SeniorCare Advisory Committee

January 1

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Department Guidelines

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Contents

I. History of the SeniorCare Advisory Committee

The SeniorCare Advisory Committee (SAC) was established to assure the ongoing communication and coordination with stakeholders.

The SAC started meeting in January 2002, and the Department of Health Services (DHS) worked closely with the SAC to solicit their feedback and advice regarding the key aspects for implementation of the SeniorCare program. The SAC aided in the development of written materials (e.g., fact sheets and brochures), many of which are still being used.

II. SeniorCare Advisory Committee

SeniorCare was created from the 2001-2003 state budget, 2001 Act 16. Through this act, Wis. Stat. § 49.688 was created. This section directed DHS to develop and administer the SeniorCare program. Wisconsin Stat. § 49.688, Wis. Admin. Code chs. DHS 101-109, the federal Social Security Act Titles XIX and XXI, along with federal regulation Title 42 CFR Parts 430-498 provided the legal framework for SeniorCare.

A. Composition and Membership

The SAC consist of representatives from a variety of senior advocacy groups, benefit specialists, providers, community partners, tribal representation, and representatives from DHS and the Centers for Medicare and Medicaid Services (CMS).

The SeniorCare lead analyst serves on the SAC, as shall any members designated by the Division of HealthCare Access and Accountability (DHCAA) and DHS.

A full list of committee members and meeting agendas can be found on the SeniorCare website at: https://www.dhs.wisconsin.gov/seniorcare/index.htm.

B. Terms of Office

Committee members will be appointed for a three-year term and may be reappointed for additional terms.

C. Replacement of Members

If a vacancy is created by the resignation of a member, DHCAA will solicit and appoint an individual to fill the unexpired term. A member of the SAC may resign in writing to the DHCAA Administrator.

A member of the SAC may be removed by DHS for good cause. Good cause includes the following:

- Nonattendance
- Professional misconduct

Two unexcused consecutive absences from scheduled meetings shall constitute a resignation.

D. Quorum

For purposes of voting and other official action, a quorum shall be declared if at least 50 percent of the voting members are present.

E. Duties and Responsibilities

The SeniorCare lead analyst will coordinate the necessary administrative functions, including:

- Preparation of the meeting agenda.
- Coordination of meetings.
- Recordkeeping.
- Meeting minutes.

Committee activities shall include, but are not limited to, the following:

- Advise DHCAA on policy and programmatic changes to the program.
- Make recommendations to DHCAA on the operation of the SeniorCare program.
- Serve as stewards for the SeniorCare program in the community and assist with member and provider education as appropriate.

F. Conduct of Meetings

- The SAC is subject to Wisconsin's Open Meeting Law §19.81.
- The SAC will meet annually or as deemed necessary by DHS.
- A final meeting summary is the only formal record of the SAC meetings.
- A simple majority of the standing committee membership of the SAC will constitute a quorum.
- Voting on all motions shall be by voice vote, and the votes shall be recorded by member name and how they voted unless a member asks for the vote to be anonymous.
- The acts of the majority of the SAC members present at a meeting at which a quorum is present shall be the acts of the SAC.

G. Conflict of Interest

A conflict of interest shall exist when the member has an existing or potential personal, professional, or monetary interest, or when a member's spouse has an existing or potential monetary interest, in a matter under consideration by the SAC. A member shall disclose any potential conflict in writing at the time of his or her appointment to the SAC and at the commencement of consideration of substantive matters before the SAC, or at the point when the conflict of interest becomes apparent in discussion or deliberation of the matter and shall abstain from any vote in the matter. The conflict of interest will be reflected in any meeting minutes and that abstention from voting had occurred. In the event there are questions as to whether a conflict of interest or potential conflict of interest exists in a case of an individual member, the question shall be decided by the Administrator.

III. History of the SeniorCare Program

DHS found there was a need for the immediate preservation of health, safety, and welfare in the elderly community. The high cost of prescription drugs in Wisconsin and nationwide was especially burdensome.

SeniorCare was created from the 2001-2003 state budget, 2001 Act 16. Through this act, Wisconsin addressed the problem of increasingly high costs posed to the elderly by creating Wis. Stat. § 49.688. Wisconsin Stat. § 49.688 directs DHS to develop and administer the program of prescription drug benefits for the elderly that has become known as "SeniorCare." The statute also directed DHS to develop administrative rules for the implementation of SeniorCare, which DHS did by creating Wis. Admin. Code ch. DHS 109. These rules were drafted parallel to the prescription drug provisions of the existing Medicaid rules in Wis. Admin. Code chs. DHS 101-108. Wisconsin Stat. § 49.688, Wis. Admin. Code chs. DHS 101-108, the federal Social Security Act Titles XIX and XXI, and federal regulation Title 42 CFR Parts 430-498 provide the legal framework for SeniorCare.

The state budget appropriated $51 million in state funding for the creation of the SeniorCare program. On March 28, 2002, a federal waiver was submitted to extend Medicaid eligibility under Title XIX to SeniorCare members to assure federal matching funds for the program. On July 1, 2002, the waiver was approved for the SeniorCare program, which offered a comprehensive prescription drug benefit to members with incomes at or below 200 percent of the federal poverty limit. The SeniorCare program was approved by CMS as a section 1115 demonstration project for a five-year waiver period and began delivering benefits to its members on September 1, 2002. SeniorCare was modeled after Wisconsin Medicaid in terms of drug coverage. Wisconsin Medicaid-certified providers are required to participate in SeniorCare.

In October 2006, DHS applied to have the SeniorCare program waiver extended for an additional three-year period. The initial renewal application was denied on April 3, 2007. Senator Kohl worked to get the program added to the U.S. Troop Readiness, Veterans' Care, Katrina Recovery and Iraq Accountability Appropriations Act 2007. On May 25, 2007, President George W. Bush signed the act, which extended the federal funding for the SeniorCare demonstration waiver through December 31, 2009.

DHS applied to have the SeniorCare demonstration waiver extended for an additional three-year period in February 2009 and was awarded the extension of the program in August 2009. The waiver was extended until December 31, 2012. DHS applied again in September 2012 to have the program extended until December 31, 2015, and was awarded the extension of the program in December 2012. On July 29, 2015, DHS applied to have the SeniorCare demonstration waiver renewed for an additional three years. On December 18, 2015, CMS approved the SeniorCare demonstration extension until December 31, 2018.

With the implementation of the SeniorCare program, four levels of participation were defined. Level 1 and Level 2a are known as the waiver population. Members in Level 2b and Level 3 are known as the non-waiver population.

Level 1 and Level 2a members have a household income of less than 200 percent of the federal poverty level. Members in Level 1 have a copay-only level of participation. Members in Level 2a have a $500 deductible per person to meet before they move to the copay level of participation. Members in Level 2b have an $850 deductible per person to meet before moving to the copay level. Members in Level 2a and Level 2b will pay the SeniorCare rate for their covered drugs until the deductible is met. Level 3 members have a spenddown where the member will pay the retail rate for covered drugs until the spenddown has been met. After the spenddown is met, members will have an $850 deductible per person to meet before moving to the copay level of participation.

SeniorCare covers most prescription drugs and over-the-counter insulin from manufacturers who have signed a federal and state drug rebate agreement. As of September 1, 2012, SeniorCare covers Medication Therapy Management (MTM) services.