</p> <p>Sincerely; William T Sullivan</p>	X			Follow up was not needed.
5/31/2018	<p>Wisconsin Dept of Health Services,</p> <p>I am writing to you to let you know that I think the Wis. SeniorCare Rx program is the <u>best</u>. I have been on it since I turned 65 in Nov 2005. Its <u>Great</u>, I have sold Medicare supplements since 1986 and when SeniorCare began in 2002 I had many senior clients enroll in the program as many took very little of non at all in prescriptions and by signing up for Sr. Care at \$30 annual they had creditable coverage and wouldn't get penalized if they ever wanted to sign up for another Rx plan. One client didn't sign up when I suggested he should, few years later he sign up for an Rx plan and was penalized. I sure hope Wisconsin keeps the Sr. Care Rx plan. I am only taking HB pills, cost me about \$3.60 a month & for Sr. Care Rx plan \$30.00 annual premium. Great!!</p> <p>Sincerely,</p>	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments

5/31/2018	<p>We feel the SeniorCare program is very important for people on limited income. We are borderline poverty level and this program has helped us save \$800-\$1200 a year on drug premiums and medications, even though we are on the 2nd level and do pay \$500 deductible each.</p> <p>Please renew the program.</p>	X			Follow up was not needed.
6/4/2018	<p>I have used SeniorCare in the past and would like to know it is available if I should need it in the future.</p> <p>I have retired friends who depend on SeniorCare for their medications and it would present a hardship if it is not there for them!!</p> <p>Please continue this much needed help in the health care system!</p>	X			Follow up was not needed.
6/4/2018	<p>SeniorCare is important to me because it saves me money on my five prescription medications that I must take daily.</p> <p>With my low income, I sure hope this program will be available for another 10 years, I turn 100 on 6-11-18.</p> <p>Thank you.</p>	X			Follow up was not needed.
6/5/2018	<p>I'm a low income senior and this would be very beneficial to help with "all" my prescriptions. I take about 20 prescriptions. Please, Please reconsider another 10 yr program for Wisconsin.</p> <p>Thank you for considering my view!</p> <p>Sincerely,</p>	X			Follow up was not needed.

2018 SeniorCare Waiver Public Comments

6/5/2018	<p>It is imperative that all Wisconsin senior citizens have access to medical prescription coverage, no matter their income or situation.</p> <p>SeniorCare is the best coverage that meets our needs at this time.</p> <p>I request that you grant a waiver for SeniorCare for another 10 years.</p>	X			Follow up was not needed.
6/5/2018	<p>Seniors in rural area[s] need to be consider[ed] in all changes. Number one things a shortage [of] funds to support medical needs (personal). State need to consider all individual[s] when making changes. I used SeniorCare a year ago do [sic] to a leg injury. Not sure how my needs would have been met without it. Continuation of this program is needed my [sic] many rural voters please.</p>		X		Follow up was not needed.
6/5/2018	<p>Please keep SeniorCare. This is a good program for seniors on [a] tight budget and low income. I've been a member for many years.</p>	X			Follow up was not needed.
6/5/2018	<p>Please keep SeniorCare. It is a good program and makes prescriptions affordably. Without SeniorCare I won't be able to afford my medicines. Part D of Medicare is just too expensive for me. SeniorCare is very good for our state.</p> <p>Again, please don't do away with our SeniorCare.</p> <p>Thank you.</p>	X			Follow up was not needed.
6/6/2018	<p>See letter attached.</p>	X			Follow up was not needed.

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Public Meeting: Milwaukee

Designation	Type	Comment	Resolution
Advocate	Verbal	I am a volunteer advocate with AARP and I am speaking on behalf of their 50,000 members. SeniorCare is a drug assistance program that helps with drug costs. AARP is a strong supporter of the program since SeniorCare was implemented. I support a 10 year waiver. Wisconsin has provided a unique solution to address the rising cost of prescription drugs. I urge CMS to approve a 10 year waiver. Thank you.	No follow up needed.
Consumer	Written	Continuing SeniorCare drug assistance is critical to limited income elderly. Prescription costs continue to rise on an arbitrary basis. Establishing a long-term ten year waiver program will enable participants to plan and manage health care prescription benefits.	No follow up needed.
Advocate	Written	As an tax aide tax preparer I have the opportunity to see peoples financial life. I have to enter their finances into the tax program and as a person just turned 65 I was very focused on what people paid for insurance and what insurance they had. I was amazed on how few people had Medicare Part D and used SeniorCare instead. Asking why they used SeniorCare I was told over and over again that it was easier to use and more affordable. We need to keep SeniorCare.	No follow up needed.
Advocate	Written	I support the need to apply for the extension. I was not aware of the program until I came to this public comment meeting.	No follow up needed.
	Written	To Whom it May Concern: I, O. H. and wife Jean, 45th Street, Greenfield, WI have participated in SeniorCare since its inception. We both have prescriptions and the combination of SeniorCare and discount programs such as Good Rx have made our prescription needs affordable. I support the proposed 10 year extension fully. Any questions on the above issue please feel free to call me. Sincerely,	No follow up needed.

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Public Meeting: Madison

Designation	Type	Comment	Resolution
Advocate	Verbal	<p>Thank you very much. I would like to say that SeniorCare is one of those programs that turned out to be a lot more successful than we thought it would be. When we worked on it we saw it lead for older people particularly for low-income, older people who couldn't afford their drugs. But once the program was passed I think this was one of those programs that implementation was important if not more important than the legislation. I would add to what some people have said about the department and the staff of the department and the job that they have done. I think the best way to describe it is that SeniorCare has always been an extremely complicated program, but not to the people who use it. I always thought that was the best feature of it. It was complicated to you, but it wasn't complicated to the seniors who use it. That took place from the very beginning with a one page application form. I was happy to see the cumulative number in the waiver that was 290,000 that have been on SeniorCare one time or another since it started. It is approaching 300,000 and that is incredible. If we get a 10 year waiver that will be another 300,000 people that we are able to help. I have one issue that I would like to bring to attention. One glitch is that we do not have a lot of hospital pharmacies participating in the program and that creates an issue for people who are on SeniorCare who go into the hospital, emergency room or are in observation status that can't get their drugs paid for. I'm only aware of one hospital pharmacy that is part of SeniorCare. I would ask that you think about how to get more hospital pharmacies signed up to participate in the program because it can be very expensive for someone under observations status and they can't submit bills to SeniorCare for reimbursement on their own. A little gap in coverage that I think is important. Otherwise, I am very proud to be a part of the SeniorCare program. Thank you.</p>	<p>DHS would need to do more research on observation status to align with Medicare. At this point, DHS is not changing the waiver.</p>

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Advocate	Verbal	<p>I would agree with Tom with all of the accolades he gave SeniorCare. I think it something we need to remember that this is the last drug waiver program in the country. It stands on its own and it has stood on its own and I think it has a lot to do with talking about with the public and advocating for it to the department whenever that had to occur. Even today, there was a lot of advocacy going on around this table. Because it's been around for a while and things go through process improvement. I would also go down the same road that Tom talked about is to identify another gap in coverage that is becoming extremely important for seniors. I talked to our legal department to find out where those gaps and they listed a few of them, but the one they were most concerned about was the lack of coverage for vaccines. Coincidentally just last week, I was talking to a retired colleague and he was talking about having to go for new type of shingles vaccine which he said is now costing \$300. It is obvious that vaccines have become extremely important, become sophisticated and therefore expensive and I think consideration of covering vaccines like Medicare Part D. I think that would be a strong improvement to the program. I would also like to say, going back to the beginning of SeniorCare when Part D didn't exist; I thought that SeniorCare would be the Part D that was created. It wasn't and that's too bad.</p>	Covering vaccines as a part of SeniorCare would require a change in statute.

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Advocate	Verbal	<p>Good Morning my name is Janet Zander and I am the advocacy and public policy coordinator with the greater Wisconsin agency on aging resources. We work very closely with county and tribal aging units and the Aging and Disability Resource Centers of the local level serving seniors across Wisconsin. I am here today to speak wholeheartedly in support of the 10 year extension request to the Centers for Medicare and Medicaid Services to extend the SeniorCare program. The fact that there is a simple short, application, providing affordable coverage for seniors whether they are low-income seniors with chronic conditions that require a great deal of medications and this provides an affordable way for them to do that. Or as Tom pointed out earlier, seniors who take no medication at all and need creditable coverage, SeniorCare has been able to provide exactly what they need for that period of time. I would echo what you heard earlier from SeniorCare Advisory Committee members, in that there are two improvements that could be made to the program that I think support the goals of the program which are to improve the health outcomes and lower the health costs to the senior population. That would be to add coverage for vaccinations similar to what would be covered under the Medicare Part D program so that we could in fact reduce health costs from associated things if we didn't get our flu shots or our shingles shots and all of those other things that are so important. Also, expand our network of coverage for hospital pharmacies when we run across folks in our elder loss center and through our benefit specialists who have found themselves in emergency rooms or as outpatient coverage because they were in an observation status, in a hospital in an out of network hospital pharmacy provider they find themselves with very, very high expensive prescription drug costs that are not covered and they cannot submit the costs either. I think these would be two really good improvements that we should take into consideration. Thank you for your submission and thank you for your time.</p>	Covering vaccines as a part of SeniorCare would require a change in statute.
Advocate	Written	<p>I just want to make a quick recognition of the AARP volunteers that are here today. I think Judith's comments about the cost savings that she and rich have experienced as being part of the SeniorCare program is emblematic of so many people around the state who have had such a positive experience with the SeniorCare program. I know that you collect a lot of those comments and not everybody can be here today, but I really appreciate you, Judith, sharing that story and the other volunteers who are here and will again give you their feedback and will also do our best at AARP to reach out to other SeniorCare members who around the state may not be here personally with us, to provide testimony to the state as that renewal application moves forward so CMS understands how important this program is to our state and seniors of the state. It is great to see our red shirts in the audience today.</p>	No follow up was needed.

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AARP- advocate	Verbal/Written: Judith provided a written copy of her verbal testimony.	<p>Good Morning. My name is Judith Joslin-Crary. I am a volunteer advocate for AARP Wisconsin and am serving as the spokesperson for AARP Wisconsin and their 850,000 plus members here in Wisconsin and the advocates here today. I speak in support of the request to extend the SeniorCare waiver for 10 years.</p> <p>Both my husband and I have been SeniorCare enrollees since my retirement nine years ago, and have been grateful to have access to this prescription drug assistance program for qualified older adults. When you're on a fixed income, it is very important to be able to limit out-of-pocket expenses. We are hopeful it will continue for many years as is without reductions in benefits or increased eligibility requirements. I'm sure the other 92,000 enrollees are hoping so too.</p> <p>It's also very cost effective because of its three part funding sources of Federal Medicaid funds, GPR funds and Program revenue as manufacturer rebates and enrollment fees. Over time it has saved us a significant amount of money.</p> <p>We feel it would be reassuring to current enrollees to enact a longer extension period so the program will not only be there for them but also for those who will become eligible into the next 10 years. Thank you for the opportunity to testify.</p>	No follow up was needed.
Advocate	Written	Prescription drugs are an expensive necessity for seniors. The costs can destroy a budget, making it difficult to afford food and housing. SeniorCare has become essential for seniors who need assistance to maintain comfortable life styles.	No follow up was needed.
Consumer/ Advocate	Written	Extend waiver- SeniorCare program. Need to know what you have to pay on a fixed income, longer extension program, lower health costs.	No follow up was needed.
Consumer	Written	I like the ease of signing up for an alternative to Part D plans. For healthy retirees it makes sense. It also makes sense to get a long term waiver for SeniorCare.	No follow up was needed.
Consumer	Written	Seniors are concerned about rising drug prices. SeniorCare helps with out-of-pocket costs. Great Program.	No follow up was needed.
Consumer	Written	SeniorCare lowers the costs of drugs for seniors. We have enough problems with the cost of living so SeniorCare puts a floor under drug costs and helps us with one cost we don't have to worry about.	No follow up was needed.
Consumer	Written	It's a Godsend due to the money saved. It helps because it is so easy to fill out the app. WI should be proud to be able to provide a program like this. It almost pays for itself due [to] the funding sources.	No follow up was needed.
Advocate	Written	My mother in-law died [at] age 104. She loved SeniorCare because of her limited money and the ease of use and choice for her medications. It is a very great program. Please!! Continue on the 10 year program.	No follow up was needed.

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Advocate	Written	<p>Having the program (SeniorCare) for 10 years would let people know they don't have to worry about renewing their application as my mom did because she forgot one year.</p> <p>SeniorCare program is easy to enroll in and much more affordable for seniors as so many of them have to count every cent to make ends meet.</p> <p>Please make this a 10 year program for us seniors to use and enjoy.</p>	No follow up was needed.
Consumer	Written	<p>Prescription drug costs are a concern for retired persons on a fixed income. Wisconsin's current program limits these costs, of which I approve.</p> <p>To extend the program for 10 years, will ensure the program will be there for those that need it.</p> <p>There are currently 92,000 enrolled in SeniorCare which involves much paperwork if people have to re-enroll every year- once every 10 years saves taxpayers money.</p> <p>SeniorCare is simple and helps seniors predict their drugs costs, which makes for easy budgeting.</p>	No follow up was needed.
Advocate	Written	<p>1. Whole-heartedly support DHS' request for a 10 year extension of the SeniorCare program.</p> <p>2. Request consideration of expanding the program benefit to include coverage of vaccines that would be covered by Medicare Part D.</p> <p>3. Include efforts to expand the network to include more hospital pharmacies to help seniors receiving prescriptions in the emergency room or hospital during an observation stay from facing high prescription drug bill costs that are ineligible for reimbursement if the pharmacy is not in-network (which many are not).</p> <p>My complete comments will be submitted on line prior to June 7, 2018. Thank you.</p>	Covering vaccines as a part of SeniorCare would require a change in statute.
Advocate	Written	See letter attached.	