Wisconsin SeniorCare

1115 Demonstration Annual Monitoring Report

Reporting Period: Calendar Year 2021

(01/01/2021-12/31/2021)

Introduction

In June 2018, the Wisconsin Department of Health Services (DHS) submitted an application to the Centers for Medicare and Medicaid Services (CMS) to extend Wisconsin's Section 1115 Demonstration Project in accordance with section 1115(a) of the Social Security Act. DHS received approval for a 10-year renewal period from January 1, 2019, through December 31, 2028, on April 12, 2019.

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

Key program goals include: 1) Keeping Wisconsin seniors healthy by providing a necessary prescription drug benefit with low administrative burden and high level of member satisfaction; 2) Helping protect the finances of low-income Wisconsin seniors by controlling prescription drug costs and reducing financial barriers to obtaining needed medications; and 3) Reducing the rate of increase in the medical services provided to this population such as hospital, emergency department, and nursing facility services.

The SeniorCare program maintains budget neutrality.

Operational Updates

Operational Issues

The SeniorCare program has been in existence since 2002 with very little changes to the program. Because of the consistency with the program, the program does not have administrative difficulties or challenges operating.

Operational/Policy Development

SeniorCare communicates policy and operational updates to prescribers and providers through ForwardHealth Updates. The following information was communicated during 2021.

- ForwardHealth Update 2021-07 announced changes to the prospective drug utilization review (DUR) policy for overriding multiple prospective DUR alerts returned on real-time Point-of-Sale noncompound drug claim response. Effective March 1, 2021 pharmacy providers must provide a response to each unique type of DUR alert returned on real-time Point-of-Sale noncompound drug claim.
- ForwardHealth Update 2021-10 announced changes to certain drug classes on the Preferred Drug List, prior authorization form changes and other pharmacy policy changes effective April 1, 2021.
- ForwardHealth Update 2021-11 communicated ForwardHealth would be implementing changes on April 9, 2021 to the ForwardHealth portal to help eliminate the risk of potential security breach.
- ForwardHealth Update 2021-14 announced ForwardHealth would implement enhancements to the ForwardHealth portal on June 11, 2021. These enhancements included a new message center for providers and new functionality in the ForwardHealth Online Handbook.

- ForwardHealth Update 2021-17 updates to the Preferred Drug List (PDL), major changes to certain PDL drug classes, form changes and other pharmacy policy changes effective July 1, 2021, unless otherwise noted.
- ForwardHealth Update 2021-29 announced enhancements to the Drug Search Tool (DST) and the Preferred Drug List Quick Refence on the ForwardHealth portal. The changes made were intended to improve the user experience; they included new and modified search functionalities and the addition of more detailed, useful information regarding covered drugs. Changes the DST were implemented by September 12, 2021. Enhancements to the PDL Quick Reference were implements starting with version with an effective date of October 1, 2021.
- ForwardHealth Update 2021-31 communicated changes to the high cumulative dose (HC) prospective drug utilization review alert, also known as the high morphine milligram equivalent alert. The HC alert now requires a response from the pharmacy providers.
- ForwardHealth Update 2021-32 announced new pharmacy prior authorization (PA) requirements for Wegovy, an anti-obesity drug and Oxbryta, a select high cost, orphan and accelerated approval drug, effective for dates of service on and after October 1, 2021. This updated also announced revised PA policy for Endari, another select high cost, orphan and accelerated approval drug effective for dates of service on and after October 1, 2021.
- ForwardHealth Update 2021-38 announced ForwardHealth's holiday schedule.
- ForwardHealth Update 2021-44 announced new security enhancements to the ForwardHealth Portal that went into effect on December 10, 2021. The new security changes helped to ensure access to sensitive information is secured and limited to authorized users.
- ForwardHealth 2021-45 announced beginning December 11, 2021, BadgerCare Plus, Medicaid and SeniorCare members with a MyACCESS account, were able to access digital versions of their ForwardHealth or SeniorCare card in the MyACCESS mobile app.
- ForwardHealth Update 2021-49 announced updates to the Preferred Drug List (PDL) and major changes to certain PDL drug classes, form changes and other pharmacy policy changes that were effective January 1, 2022, unless otherwise noted.

In response COVID-19 public health emergency, ForwardHealth communicated information to pharmacy providers specific to COVID-19 via ForwardHealth Alerts. ForwardHealth Alerts are short, targeted publications designed to disseminate the latest COVID-19 information to providers quickly.

- ForwardHealth Alert 31 announced that SeniorCare will reimburse pharmacy providers for COVID-19 vaccines that are administered to SeniorCare members, effective for dates of service on and after December 2020. Pharmacy providers may submit claims for SeniorCare members beginning February 1, 2021.
- ForwardHealth Alert 34 announced coverage and procedure codes for the Johnson & Johnson vaccine.
- ForwardHealth Alert 36 announced a reimbursement rate increase for COVID-19 vaccine administration
- ForwardHealth Alert 37 announced a reimbursement pause for the administration of the Johnson & Johnson vaccine for dates of service on and after April 13, 2021.
- ForwardHealth Alert 38 announced that ForwardHealth has resumed reimbursement for the administration of the Johnson & Johnson vaccine. ForwardHealth will reimburse providers for

vaccine administration for dates of service beginning February 27, 2021 through April 12, 2021 and for dates of service on and after April 27, 2021.

- ForwardHealth Alert 43 reminded providers they are required to follow all state and federal reporting requirements when they administer a COVID-19 vaccine. The requirements include entering information into the Wisconsin Immunization Registry within 24 hours of the vaccine administration.
- ForwardHealth Alert 45 announced effective for dates of services on or after August 12, 2021 providers will be reimbursed for additional doses of the Pfizer or Moderna COVID-19 vaccine following a completed series for individuals with specific medical condition or who area receiving treatments that are associated with moderate to severe immune compromised.

Legislative Updates

2019 Wisconsin Act 185 was enacted on April 15, 2020. This Act modified the definition of prescription drugs covered under the SeniorCare program to include vaccinations recommended for administration to adults by the federal Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP) and approved for administration to adults.

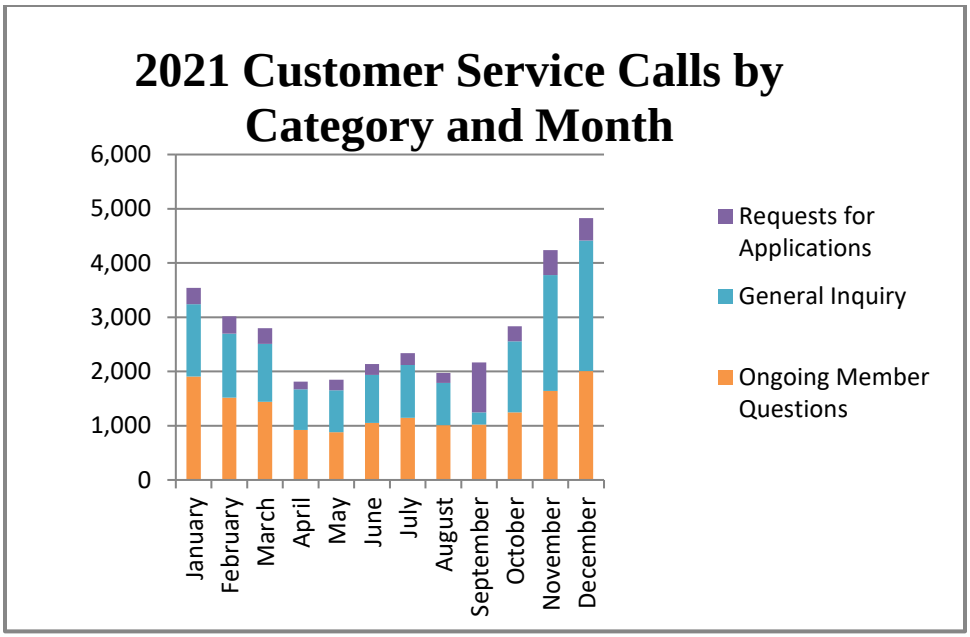
With the enactment of this Act, the SeniorCare benefit would be changed and an Amendment is needed to the approved 1115 demonstration waiver. The Amendment proposes to cover all ACIP recommended vaccinations for SeniorCare members when the vaccination is administered in a pharmacy setting. Vaccinations will be covered by the program without out-of-pocket expenses to the SeniorCare member. The Amendment proposal was submitted to CMS on November 18, 2020. CMS issued an Amendment Completeness Letter on December 2, 2020 and the Amendment proposal was posted for a 30-day federal comment period on December 3, 2020. The Amendment proposal is currently under review.

Member Issues

The SeniorCare Customer Service hotline is staffed with seven full-time equivalent correspondents. Calls received by the hotline can be classified into three categories:

1. Members who want to report a change or have specific questions about their benefits;
2. Non-members who have general inquiries about the program; and
3. Request for applications.

Below is a summary of the 2021 calls received by the hotline:



As in prior years, the majority of the calls were for general member inquiries.

Request for Fair Hearing

The SeniorCare unit received one request for a fair hearing in 2021. There were no requests for a fair hearing in 2021.

2021 Disposition of Hearings	
Dismissed by Judge	0
Abandoned	0
Remand	0
Withdrawn	0
Total	**0**

SeniorCare Advisory Committee

To ensure ongoing communication and coordination with relevant stakeholders, the Department established the SeniorCare Advisory Committee (SAC). This committee convenes to discuss ongoing SeniorCare enrollment statistics, customer service issues, review policy considerations and discuss possible changes to benefit design.

The SAC met on November 2, 2020, to discuss the proposed 1115 demonstration waiver amendment. This meeting was a public meeting and committee members and members of the public were welcomed to provide feedback on the proposed amendment and on the SeniorCare program.

Performance Metrics

Enrollment, New Applications and Renewals

SeniorCare Monthly Enrollment, New Applications, Renewals Due and Received and Renewal Rate 2021						
Month	**Enrollment**	**New Applications**	**Renewals Due**	**Renewals Received**	**Dis-enrolled****	**Renewal Rate**
January	44,463	1,232	5,994	4,813	1,181	77%
February	44,773	1,024	5,008	3,870	1,138	77%
March	44,987	1,155	5,175	3,970	1,205	77%
April	45,163	1,060	4,255	3,426	829	81%
May	45,337	1,026	4,451	3,592	859	81%
June	45,430	870	4,302	3,397	905	79%
July	45,529	1,084	4,542	3,532	1,010	78%
August	45,640	850	6,013	4,748	1,265	79%
September	45,669	1,014	4,889	3,924	965	80%
October	45,691	1,426	5,950	4,702	1,248	79%
November	45,793	1,638	8,647	6,998	1,649	81%
December	46,016	3,208	8,266	6,636	1,633	80%
Total	**45,374**	**15,587**	**67,492**	**53,608**	**13,887**	**79%***

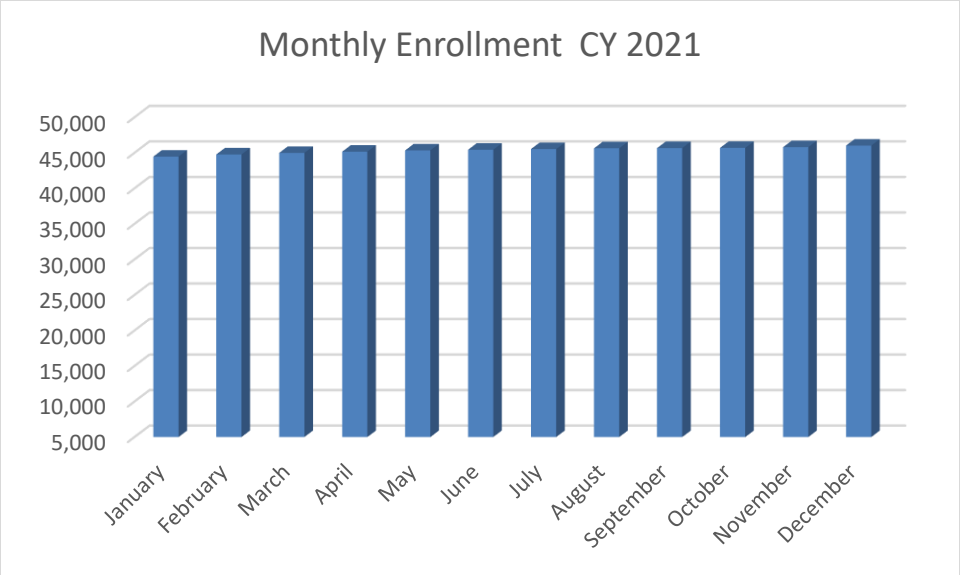
*Denotes yearly average

**Members who do not enroll before the end of their benefit plan are considered to be disenrolled. Members may reenroll in SeniorCare and will have a new benefit plan year.

As has been observed in prior years, new application requests were steady for most of the year and experienced an increase in the fourth quarter. In addition, monthly renewal requests have an average annual renewal rate of 79%, which is higher than last year's rate (see table below).

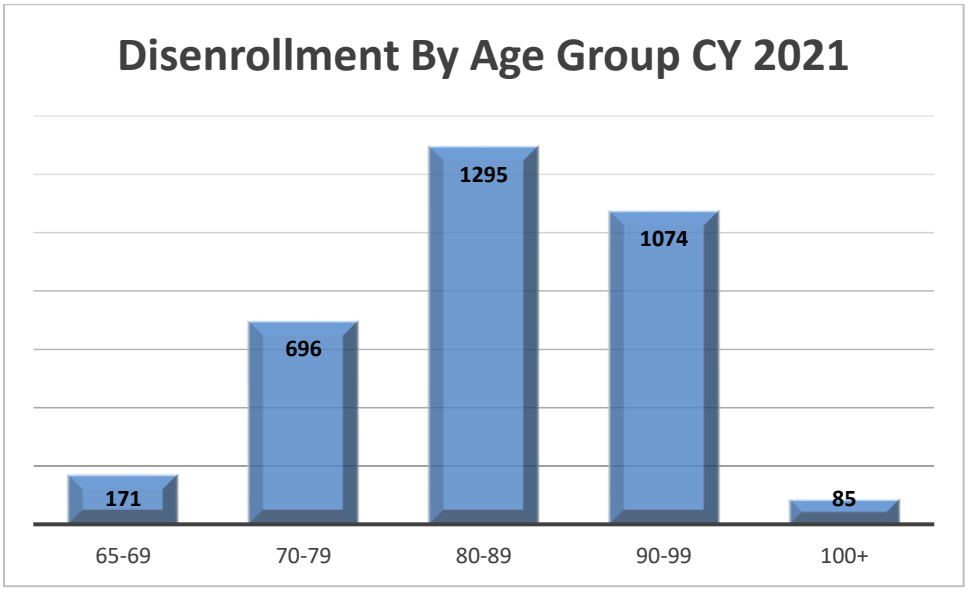
	2017	**2018**	**2019**	**2020**	**2021**
Average Annual Renewal Rate	84%	81%	81%	78%	79%

Waiver enrollment showed an upward trend starting in April 2020. Average monthly enrollment was 45,374 in 2021. During the Public Health Emergency, SeniorCare maintained the members eligibility unless the member requested to be disenrolled from the program, moved out of state or was deceased.



Disenrollment and Demographic

The SeniorCare program had 3,281 members disenrolled from the program and did not reenroll in 2021. Below is a breakdown in disenrollment by age.



Of the members that disenrolled to the program, the following is a breakdown of the ethnicity of the members:

Race or Ethnicity	Count
American Indian/Alaskan Native	20
Asian	8
Black/African American	26

Hispanic	32
White	3,006
Other Race or Ethnicity	7
Not Provided	182

Benefits and Cost Sharing of Waiver Program

SeniorCare covers legend drugs and OTC insulin products of manufacturers that have signed a rebate agreement with the federal government.

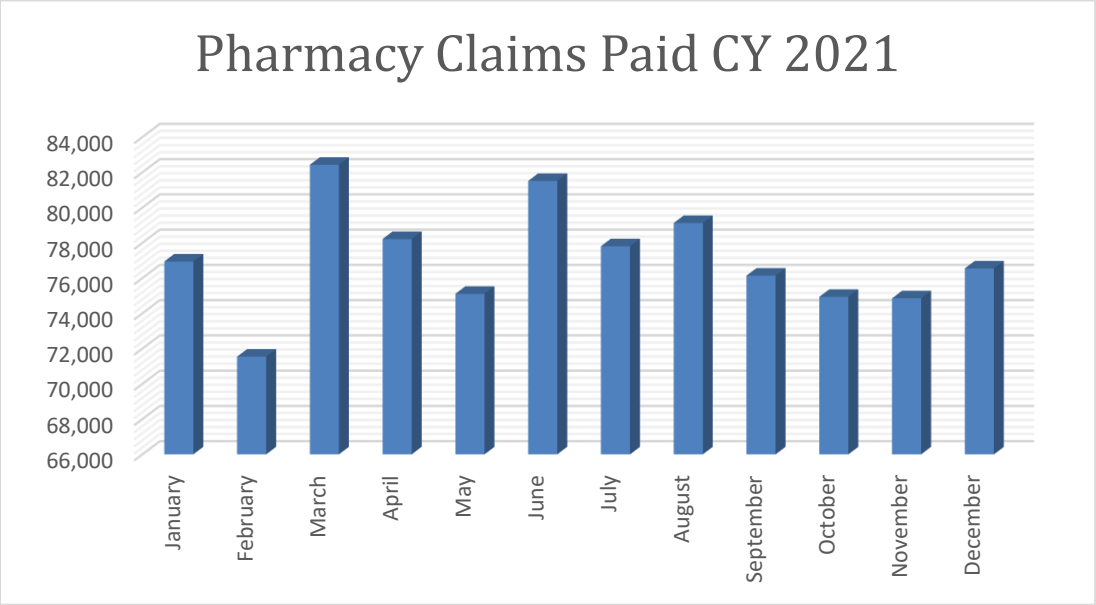
All members pay a $30 annual enrollment fee and have copayments of $5 for generic drugs and $15 for brand name drugs. Deductibles are as follows:

- Participation Level 1: Income at or below 160% FPL, members do not have a deductible.
- Participation Level 2a: Income greater than 160% and equal to or less than 200% FPL, the member pays a deductible, which is the first $500 in drug costs. Members receive the discounted SeniorCare rate while meeting their deductible.

2021 SeniorCare Member Cost Sharing

Month of Service	Amount Allowed Detail	Co-pay Amount Detail	Deductible Amount
January	$10,416,420	$381,811	$413,673
February	$9,921,955	$354,465	$330,531
March	$11,185,599	$409,122	$349,068
April	$11,094,749	$388,343	$314,634
May	$10,768,331	$375,179	$284,655
June	$11,694,157	$409,965	$271,726
July	$11,168,808	$390,883	$264,269
August	$11,629,697	$396,694	$256,432
September	$11,088,651	$380,379	$252,788
October	$10,963,180	$373,940	$255,757
November	$11,247,445	$372,995	$251,538
December	$11,190,709	$380,677	$279,728
Total	$132,369,701	$4,614,453	$3,524,799

Cost of Care



Year	Number of Pharmacy Claims Paid
2017	1,874,891
2018	1,772,723
2019	1,699,025
2020	1,048,742
2021	925,143

There were 82,425 claims paid during the month of March. Over the past few years, there has been a downward trend in the amount of paid pharmacy claims.

Year	Pharmacy Claims - Amount Paid
2017	$85,644,979
2018	$88,908,003
2019	$87,419,963
2020	$91,643,072
2021	$95,438,463

The largest amount paid during 2021 was in August. During the month of August, SeniorCare paid $8442019 Compared to CY2020, there was a slight increase in the amount paid on pharmacy claims in CY2021.

Budget Neutrality Development/Issues [1]

Below are expenditures, revenue and enrollment for the SeniorCare program in 2021. In the "Projections" column are the estimates that were submitted and approved in the 2019-2028 waiver renewal application. In the "Actuals" column is the actual experience with the SeniorCare waiver program.

SeniorCare had less expenditures than originally projected.

CY 2021 Enrollment and Expenditures

	Projections	**Actuals**
Enrollment	42,345	45,520

[1] Data source: DHS data warehouse

Gross Expenditures	$130,797,703	$132,356,732
Member Cost Sharing	$9,149,177	$8,138,807
Manufacturer Rebates	$71,241,456	$70,610,663
Net Expenditures	$23,826,727	$24,845,934

In addition, the Department monitors overall budget neutrality of the SeniorCare program in accordance with the specifications agreed to by DHS and CMS. Budget neutrality of SeniorCare is tested by comparing Medicaid expenditures for seniors with and without the SeniorCare waiver program. See Attachment A for the completed budget neutrality workbook.

Demonstration Evaluation

The SeniorCare evaluation is being conducted by the University of Wisconsin Institute for Research on Poverty (IRP). The Department submitted the SeniorCare evaluation design to CMS on August 9, 2019. During calendar year 2019 the evaluation parameters were defined.

During 2021, IRP has been gathering data thought the demonstration year that will be used in the Interim Evaluations. IRP has worked on throughout the year to obtain Medicare date from CMS. IRP is analyzing the member characteristics to construct a main comparison group to the SeniorCare member group. By the end of 2021, IRP has finalized the Medicare Part D comparison group.

Enclosures/Attachments

Attachment A – CY2021 Wisconsin SeniorCare Budget Neutrality Report

State Contacts:

- Pam Appleby, Bureau Director, Bureau of Clinical Policy and Pharmacy:
  608 261-9423
  Pamela.Appleby@dhs.wisconsin.gov

- Susan Seibert, Deputy Director, Bureau of Clinical Policy and Pharmacy:
  608 264-7733
  SusanR.Seibert@dhs.wisconsin.gov

- Kim Wohler, Pharmacy Section Manager, Bureau of Clinical Policy and Pharmacy:
  608 267-7100
  Kim.Wohler@dhs.wisconsin.gov

- Tiffany Reilly, Policy Analyst, Bureau of Clinical Policy and Pharmacy:
  608-266-9438
  Tiffany.Reilly@dhs.wisconsin.gov

- Pang Xiong, Bureau of Enrollment Services:
  608-266-0010
  PangA.Xiong@dhs.wisconsin.gov

Date Submitted to CMS: March 23, 2022