

SeniorCare Public Meetings

Heather Smith Medicaid Director

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May 10, 2018: Milwaukee

May 14, 2018: Madison

Join the Public Hearing Remotely

- Webcast is available at https://livestream.com/accounts/14059632/events/8188702
- Dial in 877-820-7831. Participant passcode is 846290.

Agenda

- Welcome and introductions
- SeniorCare
 - Overview of program and statistics
 - Waiver renewal process and timeline
 - Program evaluation
- Public comments

Waiver Renewal

- Governor Walker announced the Health Care Stability Plan in January 2018.
- Governor Walker's plan requested a permanent waiver to support SeniorCare.
- Waiver programs give states additional flexibility to design and improve their programs.

Waiver Renewal, continued

- Initially, waivers are approved for a five-year period and can be extended for an additional three to 10 years.
- Waivers are not a permanent program.
- The Department of Health Services (DHS) is submitting a waiver request for 10 years.
 This is the longest renewal period allowed under federal rules.

Overview

SeniorCare provides a comprehensive prescription drug benefit for 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.

Overview, continued

- SeniorCare includes several innovative program features:
 - Simple application and enrollment processes
 - Open formulary and broad network of providers
 - Affordable cost-sharing for participants

Goals

- Keep Wisconsin seniors healthy by continuing to provide a necessary primary health care benefit.
- Help control overall costs for the Medicaid population by preventing seniors from becoming eligible for Medicaid due to deteriorating health and spending down to Medicaid eligibility levels.

Goals, continued

- 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).

Two-Part Program

- Wisconsin statute requires DHS to operate a SeniorCare prescription drug program and to request a waiver from the Centers for Medicare and Medicaid Services (CMS).
- Levels 1 and 2a are the waiver program portion of SeniorCare.
 - For individuals with income up to 200 percent of the FPL.
 - Governed by state and federal rules.
 - Receive state and federal funds.

Two-Part Program, continued

- Levels 2b and 3 are the non-waiver or State Pharmaceutical Assistance Program (SPAP) portion of SeniorCare.
 - For individuals with income over 200 percent of the FPL.
 - Funded by General Purpose Revenue (GPR).
 - No federal funding.

Waiver History

- On July 1, 2002, CMS approved the waiver for DHS to operate a portion of SeniorCare as a five-year demonstration project. The waiver expired on June 30, 2007.
- In 2006, DHS requested an extension of the waiver to begin on July 1, 2007; CMS denied the extension. Federal supplemental appropriations bill included provision to continue the waiver through December 31, 2009

Waiver History, continued

- Since 2010, DHS has received CMS approval for three SeniorCare waiver extensions.
 - January 1, 2010-December 31, 2012
 - January 1, 2013-December 31, 2015
 - January 1, 2016-December 31, 2018

Wisconsin State Statute

Wis. Stat. § 49.688:

- Eligibility
 - Cannot be a recipient of full Medicaid benefits.
 - Must be 65 years of age or older.

Wisconsin State Statute, continued

- Cost sharing (may depend on income)
 - Enrollment fee is \$30 per year.
 - Level 1 income limit: less than or equal to 160 percent of the FPL.
 - No deductible or spenddown.
 - \$5 generic copay; \$15 brand name copay.
 - Level 2a income limit: greater than 160 percent and less than or equal to 200 percent of the FPL.
 - \$500 deductible per person.
 - Same copays.

Wisconsin State Statute, continued

Wisconsin is required to operate SeniorCare even if we do not have federal dollars or a federal waiver.

Overview of Enrollment and Expenditures

- Total waiver program enrollment is about 47,000 people per month.
- Total non-waiver (state-only) enrollment is about 46,000 people per month.
- In 2017, the waiver program total expenditures were \$24,730,637.

2017 Renewal Rates

Month	Enrollment	New Applications	Renewals Due	Renewals Received	Dis- enrolled	Renewal Rate
January	47,695	1,304	5,503	4,558	945	82%
February	47,642	1,161	4,498	3,558	940	79%
March	47,608	1,300	4,861	4,046	815	83%
April	47,451	1,189	4,962	4,087	875	82%
May	47,408	1,033	5,158	4,400	758	85%
June	47,293	1,105	4,067	3,426	641	84%

2017 Renewal Rates, continued

Month July	Enrollment 47,420	New Applications 1,021	Renewals Due 3,939	Renewals Received 3,327	Dis- enrolled 612	Renewal Rate 84%
August	47,143	1,037	7,829	6,947	882	88%
September	47,014	1,013	4,917	4,246	671	86%
October	46,331	1,215	6,595	5,617	978	85%
November	46,187	2,137	9,649	8,229	1,420	85%
December	46,163	2,829	13,966	11,464	2,502	82%
Total	47,113*	15,414	75,944	63,905	12,039	84%*

2017 Statistics

- Claims: 1,376,230 claims
- Allowed amount: \$113,236,599
- Total cost share: \$12,005,917
 - Copay: \$7,339,632
 - Deductible: \$4,659,254

2017 Top 10 Drugs

Drug Name	Amount State Paid	Number of Prescriptions State Paid	Average Amount State Paid Per Prescription	Number of Members
insulin glargine	\$402,877	1,343	\$318	1,231
fluticasone	\$368,815	2,139	\$176	2,139
tiotropium	\$306,508	1,078	\$291	1,046
insulin lispro	\$271,460	683	\$418	631
lenalidomide	\$216,020	20	\$10,801	20
sitagliptin	\$194,890	643	\$313	612
budesonide	\$193,114	791	\$248	767
adalimumab	\$179,063	56	\$3,255	54
apixaban	\$164,422	580	\$301	538
palbociclib	\$157,332	16	\$9,833	14

Medicare Part D Key Points

- Medicare Part D also provides outpatient prescription drug coverage for Medicareeligible seniors.
- Standard Part D cost sharing includes:
 - Monthly premiums, which are based on income.
 - Annual deductible, which may not exceed \$405 in 2018 and \$415 in 2019.
 - Coverage gap, commonly referred to as the donut hole, which is being phased out.

Medicare Part D Key Points, continued

- Some seniors qualify for Extra Help under Medicare Part D, which covers a member's Part D premium and deductible and reduces allowable copayments.
 - In 2018, copays are \$3.35 for a generic prescription and \$8.35 for a brand name prescription.
 - In 2019, copays are \$3.40 for a generic prescription and \$8.50 for a brand name prescription.
- SeniorCare coordinates benefits with Medicare Part D.

Waiver Renewal Process and Timeline

- The 2016-2018 SeniorCare waiver will expire on December 31, 2018.
- DHS plans to submit an application to extend the SeniorCare waiver for calendar years 2019-2028.

- The waiver extension application assumes the SeniorCare program will continue to operate as it does today.
- If any additional changes are made to federal or state rules, DHS will assess the changes to see if there will be impacts to the SeniorCare program.

December 2017:

 A letter of intent to submit the waiver renewal applications was sent to CMS on December 20, 2017.

• May 2018:

- Revised SeniorCare Continuing the Program webpage
 (https://www.dhs.wisconsin.gov/seniorcare/input.htm) posted on May 1, 2018.
- Draft waiver posted on the SeniorCare webpage on May 7, 2018, for public review and comments.

May 2018:

- 30-day public notice and comment period will be open May 7 – June 7, 2018, it includes release of an initial waiver program description.
- DHS will include public comments in the waiver application.

• May 2018:

- Tribal consultation on May 9, 2018.
- DHS is holding two public hearings to offer the public an opportunity to learn about the application and comment on it.

• June 2018:

- Public comment period closes on June 7, 2018.
- Incorporate public comments into draft proposal.
- Submit the waiver renewal application to CMS by June 15, 2018.
- Post the final waiver application to the SeniorCare webpage
 (https://www.dhs.wisconsin.gov/seniorcare/input.h
 tm) by June 15, 2018

• June 2018:

- CMS has 15 days to acknowledge receipt of the waiver application.
- After acknowledgement of the waiver applications, the federal comment period will begin.
- The waiver will be posted on the CMS website (https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/index.html) for public comments.

• July:

- Federal public comment period ends.
- August–November:
 - SeniorCare Advisory Committee meeting.
 - CMS to render final decision on the status of the waiver.

December:

 Current waiver period expires on December 31, 2018.

- January 2019:
 - New waiver period begins on January 1, 2019.
- April 2019:
 - Draft evaluation design published to the SeniorCare webpage (https://www.dhs.wisconsin.gov/seniorcare/input.h tm).

Program Evaluation

2016-2018 Terms and Conditions: "The State must provide an evaluation report reflecting the hypotheses being tested and any results available."

Program Evaluation, continued

- Evaluation of demonstration questions:
 - Does SeniorCare positively influence the market for prescription drug insurance coverage for lowincome 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?

Program Evaluation, continued

- 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?
- The University of Wisconsin Population Health Institute is conducting the evaluation.

Providing Comments

- You are welcome to share your comments about SeniorCare at this time.
- Speaker forms are located on the table where you came in.
- You will have 1-2 minutes to speak.
- When you speak, face the audience and speak into the microphone so you can be heard.

Providing Comments, continued

- Written comments may be submitted through June 7, 2018:
 - Fax: 608-266-1096
 - Email: dhsseniorcare@dhs.wisconsin.gov
 - Mail: Department of Health Services

Division of Medicaid Services

Attn: Tiffany Reilly

1 West Wilson Street, P.O. Box 309

Madison, WI 53701-0309

Providing Comments, continued

You may provide written comments in your desired language.

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 - Qualified interpreters.
 - Information written in other languages.

If you need these services, contact Al Matano:

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

If you believe that DHS has failed to provide these services or discriminated in another way on the basis or race, color, national origin, age, disability, or sex, you can file a grievance with:

Department of Health Services

Civil Rights Compliance

Attn: Attorney Pamela McGillivray

1 West Wilson Street, Room 651

P.O. Box 7850

Madison, WI 53707-7850

You can also submit a grievance by phone, fax, or email:

- Telephone: 608-266-1258 (voice), 711, or 1-800-947-3529 (TTY)
- Fax: 608-267-1434
- Email: <u>dhscrc@dhs.wisconsin.gov</u>

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the DHS Civil Rights Compliance Officer, Pamela McGillivray, is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at: https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

- U.S. Department of Health and Human Services
 200 Independence Avenue
 SW Room 509F, HHH Building
 Washington, DC 20201
- Telephone: 1-800-868-1019, 1-800-537-7697 (TDD)
- Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html

- This presentation will be posted in English, Spanish, and Hmong at: https://www.dhs.wisconsin.gov/seniorcare/input.htm.
- If you would like to see this presentation in your desired language, email alfred.matano@dhs.wisconsin.gov.

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