Wisconsin SeniorCare

1115 Demonstration Annual Monitoring Report

Reporting Period: Calendar Year 2022

(01/01/2022-12/31/2022)

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 2022.

- ForwardHealth Update 2022-09 announced new enhancements to the interactive maximum allowable fee schedule. The changes were effective on March 14, 2022, that improved the user experience.
- ForwardHealth Update 2022-11 communicated changes to certain drug classes on the Preferred Drug List, prior authorization form changes and other pharmacy policy changes effective April 1, 2022.
- ForwardHealth Update 2022-12 announced professional field representatives assigned areas. Field representatives can now address inquiries for all provider types.,
- ForwardHealth Update 2022-17 announced a new automated electronic payment functionality effective May 14, 2022. Providers are now able to view and pay outstanding accounts receivables and submit claim refunds online.

- ForwardHealth Update 2022-21 announced system changes for claims adjustments. For claims on and after June 13, 2022, the net difference between the claim and the adjustments will be reflected on the remittance advice.
- ForwardHealth Update 2022-22 communicated changes to preferred drug list, other pharmacy policies and physician administered drugs. These changes were effective July 1, 2022.
- ForwardHealth Update 2022-23 announced changes for physician administered drugs and announced a new physician administered drugs portal page.
- ForwardHealth Update 2022-26 announced approval of the amendment to the federal waiver under which a portion of SeniorCare operates, which allowed SeniorCare to cover vaccines that are recommended by the CC's Advisory Committee on Immunization Practices for administration to adults over 65 years of age.
- ForwardHealth Update 2022-31 communicated additional system changes for claims adjustments. These changes were effective on September 9, 2022.
- ForwardHealth Update 2022- 32 announced changes to certain preferred drug list changes, prior authorization form changes and other policy changes that were effective on September 16, 2022.
- ForwardHealth 2022-36 communicated prior authorization and utilization management exceptions that were available for drugs and COVID019 related treatments.
- ForwardHealth Update 2022-42 provided information for covered monkeypox vaccine, vaccine administration, lab testing services, and treatment.
- ForwardHealth Update 2022-44 announced procedure codes for the 2022-2023 flus seas effective for dates of service on or after August 1,2022.
- ForwardHealth Update 2022-45 announced the holiday schedule.
- ForwardHealth Update 2022-46 communicated the return to certain pre-COVID-19 pharmacy polices effective December 1, 2022. Temporary changes were made to existing pharmacy policies in response to the COVID-19 pandemic.
- ForwardHealth Update 2022-53 communicated effective October 3, 2022, provider-based billing summary reports were available via the ForwardHealth portal.
- ForwardHealth Update 2022-55 announced changes to the preferred drug list and other pharmacy policy changes effective January 1, 2023.

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 57 announced new procedure codes for remdesivir COVID-19 treatment and COVID-19 monoclonal antibodies.
- ForwardHealth Alert 59 announced new procedure codes for COVID-19 vaccine and vaccine administration effective for dates of service on and after January 3, 2022.
- ForwardHealth Alert 62 announced coverage of a second COVID-19 vaccine booster dose for adults over the age of 50, effective for dates of services on and after March 29, 2022.
- ForwardHealth Alert 54 announced coverage of the Novavax vaccine for dates of services on and after July 13, 2022.

- ForwardHealth Alert 69 announced changes to coverage of the monovalent COVID-19 vaccine booster doses for members 12 years of age and older and coverage of the bivalent COVID-19 vaccine booster doses.

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.

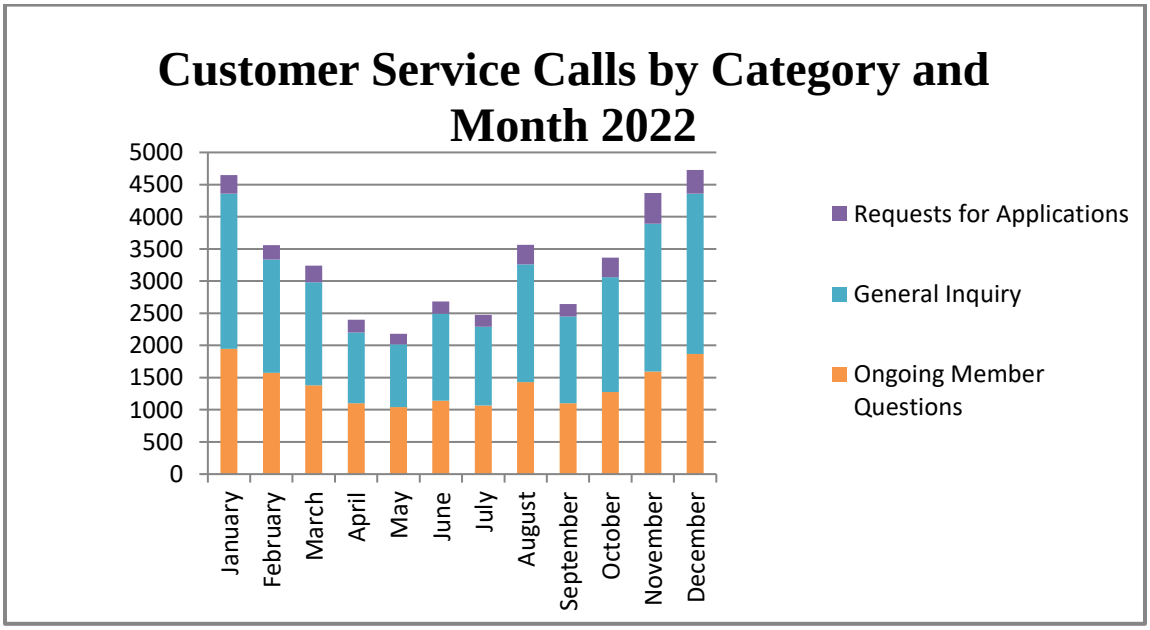
With the enactment of this Act, the SeniorCare benefit would be changed, and an Amendment was needed to the approved 1115 demonstration waiver. The Amendment proposed to cover all ACIP recommended vaccinations for SeniorCare members when the vaccination is administered in a pharmacy setting. Vaccinations 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. On June 6, 2022, CMS approved the SeniorCare waiver amendment was approved.

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; and
2. Non-members who have general inquiries about the program; and
3. Request for applications.

Below is a summary of the 2022 calls received by the hotline:



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

Request for Fair Hearing

There were no requests for a fair hearing in 2022.

2022 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 SeniorCare Advisory Committee did not meet in 2022. The Department provided a written update to the Advisory Committee of the approval of the waiver amendment for vaccine coverage in June.

Performance Metrics

Enrollment, New Applications and Renewals

SeniorCare Monthly Enrollment, New Applications, Renewals Due and Received and Renewal Rate 2022						
Month	**Enrollment**	**New Applications**	**Renewals Due**	**Renewals Received**	**Dis-enrolled****	**Renewal Rate**
January	46,265	1,125	7,576	5,604	1,972	74%
February	46,383	1,023	7,434	6,381	1,053	78%
March	46,493	1,179	6,381	5,029	1,352	79%
April	46,616	1,196	4,551	3,612	939	79%
May	46,793	923	4,379	3,514	865	80%
June	47,018	922	4,153	3,310	843	80%
July	47,071	1,022	4,182	3,310	872	79%
August	47,160	970	5,141	4,164	977	81%
September	47,233	938	4,825	3,851	974	80%
October	47,326	1,428	5,745	4,589	1,156	80%
November	47,510	1,940	6,275	5,117	1,158	82%
December	47,843	3,103	10,069	7,994	2,075	79%
Total	**46,976***	**15,769**	**70,711**	**56,475**	**14,236**	**79%***

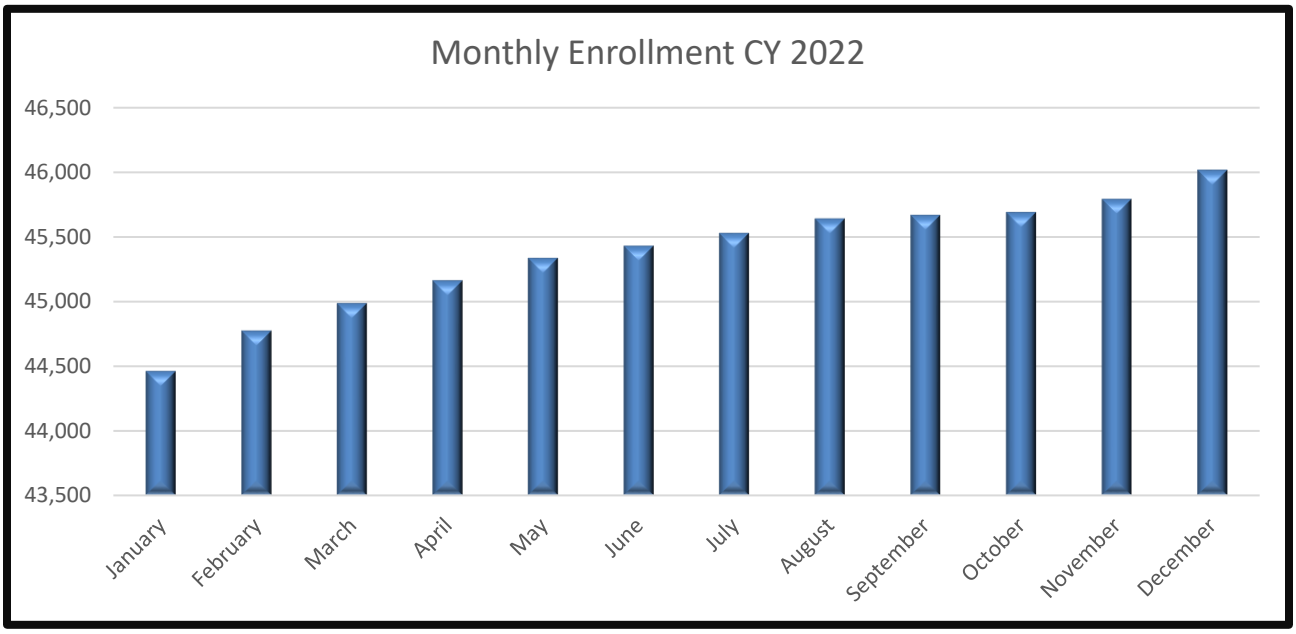
*Denotes yearly average

**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 remained the same from last year last year's rate (see table below).

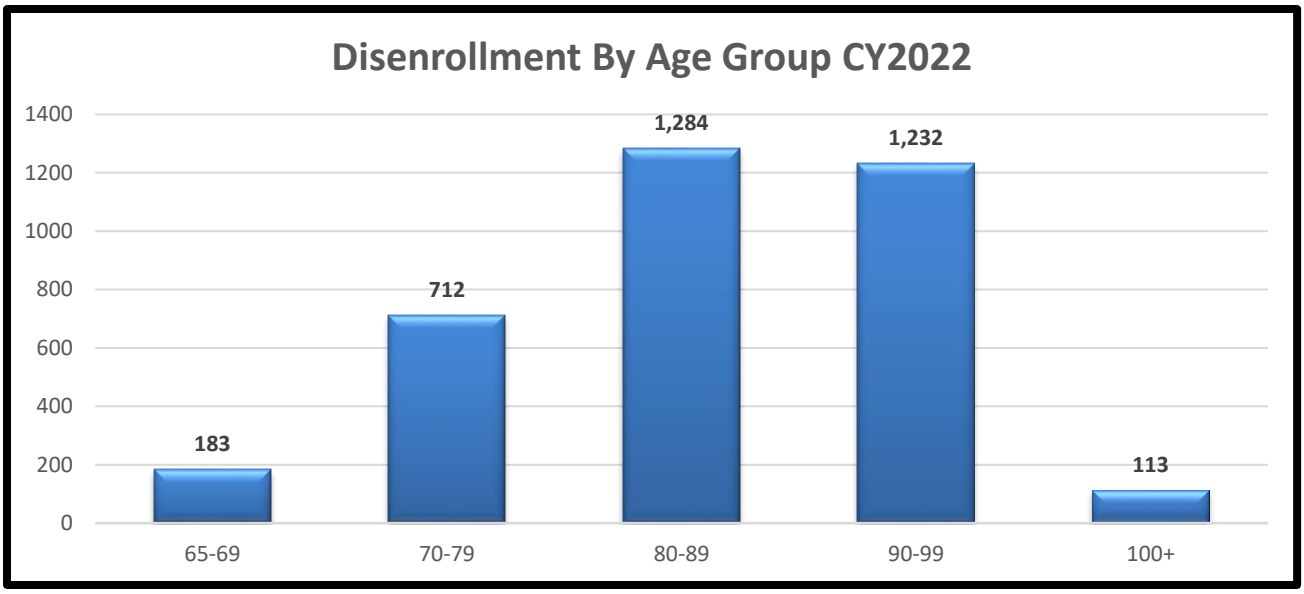
	2017	2018	2019	2020	2021	2022
Average Annual Renewal Rate	84%	81%	81%	78%	79%	79%

Waiver enrollment showed an upward trend starting in April 2020. Average monthly enrollment was 46,976 in 2022. 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 3,524 members disenrolled from the program and did not reenroll in 2022. 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	18
Asian	11
Black/African American	28
Hispanic/Latino	34
Native Hawaiian/Other Pacific Islander	1
White	3,209
Other Race or Ethnicity	8
Not Provided	213

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.

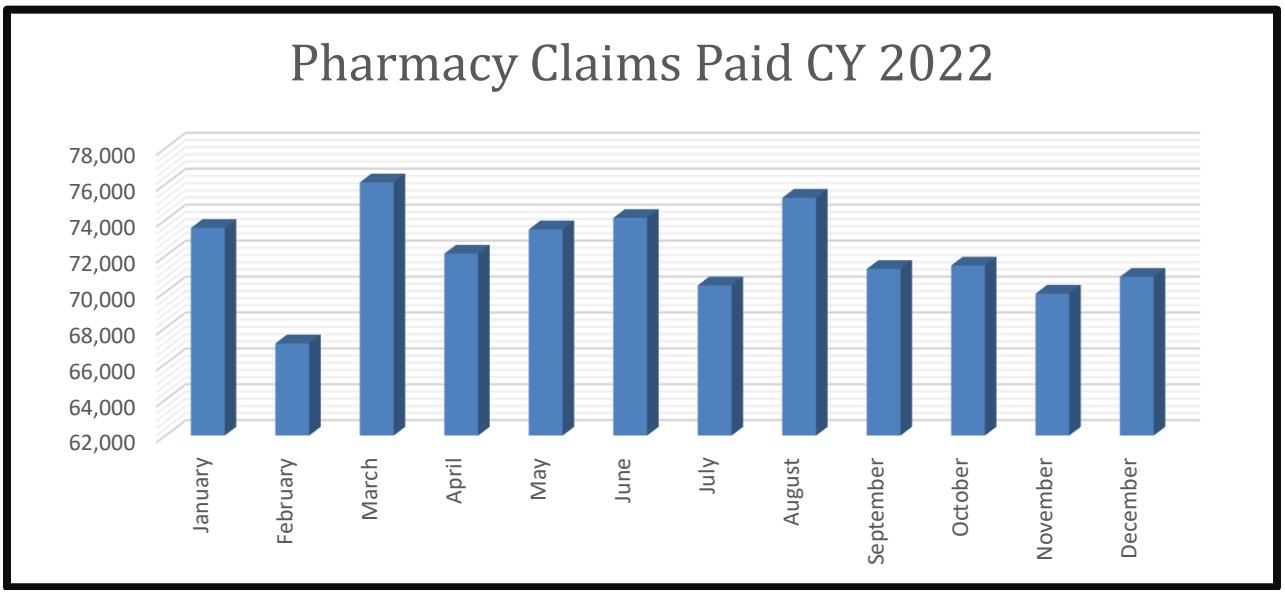
All members pay a $30 annual enrollment fee and have copayments of $5 for generic drugs and $15 for brand name drugs. Deductibles are as follows:

- 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.

2022 SeniorCare Member Cost Sharing

Month of Service	Amount Allowed Detail	Co-pay Amount Detail	Deductible Amount
January	$11,372,932	$360,611	$372,496
February	$10,562,497	$330,405	$306,596
March	$12,064,414	$376,593	$326,740
April	$11,421,856	$356,587	$292,694
May	$11,655,359	$366,755	$273,182
June	$12,052,121	$363,036	$259,595
July	$11,714,325	$345,573	$233,404
August	$11,998,599	$371,980	$234,719
September	$11,820,382	$351,138	$236,758
October	$11,820,382	$351,138	$236,758
November	$11,878,361	$343,342	$234,481
December	$9,283,830	$348,133	$234,481
Total	$137,645,058	$4,265,291	$3,241,904

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
2022	865,556

There were 75,235 claims paid during the month of August. Over the past few years, there has been a downward trend in the amount of paid pharmacy claims. Program flexibilities employed during the COVID-19 public health emergency increased the number of prescriptions dispensed in a three-months supply instead of a one-month supply, which would account for a lower overall annual prescription count.

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
2022	$98,934,066

The largest amount paid during 2022 was in June. During the month of June, SeniorCare paid $8,767,640. Compared to CY2021, there was a slight increase in the amount paid on pharmacy claims in CY2022.

Budget Neutrality Development/Issues [1]

Below are expenditures, revenue, and enrollment for the SeniorCare program in 2022. 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 2022 Enrollment and Expenditures

	Projections	**Actuals**
Enrollment	45,520	47,070
Gross Expenditures	$138,180,428	$137,797,076
Member Cost Sharing	$8,220,195	$7,509,348
Manufacturer Rebates	$74,373,045	$72,239,456
Net Expenditures	$24,134,299	$26,953,948

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 2022, IRP has analyzed demographic characteristics of Wisconsin older adults with Medicare Part D only to adults with SeniorCare only. IRP also analyzed low-income subsidy data including drug use and cost. IRP analyzed hospitalizations, emergency department, and skilled nursing home visits. IRP compared health services use in the SeniorCare waiver population to those a Medicare Part D plan and who were not low-income subsidy members. IRP also started to perform work on the vaccine claims for SeniorCare members.

Enclosures/Attachments

Attachment A – CY2022 Wisconsin SeniorCare Budget Neutrality Report

[1] Data source: DHS data warehouse

State Contacts:

- Pam Appleby, 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 29, 2023