



STATE OF WISCONSIN
BOARD ON AGING AND LONG TERM CARE

1402 Pankratz Street, Suite 111
Madison, WI 53704-4001

Ombudsman Program (800) 815-0015
Medigap Helpline (800) 242-1060
Part D Helpline (855) 677-2783
Fax (608) 246-7001
<http://longtermcare.wi.gov>

MEMBERS of the BOARD

Barbara M. Bechtel
Michael Brooks
Tanya L. Meyer
Dr. Valerie A. Palarski
James Surprise
Dr. Dale B. Taylor

EXECUTIVE DIRECTOR

And
STATE LONG TERM
CARE OMBUDSMAN
Heather A. Bruemmer

October 15, 2019

Governor Tony Evers
Office of the Governor
115 East, State Capitol
Madison, WI 53702

Members of the Wisconsin Legislature
State Capitol Building
Madison, WI 53702

Dear Governor Evers and Legislators,

On behalf of the Wisconsin Board on Aging and Long Term Care, I am honored to provide you the Board's report for the biennium ending June 30, 2019. The Board on Aging and Long Term Care views this report as a means to display the positive impact of our programs on the public, our plans for the immediate and long-term future, and the progress that we have made toward meeting our stated goals.

In the past biennium, the seven Governor appointed members of the Board and staff have served as enthusiastic advocates for consumers of long-term care in Wisconsin. The Board is ever mindful of the issues facing today's long-term care consumer, but also takes a forward-thinking approach toward considering those issues most likely to impact the future quality of life and quality of care provided to the state's long-term care consumers. Together with the Board on Aging and Long Term Care Executive Director, the Board provides the strategic compass for all advocacy efforts and educational programs carried out by Board on Aging and Long Term Care employees.

The mission of the Board on Aging and Long Term Care is to advocate for the interests of the state's long-term care consumers, to inform those consumers of their rights, and to educate the public at large about health care systems and long-term care. To carry out this mandate the Board operates three distinct and important programs:

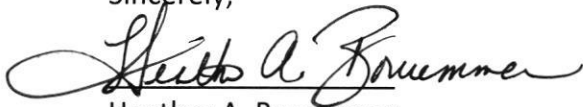
- Long Term Care Ombudsman Program
- Volunteer Ombudsman Program
- Medigap Helpline Program

As shown in the data displayed in this report, the Board on Aging and Long Term Care continues to see a steady rise in the number of consumer contacts. As the healthcare landscape has become more complex, consumers have increasingly looked to the Board on Aging and Long Term Care as the premier resource to receive effective advocacy and to assist in resolving questions and issues arising from the use of private and government-funded long-term care services. Long-term care consumers rely on the Board on Aging and Long Term Care to receive accurate and timely information and assistance with understanding their health care options.

The Board on Aging and Long Term Care programs are an enduring example of government programs that work. The programs reflect the dedication of a fiscally responsible and effectively managed group of motivated and competent professionals who do their work very well and produce extraordinary results for our consumers.

The Board on Aging and Long Term Care is pleased to know that you will be reviewing our report and we look forward to talking with you and with members of your staff about its contents and the future of the Board's programs.

Sincerely,

A handwritten signature in cursive script that reads "Heather A. Bruemmer". The signature is written in black ink and is positioned above the printed name.

Heather A. Bruemmer

Executive Director and State Long Term Care Ombudsman

Advocacy: An Investment for the Future

The Board on Aging and Long Term Care has adopted the following principles:

Mission

The mission of the Board on Aging and Long Term Care is to advocate for the interests of the state's long-term care consumers, to inform those consumers of their rights, and to educate the public at large about health care systems and long-term care.

Vision

The Board on Aging and Long Term Care is the premier resource for information and advocacy. The Board will increase its visibility and accessibility by expanding its role and recognition as an advocacy leader.

Values

The Wisconsin Board on Aging and Long Term Care subscribes to and defends the values of: respect and dignity for the individual; protection of the right of the individual to be free from threats to health, safety and quality of life; fairness and transparency; and open, clear and consistent communication. Our staff and volunteers provide services consistent with the spirit and intent of these values.

Summary Description of the Board on Aging and Long Term Care

Created by the Wisconsin Legislature in 1981, the Board on Aging and Long Term Care is home to three very important consumer programs: the Long Term Care Ombudsman Program, the Volunteer Ombudsman Program, and the Medigap Helpline Program.

The Board on Aging and Long Term Care is enabled by Wisconsin Statute at § 16.009, *stats.* This section incorporates, by reference, the federal Long Term Care Ombudsman Program statutes found in the Older Americans Act at 42 USC 3058(f) and 42 USC 3058(g) and codified in the Code of Federal Regulations at 45 CFR 1324 and 45 CFR 1327. Our agency is given policy direction and oversight by a seven-member citizen board, appointed by the Governor with the advice and consent of the State Senate under Wisconsin Statute at § 15.105(10), *stats.* Operational control is vested in an Executive Director / State Long Term Care Ombudsman, currently Heather A. Bruemmer, who is supported by managerial staff including Counsel to the Board, an Office Manager, an Ombudsman Supervisor, a Volunteer Program Supervisor and a Medigap Program Supervisor.

The Long Term Care Ombudsman Program is Wisconsin's version of a federally mandated program that provides trained, professional advocates who represent the interests of and speak for residents of long-term care facilities. Ombudsmen respond to complaints lodged by or on behalf of these residents and advocate to protect their rights and welfare when threatened by the actions of care providers, by government action, or by the actions of any other person. Ombudsmen also serve as consultants and educators to providers and citizens on any number of specific issues, including resident rights, facility culture change and Wisconsin's Family Care managed long term care and I Respect I Self-Direct (IRIS) program.

The Volunteer Ombudsman Program has been in existence since 1994. We celebrated and recognized 25 years of resident centered advocacy in May of 2019. The Volunteer Ombudsman Program recruits, screens, trains and supervises volunteers who make unannounced weekly visits to nursing homes. The volunteers are supported by their regional Volunteer Coordinator and the Volunteer Ombudsman Program Services Supervisor. Volunteer Ombudsmen visits strengthen the advocacy services provided by Regional Ombudsmen for residents living in nursing homes. During this reporting period, the program averaged 98 volunteers in 32 counties. Volunteer Ombudsmen submit monthly reports to their Volunteer Coordinators, providing a summary of information regarding the resident's concerns in that assigned nursing home to the Regional Ombudsman.

The Medigap Helpline Program is an insurance counseling service that provides information and counseling to callers who have questions relating to Medicare programs, Medicare Supplemental insurance, Medicare Advantage and Medicare Part D prescription drug plans, Medical Assistance programs, employer sponsored group health plans, and transitioning from the Marketplace coverage into Medicare. Medigap staff members have been extraordinarily busy dealing with issues created by changes to the Medicare system. The future of the Affordable Care Act has brought additional inquiries, related to changes in the Part-D prescription drug plans “donut-hole” and to changes in Medicare Advantage private plans.

The mission of the Board on Aging and Long Term Care is, and always has been, consumer focused. It is our purpose to advocate for the interests of aging consumers of long-term care. In this role, agency managers and staff have had the opportunity to work with the Department of Health Services (DHS), the Department of Administration (DOA), the Office of the Commissioner of Insurance (OCI) and both state and federal legislators on issues of concern to our constituency.

Programs, Goals, Objectives and Activities Reflecting the Mandates of the Biennial Budget,
as Specified in 2019 Wisconsin ACT 9

Program 1: Identification of the Needs of the Aged and Disabled

Goal 1: To improve the quality of life for nursing home and assisted living facility residents and consumers of long-term care funded by Family Care and the IRIS program.

Objective/Activity: Consumers and their family members often report a fear of retaliation if they report problems or attempt to assert their rights concerning the receipt of services in skilled nursing facilities. Ombudsman and volunteer ombudsman participation in resident councils is a proven tool for energizing, empowering and providing a sense of self-determination for residents. The Board intends to develop effective methods for enhancing Ombudsman and Volunteer Ombudsman participation in resident councils in the state's nursing homes.

- The Board's Long-Term Care Ombudsman Program intends to work diligently to encourage the development and effective operation of resident councils in assisted living and nursing home facilities throughout the state.

Objective/Activity: Improve public education and outreach to consumers on issues and concerns about evaluating the appropriateness of, accessing and assuring the quality of care and quality of life in long-term care facilities in Wisconsin.

- The Board intends to enhance the agency's public outreach efforts, including personal appearances by staff and improved user friendliness of the agency's website to achieve the goal of providing accurate and useful information needed by aging and disabled citizens who are seeking long-term care services.
- The Board intends to further augment the agency website to provide additional resources to aid consumers in understanding the role and capabilities of Long Term Care Ombudsman Program advocacy services.

Goal 2: Improve public education and outreach to consumers on issues related to Medicare Supplemental, Medicare Advantage, Medicare Part D (prescription drug) and related forms of insurance.

Objective/Activity: While the Board's Medigap Helpline has proven to be an extremely effective program to counsel individuals regarding their insurance needs and options, more needs to be

done to expand the audience of those who have significant needs but are unaware of the program's services and how to access them.

- The Board intends to continue to enhance the agency's public outreach efforts, including personal appearances by staff at public forums in order to achieve the goal of making the Medigap Helpline Services a resource which is recognized by Wisconsin Medicare beneficiaries as a reliable and trustworthy source of accurate information about Medicare Supplemental, Medicare Advantage, Part D, and related insurance products. Greater state-wide outreach in the form of in-person contacts with local groups of Medicare-eligible individuals is being used to advance this goal.
- The Board focuses on its website to include up-to-date information on insurance for older people and to provide appropriate links to the websites of the Office of the Commissioner of Insurance, the federal Centers for Medicare and Medicaid Services (CMS) and other reliable sites such as the federal Affordable Care Act information site, HealthCare.gov.
- Frequent and timely press releases containing pertinent information are regularly sent out to state-wide media outlets and are made accessible on the Board on Aging and Long Term Care website.

PERFORMANCE MEASURES

2017 AND 2018 GOALS AND ACTUALS

Prog. No.	Performance Measure	Goal 2017	Actual 2017	Goal 2018	Actual 2018
1.	Number of complaints investigated by Ombudsmen on behalf of Long Term Care Consumers.	2,500	2,540	2,650	3,003
1.	Number of education programs given to Long Term Care consumers by ombudsman program staff.	200	179	210	188
1.	Number of education programs given to Long Term Care providers by ombudsman program staff.	105	92	110	80
1.	Number of times volunteer ombudsmen and volunteer coordinators attend resident councils with facility visits.	300	307	310	298
1.	Number of outreach presentations by Medigap Helpline program staff.	76	95	78	75
1.	Number of Medigap Program Volunteer hours provided.	1,400	1,592	1,500	1,029
1.	Number of hits on the Board's Web site.	193,000	248,714	194,000	289,883

Note: Based on fiscal year

2019, 2020 AND 2021 GOALS

Prog. No.	Performance Measure	Goal 2019	Goal 2020	Goal 2021
1.	Number of complaints investigated by Ombudsmen on behalf of Long Term Care Consumers.	3,100	3,175	3,200
1.	Number of education programs given to Long Term Care consumers by ombudsman program staff.	90	95	100
1.	Number of times volunteer ombudsmen and volunteer coordinators attend resident councils with facility visits.	320	325	330
1.	Number of outreach presentations by Medigap Helpline program staff.	80	82	84
1.	Number of Medigap Program Volunteer hours provided.	1,500	1,600	1,700
1.	Number of hits on the Board's Web site.	285,000	300,000	310,000

Note: Based on fiscal year

Members of the Board

<u>Name</u>	<u>Home City</u>
Tanya Meyer (Chair)	Rhineland
James Surprise	Wautoma
Barbara Bechtel	Brown Deer
Michael Brooks	Oshkosh
Dr. Dale Taylor	Eau Claire
Dr. Valerie Palarski	Aniwa
Eva Arnold	Beloit (retired)

Staff Members

Executive Director / State Ombudsman	Heather A. Bruemmer
Counsel to the Board	Christopher J. McElgunn
Central Office Manager	Vicki Tiedeman
Ombudsman Supervisor	Kim Marheine
1 Lead Ombudsman	Rachel Selking
17 Regional Ombudsmen	
1 Veterans Ombudsman Specialist	
1 Ombudsman Relocation Specialist	
1 Ombudsman Intake Specialist	
1 Lead I Respect I Self Direct (IRIS) Ombudsman	Kathleen Miller
1 IRIS Ombudsman	
Volunteer Ombudsman Supervisor	Kellie Miller
5 Volunteer Ombudsman Coordinators	
Medigap Supervisor	Vicki Buchholz
1 Lead Medigap Counselor	Jill Helgeson
4 Medigap Counselors	
2 Medicare Part D counselors	
1 Medigap Intake Specialist	
1 Information Specialist (0.5 FTE)	

Part-Time Employment and Flexible Schedules

Section 230.215(4), Wis. Stats., requires state agencies to include information in the biennial report on the progress of the agency in implementing employment practices which provide flexibility in scheduling and create permanent part-time employment opportunities. The Board on Aging and Long Term Care (BOALTC) has three primary programs with unique parameters of how they serve consumers.

The Ombudsman and Volunteer Ombudsman Programs require staff members to operate throughout the state to accommodate assignments at various locations and appointments with consumers, both in the community and in long-term care facilities. In addition, staff members regularly hold educational trainings, attend seminars and meet with representatives of other state agencies. To create the most efficient environment for program administration and employee welfare, staff members work from home or satellite offices and, under the direction of their program supervisors, have autonomy to set their schedules to best serve consumers in their assigned areas.

The Medigap Helpline Program is a free, confidential counseling service for all Medicare beneficiaries, including disabled individuals and individuals age 65 and over. Due to the high number of calls received during business hours, Medigap Helpline staff members are primarily required to work during assigned hours. However, these staff members are also periodically assigned to provide trainings and attend seminars. In these situations, under the direction of their program supervisors, staff members have the flexibility to choose an alternative arrival and departure time from work to best accommodate their needs.

In all situations, the BOALTC strives to provide a positive work environment for all staff members and to create an appropriate work-life balance.

Long Term Care Ombudsman Program

The Long Term Care Ombudsman Program is the primary resource for advocacy for persons age 60 and older who utilize the following long-term care supports and services: nursing home and assisted living facility services; managed long-term care services via the state's Family Care, PACE and Partnership programs; self-directed supports and services via the state's IRIS (Include, Respect, I Self-Direct) program. After expanding authority in 2017 to include participants in the IRIS program, the Board on Aging and Long Term Care now serves around 120,500 clients which includes: approximately 90,000 persons living in licensed settings, 24,100 persons enrolled in managed care and 6,400 persons enrolled in IRIS program¹.

Long Term Care Ombudsmen investigate complaints and provide information and assistance in areas of concern related to the quality of life and quality of care of Wisconsin's older adult consumers of long-term care services and supports. Ombudsmen accomplish their goals of empowering consumers and educating providers through a variety of strategies, many of which take place in person at the residence of the client. With client consent, Ombudsmen also act as mediators and facilitators to resolve disputes informally, but also provide representation at appeals, grievances and state fair hearings. With the addition of IRIS advocacy, the Board's Ombudsman Program has closed a gap in much-needed services. In their first year, the two IRIS Ombudsmen managed 100 new cases and provided education, information and assistance to community members and service providers across the state.

Long Term Care Ombudsmen are well-known not only for their client-specific advocacy, but also for their visibility and collaborations within their communities around Wisconsin. Ombudsmen interface regularly with Adult Protective Services units, Aging and Disability Resource Centers, Departments of Health and Human Services, and community-based Interdisciplinary Teams. They are often sought for their expertise in long-term care by communities exploring initiatives such as better supports to persons affected by dementia, veterans' services, supports to combat homelessness, and improved access to long-term care by persons who have been justice-involved.

The Ombudsman Program is pleased to be part of the state's overall goals to promote changes in policies, practices and systems to improve the quality of life and care for all older adult consumers of Wisconsin's long-term care programs.

¹ Source: Department of Health Services; Bureau of Nursing Home Resident Care. Data does not include 1-2 bed Adult Family Homes, which are certified by either counties or Managed Care Organizations. Residents are typically Family Care members so would be included in the Total count for Family Care/PACE/Partnership. Enrollment data is provided for members age 65 and older; BOALTC Ombudsmen serve persons age 60 and older.

Ombudsman Program Most Frequent Complaints 2017 – 2019

Ombudsman complaint data is derived from the agency's Ombudsmanager database system. The top ten most frequent complaints, below, are complaints received about nursing homes and assisted living communities, as well as complaints about managed care services. Complaint data is provided to the Administration for Community Living (ACL) annually. These complaints have been consistent in their "Top Ten" ranking from year to year, with only slight variability between programs. Complaints are received from a variety of stakeholders, including but not limited to consumers, family members and friends, facility and managed care staff, community medical professionals, Adult Protective Services units, Aging and Disability Resource Centers, and legislative staff. Regional Ombudsmen approach complaint resolution with an emphasis on long-term care consumers' rights and a continuing concern for individual client empowerment and self-advocacy.

- Discharge, eviction
- Failure to follow the care plan
- Dignity, respect, staff attitudes
- Failure to respond to request for assistance
- Family conflict, interference
- Medications – administration, organization
- Assistance with personal hygiene; not enough staff
- Symptoms unattended, including pain
- Legal: guardian, power of attorney
- Exercise of preference and choice in religious, health care decisions

Long Term Care Ombudsmen utilize a variety of techniques to resolve complaints, including problem solving, negotiation, mediation, and referral to and joint investigation with other agencies. The primary focus of the Ombudsman is to protect the rights of the individual, and with client consent, to assist in the resolution of problems and conflicts, improving the quality of life and quality of care provided to these individuals.

The Volunteer Ombudsman Program

The Volunteer Ombudsman Program, under the supervision of the Volunteer Ombudsman Program Services Supervisor, strengthens the services provided by the Long Term Care Ombudsman Program to residents living in Wisconsin nursing homes.

Volunteer Ombudsmen (VO) are resident- centered advocates. Individuals contact the Board on Aging and Long Term Care when they hear about the need for volunteers through public presentations, media, recruitment posters and word of mouth. Volunteers are recruited, trained and supervised by five regional Volunteer Coordinators. The Volunteer Coordinators, without whom the program would not thrive, are responsible for Volunteer Ombudsmen assigned to skilled nursing homes in 32 counties.

To become a Volunteer Ombudsman, they must undergo a thorough screening. When a potential volunteer applies, they will submit to and must pass the criminal background check. The applicant must disclose all potential conflicts of interest such as current employment in a long-term care facility. A determination will be made by the Board on Aging if the individual can move forward with the volunteer program. Statutory authority for this program comes from 45 CFR §§ 1324.19 - 1324.13 and Wis. Stat. § 16.009(4)(a). The Ombudsman Program has authority to designate representatives who then have the same unrestricted access to nursing homes and residents.

Potential volunteers must attend the mandatory training to become a Volunteer Ombudsman. After completion of training, they will be assigned a nursing home in their community.

The volunteers in this program are invaluable advocates providing nursing home residents with increased access to advocacy services. This is done through unannounced visits of two to three hours per week to their assigned nursing home(s). The main items of concern for residents include call lights not being within their reach, call lights not being answered in a timely manner, not being provided with adequate food and beverage choice, food quality, and the fear of retaliation when voicing a concern.

Volunteer Ombudsmen build and maintain trusting relationships with the residents they meet during their weekly visits. During each facility visit; volunteers will ask the residents if they want to talk, and if so, volunteers will ask them how they are being treated and cared for while living in the nursing home.

Volunteer Ombudsmen listen to the residents and empower them to share concerns with nursing home staff and administration. Volunteer Ombudsman can also be the voice of the resident and express the resident’s concerns during their exit interview with the facility. If the resident wants the Volunteer Ombudsman to be their voice, with the resident’s full consent and permission, their concerns are shared with staff or administration. The Volunteer Ombudsman Program is diligent in protecting Residents Rights, so residents feel heard, worthy and safe in their home.

The Volunteer Ombudsmen will call the Board on Aging and Long Term Care toll free and confidential number (1-800-815-0015) and relay immediate issues/resident concerns and facility observations on the day of visit to their Regional Ombudsman. Volunteer Ombudsmen submit monthly reports to their Volunteer Coordinators which provides a summary of their visits. This report is shared with the Regional Ombudsman and entered into the Ombudsmanager database.

	2017	2018
Volunteer Ombudsmen Data		
Volunteer Ombudsmen	97	99
Nursing homes with a Volunteer	92	82
Resident Council meetings attended	307	298
Nursing home visits made	2,361	2,534
Hours donated	4,912	4,739

In this last biennial, almost 10,000 hours of time was contributed by the Volunteer Ombudsmen. The amount of time and effort the volunteers put in on a weekly basis is a tremendous benefit to our Wisconsin nursing home residents. This allows more one-on-one time for nursing home residents to express their needs and concerns in a confidential manner.

Volunteer Ombudsmen not only give their time to strengthen the advocacy services provided to residents in nursing homes; they improve resident lives one visit at a time by being present, engaged and ensuring the voice of the resident is heard.

Medigap Helpline Programs

The Medigap Helpline delivers services under the federal SHIP (State Health Insurance Assistance Program) and helps beneficiaries with questions about health insurance: including Medicare, Medicare supplements, Medicare Advantage Plans, Long Term Care Insurance, and other health care options available to Medicare beneficiaries. The Medigap Helpline Programs also includes the Medigap Part D and Prescription Drug Helpline for beneficiaries 60 years of age and over.

The Medigap Helpline Programs are services administered by the State of Wisconsin Board on Aging and Long Term Care at no cost to the caller. There is NO connection with any insurance company and the Medigap Helpline Programs' counselors do not endorse nor express any opinion as to the worth or value of any policy or insurance product. The programs are funded through grants from the Administration for Community Living (ACL) and the Wisconsin Office of the Commissioner of Insurance (OCI).

The Medigap Helpline Programs are one-on-one telephone counseling services; staffed with one Medigap Helpline Services Supervisor, one Lead Medigap Counselor, four full time Medigap Counselors, two full time Medigap Part D and Prescription Drug Counselors, one full time intake advocate, and one part time Management Information Systems person. Counselors are required to maintain an insurance license for life and health insurance in the State of Wisconsin. The programs utilize the services of numerous volunteers throughout the year to assist with various office duties.

The toll-free telephone number for the Medigap Helpline, **1-800-242-1060**, is a nationwide number and is listed on the back of the Centers for Medicare & Medicaid Services (CMS) publication "Medicare & You" (Wisconsin version). This program is always accessible to Wisconsin beneficiaries and family members even if they are temporarily out of state. The toll-free telephone number for the Medigap Part D and Prescription Drug Helpline, **1-855-677-2783 (1-855-67-PARTD)**, is accessible for Medicare beneficiaries, 60 years of age and over, who specifically need assistance with understanding and selecting suitable prescription coverage.

The Medigap Helpline Programs' counselors also provide outreach to Wisconsin residents and professionals. Counselors conduct presentations throughout the state, explaining how Medicare coordinates with other insurance options as well as responding to requests relating to specific topics. Counselors also deliver additional outreach by distributing resource materials on healthcare coverage options at informational booths at health fairs, conferences and senior centers.

Printed materials describing the programs, Medicare, related insurance options, and prescription resources are available to consumers upon request. The Medigap Helpline Programs' counselors also utilize the Language Line to be accessible for those beneficiaries who primarily speak another language.

Who are our primary customers?

- Medicare beneficiaries of all ages
- Disabled Individuals
- Low income individuals
- Pre-retirement individuals
- Retirees losing their employer group coverage
- End Stage Renal Disease beneficiaries
- Private long-term care insurance shoppers
- Consumers transitioning from Marketplace to Medicare

Who are our other customers? (Including but not limited to):

- Elder/Disability Benefit Specialists
- Social workers/case managers
- Legislators
- Non-Medicare individuals without health insurance
- Medical/healthcare providers

The Medigap Helpline Program works with beneficiaries attempting to maneuver through the Medicare and health insurance arena trying to find the optimal coverage that fits their needs. With both helplines serving beneficiaries, the scope of information presented to callers gives them an opportunity to be more aware and able to select the right options for their situation. Beneficiary contacts reported to CMS within the Medigap Helpline Services totaled 12,119 in the calendar year 2018 compared to 12,965 in 2017. Counselors are seeing more complexity with the calls to the helplines. The decline is a result of having turnover in some staff positions.

We have had growth in our volunteer program which assists the Part D & Prescription Drug Benefits Helpline programs. The volunteer program, which includes volunteers from the UW Pharmacy school program and retired persons, had 49 volunteers this past reporting period (2018) who completed 1,028 hours of service providing prescription drug plan finder assistance, data entry, and clerical support for both programs. This compares with 75 volunteers with 1,592 hours of service for reporting year 2017. The reduction of volunteers comes from requiring pharmacy student volunteers to commit to a minimum of six hours when they

volunteer during the Annual Election period as opposed to a minimum of two hours as in previous years. This saved staff time with less initial training needed and volunteers able to provide more efficient service.

The agency's volume of calls continues to grow as the population ages and more persons become eligible for Medicare. The need to review both Medicare Advantage and Prescription Drug plans every year also adds to the volume of calls. Since 2016, the Medigap Helpline can file complaints directly to CMS and the Plan through a Complaint Tracking Module. This occurs in cases where the Medicare Advantage plan or Medicare Prescription Drug plan failed to enroll or provide the coverage a beneficiary should have had, and the beneficiary was not successful in resolving the issue. This allows CMS to review the complaint and offer direction as well.

	2015	2016	2017	2018
CMS Reported Calls	13,684	14,776	12,965	12,119
Toll-Free LIVE calls:	2,607	4,822	3,455	3,330
Total Hours provided to callers:	6,961	8,114	7,146	6,620
(Avg. Minute per call)	31	33	33	33
Volunteers:	79	112	85	49
Volunteer Hours:	1,589	1,804	1,592	1,029
Outreach Events:	81	95	75	95
Outreach attendees:	7,399	9,625	9,300	9,516
Complaint Tracking Module reports: successful outcomes/filed complaints	N/A	2/2	3/3	9/10

Medigap counselors provide information, education, and counseling on coverages and topics including the following:

- Medicare
 - Part A & Part B
- Medicare Supplements (Medigap)
 - Traditional vs Network policies
 - Guarantee Issue Provisions
 - Pre-Existing conditions
 - Relocation/snowbirds
 - Premium issues
- Medicare Advantage Plans
 - Service area coverage
 - Relocation/snowbirds
 - Out of Pocket Maximum/copay costs
 - Enrollment Periods: Initial, Annual, Special
 - Trial periods
 - Prescription Part D inclusion

- Medicaid Programs
 - Badgercare Plus (non-Medicare beneficiary)
 - Medicare Savings Programs
 - Medical Assistance Purchase Program (MAPP)
 - Elder, Blind, Disabled Medicaid Programs
- Employer Group Health Insurance
 - Active Employer coverage
 - Retiree Group Coverage
 - Cobra/Wisconsin Continuation
- Health Insurance Marketplace
 - Enrollment periods: Annual, Special
 - Medicare and Marketplace
- Prescription Coverage
 - Medicare Prescription Part D (serving those 60 and over)
 - Wisconsin SeniorCare
 - Low Income Subsidy (extra help)
 - Other Creditable Drug coverage
 - Pharmaceutical Programs
- Long Term Care Insurance
 - Nursing Home
 - Home Health Care
 - Assisted Living
 - Qualified Partnership Policies

Top Issues prompting calls from Beneficiaries and advocates include:

- Medicare and understanding the differences in coverage options
- Loss of employer sponsored coverage: active employer, retiree group, Cobra/continuation
- Prescription coverage needs: drugs not on formulary, gap of coverage costs, and less available pharmaceutical programs
- Marketplace transition issues into Medicare
- Low income programs and coordination with Medicare

Medigap Counselors refer callers to other agencies or resources when appropriate for the beneficiary to obtain the most appropriate assistance/information related to their situational needs. Referrals to and from the Medigap Helpline are steady as the Medigap Helpline has the main SHIP (State Health Insurance Program) telephone number which Medicare sends their referrals. Maintaining close relationships with advocacy groups and partners provides good support for the 1.1 million Medicare beneficiaries in the state. Referrals for one-on-one assistance are made to the Elder or Disability Benefit Specialists in each county.

Trends

Termination of employer sponsored coverages continue to bring Medicare beneficiaries to the Medigap Helpline. Notices of terminations from manufacturers, school districts, city/county governments, medical groups and other businesses have an effect on beneficiaries if they are not given complete information on their options. The Medigap Helpline has presented information to these groups to aide in understanding suitability of options.

Transitions from either low-income programs (Badgercare Plus) or the Health Insurance Marketplace to Medicare continues to be an issue for many beneficiaries. The misinformation about the rights of the beneficiary along with the confusing array of enrollment periods lead to confusion about the coverage options with Medicare. A special enrollment period was developed by CMS to allow those persons the ability to enroll into Medicare Part B and eliminate the penalty if their actions were a result of this misinformation surrounding the Marketplace. This ended September 30, 2019.

There appears to be an uptick in numbers of beneficiaries with End Stage Renal Disease (ESRD) which may or may not be accompanied with Social Security benefits (disability or age). The enrollment into ESRD Medicare is voluntary and may not always be the most optimal coverage a beneficiary could have. Detailed counseling will provide a clearer picture of the different types of coverage options the beneficiary would have, from remaining on Badgercare Plus or Marketplace coverage, to switching to ESRD Medicare and selecting a drug plan and supplemental policy, to remaining in active employer plan for the 30 month coordination period. These beneficiaries require a lot of time and understanding in enrollment periods and coverage outcomes to be able to select the most optimal coverage.

Contact information for the State of Wisconsin
Board on Aging and Long Term Care

Central Office Address:
1402 Pankratz Street, Suite 111
Madison, Wisconsin 53704-4001

Ombudsman/Volunteer Program: (800) 815-0015

Medigap Helpline Program: (800) 242-1060

Medigap Part D & Prescription Drug Helpline: (855) 677-2783

Fax: (608) 246-7001

Email: BOALTC@Wisconsin.Gov

Website: <http://longtermcare.wi.gov/>

The Board on Aging and Long Term Care, as an agency of Wisconsin State Government, makes no endorsement or recommendation as to the value, quality or appropriateness of any service provider, product or program related to the delivery of long term care or Medicare-related insurance.