

State of Wisconsin
BadgerCare Plus Demonstration
Project Waiver

**Coverage of Adults Without
Dependent Children with Income
At or Below 100% of the Federal
Poverty Level and Requiring
Monthly Premiums for Adult
Parents and Caretaker Relatives
for Transitional Medical Assistance
(TMA)**

1115 Demonstration Project
Application

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Introduction

The State of Wisconsin has been a leader in Medicaid and CHIP program innovation for many years. We were one of the first states to streamline and simplify our programs for families, pregnant women and children and have been one of the few states to provide coverage for adults without dependent children. It has always been our goal to provide quality health coverage for our citizens. With the implementation of the Patient Protection and Affordable Care Act (ACA) provisions that will provide federally-funded subsidies to help individuals and families purchase private health insurance, Wisconsin sees an opportunity to both reduce the uninsured rate and help people become less dependent on government. We see this as a means to facilitate the transition of those adults who have incomes above the poverty line and who have been dependent upon Medicaid for health coverage onto private health insurance. For the first time in our state history every Wisconsin resident will have access to affordable health insurance.

Background

Wisconsin has successfully achieved widespread health care access without a federal mandate. In 1999, the state implemented BadgerCare to provide a health care safety net for low-income families transitioning from welfare to work. Beginning in 2008, BadgerCare Plus expanded coverage to families at higher income levels than had been covered under the Medicaid program, making the following groups eligible for coverage:

- 1) All uninsured children (birth through age 18)
- 2) Pregnant women with incomes at or below 300% of the federal poverty limit (FPL)
- 3) Parents and caretaker relatives with incomes at or below 200% of the FPL

In 2009, childless adults with incomes at or below 200% FPL became eligible through the BadgerCare Plus Core Plan approved by an 1115 waiver.

More recently, in 2011, Wisconsin submitted the Medicaid 2014 Demonstration Project, amending the BadgerCare and BadgerCare Plus Childless Adult demonstrations, to allow Wisconsin to require that non-pregnant, non-disabled adult parents and caretaker relatives whose incomes exceed 133% FPL to pay a monthly premium, which aligned with the sliding scale premiums established under the ACA for private health insurance exchanges. This amendment was approved by the Center for Medicare and Medicaid Services (CMS) in April 2012 with an effective date of July 2012.

Project Objectives

- Ensure every Wisconsin resident has access to affordable health insurance and reduce the state's uninsured rate
- Provide a standard set of comprehensive benefits that will lead to improved healthcare outcomes at no additional cost to state tax payers and the federal government
- Create a program that is sustainable so our healthcare safety net is available to those who need it most

Demonstration Project Overview

The ACA included provisions that will allow most individuals and families the opportunity to purchase private insurance through the Federally Facilitated Marketplace (FFM). For those with incomes greater than 100% FPL and not exceeding 400% FPL, federal tax subsidies are available to help offset the cost of monthly premiums. Limits on out of pocket spending and additional subsidies for cost-sharing may also be available for low-income individuals who purchase private insurance through the FFM.

Wisconsin is committed to ensuring that Wisconsin residents have access to affordable insurance. In conjunction with the ACA, the Wisconsin 2013-2015 biennial budget includes a provision that will change the income eligibility threshold for adult parents and caretaker relatives from 200% FPL to 100% FPL. Childless adults with incomes not exceeding 100% FPL will be eligible to enroll in BadgerCare Plus. Children and pregnant women will continue to be eligible for BadgerCare Plus as long as their income does not exceed 300% FPL. The budget also includes a provision that childless adults, if this waiver request is approved, will be eligible for BadgerCare Plus Standard Plan benefits if their income does not exceed 100% of the FPL. All adults not otherwise eligible for BadgerCare Plus with incomes above the poverty level will have access to subsidized private insurance coverage in the FFM starting on October 1, 2013 with coverage effective on January 1, 2014. Additionally, Wisconsin will provide the same Presumptive Eligibility (PE) path for childless adults that is provided for adult parents and caretakers.

This waiver request also includes a change for adult parents and caretaker relatives who qualify for Transitional Medical Assistance (TMA). TMA is a program which extends Medicaid for a length of time specified in federal law for children, pregnant women, and adult parents/caretaker relatives who, with the Medicaid eligibility changes approved in the 2013-2015 budget, have income exceeding 100% of the FPL due to an increase in earnings or child/spousal support. Under the new waiver request, all non-disabled, non-pregnant parents and caretaker relatives who qualify for TMA will be required to pay a monthly premium. Those adults who do not pay the monthly premium will not be allowed to enroll in BadgerCare Plus for twelve months. Currently, the monthly premium only applies to those non-pregnant, non-disabled adult parents and caretaker relatives who have income exceeding 133% FPL. This waiver request asks the United States Department of Health and Human Services (DHHS) Secretary to approve a policy that would apply the TMA premium and restrictive reenrollment to all non-pregnant, non-disabled TMA adults and parents with incomes exceeding 100% FPL.

Demonstration Populations

Demonstration Population 1: Childless adults eligible for coverage under this demonstration are defined as individuals between the ages of 19 and 64 years with income that does not exceed 100% FPL. They are individuals who are not pregnant, or do not qualify for any other Medicaid, Medicare, or CHIP program. Childless adults may have children, but either the minor children are not currently living with them or those children living with them are 19 years of age or older. Additionally, the childless adult population will also be provided with the same PE coverage afforded to adult parents and caretaker relatives:

- Wisconsin will allow presumptive eligibility for childless adults to be determined and certified by qualified hospitals, in the same way that this will be done for parents and caretaker relatives with incomes not exceeding 100% FPL.

Wisconsin requests that DHHS waive the applicable sections of §1902(a) to allow for the operation of this waiver. In addition, Wisconsin requests that, under authority of §1115(a)(2) of the Act, expenditures identified for the demonstration population described above, which are not otherwise included as expenditures under §1903, be regarded as expenditures under Wisconsin's Medicaid State Plan.

Demonstration Population 2: Parents and caretaker relatives eligible for Medicaid under Wisconsin's Medicaid State plan under §1925 of the Act, who are non-pregnant, non-disabled, and whose countable family income exceeds 100% FPL.

Wisconsin requests that DHHS waive §1902(a)(14) insofar as it incorporates §1916, so that the demonstration population described below may be required to pay a monthly premium as a condition of

continued TMA coverage and that those adults who do not pay are ineligible for the duration of the 12 month Restrictive Reenrollment Period (RRP).

Demonstration Project Description

Childless Adults Eligibility and Coverage

Since their inception, the Medicaid and CHIP programs have been focused on covering children, pregnant women, the parents and caretaker relatives of minor children, people with disabilities, elderly adults and others with medical needs because of specific health conditions (breast cancer, tuberculosis, need for long term care, etc.). Wisconsin was one of only a handful of states who expanded its Medicaid program to provide limited health coverage through Medicaid to childless adults. In 2009, when Wisconsin expanded Medicaid for childless adults there were few other health coverage alternatives available to this group even with incomes up to two times the poverty level. This will change with the enactment of the ACA provisions that allow for the coverage of this group under Medicaid and provisions that provide federal funding to support premium and cost sharing obligations for private health insurance. With this in mind, Wisconsin is seeking this waiver to provide Medicaid coverage for childless adults with incomes that do not exceed 100% FPL, to allow those childless adults with higher incomes the opportunity to participate in the private insurance market (with federal financial supports) and to transition these individuals from dependence on public health coverage to independence through enrollment in private health insurance plans.

Current Program: Under the authority of an 1115(a) demonstration project waiver, Wisconsin currently covers adults without dependent children (also referred to as ‘childless adults’ throughout this application) with incomes not exceeding 200% FPL, at the time of application or renewal, under the BadgerCare Plus Core Plan. Enrollment has been capped since October 2009 because of the federal budget neutrality requirements of the BadgerCare Plus Childless Adults Demonstration Waiver, which authorized the Core Plan. As of August 5, 2013 there were 157,259 individuals on the wait list for Core Plan coverage. The limited benefit plan provided to this population does not meet either the federal creditable coverage requirement or the new ACA-mandated Essential Health Benefits requirements. The current BadgerCare Plus Childless Adults Demonstration Project Waiver expires on December 31, 2013. Historical enrollment and aggregate expenditures (based on date of payment) for childless adults under the current waiver by State Fiscal Years (SFYs) are as follows:

	SFY 2009	SFY 2010	SFY 2011	SFY 2012	SFY 2013 Est.
Average Enrollment	12,398	50,627	45,349	28,991	21,016
Aggregate Expenditures	\$51,075,005	\$182,620,259	\$144,075,850	\$106,538,654	\$96,066,396

Note: Historical waiver population income limit was 200% FPL with an enrollment cap beginning October 2009

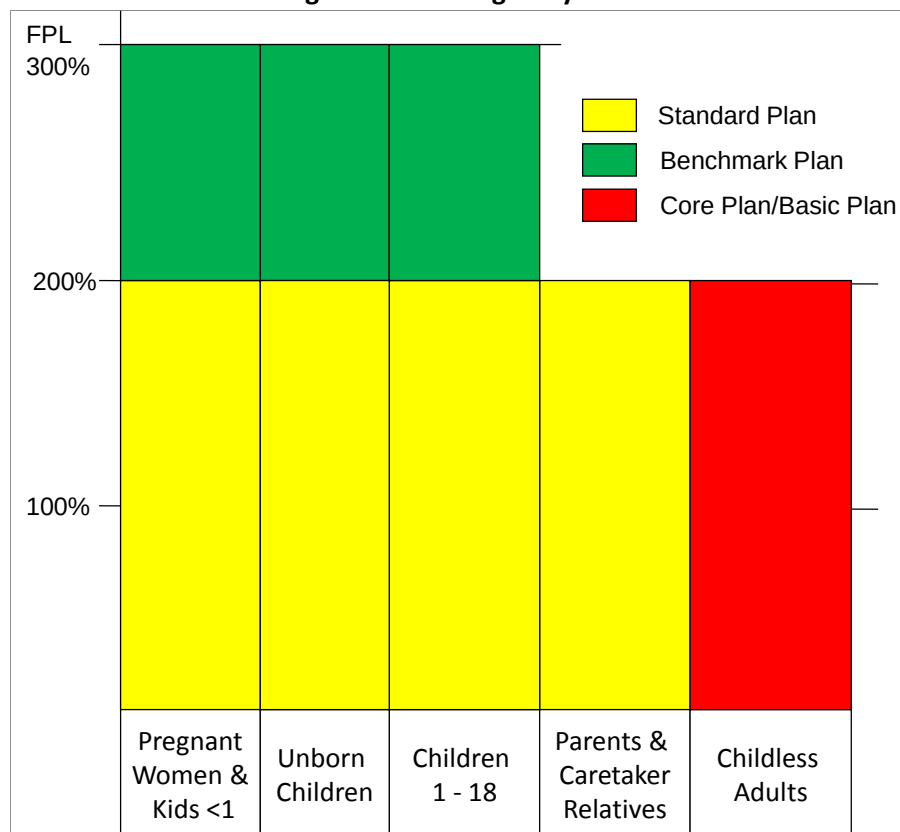
Wisconsin currently covers, under the BadgerCare Plus Core Plan, those individuals who:

- Are 19 to 64 years of age;
- Are not pregnant or custodial parents or caretaker relatives of children under age 19;
- Meet all Medicaid non-financial requirements (SSN, citizenship/identity, etc.);
- Are not otherwise eligible for full-benefit or benchmark plan Medicaid/BadgerCare Plus;
- Are not entitled to Medicare;

- Do not have access to health insurance through a current employer in the month of application or in the subsequent three months, regardless of the amount of employer contribution toward the premium;
- Have not had access to health insurance through a current employer in the past twelve months, regardless of the amount of employer contribution toward the premium, unless there is a good reason for not signing up (For example, circumstances beyond a person's control which keep the person from following program requirements or specific eligibility conditions, such as premium payment or cooperation with medical support);
- Is not currently covered by a health insurance policy (through employer or individual policy) and has not been covered by a health insurance policy for the past twelve months, unless the individual has good cause for losing the coverage (loss of employment, etc.);
- Have a gross income that does not exceed 200% FPL at the time of application or renewal;
- Have completed a health needs assessment at application and annual renewal;
- Have paid the annual application fee of \$60 (waived for individuals who are homeless);
- Have a premium requirement and a restrictive reenrollment period of twelve months if a premium is not paid; and
- For continued eligibility, have had a physical exam within the first twelve month certification period.

Individuals who have met these eligibility requirements are enrolled in the Core Plan or placed on the Core Plan waitlist based on the plan's existing enrollment cap. Table 1 shows both the current eligibility limits for all children, pregnant women, adult parents and caretaker relatives and childless adults and the plans that cover each group.

Table 1 - Current BadgerCare Plus Eligibility Limits and Benefit Plans



The current Core Plan covers outpatient hospital and emergency room services, physician services, podiatry, reproductive health, smoking cessation services and emergency transportation. It has limited coverage of disposable medical supplies, generic and some brand name drugs, durable medical equipment, home care/personal care, inpatient hospital and speech, occupational and physical therapies. The copayments in the Core Plan are much higher than the Standard Plan and are mandatory. There are two different levels of copayments in the Core Plan with higher copayments for those with incomes exceeding 100% FPL than for those whose income does not exceed 100% FPL.

Table 2 shows the discrepancies between the current Core Plan (childless adults), Benchmark Plan (pregnant women and children exceeding 200% FPL) and the Standard Plan (pregnant women, children under 19, parents and caretaker relatives at or not exceeding 200% FPL).

Table 2 - Comparison of Core, Benchmark and Standard Plans

Full Coverage in All Plans – Chiropractic, Hospital OP & ED, Physician, Podiatry, Reproductive Health, and Emergency Transportation			
Service	Standard Plan	Benchmark Plan	Core Plan
Dental	Green	Yellow	Red
DMS	Green	Yellow	Yellow
Drugs	Green	Yellow	Yellow
DME	Green	Yellow	Yellow
Hearing	Green	Yellow	Red
Home Care/Personal Care	Green	Yellow	Yellow
Hospital - IP	Green	Green	Yellow
Behavioral	Green	Yellow	Red
Nursing Home	Green	Yellow	Red
Therapies	Green	Yellow	Yellow
Vision	Green	Yellow	Red
Smoking Cessation	Green	Green	Green
NEMT	Green	Green	Red

Green = Full Coverage, Yellow = Limited Coverage, Red = No Coverage

As of June 2013, 17,791 individuals were enrolled in the Core Plan. As previously noted, enrollment has been limited by the agreement in the Core Plan waiver that imposed a federal budget neutrality cap on enrollment.

Waiver Proposal (Demonstration Population 1): Through a new demonstration project waiver, Wisconsin would cover those individuals who:

- Are 19 to 64 years of age;
- Are not pregnant or custodial parents or caretaker relatives of children under age 19;
- Meet all Medicaid non-financial requirements (SSN, citizenship/identity, etc.);
- Are not otherwise eligible for full-benefit Medicaid/BadgerCare Plus;
- Are not entitled to Medicare; and

- Have a gross income, calculated using the federally-mandated Modified Adjusted Gross Income (MAGI) methodology, that does not exceed 100% of the FPL before application of a 5% disregard.

Eligible individuals will no longer be required to pay an annual enrollment fee, and the program will not be subject to an enrollment cap. Eligible individuals will also be enrolled in the BadgerCare Plus Standard Plan, which will be the same plan provided to all beneficiaries enrolled in BadgerCare Plus starting in 2014. Table 3 shows BadgerCare Plus eligibility limits and benefit plans effective January 1, 2014 with the approval of this waiver request.

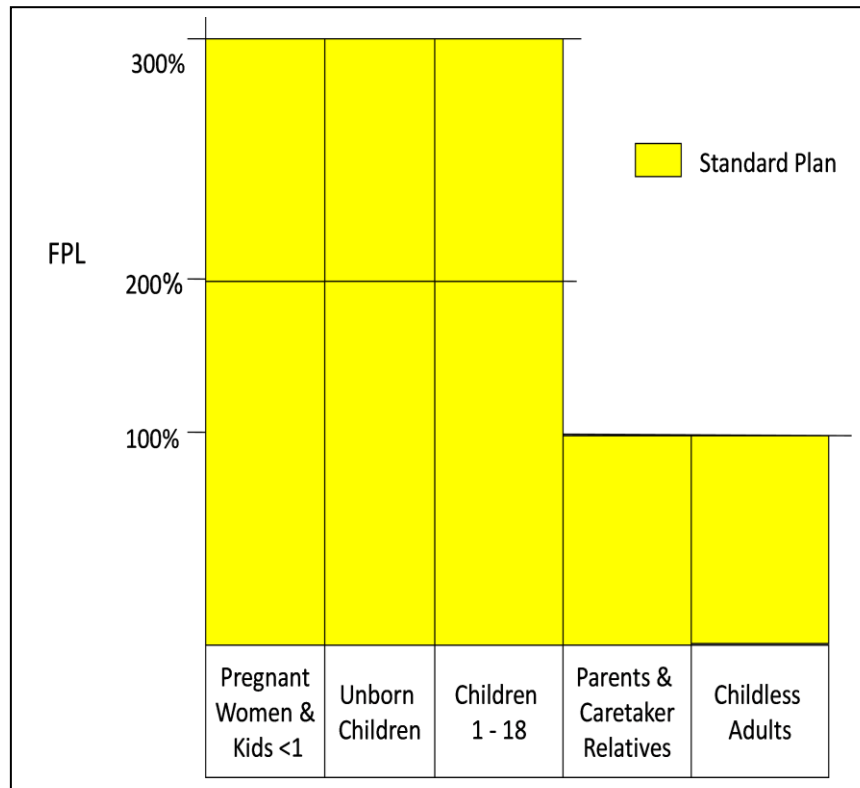
While eligible individuals will no longer be required to have completed a health needs assessment at application and annual renewal, the Wisconsin Department of Health Services will share data with the health plans to ensure that the health plans can effectively manage the new enrollee population.

For this proposed demonstration project, the projected annual Medicaid enrollment and aggregate expenditures (based on date of payment) for childless adults is as follows:

	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018
Average Enrollment	47,882	98,641	98,641	98,641	98,641
Aggregate Expenditures	\$199,145,069	\$386,759,524	\$402,229,905	\$418,319,101	\$435,051,865

The BadgerCare Plus Standard Plan covers all of these services and charges nominal copayments. Consequently, the plan being offered under the new BadgerCare Plus Demonstration Project Waiver for childless adults will cover all of the services that had been covered under the Core Plan, however it removes limitations that had been imposed for DMS, drugs, DME, home care/personal care, inpatient hospital, and therapies and adds dental, hearing, behavioral health, long term care, vision and non-emergency medical transportation services. The cost sharing will be nominal, as is the cost sharing for the Standard Plan for all other populations.

Table 3 - BadgerCare Eligibility Limits and Benefit Plans 1/1/14



We estimate that nearly 99,000 childless adults will enroll in BadgerCare Plus between January 1, 2014 and December 31, 2014 (an increase of approximately 82,000 individuals). We also estimate that nearly 5,000 childless adults will transition to the FFM and will be eligible for a federal tax subsidy and reduced cost sharing.

Wisconsin Medicaid remains committed to Managed Care as the preferred service delivery model for serving all BadgerCare Plus and related populations in a manner that meets the financial requirements of our contracted MCOs, and satisfies the public policy health care goals and objectives of the Medicaid program. These goals and objectives include value-based purchasing, beneficiary access to care and services, continuous quality improvement and financial fairness for both the State and its health plan partners. However, we also recognize that Medicaid coverage for a new previously uninsured childless adult population may present actuarial challenges and introduce additional risk and new concerns for both the State and our health plan partners. Conversely, this potential uncertainty creates an opportunity for Wisconsin to consider and potentially demonstrate new innovative payment constructs for serving the newly covered beneficiaries.

In order to address these challenges we are currently poised to explore potential alternative payment constructs with our health plan partners for serving the childless adult population. Although, no additional waivers are anticipated, the consideration and potential implementation of these alternative payment constructs are included as a part of this waiver request and aimed at providing a fair and reasonable degree of protection against health plan medical losses that are not addressed through other currently employed risk mitigation methodological techniques, such as CDPS risk adjustment. Payment constructs being explored include Accountable Care-like payment mechanisms that mitigate risk while creating incentives for cost efficiency, contributing to budget neutrality and maintaining standards for access and

quality. While financial fairness, risk mitigation, and containing the rate of future cost increases are important objectives, the approach must also support the overarching goals to implement value based purchasing, maintain beneficiary access to care and services and promote continuous quality improvement through reporting and dissemination of health plan utilization and quality data.

Several Integrated Health Care Delivery Systems in Wisconsin have been operating within an ACO delivery model for some time. Some of these health systems have affiliations with health plans currently contracted to serve Medicaid beneficiaries. Wisconsin is assessing whether an ACO-like model, which has been promoted by CMS as an acceptable alternative delivery and payment construct for State Medicaid programs serving dual eligible beneficiaries, can be demonstrated as an effective payment construct for the childless adult waiver population.

Several key ACO concepts that will be addressed through any ACO-like payment construct demonstrated under the proposed waiver include:

- Shared savings
- Reducing costs
- Promoting evidence based medicine
- Engaging beneficiaries in their care
- Establishing and adhering to cost and quality metrics
- Coordinating care

A potential component of a Wisconsin ACO-like shared savings construct could include utilizing quality and efficiency measures and metrics to determine levels and thresholds of shared savings. Our model would strive to identify and partner with our contracted health plans to reduce inefficiency and waste in the delivery of services while promoting and incentivizing high quality effective care delivery. A plan could incorporate and achieve efficiencies by utilizing the 3M Health Information Systems products for identifying and classifying encounters/events in five major service areas that are *potentially preventable* and have the largest clinical and payment impact. These represent a combination of overtreatment, complications, unnecessary services, and inappropriate care.

Transitional Medical Assistance (TMA)

TMA has existed for many years to support the transition from welfare to work. Currently, TMA allows families to maintain their Medicaid coverage for twelve additional months once their income changes from an amount that would have qualified them for benefits under the former Aid to Families with Dependent Children (AFDC) cash assistance program to an amount above that income threshold. With the end of the AFDC program in 1996, TMA continued for families eligible under §1931 of the Social Security Act. In Wisconsin, the current §1931 income threshold is 100% FPL. This waiver is intended to align Wisconsin's TMA policy needs with both the new BadgerCare Plus eligibility limits for adult parents and caretaker relatives and the FFM with financial supports for qualifying individuals.

Current: TMA has existed in different forms since the enactment of the Omnibus Budget Reconciliation Act (OBRA 81). It supports the transition from welfare to work by allowing families whose earnings have increased to continue to receive Medicaid for a period of time. In Wisconsin, TMA allows families to maintain their Medicaid coverage for twelve additional months if:

- They have received Medicaid as part of the §1931 coverage group for three of the last six months; and

- Their earnings or child/spousal support has increased to a level that their total family income exceeds the \$1931 coverage group eligibility income threshold.

As part of the Medicaid 2014 Demonstration Project, Wisconsin received a waiver that allows us to require non-pregnant, non-disabled adult parents and caretaker relatives receiving Medicaid, including those on TMA, with family incomes that exceed 133% FPL to pay a monthly premium to maintain their Medicaid coverage. As currently occurs, those who do not pay their monthly premium may be subject to a RRP. A RRP means the member cannot re-enroll in BadgerCare Plus for twelve months from the termination date while their income remains high enough to owe a premium.

Historical enrollment and aggregate expenditures (based on date of payment) for adults with Transitional Medical Assistance for the last four State Fiscal Years (SFYs) are as follows:

	SFY 2009	SFY 2010	SFY 2011	SFY 2012	SFY 2013 Est.
Average Enrollment	20,780	25,514	31,097	33,376	19,500
Aggregate Expenditures	\$69,322,080	\$85,114,704	\$103,739,592	\$111,342,336	\$65,052,000

Waiver Proposal: We are incorporating the TMA premium and RRP component of the Medicaid 2014 Demonstration Project (effective July 1, 2012) into the new BadgerCare Plus Demonstration Project Waiver with modifications. Beginning January 1, 2014, all non-disabled, non-pregnant, adult parents, and caretaker relatives excluding tribal members, who qualify for BadgerCare Plus Standard Plan coverage through TMA only, would be required to pay the TMA premium, not just those with income that exceeds 133% FPL. The length of the TMA extension will be based upon applicable federal law. All other provisions of the current TMA policy remain the same. Individuals will continue to be covered under the BadgerCare Plus Standard Plan benefit plan with the same copayments and other cost sharing requirements as all other BadgerCare Plus beneficiaries, outside of the monthly premium.

The affected populations will be subject to monthly premiums based on the sliding scale as outlined below. Pre-payment of the first month's premium is required at time of enrollment. Demonstration participants are responsible for making a monthly premium payment as a condition of continuing their eligibility and re-enrollment, and will have a 60-day grace period for non-payment of the monthly premium before being disenrolled. Demonstration participants who fail to make a premium payment will be prohibited from re-enrolling into the Medicaid program for a period of twelve months.

Monthly Premium Amount based on FPL Percentage	Monthly Premium Amount as a Percentage of Income
100.01 – 119.99%	2.0%
120 – 132.99%	2.5%
133 – 139.99%	3.0%
140 – 149.99%	3.5%
150 – 159.99%	4.0%
160 – 169.99%	4.5%
170 – 179.99%	4.9%
180 – 189.99%	5.4%
190 – 199.99%	5.8%

200 – 209.99%	6.3%
210 – 219.99%	6.7%
220 – 229.99%	7.0%
230 – 239.99%	7.4%
240 – 249.99%	7.7%
250 – 259.99%	8.1%
260 – 269.99%	8.3%
270 – 279.99%	8.6%
280 – 289.99%	8.9%
290 – 299.99%	9.2%
300% and above	9.5%

As of May 2013, there were approximately 19,114 adults enrolled in BadgerCare Plus through TMA. Since the premium and RRP requirements included in the 2014 Medicaid Demonstration Project were approved and implemented on July 1, 2012, the length of time adults spend in TMA has become shorter, resulting in a monthly enrollment decline of approximately 500 per month. We estimate that by January 1, 2014, when the policies under this waiver are implemented, there will be 15,000 adult parents and caretaker relatives eligible under the TMA program. Under the new premium income limit of 100% FPL, we estimate that adults will transition from the program at a rate similar to when the premium was implemented for adults with incomes exceeding 133% FPL, which was -23% between July 2012 and December 2013. If this trend is indicative of the number of adults who will no longer choose to remain in BadgerCare Plus under the TMA program starting in 2014, we estimate a further enrollment decrease of 3,450 adults by December 31, 2014, at which point the total number of adults choosing to remain in the program is expected to stabilize.

For this proposed demonstration project, the projected annual Medicaid enrollment and aggregate expenditures (based on date of payment) for adults covered through Transitional Medical Assistance is as follows:

	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018
Average Enrollment	15,000	11,550	11,550	11,550	11,550
Aggregate Expenditures	\$50,040,000	\$38,530,800	\$40,072,032	\$41,674,913	\$43,341,910

Budget Neutrality

Federal policy requires §1115 waiver demonstrations be budget neutral to the federal government. This means that a demonstration should not cost the federal government more than what would have otherwise been spent absent the demonstration. Determination of federal budget neutrality for purposes of a §1115 demonstration application must follow a unique process that is distinct from federal and state budgeting and health plan rate setting. The processes, methods, and calculations required to appropriately demonstrate federal budget neutrality are for that express purpose only. Therefore, the budget neutrality model shown here should not be construed as a substitute for budgeting and rate setting or imply any guarantee of any specific payment.

To ensure budget neutrality for each federal fiscal year of this new, 5-year demonstration, Wisconsin uses a per-member per-month (PMPM) based methodology specific to the two waiver populations, the childless adult population with incomes not exceeding 100% FPL and adult parents and caretaker relatives with incomes greater than 100% FPL. The per member per month calculation has been established in the context of current federal and state law, and with the appropriate, analytically sound baselines and adjustments. The following process shows that the federal cost of this Demonstration in each year are no greater than federal costs absent the new Demonstration and therefore the demonstration is budget neutral to the federal government.

Budget Neutrality for the Childless Adults Population Not Exceeding 100% FPL

Methodology for Without Waiver Calculation:

The Without Waiver (WOW) amounts are determined using the following steps

Step 1: Historical Baseline PMPM for Childless Adults with Limited Benefits

Step 1 is to determine an initial baseline PMPM figure for an average Wisconsin childless adult enrollee under the limited benefit package in CY 2013. The methodology and data for Step 1 are:

- a. The most recent 12 months of expenditures for childless adults (HMO and FFS, all funds) for the period May 1, 2012 through April 30, 2013, converted to an average statewide PMPM figure.
- b. The PMPM figure under (a) above is converted to a CY 2013 annualized basis using the applicable trend factor (described below in Step 3) for 2013 applied to months of May 2013 through December 2013.

The result is the most accurate baseline representation of the costs associated with this population for the limited benefit package in CY 2013. Based on the experience of the Core population, a baseline PMPM calculated on this basis is the most relevant data to use for the waiver budget neutrality. It includes payments made under the actuarially sound, CMS-approved capitation rates. Using a three-year average or some other approach would not provide an accurate or valid figure for the PMPM cost of an average childless adult enrollee with the current limited benefit package, nor would it reflect current market conditions for meeting HMO's financial requirements for continued participation in serving the childless adult population.

Step 2: Adjustments to Historical Baseline PMPM for Standard Benefit Package

Step 2 adjusts the initial baseline PMPM figure for childless adults with limited benefits in CY 2013 for standard Medicaid benefits not reflected in Step 1. The adjustments are the incremental, analytically sound PMPM cost for an average childless adult in CY 2013 for:

- a. Medical costs of the standard Medicaid benefit package. That is, the incremental PMPM cost of the standard Medicaid services not covered under the limited package:
 - 1) Behavioral health, including mental health and substance abuse services now provided to childless adults not exceeding 100% FPL by counties with State and local funds.
 - 2) Pharmacy benefits not covered under the limited benefit, most notably brand drugs.
 - 3) Dental, hearing, chiropractic, and eyeglass benefits.
 - 4) Non-emergency medical transportation.
- b. Cost sharing and cost sharing limitations. That is, the incremental PMPM cost of the lower cost sharing and fewer coverage or service limitations under the standard Medicaid benefit package.

The methodology and data sources for the PMPM adjustments are as follows:

Behavioral Health: The PMPM adjustment to reflect increased behavioral health benefits has two components:

1. Projected PMPM equivalent cost of county mental health services provided to uninsured childless adults not exceeding 100% FPL in CY 2013. This figure is derived from:
 - Actual county behavioral health spending in 2011 as reported to the state through the Wisconsin Human Services Revenue Reporting (HSRR) system. These are all non-federal dollars.
 - Applying applicable annual trend factors for 2012 and 2013. This results in a total of \$457.7 million for CY 2013.
 - Adjusting for Wisconsin-specific population characteristics, chronicity, and insurance status using the most recent federal survey data. This results in the conservative projection that 33% of current county behavioral health spending (\$151.04 million in CY 2013) is attributable to uninsured childless adults not exceeding 100% FPL.
 - Applying take-up rate of 65%. Since counties will have a strong incentive to assist newly eligible childless adults to enroll in Medicaid, this adjustment is highly conservative and may not be necessary.
 - Assuming that the effects of pent-up demand, HMO utilization management, and broader pharmacy benefits on behavioral health expenditures will net out.
 - The above results in a PMPM of \$83.39 in CY 2013.

2. PMPM for behavioral health professional services covered under the standard Medicaid benefit but not provided under the limited benefit. This is \$4.37 PMPM based on analysis of the CY 2013 portion of HMO statewide capitation rate applicable to adult men age 45-65. This is likely a conservative figure for childless adults.

Pharmacy Benefit: The PMPM adjustment for pharmacy benefits reflects the broader drug coverage under the standard benefit, specifically the much broader coverage of brand drugs, coverage of certain OTC drugs, and lower co-payments on scripts. These factors, coupled with expected increase in brand and generic utilization associated with increased behavioral health coverage under the standard benefit, are conservatively projected to increase PMPM pharmacy spend by childless adults by 32% or \$90.24 on a 2013 basis.

Dental, Hearing, Chiropractic, and Eyeglass Benefits: This PMPM adjustment is based on analysis of CY 2013 HMO statewide capitation rates for adult men age 45-65 applicable to these individual services covered under the standard benefit but not under the limited benefit. Specifically, dental \$4.45, hearing \$0.50, chiropractic \$1.10, and eyeglasses \$0.50 for total projected PMPM of \$6.55 for CY 2013.

Non-Emergency Medical Transportation (NEMT): This PMPM adjustment is based on our analysis of actual NEMT expenditures in 2011 for adult males covered under BadgerCare Plus, converted to a statewide weighted average, and adjusted for the higher service utilization of childless adults reflected in the post-adjusted PMPM baseline for CY 2013 (excluding NEMT itself). The result is a projected PMPM for NEMT for childless adults equal to 2.52% of the non-NEMT portion of the adjusted baseline PMPM for CY 2013.

Cost Sharing and Coverage Limitations: This adjustment adds the projected PMPM cost of (a) lower beneficiary cost sharing in the standard benefit package for services covered in both standard and limited package and (b) fewer service limitations in standard package (e.g., DME, home health). This is 1% of the adjusted baseline PMPM figure developed under Step 1 above.

Following these adjustments, we arrive at an analytically sound, cost-to-continue WOW PMPM baseline for a childless adult for CY 2013.

Step 3: Apply Trend

Under Step 3, we apply the annual trend factor to the adjusted baseline PMPM developed through Step 2 above. For the trend factor, the budget neutrality model uses the Society of Actuaries Long Term Healthcare Costs Trend Resource Model (SOA-Getzen Model), version 4.0 and updated November 2012.

The SOA-Getzen Model is widely used by health care actuaries in projecting annual health care cost increases. For purposes of determining budget neutrality, we use the default baseline assumptions that were approved by the Society of Actuaries Health and Pension Councils.

Step 4: WOW PMPM for Each Year of Proposed Demonstration

Following Step 3, we have an annual PMPM for an average childless adult not exceeding 100% FPL with the standard Medicaid benefit for each year of the demonstration. To show the federal share of the resulting PMPM figures, we will apply Wisconsin's regular benefit FMAP to the annual all-funds WOW PMPM figures.

Methodology for With Waiver Calculation:

Determining With Waiver (WW) budget neutrality under this demonstration is very straightforward as the process described above to develop annual WOW PMPM amounts and the process to project annual WW PMPM amounts are identical. That is, the population (average childless adult not exceeding 100% FPL), the standard benefit package, the model methodology and data sources, and trend factor are the same under both sides of the budget neutrality calculation. The result shows federal budget neutrality is met in each year of the demonstration.

Budget Neutrality Table for Childless Adults

For the base year and each year of the 5-year demonstration, the following tables show the PMPM budget neutrality figures:

WISCONSIN SECTION 1115 WAIVER FOR CHILDLESS ADULTS UNDER 100% OF FPL

Budget Neutrality

PMPM Method: Without Waiver (WOW)						
	Base Year 5-1-12 to 4-30-13 CY 2013 Comp	Year 1 1/1/14 - 12/31/14 CY 2014	Year 2 1/1/15 - 12/31/15 CY 2015	Year 3 1/1/16 - 12/31/16 CY 2016	Year 4 1/1/17 - 12/31/17 CY 2017	Year 5 1/1/18 - 12/31/18 CY 2018
Base PMPM	\$ 406.29	\$ 414.14	\$ 589.90	\$ 617.62	\$ 650.35	\$ 689.38
Adjustments for Standard Benefit:						
Behavioral Health						
Pharmacy		\$ 87.76				
Dental, Hearing, Chiropractic, Eyeglasses		\$ 28.80				
Non-Emergency Medical Transportation		\$ 6.55				
Cost Sharing and Coverage Limits		\$ 13.54				
		\$ 4.14				
Adjusted Base PMPM	\$ 406.29	\$ 554.93	\$ 589.90	\$ 617.62	\$ 650.35	\$ 689.38
Trend Factor for Full Calendar Year	2.9%	6.3%	4.7%	5.3%	6.0%	5.9%
Total PMPM	\$ 414.14	\$ 589.90	\$ 617.62	\$ 650.35	\$ 689.38	\$ 730.05
Federal Medical Assistance Percentage (FMAP)		59.06%	59.19%	59.19%	59.19%	59.19%
State Share of Total PMPM	\$	\$ 241.50	\$ 252.05	\$ 265.41	\$ 281.33	\$ 297.93
Federal Share of Total PMPM	\$	\$ 348.39	\$ 365.57	\$ 384.94	\$ 408.04	\$ 432.12
PMPM Method: With Waiver (WW)						
	Year 1 1/1/14 - 12/31/14 CY 2014	Year 2 1/1/15 - 12/31/15 CY 2015	Year 3 1/1/16 - 12/31/16 CY 2016	Year 4 1/1/17 - 12/31/17 CY 2017	Year 5 1/1/18 - 12/31/18 CY 2018	
Total PMPM	\$ 589.90	\$ 617.62	\$ 650.35	\$ 689.38	\$ 730.05	
Federal Medical Assistance Percentage (FMAP)	59.06%	59.19%	59.19%	59.19%	59.19%	
State Share of Total PMPM	\$ 241.50	\$ 252.05	\$ 265.41	\$ 281.33	\$ 297.93	
Federal Share of PMPM	\$ 348.39	\$ 365.57	\$ 384.94	\$ 408.04	\$ 432.12	
Federal Share Difference WOW and WW	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Notes: 1) The increased federal expenditures associated with Section 1202 of the Affordable Care Act (the primary care rate increase), are not included in budget neutrality since this will be reported separately on the CMS-64.						
2) This exhibit is to demonstrate federal budget neutrality as required under Section 1115 of the Social Security Act. It is not possible to derive specific provider rate changes or state budget impacts from this illustration.						

Budget Neutrality for Adult Parents and Caretaker Relatives with Incomes Exceeding 100% FPL

As described above, the demonstration includes continuation of Wisconsin's Transitional Medical Assistance (TMA) program, but with premiums for adult parents and caretaker relatives with incomes exceeding 100% FPL rather than the current premium level of 133% FPL. Budget neutrality is ensured by the facts themselves. Specifically, based on the following, the TMA portion of the demonstration is automatically, inherently budget neutral to the federal government:

1. The additional premium payments received will correspondingly reduce TMA program expenditures and the PMPM cost of the average TMA enrollee starting January 1, 2014. Given associated premiums from TMA enrollees between 100% and 133% FPL, the federal share of future With Waiver (WW) PMPM is no greater than the federal share of future Without Waiver (WOW) PMPM.
2. Under the new premium income limit of 100% FPL, adults are expected to transition from the program at a rate similar to when the premium was implemented for adults with incomes exceeding 133% of the FPL, which was -23% between July 2012 and December 2013. If this trend is indicative of the number of adults who will no longer choose to remain in BadgerCare Plus under the TMA program starting in 2014, we estimate a further enrollment decrease of 3,450 adults by December 31, 2014, at which point the total number of adults choosing to remain in the program is expected to stabilize.
3. All other factors affecting the federal WOW PMPM and federal WW PMPM for the 5-year demonstration are the same for each year (i.e., standard benefit package, other cost sharing, delivery system, enrollee income, and annual trend).

The new premium level of 100% FPL and the behavioral effect of the premium on enrollment are sufficient, whether considered separately or in combination, to ensure federal budget neutrality throughout the demonstration.

Public Involvement and Public Comments

Wisconsin State Budget for SFY 2013-2015: The policies and state finances underlying this Demonstration for Medicaid coverage of childless adults under poverty were proposed, considered, debated, and enacted as part of the public process for Wisconsin's biennial State Budget for SFY 2013-15. The public documents provided with web links below provide considerable background information related to this Demonstration and Medicaid coverage of childless adults, including State policy and budget development, deliberations, and budget and enrollment data:

- Governor Walker's announcement of reforms to Medicaid coverage of childless adults on February 13, 2013. The Governor's presentation is available on the web at <http://www.wisgov.state.wi.us/Images/News/21313GovWalkerEntitlementReform.pdf>. The Governor's press release on the reforms is on the web at <http://www.wisgov.state.wi.us/Default.aspx?Page=891c1886-b72b-49a5-8505-c1d622886931>
- Governor Walker's Executive Budget for 2013-15. Available on the web at <http://www.doa.state.wi.us/debf/execbudget.asp?locid=166>
- Analysis by the Wisconsin Legislative Fiscal Bureau (LFB), a nonpartisan service agency of the Wisconsin Legislature, resulting in a series of public reports posted on the LFB website at <http://legis.wisconsin.gov/lfb/>. LFB reports with detailed information related to Medicaid coverage of childless adults and policy and budget information related to this Demonstration include:
 - Summary of the Governor's 2013-15 Executive Budget for the Department of Health Services, including the Governor's proposal on Medicaid coverage of childless adults (March 2013). <http://legis.wisconsin.gov/lfb/publications/budget/2013-15%20Budget/Documents/Governor/dhs.pdf>
 - Medical Assistance (Medicaid) Cost-to-Continue Re-Estimate (May 30, 2013) <http://legis.wisconsin.gov/lfb/publications/budget/2013-15%20Budget/Documents/Budget%20Papers/320.pdf>
 - BadgerCare Plus Eligibility (May 20, 2013) <http://legis.wisconsin.gov/lfb/publications/budget/2013-15%20Budget/Documents/Budget%20Papers/321.pdf>
- Consideration by the Legislature's Joint Finance Committee and adoption by the Committee on June 4, 2013. Information about the Committee is on the web at <http://legis.wisconsin.gov/lfb/jfc/Pages/default.aspx>
- Adoption by the Wisconsin Legislature of Assembly Bill 40, the 2013-15 Wisconsin State budget bill. The Wisconsin Assembly adopted the final budget bill on June 18, 2013. The Wisconsin Senate adopted the final budget bill on June 21, 2013. Details on Assembly Bill 40, including legislative language, public hearings by the Joint Finance Committee, amendments, and votes, are available on the web at <https://docs.legis.wisconsin.gov/2013/proposals/ab40>
- Governor Walker's approval of Assembly Bill 40 as 2013 Wisconsin Act 20, with enactment on July 1, 2013. The Governor's message to the Legislature is available on the web at <http://walker.wi.gov/Images/Documents/Final%20Veto%20Message%20-%20July%201.pdf>. The

2013-15 budget as enacted (2013 Wisconsin Act 20) is available on the web at <https://docs.legis.wisconsin.gov/2013/related/acts/20>

Public Notice: On June 25, 2013, the Wisconsin Department of Health Services published a public notice seeking public input on the BadgerCare Plus Demonstration Project Waiver in numerous newspapers across Wisconsin. A copy of the public notice is available in Appendix A. The newspapers included:

- Milwaukee Journal Sentinel
- Appleton - The Post-Crescent
- Green Bay Press-Gazette
- The Janesville Gazette
- Kenosha News
- The La Crosse Tribune
- Wisconsin State Journal
- The Oshkosh Northwestern
- Racine - The Journal Times
- The Sheboygan Press
- Eau Claire - Leader-Telegram
- Fond du Lac - The Reporter

Web Page: Wisconsin DHS created a public web page, <http://www.dhs.wisconsin.gov/badgercareplus/waivers.htm>, accessible from the Wisconsin DHS Home Page, which provided a summary of what was included in the waiver request and requested public comment. The web site included both the public notice and the draft waiver request documents and explained that they could be viewed or downloaded.

Public Hearings: There were three public hearings that included live webinar and telephone conference capabilities. An announcement regarding the hearings was provided to all media outlets in Wisconsin via a press release, <http://www.dhs.wisconsin.gov/news/PressReleases/2013/070113.htm>. Comments from those three public hearings relevant to this waiver request are listed in Appendix B and a copy of the presentation provided during the public hearings is available in Appendix D. Both the public notice and the web page announce that the public can review the official waiver request and provide comments for a 30 day period (see below), as well as through written or verbal statements made at the following public hearings:

- Eau Claire – July 10 – 11:00 am to 1:00 pm in the Commons area of Chippewa Valley Technical College’s Health Education Center at 615 W. Clairemont Avenue, Eau Claire, WI 54701
- Milwaukee – July 11 – 11:00 am to 1:00 pm at the Radisson Milwaukee West 2303 North Mayfair Road, Milwaukee, WI 53226
- Green Bay – July 11 – 11:00 am to 1:00 pm in the Walnut and Oak rooms of the Green Bay Kroc Center at 1315 Lime Kiln Rd, Green Bay, WI 54311

Tribal Consultation: Additionally, the Department has met with representatives of the eleven federally recognized tribes located in Wisconsin during the regularly scheduled Wisconsin DHS/Tribal Consultation. That meeting was held on July 10th in Wausau, Wisconsin from 9:00 am to 1:00 pm at the Best Western – Midway at 2901 Hummingbird Road, Wausau, WI 54401. The BadgerCare Plus Demonstration Project Waiver was one of the topics on their meeting agenda. Comments from that meeting, and applicable

responses, are included in Appendices B and C. This meeting was also available via webinar and telephone for tribal representatives not on-site. A copy of the presentation as provided during the consultation is included in Appendix E.

Availability of Waiver Materials and Comment Mechanisms: The web site and public notice stated clearly that a copy of waiver documents, including the waiver application once complete, could be obtained from the Department at no charge by downloading the documents from <http://dhs.wisconsin.gov/badgercareplus/waivers.htm> or by contacting the Wisconsin DHS/DHCAA via regular mail, telephone, fax or e-mail. The web page and public notice further explained that public comments were welcome and were accepted for 30 days (until August 5th, 2013). Written comments on the changes could be sent by FAX, e-mail, or regular mail to the Division of Health Care Access and Accountability. The FAX number listed was (608) 266-1096 and the e-mail address was BCDemonstrationWaiver@dhs.wisconsin.gov.

Public Comment Availability: Public comments provided were posted on the web site, as described in the public notice and on the web page, and could have been viewed in-person at 1 West Wilson Street, Madison, WI or on the BadgerCare Plus public comment web site, as well as included in this waiver application (see Appendices B and C).

Consideration of Public Comments in Final Waiver:

Each comment that was submitted to the Department through either the public hearings, the Department website, or via mail was reviewed as the final waiver submission was developed.

Many of the comments that the Department received related to definitions and clarifications of certain terms used in the waiver application, questions on the benefits to be received under the new waiver proposal, questions on differences between the new waiver and existing waivers, and the identification and communication process for those who may be transitioning off of the program.

As a part of the final waiver application the following changes/clarifications were made in consideration of comments and suggestions received from the public:

- Presumptive eligibility for childless adults was added into the waiver request;
- The length of the Transitional Medical Assistance (TMA) extension will be based upon applicable federal law, rather than stating that it will be 12 months in length;
- Only children, pregnant women, and adult parents and caretaker relatives, not childless adults, may qualify for TMA;
- Clarified language related to the 5% income disregard to align with statutory language included in 2013 Wisconsin Act 20, §1097;
- Removed headings related to cost-effectiveness within the Budget Neutrality Section;
- Included additional information around the hypotheses and proposed evaluation of the demonstration; and
- Clarified language around the applicable income levels for eligibility.

The Department also received several comments that were outside the scope of the waiver proposal. Many commenters expressed disagreement with the decision to forego the adult group expansion, asked questions about what the Marketplace will do for them and inquired about changes to Medicaid unrelated to the waiver proposal. Because they were unrelated or requested action outside our statutory authority, we did not address them in finalizing this waiver proposal.

Full responses to the public comments can be found in Appendices B and C.

Evaluation Activities and Findings

To assess the demonstration, the State will conduct an evaluation. The demonstration evaluation will include an assessment of the following hypotheses:

By providing the BadgerCare Plus Standard Plan benefits to childless adults under poverty, the State will:

- Improve health outcomes
- Reduce the incidence of unnecessary services
- Increase the cost effectiveness of Medical Assistance services
- Increase the continuity of health coverage

Therefore, the evaluation will examine the demonstration across the spectrum of access, outcomes, and costs, with an emphasis on the impact of the demonstration on the covered childless adult population in comparison to the prior waiver program and other BadgerCare Plus populations.

For the TMA demonstration we will continue to evaluate the impact of cost-sharing provisions on lower-income families above the poverty line. Questions the waiver evaluation will address include whether or not participants will pay cost sharing, as well as whether or not the cost-sharing requirements will slow the growth of health care spending. The demonstration will consider policy choices related to the alignment of benefits and the equity of cost-share provisions for Medicaid and subsidized health insurance offered through the FFM.

A detailed evaluation design will be developed for review and approval by CMS. The evaluator will use relevant data from the BadgerCare Plus program, and its managed care organizations. This may include eligibility, enrollment, claims, payment, encounter / utilization, chart reviews, and other administrative data. The evaluator may also conduct surveys and focus groups of beneficiaries and providers and other original data collection, as appropriate.

Both interim and final evaluations will be conducted to help inform the State, CMS, stakeholders, and the general public about the performance of the demonstration. All evaluation reports will be made public and posted on the Wisconsin Department of Health Services website.

Hypotheses and Evaluation Parameters

To assess the demonstration, the State will conduct an evaluation. In this section, we describe the hypotheses and evaluation parameters.

Childless Adult Coverage

Hypotheses: Regarding the childless adult population, the demonstration evaluation will include an assessment of the following hypotheses:

- | |
|--|
| <p>By providing the BadgerCare Plus Standard Plan benefits to childless adults under poverty, the State will:</p> <ul style="list-style-type: none">• Improve health outcomes• Reduce the incidence of unnecessary services• Increase the cost effectiveness of Medicaid services• Increase the continuity of health coverage |
|--|

Evaluation Parameters: Consistent with the hypotheses, the evaluation will examine the demonstration across the spectrum of access, outcomes, and costs, with an emphasis on the impact of the demonstration on the covered childless adult population in comparison to the prior waiver program and other BadgerCare Plus populations.

Transitional Medical Assistance:

Hypothesis: For the TMA portion of this demonstration, we will continue to evaluate the impact of cost-sharing provisions on lower-income families above the poverty line. In particular, we will test the following hypothesis:

TMA cost sharing provisions:

- Reduce the incidence of unnecessary services
- Slow the growth in health care spending
- Increase the cost effectiveness of Medicaid services

Evaluation Parameters: Questions the waiver evaluation will address will include whether or not participants will pay cost sharing, as well as whether or not the cost-sharing requirements will slow the growth of health care spending. The demonstration will consider policy choices related to the alignment of benefits and the equity of cost-share provisions for Medicaid and subsidized health insurance offered through the FFM.

Evaluation Design Development:

Within 90 days following federal approval of the demonstration and associated waivers, the State will provide CMS with a detailed evaluation design for review and approval. Components of the evaluation design will include:

1. Brief description of demonstration, including objectives and demonstration interventions
2. Evaluation purpose and objectives
3. Research design for evaluation, including:
 - Demonstration hypotheses and related research questions
 - Demonstration populations
 - Data sources and uses, including relevant data from the BadgerCare Plus program and its managed care organizations. This may include eligibility, enrollment, claims, payment, encounter / utilization, chart reviews, and other administrative Wisconsin BadgerCare Plus data.
 - Research methodologies and related measures / metrics
4. Reporting and dissemination, including
 - Regular progress reporting
 - Reporting and resolution of issues encountered
 - Interim and final evaluation reports
 - Public release of evaluation reports and posting on the web
5. Evaluation management and schedule

Appendix A – Public Notice

PUBLIC NOTICE **Wisconsin Department of Health Services** **(BadgerCare Plus Demonstration Project Waiver)**

In accordance with federal law, the State of Wisconsin, Department of Health Services must notify the public of its intent to submit to the Centers for Medicare and Medicaid Services (CMS) any new 1115 demonstration waiver project or extension of any previously approved demonstration waiver project, or ending of any previously approved expiring demonstration waiver projects and must provide an appropriate public comment period prior to submitting to CMS the new or extended 1115 demonstration waiver application.

This notice serves to meet these federal requirements and to notify the public that the State of Wisconsin intends to submit a request for a new BadgerCare Plus Demonstration Project Waiver to CMS on August 5, 2013. Two 1115 demonstration projects waivers: the BadgerCare and the BadgerCare Plus for Childless Adults Section 1115 Demonstrations, as amended by the Medicaid 2014 Demonstration Project Waiver on July 1, 2012, will expire on December 31, 2013. It is the Department's intent that the new BadgerCare Plus Demonstration Project Waiver will replace these expiring waivers. You can review the official waiver request and provide comments for the next 30 days (see below), as well as through written or verbal statements made at the following public hearings:

- Eau Claire – July 10 – 11:00 am to 1:00 pm in the Commons area of Chippewa Valley Technical College's Health Education Center at 615 W. Clairemont Avenue, Eau Claire, WI 54701
- Milwaukee – July 11 – 11:00 am to 1:00 pm at the Radisson Milwaukee West 2303 North Mayfair Road, Milwaukee, WI 53226
- Green Bay – July 11 – 11:00 am to 1:00 pm in the Walnut and Oak rooms of the Green Bay Kroc Center at 1315 Lime Kiln Rd, Green Bay, WI 54311

Your comments will be considered to determine if changes should be made to the waiver request, but will not impact proposed or enacted state and federal law. In addition, all public comments will be communicated to the U.S. Department of Health and Human Services (DHHS) as part of the final waiver request.

Accessibility

English

DHS is an equal opportunity employer and service provider. If you need accommodations because of a disability or need an interpreter or translator, or if you need this material in another language or in an alternate format, you may request assistance to participate by contacting Al Matano at (608)267-6848. You must make your request at least 7 days before the activity.

Spanish

DHS es una agencia que ofrece igualdad en las oportunidades de empleo y servicios. Si necesita algún tipo de acomodaciones debido a incapacidad o si necesita un interprete, traductor o esta información en su propio idioma o en un formato alterno, usted puede pedir asistencia para participar en los programas comunicándose con Kim Reniero al número (608)267-7939. Debe someter su petición por lo menos 7 días de antes de la actividad.

Hmong

DHS yog ib tus tswv hauj lwm thiab yog ib qhov chaw pab cuam uas muab vaj huam sib luag rau sawv daws. Yog koj xav tau kev pab vim muaj mob xiam oob qhab los yog xav tau ib tus neeg pab txhais lus los yog txhais ntaub ntawv, los yog koj xav tau cov ntaub ntawv no ua lwm hom lus los yog lwm hom ntawv, koj yuav tau thov kev pab uas yog hu rau Al Matano ntawm (608)267-6848. Koj yuav tsum thov qhov kev pab yam tsawg kawg 7 hnuv ua ntej qhov hauj lwm ntawd.

BACKGROUND

The State of Wisconsin reimburses providers for services provided to Medical Assistance recipients under the authority of Title XIX of the Social Security Act and Chapter 49 of the Wisconsin Statutes. This program, administered by the State's Department of Health Services, is called Medical Assistance (MA) or Medicaid. In addition, Wisconsin has expanded this program to create the BadgerCare and BadgerCare Plus programs under the authority of Title XIX and Title XXI of the Social Security Act and Chapter 49 of the Wisconsin Statutes. Federal statutes and regulations require that a state plan be developed that provides the methods and standards for reimbursement of covered services. A plan that describes the reimbursement system for the services (methods and standards for reimbursement) is now in effect.

Section 1115 of the Social Security Act provides the Secretary of Health and Human Services broad authority to authorize Research & Demonstration Projects, which are experimental, pilot, or demonstration projects likely to assist in promoting the objectives of the Medicaid statute. Flexibility under §1115 is sufficiently broad to allow states to test substantially new ideas of policy merit. Wisconsin intends to seek approval of a demonstration project waiver under this federal authority.

If Wisconsin's BadgerCare Plus Demonstration Project Waiver is approved by the DHHS Secretary, effective January 1, 2014, Wisconsin will provide coverage to adults without dependent children who have attained the age of 19 and have not yet attained the age of 65 years with Medicaid coverage so long as their family income does not exceed 100% of the Federally Poverty Level (FPL). Additionally, Wisconsin will begin requiring a monthly premium for parents and caretakers relatives who qualify for transitional medical assistance (TMA).

PROJECT GOALS

- Ensure every Wisconsin resident has access to affordable health insurance and reduce the state's uninsured rate
- Provide a standard set of comprehensive benefits that will lead to improved healthcare outcomes at no additional cost to state tax payers and the federal government
- Create a medical assistance program that is sustainable so our healthcare safety net is available to those who need it most

PROJECT DESCRIPTION

The Patient Protection and Affordable Care Act (PPACA) included provisions that will allow most individuals and families the opportunity to purchase private insurance through the Federally Facilitated Marketplace. For those with incomes exceeding 100% FPL and not greater than 400% of the FPL, federal tax subsidies are available to help offset the cost of monthly premiums. Cost sharing limits and subsidies will also be available for many low-income individuals who purchase private insurance through the Federally Facilitated Marketplace.

Wisconsin is committed to ensuring that Wisconsin residents have access to affordable insurance. To coincide with the PPACA, the 2013-2015 biennial budget request includes a provision that would change the income eligibility threshold for adult parents and caretaker relatives from 200% of the Federal Poverty Limit (FPL) to 100% of the FPL. Similarly, childless adults, if this waiver request is approved, would be eligible for BadgerCare Plus Standard Plan benefits if their income does not exceed 100% of the FPL. Children and pregnant women will continue to be eligible for BadgerCare Plus so long as their incomes do not exceed 300% of the FPL and adults with incomes that do not exceed 100% FPL will be eligible to enroll in BadgerCare Plus. Adults with incomes above the poverty level will have access to private insurance coverage with assistance paying for their insurance in the new federal Marketplace starting on October 1, 2013 with coverage effective for January 1, 2014.

This waiver request also includes a change for adult parents and caretaker relatives who qualify for Transitional Medical Assistance (TMA). TMA is a program which extends Medicaid for 12 months for certain individuals whose income has exceeded 100% of the FPL because of an increase in earnings. TMA also extends eligibility for 4 months for certain individuals whose income has exceeded 100% of the FPL because of an increase in child or spousal support. Under the new waiver, all non-disabled, non-pregnant parents and caretakers relatives who qualify for TMA will be required to pay a monthly premium. Those adults who refuse to pay or fail to pay the monthly premium will not be allowed to enroll in BadgerCare Plus for 12 months. Currently, the monthly premium only applies to those adult parents and caretaker relatives who have income exceeding 133% FPL. This waiver request asks the DHHS Secretary to approve a policy that would apply the TMA premium and restrictive reenrollment to all TMA adults and parents with incomes exceeding 100% FPL.

Below, this notice will briefly outline: 1) the current Medicaid eligibility and coverage standards for childless adults; and 2) the Transitional Medical Assistance Program, and describe the specific proposed changes sought to these programs through this waiver request.

1) Childless Adults Eligibility and Coverage

Current Program: Under the authority of an 1115(a) demonstration project waiver, Wisconsin currently covers adults without dependent children (referred to as 'childless adults' throughout this notice) with incomes not exceeding 200% FPL, at the time of application or renewal, under the BadgerCare Plus Core Plan. Because of the federal budget neutrality requirements of the Core Plan waiver, enrollment has been capped since October 2009. As of April 2013 there were more than 145,000 individuals on a wait list. The limited benefit plan provided to this population does not meet either the federal creditable coverage requirement or the new PPACA-mandated Essential Health Benefits requirements. The current BadgerCare Plus Childless Adult Demonstration Project waiver expires on December 31, 2013. Historical enrollment and aggregate expenditures for childless adults under the current waiver by State Fiscal Years (SFYs) are as follows:

	SFY 2009	SFY 2010	SFY 2011	SFY 2012	SFY 2013 Est.
Average Enrollment	12,398	50,627	45,349	28,991	21,016
Aggregate Expenditures	\$51,075,005	\$182,620,259	\$144,075,850	\$106,538,654	\$96,066,396

Wisconsin currently covers, under the BadgerCare Plus Core Plan for Adults Without Dependent Children, those individuals who:

- Are 19 to 64 years of age;
- Are not pregnant or parents or caretaker relatives of children under age 19;
- Meet all Medicaid non-financial requirements (SSN, citizenship/identity, etc.);
- Are not otherwise eligible for full-benefit or benchmark plan Medicaid/BadgerCare Plus;
- Are not entitled to Medicare;
- Do not have access to health insurance through a current employer in the month of application or in the subsequent three months, regardless of the amount of employer contribution toward the premium.
- Have not had access to health insurance through a current employer in the past 12 months, regardless of the amount of employer contribution toward the premium, unless there is a good reason for not signing up. (For example, circumstances beyond a person's control which keep the person from following program requirements or specific eligibility conditions, such as premium payment or cooperation with medical support.)
- Is not currently covered by a health insurance policy (through employer or individual policy) and has not been covered by a health insurance policy for the past 12 months, unless individual has a good cause reason for losing the coverage (loss of employment, etc.).
- Have a gross income below 200% of the FPL at the time of application or renewal
- Have completed a health needs assessment at application and annual renewal;
- Have paid the annual application fee of \$60 (waived for individuals who are homeless);
- Have a premium requirement and a restrictive reenrollment period of 12 months if a premium is not paid;
- For continued eligibility, have had a physical exam within the first 12 month certification period.

Individuals who have met these eligibility requirements are enrolled in the Core Plan. The Core Plan covers basic health care services, including hospital inpatient and outpatient services, physician and clinic services and generic prescription drugs.

In May 2013, 18,253 individuals were enrolled in the Core Plan. This number has been limited by the agreement in the Core Plan waiver that imposed a federal budget neutrality cap on enrollment.

Waiver Proposal: Through a new demonstration project waiver, Wisconsin would cover those individuals who:

- Are 19 to 64 years of age;
- Are not pregnant or parents or caretaker relatives of children under age 19;
- Meet all Medicaid non-financial requirements (SSN, citizenship/identity, etc.);
- Are not otherwise eligible for full-benefit or benchmark plan Medicaid/BadgerCare Plus;
- Are not entitled to Medicare;
- Have a gross income, calculated using the federally-mandated Modified Adjusted Gross Income (MAGI) methodology that does not exceed 100% of the FPL before application of a 5% disregard.

Eligible individuals will no longer be required to pay an annual enrollment fee or a premium, and the program will not be subject to an enrollment cap. Eligible individuals will also be enrolled in the BadgerCare Plus Standard Plan, which is the same plan provided to all beneficiaries enrolled in BadgerCare Plus.

We estimate that nearly 99,000 childless adults will enroll in BadgerCare Plus (an increase of approximately 82,000 individuals) between January 1, 2014 and December 31, 2014. We also estimate that nearly 5,000 childless adults will transition to the federal Marketplace and will be eligible for a federal tax subsidy.

We further project annual Medicaid enrollment and aggregate expenditures for childless adults is as follows:

	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018
Average Enrollment	47,882	98,641	98,641	98,641	98,641
Aggregate Expenditures	\$199,145,069	\$386,759,524	\$402,229,905	\$418,319,101	\$435,051,865

2) Transitional Medical Assistance (TMA)

Current: TMA has existed in different forms since the enactment of the Omnibus Budget Reconciliation Act of 1981. It supports the transition from welfare to work by allowing individuals whose earnings have increased to continue to receive Medicaid for a period of time. In Wisconsin, TMA allows individuals to maintain their Medicaid coverage for 12 additional months if:

- They have received Medicaid as part of the Section 1931 coverage group for three of the last six months; and
- Their earnings have increased to a level that their total family income exceeds the Section 1931 coverage group eligibility income threshold. (In Wisconsin, the § 1931 eligibility income threshold is 100% of the federal poverty level (FPL).

As part of the Medicaid 2014 Demonstration Project Waiver request (effective July 1, 2012), amending the BadgerCare and BadgerCare Plus for Childless Adults waivers, Wisconsin received

waiver approval that allows us to require that non-pregnant, non-disabled adult individuals receiving Medicaid, including those on TMA, with family incomes that exceed 133% of the FPL to pay a monthly premium to maintain their Medicaid coverage. As currently occurs, those who either refuse to pay their monthly premium or who fail to pay a premium may be subject to a restrictive re-enrollment period. A restrictive re-enrollment period (RRP) means the member cannot re-enroll in BC+ for twelve months from the termination date while their income remains high enough to owe a premium.

Historical enrollment and aggregate expenditures for adults with Transitional Medical Assistance for the last four State Fiscal Years (SFYs) are as follows:

	SFY 2009	SFY 2010	SFY 2011	SFY 2012	SFY 2013 Est.
Average Enrollment	20,780	25,514	31,097	33,376	19,500
Aggregate Expenditures	\$69,322,080	\$85,114,704	\$103,739,592	\$111,342,336	\$65,052,000

Waiver Proposal: We are incorporating the TMA Premium and Restrictive Re-enrollment Period component of the Medicaid 2014 Demonstration Project Waiver into the new BadgerCare Plus Demonstration Project Waiver with modifications. Beginning January 1, 2014, non-disabled, non-pregnant adult parents and caretaker relatives, excluding tribal members, who qualify for Standard Plan BadgerCare Plus coverage through TMA only and whose income exceeds 100% of the FPL would be required to pay the TMA premium. Individuals will continue to be covered under the BadgerCare Plus Standard Plan benefit plan with the same copayments and other cost sharing requirements, other than the monthly premium, as all other BadgerCare Plus beneficiaries.

In May 2013, there were approximately 19,114 adults enrolled in BadgerCare Plus through TMA. The number of adults receiving coverage under the TMA program has steadily declined at a rate of 500 per month since the premium requirements included in the Medicaid 2014 Demonstration Project Waiver were implemented on July 1, 2012. We estimate that by January 1, 2014, when the policies under this waiver are implemented, there will be 15,000 adult parents and caretaker relatives eligible under the TMA program. Under the new premium income limit of 100% of the FPL, we estimate a reduction similar to when the premium requirement was implemented for adults with incomes exceeding 133% of the FPL, or 23% between July 2012 and December 2013. If this trend is indicative of the number of adults who will no longer be eligible for BadgerCare Plus under the TMA program, we estimate a further reduction of 3,450 adults by December 31, 2014, at which point the total number of adults eligible under the premium is expected to stabilize.

We further project annual Medicaid enrollment and aggregate expenditures for adults covered through Transitional Medical Assistance is as follows:

	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018
Average Enrollment	15,000	11,550	11,550	11,550	11,550
Aggregate Expenditures	\$50,040,000	\$38,530,800	\$40,072,032	\$41,674,913	\$43,341,910

HYPOTHESIS AND EVALUATION PARAMETERS

To assess the demonstration, the State will conduct an evaluation. The demonstration evaluation will include an assessment of the following hypothesis:

1. By providing the standard Medical Assistance benefit plan to childless adults under poverty, the

State will:

- Improve health outcomes
- Reduce the incidence of unnecessary services
- Increase the cost effectiveness of Medical Assistance services
- Increase the continuity of health coverage

Therefore, the evaluation will examine the demonstration across the spectrum of access, outcomes, and costs, with an emphasis on the impact of the demonstration on the covered childless adult population in comparison to the prior waiver program and other MA populations.

For the TMA demonstration we will continue to evaluate the impact of cost-sharing provisions on lower- income families above the poverty line. Questions the waiver evaluation will address will include whether or not participants will pay cost sharing, as well as whether or not the cost-sharing requirements will slow the growth of health care spending. The demonstration will consider policy choices related to the alignment of benefits and the equity of cost-share provisions for Medicaid and subsidized health insurance offered through the new federal Marketplace.

A detailed evaluation design will be developed for review and approval by the Centers for Medicare and Medicaid Services. The evaluator will use relevant data from the Medical Assistance program, and its managed care organizations. This may include eligibility, enrollment, claims, payment, encounter / utilization, chart reviews, and other administrative data. The evaluator may also conduct surveys and focus groups of beneficiaries and providers and other original data collection, as appropriate.

Both interim and final evaluations will be performed to help inform the State, CMS, stakeholders, and the general public about the performance of the demonstration. All evaluation reports will be public and posted on the Department of Health Services website.

SPECIFIC WAIVER AND EXPENDITURE AUTHORITIES

Childless Adults: Wisconsin requests that DHHS waive § 1902(a)(34) and that, under authority of § 1115(a)(2) of the Act, expenditures identified for the demonstration population described below, which are not otherwise included as expenditures under § 1903, be regarded as expenditures under Wisconsin's Medicaid State Plan.

Demonstration Population: Provide prospective Medicaid coverage to individuals between the ages of 19 and 64 with family income that does not exceed 100% of the FPL before applying the MAGI 5% disregard. Except for Wisconsin's Family Planning Services and Tuberculosis Medicaid, these individuals are not otherwise eligible for Medical Assistance or the State Children's Health Insurance Program (SCHIP).

TMA and RRP: Wisconsin requests that DHHS waive § 1902(a)(14) insofar as it incorporates section 1916, so that the demonstration population described below may be required to pay a monthly premium as a condition of continued TMA coverage and that those adults who refuse to pay or fail to pay are ineligible for the duration of the 12 month Restrictive Reenrollment Period.

Demonstration Population: Provide Medicaid coverage to non-disabled, non-pregnant adult parents and caretaker relatives who qualify for TMA because their total income, because of earnings or spousal support, exceeds Wisconsin's §1931 family income limit of 100% FPL.

COPIES OF DEMONSTRATION PROJECT WAIVER

Copies of Waiver Documents

A copy of waiver documents, including the waiver application once complete, may be obtained from the department at no charge by downloading the documents from <http://dhs.wisconsin.gov/badgercareplus/waivers.htm> or by contacting:

Regular Mail

Al Matano
Division of Health Care Access and Accountability
P.O. Box 09
Madison, WI 53707-0309

Phone

Al Matano
(608)267-6848

FAX

(608)261-7792

E-Mail

Alfred.Matano@dhs.wisconsin.gov

WRITTEN COMMENTS

Written comments are welcome and will be accepted through July 30, 2013. Written comments on the changes may be sent by FAX, e-mail, or regular mail to the Division of Health Care Access and Accountability. The FAX number is (608) 266-1096. The e-mail address is BCDemonstrationWaiver@dhs.wisconsin.gov.

Regular mail can be sent to the above address.

Public comments will be included in the waiver request submitted to CMS on August 5, 2013 and will be available on the department's web site at the address listed above.

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Appendix B –Public Comments Related to the Waiver Request

Where	Mode	Date Received	Comment Summary	Response
E-mail	E-Mail	7/8/2013	On the policy substance that guides the waiver request, you make two statements that are incorrect. The first is that Wisconsin has a commitment to providing health care to all of its citizens. If that were true, the state would have aggressively sought to implement the Affordable Care Act. Instead, it chose not to structure the exchanges, and it turned down funding that would have expanded BadgerCare coverage to tens of thousands. The policy that the state is following will insure many fewer people while costing the taxpayers at least \$140 million more than was necessary. This is sheer madness! The second statement is the characterization of the exchanges as providing an opportunity to meet the care needs of citizens through the private market. Twenty dollars a month may not be much to someone with a solid six-figure income, but to someone living on \$12 to 14,000 per year, it is enormous. Those private policies will also carry with them co-pays that can add up to thousands per year, a figure that will be beyond anyone living just above the poverty line. And those “private” policies will require a government subsidy far greater than the cost of expanded BadgerCare. In short, the policy this waiver seeks to implement is health care mal-practice and fiscal insanity. The policy should be reversed!	Thank you for your comments, we will take them under consideration.
E-mail	E-Mail	7/8/2013	What are the federal limits and plus 100 percent more mean in actual income for a single male? How much can he make (maximum) and still qualify for this new badger care insurance?	Under the proposed waiver, a childless adult whose income does not exceed 100% of the federal poverty limit would qualify for BadgerCare Plus. Based on 2013 limits, this would be \$11,490 for an individual. The federal government publishes these limits annually.
E-mail	E-Mail	7/9/2013	Thank you for the opportunity to comment on the proposed waiver. I’d like to begin with two comments on your process. First of all, a sincere public comment effort would have begun at a formative stage of the proposal, not after the legislature had implicitly approved the proposal through the state budget process. A sincere public involvement process would also provide the opportunity to comment closer to where the people live. More than one-third of the state’s land area is North of Eau Claire	Thank you for your comments. The Department is holding 3 separate public hearings on the waiver application, one in Eau Claire, in in Green Bay and one in Milwaukee. We are also making every effort to ensure that there is reasonable access to both telephonic and web-based participation. The presentations will be available to the public on the WI DHS website as well.

			and more than a third is Southwest of Eau Claire. What is worse, those areas contain some of the places that most rely on the benefits of BadgerCare. Asking people to drive two to three hours for the opportunity for input does not demonstrate a sincere interest in their views. Second, by your numbers, which were conveniently withheld until after the budget discussions were complete, 1,017 people in my home county of Richland will be without health care because of the changes to BadgerCare. Four hundred twenty four will be kicked off the program; the balance will simply be denied care. These criteria have obviously been known for some time, but the people who will be impacted have not been informed. They need to know their status as soon as possible so that they can evaluate the meager options available to them and make sound decisions.	We are also working with community partners, health plans, counties, IM consortia, and several other stakeholders across the State to develop a comprehensive outreach and education strategy related to the eligibility changes in 2014. The Department will be proactively reaching out to those members who may be transitioning off of Medicaid in 2014 starting in September.
Eau Claire Public Hearing	In-Person	7/10/2013	How do you define income level?	The Affordable Care Act changes the definition of countable income so that it is now based on the Internal Revenue Code (with a few modifications). Countable income will now be defined as adjusted gross income from the tax code, except as it relates to social security benefits, earnings from a person working outside of the United States, etc.
E-mail	E-Mail	7/10/2013	I am attending the town hall meeting on-line. Please send me projected enrollment for Green County.	Projections for enrollment by county are available upon request.
E-mail	E-Mail	7/11/2013	I would like to know whether Forward Health intends to back-date effective dates for those residents who enroll for an Exchange after 12/31/2013, but before 3/31/2014, and have services between 1/1/2014 and the date of enrollment. Are we able to file claims for those services? Would there be a timely filing limitation that would result in denials?	There is no backdating for private health insurance coverage purchased through the Exchange. For example, if an individual enrolls in a QHP effective Feb 1, 2014, claims will only be reimbursed by the QHP for services received Feb 1 or after. BadgerCare Plus will continue to allow for three calendar months of backdated coverage for Medicaid eligible populations covered by the State Plan. This includes parents and caretakers with incomes that do not exceed 100% FPL; pregnant women with incomes that do not exceed 300% FPL; and children with incomes that do not exceed 300% FPL. Childless adults will be eligible for backdated coverage; however, the coverage cannot be backdated prior to January 1, 2014.

Eau Claire Public Hearing	In-Person	7/10/2013	Regarding TMA, please clarify for what period of time and for whom?	Currently TMA coverage lasts for 12 months – however, if the federal law governing TMA expires at the end of the year without extension by Congress, TMA will be 4 months. TMA extensions are provided to children, pregnant women, adult parents and adult caretaker relatives who have received BadgerCare Plus with income at or below 100% of the FPL for three of the last six months. If these individuals experience an increase in income due to earnings that puts their income above 100% FPL then they are granted a TMA extension. It doesn't apply to those parents/caretaker relatives who will be losing their eligibility on 12/31/13, but there are also parents/caretaker relatives who are already in a TMA extension, who, as long as they continue to meet all eligibility requirements, will remain covered by Medicaid for the duration of their TMA extension.
Eau Claire Public Hearing	In-Person	7/10/2013	Please make sure that health plans understand how TMA works.	We plan on meeting with and providing informational materials to the health plans on this program.
Eau Claire Public Hearing	In-Person	7/10/2013	Do you have a projected annual enrollment by county?	Yes, we will make this information available to the public upon request.
Eau Claire Public Hearing	In-Person	7/10/2013	Did the Legislature approve the enrollment estimates and budget described in the public notice and waiver request?	Yes, these projections were approved as a part of the 2013-2015 budget process.
Eau Claire Public Hearing	In-Person	7/10/2013	Are the premiums in the Federal Marketplace based on income? How about the premiums for TMA? Are the copayments the same as today?	The premiums themselves are set by the health plans, but there are federal premium tax credits available that will cover all but a % of the premium based on an individual's income and their choice of plan.
Eau Claire Public Hearing	In-Person	7/10/2013	Will copayments for childless adults be set at the same level they are set at today?	No, childless adults will receive Medicaid Standard Plan benefits. This plan has lower, nominal copayments. Additionally, DHS will be removing all copayments for preventive services.

Eau Claire Public Hearing	In-Person	7/10/2013	Will BadgerCare Plus CLA members be enrolled in HMOs?	Yes, that is the Department's vision. Everyone in BadgerCare Plus will receive the same Standard Plan benefits and cost-sharing. We are currently in the midst of contract negotiations with HMOs for 2014 and 2015. We don't foresee any changes in our current contracts that would exclude CLAs from HMO enrollment.
Eau Claire Public Hearing	In-Person	7/10/2013	Are either the Wisconsin Well Woman Program or the Family Planning Waiver program affected by these changes?	There are no changes in these programs, however, some of the women who would've only been able to access Medicaid services through the Wisconsin Well Woman Medicaid Program will now be able to access those services through the BadgerCare Plus, if they are childless adults with income not exceeding 100% of the FPL. The same is true for individuals who were eligible for the Family Planning program. Many will be eligible to receive family planning services as well as all other Medicaid services through the BadgerCare Plus program, if they are childless adults with incomes not exceeding 100% FPL.
Eau Claire Public Hearing	In-Person	7/10/2013	There are many childless adults who have been on the BadgerCare Plus Core Plan waiting list for a long time, including my brother. Will his in-kind income (he works as a resident manager of an apartment complex and is provided with an apartment) count in determining eligibility?	The Department plans to use the Core Plan wait list to do outreach for both those who would qualify for Medicaid as childless adults, but also to help persons to purchase their health insurance through the Federal Marketplace. Your brother's in-kind income would count in determining his eligibility for BadgerCare Plus (and for premium tax credits) under MAGI.
Eau Claire Public Hearing	On-Line	7/10/2013	Will adults who lose BadgerCare because they're over the 100% qualify for TMA?	Any child, pregnant woman or adult parent/caretaker relative who has income below 100% FPL, has been receiving BadgerCare Plus for three of the last six months, and whose earnings increase so that their total income is greater than 100% FPL will be eligible to receive the TMA extension. If this occurred prior to December 2013, they will remain on their extension until that extension period ends or they do not comply with the conditions of TMA eligibility. Adults not falling into the category above will be eligible for Qualified Health Plans in the Marketplace, but not BadgerCare Plus

Eau Claire Public Hearing	In-Person	7/10/2013	I'm worried about the 4,000 people who will be losing BadgerCare Plus in Eau Claire County, especially those persons with a mental illness. How will this affect people who are disabled, even those without the official disability finding by SSA or Medicaid? What about people who lose their supports?	Nothing is changing for the Elderly, Blind, and Disabled (EBD) population as currently covered under in the State. Additionally, childless adults with income that does not exceed 100% of the FPL will now be eligible, without an enrollment cap, for BadgerCare Plus. The program's benefits will be expanded beyond the Core Plan services, to include the full range of Medicaid Standard Plan services, including mental health and substance abuse services. Coverage through the Marketplace must provide coverage of mental health services as an essential health benefit. Once plans are available, consumers will be able to see exactly what benefits will be covered in the Marketplace.
Eau Claire Public Hearing	In-Person	7/10/2013	Does employer-sponsored health insurance access or coverage affect an adult's BadgerCare Plus eligibility?	It does not. However, it still may impact the eligibility of children with income greater than 200% of the FPL, who are applying for or receiving BadgerCare Plus.
Eau Claire Public Hearing	In-Person	7/10/2013	This is a demonstration project, right? If you can't prove that this is better, what if the federal government doesn't approve the waiver? Is there a Plan B?	Wisconsin has met and discussed this proposal with our colleagues at CMS, and we have been working collaboratively to receive approval for this waiver.
Eau Claire Public Hearing	In-Person	7/10/2013	I'm the guardian for my daughter who has a cognitive disability. Is there any impact on folks on Medicare?	No, there should be no impact on Medicare coverage.
Eau Claire Public Hearing	In-Person	7/10/2013	What is the impact on individuals who are eligible for both those Medicare and Medicaid?	There are no changes proposed as part of this waiver that would impact this group.
Eau Claire Public Hearing	In-Person	7/10/2013	Is there any impact on individuals enrolled in Family Care?	No, that is a long term support program that is not affected by the changes to BadgerCare Plus.

Eau Claire Public Hearing	In-Person	7/10/2013	Is there presumptive eligibility or backdating for those covered by the BadgerCare Plus Demonstration Project Waiver?	Upon reflection of the comments and suggestions received from the public, presumptive eligibility for childless adults is being included as part of the waiver request.
Eau Claire Public Hearing	In-Person	7/10/2013	How can this improve health outcomes? What does that mean when you're removing sick people from the program?	The part of this demonstration project waiver that proposes to evaluate health outcomes is specific to those childless adults covered by this waiver, those with incomes at or below 100% of the FPL. This project is not evaluating the impact of the changes in State law to BadgerCare Plus that will reduce the income eligibility for some adults.
Eau Claire Public Hearing	In-Person	7/10/2013	My daughter will qualify for this program. What if her income fluctuates? Will she lose her BadgerCare Plus coverage?	If you daughter meets all of the applicable eligibility criteria, she will qualify for BadgerCare Plus in 2014. If her income fluctuates above 100% FPL due to earnings, she may qualify for TMA, given that she meets the appropriate eligibility for this program as well. Childless adults will not qualify for TMA.
Eau Claire Public Hearing	In-Person	7/10/2013	It seems that the speed with which eligibility workers process these reported changes, particularly those that would allow an individual to retain their BadgerCare Plus and avoid any coverage gaps. Were there additional funds for eligibility processing to avoid eligibility gaps?	For those persons who experience gaps in coverage, our backdating policy and TMA coverage will help alleviate those gaps. The 2013-2015 budget also included additional funds for the IM consortia and MiLES for increased caseloads.
Eau Claire Public Hearing	In-Person	7/10/2013	For CLAs, when should they apply for BadgerCare Plus coverage?	They should apply on or after November 18, 2013.
Eau Claire Public Hearing	In-Person	7/10/2013	Where do they apply?	They can apply on-line using www.access.wisconsin.gov , in-person at their local county department of social or human service, through the mail or over the telephone.

Eau Claire Public Hearing	On-Line	7/10/2013	Can folks above 100% of the FPL choose between TMA and the Federal Marketplace?	It is our understanding that since TMA is technically considered Medicaid eligibility for the period in which the person is covered, that they would not be eligible for premium tax credits in the Marketplace while eligible for TMA.
Eau Claire Public Hearing	On-Line	7/10/2013	Will existing BadgerCare Plus childless adults with income at or below 100% of the FPL have to apply for the new BadgerCare Plus on 1/1/14?	No. They'll be transitioned to the new plan. They will renew their BadgerCare Plus eligibility at their scheduled annual renewal.
Eau Claire Public Hearing	In-Person	7/10/2013	In the case of someone who is over income, then loses income and re-qualifies, is there a wait list?	No, there will be no wait list.
Tribal Consultation Meeting	In-Person	7/10/2013	How will the change in eligibility affect our community? Can you (DHS) help tribes identify which members will be gain or lose eligibility when the waiver is implemented?	DHS needs help from tribes to identify members who will be affected by the change in eligibility. We need to share data so we can better identify tribal members. It is in tribal members' best interest to know who belongs to a tribe- especially for cost sharing reductions authorized through ACA.
Tribal Consultation Meeting	In-Person	7/10/2013	Can tribes have access to DHS eligibility data to identify tribal members?	DHS has pulled together some data by county and tribal IM agency on enrollment projections, however this information may not accurately reflect all eligible tribal member information. DHS is willing to do a data share with interested tribes to identify those BC+ members who may be affected by the 2014 eligibility changes.
Tribal Consultation Meeting	In-Person	7/10/2013	Will people on the waitlist for the current BadgerCare Plus waiver have to reapply to participate in the new waiver?	Yes, the waitlist may have outdated information, so individuals will need to reapply and update information.
Tribal Consultation Meeting	In-Person	7/10/2013	If enrollment in the new waiver exceeds estimates will a new waitlist be established?	If enrollment exceeds estimates, waiver design will be debated during the budget process.
Tribal Consultation Meeting	In-Person	7/10/2013	What will the amount of premium be for those individuals with incomes greater than 100% of the FPL?	Premiums will be in line with those established in the ACA - a sliding scale starting at 2% of income for those with income at 100% FPL and up to 9.5% of income for those up to 400% FPL.
Tribal Consultation Meeting	In-Person	7/10/2013	We understand that QHP will not provide dental coverage? The lack of dental coverage will impact tribe members and the provision of dental services at Tribal Health Centers.	Pediatric dental will be covered by QHPs. While adult dental coverage is not a required covered service under the EHB, most existing plans in Wisconsin offer some coverage of preventive and emergency dental services. Once the QHPs in the State are public, individuals will be able to review

				the full list of services that will be available to them.
E-Mail	E-Mail	7/11/2013	After leaving the waiver demonstration at the Kroc center in Green Bay, I need to share my disappointment in the number of attendees. As I scanned the room, there were approximately 25 people in attendance, most with notepads and name badges. Where was the publicity for this event? How was the information disseminated to reach the very people affected? Was there any effort made to make sure that the people impacted by this waiver would be able to attend? Was there public bus service out to the Kroc center? I again realized that if it isn't the rich affected we just need to go through the motions. I realize you met the requirements of public notice but didn't seem to go beyond that. Maybe it was good that the attendance was poor as the material presented was very slanted and offered no financial comparisons as to its cost in comparison to how it would have looked if federal monies would have been accepted. While I fully realize this was to explain the waiver it didn't in any way offer the citizens of Wisconsin any idea as to why this was better...or how much this waiver was costing...and how many people would not be eligible, An explanation of the poverty level would have been helpful to the average person (of course, there weren't many people there that would be directly affected). That explanation would have helped people figure out what they were eligible for. Seeing the narrow view presented I left with a heavy heart...one of those liberals who believes we should be helping our most vulnerable population...recognizing that again our Wisconsin values are being sacrificed at the expense of politicians that have forgotten to do their job. I truly believe that we are seeing at the state level the same attitude that we see at the federal level...if it is supported by Obama...be against it. Interesting that now the federal government should pick up the tab!	The public notice was published in 10 major newspapers throughout Wisconsin and a press release sent to major news outlets by the Department of Health Services. Each public hearing (3 were held across the state) allowed both telephonic and web-based participation as well. Additionally, we have created a web site specifically to solicit public comment, which will include the presentation provided during public hearings. An e-mail went out to the Department's list of Medicaid community partners. Anyone could comment through the mail, on the web site or through e-mail through August 5, 2013. Thank you for your other comments, we will take those into consideration.

E-mail	E-Mail	7/11/2013	I have the following suggestions that I would like you to consider as you are putting together this Demonstration Waiver. I am hoping that people who participate in this Demonstration Waiver program will have access to a wide range of services for care such as coverage for doctor's visits and prescriptions, and coverage for tests (i.e. blood work etc. and specific procedures). I am hoping that people who participate in this new waiver program will not be just given one (1) or two (2) options for coverage such as: this plan only covers family planning etc. I know that people with disabilities who will be eligible for this program will still have needs for specific disability related services. I am hopeful that this can be taken into consideration as this waiver program is designed for meeting the needs of these individuals. Thank you for considering my comments. If you have any questions, please let me know.	Thank you for your comments. The waiver intends to provide all childless adults with incomes not exceeding 100% FPL with a comprehensive set of benefits – including prescription drugs, mental health services, hospital and physician services.
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Green Bay Public Hearing	In-Person	7/11/2013	With the decrease in the number of people who receive Medicaid/BadgerCare Plus, is there going to be adequate consumer navigation for the Federal Marketplace in order to assist these individuals?	There are federal navigator grants being issued for this express purpose.
Green Bay Public Hearing	In-Person	7/11/2013	Are there plans to help folks move to the Marketplace? This has to be more information than letters to alert people that they're losing Medicaid and need to purchase insurance.	The Department has a comprehensive to help people make this transition. We are working strategically to develop Regional Enrollment Networks with community partners for this purpose. Comments from these public hearings have been considered as a part of that plan development.
Green Bay Public Hearing	In-Person	7/11/2013	I'm assuming that the federal government will be providing funding for navigators to help people sign up through the Federal Marketplace. Will there be information included in the letter to those persons who will no longer be eligible for BadgerCare Plus?	Yes, we are working on the details of those notifications now.
Green Bay Public Hearing	In-Person	7/11/2013	Have there been any presentations that clearly lay out the costs of the program to Wisconsin citizens with and without the Medicaid Expansion? What is the cost differential? The cost of this program is \$120 million more if the waiver is approved to provide care to 85,000 fewer people. The public is getting a choice between a stupid calamity and a stupid catastrophe. I've asked the DHS and my legislator to explain the Governor's comment that the reason that Wisconsin was not pursuing the Medicaid Expansion was that the federal government had not lived up to its financial commitments to the Medicaid program. I have received no answer.	The Legislature and Governor have enacted the 2013-2015 Biennial Budget that includes Medicaid coverage being pursued through this waiver request. Various presentations were prepared and disseminated to the public as part of the Biennial Budget process.

Green Bay Public Hearing	In-Person	7/11/2013	How was the public hearing and public notice disseminated? I'm disappointed with the way that the public hearing was publicized. Another gentleman commented that he heard about the public hearing through a local newscast. His local county DHS and the BadgerCare Plus hotline did not have any information about it. He agreed that it was poorly advertised.	The public notice was published in 10 major newspapers throughout Wisconsin and a press release sent to major news outlets by the Department of Health Services. Each public hearing (3 were held across the state) allowed both telephonic and web-based participation as well. Additionally, we have created a web site specifically to solicit public comment, which will include the presentation provided during public hearings. An e-mail also went out to the Department's list of Medicaid community partners to help disseminate the information. Anyone could comment through the mail, on the web site or through e-mail through August 5, 2013.
Green Bay Public Hearing	In-Person	7/11/2013	Do Social Security benefits count in determining eligibility for BadgerCare Plus?	Social Security income is counted as a part of MAGI for eligibility determination if it is taxable income.
Green Bay Public Hearing	In-Person	7/11/2013	Who were the community partners in Green Bay who were contacted? Was there an effort to reach out to the individuals who would be affected by this change?	The public notice was sent to 10 statewide newspapers, including the Green Bay Gazette. We also distribute all public notices to a large of community partners – and we will make this list available upon request. Individuals who will likely transition off of BadgerCare Plus starting in 2014 will be contacted in September.
Green Bay Public Hearing	In-Person	7/11/2013	Does this affect everyone in Wisconsin?	The waiver request is for a statewide implementation of the coverage of childless adults with incomes not exceeding 100% FPL. Other

				eligibility changes included in the 2013-2015 budget will impact some populations, but there are several who will not be impacted by any of the eligibility changes.
Green Bay Public Hearing	In-Person	7/11/2013	Some of the childless adults are on SSDI and don't have Medicare (yet). Those who are between 100 and 133% FPL will now lose their coverage. Does the budget and cost-effectiveness section of the waiver request include a cost-effectiveness analysis of the waiver versus the Medicaid Expansion included? This is confusing to many of the folks whose benefits will be lost who wonder how it can be more expensive to cover fewer people.	The waiver request does not include a cost-effectiveness analysis beyond an analysis of whether the demonstration project waiver will be budget neutral as it relates to federal funds provided under this waiver. We have clarified the headings within the application to remove the citation to cost-effectiveness.
Green Bay Public Hearing	In-Person	7/11/2013	If you have access to Medicare, can you qualify for BadgerCare Plus as a CLA under this waiver? I suggest that the waiver not include Medicare entitlement/receipt as an eligibility condition.	Currently, the waiver request would exclude someone from BadgerCare Plus eligibility who is eligible for Medicare, however these individuals could qualify under a different Medicaid eligibility category.
Green Bay Public Hearing	In-Person	7/11/2013	Does the current BadgerCare Plus demonstration project waiver have different cost sharing than the Core Plan?	Yes, the BadgerCare Plus waiver will have different cost sharing than the Core Plan. It will not have an enrollment fee and will have the same nominal cost-sharing as the Standard Plan, with no copayments for preventive services.
Green Bay Public Hearing	In-Person	7/11/2013	Is it possible to evaluate health outcomes for those who are losing BadgerCare Plus? For instance the group with incomes greater than 100, but not greater than 138% FPL.	We believe we can do so, but need to make sure that the federal government will allow it and that we'll have access to the data needed to evaluate those outcomes.
Green Bay Public Hearing	In-Person	7/11/2013	When we talk about budget neutrality is it federal budget neutrality or state budget neutrality? I suggest that the State compare the state budget impact with and without this waiver.	It's federal budget neutrality. The state budget impact has been reviewed as a part of the legislative budget process.
Green Bay Public Hearing	In-Person	7/11/2013	When you have the Medicaid transition numbers for 2014, it is interesting that they are higher in 2014 than in subsequent years. Why is that?	The reason for this reduction is that we are asking to impose a monthly premium for those with incomes greater than 100% FPL if they become eligible for TMA. We expect that this will decrease the number of individuals who will remain on the BC+ TMA if they do not pay the TMA premium and move into insurance in the Marketplace.

Green Bay Public Hearing	In-Person	7/11/2013	Will the waiver request include a request that would allow counties to ask for the federal Medicaid funds from the expansion directly? The state law doesn't restrict counties from doing this.	Without statutory approval, the Department of Health Services cannot request a waiver that would exceed the coverage granted under current statute. Furthermore, it is our understanding that the federal government would be unable to allow for county-specific Medicaid Expansion in a State. This has been discussed at length by other States and the answer has been that US DHHS will only approve statewide Medicaid Expansion through an amendment to the single state Medicaid agency's Medicaid State Plan.
Green Bay Public Hearing	In-Person	7/11/2013	How many people are participating in the public hearing in Eau Claire?	30+ people attended the session in-person with approximately 10 people participating via the webinar.
Green Bay Public Hearing	In-Person	7/11/2013	People have to go through a navigator to get private health care?	No, you do not need to go through a navigator to receive private health care. Individuals can go directly to the Federal Marketplace web portal or call the Federal Marketplace Call Center as examples of other resources.
Green Bay Public Hearing	In-Person	7/11/2013	Could the State look at holding public hearings in more places and in places with more people and provide flyers; to announce the public hearing?	The public notice was published in 10 major newspapers throughout Wisconsin and a press release sent to major news outlets by the Department of Health Services. Each public hearing (3 were held across the state in Eau Claire, Green Bay and Milwaukee) allowed both telephonic and web-based participation as well. Additionally, we have created a web site specifically to solicit public comment, which will include the presentation provided during public hearings. An e-mail also went out to the Department's list of Medicaid community partners to help disseminate the information. Anyone could comment through the mail, on the web site or through e-mail through August 5, 2013. We will take into consideration comments related to this process for future public hearings and public notices.

Green Bay Public Hearing	In-Person	7/11/2013	If your income is below 100% of then FPL, then you could qualify for BadgerCare Plus program. If you're above 100% of the FPL, you can get help through the federal government, right?	Children and pregnant women with income no greater than 300% of the FPL are eligible for BadgerCare Plus. Adults will be BadgerCare Plus eligible if their income is no greater than 100% of the FPL. Premium tax credits are available for those individuals/families above 100% FPL who are not Medicaid eligible.
Green Bay Public Hearing	In-Person	7/11/2013	Will it help apply for BadgerCare Plus now, so that I'm on the system in October 2013?	Individuals can apply via ACCESS or through one of the regional Income Maintenance consortia offices, but between October 1 and December 31, 2014, we encourage individuals to apply through the Federally Facilitated Marketplace. We will continue to provide additional information on these options.
Green Bay Public Hearing	In-Person	7/11/2013	For the group with incomes between 100 to 133% of the FPL are the calculations based on the same MAGI methodology? Is there training for non-eligibility workers?	Based on tax rules, but there are different rules for individuals who are non-filers. We're doing extensive training in August and September 2013 on the new ACA rules for Medicaid for eligibility workers and community partners. Updates to the BadgerCare Plus handbook will be made in October 2013.
Green Bay Public Hearing	In-Person	7/11/2013	Is there a BadgerCare Plus Open Enrollment or Special Enrollment periods?	No. The federal law does not allow states to impose an open or special enrollment period.
Green Bay Public Hearing	In-Person	7/11/2013	If someone enrolls in BadgerCare Plus in November and December 2013, will they be enrolled by January 1, 2014?	Agencies have 30 days to process applications and many times, if the applicant is responsive to information and verification requests, and the workload is manageable, agencies may be able to provide an eligibility decision sooner than 30 days. Eligibility for childless adults will not begin prior to January 1, 2014
Green Bay Public Hearing	In-Person	7/11/2013	I'm aware of navigator funding from the federal government, will there be additional state funds and efforts? When will the state's outreach plan be published?	Yes, the State will be making a concerted effort to enroll individuals in the Marketplace. Our outreach plan will be published within the next month.

Green Bay Public Hearing	In-Person	7/11/2013	Please make sure that you include the Independence Centers in your distribution network, since they publish their own newsletters.	Thank you for the information and we have forwarded this on to our communications office
Milwaukee Public Meeting	In-Person	7/11/2013	What will happen to the Well-Women Medicaid Program? Will this waiver impact the Well-Women Medicaid Program?	This waiver does not change any program requirements for the Well-Women program. The program will continue to cover women according to the current eligibility requirements, even if they have incomes over 100% FPL.
Milwaukee Public Meeting	In-Person	7/11/2013	How will income eligibility be determined? What safeguards will be in place to make sure that those with incomes under 100% aren't kicked off of program? Does the eligibility rule take into account a person's monthly expenses? This waiver will hurt those that need coverage the most.	MAGI rules are being programmed into the eligibility and enrollment system to support ACA and waiver changes. We will know in September who will likely fall into a category that will need to purchase coverage on the Marketplace and will begin active outreach to do those members at that time. Eligibility rules are based on an individual's current gross monthly income.
Milwaukee Public Meeting	Online	7/11/2013	What outreach will DHS do to help those over 100% transition to exchange?	DHS believes that stakeholder organizations must play an active role in helping people transition to the Marketplace. Organizations need to work together to break down silos and work on hand-offs and transitions. In Southeastern Wisconsin for example, the Milwaukee Health Care Partnership is working in collaboration with other community partners to map out work flows to enroll people in the Marketplace. The Department is also working on a strategic plan to do an effective, targeted outreach.
Milwaukee Public Meeting	Online	7/11/2013	Will low-income residents who meet the new waiver eligibility requirements also get evaluated for disability coverage as well as waiver coverage?	Yes. It is standard to simultaneously evaluate enrollees for disability coverage.
Milwaukee Public Meeting	In-Person	7/11/2013	DHS should have structured a pilot program to test this waiver. Why implement this transition right now, with no mock up. DHS won't feel the consequences of an "oops". Why not pilot with the State Legislature and drop them from their current coverage and have them find coverage on the Marketplace?	Regarding the timing- DHS had to wait until the Legislature completed the budget process to obtain state authority to do this transition. Now we need to get federal approval and complete all the systems changes needed to support transition.

Milwaukee Public Meeting	In-Person	7/11/2013	Why aren't people who are eligible for BadgerCare now enrolled in the program?	Milwaukee enrollment staff will be able to do more outreach for SNAP now that there won't be an enrollment cap for BadgerCare Plus childless adults. We expect to see similar trends in other areas.
Milwaukee Public Meeting	In-Person	7/11/2013	How many of you (DHS staff representatives present at the public meeting) have had to go through the Medicaid eligibility process? Our family had to apply for Title 19 help for my parents. The process was not easy. When we opened state hospitals in the 1980s without a plan it was a disaster. Well-formed plans take time. What will happen to the people stuck in the middle of the transition? What will happen to the people you can't reach? How many people who are forced off of BadgerCare will not pay premiums? What about psych benefit?	On September 23rd we'll start targeted outreach and work with "regional partners" to notify people about the eligibility changes and assist to get people enrolled in private coverage. We'll send a letter to members and conduct outbound calls at this time. We have demonstrated outbound calling capability for a transition last fall when we moved 150K members from managed care to FFS. We will build on that model to support the implementation of this waiver. We estimate a 18-20% drop off when we put premiums into TMA. However, we believe that the transition to QHP will be better; we estimate 93% take up rate for those over 100% who moved to QHP coverage. Mental and behavioral health is a required covered category of service under the essential health benefits.
Milwaukee Public Meeting	In-Person	7/11/2013	This public outreach process is somewhat disingenuous. If this meeting was located in a different place, this room would be full of similar stories as the mother who spoke earlier. DHS should not wait until September to start outreach to those affected by the change in eligibility. I am convinced that using the ACA to pull back from what we've committed to already here in Wisconsin is a good idea. Nominal amounts actually matter to individuals--\$5 a week can be a financial barrier to some individuals. DHS should do more outreach and let people ask and get their questions answered. On the mental health benefit demonstration evaluation- part of the evaluation should be to check with the criminal justice system to know if the mental health benefit expansion is working. There will be challenges with this transition. How do you make the system as responsive as possible during this transition? DHS must work with State Legislators' offices and community stakeholders to wrap around those affected by this transition.	Thanks for your comments, we will take them into consideration.

Milwaukee Public Meeting	In-Person	7/11/2013	Is the cost-share for coverage on the Marketplace amount a responsible amount? It would have been better to stagger the transition until after the Marketplace is established and we know what the QHP cost-share actually looks like. We don't know enough about the Marketplace to fully understand the implications of this waiver. Governor Walker should have taken the Expansion, even for just a year. DHS needs to be consistent with how it communicates the income eligibility for this waiver-- "at, below and exceeding 100% FPL". Is there any movement or thinking on the "alternative benchmark" plan?	Thank you for your comments. The State is not pursuing an alternative benchmark plan. DHS will provide the standard plan which is a more comprehensive set of benefits than offered to childless adults via the current waiver. We have clarified the language around the 100% FPL limit as a part of the waiver.
Milwaukee Public Meeting	Online	7/11/2013	Is there a chance that the bypass plan for cancer will be re-introduced?	Thank you for your suggestions, we will take this into consideration.
Milwaukee Public Meeting	In-Person	7/11/2013	What is the process to get on BadgerCare with disability?	The disability determination process will not be changed under this waiver.
E-mail	E-mail	7/12/2013	Thank you for affording the Wisconsin Nurses Association (WNA) the opportunity to provide comment on the Department of Health Services BadgerCare Plus Demonstration Project Waiver. WNA is the professional association for registered nurses in Wisconsin representing staff, advanced practice, managerial, educators and research nurses. We practice in a variety of settings that include acute care, primary, long-term care, public, community health and correctional facilities as examples. WNA provided comment on the portion of the Governor's budget bill that resulted in a number of formerly BadgerCare eligible recipients no longer eligible for health insurance. We view the lack of coverage for these individuals will result in utilization of	The Department thanks WNA for their comments and will take them under consideration as we the waiver.

			expensive health care and expensive settings. This is not the desired outcome we want to see happening in Wisconsin. WNA appreciates the Department's BadgerCare Plus Demonstration Project Waiver proposal and views it as an effort to obtain coverage for more of the uninsured. We do need to convey however that we support returning to the federal poverty level of 133% so that access to the Medicaid dollars that do not require a state match is captured and provides more coverage to more individuals and families. It is our understanding that this alternative remains an option. WNA has met with other groups to review the Department proposal and we probably have very similar concerns that have been expressed throughout your hearings. Most specifically, we find the proposal lacking detail in the important sections that describe the budget, cost-effectiveness and the evaluation activities. WNA would also like to comment on the other elements included in the proposal: The Defined Benefits Package plan (BadgerCare Plus Standard Plan), should be fully described and should include a commitment to the same plan, i.e. benefits and cost-sharing standard, that will exist for all the other enrollees in 2014 for the duration of the waiver. * Dual Eligible Medicare/Medicaid Individuals under this waiver who are enrolled in Medicare would not have access to Medicaid. Without this supplemented option, important support services would be missing. * Low-income individuals with income near the poverty line (100%) will need support transitioning between BadgerCare and subsidized Federal Marketplace coverage as their income fluctuates. In order to maintain high levels of coverage, the waiver language should ensure adequate, maintained support for consumer navigation and enrollment assistance in the Federal Marketplace and BadgerCare. * Enrollment of incarcerated persons, effective upon release, needs further explanation to include procedures to enable incarcerated individuals, prior to their scheduled release (parole) from prison, to enter the Health Insurance Marketplace's portal and enroll in either BadgerCare or Marketplace coverage effective upon their release date. Such procedures are necessary to increase the ability of such individuals to obtain, upon release,	
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			treatment for addiction to drugs and alcohol and treatment for mental illnesses, thus helping to reduce recidivism. WNA also wants you to know that our members stand ready to assist the Department in any way we can to maximize the health care marketplace enrollment process. We have many access points to the 77,000 RNs and student nurses in Wisconsin. We are viewed as the most trusted profession and believe that we can offer education and encouragement to individuals to make the decision to enroll.	
E-mail	E-mail	7/12/2013	Dual-Eligibility: Clarification regarding BadgerCare specifically, and not all full-benefit Medicaid programs. For example, while the waiver proposal indicates that you cannot have Medicaid and BadgerCare; individuals may still obtain other Medicaid programs, if eligible, such as the Medicaid Purchase Plan (MAPP), to maintain dual-eligible status for the Medicare Part D Low Income Subsidy.	Eligibility for other programs such as long-term care programs are not impacted by this waiver or the 2013-2015 state budget.
Mail	Mail	7/23/2013	The state's existing EBD Medicaid plan will continue to support individuals who qualify for Medicaid due to the severity of their disabilities and low income level. The changes proposed in this application will impact individuals with chronic conditions or less severe disabilities who may struggle to afford the high costs of their health care which enables them to maintain their health and employment. These individuals will be acutely affected in various ways by the proposed changes to the BadgerCare Plus waiver and Transitional Medical Assistance (TMA). First of all, we recognize that this waiver request represents a significant commitment to address the uninsured population who are in extreme poverty. By creating an entitlement to coverage for all childless adults below 100% of the Federal Poverty Level (FPL), individuals affected by mental illness and other chronic conditions will have access to reliable and continuous health care. We estimate that approximately ¼ of the projected 82,000 who will gain coverage in this plan have chronic disabling conditions. We support the intent of this waiver application to expand coverage to these individuals.	Thank you for your comments and support, we will take this into consideration.

			In addition, we support the proposal to adopt the Standard Plan benefit which allows for enhanced coverage essential for people with disabilities including durable medical equipment, prescription drugs, personal care, behavioral/mental health care, therapies and non-emergency medical transportation. The elimination of annual enrollment fees or premiums and the enrollment cap are also significant positive changes. Therefore, we request that the waiver application indicate the Department's commitment to maintain the Standard Plan benefit package in its current form for the duration of the waiver. We request that the Medicare eligibility requirement for new enrollees be removed and an assurance that current Medicare-eligible individuals under 100% FPL accessing the Standard Plan will not experience a change in their benefit and can maintain this important wrap-around support. "Whether or not participants will pay cost will slow the growth of health care spending." Since data from the Medicaid 2014 Demonstration Project implemented in July 2012 shows a significant reduction in the ability of people above 133% FPL to pay a premium (-23% between July 2012 and December 2013), it appears the purpose of the current TMA demonstration applied to people at a lower poverty level is not valid. In addition, it is worth noting CMS' recent commentary on the issue of charging premiums to people explained that "the statute does not permit premiums for beneficiaries whose incomes below the poverty level." We do not support charging premiums for individuals in the TMA program below 133 % of FPL given the rapid rate at which DHS predicts people will lose coverage and the fact that increased cost-sharing in the Marketplace will make this coverage less affordable for low-income individuals with chronic conditions. The TMA portion of the waiver application, if not removed entirely as we suggest, should at the very least be updated to align appropriately with the expulsion provisions in the subsidized health insurance market, as is the waiver's stated intent. The waiver application does not directly address DHS' plans to eliminate BadgerCare coverage for this population, we feel the application falls short of the secondary goal by remaining silent, and we request that DHS improve the waiver plan to	
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			protect and effectively transition beneficiaries. Federal HHS and various non-partisan groups have estimated that churning (movement between Medicaid and new health insurance exchanges) will be significant under the Affordable Care Act and particularly during the initial transition timeframe. This will be especially true in Wisconsin for the new population of individuals whose BadgerCare coverage will be terminated (eligibility reduced from 200% FPL to 100% FPL.) While our organization endorsed a plan which would have increased Medicaid coverage to 133% FPL in order to reduce the impact of churn and ensure coverage for this low-income population, we strongly suggest that the state's plan directly address this issue of transition within the waiver application. The Center for Medicare and Medicaid Services (CMS) has offered various transition strategies to states like Wisconsin that are using options in the Affordable Care Act to reform their systems to both enroll newly eligible low-income adults and ensure protections for beneficiaries as income and eligibility determinations change. CMS has outlined various options under section 1115 waiver authority which may be viable for Wisconsin. One option would be for Wisconsin to use its 1115 waiver authority to implement 12-month continuous eligibility for individuals at certain poverty levels to ensure a stable source of health insurance with no disruptions in necessary ongoing care. In addition, the waiver application should explain procedures it will establish to enable incarcerated individuals, prior to their scheduled release (parole) from prison, to enroll in either BadgerCare or the private insurance market to be effective upon their release date. This transition planning is essential for continuity of care for individuals who require treatment for drug and alcohol addiction and mental illness, to reduce the risk of recidivism. The waiver application presents an opportunity to implement a policy that can provide for continuity of care as consumers are required to change health plans and to prevent eligibility transitions from creating coverage gaps and losses. This is particularly important for people with chronic conditions, who	
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			when they go without coverage, medication or therapies, even for a short period of time, can accrue significant public costs and detrimental human results.	
Letter to Secretary Rhodes		7/29/13	We, the below signed county leaders, are writing to you in regards to Wisconsin's waiver to the federal government to apply the BadgerCare changes approved in the 2013-15 state budget. With the federal Affordable Care Act encouraging innovation in states, provided the goal is to ensure a greater level of health coverage, we request a demonstration pilot project be included in the waiver request that would allow interested counties the opportunity to access these federal enhanced Medicaid funds. In 2014 thousands of Medicaid recipients will be placed in private health insurance exchanges and required to pay premiums. The transition from Medicaid to private insurance and the premium cost could result in the loss of health care due to confusion and inability to pay. Being underinsured and uninsured impacts County Human Services Departments because it can lead to untreated mental health or substance abuse, increases in uncompensated costs. Also leads to a lack of preventive health care that can lead to loss of jobs, the inability to function and loss of self-sufficiency. County boards in thirteen counties in Wisconsin have passed resolutions calling for accepting the federal funds at the state level, or, failing that, to allow for a mechanism for counties to access these federal funds in the interest of covering our citizens. Additional counties are currently considering resolutions in light of the availability of these federal funds in the future. Because the federal matching rate for Medicaid is 100% early on, we request that the waiver for BadgerCare include a provision for a demonstration project allowing counties who opt in to access these enhanced Medicaid funds through the Department of Health Services. If at which time this project is deemed unfeasible the opportunity would remain for counties to opt out, as is the ability of states to do under the full Medicaid expansion. Wisconsin already utilizes a Medicaid program that is administered on a county-by-county basis, FamilyCare, and could be a model for low income individuals slightly over the federal poverty line in need of affordable healthcare. This model could	Thank you for your comments Without statutory approval, the Department of Health Services cannot request a waiver that would exceed the coverage granted under current statute. Furthermore, it is our understanding that the federal government would be unable to allow for county-specific Medicaid Expansion in a State. This has been discussed at length by other States and the answer has been that US DHHS will only approve statewide Medicaid Expansion through an amendment to the single state Medicaid agency's Medicaid State Plan.

			be administered at a county level or through a consortium of interested counties. While this approach is, admittedly, a transition from the state's plan for BadgerCare, we believe it provides an additional opportunity to provide needed coverage to the individuals under 133% of the federal poverty line that are not eligible for Medicaid while seeking to gain full access to our tax dollars. A county-based waiver has been approved for Cuyahoga county in the state of Ohio in collaboration with their public hospital, a state that shares our Midwestern values and our economic strengths. The 1115 demonstration waiver, Cuyahoga county in Ohio was granted by CMS an early coverage Medicaid waiver demonstration expansion. The Patient Protection and Affordable Care Act (PPACA), which was signed into law in April 2010, allows states to cover uninsured individuals up to 133 percent of the Federal Poverty Level (FPL). The Medicaid Waiver Demonstration will cover uninsured adults, mainly individuals without dependent children, residing in Cuyahoga County with income up to 133 percent of the federal poverty line who are ineligible for Medicaid today. Because Ohio has not currently taken advantage of the federal enhanced Medicaid funding at a state level, this local effort will continue to provide access to care to an estimated 30,000 citizens. In light of this existing county waiver precedent, and the demonstrated actions and interests of numerous counties in Wisconsin, we request that the Department of Health Services' demonstration project allow counties to opt in to access federal Medicaid funds or that a similar alternative be included. Signed Supervisors from the following 20 Counties: • Dan Robinson, Brown County • Sue Bradley, Columbia County • Melissa Sargent, Dane County* • Tom Quinn, Dunn County* • Gerald Wilkie, Eau Claire County* • Tom DeLain, Iowa County*	
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			• Jim Schroeder, Jefferson County* • Dayvin Hallmon, Kenosha County • Monica Kruse, La Crosse County* • Jim Alber, District 13, Lincoln County* • Rita Metzger, Manitowoc County* • John Robinson, Marathon County* • David Bowen, Milwaukee County* • Candy Sorensen, Oneida County* • Kathy Groat, Outagamie County • Ken Hall, Racine County • Tom Crofton, Richland County* • John Diets, Sauk County • Larry Lautenschlager, Winnebago County* • Jim Baumgart, Sheboygan County * - notes a county that has already voted in favor on a resolution in support accepting federal Medicaid funds	
Mail	Mail	7/29/13	Thank you for the opportunity to provide comments on the new BadgerCare Plus Demonstration Project Waiver. I urge the department to reconsider its current plan for BadgerCare Plus, which is essentially to spend more taxpayer money while providing health care coverage to fewer Wisconsin residents. In the process, Wisconsin rejects billions of federal dollars that could be used to provide health care to thousands more hardworking Wisconsin families. It is important to note that Wisconsin is the only state in the nation attempting to obtain a federal waiver in order to provide less health care coverage than could be provided under BadgerCare Plus and federal Medicaid guidelines. The state's proposal adds about 80,000 childless adults to BadgerCare who are at or below 100 percent of the federal poverty level (FPL), which is \$11,490 for an individual and \$23,550 for a family of four. But does so by ending coverage for nearly 90,000 parents over the FPL, thousands of whom are still living in poverty and will struggle to purchase insurance in the private market. Many of these individuals and families will not be able to afford coverage even under the new health insurance exchange, where cost-sharing will be much higher (up to \$2,100 per adult), leaving thousands of parents and single individuals without healthcare.	Thank you for your comments, we will take them under consideration.

			Additionally, the requested BadgerCare Plus Demonstration project would end the ability of families above 300% of the FPL to buy BadgerCare coverage for their children at full cost. There is no fiscal reason to preclude parents from purchasing, at full price, this coverage. Rather, the Department seeks to resurrect changes DHS proposed in 2011 that were rejected by the Obama Administration, and were anticipated to cause 29,000 kids to lose BadgerCare coverage. Thankfully for Wisconsin children, the Obama Administration would not allow the Walker Administration to kick off thousands of low-income children from the health care they need. A Fiscal Bureau analysis concluded that the alternative of providing BadgerCare to all adults below 133% of FPL would cover almost 85,000 more people and cost state taxpayers far less – nearly half a billion dollars less over the next seven years – by utilizing federal health care reform dollars. The waiver being sought by the Department of Health Services (DHS) adopts a more limited benefits package with higher cost-sharing for children and adults. Again, Wisconsin is the only state in the nation pursuing such an inexplicable approach. Why would Governor Walker spend more taxpayer money to cover less people? Wisconsin ranks 50th in short-term job growth according to the U.S. Chamber of Commerce and 42nd as best state for business. According to Forbes Magazine, Wisconsin will be 49th in job growth through 2016. The stagnate economic situation in Wisconsin demands that public officials do more, not less, in making sure our residents are healthy and have access to needed healthcare. But as important, we have a moral, ethical and legal obligation to pursue policies not to promote an archaic political ideology, but to implement policies that benefit the people of our state. The proposed BadgerCare Waiver Demonstration project is the antithesis of what the state should be pursuing, as in the end, it will result in less children and adults having access to health care, and curable diseases and ailments not being timely treated. Simply put, there are Wisconsinites who will die as the result of this Demonstration project and the reduction in health care coverage for children and adults that will result. I cannot think of	
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			a more tragic approach than that which is being proposed in this Demonstration project. I urge the department to send its plan back to the drawing board and implement a plan that actually benefits the people of our great state. If not, I hope and pray the Obama Administration will reject such a misguided, harmful endeavor.	
E-mail	E-mail	7/30/13	I spoke at the public hearing regarding Badgercare in Milwaukee on July 11, 2013. I told the story of my family, which is that my husband works full-time for a small business and is offered employee-sponsored insurance for only himself, not the rest of our family of five. Therefore, the cost of the premium for just my husband and myself would be about \$9,300, with a \$3,000 deductible. We are currently at about 140% FPL – almost \$40,000 for a family of five, and there would be no possible way we could afford this. We are very careful with our money, and we are just making ends meet (I had been employed part-time until my position was cut, but even still I was not offered insurance through my employer.) My story is not uncommon, as many working families do not have access to affordable insurance. We are trying to do our best, and we are even happy to pay more toward premiums for Badgercare. We just want to have access to affordable, reliable insurance. I was told by the panel at the hearing that I would be eligible for a subsidy through the insurance exchanges. However, after I spoke, I was approached in the hallway by several people, including someone from DHS and Senator Taylor's office, who expressed that they were not sure if I would be eligible for a subsidy through the exchanges. At this point I am very concerned about what will happen, since if I am not eligible for a subsidy; my costs for a premium could be very high. Then I would need to pay a high premium for myself, in addition to my husband's premium. (Currently my children do not need to pay a premium, but with all of the changes that are constantly happening, I would not be surprised if we would need to pay that also soon.) Adding all of these together could be completely unaffordable for us. Even if I am eligible for a subsidy, I have no idea what kind of insurance I may be able to obtain. It may have a high deductible, in which case my husband and I would both have very high	Thank you for reaching out to us. We will take your comments into consideration and reach out to you directly to discuss your family's situation.

			deductibles to meet, which again we could not afford. Or there may be lots of things that are not covered and we could accrue many expenses because of that. All of these expenses together could be very high and again unaffordable. My understanding is that if the federal government approves this waiver, we will not be eligible for Badgercare because our income will be too high, even though it is quite low for our family. Or I believe there is a clause stating that if your premium is less than 9.5% of your income, you do not qualify. This would apply to my husband and we could afford to pay for him, but if this then also applies to me we would not be able to afford the insurance through his employer for me. There are many questions and concerns regarding this waiver, and I'm very worried that many families like ours will fall through the cracks. From what I have learned, it doesn't sound to me that anyone is sure that a family like mine will be alright, since there a lot of contingencies and unknowns. Badgercare has been a lifeline for our family, and we would be very happy to pay more in premiums or deductibles to have something we know we could afford. For us, going without insurance is not an option in case anything bad were to happen, and I think it saves everyone money since otherwise if something were to happen we could not pay for it. My husband and I are very worried about what will happen and if and how we will be able to afford insurance. I urge you to consider families like ours. I know that by maintaining Badgercare coverage for us we would be insured and be able to afford it, again willingly paying more into it. Otherwise I don't know if we will be able to afford it. Please consider these choices carefully so that many families like ours will not be placed in these very difficult situations, either having to pay an extremely high percentage of their income toward insurance or choosing to go uninsured. Please consider the needs of those that are working hard and just trying to care for their families.	
E-mail	E-mail	8/2/13	Thank you for the opportunity to comment on Wisconsin's BadgerCare Plus Demonstration Project Waiver. The Wisconsin Alliance for Women's Health is dedicated to our mission of raising the status of Wisconsin women's health by engaging, educating, empowering and mobilizing individuals and organizations. Our vision is to create an environment in which all Wisconsin women at every age and stage of life can thrive through realizing their	Thank you for your comments, we will take them under consideration.

			optimal health, safety, well-being and economic security. WAWH has a broad and diverse support base of over four-dozen organizations, and over 1,000 individuals, including policy makers, health care providers and community members, and 180 health professionals throughout the state. Our organization has led numerous successful coalitions to further our impact on Wisconsin women's health and our numerous accomplishments are due to our incredible efficiency and strategic partnerships. While we appreciate the Wisconsin Department of Health Services' (DHS) commitment to ensuring that Wisconsin residents have access to affordable insurance, we believe that could have been better achieved by taking advantage of the budget opportunity to strengthen BadgerCare through the Affordable Care Act Medicaid Expansion enhanced federal funding. We continue to advocate for the preservation of current BadgerCare eligibility levels, and enhancing coverage to adults without dependent children to 133 percent of the poverty level with enhanced federal dollars. However, knowing current state budget language, we support DHS' waiver request to provide BadgerCare full standard plan benefits as an entitlement to childless adults with incomes up to the poverty level. We do not support the requested change of charging premiums for parents and caretaker relatives on Transitional Medical Assistance (TMA). More than one in ten non-elderly women currently get their health insurance through Medicaid, however, low-income women without dependent children still don't have access to health coverage. These women are likely to be poorer health, have difficulty accessing care, and are more likely to be racial and ethnic minorities than the general population. Medicaid coverage has led to higher utilization of services, and higher self-reported health status for these individuals. This is why we generally support the coverage of adults without dependent children as proposed in this waiver. Please accept these comments and requests for more information, so that we can work together to provide this coverage in the best way possible for low-income Wisconsin women.	
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			· Plan Design: We request that the final waiver application provide assurance that the benefits and cost-sharing for the duration of the demonstration period will be the same as the current BadgerCare Plus Standard Plan design. · Budget and Cost Effectiveness: We request additional details on the general outline described in the draft waiver application. · Evaluation: We request additional details on the proposed evaluation activities, including the measures and data, and how it will be collected. · Medicare Wrap: We echo the comments of our colleagues at Disability Rights Wisconsin and recommend removing the Medicare eligibility exclusion from the waiver for the new demonstration population, and adding an assurance that current Medicare-eligible individuals under 100 percent of the federal poverty level accessing the Standard Plan will not experience a change in their benefits and can maintain this important wrap-around support. We do not support the Waiver proposal for Demonstration Population 2. Although Wisconsin's budget, 2013 Wisconsin Act 20, gives DHS the option to charge premiums to the individuals in TMA, it does not require that change. And based on the DHS evaluation of the effects of extending premiums to adults on BadgerCare Plus with incomes above 133 percent of the poverty level, we know that expanding those premiums will cause enrollees to fall off the program. Suppressing the participation of low-income adults is not a valid demonstration purpose for an 1115 Waiver. If the waiver proposal moves forward, we at least request the following changes: · Restrictive Reenrollment Period: The restrictive reenrollment period of 12 months proposed in this waiver for non-payment of premiums is unnecessarily long, and inconsistent with Medicaid, CHIP, and the new Health Insurance Marketplace regulations. All Wisconsin enrollees should be given at least a 90-day grace period to pay their premiums, and the restrictive reenrollment period should be limited to 60 days.	
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			· Premium Consistency: DHS has made the argument that the intent of applying premiums is to remain consistent with the costs associated with the new health insurance marketplaces. The premium amount for those with income between 120 and 132.99 percent of the poverty level in the DHS draft waiver is 2.5 percent of income, whereas the premium for individuals with incomes under 133 percent of the poverty level who receive the advance premium tax credit is 2 percent of income. The Medicaid premium should not be more than the advance premium tax credit premium on the Marketplace for low-income individuals. We are concerned about the effect of these changes, as well as the elimination of BadgerCare coverage for many low-income Wisconsin women. To ensure that that DHS achieves the stated intent of decreasing the number of uninsured Wisconsinites, the Department must take responsibility for ensuring a smooth and sustained transition of low-income adults from BadgerCare into the subsidized federal Marketplace coverage. We appreciate the Department's early efforts at outreach, and look forward to seeing this work quickly accelerated in an accountable and transparent manner. We also hope that DHS will work with the federal government to ensure that the transition plan for these individuals also looks forward and ensures consistency between BadgerCare coverage and subsidized private plans in the Marketplace so that individuals are able to maintain coverage and access to care, to prevent unnecessary churn.	
E-mail	E-mail	8/5/13	Thank you for the opportunity to comment on Wisconsin's BadgerCare Plus Demonstration Project Waiver. The Wisconsin Council on Children and Families (WCCF) is a multi-issue child and family advocacy organization providing research, policy analysis, public education, and advocacy that lead to improved outcomes for children in the areas of health, economic security, safety and education. We are committed to BadgerCare Plus as a quality source of health insurance for Wisconsin's residents, and have worked over the years to strengthen and improve the program. We appreciate the Wisconsin Department of Health Services' (DHS) commitment to ensuring that Wisconsin residents have access to affordable insurance. The project objectives outlined in this waiver request align directly with our goals – reducing the	The Department thanks WCCF for their comments and will take them under consideration.

		number of uninsured, providing comprehensive benefits, and ensuring a sustainable health care safety net. In fact, those priorities led us to support the cost-saving alternative budget opportunity to maintain our current successful BadgerCare program for children and parents, while taking advantage of increased federal matching funds to provide insurance to childless adults with incomes up to 133 percent of the federal poverty level. In lieu of that preferred option, we support DHS' waiver request to provide BadgerCare full standard plan benefits as an entitlement to childless adults with incomes up to the poverty level. We do not support the requested change of charging premiums for parents and caretaker relatives on Transitional Medical Assistance (TMA). We also question why the state is using "expenditure authority" to cover childless adults. Expenditure authority was needed in the past because the Medicaid statute did not provide a pathway to coverage for this group. Now with the ACA, there is a pathway to coverage and we believe that Wisconsin should provide coverage through the new mandatory coverage group. Of course, the state would need to request a waiver to limit coverage to those with incomes below the poverty line, which would mean the state is not entitled to the enhanced match rate provided for new eligible under the ACA. With regard to the childless adults population, we appreciate that all eligible individuals will be enrolled in the BadgerCare Plus Standard Plan. We request that the final waiver application provide assurance that the benefits and cost-sharing for the duration of the demonstration period will be the same as the current BadgerCare Plus Standard Plan design. We also request additional details on the budget and cost effectiveness approach outlined in the draft waiver application. In particular, a more robust analysis and disclosure of the cost-projection figures, showing the cost-effectiveness for the federal government of this proposed waiver, should be made available for public comment. Because some of the adjustments the state will be able to make, like the Disproportionate Share Hospital payments, will change over the duration of this waiver, the budget contributions attributable to those adjustments should be made available to the public for analysis and comment.	
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			We also request more details on the proposed evaluation activities, including the measures and data that will be collected to determine if the hypotheses prove correct. In addition, we would like to amplify the comments of our colleagues at Disability Rights Wisconsin regarding the fact that an individual is not eligible for the new childless adult waiver if they currently have access to Medicare. As they point out, parents/caretakers currently enrolled in the Standard Plan are allowed to supplement Medicare coverage with important Medicaid benefits, providing wraparound care. We recommend removing the Medicare eligibility exclusion from the waiver for the new demonstration population, and adding an assurance that current Medicare-eligible individuals under 100 percent of the federal poverty level accessing the Standard Plan will not experience a change in their benefits and can maintain this important wrap-around support. As noted above, we do not support the Waiver proposal for Demonstration Population 2. Although Wisconsin's budget, 2013 Wisconsin Act 20, gives DHS the option to charge premiums to the individuals in TMA, it does not require that change. Based on the DHS evaluation of the effects of extending premiums to adults on BadgerCare Plus with incomes above 133 percent of the poverty level, we know that expanding those premiums will cause enrollees to fall off the program. Focusing on the most comparable group – the 18,544 parents and caretakers on BadgerCare in July 2012 who had incomes between 133% and 150% of FPL, we find that only 31% were still on BadgerCare in December. Failure to pay a premium caused 21% of the original 18,544 to lose their coverage within six months; but among those who weren't disqualified for some other reason during the initial six months, 41% lost their coverage for failing to pay a premium. Suppressing the participation of low-income adults is not a valid demonstration purpose for an 1115 Waiver. Additionally, though Wisconsin is a state that has been granted a prior waiver of the Medicaid statute, which does not permit premiums for beneficiaries whose incomes are below 150 percent of the poverty level, premiums should not be allowed in 2014 when all individuals with incomes below 133 percent of the poverty level	
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			have a pathway to coverage in the federal Medicaid statute. If DHS continues to pursue this 1115 waiver for the TMA population, we have additional concerns about the draft terms. The restrictive reenrollment period of 12 months proposed in this waiver for non-payment of premiums is unnecessarily long, and inconsistent with Medicaid, CHIP, and the new Health Insurance Marketplace regulations. Final federal regulations issued on July 5, 2013, clearly state that no further consequences can be applied for non-payment of Medicaid premiums, other than terminating eligibility if an individual fails to pay for 60 days [42 C.F.R. §447.551(b)(5), see page 550]. These final regulations also prohibit states from instituting a premium lock-out period in CHIP that exceeds 90 days. The Health Insurance Marketplace allows for a grace period to pay premiums of three consecutive months for individuals receiving the advance payment of the premium tax credit [45 C.F.R. §156.270(d)]. In light of those regulations and the department's goal of making TMA consistent with Marketplace coverage, all Wisconsin enrollees should be given a 90-day grace period to pay their premiums, and the restrictive reenrollment period should be limited to 90 days. When applying premiums to the TMA population with incomes above 133 percent of the poverty level, DHS stated that your intent is to mirror the premiums required under federal advance premium tax credits in the health insurance Marketplace. If premiums are applied to TMA participants below 133% of the poverty level, they should not exceed the Marketplace premiums for that population. The premium amount for those with income between 120 and 132.99 percent of the poverty level in the DHS draft waiver is 2.5 percent of income, whereas the premium for individuals with incomes under 133 percent of the poverty level who receive the advance premium tax credit is 2 percent of income. The Medicaid premium should not be more than the advance premium tax credit premium on the Marketplace for low-income individuals. In conclusion, to ensure that that DHS achieves the stated intent of decreasing the number of uninsured Wisconsinites, the Department must take responsibility for ensuring a smooth and sustained transition of low-income adults from BadgerCare into the subsidized federal Marketplace coverage. We appreciate the	
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			Department's early efforts at outreach, and look forward to seeing this work quickly accelerated in an accountable and transparent manner.	
E-mail	E-mail	8/5/13	The Wisconsin Primary Health Care Association (WPHCA) represents the 17 Federally Qualified Health Centers (subsequently referred to as "Health Centers") across our state, and is pleased to respond to the above-cited request for comments from the Wisconsin Department of Health Services, Division of Health Care Access and Accountability. In 2012, Wisconsin's Health Centers saw 304,606 unique patients, approximately 60% of whom were insured through Medicaid, and approximately 23% of whom had no insurance coverage. Our Health Centers provide medical, dental, behavioral health and in house pharmacy across urban and rural areas. Wisconsin Health Centers play a critical role in the health care safety net and are a key partner in providing BadgerCare to low-income residents across the State of Wisconsin. We fully support the provision of BadgerCare Plus Standard Plan benefits for all adults living at or below 100% of the Federal Poverty Level, and for children and pregnant women living up to 300% of the Federal Poverty Level. As indicated in the Waiver application, the Primary Care Association and the Health Centers we represent are in full support of the Department's plan to provide Standard Plan level benefits to all adults living up to 100% FPL and to children and pregnant women living up to 300% FPL. Currently, only a small number of non-custodial adults in Wisconsin are insured through the BadgerCare Core program, a plan which was only open for a few months due to a cap on enrollment. In addition, the benefits provided under the Core plan are dramatically scaled back from the full benefits awarded under the Standard Plan. As primary providers of BadgerCare services, Wisconsin's Health Centers support the Department's intention to provide a wider array of coverage to low-income patients, including dental and mental health services. Wisconsin's Health Centers have made great strides to improve access to dental and mental health services over the past several years,	The Department thanks WPHCA for their comments and will take them under consideration.

			and this waiver represents additional access for a great number of Wisconsinites. If approved, this waiver would provide a quality level of benefits for nearly all Wisconsinites under 100% FPL. This is a great step forward to ensuring access to care and peace of mind for our fellow community members and neighbors. We also feel it is important to have continuity of benefits for those covered under this program and urge the department to clarify and maintain the commitment to the benefits and associated cost-sharing of the current BadgerCare Standard Plan for the duration of the waiver. While this plan provides unprecedented coverage for an entire population within a certain income bracket, it also reduces income eligibility levels, eliminating BadgerCare coverage for over 80,000 adults living between 100-200% FPL. It will be absolutely critical for the Department of Health Services to take responsibility for the successful transition of these individuals off of BadgerCare coverage and to secure enrollment in a Qualified Health Plan sold in the Marketplace. WPHCA and its members stand ready to be a partner in this effort to connect consumers with information and enrollment services for health care coverage. Thank you for your consideration.	
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Appendix C – Public Comments Unrelated to the Waiver Request

Where	Mode	Date Received	Comment Summary	Response
E-Mail	E-Mail	7/8/2013	As a member of NAMI, the National Alliance on Mental Illness, I am dismayed that Wisconsin is passing up the best opportunity we have to address the shameful void in public mental health services. If we have learned anything at all over the past two years, it is that we must do what it takes to identify and treat mental illness early. Medicaid Expansion would have increased early identification and treatment for children who live with mental illness through Early and Periodic Screening, Diagnostic, and Treatment (EPSDT), a provision of federal Medicaid law. Medicaid Expansion would have filled critical gaps in access to care for the over 40,000 uninsured adults in Wisconsin who live with mental illness. That's 20% of all uninsured adults in Wisconsin. Those people have effectively been abandoned. As a person living with mental illness who was almost bankrupted by medical bills due to mental illness treatment needs, please work to provide parity in coverage for mental health AND support for those without insurance. Ignoring the mental health of our communities has broad financial implications that affect us all.	The eligibility changes authorized under the 2013-2015 budget do not impact Medicaid eligibility for children – children in the State will still have access to BadgerCare and all applicable benefits. One other important item to note is that as a part of the budget, Wisconsin's Standard Plan benefits will be expanded to all eligible Medicaid recipients. Mental health benefits are included as a part of this comprehensive benefits package – a benefit that has been limited in scope under the Benchmark and Core Plans.
E-Mail	E-Mail	7/8/2013	I am writing on behalf of the Wisconsin Breast Cancer Coalition. The WBCC is profoundly disappointed that Governor Walker and his colleagues have chosen to refuse the Medicaid Expansion funding. We fully expect that many low income women who will either be kicked off, or denied access to BadgerCare will go without insurance and will be less likely to discuss their breast health with a healthcare provider. Sadly, we also expect more of them to find tumors at later stages when they are less curable and more expensive to treat than if they'd been found early through regular screenings and clinical breast exams. It is even more disappointing because it is clear to us that the Republican leadership appears to have silenced their colleagues who have publicly, and in meetings with advocates, expressed concern about the Governor's rejection of federal funding to expand access to health care for low income residents in Wisconsin. This was a political move not in the least intended to expand access to health care for low income residents. We have been concerned from day one about the fate of the Wisconsin Well Woman Program's Medicaid component. It was reassuring to finally hear at a public hearing held by DHS on July 11, that there will be no changes to this program and that women will still be eligible up to 250%. We sincerely hope that bears out, as we expect many more women between 100% and 250% FPL will need the Well Woman Program and its Medicaid component.	Thank you for your comments. This reiterates that the eligibility changes as included under the 2013-2015 budget and this waiver request do not impact the existing Wisconsin Well Woman Program.

Where	Mode	Date Received	Comment Summary	Response
E-Mail	E-Mail	7/9/2013	First of all, a sincere public comment effort would have begun at a formative stage of this proposal, not after the Legislature had implicitly approved the proposal though the state budget process. A sincere public involvement process would also provide the opportunity to comment closer to where the people live. More than one-third of the state's land area is North of Eau Claire and more than a third is Southwest of Eau Claire. What is worse, those areas contain some of the places that most rely on the benefits of BadgerCare. Asking people to drive two to three hours for the opportunity for input does not demonstrate a sincere interest in their views. Second, by your numbers, which were conveniently withheld until after the budget discussions were complete, 1,017 people in my home county of Richland will be without health care because of the changes to BadgerCare? Four hundred twenty four will be kicked off the program; the balance will simply be denied care. These criteria have obviously been known for some time, but the people who will be impacted have not been informed. They need to know their status as soon as possible so that they can evaluate the meager options available to them and make sound decisions.	Thank you for your comments. The Department is holding 3 separate public hearings on the waiver application, one in Eau Claire, in in Green Bay and one in Milwaukee. We are also making every effort to ensure that there is reasonable access to both telephonic and web-based participation. We are also working with community partners, health plans, counties, IM consortia, and several other stakeholders across the State to develop a comprehensive outreach and education strategy related to the eligibility changes in 2014. In September, the Department will be proactively reaching out to those members who may be transitioning off of Medicaid in 2014.
Eau Claire Public Hearing	In-Person	7/10/2013	When will DHCAA notify existing BadgerCare Plus members that their eligibility will be ending due to the change in state law?	On September 23rd, DHCAA will begin mailing out a series of notifications to all members who are likely to transition off of BadgerCare Plus coverage on December 31, 2013.
Eau Claire Public Hearing	In-Person	7/10/2013	Where will the terminated BadgerCare Plus members be directed with their questions?	DCHAA is currently working on a plan for how best to transition members to the Federal Marketplace. Part of that plan will be a comprehensive description of where members will be directed to call with their questions, or to discuss options face-to-face.
Eau Claire Public Hearing	In-Person	7/10/2013	Individual from a health plan was worried that folks terminated from BadgerCare Plus will not find their way into private insurance, through the Federal Marketplace or otherwise.	The Department is collaborating closely with health plans, providers and community advocates on the development of an outreach and education strategy. A part of this strategy will involve training on where to send individuals with additional help on purchasing health coverage, either through the exchange or otherwise.

Where	Mode	Date Received	Comment Summary	Response
Eau Claire Public Hearing	In-Person	7/10/2013	An Eau Claire County Board Supervisor commented that the Eau Claire County Board of Supervisors had passed a resolution that urged Governor Walker and the Wisconsin Legislature to expand Medicaid under the ACA provision. The Board also requested that the State consider allowing counties to access the 100% FMAP and expand Medicaid for their county residents only. He asked if the State could do this as part of this demonstration project.	The Legislature and Governor enacted the biennial budget act that specified that parents, caretaker relatives and childless adults would be eligible so long as their income remained no greater than 100% of the FPL. Without statutory approval, the Department of Health Services cannot request a waiver that would exceed the coverage granted under current statute. Furthermore, it is our understanding that the federal government would be unable to allow for county-specific Medicaid Expansion in a State. This has been discussed at length by other States and the answer has been that US DHHS will only approve statewide Medicaid Expansion through an amendment to the single state Medicaid agency's Medicaid State Plan.
Eau Claire Public Hearing	In-Person	7/10/2013	How will the federal marketplace and the new insurance rules change things for me? I have a pre-existing condition and can't get insurance.	QHPs in a state or federal health insurance exchange will not be allowed to exclude individuals or increase the cost of health insurance for persons with pre-existing conditions. Additionally, individuals/families with income under 400% FPL may be eligible to receive premium tax credits through the Federal Marketplace that will help them pay for the cost of their health insurance.
Eau Claire Public Hearing	In-Person	7/10/2013	How will Wisconsin pay for health care coverage when we turned down \$85 million in federal funds?	The 2013-2015 Biennial Budget enacted by the Legislature and Governor Walker relies on both federal and state funds to pay for the costs of the BadgerCare Plus program. Based on the State's projections, adequate funds have been appropriated to fund this program.
Eau Claire Public Hearing	In-Person	7/10/2013	The folks who supported the BadgerCare Plus changes in the state law aren't in this room.	Thank you for your comments.

Where	Mode	Date Received	Comment Summary	Response
Eau Claire Public Hearing	In-Person	7/10/2013	Any public hearings for Family Care program changes? I've asked DHS several times to have someone come to Eau Claire and do a presentation on Family Care changes?	We'll check on the Family Care public hearings and provide that information to you.
Eau Claire Public Hearing	In-Person	7/10/2013	I work for one of the few dental practices in the area that see Medicaid patients. Did the biennial budget include any increases in the reimbursement for dental services?	There was not a rate increase in the budget for fee-for-service dental services.
Tribal Consultation Meeting	In-Person	7/10/2013	Does the cost-sharing reduction for tribe member provided by ACA apply to descendants of members?	A tribal descendant may be exempt from the ACA individual mandate, but this is not an exemption from the cost sharing as far as the Department understands at this point in time, but we will research this and get back to the tribes with a response.
Tribal Consultation Meeting	In-Person	7/10/2013	Will tribe members be required to pay premium for coverage in the Federal Marketplace?	Members with incomes under 300% FPL are exempt from ACA cost sharing and premium requirements. Members 300-400% FPL must pay premiums, but it is our understanding that they would be eligible for the federal tax credits.
Green Bay Public Hearing	In-Person	7/11/2013	For those who don't know about this, State can always expand Medicaid even if we reject it now.	Thank you for your comments. The State understands that we do have the option to expand the program as defined under the ACA at a later point in time.
Green Bay Public Hearing	In-Person	7/11/2013	There is a great deal of frustration with not accepting the federal Medicaid Expansions. How much can you change the waiver that we're requesting?	We can change the waiver based upon comments received, so long as we comply with statutory requirements and meet federal law. Specific changes incorporated in response to public comments are included in the final waiver application.
Green Bay Public Hearing	In-Person	7/11/2013	The State should reconsider accepting the federal Medicaid Expansion funds.	Thank you for comments. The Legislature and Governor enacted the biennial budget act that specified that parents, caretaker relatives and childless adults would be eligible so long as their income remained no greater than 100% of the FPL.

Where	Mode	Date Received	Comment Summary	Response
Green Bay Public Hearing	In-Person	7/11/2013	I'm a 38 year old CLA who has had 21 major surgeries. I don't look disabled and I've always worked. I'm being told by the Republican government that I'm worthless. I'm a self-taught IT professional. I know that you can get everyone's address who would be interested in this public hearing using Big Data. I'm unable to get this benefit because I'm educated. Disappointed in the communication about this public hearing, the only reason I found this was because I was on-line intensely.	The public notice was published in 10 major newspapers throughout Wisconsin and a press release sent to major news outlets by the Department of Health Services. Each public hearing (3 were held across the state in Eau Claire, Green Bay and Milwaukee) allowed both telephonic and web-based participation as well. Additionally, we have created a web site specifically to solicit public comment, which will include the presentation provided during public hearings. An e-mail also went out to the Department's list of Medicaid community partners to help disseminate the information. Anyone could comment through the mail, on the web site or through e-mail through August 5, 2013.
Green Bay Public Hearing	In-Person	7/11/2013	What are the amounts for the PTC for someone at 133% of the FPL?	The total amount of the premium tax credit (PTC) will be determined by the plans offered and by an individual's choice of plan. PTCs are based on the 2 nd -lowest cost silver plan available to an individual. Individuals will be able to see the plans available to them starting in October.
Green Bay Public Hearing	In-Person	7/11/2013	An individual who is 62 to 65 and has social security benefits with 100 to 133% FPL, they will need to go through the Marketplace?	The 2013-2015 budget and the associated BadgerCare Plus changes in eligibility make no changes to our elderly, blind and disabled coverage. If an individual is currently eligible for EBD Medicaid, they will continue to be eligible in 2014 given that their status does not change.
Milwaukee Public Meeting	In-Person	7/11/2013	Why did DHS decide to spend all this effort pursuing a waiver when Medicaid Expansion is available? Why not accept the Medicaid Expansion funds? The Governor's decision to not accept Medicaid Expansion funds is illogical.	Governor Walker is investing in something historic for Wisconsin: An expansion of coverage to Childless Adults without a waiting list. This waiver will provide better benefits and access (than the current waivers) and provide a sustainable solution over time.

Where	Mode	Date Received	Comment Summary	Response
Milwaukee Public Meeting	In-Person	7/11/2013	Regarding Budget Neutrality, how do you (DHS) say that this waiver is budget neutral when the Legislature provided for a whole different budget to pay hospitals for increased ER utilization (implied- due to the change in BadgerCare eligibility)? What happens to those (over 100% FPL) who don't sign up for QHPs during the enrollment period? Wisconsin should pay a living wage if you want to get rid of entitlements. Why isn't DHS increasing BadgerCare eligibility to 160% FPL as has been approved for under other circumstances?	Thank you for your comments, we will take them under consideration as we review the waiver proposal.
Milwaukee Public Meeting	In-Person	7/11/2013	The State budgeted \$73million in DSH payments for high levels of uncompensated care. Is there a backup plan if the allocation doesn't cover actual level of uncompensated care?	DHS is working with hospitals and community partners to reach out to state residents on health benefit enrollment. Hospitals are a partner in this process, and we are including a provision for Presumptive Eligibility for the waiver population to support the hospital role in enrolling eligible childless adults into Medicaid.
Milwaukee Public Meeting	In-Person	7/11/2013	We don't agree with eligibility reduction. The reduction is public health risk and a step backward. Cuts are shocking and will hurt families. Loss of coverage for current members devalues lives. Expanding coverage for some and denying coverage for others is wrong. Wisconsin should accept Medicaid Expansion.	DHS wants to get individuals covered but not only on government insurance. We will work with stakeholders aggressively to get individuals enrolled in QHPs so they have access to private health insurance.
Milwaukee Public Meeting	In-Person	7/11/2013	This waiver is propaganda. Dennis Smith convinced Governor Walker to opt out of Medicaid Expansion. Walker's ideology is forcing people into insurance they can't afford. Furthermore, the Governor's plan is a hidden tax on Wisconsin taxpayers. Governor's plan will cost the State \$149 million more in upcoming budgets. The number of people who will be kicked off of BadgerCare is more than the published estimate. Walker should accept Medicaid Expansion like the other Republican Governors.	Thanks for your comments.

Where	Mode	Date Received	Comment Summary	Response
Milwaukee Public Meeting	In-Person	7/11/2013	Wisconsin is already damaged with large amounts of income disparity and financial risk for low-income people. DHS should be more concerned with what this waiver means for low-income people. The waiver design is totally different than BadgerCare. BadgerCare is what we know and are comfortable with. No one will pay the QHP premium.- people are already struggle and they won't pay a \$5/week premium. Just stick with Badger Care, don't change anything. I don't trust this waiver. DHS should have talked to the community before making changes. It's not about personal responsibility- bad health is something that some people are born with. People know what they need- we should tell you what we need instead of you (DHS) deciding what co-pays and premiums we should have. Why can't we get a waiver for expanding BadgerCare (here in Milwaukee)? Why are you taking the needs of the community into mind when you figuring out policy. You're going about this all backward.	We think that there will be more people on BadgerCare Plus in 2014 than today and with more benefits- including mental health. We have a large waitlist right now, which includes some of the most vulnerable populations, such as the homeless who don't have access to healthcare services- removing the current enrollment cap is a huge first step.
Milwaukee Public Meeting	In-Person	7/11/2013	Will DHS make the BadgerCare Plus SPA available to the public?	Yes, the SPAs are on the website and we will make SPA changes available in the next quarter. The waiver application is also currently available in draft form on the DHS website, and will also be publically available once submitted.
Milwaukee Public Meeting	In-Person	7/11/2013	How will this waiver affect homestead act services? Will eligibility change for those who want to work on MAPP?	This waiver will not change homestead act services. The waiver will not change MAPP requirements.
Milwaukee Public Meeting	In-Person	7/11/2013	Governor Walker is going about this the wrong way. The Governor should have taken Expansion for at least a year. Ultimately, the State needs a single payer system.	Thank you for your comments.
Milwaukee Public Meeting	In-Person	7/11/2013	I absolutely disagree with Governor Walker's decision. If we are going this way (waiver) - we need to give people early notice so they can think about how to incorporate coverage changes into their lives. Dealing with insurers is difficult. DHS should go to sleep thinking about the people who are affected by your policies.	Beginning on September 23rd, DHCAA will begin mailing out a series of notifications to all members who are likely to transition off of BadgerCare Plus coverage on December 31, 2013.

Where	Mode	Date Received	Comment Summary	Response
Milwaukee Public Meeting	In-Person	7/11/2013	BadgerCare was a key factor to my ovarian survival. This policy change is short-sighted and illogical. Why didn't Governor Walker take the ACA Medicaid Expansion? DHS should at least notify people now so they can find other health care alternatives. Lawmakers know that people are going to fall through the crack so they have added DSH money to the budget for hospitals. This waiver is immoral.	Thank you for your comments.
Milwaukee Public Meeting	In-Person	7/11/2013	People have trouble finding providers who will take BadgerCare. Is the administration working with the federal government to increase reimbursement rates?	The 2013-2015 budget does include some funding to promote both dental and physician workforce development. In addition, the Department is implementing the Primary Care Rate increase as required by the ACA.
Milwaukee Public Meeting	In-Person	7/11/2013	We see healthcare issues come to us at the NAACP office as social justice issues. There used to be a cluster of community health centers to address community need. Now there aren't providers in the community and people go to the hospital for primary health care- especially the lack of emergency dental care. Without insurance, basic preventative care will be unavailable. This waiver is a step backward. We should not be cutting coverage in 2013.	Thank you for your comments. We will take access to community resources and preventive care into consideration as we develop our outreach and education strategies and other initiatives moving forward.
E-mail	E-mail	7/25/2013	I am a Registered Nurse, and have been since 1977. I am a member of Wisconsin Nurses Association, American Nurses Association, and American Public Health Association. I support Wisconsin Nurses Association regarding the Affordable Care act and BadgerCare/Medicaid positions. Refusing federal monies is shortsighted and not helpful for health outcomes of Wisconsin residents. In addition, my opinion is that what we really need is a system similar to that of Canada, and I believe that we should work toward that goal over the long run.	Thank you for your comments.



Wisconsin BadgerCare Plus Demonstration Project Waiver

Wisconsin Division of Health Care
Access and Accountability
Public Hearings

1



Presentation Outline

- Wisconsin Vision and Commitment
- Program Background
- Waiver Request
- Demonstration
- Proposed Timeline
- Comments
- Questions

2



Wisconsin Vision and Commitment

Ensure that every resident has access to health insurance, create a Medicaid program that is sustainable, reduce reliance upon government health insurance, and maintain the health care safety net for those who need it the most.

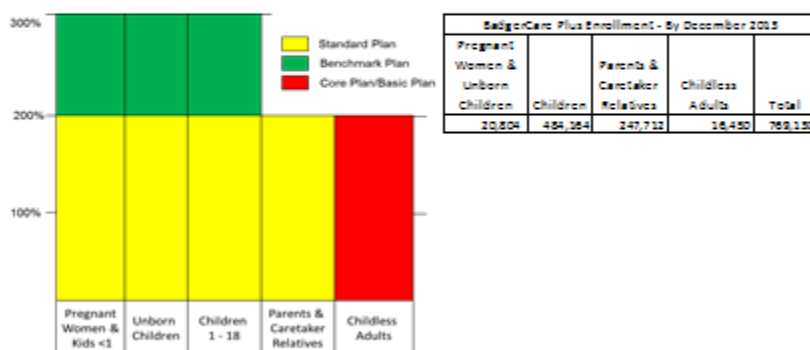
Reduce the number of uninsured non-elderly adults in our state and encourage consumers to be active participants in their healthcare.

Simplify the Medicaid program by providing a standard set of comprehensive benefits that will lead to improved healthcare outcomes.

3



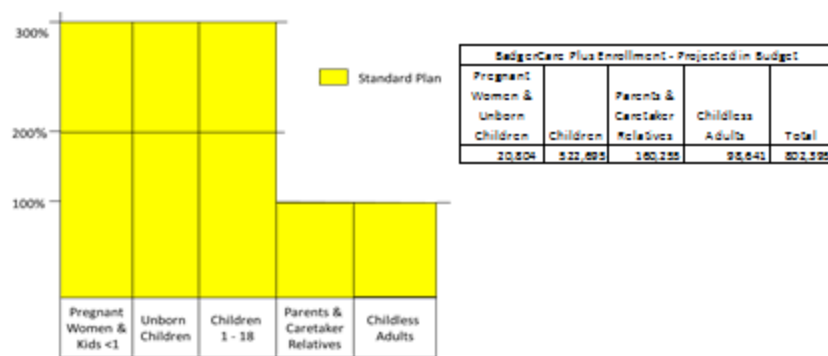
Current BadgerCare Plus Health Plans



4



BadgerCare Plus Health Plan - 2014



5



2013 Federal Poverty Levels

Monthly Income Levels by Family Size

Family size	100% FPL	120% FPL	133% FPL	156% FPL	160% FPL	200% FPL	250% FPL	300% FPL
1	\$957.50	\$1,149.00	\$1,273.48	\$1,292.63	\$1,436.25	\$1,915.00	\$2,393.75	\$2,872.50
2	\$1,292.50	\$1,551.00	\$1,719.03	\$1,744.88	\$1,938.75	\$2,585.00	\$3,231.25	\$3,877.50
3	\$1,627.50	\$1,953.00	\$2,164.58	\$2,197.13	\$2,441.25	\$3,255.00	\$4,068.75	\$4,882.50
4	\$1,962.50	\$2,355.00	\$2,610.13	\$2,649.38	\$2,943.75	\$3,925.00	\$4,906.25	\$5,887.50

6



Existing Waivers

- Wisconsin currently has two existing waivers that authorize the BadgerCare Plus programs, the BadgerCare and BadgerCare Plus Childless Adult (Core Plan) Waivers.
- Both of these waivers will be expiring on December 31, 2013.
- The newly proposed BadgerCare Plus Demonstration Project Waiver will contain some elements of each of the existing waivers, as well as the new demonstration components discussed throughout this presentation.

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Core Plan Waiver Background

- Current BadgerCare Plus Core Plan Waiver
 - Program began in 2009.
 - Adults without dependent children (referred to as childless adults) with incomes up to 200% FPL.
 - Enrollment is capped and a waitlist is maintained.
 - Benefit plan is limited and does not comply with the Essential Health Benefits requirements of the federal government.
 - Waiver expires December 31, 2013.

8



Core Plan Waiver Background

- Current BadgerCare Plus Core Plan Waiver members are:
 - 19 to 64 years of age;
 - Not pregnant or parents or caretaker relatives of children under age 19;
 - Not otherwise eligible for full-benefit or benchmark plan Medicaid/BadgerCare Plus;
 - Not entitled to Medicare;
 - And meet all Medicaid non-financial requirements (SSN, citizenship/identity, etc.).

9



Core Plan Enrollment & Expenditures

- Historical enrollment and aggregate expenditures (based on date of payment) for childless adults under the current waiver by State Fiscal Years (SFYs).

	SFY 2009	SFY 2010	SFY 2011	SFY 2012	SFY 2013 Est.
Average Enrollment	12,396	30,627	46,349	28,991	21,016
Aggregate Expenditures	\$51,075,005	\$162,620,259	\$144,075,650	\$106,556,654	\$96,066,396

10



Transitional MA Background

Transitional Medical Assistance (TMA):

- TMA allows non-disabled, non-pregnant adults and children to maintain their Medicaid coverage for twelve months once their earning or spousal support rises above the amount that would have qualified them for benefits under the former Aid to Families with Dependent Children cash assistance program (100% FPL).
- As part of the Medicaid 2014 Demonstration Project Waiver request (effective July 1, 2012), Wisconsin requires non-pregnant, non-disabled adults receiving Medicaid, including those on TMA, with family incomes above 133% of the FPL to pay a monthly premium. Those who do not pay a premium cannot re-enroll in BadgerCare Plus for twelve months while their income remains high enough to owe a premium.

11



Historical Transitional MA Enrollment & Expenditures

- Historical enrollment and aggregate expenditures (based on date of payment) for adults with Transitional Medical Assistance for the last four State Fiscal Years (SFYs).

	SFY 2009	SFY 2010	SFY 2011	SFY 2012	SFY 2013 Est.
Average Enrollment	20,780	25,514	31,097	35,576	19,500
Aggregate Expenditures	\$69,322,080	\$85,114,704	\$105,759,592	\$111,542,556	\$65,052,000

12



BadgerCare Plus Demonstration Project Waiver Request

- Cover all Wisconsin adult residents with incomes below the federal poverty line – 100% FPL.
- Simplify benefits design:
 - One benefit package, the Standard Plan, for adults.
 - Clearer for providers, less administratively cumbersome to manage, and more easily understood by the people served.
 - More comprehensive set of services than was previously available under the Core Plan (mental/behavioral health, preventive dental, non-emergency medical transportation, etc.).

13



Background - Comparing Current Plans

Service	Standard Plan	Benchmark Plan	Core Plan
Dental	Full Coverage	Limited Coverage	No Coverage
Durable Medical Equipment and Supplies	Full Coverage	Limited Coverage	No Coverage
Drugs	Full Coverage	Limited Coverage	No Coverage
Hearing	Full Coverage	Limited Coverage	No Coverage
Home Care/Personal Care	Full Coverage	Limited Coverage	No Coverage
Hospital - Inpatient	Full Coverage	Limited Coverage	No Coverage
Behavioral	Full Coverage	Limited Coverage	No Coverage
Nursing Home	Full Coverage	Limited Coverage	No Coverage
Therapies	Full Coverage	Limited Coverage	No Coverage
Vision	Full Coverage	Limited Coverage	No Coverage
Smoking Cessation	Full Coverage	Limited Coverage	No Coverage
Non-Emergency Medical Transportation	Full Coverage	Limited Coverage	No Coverage

Full Coverage in All Plans –
Chiropractic,
Hospital
Outpatient &
Emergency
Department,
Physician,
Podiatry,
Reproductive
Health, and
Emergency
Transportation

Full Coverage
 Limited Coverage
 No Coverage

14

BadgerCare Plus Demonstration Project Waiver Request



Establish a new five-year waiver project that will:

- Allow for the coverage of adults without dependent children with incomes not to exceed 100% FPL.
- Require all non-disabled, non-pregnant adult parents and caretaker relatives, excluding tribal members, who qualify for BadgerCare Plus Standard Plan coverage through TMA only, to pay ACA-level premiums beginning at 100% FPL.

15

Demonstration



- By providing the BadgerCare Plus Standard Plan benefits to childless adults under poverty, the State will:
 - Improve health outcomes.
 - Increase the cost effectiveness of Medical Assistance services.
 - Reduce the incidence of unnecessary services.
 - Increase the continuity of health coverage.
- DHS will evaluate this hypothesis with an emphasis on the impact of the demonstration on the covered childless adult population in comparison to the prior waiver program and other BadgerCare Plus populations.

16



Proposed Childless Adult Eligibility

If approved, effective Jan 1, 2014:

- Eligible individuals will no longer be required to pay an annual enrollment fee.
- Eligible childless adults will not be subject to an enrollment cap.
- Eligible individuals will be enrolled in the Standard Plan.

17



Projected Childless Adult Enrollment & Expenditures

- Projected annual enrollment and aggregate expenditures (based on date of payment) for childless adults by SFY.

	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018
Average Enrollment	47,882	55,641	55,641	55,641	55,641
Aggregate Expenditures	\$199,145,089	\$386,759,524	\$402,229,905	\$418,519,101	\$435,051,865

18



Proposed Transitional MA Changes

If approved, effective January 1, 2014:

- Adult participants with income that exceeds 100% FPL are responsible for making a monthly premium payment as a condition of continuing their eligibility and reenrollment, and will have a 60-day grace period for non-payment of the monthly premium before being disenrolled.
- Adult participants who fail to make a premium payment cannot re-enroll as a parent or caretaker relative into the Medicaid program for a period of twelve months.

19



Proposed Transitional MA Changes

If approved, effective January 1, 2014:

- Affected eligible members will be subject to monthly premiums (between 2-9.5% of income) based on a sliding scale.
- Pre-payment of the first month's premium payment is required.

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Projected Transitional MA Enrollment & Expenditures

- Projected annual Medicaid enrollment and aggregate expenditures (based on date of payment) for adults covered through Transitional Medical Assistance by SFY.

	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018
Average Enrollment	15,000	11,550	11,550	11,550	11,550
Aggregate Expenditures	\$50,040,000	\$38,530,800	\$40,072,052	\$41,674,915	\$45,541,910

21



Budget Neutrality

- Federal policy requires s. 1115 waiver demonstrations be budget neutral to the federal government.
- This means that a demonstration should not cost the federal government more than what would have otherwise been spent absent the demonstration.
- For the childless adults population, Wisconsin proposes to use a per-member per-month (PMPM) based methodology specific to the Wisconsin childless adult population under 100% of FPL to achieve budget neutrality.
- For transitional MA, budget neutrality will be demonstrated based on a reduction in aggregate expenditures or a reduction in the PMPM.

22



Proposed Timeline

Major Milestones	Tentative Date
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Comment Period Closed	August 5, 2013
Waiver Submission	August 09, 2013
CMS Approval	Late September 2013
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Comments

Comments may be submitted by August 5, 2013 using the following methods:

- Online - <http://www.dhs.wisconsin.gov/badgercareplus/waivers.htm>
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- Mail
Al Matano
Division of Health Care Access and Accountability
P.O. Box 309
Madison, WI 53707-0309

24



Questions

25



Wisconsin BadgerCare Plus Demonstration Project Waiver

Wisconsin Division of Health Care
Access and Accountability
Tribal Health Directors Meeting
Waiver Consultation
July 10, 2013

1



Presentation Outline

- Wisconsin Vision and Commitment
- Program Background
- Waiver Request
- Demonstration
- Proposed Timeline
- Comments
- Questions

2



Wisconsin Vision and Commitment

Ensure that every resident has access to health insurance, create a Medicaid program that is sustainable, reduce reliance upon government health insurance, and maintain the health care safety net for those who need it the most.

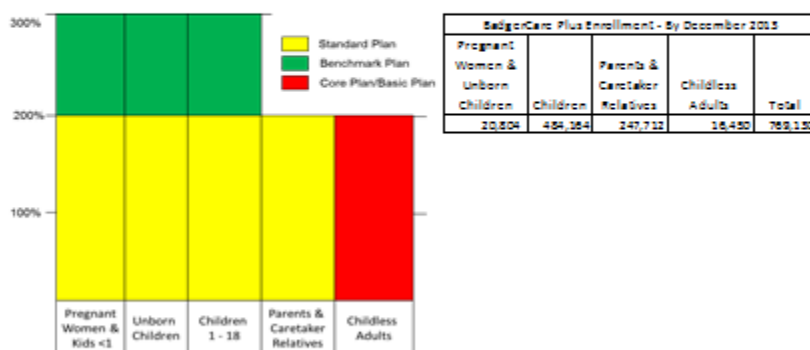
Reduce the number of uninsured non-elderly adults in our state and encourage consumers to be active participants in their healthcare.

Simplify the Medicaid program by providing a standard set of comprehensive benefits that will lead to improved healthcare outcomes.

3



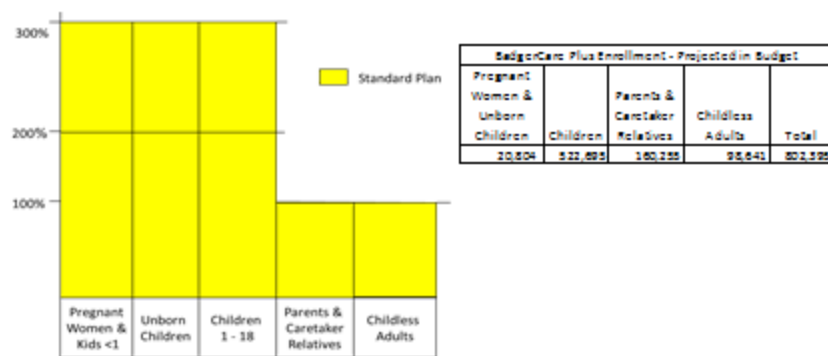
Current BadgerCare Plus Health Plans



4



BadgerCare Plus Health Plan - 2014



5



2013 Federal Poverty Levels

Monthly Income Levels by Family Size

Family size	100% FPL	120% FPL	133% FPL	156% FPL	160% FPL	200% FPL	250% FPL	300% FPL
1	\$957.50	\$1,149.00	\$1,273.48	\$1,292.63	\$1,436.25	\$1,915.00	\$2,393.75	\$2,872.50
2	\$1,292.50	\$1,551.00	\$1,719.03	\$1,744.88	\$1,938.75	\$2,585.00	\$3,231.25	\$3,877.50
3	\$1,627.50	\$1,953.00	\$2,164.58	\$2,197.13	\$2,441.25	\$3,255.00	\$4,068.75	\$4,882.50
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BadgerCare Plus Tribal Impacts

- Parents/Caretaker relatives and childless adults under 100% FPL eligible for BadgerCare Plus.
- Parents/Caretaker relatives and childless adults over 100% FPL eligible for private coverage in the new federal Marketplace.
 - DHS can work with each tribe to produce tribe specific impacts via a member data match.
 - DHS will notify tribal members of potential changes in September and November 2013.
- Childless adults under 100% FPL covered by the BadgerCare Plus Standard Plan.

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- Fax - 608-266-1096
- Mail
Al Matano
Division of Health Care Access and Accountability
P.O. Box 309
Madison, WI 53707-0309

25



Questions

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Appendix F – Eau Claire County Board Resolutions

*aid by
County Board
Health
Human Services Board
County Budget Finance
County Board of
Supervisors*

*Gerald Delbie - Eau Claire County
Board of Supervisors*
gwillkie@charter.net
715 834 4195
3114 Coltman Lane
Eau Claire, WI
54701

RESOLUTION 154701 File No. 13-14/017

**URGING WISCONSIN TO USE FEDERAL MEDICAID FUNDING TO IMPROVE
BADGER CARE-**

WHEREAS, the Governor has rejected billions of new federal dollars for Medicaid which would have improved the state's BadgerCare program; and

WHEREAS, the federal Affordable Care Act encourages innovation in states with the goal of a greater level of health care coverage; and

WHEREAS, the decision to turn down federal funding for the State of Wisconsin, will not increase health care coverage; it actually makes it harder for people to qualify for BadgerCare, with an estimated 88,000 adults who currently qualify for the program being dropped; and

WHEREAS, not only does the decision to reject federal Medicaid funding shrink the number of Wisconsin residents who have health care coverage, but it also increases the costs to the state for the program; and

WHEREAS, if Medicaid was fully expanded, Wisconsin would have received \$4.4 billion in federal support over 6 years. However, according to the Legislative Fiscal Bureau, the state budget will require \$100 million more this budget cycle by rejecting these federal funds; and

WHEREAS, in 2014 thousands of Medicaid recipients will be placed in private health insurance exchanges and required to pay premiums. The transition from Medicaid to private insurance and the premium cost could result in the loss of health care due to confusion and inability to pay; and

WHEREAS, being underinsured and uninsured impacts county human services departments because it can lead to untreated mental health or substance abuse and lack of preventive health care that can lead to loss of jobs, the inability to function and loss of self-sufficiency; and

WHEREAS, Wisconsin Assembly Bill 53, and its companion, Senate Bill 38, requires the state to take action to qualify for enhanced Medicaid funding.

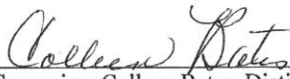
NOW THEREFORE BE IT RESOLVED, the Eau Claire County Board of Supervisors urges the Wisconsin Legislature to support Assembly Bill 53 and Senate Bill 38 and accept enhanced federal Medicaid funding to improve the state's BadgerCare program.

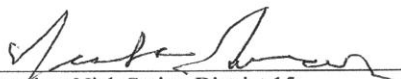
BE IT FURTHER RESOLVED, that as an alternative, the Eau Claire County Board of Supervisors encourages the Governor and the Wisconsin Legislature to authorize and enable counties to enhance Medicaid funding at the county level, thereby ensuring that citizens in participating counties have access to affordable health coverage.

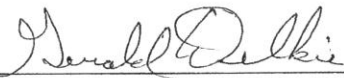
*Add this to the demonstration project - access
to Medicaid funding by counties.*

BE IT FURTHER RESOLVED, that the county clerk is directed to send a copy of this resolution to the Governor of the State of Wisconsin, Wisconsin Department of Health Services Secretary Kitty Rhoades, U.S. Department of Human Services Secretary, The Wisconsin Counties Association, and State Senators and Assembly members representing Eau Claire County.

OFFERED BY:


Supervisor Colleen Bates, District 12


Supervisor Nick Smiar, District 15


Supervisor Gerald "Jerry" Wilkie District 19

Dated this 16th day of April, 2013.

ORDINANC/13-14.017

APPROVED BY
CORPORATION COUNSEL
AS TO FORM

FACT SHEET
TO FILE NO. 13-14/017

One of the most important ways the new health care reform law expands coverage is filling the gaping holes in state programs (BadgerCare in Wisconsin) providing coverage to low income adults. Currently there are over 140,000 low income Wisconsin residents on a waiting list for BadgerCare who are falling between the cracks. However, the U.S. Supreme Court gave states the option of turning down the funding. Although a number of governors have said yes to the new Medicaid dollars, the Governor of the State of Wisconsin decided in February to reject the funding and offer an alternative plan which forces 88,000 people off BadgerCare, costs over \$200 million more, and will cover fewer people. However, the decision is not final and Wisconsin can accept the funding at any time.

People who lack access to stable and affordable health coverage face a constant threat of having their lives and careers devastated by health disasters.

The role of government is to step in and fill the gaps when the private market fails to provide equal economic and social opportunity. Filling the holes in BadgerCare is essential because the health insurance market has failed to provide low-income Wisconsin residents with affordable health insurance options, and low-wage jobs are far less likely to include affordable coverage.

The rejection of federal Medicaid funding, forces low income Wisconsin residents on to health exchanges that were designed for people with higher incomes.

The Governor's alternative plan forces 88,000 people off BadgerCare, many of whom make too little money to afford the new health care exchanges in which the Governor assumes they will enroll. The plan costs \$100 million more in the current state budget to cover fewer people. In addition, the plan costs over 5 times more over the next 6 years (Non-partisan Legislative Fiscal Bureau analysis).

If the Legislature reverses the Governor's decision and accepts the funding, Wisconsin will get \$12 billion dollars to fill the holes in BadgerCare over the next 10 years (Kaiser Family Foundation).

If Wisconsin accepts the new federal funding it will extend BadgerCare to over 170,000 Wisconsin residents who currently fall through the cracks in the program. Within 10 years 211,000 additional Wisconsin residents will have access to BadgerCare (Legislative Fiscal Bureau, Kaiser Family Foundation). Of that, an estimated 1,200 uninsured veterans would be eligible, and roughly 500 military spouses (Robert Wood Johnson Foundation).

There are over 146,000 Wisconsin residents on the BadgerCare waiting list (WI Department of Health and Family Services).

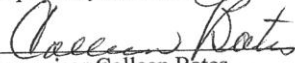
The Medicaid (BadgerCare) provisions of the national health care reform law guarantee's coverage to all citizens below 133% of the federal poverty level--\$14,856 in annual income (\$7.14 per hour) for a single individual and \$20,123 (\$9.67 per hour) for couples. (Wisconsin Council on Children and Families).

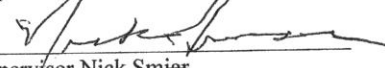
Wisconsin hospitals would lose out on revenues as uninsured individuals continue to incur ER bills and uncompensated costs, costs that would have been covered by BadgerCare. Hospitals will lose out on \$3.7 billion in revenue over the next 10 years (Robert Wood Johnson Foundation).

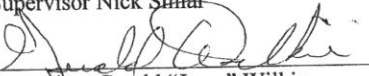
- The Governor's Administration has incorrectly suggested that filling the holes in BadgerCare would be very costly for the state (Wisconsin State Journal). According to the most authoritative national research, Wisconsin would actually save a total of at least \$495 million over the next ten years by accepting the federal funding to fill the holes in BadgerCare (Kaiser Family Foundation).
 - Wisconsin would save \$248 million over the next ten years by accepting the increased Medicaid funding because the federal government would pay over 90% of the costs of coverage for many current BadgerCare recipients for which the feds currently pay only 60% of the costs (Kaiser Family Foundation).
 - Wisconsin would also save an additional \$247 million in the cost of uncompensated medical care because more people would have health coverage (Kaiser Family Foundation).
 - Not taking the funding would be costly for Wisconsin business. According to a national study by Jackson Hewitt Tax Services, the Governor's decision to turn down the new Medicaid dollars will lead to a \$36 million business tax increase in Wisconsin, due to fines charged to employers whose employees buy insurance on the new health insurance exchanges.

The above information was provided by CITIZEN ACTION OF WISCONSIN.

Respectfully Submitted By,


Supervisor Colleen Bates


Supervisor Nick Smiar


Supervisor Gerald "Jerry" Wilkie

Appendix G – Standard vs. Core Plan Comparison

Service	Standard Plan	Core Plan (Income < 100% FPL)
Chiropractic Services	Full coverage	Full coverage
	Co-payment \$50 to \$3 per service (varies by service provided)	\$0.50 to \$3 per service
Dental	Full coverage of preventive, restorative and palliative services	Emergency dental only
	Co-payment \$50 to \$3 per service (varies by service provided)	No co-payment
Disposable Medical Supplies (DMS)	Full coverage	Limited to syringes, diabetic pens, ostomy supplies and items used with durable medical equipment
	\$0.50 per item	Co-payment \$0.50 to \$3 per unit of item
Drugs	Comprehensive drug benefit with coverage of generic and brand name prescription drugs and some over-the-counter (OTC) drugs	In most cases, generic drugs and some over-the-counter drugs are covered.
	Co-payments:	Co-payments:
	\$0.50 for OTC Drugs	????
	\$1 for Generic Drugs	\$4 for Generic Drugs prescription drugs
	\$3 for Prescription Drugs	\$8 for brand name prescription drugs.
	Co-payments are limited to \$12 per member, per provider, per month. OTCs are excluded from this \$12 maximum.	Co-payments are limited to \$24 per month per pharmacy provider
Durable Medical Equipment (DME)	Full coverage	Benefit limit of \$2,500 per year; Rental items count towards the limit.
	Co-payment \$0.50 to \$3 per item (varies by item provided)	Co-payment \$0.50 to \$3 per item (varies by item provided)
	Rental items are not subject to a co-payment.	Rental items are not subject to a co-payment.

Health Screenings for Children	Full coverage of Health Check screenings and other services for individuals under age 21 years	Not applicable
	Co-payment \$1 per screening for those 18, 19 and 20 years of age	
Hearing Services	Full coverage	Not covered
	Co-payment \$50 to \$3 per procedure	
	No co-payments for hearing aid batteries	
Home Care Services (home health, private duty nursing and personal care)	Full coverage	Home health services for 30-days following an inpatient hospital stay, if ordered by the doctor
	No co-payment	No co-payment
Hospice	Full coverage	Hospice services for members and their family members who are terminally ill
	No co-payment	No co-payment
Hospital - Inpatient	Full coverage	Covered, except that inpatient mental health services are not covered
	Co-payment \$3 per day with a \$75 cap per year	For inpatient visits \$3 per day with a \$75 co-pay cap per stay
Hospital - Outpatient	Full coverage	Coverage of "outpatient visit", which includes an appointment at a hospital or a University of Wisconsin (UW) clinic. Outpatient visits are limited to 25 visits per member per enrollment year.
	Co-payment \$3 per visit	For outpatient visits, \$3 per visit. You will not have to pay more than \$300 per year in co-pays for all of your hospital services.

Hospital -	Full coverage	Emergency room visits
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Outpatient Emergency Room	No co-payment	\$3 co-pay; If admitted to the hospital, required to pay inpatient hospital co-payment, but emergency room co-payment will be waived.
Mental Health and Substance Abuse Treatment	Full coverage (not including room and board)	Not covered
	Co-payment \$.50 to \$3 per visit	
	Limited to the first 15 hours or \$500 of services, whichever comes first, provided per calendar year	
	Co-payment not required when services are provided in a hospital setting	
Nursing Home	Full coverage	Not covered
	No co-payment	
Physical Therapy (PT), Occupational Therapy (OT) and Speech Therapy (ST)	Full coverage	Physical therapy, occupational therapy, and speech therapy. There is a limit of 20 visits per year for each type of therapy. Cardiac rehabilitation counts toward the 20 visit limit for physical therapy.
	Co-payment \$.50 to \$3 per provider, per date of service	Co-payment \$0.50 to \$3 per service
	Co-payment obligation is limited to the first 30 hours or \$1,500 whichever occurs first, during one calendar year (co-payment limits are calculated separately for each discipline.)	Co-pays will not be charged after the first 30 hours or \$1,500 of each type of therapy, whichever occurs first, each calendar year.

Physician Visits	Full coverage, including laboratory and radiology	Coverage includes office visits, surgical procedures, radiology and laboratory services. Mental health visits are only covered when they are with a psychiatrist. For substance abuse, physician services are covered. Routine eye exams are not covered.
	Co-payment \$50 to \$3 co-payment per service (varies by service provided)	Co-payment \$50 to \$3 co-payment per service (varies by service provided)
	Co-payments are limited to \$30 per provider per calendar month	Co-payments are limited to \$30 per provider per calendar year
	No co-payment for emergency services, anesthesia or clozapine management	No co-pays for emergency services, preventive care, anesthesia, or clozapine management
Podiatric Services	Full coverage	Podiatry service for diagnosis and treatment of the feet and ankles
	Co-payment \$.50 to \$3 per service	Co-pay of \$0.50 to \$3 per service, per provider, per calendar year
Prenatal/Maternity Care	Full coverage, including prenatal care coordination and preventive mental health and substance abuse screening and counseling for pregnant women at risk of mental health or substance abuse problems	Not applicable to this population
	No co-payment	
Reproductive Health Services	Full coverage, excluding infertility treatments, surrogate parenting and the reversal of voluntary sterilization	Not covered as part of the Core Plan, but covered under the Family Planning Services program
	No co-payment for family planning services	No co-payment
Routine Vision	Full coverage including coverage of eye glasses	Not covered
	Co-payment \$.50 to \$3 per service (varies by service provided)	

Smoking Cessation Services	Coverage includes prescription and over-the-counter tobacco cessation products	Not covered
	Co-payment (see drugs)	
Transportation	Full coverage of emergency and non-emergency transportation to and from a certified provider for a BadgerCare Plus covered service.	Full coverage of emergency transportation, but no coverage of non-emergency transportation
	Co-payments are:	
	\$2 for non-emergency ambulance trips	
	\$1 per trip for transportation by an SMV	
	No co-payment for transportation by common carrier or emergency ambulance	No co-payment for transportation by emergency ambulance

A BC+ member may be required to pay a part of the cost of a service. This payment is called a "co-payment" or "co-pay".