



2015

Annual Report

of the

Board on Aging

And

Long Term Care



STATE OF WISCONSIN
BOARD ON AGING AND LONG TERM CARE
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MEMBERS of the BOARD
Eva Arnold
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

Advocacy: An Investment for the Future

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

The Board on Aging and Long Term Care consists of seven Board Members appointed by the Governor with the advice and consent of the Senate. The Agency staff is led by Executive Director and State Long Term Care Ombudsman, Heather A. Bruemmer. These dedicated professionals operate the Long Term Care Ombudsman, Volunteer Ombudsman, and Medigap Helpline Programs.

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 options, and to educate the public at large about health care systems and long term care.

Vision

The Board on Aging and Long Term Care will continue to be 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.

TABLE OF CONTENTS

Summary Description	3
Members and Staff of the Board on Aging and Long Term Care	4
Programs, Goals, Objectives, Performance Measures and Activities	6
Long Term Care Ombudsman Program	9
Volunteer Ombudsman Program	13
Medigap Helpline Services	17
Website Data and Contact Information	22

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. See our agency website at: <http://longtermcare.wi.gov/>

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 3058f and 42 USC 3058g. The federal Administration for Community Living has recently promulgated rules providing direction to Long Term Care Ombudsman Programs across the nation. These rules are found at 45 CFR 1321 and 45 CFR 1324. The Board on Aging and Long Term Care is currently in the process of adapting agency policy to comply with these rules. Our agency is given policy direction and oversight by a 7-member citizen board, appointed by the Governor with the advice and consent of the State Senate. Operational control is vested in the Executive Director / State Long Term Care Ombudsman, currently Heather A. Bruemmer, who is supported by managerial staff including a Counsel to the Board, 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 and participants in the state's managed care programs. 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 program. See our Ombudsman Program website at:

http://longtermcare.wi.gov/section_detail.asp?linkcatid=1953&linkid=1014&locid=123

The Volunteer Ombudsman Program was created in 1994. This program employs staff volunteer coordinators who recruit, screen, train and supervise the volunteers who make regular visits to nursing homes. Volunteers are a voice for the residents and act as the "eyes and ears" of the professional Ombudsmen. In 2015, the program averaged over 100 volunteers during this reporting period, serving in 30 counties, making weekly visits to converse with and to advocate for residents. Volunteers submit a monthly report to their coordinator that provides valuable information regarding the residents' concerns to the Regional Ombudsman assigned to the particular facility. See our Volunteer Ombudsman Program page at:

<http://longtermcare.wi.gov/category.asp?linkcatid=1959&linkid=1014&locid=123>

The Medigap Helpline is an insurance counseling service that provides information and counseling to callers who have questions relating to Medicare programs, Medicare Supplemental insurance, Medicare Part D prescription drug coverage, Medical Assistance, retiree group health plans. The Medigap staff has been extraordinarily busy dealing with issues created by the recent myriad changes to the Medicare system. It is anticipated that ongoing changes to the Affordable Care Act will bring additional inquiries, primarily relating to changes in the Part-D prescription drug plans and changes in Medicare Advantage private managed care plans. See our Medigap Program website at:

<http://longtermcare.wi.gov/category.asp?linkcatid=1958&linkid=1014&locid=123>

The mission of the Board on Aging and Long Term Care is, and always has been, consumer focused. BOALTC has always been, and continues to be, committed to advocate for the interests of aging consumers of long term care and Medicare. In this role, the Members of the Board, agency managers and staff have had the opportunity to work with related state agencies such as the Department of Health Services (DHS), the Department of Administration (DOA), and the Office of the Commissioner of Insurance (OCI), with legislators both in Madison and in Washington, D.C., and with the Governor on issues of concern to our constituency.

Programs, Goals, Objectives, Performance Measures and Activities

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 Community Options 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 continue development of 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 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. This will include appearances by staff at community and statewide education and information meetings 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 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 draw the attention of those who have significant needs but are unaware of the services available from the Helpline and to make clear how those

services may be accessed. With the addition of a core volunteer component to the Medigap Helpline's outreach efforts in Milwaukee County, it is our intent to further extend the reach of the Program's services.

- 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 Program a resource that is recognized by Wisconsin seniors 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 is continually redesigning 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 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.

AGENCY PERFORMANCE MEASURES

2015 GOALS AND ACTUALS

Performance Measure	Goal 2015	Actual 2015
Number of volunteer ombudsmen and ombudsmen facility visits with resident councils.	325	340
Number of outreach presentations by ombudsman program staff.	300	292
Number of outreach presentations by Medigap program staff.	72	68
Number of hits on the board's Web site	118,000	161,812

(Note: Based on State Fiscal Year)

**Board on Aging and Long Term Care
The Long Term Care Ombudsman Program**

Wisconsin's Long Term Care Ombudsman Program continues to be known as a primary source for support and information on a variety of issues impacting this state's older adult consumers of long term care services. An analysis of ombudsman casework, different from "consultation," reveals that cases opened by ombudsmen are increasingly challenging in terms of the nature and intensity of the complaints, the numbers of contact hours and research time necessary to resolve the complaints; it is also noted that an increasing number of complainants return to the ombudsman program for future assistance. During FY 2015, 15.5 field ombudsmen, one relocation ombudsman and one intake specialist served persons living in Wisconsin's more than 4000 licensed or certified long term care settings, and the more than 19,000 older adult consumers of managed long term care.

Current & Comparative Facility & Family Care Statistics¹

2015

ASSISTED LIVING

Community-Based Residential Facilities	1,536 homes	28,414 beds
Residential Care Apartment Complexes	320 homes	14,552 units
Adult Family Homes ²	1,835 homes	7,105 beds
<u>Total Assisted Living</u>	3,691 facilities	50,071 beds

SKILLED NURSING

Total Skilled Nursing Facilities (Nursing Homes)	396 homes	34,433 beds
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COMMUNITY-BASED SERVICES

Total Family Care/Program for All-inclusive Care for the Elderly (PACE) / Partnership 65 years old+	19,179 members
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Total Potential Ombudsman Program Clients	104,675
Regional Ombudsman Positions	15.5
Ombudsman – to – Potential Client Ratio	1:6,753 ³

¹ Source: Department of Health Services Enrollment Data

² Data does not include 1-2 bed AFH's, which are certified by either counties or MCO's. Residents are typically Family Care members so would be included in the Total count for Family Care/PACE/Partnership.

³ The National Institutes of Medicine (1995 Report) recommend that the Ombudsman to Consumer ratio should be no more than 1:2,000

2014**ASSISTED LIVING**

Community-Based Residential Facilities	1,522 facilities	27,597 beds
Residential Care Apartment Complexes	313 facilities	14,338 units
Adult Family Home	1,759 facilities	6,815 beds
Total Assisted Living	3,594 facilities	48,750 beds

SKILLED NURSING

Total Skilled Nursing Facilities (Nursing Homes)	395 facilities	33,886 beds
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COMMUNITY-BASED SERVICES

Total Family Care / Program for All-inclusive Care for the Elderly (PACE) / Partnership 65 years old+	19,155 members	
Total Potential Ombudsman Program Clients	101,791	
Regional Ombudsman Positions	15.5	
Ombudsman to Consumer Ratio	1:6,567	

Comparative Ombudsman Workload Data⁴**2015**

Total Agency Program Activities (Consults, Information & Referral)	45,810
Total Ombudsman Program Activities	42,827
Total Cases Opened by Ombudsmen	1,025

2014

Total Agency Program Activities (Consults, Information & Referral)	45,724
Total Ombudsman Program Activities	32,211
Total Cases Opened by Ombudsmen	1,084

2013

Total Agency Program Activities (Consults, Information & Referral)	45,868
Total Ombudsman Program Activities	27,654
Total Cases Opened by Ombudsmen	1,015

⁴ Source: Data derived from Ombudsmanager data collection system

Ombudsman Program Most Frequent Complaints

Most frequent complaint data is derived from the agency's database system (Ombudsmanager), and are listed in order of most frequent. Complaints are directed to the program from consumers, families, providers, legislators, friends and acquaintances and others.

Top five complaints to the Ombudsman Program **for 2015** are noted as follows; these also include complaints regarding the Family Care/PACE/Partnership and Community Options programs:

- Discharge planning process, involuntary discharge process; discharge required due to failed rate negotiation (Family Care)
- Family conflict interferes with well-being, care and treatment
- Legal issues related to power of attorney, guardianship, actions of guardians or substitute decision-makers
- Failure to respect resident/tenant/member choice in care and treatment
- Failure to follow the care plan/individualized service plan; care plan does not represent member's stated goals (Family Care)

Top five complaints to the Ombudsman Program **for 2014** are noted as follows; these also include complaints regarding the Family Care/PACE/Partnership and Community Options programs:

- Failure to follow the care plan/individualized service plan; care plan does not represent member's stated goals (Family Care)
- Failure to respect resident/tenant/member choice in care and treatment
- Discharge planning process, involuntary discharge process; discharge required due to failed rate negotiation (Family Care)
- Family conflict interferes with well-being, care and treatment
- Legal issues related to power of attorney, guardianship, actions of guardians or substitute decision-makers

Citations for Regulatory Violations Presenting Immediate Jeopardy to Skilled Nursing Facility Residents⁵

The single most urgent and serious case presented to any Ombudsman is one where a nursing home is cited for a violation of the rules which places a resident or residents in "immediate jeopardy." This type of referral to an Ombudsman will take precedence over any and all other issues that the Ombudsman may be dealing with. Citations issued to nursing homes from the Division of Quality Assurance at the Immediate Jeopardy level continue to be areas of concern for the Ombudsman Program, and result in heightened vigilance for the protection of resident rights. There is not such a distinction in assisted living or managed care rules, though equally serious conditions do exist in those facilities and programs, also requiring ombudsman intervention.

⁵ Source: DHS; Bureau of Nursing Home Resident Care

Rule defines an immediate jeopardy citation as one that is issued when there is “a situation in which the provider’s noncompliance with one or more requirements of participation has caused, or is likely to cause, serious injury, harm, impairment, or death to a resident.” The term “requirements of participation” refers to the section of the Centers for Medicare and Medicaid Services regulations which establishes standards for care provided to skilled nursing facility residents.

Calendar Year

2015:	81 Immediate Jeopardy citations
2014:	49 Immediate Jeopardy citations
2013:	74 Immediate Jeopardy citations
2012:	61 Immediate Jeopardy citations
2011:	63 Immediate Jeopardy citations
2010:	79 Immediate Jeopardy citations
2009:	89 Immediate Jeopardy citations
2008:	76 Immediate Jeopardy citations

Volunteer Ombudsman Program

The Volunteer Ombudsman Program (VOP) in Wisconsin offers volunteers an opportunity to make a difference as an advocate for residents living in skilled nursing facilities. The VOP is an extension of services provided by the Long Term Care Ombudsman Program. The VOP provides advocacy, education, and information to skilled nursing facility residents in 30 of Wisconsin's 72 counties.

The Volunteer Ombudsman Program was begun in 1994, originating from the vision of former Board on Aging and Long Term Care board member Louise Abrahams Yaffe.

Volunteers empower, educate and support residents during their weekly visits. These unannounced visits are 2-3 hours long and are focused on residents' rights.

Volunteer Ombudsmen are supported by five regional Volunteer Coordinators. Volunteer Coordinators recruit new volunteers and provide training, guidance, and hands-on support to Volunteer Ombudsmen during their involvement with the program. The Volunteer Coordinator is essential to the successful management of the program and critical to maintenance of the standards of best practice.

Becoming a Volunteer Ombudsman is a privilege, and not everyone can be a member of our team. Potential volunteers must meet standards of the agency. The selection of a volunteer is contingent upon a thorough interview, completion of an application, passing both a criminal background check and a reference check. Careful attention is paid to identify conflicts of interest. The Board on Aging and Long Term Care reserves the right to deny acceptance of any applicant and to terminate any current volunteer. All concerns regarding a potential or current Volunteer Ombudsman are thoroughly discussed with the Executive Director and the Counsel to the Board.

Economic concerns continue to bring about challenges for volunteer recruitment. The need for re-entry into the workforce can leave less time for volunteering. The program has become more creative in developing focused recruitment and outreach. Several Volunteer Ombudsmen have taken on additional responsibilities such as having multiple nursing home assignments. We do offer Volunteer Ombudsmen mileage reimbursement when they attend the quarterly in-services held around the state. Our past and current Volunteer Ombudsmen are our best recruiters.

The Volunteer Coordinators communicate routinely with their Volunteers to resolve concerns, to share ideas, to provide support and to show appreciation for their service. The Volunteer Coordinators work closely with the Regional Ombudsmen in their assigned regions to appropriately match a volunteer to serve as an advocate in a skilled nursing home. Volunteer Coordinators are responsible for documenting and recording the daily activities of the Volunteer Ombudsmen they manage in the agency's data base.

Facility visits can be individual or joint with their Volunteer Coordinator, Regional Ombudsmen, or Volunteer Services Supervisor. The Volunteer's focus during these visits is to establish relationships with the residents and empowering the residents to speak for themselves. Volunteer Ombudsmen communicate resident and facility information back to the Regional Ombudsmen.

When Volunteer Ombudsmen make weekly visits to their assigned nursing homes, they meet and greet new residents, and provide them with program information and the Ombudsman Program toll-free, confidential phone number. Volunteer Ombudsmen also follow up with resident concerns from previous visits to make certain that concerns have been addressed by the facility staff. Volunteers are encouraged to visit residents who do not receive visitors, and to spend time with those who like to talk.

Resident concerns are kept confidential unless the resident gives permission to share concerns. We encourage and empower residents to speak on their own with the nursing home staff. A Volunteer may, with the consent of the resident, speak for that resident when the resident is reluctant or unable to do so.

Volunteer Ombudsmen communicate with the facility staff and administration at the end of each visit to share their observations, questions and general concerns. Volunteer Ombudsmen regularly attend resident council meetings when invited by the residents. Volunteers encourage residents to participate in the resident council meetings, and follow up with resident's concerns after the meetings.

Volunteer Ombudsmen, with their Volunteer Coordinator, work closely with the Relocation Ombudsman Specialist (ROS) during facility closures and relocations. Volunteers who are assigned to a facility that is closing will continue their advocacy, but will also communicate resident concerns and observations to the ROS. Volunteers who are assigned to a facility which is receiving displaced residents are made aware of newly relocated residents so they can meet them promptly and follow up with their concerns.

Volunteers are provided guidance relating to follow-up procedures for the newly relocated residents and documentation needed by the ROS.

Volunteer Ombudsmen submit monthly reports to their Volunteer Coordinator. The Coordinator contacts the Volunteer upon receiving each report to clarify information on the report before discussing that information with the Regional Ombudsman. The Volunteer Coordinators, working in tandem with the Regional Ombudsmen, conduct in-services for the volunteers, providing relevant and current information. The team effort is critical to provide advocacy for the residents.

Volunteer Ombudsman Statistics

<u>Volunteer Ombudsmen profile totals:</u>	<u>2014</u>	<u>2015</u>
Number of Volunteer Ombudsmen (VO)	95	100
Number of Long Term Care Facilities with VO	87	95
Number of facility visits made	2,461	2,662
Number of hours donated	5,094	5,728

For the reporting period of January 1, 2014-December 31, 2015 a total of 402 resident council meetings were attended by the Volunteer Ombudsmen; giving 390 hours of time. For the same reporting period; 123 resident council meetings were attended by Volunteer Ombudsman accompanied by Program staff.

The time donated by our volunteers in the Volunteer Ombudsman Program has a priceless impact on the lives of nursing home residents.

Each year, at special themed regional inservice gatherings during National Volunteer Recognition Week; (for 2015: April 12th -18th), acknowledgement of service and awards are presented to our volunteers. In 2015, the recognition program theme was "*Music Therapy and Music and Memory: Related but Not the Same*" as presented by noted professor of Music Therapy and agency board member, Dr. Dale Taylor.

The Volunteer Ombudsman Program awards a special commendation named for the founder of the program, Louise Abrahams Yaffe. This honor is given to a volunteer who, by virtue of her or his committed and dedicated advocacy, exemplifies the meaning and spirit of the program.

The agency presented the 12th Annual Louise Abrahams Yaffe Volunteer Ombudsman Program Award to Brown County Volunteer Ombudsman Jamie Knight.

Jamie received her award and recognition in May of 2015 during the 29th Annual State Alzheimer's Conference held in Wisconsin Dells, WI.



Jamie Knight
2015 recipient of the Louise Abrahams Yaffe Volunteer Ombudsman Program Award.



Board on Aging and Long Term Care Chairman Jim Surprise presents the 2015 Louise Abrahams Yaffe Volunteer Ombudsman Program Award to Jamie Knight.

The Medigap Helpline & Medigap Part D & Prescription Drug Helpline

The Medigap Helpline & the Medigap Part D & Prescription Drug Helpline, both are part of the Wisconsin SHIP (State Health Insurance Assistance Program), assist Medicare beneficiaries with answers to questions about health insurance including Medicare, Medicare supplements, Medicare Advantage Plans, Prescription Drug coverage, Long Term Care Insurance, and other health care options.

Both Helplines are services offered 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 and The Medigap Part D Helpline do not endorse or express any opinion as to the worth or value of any policy or insurance product. The program is funded through grants from the federal Administration for Community Living (ACL) and the Wisconsin Office of the Commissioner of Insurance (OCI).

Both of the Medigap Helplines provide one-on-one telephone counseling service. The program supervisor and all counselors are required to maintain licensure as a Health Insurance agent in Wisconsin.

The Medigap Helpline's toll free telephone number, 1-800-242-1060 is listed on the back of the Centers for Medicare and Medicaid Services (CMS) publication "Medicare & You (Wisconsin version)". The Helpline is accessible to Wisconsin citizens and family members even while they may be out of the State of Wisconsin.

The telephone number for the Medigap Part D and Prescription Drug Helpline for persons aged 60 and over is 1-855-677-2783. Printed materials of the programs are available upon request. Both Helplines also make use of the Language Line to be accessible for those beneficiaries who primarily speak another language.

Who are our primary customers?

- Medicare beneficiaries of all ages
- Individuals with disabilities
- Low income individuals
- Pre-retirement individuals
- Retirees losing their employer group coverage
- End Stage Renal Disease beneficiaries
- Person's aged 60 and over searching for Prescription coverage
- Private long term care insurance consumers

Who are our other customers?

- Elder/disability benefit specialists
- Social workers/case managers
- Legislators or staffers
- Non-Medicare individuals without health insurance
- Medical/healthcare providers

Change continues to occur within the Medigap Helpline with the addition of the federal Health Insurance Marketplace program. The appearance of the Marketplace program has generated calls from persons transitioning from their Marketplace coverage into Medicare. The Prescription Drug Helpline, which began July 2012, continues to provide reviews of individuals' prescription coverage along with the insurance counseling the Medigap Helpline counselors offer. Total contacts with the Medigap Helpline Services were **13081 in 2015** as compared to **14,199 in 2014**. The slight decline in calls may be attributed to switching to a new database system. The programs are showing continued growth of the volunteer program which was implemented to assist the Part D & Prescription Drug Helpline. The presence of the volunteers has allowed that part of the program to increase our effectiveness and efficiency. The volunteer program, which includes volunteers from the UW Pharmacy School and retired persons, had 73 volunteers this past year providing plan finder assistance, data entry, and clerical support for both programs.

The agency's volume of calls will continue to grow as more persons enroll into Part D and understand the need to review plans every year and as beneficiaries reach out in an attempt to better understand the broad range of options they have when first starting Medicare.

	<u>2015</u>	<u>2014</u>	<u>2013</u>	<u>2012</u>
Overall Incoming Calls:	13,081	14,199	13,426	9,665
Toll-free Live Calls:	2,607	4,491	4,892	3,116
Total Hours:	6,961	6,424	6,561	5,157
Ave Min per call	32	27	29	32
Referrals:	3,134	2,697	3,519	3,428
Volunteers:	73	45	26	7
Volunteer Hours:	1,606	1,542	1,079	496
Outreach Events:	81	71	88	9
Outreach Attendees:	7,399	12,420	9,453	8,158

(Data represents Calendar year)

Our 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
 - Guaranteed Issue Provisions
 - Pre-Existing conditions
 - Relocation issues
 - Premium issues
- Medicare Advantage Plans
 - Service area coverage
 - Relocation issues
 - 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
- Employer Group Health Insurance
 - Active Employer coverage
 - Retiree Group Coverage
 - Cobra/Wisconsin Continuation
- Health Insurance Marketplace
 - Enrollment periods: Annual, Special
 - Medicare and Marketplace interface
- Prescription Coverage
 - Medicare Part D Prescription (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

The changes in health insurance continue to bring issues for beneficiaries trying to maneuver through the Health Insurance Marketplace. Callers have questions about enrollments into Medicare and the advisability over delaying that enrollment to remain in the marketplace with tax credits/subsidies they may be eligible for. These callers, along with calls from beneficiaries losing or who can no longer afford their employer sponsored coverage, calls from new beneficiaries looking for information and guidance on their coverage needs or calls from those beneficiaries having issues with their current coverage have added to the higher volume experienced by the Medigap Helpline Program.

The top issues which prompted calls from beneficiaries and advocates include:

	<u>2015</u>	<u>2014</u>	<u>2013</u>	<u>2012</u>
Policy terminations or exhaustion of benefits:	737	700	581	656
Premium increase:	346	412	279	310
Contract provisions:	501	1,539	46	72
Relocation issues:	246	164	98	83
Claims issues:	387	344	42	59
Low Income Programs (Medicaid):	871	644	586	611
Employer Sponsored Coverage Issues:	1,044	891	922	767

(Data Represents Calendar year)

Medigap Counselors refer callers to other resources when appropriate. These referrals enable callers to get further assistance and/or information. Numbers of outside referrals have increased in the recent years as a result of the complexity of needs and the variety of options available. In 2015, staff made 2764 referrals to other agencies (compared to 2697 in 2014). Referrals are made to County Elder or Disability Benefit Specialists for more one-to-one assistance, to health care providers to review claims issues, to the Income Maintenance Consortiums for questions relating to eligibility for entry into low income programs, and to Medicare or Social Security for enrollment/benefit issues. Counselors are aware of outside resources that are available to assist callers even beyond healthcare needs.

Counselors often mail brochures and publications to callers who request information to better understand options available to them. The Medigap Helpline programs sent out information to 3,940 persons in 2015 (4513 in 2014). Materials available include the Medicare booklet "Medicare & You", OCI's publication "Medicare Supplement Insurance Approved Policies List", and various CMS publications on various coverage topics with Medicare such as Kidney dialysis, Hospice benefits to list a few. Planfinders and materials are also mailed out to beneficiaries to assist them in selecting their Medicare Prescription Drug plan. The materials often support the counseling efforts by staff.

Medigap Helpline Trends

1. Call volumes continue to rise as more changes occur in Medicare and other Healthcare programs. Several Employers have terminated their retiree group plans and have utilized the Medigap Helpline to present information to retirees to make them aware of options to meet their individual needs. Many employers have used benefit managers which may limit the options a retiree would have.
2. Medicare enrollment issues are on the rise for those leaving the Health Insurance Marketplace. Those who are eligible for low income subsidies are opting to remain in their marketplace plan. However, when Medicare begins, those subsidies will likely end. Beneficiaries require education about Medicare enrollments and the penalties if they do not complete their enrollments within enrollment periods. Some beneficiaries are electing to stay with the Marketplace coverage for healthcare reasons, however, they need to understand the limitations that will occur when they opt to switch to Medicare.
3. Confusion for beneficiaries caught between the Badgercare Plus and Medicare (and the Elder, Blind, Disabled Medicaid programs) continues to generate questions for the Medigap Helpline. Persons who are on Medicaid sometimes erroneously choose not to elect to enroll in all appropriate Medicare programs. This could leave significant gaps in their coverages and could cost additional Medicaid dollars to cover needed services.
4. The increasing costs in the Medicare Prescription Drug plans are making it more difficult for counselors to find plans that cover all needed medications at affordable costs. This has necessitated increased use of "pharma programs" offered by drug manufacturers to help with the cost of the medications during the gap of coverage or to cover a medication not covered by the plan.

The aging population will continue to require the services of the Medigap Helpline to help them understand the various options that are available.

Total visits to the Board on Aging and Long Term Care Website

The Board on Aging and Long Term Care website, <http://longtermcare.wi.gov/> , has proven to be a resource of steadily increasing value as shown by the information below. Staff of the agency work to assure that all information provided is understandable, current and accurate.

2014	137,683
2015	190,345

Contact information for the Agency

Central Office Address:

Wisconsin Board on Aging and Long Term Care
1402 Pankratz Street, Suite 111
Madison, Wisconsin 53704-4001

Telephone numbers:

Ombudsman/Volunteer Program:	1.800.815.0015
Medigap Helpline Program:	1.800.242.1060
Medigap Part D & Prescription Drug Helpline:	1.855.677.2783
Fax:	1.608.246.7001

Online:

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.