



STATE OF WISCONSIN  
BOARD ON AGING AND LONG TERM CARE  
1402 Pankratz Street, Suite 111  
Madison, WI 53704-4001

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

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

EXECUTIVE DIRECTOR  
And  
STATE LONG TERM  
CARE OMBUDSMAN  
Heather A. Bruemmer

---

October 15, 2021

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

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

Dear Governor Evers and Legislators:

On behalf of the Wisconsin Board on Aging and Long Term Care, I am honored to provide you the Board's report for the biennium ending June 30, 2021. The Board on Aging and Long Term Care views this report as a means to display the positive impact of our programs on the public, our plans for the immediate and long-term future, and the progress that we have made toward meeting our stated goals.

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

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

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

The Board on Aging and Long Term Care continues to see a rise in the complexity of consumer contacts. As the healthcare and long-term care landscapes have become more complex, consumers have increasingly looked to the Board on Aging and Long Term Care as the

---

premier resource to receive effective advocacy and to assist in resolving questions and issues arising from the use of private and government-funded long-term care services. Long-term care consumers rely on the Board on Aging and Long Term Care to receive accurate and timely information and assistance with understanding their health care options. It has also been an extraordinary time in our day-to-day operations due to the COVID-19 pandemic. The data reflects the significant impact the pandemic had on our long-term care consumers, Medicare beneficiaries and the advocacy and education we provided for them.

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

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

Sincerely,

*Heather A. Bruemmer*

---

Heather A. Bruemmer  
Executive Director and State Long Term Care Ombudsman

## **Advocacy: An Investment for the Future**

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

### **Mission**

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

### **Vision**

The Board on Aging and Long Term Care is the premier resource for information and advocacy for our client population and will continue as an integral part of the ever-changing system for long-term care delivery in Wisconsin. The Board will increase its visibility and accessibility by expanding its role and recognition as an advocacy leader.

### **Values**

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

## **Summary Description of the Board on Aging and Long Term Care**

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

The Board on Aging and Long Term Care is enabled by Wisconsin Statute at § 16.009, *stats*. This section incorporates, by reference, the federal Long Term Care Ombudsman Program statutes found in the Older Americans Act at 42 USC § 3058(f) and 42 USC § 3058(g) and codified in the Code of Federal Regulations at 45 CFR Part 1321 and 45 CFR Part 1324. Our agency is given policy direction and oversight by a seven-member citizen board, appointed by the Governor with the advice and consent of the State Senate under Wisconsin Statute at § 15.105(10), *stats*. Operational control is vested in an Executive Director / State Long Term Care Ombudsman, currently Heather A. Bruemmer, who is supported by managerial staff including Counsel to the Board, an Office Manager, an Ombudsman Supervisor, an Assistant Ombudsman Supervisor, a Volunteer Program Supervisor, and a Medigap Helpline Program Supervisor.

The Long Term Care Ombudsman Program is Wisconsin's version of a federally mandated program that provides trained and certified, professional advocates who represent the interests of and speak for residents of long-term care facilities, as well as for those who receive their home and community-based services through the state's managed long-term care programs, namely Family Care, Family Care Partnership, PACE (Program of All-Inclusive Care for the Elderly) and IRIS (Include Respect I Self-Direct). Ombudsmen respond to complaints lodged by or on behalf of these clients 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-based advocacy and Wisconsin's managed long-term care supports and services.

The Volunteer Ombudsman Program has been in existence since 1994. The Volunteer Ombudsman Program recruits, screens, trains, and supervises volunteers who make unannounced weekly visits to nursing homes. The Volunteer Ombudsmen are supported by their regional Volunteer Coordinator and the Volunteer Ombudsman Program Services Supervisor. Volunteer Ombudsmen visits strengthen the advocacy services provided by Regional Ombudsmen for residents living in nursing homes. During this reporting period, the program averaged 88 volunteers. The volunteer program covers 32 of 72 counties in the state. Volunteer Ombudsmen submit a formal written monthly report to their Volunteer

Coordinators, providing a summary of information regarding the resident's concerns in that assigned nursing home to the Regional Ombudsman.

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

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

## **PROGRAMS, GOALS, OBJECTIVES AND ACTIVITIES**

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

Goal: To protect the rights and promote empowerment, through systems change and self-advocacy, of persons age 60 and older who are recipients of facility-based, managed long-term care or self-directed supports services.

Objective/Activity: Identify and investigate concerns and complaints received via the board intake telephone line, the Ombudsman Program on-line complaint system and other methods of registering a complaint.

Objective/Activity: Educate and empower residents, tenants, members, participants and others regarding rights, ombudsman function and provider responsibilities.

Objective/Activity: Educate current and new providers regarding ombudsman authority, role and function and provider responsibilities related to resident, tenant, member, and participant rights.

Goal: The board's Volunteer Ombudsman Program will encourage resident participation in scheduled resident council meetings in skilled nursing facilities in the program's designated service area.

Objective/Activity: Volunteers will encourage and empower resident participation by inviting residents individually to attend the meetings. Volunteer ombudsmen will attend council meetings with the permission of the residents. A volunteer's role is to advocate for the residents' individual rights.

Goal: Improve public education and outreach to consumers on issues related to Medicare, Medicare Supplemental insurance, Medicare Advantage plans, Medicare Part D (prescription drug), and transitional issues from Marketplace or Medicaid programs to Medicare and related forms of insurance.

Objective/Activity: The board will educate and empower the public via 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 statewide outreach efforts in the

form of in-person contacts with local groups of Medicare-eligible individuals are being used to advance this goal.

Goal: Utilize the Medigap Volunteer Program to improve the ability of the program to provide services to more Medicare beneficiaries.

Objective/Activity: With the increasing complexity of the Medicare programs and the higher demand for accurate and timely counseling from both the Medigap Helpline and Medigap Part D Helpline staff, a group of effectively trained and supervised volunteers assisting with everyday office duties including data entry, completing Medicare Part D plan-finders and assisting in the mailroom has proven to be a way to increase the time staff are available to provide the more complex counseling which is becoming the norm. Training volunteers to be able to perform referral calls will also allow additional time for counselors to assist callers with Medicare issues.

Goal: Refine, simplify, expand, and publicize the available information services provided by the board.

Objective/Activity: The board's Web site will include up-to-date information on the agency's programs issues of importance to persons in need of long-term care services or insurance for aging or disabled individuals.

## **PERFORMANCE MEASURES**

### **2019 and 2020 GOALS AND ACTUALS**

<b>Prog. No.</b>	<b>Performance Measure</b>	<b>Goal 2019</b>	<b>Actual 2019</b>	<b>Goal 2020</b>	<b>Actual 2020</b>
1.	Number of complaints investigated by ombudsmen on behalf of long-term care consumers.	3,100	4,448	3,175	3,288
1.	Number of education presentations given to long-term care consumers by ombudsman program staff.	175	184	175	161
1.	Number of education presentations given to long-term care providers by ombudsman program staff.	90	167	95	71
1.	Number of times volunteer ombudsmen and volunteer coordinators attend resident councils with facility visits.	320	298	325	149*

<b>Prog. No.</b>	<b>Performance Measure</b>	<b>Goal 2019</b>	<b>Actual 2019</b>	<b>Goal 2020</b>	<b>Actual 2020</b>
1.	Number of outreach presentations by Medigap program staff.	80	76	82	32*
1.	Number of Medigap program volunteer hours provided.	1,500	1,040	1,600	1,063
1.	Number of hits on the board's Web site.	285,000	264,835	300,000	321,939

Note: Based on fiscal year.

\*Note: Some actuals were less than projected due to COVID-19

## **2021, 2022 and 2023 GOALS**

<b>Prog.No.</b>	<b>Performance Measure</b>	<b>Goal 2021</b>	<b>Goal 2022</b>	<b>Goal 2023</b>
1.	Number of complaints investigated by ombudsmen on behalf of long-term care consumers.	3,200	3,250	3,275
1.	Number of education presentations given to long-term care consumers by ombudsman program staff.	100	115	120
1.	Number of education presentations given to long-term care providers by ombudsman program staff.	100	110	115
1.	Number of times volunteer ombudsmen and volunteer coordinators attend resident councils with facility visits.	200	220	225
1.	Number of outreach presentations by Medigap program staff.	55	75	80
1.	Number of Medigap program volunteer hours provided.	500	1,000	1,200
1.	Number of hits on the board's Web site.	310,000	325,000	330,000

Note: Based on fiscal year.

Note: Certain goals have been reduced due to COVID-19.

## **Members of the Board**

<u>Name</u>	<u>Home City</u>
Tanya Meyer (Chair)	Rhinelander
James Surprise	Wautoma
Barbara Bechtel	Brown Deer
Michael Brooks	Oshkosh
Dr. Dale Taylor	Eau Claire
Dr. Valerie Palarski	Aniwa
Abigail Lowery	DeForest

### Staff Members

Executive Director / State Ombudsman	Heather A. Bruemmer
Counsel to the Board	Jessica L. Trudell
Central Office Manager	Vicki Tiedeman
Ombudsman Supervisor	Kim Marheine
Ombudsman Asst. Supervisor	Rachel Selking
1 Lead Facility Ombudsman	Joan Schmitz
1 Lead Managed Care Ombudsman	Jill Melville
17 Regional Ombudsmen	
1 Veterans Ombudsman Specialist	
1 Ombudsman Relocation Specialist	
1 Ombudsman Intake Specialist	
1 Lead IRIS Ombudsman	Kathleen Miller
1 IRIS Ombudsman	
Volunteer Ombudsman Supervisor	Kellie Miller
5 Volunteer Ombudsman Coordinators	
Medigap Supervisor	Vicki Buchholz
1 Lead Medigap Counselor	Jill Helgeson
4 Medigap Counselors	
2 Medicare Part D counselors	
1 Medigap Intake Specialist	
1 Information Specialist (0.5 FTE)	

## **Part-Time Employment and Flexible Schedules**

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

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

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

In June of 2021, BOALTC implemented a new Alternative Work Patterns policy which applies to all agency staff. This allows staff to request an alternative restructuring of work hours with supervisor approval, with core hours of heavier customer contact established. This policy also allows for occasional telecommuting or scheduled telecommuting for BOALTC staff assigned a physical office location.

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

## **Long Term Care Ombudsman Program**

The Long Term Care Ombudsman Program is the primary resource for advocacy for persons age 60 and older who utilize the following long-term care supports and services: nursing home and assisted living facility services; managed long-term care services via the state's Family Care, PACE and Partnership programs; self-directed supports and services via the state's IRIS (Include, Respect, I Self-Direct) program. After expanding authority in 2017 to include participants in the IRIS program, the Board on Aging and Long Term Care now serves approximately 125,500 clients which include: approximately 92,000 persons living in licensed settings, 25,000 persons enrolled in managed care and 8,500 persons enrolled in the IRIS program<sup>1</sup>.

Speaking to the agency's commitment to highest quality advocacy services to its consumers and professional support to its staff, ombudsmen are certified through a two-tiered program, comprising more than 500 contact hours of initial training and 40 hours of continuing education annually.

Anyone may call an ombudsman to report or discuss a concern or complaint about long-term care services. Long Term Care Ombudsmen investigate each complaint always with a client-centered focus on the needs and preferences of that resident or managed long-term care consumer, and always with respect to the client's right to confidentiality. Ombudsmen provide general information and assistance regarding all aspects of long-term care supports and services, and regularly consult with providers in advance of a formal complaint in an effort to pre-empt a negative outcome on behalf of a client. Ombudsmen provide education to residents and their families, to providers, and to the community-at-large. During the pandemic response, Ombudsmen provided virtual training to more than 30,000 long-term care providers, partnering with staff of the Department of Health Services to deliver messaging that was person-centered, rights based and timely to meet the ever-changing pandemic environment and its impact on long-term care consumers.

The average Ombudsman to potential client ratio in Wisconsin is approximately **1:6,300**. From a client services standpoint, Wisconsin has for many years been far behind the Institute of Medicine Study (1995) recommended Ombudsman to client ratio of **1:2,000**. Wisconsin's current ratio is based on client data only and does not include the other stakeholders to a complaint who call for Ombudsman services, including family members, legal representatives,

---

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

and providers. This ratio is impacted by the aging demographics statewide relative to older adults, with increases also noted due to the number of enrollees into managed long-term care programs.

Ombudsmen accomplish their goals of empowering consumers and educating providers through a variety of strategies, many of which take place in person wherever the client lives. With client consent, Ombudsmen also act as mediators and facilitators to resolve disputes informally, but also provide representation at appeals, grievances, and state fair hearings. While a high percentage of persons in Family Care and IRIS live in their own homes in the community, most residents of assisted living with whom Ombudsmen work are members of a managed care program. In both nursing home and assisted living settings, casework is increasingly complex and continues to require more time and resources to resolve than in years past.

During the past year's pandemic response, complaints lodged on behalf of residents of long-term care settings, in particular, were lodged primarily by those other stakeholders: adult children, spouses and partners, members of the community-at-large. Complaints revolved almost wholly around the inability to visit residents of long-term care settings and, as visitation did re-open, the conditions that some visitors found when once again able to see their family members.

Long Term Care Ombudsmen in Wisconsin are well-known for approaches that facilitate collaboration and person-centered approaches to client-specific advocacy. Ombudsmen are often sought to provide subject matter expertise to provider education and community-based networks, as well as to long-term care quality initiatives impacting both residential and community-based consumers.

#### Ombudsman Program Most Frequent Complaints

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

Our top complaints include:

- Discharge, eviction
- Failure to respond to requests for assistance
- Failure to follow the care plan
- Visitation
- Family conflict
- Dignity, respect, staff attitudes
- Management of financial property
- Symptoms unattended
- Medications – administration, organization
- Staffing

The Ombudsman Program is honored to provide exemplary advocacy services to the state's older adult citizens and long-term care service users. We remain committed to the promotion of the state's overall goals to promote changes in policies, practices, and systems to improve the quality of life and care for all older adult consumers of Wisconsin's long-term care programs.

## The Volunteer Ombudsman Program

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

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

To become a Volunteer Ombudsman, applicants must undergo a thorough screening. When a potential volunteer applies, they will submit to and must pass the criminal background check. The applicant must disclose all potential conflicts of interest such as current employment in a long-term care facility. A determination will be made by the Board on Aging if the individual can move forward with the volunteer program. Statutory authority for this program comes from 45 CFR Part 1324 and Wis. Stat. § 16.009(4)(a). The Volunteer Ombudsman Program has unrestricted access to nursing homes and residents as Representatives of the Office.

Potential volunteers must attend the mandatory initial training conducted by the Volunteer Coordinator and Regional Ombudsman to become a Volunteer Ombudsman. After completion of training, they will be assigned a nursing home in their community, absent of conflict of interest with the ability to transport themselves to their assignment. Guided facility visits are conducted for each newly placed volunteer with their Volunteer Coordinator as part of their training to ensure understanding of the role and responsibilities, and make sure volunteers feel comfortable before making independent resident centered visits.

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

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

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

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

	<b>2019</b>	<b>2020</b>
<b>Volunteer Ombudsmen Data</b>		
Volunteer Ombudsmen	100	76
Nursing homes with a Volunteer	93	86
Resident Council meetings attended	285	144
Nursing home visits made	2728	726
Hours donated	6,482	1718

In this last biennial, 8,200 hours of time was contributed by the Volunteer Ombudsmen despite the onset of the COVID 19 pandemic and the suspension of in-person visitation. The Volunteer Program did begin attending virtual resident meetings and virtual resident council meetings around August of 2020. The new way of communicating via virtual platforms did require increased training and support from the Volunteer Coordinators to enable volunteers to attend the virtual meetings.

The program maintained many volunteers during this reporting period, especially compared to their counterpart programs in other states. Volunteers stayed connected and engaged through

phone and written contact as well as virtual trainings and virtual resident interactions with their Volunteer Coordinator, the Volunteer Services Supervisor.

The amount of time and effort the volunteers put in on a weekly basis is a tremendous benefit to our Wisconsin nursing home residents. This allows more one-on-one time for nursing home residents to express their needs and concerns in a confidential manner to a trusted individual.

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

## **Medigap Helpline Programs**

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

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

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

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

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

centers. Virtual presentations are another avenue to providing informational services to Medicare beneficiaries statewide.

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

**Who are our primary customers?**

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

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

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

The Medigap Helpline Program works with beneficiaries attempting to maneuver through the Medicare and health insurance arena trying to find the optimal coverage that fits their needs. With both helplines serving beneficiaries, the scope of information presented to callers gives them an opportunity to be more aware and able to select the right options for their situation. Beneficiary contacts reported to CMS within the Medigap Helpline Services totaled 11,404 in the calendar year 2020 compared to 12,689 in 2019. Counselors are seeing more complexity with the calls to the helplines. The decline was in part due to Covid-19 which also limited outreach efforts.

Our volunteer program which assists the Medigap Part D & Prescription Drug Helpline programs includes volunteers from the UW Pharmacy school program and retired persons. The volunteer program had 23 volunteers this past reporting period (2020) who completed 969 hours of service providing prescription drug plan finder assistance, data entry, and clerical support for both

Medigap programs. This compares with 43 volunteers with 1,087 hours of service for reporting year 2019. The reduction of volunteers comes in part due to Covid-19 with volunteers working remotely for the programs, and a loss of regular clerical volunteers with limited access to the central office.

The agency's volume of calls continues to become more complex and is predicted to grow as the population ages and more persons become eligible for Medicare. The need to review both Medicare Advantage and Prescription Drug plans annually adds to the volume of calls, especially during Medicare's Annual Enrollment Period. Since 2016, the Medigap Helpline is allowed to file complaints directly to CMS and the Plan through a Complaint Tracking Module. Complaints occur in cases where the Medicare Advantage plan or Medicare Prescription Drug plan failed to enroll or provide the coverage a beneficiary should have had, and the beneficiary was not successful in resolving the issue themselves. This allows CMS to review the complaint and offer direction to the plan as well.

	<b>2019</b>	<b>2020</b>
<b>CMS Reported Calls</b>	11,975	12,343
Toll-Free LIVE calls:	3,385	3,041
Total Hours provided to callers:	6,664	6,908
(Avg. Minute per call)	34	34
Volunteers:	43	23
Volunteer Hours:	1,087	969
Outreach Events:	76	50
Outreach attendees:	9,999	7,173
Complaint Tracking Module reports: successful outcomes / filed complaints	20/25	7/10

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

- Medicare
  - Part A & Part B
- Medicare Supplements (Medigap)
  - Traditional vs Network policies
  - Guarantee Issue Provisions
  - Pre-Existing conditions
  - Relocation/snowbirds
  - Premium issues
- Medicare Advantage Plans
  - Service area coverage
  - Relocation/snowbirds
  - Out of Pocket Maximum/copay costs

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

Top Issues prompting calls from Beneficiaries and advocates include:

- Medicare and understanding the differences in coverage options
- Loss of employer sponsored coverage: active employer, retiree group, Cobra/continuation
- Prescription coverage needs: selecting appropriate plan, drugs not on formulary, gap of coverage costs, and less available pharmaceutical programs
- Medicare Advantage enrollment issues, understanding scope and costs of coverage, misleading advertising
- Marketplace transition issues into Medicare
- Low income programs and coordination with Medicare
- Urgency of some callers losing other coverage due to retirement because of Covid-19

Medigap Counselors refer callers to other agencies or resources when appropriate to allow the beneficiary to obtain the most appropriate assistance/information related to their situation.

Referrals to and from the Medigap Helpline are steady as the Medigap Helpline has the primary SHIP (State Health Insurance Program) telephone number which is used by Medicare, Social Security, and state agencies when making referrals for assistance. Maintaining close relationships with advocacy groups and partners provides good support for the 1.1 million Medicare beneficiaries in the state. Referrals for one-on-one assistance are made to the Elder or Disability Benefit Specialists in each county.

### Trends

The increasing complexity of the Medicare program as well as the high number of choices for secondary coverages or replacement plans continues to bring Medicare beneficiaries to the Medigap Helpline programs. Understanding not only the enrollment limitations for each program but the coordination with Medicare can be a daunting task for Medicare beneficiaries. Many calls due to the misleading information from some television advertisements or from agent cold calls which encourage enrollment into a plan are confusing for some to understand. The Medigap Helpline assists beneficiaries in not only understanding but also in reversing their enrollment back to prior coverage which may have been more suitable.

Loss of employer sponsored coverages continue to bring Medicare beneficiaries to the Medigap Helpline. Termination notices from manufacturers, school districts, city/county governments, medical groups and other businesses could have a negative impact on beneficiaries if complete information is not provided on options. Decisions by beneficiaries to leave their employment and thus their coverage leads to them facing a broad range of choices. The Medigap Helpline has presented information to these groups to aide in understanding the suitability of each option they may have.

Transitions from low-income programs (Badgercare Plus) into Medicare has created issues for many beneficiaries. Covid-19 outcomes have prompted the eligibility requirements to be put on hold, so beneficiaries are not losing prior coverage when Medicare begins. Medicaid programs which may have had premium requirements have also temporarily suspended those premiums.

The uptick of beneficiaries with End Stage Renal Disease (ESRD) continues. Enrollment into ESRD Medicare is voluntary and may not always be the most optimal coverage a beneficiary could have. Detailed counseling will provide a clearer picture of the different types of coverage options the beneficiary would have, from remaining on Badgercare Plus or their Marketplace coverage, to switching to ESRD Medicare and selecting from the options around Medicare, to remaining in active employer plan for the 30 month coordination period. These beneficiaries require time so they may understand the enrollment periods and coverage outcomes so they may select the most optimal coverage for their needs.

Due to Covid-19, Medicare altered some rules that have governed some aspects of care which changed how some services could be provided, resulting in some claims issues. Calls have been varied around not only the coverage if a beneficiary had Covid, but the impact limited services had on beneficiaries and family members, to understanding the expanded telehealth option. These changes will continue to evolve over the near future.

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

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

Ombudsman/Volunteer Program: (800) 815-0015

Medigap Helpline Program: (800) 242-1060

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

Fax: (608) 246-7001

Email: [BOALTC@wisconsin.gov](mailto: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.