



7/19/17
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Impact of the Senate's Better Care Reconciliation Act on Wisconsin

The Senate's Better Care Reconciliation Act (BCRA) would make health care unaffordable and inaccessible for millions of Americans.

Here is how the bill would impact Wisconsinites:

Reduces funding for Medicare, negatively affecting current and future beneficiaries. The bill cuts nearly \$59 billion over 10 years from the Hospital Insurance trust fund by repealing a 0.9 percent payroll tax on higher-income workers. This would hasten Medicare's insolvency and diminish the program's ability to pay for services in the future. The bill would also increase Medicare premiums by removing nearly \$26 billion in required payments from pharmaceutical companies over 10 years from the Part B trust fund.

- *In 2016, Medicare covered 1,029,190 Wisconsinites, or 18 percent of the state's population.*
- *85 percent of Wisconsinites with Medicare are over age 65, and 15 percent are people with disabilities under the age of 65.*
- *1,222,407 (or 21 percent of) Wisconsinites are between the ages of 50 and 64 and will transition into Medicare over the next 15 years.*

Unfairly penalizes older Wisconsinites who buy coverage on their own and who cannot afford to pay more. The bill discriminates against the 6.1 million Americans ages 50-64 who purchase coverage in the individual (non-group) health insurance market by allowing insurance companies to charge older people up to five times more than others pay for the same coverage (referred to as 5:1 age rating). The bill also cuts tax credit assistance for 3 million lower- and moderate-income 50- to 64-year-olds based on their age.

- *150,838 (or 13 percent of) Wisconsinites between the ages of 50 and 64 are enrolled in the individual market and would be impacted by age rating under the BCRA.*
- *In 2015, half of all Wisconsinites ages 50-64 buying insurance in the individual market had incomes of \$25,020 or less a year.*

Significantly increases costs for lower- and middle-income older adults who need individual health insurance coverage. The bill increases premiums for lower- and middle-income older adults by eliminating or reducing tax credits and allowing insurers to charge older adults more (5:1 age rating). And while all older adults will pay more, those with incomes between 350 to 400 percent of the federal poverty level (FPL) would be hardest hit. The bill also eliminates subsidies that help lower-income adults pay for deductibles and copays.

- *50- to 64-year-olds comprise 38 percent of all adults receiving premium tax credit assistance in Wisconsin and would face higher costs under the bill.*

Examples of how it would affect lower- and middle-income older adults:

- *In 2020, 60-year-olds in Wisconsin earning \$20,000 annually could pay up to \$4,750 more a year in premiums and \$4,524 more a year in deductibles, coinsurance, and copayments.*
- *In 2020, 60-year-olds in Wisconsin earning \$45,000 annually could pay as much as \$13,920 more a year in premiums.*

Reduces coverage available for people with pre-existing health conditions. The bill allows states to waive or weaken requirements for services that must be covered by health insurance (known as Essential Health Benefits) as well as current limits on consumers' annual out-of-pocket spending. These changes could allow insurance companies to sell less comprehensive, potentially even skimpy, coverage and/or require consumers to pay higher deductibles, coinsurance and copayments. The result would be less choice, higher costs, and reduced access to needed services for people with pre-existing conditions.

- *About 399,515 (or 34 percent of) 50-64 year olds in Wisconsin have a preexisting condition.*

Threatens financial protections for people with individual and employer coverage. The bill allows states to weaken important consumer protections that ban insurance companies from capping how much they will cover annually, or over a person's lifetime — leaving people vulnerable to costs that could be financially catastrophic to them. States could also weaken or waive requirements that protect consumers from very high annual out-of-pocket spending (such as deductibles and copays). These changes would affect people with employer-sponsored coverage, in addition to people in the individual market.

- *150,838 (or 13 percent of) Wisconsinites ages 50-64 receive coverage through the individual market and could face higher costs due to these changes.*
- *840,123 (or 70 percent of) Wisconsinites ages 50-64 receive coverage through their employer, and could also see face higher costs due to these changes.*
- *Every year, 187,057 Wisconsinites ages 18-64 who work for a large employer leave or lose their jobs and may have to buy coverage in the individual market.*

Cuts over \$700 billion from Medicaid. The bill creates a capped financing structure in the Medicaid program and cuts \$772 billion in federal Medicaid spending—more than 25 percent—over ten years, and the cut would increase to about 35 percent by 2036. States will likely make further cuts to keep spending below what they would receive under the bill (their per capita cap amounts). Both per capita cap and block grant financing would likely shift significant costs to states, state taxpayers, and families. The bill could lead to cuts in provider payments, program eligibility, services, or all three of the above—ultimately harming some of our nation's most vulnerable citizens.

- *63,000 Medicaid beneficiaries in Wisconsin would have to lose coverage in FY 2026 in order for those remaining to maintain their current level of service.*
- *Wisconsin would lose \$2.3 billion in total federal and state Medicaid funding from FY2020-FY2026.*

Each year, millions of Medicare beneficiaries rely on Medicaid for services that Medicare does not provide—including long-term services and supports (LTSS).

- *In FY 2013, about 178,000 low-income Medicare beneficiaries in Wisconsin were also covered by Medicaid.*

Capping Medicaid impacts these dually enrolled individuals and could result in the loss of critical services and supports while having the unintended impact of increased hospital admissions and use of other expensive services that will ultimately cost more to the federal government.

Most people prefer to receive long-term services and supports in their homes and communities. Nursing home care is generally more expensive than serving people in the community, but home and community-based services (HCBS) is an optional service in Medicaid. Cutting federal Medicaid spending jeopardizes access to HCBS, forcing people to rely on more expensive nursing home care.

- *In FY2014, nursing facilities comprised 47.1 percent of Medicaid LTSS expenditures in Wisconsin for older adults and people with physical disabilities.*

Hurts the economy. The bill's implications for health insurance coverage will negatively affect the economy. Less access to health care will mean lost productivity and less economic growth.

- *By 2026, Wisconsin could lose more than \$3.8 billion in business output due to the bill.*

Significantly increases the number of uninsured Americans. Many Americans face the possibility of losing their health care coverage.

- *286,000 Wisconsinites will lose coverage by 2022 as a result of the bill.*

7/19/17



Improving Early Dementia Care through Health Literacy is a free 90-minute workshop developed to help participants use health literacy principles designed to enhance the health, health care and caregiving for those with early Alzheimer's and/or other dementias.

Health care workers, health educators, case workers, personal care representatives, and others who provide care to individuals with early Alzheimer's or other dementias are encouraged to attend. Caregivers and family members would also benefit from this workshop.

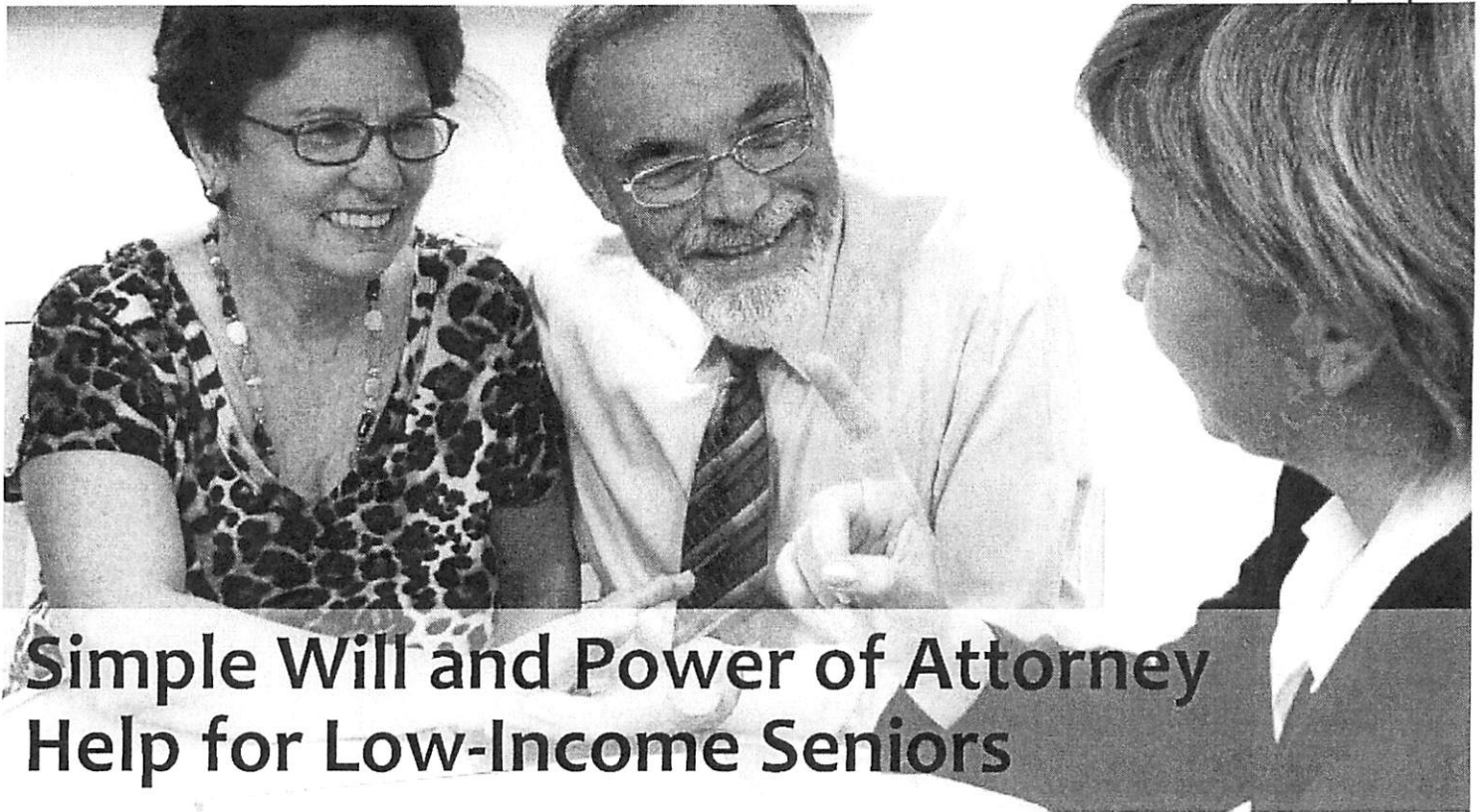
A workbook that participants may keep will accompany this interactive workshop.

Topics include:

- Easy-to-learn techniques you can begin using immediately to help those with early Alzheimer's and other dementias
- Why those with Alzheimer's and other dementias are at greater risk for low health literacy
- The impact low health literacy has on the health of those with Alzheimer's or other dementias
- The benefits of improved health literacy, including medication management safety – a concern for all, but especially for those with Alzheimer's and other dementias
- How better health literacy can help improve communication with those with Alzheimer's and other dementias
- Special health literacy considerations for immigrants and refugees with Alzheimer's or other dementias
- A list of resources (in the workbook)

This project was developed by Wisconsin Health Literacy with support by a grant from Bader Philanthropies.

7/19/17



Simple Will and Power of Attorney Help for Low-Income Seniors

Wills for Seniors is a program to help low-income seniors prepare basic estate planning documents.

Program participants will meet with an attorney who will help them draft a basic will, power of attorney for finances, and/or power of attorney for health care and Authorization for Final Distribution (if desired).

The program is not designed for: people with large or complicated estates, beneficiaries with special needs, beneficiaries who are unable to handle their own finances, people who want to set up or require sophisticated trusts, Medicaid, tax, or business succession planning, or people who are not appropriate for a basic will.

EVENT DATE: September 19, 2017

TIME: Appointments available between 8:30 am. through 2:00 pm
**You must have an appt to participate and should plan to see a 45 minute presentation and to meet with an atty for 1.5 hours and sign documents.*

LOCATION: Green Lake County DHHS-Aging/LTC Unit; 571 County Road A; Green Lake WI 54941

CONTACT: Call (608) 243-2881 for more information or to set up an appointment

Are You Eligible?

To participate, you must be:

Age: 60 or older

Income:

Monthly income must be at or below \$2,512.50.

Sponsored by:



Greater Wisconsin Agency
on Aging Resources' Elder
Law & Advocacy Center

7/18/17

AGING REPORT - 2017

Mealsites - Berlin Senior Center, Dartford Bay Apartments, Grand River Apartments										CONGREGATE										MEAL PROGRAM	
HDM #	DONATION AMOUNT	HDM #	DONATION AMOUNT	HDM #	DONATION AMOUNT	HDM #	DONATION AMOUNT	Berlin		Markesan		CONG # SERVED	DONATION AMOUNT	CG TOTAL MEALS	CG TOTAL DONATION	TOTAL MEALS	TOTAL DONATION				
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HOMEBOUND																					
Green Lakes/Prince				Markesan																	
HDM #	DONATION AMOUNT	HDM #	DONATION AMOUNT	HDM #	DONATION AMOUNT	HDM #	DONATION AMOUNT	CONG # SERVED	DONATION AMOUNT	CONG # SERVED	DONATION AMOUNT	CONG # SERVED	DONATION AMOUNT	CG TOTAL MEALS	CG TOTAL DONATION	TOTAL MEALS	TOTAL DONATION				
514	\$3,066.50	544	\$2,805.32	243	\$1,371.00	1,301	\$7,242.82	281	\$982.00	108	\$240.00	110	\$144.00	499	\$1,366.00	1,800.00	\$8,608.82				
512	\$794.00	504	\$836.00	226	\$778.00	1,242	\$2,408.00	355	\$1,267.05	126	\$92.00	104	\$300.00	585	\$1,659.05	1,827.00	\$4,067.05				
647	\$2,461.00	541	\$2,693.75	242	\$1,822.50	1,430	\$6,977.25	384	\$1,319.00	145	\$340.00	130	\$255.00	659	\$1,914.00	2,089.00	\$8,891.25				
519	\$2,206.00	491	\$2,132.50	238	\$640.00	1,248	\$4,978.50	260	\$1,032.95	122	\$321.00	100	\$473.00	482	\$1,826.95	1,730.00	\$6,805.45				
590	\$3,197.75	523	\$2,866.75	256	\$1,153.25	1,369	\$7,217.75	300	\$1,085.00	134	\$284.00	119	\$130.06	553	\$1,499.06	1,922.00	\$8,716.81				
523	\$1,972.75	476	\$2,316.00	229	\$1,561.00	1,228	\$5,849.75	346	\$1,252.00	109	\$500.00	101	\$475.00	556	\$2,227.00	1,784.00	\$8,076.75				
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0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0.00	\$0.00				
3305	\$13,698.00	3079	\$13,650.32	1434	\$7,325.75	7818	\$34,674.07	1926	\$6,938.00	744	\$1,777.00	664	\$1,777.06	3334	\$10,492.06	11,152.00	\$45,166.13				

AGING REPORT - 2017

	ELDER ABUSE		REPORTED		VULNERABLE ADULT		REPORTED		ELDE+Z2:AD32R BENEFIT SPECIALIST PROC			2017		QUARTERLY REPORTS	
	FOOD PANTRY	OPEN CASES	ELD ABUSE CASES	REPORTED CASES	VULNERABLE ADULT CASES	ADRC CONTACTS	TRNG HOURS	IS&A CALLS FOR EBS	SPEAKING HOURS	OUTREACH HOURS	ADRC	NEW CASES	CLIENT \$ SAVED		
January	190	30	3	2	301	4.5	138	0	6	0	0				
February	205	30	0	0	292	2.5	107	0	21	0	0				
March	196	34	2	0	347	2.5	125	0	24.5	0	0				
April	204	32	4	0	296	9	97	2	18	0	0				
May	184	33	1	1	286	15	77	0	14.5	0	0				
June	182	34	8	0	280	15	88	1	27	0	0				
July															
August															
September															
October															
November															
December															
TOTAL	1161	193	18	3	1802	48.5	632	3	111	0	0	0	0		

7/19/17

Bradley, Betty

From: Davis, Karen
Sent: Tuesday, July 18, 2017 2:16 PM
To: Bradley, Betty
Subject: FW: Facts about SHIP Services for Medicare Beneficiaries in Wisconsin

From: Badgeraginglist@yahoogroups.com [mailto:Badgeraginglist@yahoogroups.com] **On Behalf Of** 'Hefko, Phoebe R - DHS' phoebe.hefko@dhs.wisconsin.gov [Badgeraginglist]
Sent: Tuesday, July 18, 2017 1:58 PM
To: 'badgeraginglist@yahoogroups.com' <badgeraginglist@yahoogroups.com>
Subject: [Badgeraginglist] Facts about SHIP Services for Medicare Beneficiaries in Wisconsin

The State Health Insurance Assistance Program (SHIP) provides outreach and assistance to Medicare beneficiaries. Established in 1992, the program is overseen by the federal Administration for Community Living and provides funding for local counseling and outreach in all states and U.S. territories.

In Wisconsin, the grant supports the toll-free Medigap Helpline and Disability Drug Benefits Helpline, as well as benefit specialist services at local ADRCs and Aging Offices. The Wisconsin SHIP handled over 86,000 inquiries in 2016 and conducted over 2,500 outreach events.

The Wisconsin Department of Health Services has recently updated the Wisconsin SHIP Fact Sheet (P-00166). The publication provides quick facts about Wisconsin's Medicare-eligible population, a summary of 2016 program accomplishments and contact information for key providers.

Phoebe Hefko

Legal Services Developer / State Health Insurance Assistance Program (SHIP) Director

Wisconsin Department of Health Services

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