

Letter Report

SeniorCare Eligibility Determinations

January 2005



Legislative Audit Bureau

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STATE OF WISCONSIN

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Janice Mueller
State Auditor

January 27, 2005

Senator Carol A. Roessler and
Representative Suzanne Jeskewitz, Co-chairpersons
Joint Legislative Audit Committee
State Capitol
Madison, Wisconsin 53702

Dear Senator Roessler and Representative Jeskewitz:

As requested by the Joint Legislative Audit Committee, we have completed an evaluation of the process by which the Department of Health and Family Services (DHFS) determines eligibility for the SeniorCare program, which provides subsidized prescription drug benefits to individuals who are 65 or older. A similar review of eligibility determinations for the Medical Assistance and BadgerCare programs was provided in report 04-11, released in September 2004.

SeniorCare operates under the terms of a federal waiver, which allows states to receive federal Medical Assistance matching funds to provide program services. Only four states operate programs under this waiver, and Wisconsin's is the most comprehensive, both in terms of program eligibility and in benefits provided. In fiscal year (FY) 2004-05, the SeniorCare budget is \$117.4 million, including \$40.1 million in general purpose revenue. In June 2004, a total of 90,211 individuals were enrolled in the program.

Individuals apply for SeniorCare by mail. The application form requests an estimate of their income over the next 12-month period; no income verification is required. To determine the degree to which income is accurately reported, we reviewed a randomly selected sample of 1,000 applications approved in 2003. Participants were placed in the correct benefit level in 82.5 percent of the cases we reviewed. However, underestimated or under-reported income led to cost-sharing requirements that were lower than appropriate in 11.9 percent of cases. The opposite was true in 2.3 percent of cases. We were unable to determine actual income in 3.3 percent of the cases. Had placements been made in accordance with participants' actual income, we estimate annual net program savings of \$6.9 million, which includes \$3.0 million in general purpose revenue.

Given the under-reporting of income in our sample, we recommend DHFS increase its efforts to prevent, identify, and correct participant errors in income reporting. In addition, we recommend DHFS establish procedures for recovering SeniorCare benefits paid in error, as it is required to do under administrative rule.

We appreciate the courtesy and cooperation extended to us by DHFS staff in conducting this review.

Sincerely,

Janice Mueller
State Auditor

JM/PS/ss

SENIORCARE ELIGIBILITY DETERMINATIONS

The SeniorCare program was created by 2001 Wisconsin Act 16, the 2001-03 Biennial Budget Act, to provide prescription drug assistance to individuals 65 years of age or older. The program, which is administered by the Department of Health and Family Services (DHFS), began in September 2002. SeniorCare enables recipients to receive subsidized prescription drugs at participating pharmacies throughout Wisconsin. Pharmacies are reimbursed by the State for each prescription filled, based on reimbursement rates established under the Medical Assistance program. SeniorCare operates under the federal "Pharmacy Plus" waiver initiative, which allows states to receive federal Medical Assistance matching funds to provide prescription-only coverage to low- and moderate-income seniors who do not receive other Medical Assistance benefits. Its fiscal year (FY) 2004-05 budget of \$117.4 million includes \$40.1 million in general purpose revenue (GPR). As of June 2004, enrollment was 90,211.

In response to concerns about the accuracy of eligibility determinations and the State's ability to meet future funding needs, and at the direction of the Joint Legislative Audit Committee, we analyzed:

- program enrollment and expenditures;
- eligibility criteria, verification requirements, and eligibility determination policies and practices;
- the accuracy of eligibility determinations that were made from August through November 2003; and
- strategies for improving future eligibility determinations.

In completing this evaluation, we reviewed SeniorCare caseloads and expenditures from the program's inception in FY 2002-03 through FY 2003-04. We interviewed officials and staff of DHFS, and we reviewed a sample of 1,000 eligibility determinations made by DHFS staff for SeniorCare applicants. Our sample size was large enough to allow us to make projections onto the entire SeniorCare population with statistical accuracy.

Eligibility Requirements and Benefit Levels

Recipients of SeniorCare benefits must:

- be at least 65 years of age;
- be residents of Wisconsin;
- be United States citizens or have qualifying alien status;
- have a Social Security number; and

- pay a \$30 annual enrollment fee.

Individuals or married couples apply for SeniorCare using a two-page mail-in application form that asks them to estimate their future income over the next 12-month period, but does not require verifying documentation. The application form is shown in Appendix 1. Participants remain eligible for SeniorCare for 12 months even if their incomes change, and they are not required to report changes in their incomes during this time.

For assistance in completing the application form, individuals can contact the SeniorCare Customer Service Hotline, a toll-free information service, or their local aging office, Senior Center, or aging resource center. In a survey conducted by DHFS, 48 percent of respondents reported receiving assistance in completing the application.

There is neither an asset test nor an income limit for SeniorCare eligibility; however, participants with incomes above 240 percent of the federal poverty level do not receive benefits until their prescription drug expenditures equal the difference between their incomes and 240 percent of the federal poverty level. As shown in Table 1, the SeniorCare program has four benefit levels, and cost-sharing requirements are highest for those with the highest incomes. All participants are responsible for co-payments of \$5 for each generic and \$15 for each brand-name prescription drug purchased. Annual deductibles of either \$500 or \$850 per person are required in all levels except Level 1.

Table 1
SeniorCare Benefit Levels

Benefit Level	Income Requirements ¹	Deductible and Spenddown Requirements
Level 1	At or below 160 percent of poverty (below \$14,897 per individual and \$19,985 per couple)	No spenddown requirement or deductible
Level 2a	Above 160 percent and not more than 200 percent of the federal poverty level (\$14,897 to \$18,620 per individual and \$19,985 to \$24,980 per couple)	No spenddown requirement; \$500 annual deductible per person
Level 2b	Above 200 percent and no more than 240 percent of federal poverty level (\$18,621 to \$22,344 per individual and \$24,981 to \$29,976 per couple)	No spenddown requirement; \$850 annual deductible per person
Level 3	Above 240 percent of the federal poverty level (More than \$22,344 per individual or \$29,976 per couple)	Spenddown requirement ² ; \$850 annual deductible per person

¹ Based on 2004 federal poverty levels, which are adjusted annually.

² Prescription drug expenditures must equal the difference between the participant's income and 240 percent of the federal poverty level.

All applications for SeniorCare are processed by DHFS staff in Madison, using the Client Assistance for Re-Employment and Economic Support (CARES) system, a computerized processing system used for a number of public assistance and employment programs. DHFS staff determine whether applicants are eligible for assistance and place them in the appropriate benefit level. DHFS employs 4.0 full-time equivalent (FTE) staff to process applications and make program placements. In addition, between 7 and 10 limited-term employees (LTEs) were employed from July through October of both 2003 and 2004 to handle the large volume of renewal applications. DHFS also contracts with Electronic Data Systems (EDS) to provide application scanning, enrollment fee and claims processing, and the SeniorCare Customer Service Hotline.

Expenditures and Enrollment

SeniorCare benefits are funded with a combination of GPR, federal funds, and program revenue from rebates negotiated between DHFS and drug manufacturers. However, federal matching funds are available only for participants with incomes at or below 200 percent of the federal poverty level, who are those in Level 1 and Level 2a. As a result, federal matching funds were available for 70,876 of the 90,211 individuals, or 78.6 percent, enrolled in SeniorCare in June 2004. The remaining 19,335 participants had incomes above 200 percent of the federal poverty level and received benefits that were funded entirely with GPR and program revenue. In FY 2003-04, approximately \$15.5 million, or 38.0 percent of total GPR benefits expenditures, was spent for participants with incomes above 200 percent of the federal poverty level.

As shown in Table 2, total SeniorCare expenditures are expected to increase from \$114.6 million in FY 2003-04, the first full year of the program, to an anticipated total of \$117.4 million for FY 2004-05, or by 2.4 percent. Of the \$114.6 million spent on SeniorCare in FY 2003-04, program benefits accounted for \$110.9 million, and administrative costs accounted for \$3.7 million. Administrative costs are funded primarily with program revenue from enrollment fees. The State paid EDS \$2.7 million in FY 2003-04 for SeniorCare administrative services included in its Medical Assistance fiscal agent contract.

Table 2

SeniorCare Expenditures
(In Millions)

Expenditure Type	FY 2002-03 ¹	FY 2003-04	FY 2004-05 (Budgeted) ⁴
Program Benefits			
GPR	\$25.4	\$ 38.2	\$ 39.3
Program Revenue ²	6.8	31.2	38.1
Federal Revenue	26.9	41.5	36.3
Subtotal	\$59.1	\$110.9	\$113.7
Administration			
GPR	\$ 2.4	\$ 0.8	\$ 0.8
Program Revenue ³	1.7	2.7	2.7
Federal Revenue	0.0	0.2	0.2
Subtotal	\$ 4.1	\$ 3.7	\$ 3.7
Total	\$63.2	\$114.6	\$117.4

¹ SeniorCare benefits were first available in September 2002.

² Revenue from drug manufacturer rebates.

³ Revenue from participant enrollment fees.

⁴ Administrative costs for FY 2004-05 were estimated by DHFS based on enrollment projections.

The typical SeniorCare enrollee is white, female, and between 70 and 79 years of age, with an income of \$13,691. The average program benefit cost per participant in FY 2003-04 was \$1,250. Table 3 profiles information for those enrolled in SeniorCare in June 2004.

Table 3

Profile of SeniorCare Participants
June 2004

Gender	Estimated Number	Percentage of Total
Female	66,937	74.2%
Male	23,274	25.8
Total	90,211	100.0%

Group Type	Estimated Number	Percentage of Total
Individual ¹	64,925	72.0%
Couple	25,286	28.0
Total	90,211	100.0%

¹ Includes unmarried individuals, widowed spouses, and married couples in which one spouse lives in a nursing home.

Age	Estimated Number	Percentage of Total
65-69	12,058	13.4%
70-79	37,515	41.6
80-89	33,345	36.9
90-99	7,153	7.9
100 and over	140	0.2
Total	90,211	100.0%

Race / Ethnicity	Estimated Number	Percentage of Total
African-American	1,349	1.5%
American Indian	434	0.5
Asian	158	0.2
Hispanic / Latino	625	0.7
Native Hawaiian / Pacific Islander	17	<0.1
White	83,620	92.7
Unidentified	4,008	4.4
Total	90,211	100.0%

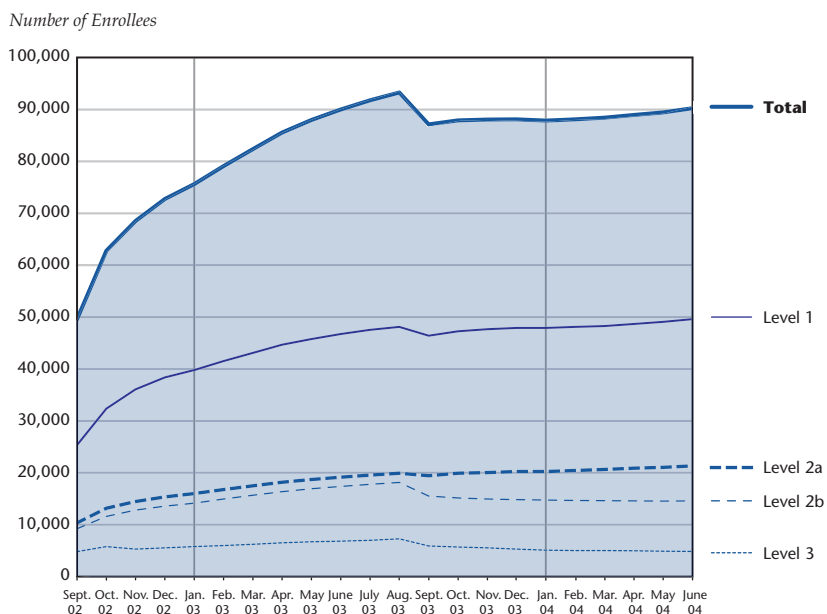
Benefit Level	Average Income	
	Individual	Couple
Level 1	\$11,260	\$16,127
Level 2a	16,018	21,928
Level 2b	19,569	26,703
Level 3	24,219	36,645
Average	13,691	22,357

As shown in Figure 1, enrollment increased rapidly during the program's first year. However, it declined between August and September 2003 and then increased again, but at a slower rate. The drop in enrollment in September 2003 occurred because some participants chose not to re-apply for SeniorCare after their first year of participation. We found that 64.9 percent of the

decline occurred among participants in Levels 2b and 3, who were required to meet higher cost-sharing requirements in order to continue receiving benefits.

Figure 1

SeniorCare Enrollment
September 2002 through June 2004



In June 2004, every county in Wisconsin had at least 75 individuals enrolled in SeniorCare. With 12.4 percent of all participants, Milwaukee County had the largest number of SeniorCare participants. Appendix 2 shows 2004 enrollment for each county.

Senior Prescription Drug Programs in Other States

In addition to Wisconsin, three other states—Florida, Illinois, and South Carolina—operate prescription drug assistance programs for seniors under federal Pharmacy Plus waivers. As shown in Table 4 and Table 5, Wisconsin’s program is the most comprehensive in terms of both eligibility and benefits. Wisconsin extends benefits to participants with incomes of up to 240 percent of the federal poverty level, while the second-highest maximum income limit is 200 percent.

None of the four states has an asset test, but their application requirements differ. For example, all states except Wisconsin ask applicants to provide information on prior or current income, rather than to anticipate future income. However, documentation and change reporting requirements are generally similar to those in Wisconsin, except that Florida requires recipients

to report changes in their income within ten days, and Illinois requires documentation of income under some circumstances.

Table 4
State Pharmacy Plus Waiver Programs: Eligibility Comparison

State	Income Limit as a Percentage of the Federal Poverty Level	Income Used to Determine Eligibility	Income Documentation Requirements	Eligibility Period and Reporting Requirements
Florida	120 percent	Current monthly income	None required	12 months from date of enrollment unless income exceeds limit; income changes must be reported
Illinois	200 percent ¹	Retrospective income for the previous calendar year; a prospective estimate may be used if income has decreased	None for retrospective income reporting; documentation required for prospective reporting	All participants are eligible for the 12-month period coinciding with the state fiscal year, regardless of changes in income
South Carolina	200 percent	Current monthly income	None required	12 months from date of enrollment, regardless of changes in income
Wisconsin	240 percent ²	Prospective estimate of income over the next 12 months	None required	12 months from date of enrollment, regardless of changes in income

¹ Illinois seniors with incomes between 200 percent and 250 percent of the federal poverty level may receive assistance with prescription drug costs through a state-funded program that covers a limited number of drugs.

² Federal funds are available only for Wisconsin seniors with incomes at or below 200 percent of the federal poverty level; those with incomes above 200 percent of the federal poverty level are funded with state funds. Seniors with incomes above 240 percent of the federal poverty level become eligible for assistance when their prescription drug expenditures equal the difference between their estimated incomes and 240 percent of the federal poverty level.

As shown in Table 5, all of the states with Pharmacy Plus programs require participants to make co-payments. Co-payments range from \$1 to \$4 in Illinois to \$10 to \$21 in South Carolina. Wisconsin and South Carolina also have annual deductible requirements. Florida and South Carolina place limits on the benefits a participant can receive, and Illinois imposes an additional co-payment once annual benefits exceed \$1,750. Wisconsin is the only state that does not limit the amount of benefits paid.

Table 5

State Pharmacy Plus Waiver Programs: Enrollment and Benefits Comparison

State	June 2004 Enrollment	Cost-Sharing Requirements and Benefit Levels
Florida	52,022	Participants are responsible for co-payments of \$2, \$5, or \$15. The program pays a maximum of \$160 in benefits per month (\$1,920 per year).
Illinois	200,830	Participants with incomes above the federal poverty level are responsible for co-payments of \$1 or \$4, and all participants are responsible for a 20 percent co-payment once benefits paid in a year exceed \$1,750.
South Carolina	56,177	Participants are responsible for a \$500 annual deductible and co-payments of \$10, \$15, or \$21. The program pays for a maximum of four covered prescriptions per month, with exclusions for certain conditions (including diabetes, cardiac disease, high blood pressure, and life-threatening illnesses).
Wisconsin	90,211	Higher-income participants are responsible for an annual deductible of \$500 or \$850 (based on income), and all participants have co-payments of \$5 or \$15. There are no limits on the amount of benefits paid.

Accuracy of Participant Income Estimates

DHFS recently completed a federally required quality-control review that analyzed the accuracy of SeniorCare eligibility approvals and denials, as well as the accuracy of benefit level placements. Quality assurance staff reviewed a sample of 615 cases enrolled between September 2002 and July 2003 and found that all participants in their sample met age, citizenship, and enrollment fee requirements. For two cases, there was some indication that the participants may not have been Wisconsin residents; in both cases, the participants failed to cooperate with the quality assurance review and did not apply to renew their SeniorCare eligibility. However, DHFS found that incorrect estimates of future income led to incorrect benefit level placements in approximately 15 percent of eligible cases. DHFS also reviewed a sample of 260 denied applications and found errors in 6 cases, or 2.3 percent.

We did not attempt to duplicate DHFS's quality-control review. Instead, we independently reviewed a statistically significant sample of 1,000 applications approved between August and November 2003 to determine the effect of inaccurate income estimates on program eligibility and costs. We compared the prospective incomes reported by participants, which were used in determining their eligibility, against actual income data from:

- federal and state tax returns for 2003;
- wage data reported to the State by employers;
- income information from the Social Security Administration; and
- income data available in CARES for participants who were receiving other types of public assistance.

Although actual income data were available to us in many instances, comparisons between actual income data and income reported on SeniorCare applications often had limitations. For example, participants are asked to estimate their future income for a 12-month enrollment period, which typically did not directly correspond with the calendar year income reported on tax returns. In addition, tax return information was not available for 401 of the 1,000 cases in our sample, often because individuals with taxable incomes below \$9,000 and couples with taxable incomes below \$18,000 are not required to file Wisconsin tax returns. (Most Social Security income is not taxable.) In cases where income tax records were not available, we relied on the other sources of income information previously mentioned.

Using available data on actual income, we calculated the benefit level for which each sampled case would have been eligible. We then determined the extent to which cases would have been placed in a benefit level different from that in which they were enrolled and, therefore, would have had either higher or lower cost-sharing requirements. We also reviewed actual claims data to estimate the cost of benefits that may have been incorrectly provided, as well as the cost to participants of additional cost-sharing requirements that may have been imposed as a result of inaccurate eligibility determinations.

When we projected the statistically significant results from our random sample of 1,000 cases onto the entire population of SeniorCare cases, our findings were generally consistent with those of DHFS's own review. For example, we estimate that eligibility determinations were consistent with participants' actual incomes in 82.5 percent of all SeniorCare cases, as shown in Table 6.

In the remaining cases, the determination was not consistent with participants' actual incomes, or we were unable to determine if participants were placed in appropriate levels. In 11.9 percent of cases, the enrollees should have been placed in a level with higher cost-sharing requirements, and in 2.3 percent of cases the enrollees should have been placed in a level with lower cost-sharing requirements. In 3.3 percent of cases we were unable to estimate participants' incomes. For cases in which different placements should have been made, approximately 9,500 cases would have been subject to higher cost-sharing requirements, and 1,800 cases would have had lower cost-sharing requirements. Therefore, projecting our findings onto the entire SeniorCare population, we estimate that an additional \$7.5 million in prescription drug costs funded by SeniorCare benefits should have been paid by participants for the 12-month period following eligibility determination, and \$580,000 paid by participants should have been paid by the program. This would have resulted in total net savings to the State of approximately \$6.9 million over 12 months, including approximately \$3.0 million in GPR.

Table 6

Accuracy of SeniorCare Level Placements¹

Finding	Estimated Number of Cases Statewide ²	Estimated Percentage of Cases	Estimated Cost to the State
Participant's Level Placement Was Correct	65,900	82.5%	\$ 0
Participant Would Have Higher Cost-Sharing Requirements	9,500	11.9	7,485,000
Cannot Determine if Level Placement Was Correct	2,600	3.3	Unknown
Participant Would Have Lower Cost-Sharing Requirements	1,800	2.3	(580,000)
Total	79,800	100.0%	\$6,905,000

¹ Projected based on a statistically significant sample of 1,000 cases for a 12-month period of program eligibility.

² A case may consist of a single individual or a married couple.

In cases where income discrepancies were found, we were unable to determine with certainty whether participants' incomes had actually changed or whether they had been misreported. However, of the sampled cases that would have had cost-sharing requirements, 42.9 percent reported income sources on their tax returns that were not reported on their SeniorCare applications, most commonly income from pensions or other retirement accounts. Given the nature of this income, it seems likely that many applicants could have been able to better estimate their retirement income for the 12-month period following application. We also found that many participants under-reported income from one or more sources, although the under-reporting often did not affect program benefits. We were 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.

Future Considerations

Given the under-reporting of income we identified in our sample, we believe DHFS should increase its efforts to prevent, identify, and correct participant errors in income reporting. In addition, the 2004 change in federal law that created a Medicare prescription drug benefit will affect the SeniorCare program, although the ramifications are not fully known at this time.

Correcting Benefit Payment Errors

In assessing the accuracy of SeniorCare eligibility determinations, DHFS currently:

- verifies applicants' reported Social Security income using data from the Social Security Administration; and

- instructs eligibility workers to contact applicants if it appears that errors were made on applications, such as reporting monthly income instead of annual income.

However, DHFS does not:

- routinely review available income data from other sources, including tax returns or wage data reported to the State by employers;
- request additional income verification from applicants who may have failed to report income; or
- have any procedures for recovering SeniorCare benefits paid in error, as it is required to do under administrative rule.

Although 82.5 percent of SeniorCare applicants in our sample accurately estimated their future income, the significant number of cases that are not in the correct level based on unreported or under-reported income suggests a need for additional steps to prevent and correct benefit payment errors. However, taking steps to improve the accuracy of income estimates, such as requiring documentation of income or in-person interviews, would increase administrative costs. In addition, requiring applicants to apply in person would require the involvement of county staff and would be a significant change to the current centralized processing system. Advocates are concerned that increased application requirements could make the program less accessible to seniors, and they point to recent decreases in BadgerCare enrollment following increased application requirements. Less-extensive procedural changes, such as better use of data resources and targeted case reviews, could reduce errors.

In an attempt to address some of these deficiencies, DHFS's 2005-07 biennial budget request proposes developing a system for identifying applications that are more likely to contain income estimates that would result in an incorrect eligibility determination, such as those with reported income near a benefit level limit. Under the proposed system, income reported on those applications would be compared to income data available through various other sources, such as income tax returns and the state wage database. If discrepancies were found, participants would be required to submit supporting documentation.

DHFS is requesting a total of \$395,500 in FY 2005-06 and \$191,800 in FY 2006-07 to fund programming modifications to CARES, and an additional 4.0 FTE staff to conduct income reviews and request verification of income. Based on estimated savings from reducing incorrect level placements, DHFS estimates that these proposals would have a net cost of \$105,000 (including \$42,200 GPR) in FY 2005-06, and a net savings of \$388,300 (including \$217,100 GPR) in FY 2006-07.

Recommendation

We recommend the Department of Health and Family Services report to the Joint Legislative Audit Committee by April 15, 2005, on its progress in developing procedures for preventing, identifying, and correcting errors in SeniorCare benefit payments, including:

- *how it plans to identify cases in which income is under-reported;*

- *the data sources it plans to use to verify applicants' reported incomes; and*
- *the types of income documentation to be requested of enrollees when discrepancies between reported and actual income are identified.*

DHFS also has not developed procedures for recovering SeniorCare benefits paid in error, although the program has been in operation for more than two years. Benefit recovery procedures are an important component of any public assistance program and are required by state law. Although participants are not required to report changes in income, DHFS is required to recover benefits incorrectly paid to participants who misstate or incorrectly estimate their incomes given the information available at the time of application. Under current rules, benefits may be recoverable even if a participant did not intend to misstate his or her income.

Recommendation

We recommend the Department of Health and Family Services report to the Joint Legislative Audit Committee by April 15, 2005, on the procedures it plans to use for recovering benefits paid in error, and its time line for implementing those procedures.

Effects of Changes in Federal Law

The federal Medicare Prescription Drug, Improvement, and Modernization Act of 2003 created a new Medicare prescription drug benefit beginning in January 2006, with a transitional drug discount card program from June 2004 through December 2005. Under the transitional drug discount card program, seniors may apply for one of a number of discount cards, and seniors with incomes below 135 percent of the federal poverty level can receive a \$600 annual credit toward prescription drug costs. Seniors enrolled in SeniorCare Level 1 are not eligible for the \$600 credit because they already receive full prescription drug coverage through SeniorCare, which is funded, in part, through the federal Medical Assistance program. Those enrolled in SeniorCare levels 2b or 3 can apply for a Medicare-endorsed drug discount card and use it while meeting the spenddown or deductible requirements for SeniorCare.

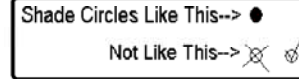
The new Medicare prescription drug benefit takes effect in January 2006, and it has cost-sharing requirements that vary by income. DHFS has estimated that 94 percent of seniors enrolled in SeniorCare would have lower costs under SeniorCare than under the Medicare drug benefit program. Only the 6 percent whose incomes are below 135 percent of the federal poverty level and who have assets below \$6,000 for individuals and \$9,000 for couples would have lower costs under the Medicare drug benefit program. Federal officials have estimated that the new Medicare benefit will lower prescription drug costs for more than 700,000 elderly and disabled people in Wisconsin who are not currently enrolled in SeniorCare, including disabled individuals who are not eligible for SeniorCare and seniors whose incomes may be too high to receive benefits from SeniorCare. Because of the complexity of the two programs, seniors could benefit from comparative information provided by DHFS to assist them in choosing between the SeniorCare program and the federal Medicare prescription drug benefit.

DHFS officials have been informed that the federal government will continue to provide matching funds for SeniorCare under the current Pharmacy Plus waiver, which is set to expire on July 1, 2007. However, DHFS has not received the written confirmation it requested from the

federal Department of Health and Human Services. If SeniorCare is to be continued beyond July 1, 2007, the State's waiver will need to be extended.

Finally, DHFS is required by s. 49.688(10), Wis. Stats., to report to the Legislature on its analysis of the differences between SeniorCare and the new Medicare prescription drug benefit program, including any recommendations it may have to address possible concerns. There is no statutory deadline for submission of this report, and DHFS has not yet determined the likely date for its completion. However, in its report, it will be important for DHFS to include information on the potential fiscal effects of the Medicare prescription drug benefit on the SeniorCare program.

■ ■ ■ ■



¿Prefiere las notificaciones en español? Yes No

APPLICATION Select One: New Application Add Spouse Re-Application

SECTION I - APPLICANT INFORMATION

Are you requesting SeniorCare? Yes No Wisconsin Resident? Yes No U.S. Citizen? Yes No Gender? Male Female

Race/Ethnicity (Optional) American Indian/Alaskan Native Hawaiian/Other Pacific Islander Black/African American
Choose all that apply White Asian Hispanic Ethnicity

Current Marital Status:
 Married Divorced
 Widowed Separated
 Single

If Married or Separated, are you
 Living with Spouse
 Not Living with Spouse

Last Name: _____

First Name: _____ Middle Initial: _____

Birth Date: ____/____/____ Soc. Sec. No. ____-____-____

SECTION II - SPOUSE INFORMATION (IF LIVING WITH APPLICANT)

Are you requesting SeniorCare? Yes No Wisconsin Resident? Yes No U.S. Citizen? Yes No Gender? Male Female

Race/Ethnicity (Optional) American Indian/Alaskan Native Hawaiian/Other Pacific Islander Black/African American
Choose all that apply White Asian Hispanic Ethnicity

Last Name: _____

First Name: _____ Middle Initial: _____

Birth Date: ____/____/____ Soc. Sec. No. ____-____-____

SECTION III - MAILING ADDRESS

Street: _____ Apartment: _____

City: _____ State: _____ Zip Code: _____

Telephone: (____) _____ - _____

Address is: Same as residence Different than residence Your Authorized Representative's / Legal Guardian's / Power of Attorney's address



Appendix 1

SECTION IV - EXPECTED ANNUAL INCOME (Required)

For each item below, enter the total gross (before deductions) expected ANNUAL income for you and your spouse for the next twelve months.
ROUND INCOME TO THE NEAREST DOLLAR -- DO NOT INCLUDE CENTS

APPLICANT		SPOUSE (If Living with Applicant)	
Gross Social Security	\$ _____, _____	Gross Social Security	\$ _____, _____
Gross Wages	\$ _____, _____	Gross Wages	\$ _____, _____
Interest, Dividends, and Capital Gains	\$ _____, _____	Interest, Dividends, and Capital Gains	\$ _____, _____
Net Self-Employment Income	\$ _____, _____	Net Self-Employment Income	\$ _____, _____
Retirement Income	\$ _____, _____	Retirement Income	\$ _____, _____
Other Income	\$ _____, _____	Other Income	\$ _____, _____
Grand Total	\$ _____, _____	Grand Total	\$ _____, _____

SECTION V - SIGNATURE (Required)

I understand the questions and statements on this application form. I understand the penalties for giving false information or breaking the rules as outlined in the rights and responsibilities section of the SeniorCare application instructions. I certify, under penalty of perjury and false swearing, that all my answers are correct and complete to the best of my knowledge, including information provided about the citizenship or immigration status of my spouse and myself. I understand and agree to provide documents to prove what I have said. I understand that the agency may contact other persons or organizations to obtain the necessary proof of my eligibility and benefits.

SIGNATURE - Applicant or Representative

PRINTED NAME - Applicant or Representative

Signature of: Applicant Authorized Representative Legal Guardian Power of Attorney / Durable Power of Attorney

Two witness signatures are required only if you sign with an "X"

Witness 1

Witness 2

SECTION VI - ENROLLMENT FEE (Required)

Enrollment Fee Enclosed \$30 - One Applicant
 \$60 - Two Applicants
Make check or money order payable to: State of Wisconsin
(Include applicant's name and Soc. Sec. No. on payment.)

Return completed application form and fee to:
 SeniorCare
 P.O. Box 6710
 Madison, WI 53716-0710

OFFICE USE ONLY

None
 Other _____



Appendix 2

2004 SeniorCare Enrollment by County

County	Number Enrolled	County	Number Enrolled
Adams	388	Marinette	1,431
Ashland	504	Marquette	535
Barron	1,097	Menominee	75
Bayfield	297	Milwaukee	11,545
Brown	3,150	Monroe	826
Buffalo	442	Oconto	1,009
Burnett	441	Oneida	1,039
Calumet	652	Outagamie	2,369
Chippewa	1,398	Ozaukee	1,005
Clark	1,389	Pepin	224
Columbia	1,285	Pierce	635
Crawford	486	Polk	1,036
Dane	3,203	Portage	987
Dodge	1,898	Price	653
Door	688	Racine	2,939
Douglas	635	Richland	506
Dunn	702	Rock	2,508
Eau Claire	1,288	Rusk	502
Florence	100	Sauk	1,381
Fond du Lac	1,982	Sawyer	386
Forest	263	Shawano	1,064
Grant	1,251	Sheboygan	1,994
Green	949	St. Croix	702
Green Lake	649	Taylor	675
Iowa	510	Trempealeau	995
Iron	246	Vernon	989
Jackson	416	Vilas	623
Jefferson	1,388	Walworth	1,686
Juneau	729	Washburn	440
Kenosha	1,692	Washington	1,498
Kewaunee	553	Waukesha	4,153
La Crosse	1,983	Waupaca	1,475
Lafayette	516	Waushara	600
Langlade	685	Winnebago	2,267
Lincoln	981	Wood	2,134
Manitowoc	2,041	Unknown	445
Marathon	2,602	Total¹	92,810

¹ Total enrollment varies slightly from previously reported enrollment data because county enrollment figures were obtained from a different data system.