

# Wisconsin SeniorCare

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## 1115 Demonstration Annual Monitoring Report

Reporting Period: Calendar Year 2024  
(01/01/2024-12/31/2024)

## **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 2024.

- ForwardHealth Update 2024-09 communicated certain changes to the preferred drug list drug classes, prior authorization form changes and other pharmacy policy changes. These changes were effective for March 1, 2024.
- ForwardHealth Update 2024-13 announced certain changes to the preferred drug list drug classes, prior authorization form changes and other pharmacy policy changes. These changes were effective for May 1, 2024.
- ForwardHealth Update 2024-16 announced updates to the PDL and major changes to certain preferred drug lists classes, form changes and other pharmacy policy changes effective July 1, 2024, unless otherwise noted in the Update.
- ForwardHealth Update 2024-32 communicated policy changes for certain for certain preferred drug list drug classes, form changes and other pharmacy policy areas These changes were effective October 1, 2024.
- ForwardHealth Update 2024-43 announced the coverage new vaccine procedure codes.

- ForwardHealth Update 2024-52 announced changes to the preferred drug list drug classes, prior authorization form changes and other pharmacy policy changes. These changes were effective January 1, 2025, unless otherwise noted in the Update.

### Legislative Updates

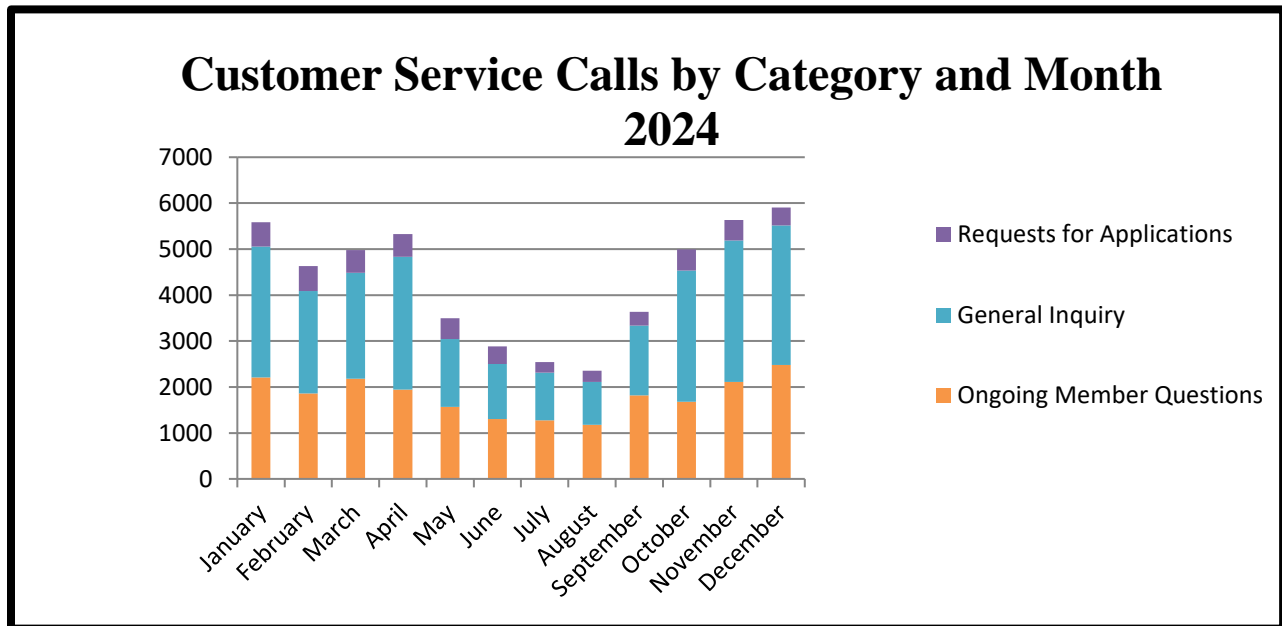
2023 Wisconsin Act 71 was enacted on December 6, 2023. This Act created 49.688(3m) of the statute, relating to 100 days' supply of medications under the SeniorCare program. The enactment of the Act does not require program changes as SeniorCare already allows 100 days' supply of medications as outlined in Medicaid's 100 days' supply policy. The Act confirms in SeniorCare rules, the Department can provide drugs it determines to be cost-effective/appropriate in quantities not to exceed 100 days' supply.

### 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 2024 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 six requests for a fair hearing in 2024. All five requests for a fair hearing were withdrawn and one was dismissed by the judge.

<b>2024 Disposition of Hearings</b>	
Dismissed by Judge	1
Abandoned	0
Remand	0
Withdrawn	5
<b>Total</b>	<b>6</b>

### 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 2024.

### **Performance Metrics**

#### Enrollment, New Applications and Renewals

<b>SeniorCare Monthly Enrollment, New Applications, Renewals Due and Received and Renewal Rate 2024</b>						
<b>Month</b>	<b>Enrollment</b>	<b>New Applications</b>	<b>Renewals Due</b>	<b>Renewals Received</b>	<b>Dis-enrolled**</b>	<b>Renewal Rate</b>
January	44,521	1,260	8,119	5,558	2,561	68%
February	44,509	1,373	7,976	6,161	1,815	77%
March	42,821	1,523	7,764	6,054	1,710	78%
April	42,405	1,053	7,871	6,171	1,700	78%
May	41,661	1,211	6,966	4,403	2,563	63%
June	40,256	1,151	4,788	3,689	1,099	77%
July	40,291	807	4,938	3,581	1,357	73%
August	40,113	1,105	5,413	4,264	1,149	79%
September	40,033	843	5,257	3,747	1,510	71%
October	39,847	1,319	6,005	4,817	1,188	80%
November	39,683	2,065	5,602	4,172	1,430	74%
December	39,874	2,431	6,451	5,020	1,431	78%
<b>Total</b>	<b>41,335*</b>	<b>16,141</b>	<b>77,150</b>	<b>57,637</b>	<b>19,513</b>	<b>75%*</b>

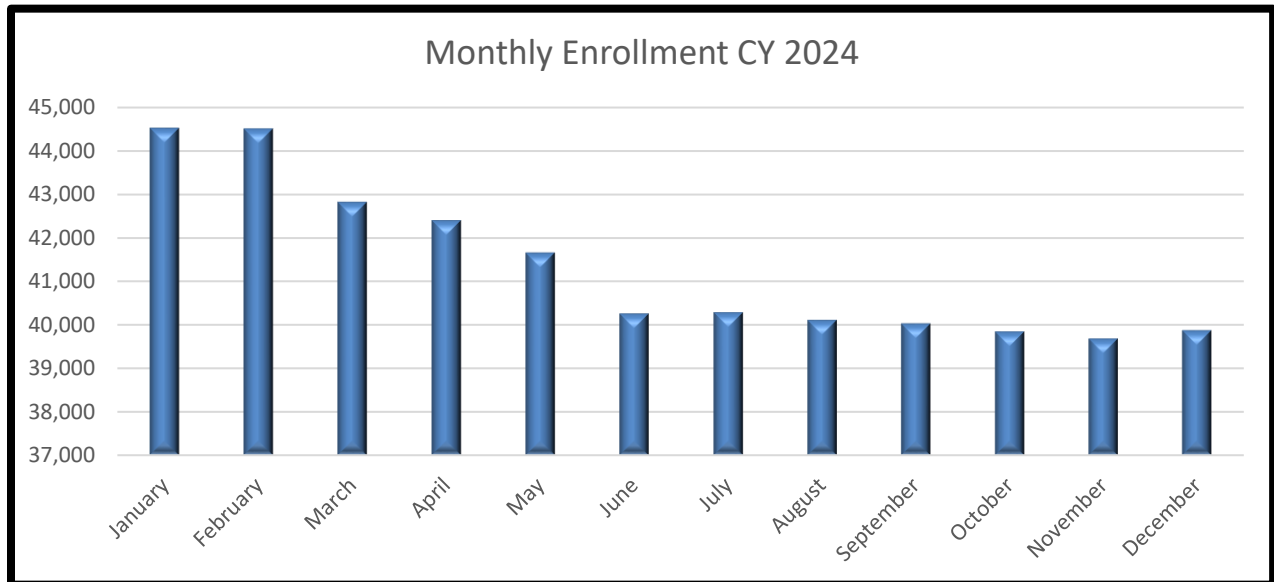
\*Denotes yearly average

\*\*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 75%, which is higher from last year's rate (see table below).

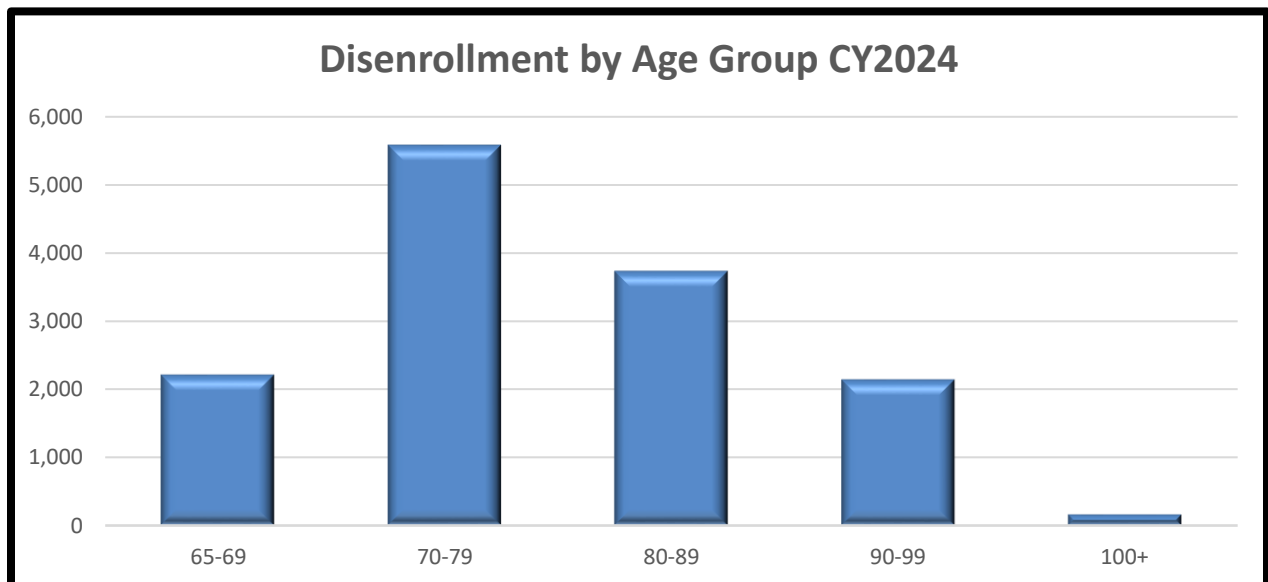
	2019	2020	2021	2022	2023	2024
<b>Average Annual Renewal Rate</b>	81%	78%	79%	79%	66%	77%

Average monthly enrollment was 41,335 in 2024.



#### Disenrollment and Demographics

The SeniorCare program had 13,834 members disenrolled from the program in 2024. 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	107
Asian	131
Black/African American	173
Hispanic/Latino	178
Native Hawaiian/Other Pacific Islander	6
White	11,924
Other Race or Ethnicity	47
Not Provided	1,268

### Benefits and Cost Sharing of the 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:

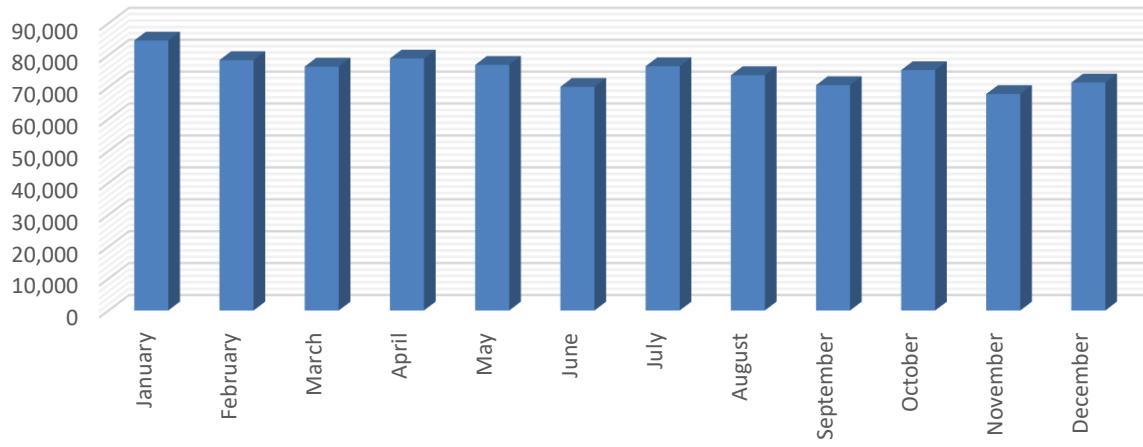
- Participation Level 1: Income at or below 160% FPL, members do not have a deductible.
- Participation Level 2a: Income greater than 160% and equal to or less than 200% FPL, the member pays a deductible, which is the first \$500 in drug costs. Members receive the discounted SeniorCare rate while meeting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

### 2024 SeniorCare Member Cost Sharing

Month of Service	Amount Allowed Detail	Co-pay Amount Detail	Deductible Amount
January	\$12,089,374	\$450,905	\$337,735
February	\$10,852,913	\$418,434	\$263,432
March	\$11,014,454	\$407,174	\$309,814
April	\$11,378,227	\$416,151	\$330,316
May	\$10,869,825	\$405,803	\$307,101
June	\$9,987,899	\$372,923	\$261,224
July	\$11,221,011	\$411,998	\$263,964
August	\$10,661,268	\$400,066	\$230,887
September	\$10,340,016	\$385,510	\$226,872
October	\$10,983,113	\$409,304	\$256,672
November	\$10,000,398	\$366,217	\$246,463
December	\$10,623,598	\$385,366	\$268,929
Total	\$130,022,096	\$4,829,851	\$3,303,409

### Cost of Care

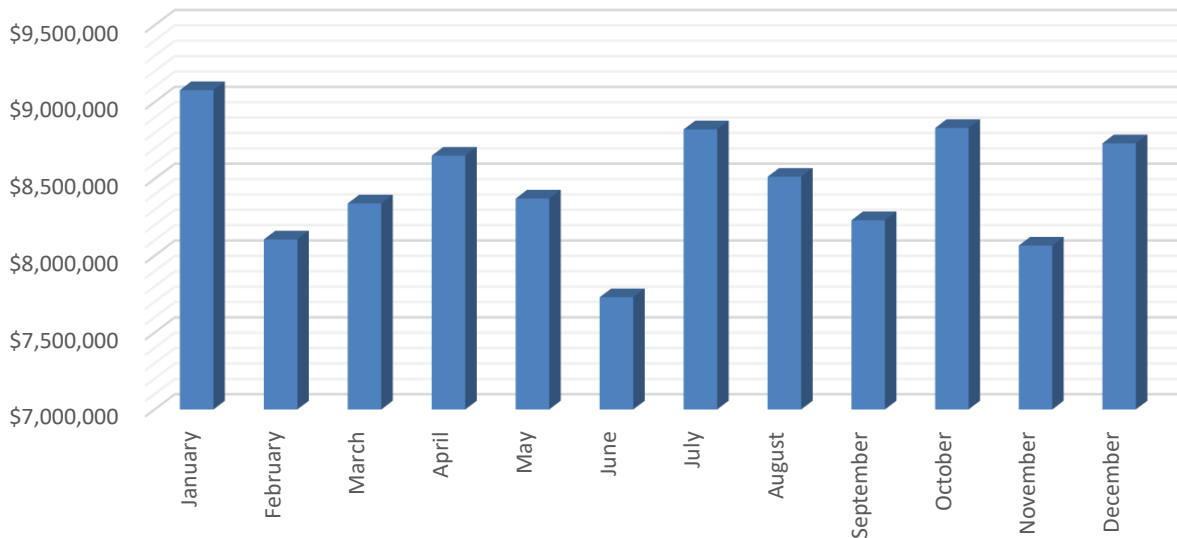
## Pharmacy Claims Paid CY 2024



Year	Number of Pharmacy Claims Paid
2019	1,699,025
2020	1,048,742
2021	925,143
2022	865,556
2023	1,031,906
2024	900,841

There were 84,586 claims paid during the month of January. Over the past few years, there has been a downward trend in the amount of paid pharmacy claims. Program flexibilities employed during the PHE 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

## Pharmacy Claims Paid Amount CY 2024



Year	Pharmacy Claims - Amount Paid
2019	\$87,419,963
2020	\$91,643,072
2021	\$95,438,463
2022	\$98,934,066
2023	\$104,641,498
2024	\$101,473,354

The largest amount paid during 2024 was in January. During the month of January SeniorCare paid \$9,077,615. Compared to CY2023, there was a slight decrease in the amount paid on pharmacy claims in CY2024.

### Budget Neutrality Development/Issues <sup>1</sup>

Below are expenditures, revenue, and enrollment for the SeniorCare program in 2024. 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 2024 Enrollment and Expenditures**

	Projections	Actuals
Enrollment	47,325	42735

<sup>1</sup> Data source: DHS data warehouse



Gross Expenditures	\$152,940,864	\$13,1676,824
Member Cost Sharing	\$8,643,882	\$8,229,892
Manufacturer Rebates	\$82,839,855	\$70,066,198
Net Expenditures	\$25,885,890	\$32,923,685

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.

In 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.

During 2023, IRP finished analyzing the data and drafted the Interim Evaluation Report. The Department finalized the Interim Evaluation Report and submitted the report to CMS on December 18, 2023. As of March 2025, CMS has not approved the Interim Evaluation Report.

### **Enclosures/Attachments**

Attachment A – CY2024 Wisconsin SeniorCare Budget Neutrality Report

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**Date Submitted to CMS:** March 18, 2025