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☛ Details: Letter Report: SeniorCare Eligibility Determinations (continuation of pt30)

(FORM UPDATED: 08/11/2010)

WISCONSIN STATE LEGISLATURE ... PUBLIC HEARING - COMMITTEE RECORDS

2005-06

(session year)

Joint

(Assembly, Senate or Joint)

Committee on Audit...

COMMITTEE NOTICES ...

- Committee Reports ... **CR**
- Executive Sessions ... **ES**
- Public Hearings ... **PH**

INFORMATION COLLECTED BY COMMITTEE FOR AND AGAINST PROPOSAL

- Appointments ... **Appt** (w/Record of Comm. Proceedings)
- Clearinghouse Rules ... **CRule** (w/Record of Comm. Proceedings)
- Hearing Records ... bills and resolutions (w/Record of Comm. Proceedings)
(**ab** = Assembly Bill) (**ar** = Assembly Resolution) (**ajr** = Assembly Joint Resolution)
(**sb** = Senate Bill) (**sr** = Senate Resolution) (**sjr** = Senate Joint Resolution)
- Miscellaneous ... **Misc**

* Contents organized for archiving by: Stefanie Rose (LRB) (October 2012)



State of Wisconsin
Department of Health and Family Services

Jim Doyle, Governor
Helene Nelson, Secretary

January 28, 2005

To Members of the Legislature:

Yesterday, the Legislative Audit Bureau issued a Letter Report on SeniorCare Eligibility Determinations. In 11.9% of the 1,000 cases reviewed, the audit found that seniors underestimated their future income, causing them to be placed in a lower cost-sharing category. In 2.3% of the cases, seniors overestimated their future income, causing them to be placed in a higher cost-sharing category than they could have been placed.

The Audit Bureau stated, "in cases where income discrepancies were found, we were unable to determine with certainty whether participant's incomes had actually changed or whether they had been misreported." (Letter Report at p. 10.) The Audit Bureau noted that it "was unable to determine the cause of these discrepancies, but possible explanations include unexpected income changes, errors in estimating income, or a misunderstanding of what is counted as income under the program." (Letter Report at p.10.) In other words, the Audit Bureau did not find that Wisconsin seniors were intentionally or fraudulently underestimating their future income. Rather, it shows that some seniors could not predict their future income with complete accuracy.

Further, the Audit Bureau did not find that Department of Health and Family Services staff had erred in determining eligibility. Staff correctly used the income forecast provided by the seniors to determine benefits. The fact that, in retrospect, the actual income was higher or lower than the forecasted amount does not demonstrate staff error.

When SeniorCare was created, it was determined that the senior's prospective income was a better, more relevant indicator of need than retrospective income. This is true because when they retire, many seniors experience both a significant decline in income and a loss of prescription drug coverage. Past income is frequently not a good predictor of current or future income. This senior-friendly policy helps insure that those who will benefit from prescription drug coverage can efficiently receive that coverage.

SeniorCare administrative rules require applicants to provide an *estimate* of expected income for the coming 12-month period for determining eligibility. This standard for SeniorCare was approved by the Legislature. Of course, it is a legislative prerogative to direct a change to a different system that could be "more accurate" if that is the Legislature's priority.

It is not surprising that Wisconsin seniors have been unable to accurately forecast their incomes. Changes in interest earnings and changing hours of part-time employment are common unforeseen circumstances that can change the amount of countable income a senior may have from one year to the next. Or, a senior may need to replace a vehicle, or have unforeseen out-of-pocket medical expenses, which causes the senior to use more of their retirement income than planned.

The scope of the audit did not include confirming with participants reasons why seniors' estimated future income reported at the time of application differed from actual income in the cases reviewed. Therefore, it is quite likely that the estimated savings are overstated.

My Department is committed to accurately and efficiently providing benefits to the citizens of Wisconsin who are entitled to those benefits. In our departmental budget submission, we proposed to develop a

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system that will verify reported income against a variety of third-party data sources. I believe this will be a cost-effective means of improving accuracy.

The audit recommends that the Department increase its efforts to prevent, identify and correct participant errors in income reporting, and establish procedures for recovering SeniorCare benefits incorrectly paid. (Letter Report at p. 11.) Because SeniorCare eligibility is based on estimated, future income, the potential for some amount of under-reporting can never be eliminated. Distinguishing deliberate under-reporting from unanticipated changes in circumstances is a worthwhile venture but can be extremely difficult. Although we agree that we do not want people deliberately misrepresenting their expected income, we must carefully evaluate the cost-effectiveness and potential burden to seniors of additional administrative procedures.

The audit also suggests that the Department should recover "benefits paid in error." (Letter Report at p. 12.) Given that there has been no finding of fraud or intentional underestimating by seniors, and the administrative costs of recovering small sums from individuals, I have questions about the desirability of this approach. As recommended, my Department will review this further and report to the Joint Legislative Audit Committee on this item by April 15, 2005.

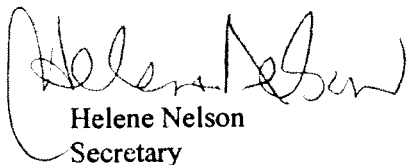
Wisconsin's SeniorCare Program has proven to be a huge success. In the two and a half years since its implementation, SeniorCare has provided critical assistance in purchasing prescription drugs to over 125,000 Wisconsin seniors. SeniorCare is the nation's best prescription drug assistance program for seniors.

Approximately 90,000 seniors are enrolled in the program. Almost 60% have income less than \$15,000 a year for individuals, and less than \$20,000 a year for couples. We also know that over 90% of those enrolled in SeniorCare do not have other insurance to help them pay for the prescription drugs they need to lead quality, healthy lives. SeniorCare clearly fills a critical gap for these low-income seniors.

SeniorCare is vital to older Wisconsin citizens, and many have come to rely on it for prescription drug assistance they would not otherwise have. SeniorCare enrollees receive much better benefits than those offered under the new Medicare Part D plan. Notably, however, we all need to be concerned about the future of SeniorCare. Just last week, the Centers for Medicare and Medicaid Services released final regulations for Medicare Part D released that impose new conditions that could jeopardize SeniorCare.

Let us join together in making sure that SeniorCare survives and continues to provide essential prescription drug coverage to Wisconsin seniors.

Sincerely,



Helene Nelson
Secretary

HN:js





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Department of Health and Family Services

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January 28, 2005

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Maybe too liberal - Lets think of a better way!

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Approximately 90,000 seniors are enrolled in the program. Almost 60% have income less than \$45,000 a year for individuals, and less than \$20,000 a year for couples. We also know that over 90% of those enrolled in SeniorCare do not have other insurance to help them pay for the prescription drugs they need to lead quality, healthy lives. SeniorCare clearly fills a critical gap for these low-income seniors. *Asset???*

SeniorCare is vital to older Wisconsin citizens, and many have come to rely on it for prescription drug assistance they would not otherwise have. SeniorCare enrollees receive much better benefits than those offered under the new Medicare Part D plan. Notably, however, we all need to be concerned about the future of SeniorCare. Just last week, the Centers for Medicare and Medicaid Services released final regulations for Medicare Part D released that impose new conditions that could jeopardize SeniorCare. *What are they?*

Let us join together in making sure that SeniorCare survives and continues to provide essential prescription drug coverage to Wisconsin seniors.

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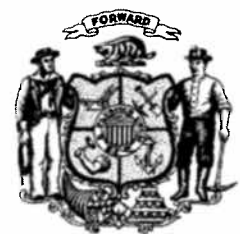


Helene Nelson
Secretary

HN:js



WISCONSIN STATE LEGISLATURE





State of Wisconsin
Department of Health and Family Services

Jim Doyle, Governor
Helene Nelson, Secretary

May 27, 2005

The Honorable Carol A. Roessler
Co-Chairperson of the Joint Legislative Audit Committee
Wisconsin Senate
Room 8 South, State Capitol
P.O. Box 7882
Madison, WI 53707-7882

The Honorable Suzanne Jeskewitz
Co-Chairperson of the Joint Legislative Audit Committee
Wisconsin Assembly
Room 314 North, State Capitol
P.O. Box 8952
Madison, WI 53708-8952

Dear Senator Roessler and Representative Jeskewitz:

Thank you for your letter regarding the Legislative Audit Bureau's evaluation of SeniorCare.

The Department of Health and Family Services will provide the Joint Legislative Audit Committee with a report of our evaluation and implementation plans for initiatives designed to increase SeniorCare payment accuracy. In this same report, we will provide the Committee with an update on the status of systems projects that will implement a SeniorCare benefit recovery process. The report will be delivered to the Committee by October 31, 2005.

Thank you for your continued interest in SeniorCare.

Sincerely,

A handwritten signature in black ink, appearing to read 'Helene Nelson', written over a faint horizontal line.

Helene Nelson
Secretary





State of Wisconsin
Department of Health and Family Services

Jim Doyle, Governor
Helene Nelson, Secretary

October 19, 2005

The Honorable Carol Roessler
Wisconsin Senate
Co-Chairperson Joint Legislative Audit Committee
Room 8 South, State Capitol
P.O. Box 7882
Madison, WI 53707-7882

✓ The Honorable Suzanne Jeskewitz
Wisconsin Assembly
Co-Chairperson Joint Legislative Audit Committee
Room 314 North, State Capitol
P.O. Box 8952
Madison, WI 53708-8952

Dear Senator Roessler and Representative Jeskewitz:

The attached report is submitted in response to the Joint Legislative Audit Committee's request that the Department provide several updates in follow-up to our April 15th letter regarding LAB's evaluation of SeniorCare eligibility determinations. Specifically, you asked that we inform the Committee of the enhanced verification initiatives it will implement for SeniorCare and the status of implementation of a SeniorCare benefit recovery system.

We are pleased to report that we have already implemented several enhanced verification policies/procedures, with more planned for implementation in 2006 in coordination with other major enhancements to the CARES system. In addition, we have achieved our Fall 2005 goal for making system changes and establishing processes for recovering SeniorCare benefits paid in error. We will implement the SeniorCare benefit recovery system October 31, 2005.

Please contact Cheryl McIlquham, Division of Health Care Financing Deputy Administrator, at (608) 266-8922 or Jim Jones, Director of the Bureau of Eligibility Management, at (608) 266-9435 if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'Helene Nelson', written over a horizontal line.

Helene Nelson
Secretary

Attachment

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REPORT TO THE LEGISLATURE

**Follow-Up to Legislative Audit Bureau
Evaluation of SeniorCare Eligibility Determinations
As Requested by the
Joint Legislative Audit Committee**

Wisconsin Department of Health and Family Services

October 19, 2005

Introduction

In April 2005, the Department of Health and Family Services (DHFS) submitted a report to the Joint Legislative Audit Committee describing the steps the Department had taken to implement the recommendations contained in the Legislative Audit Bureau's January 2005 evaluation of SeniorCare Eligibility Determination. In response, the Joint Legislative Audit Committee requested a report describing which of the enhanced verification initiatives to prevent, identify, and correct errors in SeniorCare benefit payments, identified in the April report, will be implemented by the Department. In addition, the Department was asked to update the Committee on the status of implementing changes to the Client Assistance for Re-employment and Economic Support (CARES) eligibility determination system and the Central Recoveries Enhanced System (CRES) in order to recover SeniorCare benefits paid in error. This report is in response to these requests.

Background

The SeniorCare Prescription Drug program was established in 2002 to provide prescription drug coverage in an easy, efficient, and effective way to Wisconsin's senior population. That goal has been achieved largely through the use of a simple application process that allows seniors to self-report their annual income on a mail-in application or renewal form. The program has been embraced by the senior community as a program that is easy to apply for and retain through an annual renewal of eligibility, while providing a significant prescription drug cost-savings benefit to seniors.

The SeniorCare program is administered centrally by Department staff in the Division of Health Care Financing's Bureau of Eligibility Management, State Customer Operations Section. Administrative costs for operating the program are kept low by processing applications through scanning and automatic transfer of data into the CARES eligibility determination system. Department staff are responsible for eligibility determinations and ongoing case management of SeniorCare cases. Department staff also monitor contracted staff responsible for application scanning, validation, and customer service. This collaboration of resources allows the Department to successfully determine eligibility, issue benefits, process claims, and provide comprehensive, responsive customer service to approximately 87,000 SeniorCare participants.

Customer satisfaction and low administrative costs for the SeniorCare program are maintained by allowing seniors to self-report their annual income. The self-reported income is then reviewed by DHFS eligibility staff. For information considered questionable, eligibility staff follow-up with the participant to obtain necessary verification.

As reported to the Legislature in April 2005, the Department has been exploring opportunities to improve program integrity in the SeniorCare program through enhanced

verification initiatives in order to better prevent, identify, and correct errors in SeniorCare eligibility determinations.

Status of Enhanced Verification Initiatives

1. CARES Enhancements

Since April 2005, DHFS has implemented two significant enhancements to the CARES system. These enhancements have improved productivity for the SeniorCare eligibility workers, allowing more time to be allocated to verification and benefit recovery tasks.

a. *Automated Issuance of Letters to Participants.* In June 2005, six letters were added to the CARES client notice subsystem allowing State eligibility workers to automatically generate letters to participants that previously were manually produced and stored. These letters are used to request:

- Various information needed to determine SeniorCare eligibility, but missing from the application or renewal form;
- Verification of income; and, *How do we verify - expense??*
- Documentation of a person's authorized representative.

b. *Electronic Case File.* Images of SeniorCare applications have been electronically stored since the inception of the program. Beginning in September 2005, images of other documents submitted with SeniorCare applications are also being captured and stored in the electronic case file (ECF) through a scanning process. These documents include tax returns, bank statements, worksheets and other correspondence that was submitted to support the information reported on the application. This enhances verification efforts through more accessible and reliable record/documentation retention.

2. CARES Worker Web and SeniorCare

The Department is in the process of converting from the current mainframe user interface to a web-based user interface for the CARES eligibility determination system. The CARES mainframe user interface requires extensive user training because it relies on a user's knowledge of the system. It is not intuitive or user friendly. The CARES Worker Web creates a user interface that uses intuitive navigation with system intelligence, whole sentences for questions instead of abbreviations and acronyms, and words and phrases instead of numeric codes. The CARES Worker Web reduces the amount of time needed to train staff and allows workers to focus on program policy and customer service, rather than focusing on applying and interpreting complicated computer system rules.

The CARES Worker Web, Project One, was implemented over the last nine months across the state for CARES users who determine eligibility for Medicaid, FoodShare, Wisconsin Works, SSI Caretaker Supplement and Child Care. In the next phase, the Department will convert the SeniorCare user interface and processes to the CARES Worker Web. As we transition SeniorCare to the CARES Worker Web in 2006, we will incorporate the following changes to SeniorCare eligibility processing to improve program integrity:

- a. *Identify cases where income has been reported for other programs.* Many SeniorCare participants are also eligible for other public benefit programs, such as FoodShare, or have spouses who are eligible for Medicaid, for instance. Because the same eligibility system (CARES) is used to determine eligibility for each of these programs, income information supplied by the applicant for SeniorCare will be compared to income supplied for other programs for the purpose of identifying potential under-reporting.
- b. *Compare applicant reported wage information to information supplied via the State Wage Record Database.* The Department will make State wage data available on-line to State SeniorCare staff during the SeniorCare eligibility determination process. This will allow eligibility workers to verify wages earned during the previous quarter. This income verification activity will be completed prior to the confirmation of eligibility and cases with discrepancies will be suspended for further review.
- c. *Compare prior SeniorCare income to current SeniorCare income.* CARES eligibility processing will be enhanced to allow the eligibility worker to more easily compare income reported at the current renewal to income reported at the initial SeniorCare application or previous year's renewal. For example, if an income type was reported in the prior benefit period, but not for the new benefit period, then the worker would follow-up with the applicant. This income verification activity would be completed prior to confirmation of eligibility.

3. SeniorCare Income Verification Process Change

Verify income when clients report errors that result in increased benefits. The Department has implemented a new verification policy that requires the eligibility worker to request verification of all income when a participant reports an error that will result in an increase in benefits. If requested verification is not received, benefits will continue at the previously determined level. Under the previous procedure, income verification was requested only when more than one income error was reported in the 12-month benefit period.

4. New Data Exchanges – IRS, DOR and PARIS data

As proposed in the 2005-07 Biennial Budget, DHFS is currently developing data exchange processes that could lead to the discovery of unreported income. The Department will first develop the process for Medicaid and FoodShare cases. After the process has been implemented and evaluated, the Department will evaluate using these same processes for SeniorCare.

- a. *IRS.* The match of Internal Revenue Service (IRS) data with the data reported by CARES applicants/recipients can lead to the discovery of unreported unearned income, such as interest and dividends. The IRS data provided to the State is more than 18 months old, and income amounts and sources could change during this time, so the Department is developing processes that target those cases that are most likely to have unreported unearned income in Medicaid and FoodShare cases. If this process proves successful for Medicaid and FoodShare cases, we will then determine the best way to modify this processing to SeniorCare eligibility determinations.
- b. *DOR data.* The Department will also explore adding a data exchange with the Department of Revenue (DOR) so that we can compare a SeniorCare applicant's reported income to the prior year's tax information, including income reported on the Form 1099, which is not included in the IRS data match. This might be a more effective way to identify unreported income than the IRS data match.
- c. *PARIS.* The Public Assistance Reporting Information System (PARIS) includes data on federal income sources (veterans' benefits, federal pension, etc.) and data from other states, including Medicaid, Food Stamps and Temporary Assistance for Needy Families (TANF) benefits. The match of CARES applicant/recipient data with PARIS data could reveal unreported income federal sources and applicant/recipients who are receiving benefits in other states.

Status of Implementation of Benefit Recovery for SeniorCare

The Department's policy regarding the recovery of SeniorCare benefits paid in error is defined in administrative rule (HFS 109.62) and describes the following policies and processes:

- When an incorrect payment of SeniorCare benefits is the result of an error made by the Department, no recovery will be made. Future benefits, however, will be modified to reflect the correct eligibility result.
- The Department will take action to recover the amount of the incorrect payment, if the incorrect payment is the result of any of the following circumstances:

- A misstatement or omission of fact by the person supplying information on an application, a request for a new benefit period, or a renewal of SeniorCare eligibility and benefits.
 - A check submitted for the enrollment fee is returned for insufficient funds.
 - A participant fails to inform the Department of changes in circumstances (household composition and residency) that affect eligibility.
 - A participant appeals a Department SeniorCare decision, receives benefits while the appeal is pending and the Department's decision is upheld.
- The amount of the SeniorCare overpayment used in the recovery will be based upon the SeniorCare claims history from the Medicaid Management Information System (MMIS).
 - Participants will receive notice of the amount of the overpayment, the reason for the recovery action, the dates of the overpayment, the right to appeal the recovery action, the opportunity to arrange for repayment, and the consequences for non-payment.
 - The Department will assess whether it is administratively cost-effective to recover small amounts and other reasonable exceptions to the recovery policy.

A SeniorCare benefit recovery policy and system that adheres to the above will be implemented on October 31, 2005. Changes to CARES and to CRES, include:

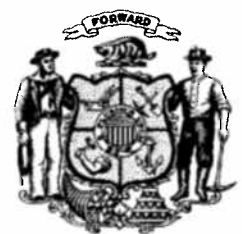
- New specific SeniorCare notices in CARES and CRES regarding the establishment of an overpayment amount and the recovery of that overpayment.
- Changes to the CARES Benefit Recovery subsystem to allow for the establishment and tracking of SeniorCare overpayment claims; and
- Changes to the CRES system to allow for the recovery of SeniorCare overpayment claims.

These changes to both the CARES and CRES systems cost approximately \$61,000. The cost of these changes has been absorbed in the Department's CARES budget.

The system and operational changes described above constitute the Department's planned response to improve program integrity. This will all be completed by July 2006. While no other specific measures are currently planned, the Department continually assesses program policy and systems to assure that payment and eligibility decisions are timely and accurate.



WISCONSIN STATE LEGISLATURE



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Editorial: More care with SeniorCare

From the Journal Sentinel

Posted: Jan. 30, 2005

Wisconsin has a right to be proud of what it does for its seniors, and one of the best examples is SeniorCare, a program that helps low-income people keep up with the fast-rising tide of prescription drug costs.

SeniorCare has successfully helped more than 87,000 people receive cheaper medications since it began in 2002. Unfortunately, the program may have done too good a job.

A state audit said SeniorCare overpaid \$6.9 million because the income of some participants was not properly evaluated. In many cases, eligible participants paid less than they should have for medications because they had underreported or underestimated their incomes.

State Sen. Mary Lazich (R-New Berlin), who asked for the audit, said it was "appalling" that officials at the state Department of Health and Family Services had such loose control over the program, especially when the state is running a deficit.

Things do need to be tightened up; the money that was overpaid, after all, could have been used to help even more people. But state officials and legislators need to be careful that their efforts to tighten up the income restrictions don't end up undermining SeniorCare's ultimate goal of helping those who need it.

Some of the problems may be the result of growing pains typical of new government programs. And even then, auditors found that the vast majority of seniors - 82.5% - had been placed in the correct benefit level.

Mark Moody, the state's Medicaid director, pointed out that the policy of asking participants to estimate their income over the next 12 months also makes it tough to get precise estimates.

The SeniorCare application is only one page, which was an understandable attempt to make the program more accessible to seniors.

But based on what the auditors discovered, perhaps the application is too simple and needs to be revised. That certainly is something state health officials need to look at.

The audit recommended that department officials develop a system for better evaluating applicants and recovering benefits erroneously paid. Department officials are already developing a system to flag applications that may have incorrect income estimates.

Both of those steps sound prudent and fair and, if done right, shouldn't end up compromising a government program that needs tinkering more than overhaul.

From the Jan. 31, 2005, editions of the Milwaukee Journal Sentinel
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