

2013 DRAFTING REQUEST

Bill

Received: 7/2/2013 Received By: tdodge
Wanted: As time permits Same as LRB:
For: Jon Richards (608) 266-0650 By/Representing: Christian Moran
May Contact: Drafter: tdodge
Subject: Medical Assistance Addl. Drafters:
Extra Copies:

Submit via email: YES
Requester's email: Rep.Richards@legis.wisconsin.gov
Carbon copy (CC) to: tamara.dodge@legis.wisconsin.gov
pam.kahler@legis.wisconsin.gov

Pre Topic:

No specific pre topic given

Topic:

Replace 100% FPL eligibility plan with 133% eligibility plan for BadgerCare Plus eligibility

Instructions:

See attached.

Drafting History:

| <u>Vers.</u> | <u>Drafted</u> | <u>Reviewed</u> | <u>Typed</u> | <u>Proofed</u> | <u>Submitted</u> | <u>Jacketed</u> | <u>Required</u> |
|--------------|--------------------|---------------------|---------------------|----------------|-------------------|-------------------|-----------------|
| /? | tdodge 8/7/2013 | | | _____ | | | |
| /1 | | scalvin 8/7/2013 | jmurphy 8/8/2013 | _____ | srose 8/8/2013 | srose 8/8/2013 | State |

FE Sent For:

@ Intro.

<END>

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Topic:

Replace 100% FPL eligibility plan with 133% eligibility plan for BadgerCare Plus eligibility ✓

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See attached.

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|--------------|----------------|----------------------|--------------|----------------|------------------|-----------------|-----------------|
| /? | tdodge | /1 sae 08/07/2013 | Jim 8/7 | Jim+KS 8/8 | | | |

FE Sent For:

<END>

From: Moran, Christian
Sent: Friday, June 14, 2013 2:53 PM
To: Hanaman, Cathlene; Champagne, Rick
Cc: McKinny, Chris; Peck, Eric
Subject: MA budget amendments

Cathlene and Rick,

Please draft the following six Medicaid amendments for Rep. Richards. References are to Motion #582 (the Democratic MA omnibus motion), Motion #584 (the Republican MA omnibus motion) and LFB Paper #321 (BadgerCare Plus – Eligibility).

I'm copying Eric Peck at LFB, who can provide a list of the appropriations and dollar amounts that need to be changed from the JFC Sub to AB 40.

Thank you for your help. Please let me know if you have any questions.

Christian

Badger Care+ Eligibility: Replace 100/100 plan with 133/133 plan

Delete the first paragraph of Item 2 in Motion #584, with the following exceptions, and replace it with the first two paragraphs of Item 2 in Motion #582.

The exceptions are as follows:

- (1) Maintain Discussion Points 2, 3, 4, 7 and 8 in LFB Budget Paper #321 and
- (2) Maintain Discussion Point 5 in LFB Budget Paper #321 but delete modification (c). Maintain Points 2A and 2B in Motion #584.

Create Item 9 in Motion #582

Christian Moran
Office of Representative Jon Richards
State Capitol, 118 North
Madison, WI 53708
(608) 266-0650
Facebook: [facebook.com/RepJonRichards](https://www.facebook.com/RepJonRichards)
Twitter: [@RepRichards](https://twitter.com/RepRichards)



**ASSEMBLY AMENDMENT ,
TO ASSEMBLY SUBSTITUTE AMENDMENT 1,
TO ASSEMBLY BILL 40**

1 At the locations indicated, amend the substitute amendment as follows:

2 **1.** Page 213, line 15: increase the dollar amount for fiscal year 2013-14 by
3 \$171,000 and increase the dollar amount for fiscal year 2014-15 by \$491,600 for the
4 purpose of paying administrative costs of providing Medical Assistance benefits to
5 certain adults with incomes up to 133 percent of the poverty line.

6 **2.** Page 213, line 17: decrease the dollar amount for fiscal year 2013-14 by
7 \$25,894,300 and decrease the dollar amount for fiscal year 2014-15 by \$91,760,000
8 for the purpose of providing Medical Assistance benefits to certain adults with
9 incomes up to 133 percent of the poverty line.

10 **3.** Page 214, line 5: increase the dollar amount for fiscal year 2013-14 by
11 \$315,600 and increase the dollar amount for fiscal year 2014-15 by \$1,110,700 for

20-435(4)(a)

20-435(4)(b)

20-435(4)(b)

1 the purpose of paying administrative costs of providing Medical Assistance benefits
2 to certain adults with incomes up to 133 percent of the poverty line.

3 - **4.** Page 582, line 5: delete "100" and substitute "133". 49.45 (23)(a) §1046 11/14

4 - **5.** Page 582, line 5: delete the material beginning with "before application" and
5 ending with "and except" on line 6 and substitute ", except". 49.45 (23)(a) §1046

6 - **6.** Page 582, line 6: after "s. 49.471" insert "(4g) and". 49.45 (23)(a) §1046

7 - **7.** Page 582, line 16: delete "100" and substitute "133". 49.45 (23)(a) §1047 11/15

8 - **8.** Page 582, line 18: after "s. 49.471" insert "(4g) and". 49.45 (23)(a) §1047

9 - **9.** Page 594, line 18: delete the material beginning with "If the federal" and
10 ending with "line." on line 22. 49.46 (1)(cr) §1076 7/2/13

11 - **10.** Page 595, line 8: delete the material beginning with "If the federal" and
12 ending with "line." on line 12. 49.46 (1)(cr) §1076b 11/14

13 **11.** Page 597, line 19: after that line insert:

14 "SECTION 1091e. 49.471 (1) (cr) of the statutes is created to read: 11/14

15 49.471 (1) (cr) "Enhanced federal medical assistance percentage" means a
16 federal medical assistance percentage described under 42 USC 1396d (y) or (z)."

17 **12.** Page 599, line 24: delete "sub." and substitute "subs. (4g) and". 49.471(4)(a) 4.6. 11/14

18 **13.** Page 599, line 25: delete "100" and substitute "133". 49.471(4)(a) 4.6 §1097

19 **14.** Page 600, line 1: delete the material beginning with "before application"
20 and ending with "(d)" on line 2. 49.471 (4)(a) 4.6. §1097

21 **15.** Page 601, line 18: after that line insert: 11/14

22 "SECTION 1107k. 49.471 (4g) of the statutes is created to read:

1 49.471 (4g) MEDICAID EXPANSION FEDERAL MEDICAL ASSISTANCE PERCENTAGE. (a)
2 For services provided to individuals described under sub. (4) (a) 4. and s. 49.45 (23),
3 the department shall comply with all federal requirements to qualify for the highest
4 available enhanced federal medical assistance percentage. The department shall
5 submit any amendment to the state medical assistance plan, request for a waiver of
6 federal Medicaid law, or other approval required by the federal government to
7 provide services to the individuals described under sub. (4) (a) 4. and s. 49.45 (23) and
8 qualify for the highest available enhanced federal medical assistance percentage.

9 (b) If the department does not qualify for an enhanced federal medical
10 assistance percentage, or if the enhanced federal medical assistance percentage
11 obtained by the department is lower than printed in federal law as of July 1, 2014³
12 for individuals eligible under sub. (4) (a) 4. or s. 49.45 (23) the department shall
13 submit to the joint committee on finance a fiscal analysis comparing the cost to
14 maintain coverage for adults who are not pregnant and not elderly at up to 133
15 percent of the federal poverty line to the cost of reducing eligibility to those adults
16 with family incomes up to 100 percent of the poverty line. The department may
17 reduce income eligibility for adults who are not pregnant and not elderly from up to
18 133 percent of the poverty line to up to 100 percent of the poverty line only if this
19 reduction in income eligibility levels is approved by the joint committee on finance.”.

20 **16.** Page 615, line 14: delete “3” and substitute “6”. 49.471(10)(b)5. §1151 7/2/13

21 **17.** Page 615, line 14: delete the material beginning with “or up” and ending
22 with “approves,” on line 15. 49.471(10)(b)5. §1151 7/2/13

23 **18.** Page 616, line 4: delete “3” and substitute “6”. 49.471(10)(b)5. §1152 11/1/14



LRB-2604? *De 1*
TJD:(..... *sac*
RMR

In: 8/7/13 *Due Thurs 8/8*

PRELIMINARY DRAFT - NOT READY FOR INTRODUCTION

DWA 8/8 JM

gen act

1 AN ACT .;. relating to: Medicaid expansion, eligibility and other changes to
2 BadgerCare Plus, and making appropriations.

Analysis by the Legislative Reference Bureau

Currently, the department of health services (DHS) administers the Medical Assistance (MA) program, which is a joint federal and state program that provides health services to individuals who have limited financial resources. Some services are provided through programs that operate under a waiver of federal Medicaid laws, including services provided through the BadgerCare Plus (BC+) and BadgerCare Plus Core (BC+ Core) programs.

5

Under current law, certain parents and caretaker relatives with incomes of not more than 200 percent of the federal poverty line (FPL) are eligible for BC+ benefits. Beginning on January 1, 2014, the income eligibility level for parents and caretaker relatives is 100 percent of the FPL before a five percent income disregard is applied. Under current law, adults who are under age 65, who have a family income that does not exceed 200 percent of the FPL and who are not otherwise eligible for MA, including BC+, are eligible for benefits under BC+ Core. Beginning January 1, 2014, only those individuals whose family incomes do not exceed 100 percent of the FPL, before a five percent income disregard is applied, are eligible for BC+ Core. Also, beginning on January 1, 2014, DHS is not limited to providing only basic primary and preventive care coverage to recipients of BC+ Core benefits. The biennial budget, 2013 Wisconsin Act 20, creates a procedure requiring DHS to maintain current income eligibility levels for a certain period for parents and caretaker relatives enrolled in BC+ and for individuals receiving in BC+ Core benefits if DHS

has not received certification of an American health benefit exchange, if federal law requires such certification.

This bill changes the family income eligibility level on January 1, 2014, to up to 133 percent of the FPL for parents and caretaker relatives under BC+ and for individuals under BC+ Core. The federal Patient Protection and Affordable Care Act allows a state to receive an enhanced federal medical assistance percentage (FMAP) payment for providing benefits to certain individuals through a state's MA program. The bill requires DHS to comply with all federal requirements and to request any amendment to the state MA plan, waiver of Medicaid law, or other federal approval necessary to qualify for the highest available enhanced FMAP for parents and caretaker relatives and individuals eligible for BC+ Core (collectively nonpregnant, nonelderly adults). If DHS does not qualify for the enhanced FMAP or if the FMAP is reduced, DHS is required to submit to the Joint Committee on Finance (JCF) a fiscal analysis comparing the cost of covering nonpregnant, nonelderly adults under the MA program at up to 133 percent of the FPL to the cost of reducing income eligibility to those adults to up to 100 percent of the FPL. DHS may reduce income eligibility levels for nonpregnant, nonelderly adults to up to 100 percent of the FPL only if JCF approves.

Under current law, certain individuals are eligible for transitional MA benefits. Current law allows DHS to charge a premium to a recipient of continued transitional MA benefits whose income exceeds 100 percent of the FPL if the federal Department of Health and Human Services (federal DHHS) allows. This bill eliminates the ability for DHS to charge a premium to individuals receiving continued transitional MA benefits.

Before the effective date of 2013 Wisconsin Act 20, a child whose premium for BC+ is unpaid is not eligible for BC+ for six months except for any month the child's family income does not exceed 150 percent of the FPL. Under current law, under 2013 Wisconsin Act 20, the ineligibility period for a child for nonpayment of a BC+ premium is three months, or up to 12 months if the federal DHHS approves, except for any month in which the child's family income does not exceed 150 percent of the FPL. That ineligibility period does not apply to a child who has paid the outstanding premiums. This bill returns the ineligibility period for nonpayment of BC+ premiums for a child to six months, except for any month in which the child's family income does not exceed 150 percent of the FPL. Under the bill, DHS is no longer allowed to apply ⁱⁿ ineligibility period of longer than six months with federal DHHS approval.

For further information see the *state* fiscal estimate, which will be printed as an appendix to this bill.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

This is
Auto ref A ✓

1

SECTION 1. 49.45 (23) (a) of the statutes, as affected by 2013 Wisconsin Act 20,

2

is amended to read:

3

49.45 (23) (a) The department shall request a waiver from the secretary of the federal department of health and human services to permit the department to conduct a demonstration project to provide health care coverage to adults who are under the age of 65, who have family incomes not to exceed 100 133 percent of the poverty line ~~before application of the 5 percent income disregard under 42 CFR 435.603 (d) and~~, except as provided in s. 49.471 (4g) and (4m), and who are not otherwise eligible for medical assistance under this subchapter, the Badger Care health care program under s. 49.665, or Medicare under 42 USC 1395 et seq. If the department creates a policy under sub. (2m) (c) 10., this paragraph does not apply to the extent that it conflicts with the policy.

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History: 2013 a. 20.

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SECTION 2. 49.45 (23) (a) of the statutes, as affected by 2011 Wisconsin Act 32,

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2013 Wisconsin Act 20, section 1047, and 2013 Wisconsin Act ... (this act), is repealed

15

and recreated to read:

16

49.45 (23) (a) The department shall request a waiver from the secretary of the federal department of health and human services to permit the department to conduct a demonstration project to provide health care coverage to adults who are under the age of 65, who have family incomes not to exceed 133 percent of the poverty line, except as provided in s. 49.471 (4g) and (4m), and who are not otherwise eligible for medical assistance under this subchapter, the Badger Care health care program under s. 49.665, or Medicare under 42 USC 1395 et seq.

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Section 1076,

23

SECTION 3. 49.46 (1) (cr) of the statutes, as affected by 2013 Wisconsin Act 20,

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is amended to read:

1 49.46 (1) (cr) To the extent approved by the federal department of health and
 2 human services, an individual or family described in par. (c), (cg), or (co) is not eligible
 3 for Medical Assistance if the federal department of health and human services
 4 approves a request from the department to deny all or some transitional Medical
 5 Assistance benefits to that individual or family, if approval is required. The
 6 department shall allow individuals who are receiving transitional Medical
 7 Assistance benefits on December 31, 2013, to continue to receive those benefits until
 8 their 12-month period ends, if required under federal law. ~~If the federal department~~
 9 ~~of health and human services approves the department's request to charge a~~
 10 ~~premium to recipients of continued transitional Medical Assistance benefits, the~~
 11 ~~department may charge a premium to any recipient of continued transitional~~
 12 ~~Medical Assistance benefits whose income exceeds 100 percent of the poverty line.~~

History: 2013 a. 20.

13 **SECTION 4.** 49.46 (1) (cr) of the statutes, as affected by 2013 Wisconsin Act 20,
 14 section 1076b, and 2013 Wisconsin Act (this act), is repealed and recreated to read:

15 49.46 (1) (cr) To the extent approved by the federal department of health and
 16 human services, an individual or family described in par. (c) or (cg) is not eligible for
 17 Medical Assistance if the federal department of health and human services approves
 18 a request from the department to deny all or some transitional Medical Assistance
 19 benefits to that individual or family, if approval is required. The department shall
 20 allow individuals who are receiving transitional Medical Assistance benefits on
 21 December 31, 2013, to continue to receive those benefits until their 12-month period
 22 ends, if required under federal law.

History: 2013 a. 20.

Insert 49.471(1)(cr)

Insert (4g)

section 1097, ✓

1 SECTION 5. 49.471 (4) (a) 4. b. of the statutes, as affected by 2013 Wisconsin Act
 2 20, is amended to read:
 3 49.471 (4) (a) 4. b. Except as provided in ~~sub.~~ subs. (4g) and (4m), the
 4 individual's family income does not exceed ~~100~~ 133 percent of the poverty line ~~before~~
 5 ~~application of the 5 percent income disregard under 42 CFR 435.603 (d).~~

History: 2013 a. 20.

6 SECTION 6. 49.471 (10) (b) 5. of the statutes, as affected by 2013 Wisconsin Act
 7 20, is amended to read: section 1151, ✓
 8 49.471 (10) (b) 5. If a recipient who is required to pay a premium under this
 9 paragraph or under sub. (2m) or (4) (c) either does not pay a premium when due or
 10 requests that his or her coverage under this section be terminated, the recipient's
 11 coverage terminates. If the recipient is an adult, the recipient is not eligible for
 12 BadgerCare Plus for 12 consecutive calendar months following the date on which the
 13 recipient's coverage terminated, except for any month during that 12-month period
 14 when the recipient's family income does not exceed 133 percent of the poverty line.
 15 If the recipient is a child, the recipient is not eligible for BadgerCare Plus for ~~3~~ 6
 16 consecutive calendar months, ~~or up to 12 consecutive calendar months if the federal~~
 17 ~~department of health and human services approves~~, following the date on which the
 18 recipient's coverage terminated, except for any month during that period when the
 19 recipient's family income does not exceed 150 percent of the poverty line. This period
 20 of ineligibility for a child does not apply to any child who has paid the outstanding
 21 premiums.

History: 2013 a. 20.

1 **SECTION 7.** 49.471 (10) (b) 5. of the statutes, as affected by 2013 Wisconsin Act
2 20, section 1152, and 2013 Wisconsin Act (this act), is repealed and recreated to
3 read:

4 49.471 (10) (b) 5. If a recipient who is required to pay a premium under this
5 paragraph or under sub. (2m) either does not pay a premium when due or requests
6 that his or her coverage under this section be terminated, the recipient's coverage
7 terminates. If the recipient is an adult, the recipient is not eligible for BadgerCare
8 Plus for 12 consecutive calendar months following the date on which the recipient's
9 coverage terminated, except for any month during that 12-month period when the
10 recipient's family income does not exceed 133 percent of the poverty line. If the
11 recipient is a child, the recipient is not eligible for BadgerCare Plus for 6 consecutive
12 calendar months following the date on which the recipient's coverage terminated,
13 except for any month during that period when the recipient's family income does not
14 exceed 150 percent of the poverty line. This period of ineligibility for a child does not
15 apply to any child who has paid the outstanding premiums.

History: 2013 a. 20.

16 **SECTION 8. Fiscal changes.**

17 (1) In the schedule under section 20.005 (3) of the statutes for the appropriation
18 to the department of health services under section 20.435 (4) (a) of the statutes, as
19 affected by the acts of 2013, the dollar amount is increased by \$171,000 for the first
20 fiscal year of the fiscal biennium in which this subsection takes effect to pay
21 administrative costs of providing Medical Assistance benefits to certain adults with
22 incomes up to 133 percent of the poverty line. In the schedule under section 20.005
23 (3) of the statutes for the appropriation to the department of health services under
24 section 20.435 (4) (a) of the statutes, as affected by the acts of 2013, the dollar amount

1 is increased by \$491,600 for the second fiscal year of the fiscal biennium in which this
2 subsection takes effect to pay administrative costs of providing Medical Assistance
3 benefits to certain adults with incomes up to 133 percent of the poverty line.

4 (2) In the schedule under section 20.005 (3) of the statutes for the
5 appropriation to the department of health services under section 20.435 (4) (b) of the
6 statutes, as affected by the acts of 2013, the dollar amount is decreased by
7 \$25,894,300 for the first fiscal year of the fiscal biennium in which this subsection
8 takes effect to provide Medical Assistance benefits to certain adults with incomes up
9 to 133 percent ^{e of} ~~to~~ the poverty line. In the schedule under section 20.005 (3) of the
10 statutes for the appropriation to the department of health services under section
11 20.435 (4) (b) of the statutes, as affected by the acts of 2013, the dollar amount is
12 decreased by \$91,760,000 for the second fiscal year of the fiscal biennium in which
13 this subsection takes effect to provide Medical Assistance benefits to certain adults
14 with incomes up to 133 percent ^{e of} ~~to~~ the poverty line.

15 (3) In the schedule under section 20.005 (3) of the statutes for the appropriation
16 to the department of health services under section 20.435 (4) (bn) of the statutes, as
17 affected by the acts of 2013, the dollar amount is increased by \$315,600 for the first
18 fiscal year of the fiscal biennium in which this subsection takes effect to pay
19 administrative costs of providing Medical Assistance benefits to certain adults with
20 incomes up to 133 percent of the poverty line. In the schedule under section 20.005
21 (3) of the statutes for the appropriation to the department of health services under
22 section 20.435 (4) (bn) of the statutes, as affected by the acts of 2013, the dollar
23 amount is increased by \$1,110,700 for the second fiscal year of the fiscal biennium
24 in which this subsection takes effect to pay administrative costs of providing Medical

1 Assistance benefits to certain adults with incomes up to 133 percent of the poverty
2 line.

3 **SECTION 9. Effective dates.** This act takes effect on the day after publication,
4 except as follows: *Insert Author of A ✓*

5 (1) The treatment of sections 49.45 (23) (a) (by SECTION ~~A~~), 49.471 (1) (cr), (4)
6 (a) 4. b., and (4g) of the statutes and the repeal and recreation of sections 49.46 (1)
7 (cr) and 49.471 (10) (b) 5. of the statutes take effect on January 1, 2014.

8 (2) The repeal and recreation of section 49.45 (23) (a) of the statutes takes effect
9 on January 1, 2015.

10 (END)

1 the purpose of paying administrative costs of providing Medical Assistance benefits
2 to certain adults with incomes up to 133 percent of the poverty line.

3 4. Page 582, line 5: delete "100" and substitute "133".

4 5. Page 582, line 5: delete the material beginning with "before application" and
5 ending with "and except" on line 6 and substitute "except".

6 6. Page 582, line 6: after "s. 49.471" insert "(4g) and".

7 7. Page 582, line 16: delete "100" and substitute "133".

8 8. Page 582, line 18: after "s. 49.471" insert "(4g) and".

9 9. Page 594, line 18: delete the material beginning with "If the federal" and
10 ending with "line." on line 22.

11 10. Page 595, line 8: delete the material beginning with "If the federal" and
12 ending with "line." on line 12.

13 11. Page 597, line 19: after that line insert:

INSERT 49.471(1)(cr) ✓

14 auto
number #

SECTION 1091e 49.471 (1) (cr) of the statutes is created to read:

15 49.471 (1) (cr) "Enhanced federal medical assistance percentage" means a

16 federal medical assistance percentage described under 42 USC 1396d (y) or (z).
(END INSERT 49.471(1)(cr))

17 12. Page 599, line 24: delete "sub." and substitute "subs. (4g) and".

18 13. Page 599, line 25: delete "100" and substitute "133".

19 14. Page 600, line 1: delete the material beginning with "before application"
20 and ending with "(d)" on line 2.

21 15. Page 601, line 18: after that line insert:

Insert (4g)

22 SECTION 1107k. 49.471 (4g) of the statutes is created to read:

autonumber

1 49.471 (4g) MEDICAID EXPANSION FEDERAL MEDICAL ASSISTANCE PERCENTAGE. (a)
 2 For services provided to individuals described under sub. (4) (a) 4. and s. 49.45 (23),
 3 the department shall comply with all federal requirements to qualify for the highest
 4 available enhanced federal medical assistance percentage. The department shall
 5 submit any amendment to the state medical assistance plan, request for a waiver of
 6 federal Medicaid law, or other approval required by the federal government to
 7 provide services to the individuals described under sub. (4) (a) 4. and s. 49.45 (23) and
 8 qualify for the highest available enhanced federal medical assistance percentage.

9 (b) If the department does not qualify for an enhanced federal medical
 10 assistance percentage, or if the enhanced federal medical assistance percentage
 11 obtained by the department is lower than printed in federal law as of July 1, 2014,
 12 for individuals eligible under sub. (4) (a) 4. or s. 49.45 (23) the department shall
 13 submit to the joint committee on finance a fiscal analysis comparing the cost to
 14 maintain coverage for adults who are not pregnant and not elderly at up to 133
 15 percent of the (federal) poverty line to the cost of reducing eligibility to those adults
 16 with family incomes up to 100 percent of the poverty line. The department may
 17 reduce income eligibility for adults who are not pregnant and not elderly from up to
 18 133 percent of the poverty line to up to 100 percent of the poverty line only if this
 19 reduction in income eligibility levels is approved by the joint committee on finance.

(END INSERT (4g))

~~16. Page 615, line 14: delete "3" and substitute "6".~~

~~17. Page 615, line 14: delete the material beginning with ", or up" and ending
with "approves," on line 15.~~

~~18. Page 616, line 4: delete "3" and substitute "6".~~

(END INSERTS)

Parisi, Lori

From: Ramirez, Adrienne
Sent: Thursday, August 08, 2013 11:46 AM
To: LRB.Legal
Subject: Draft Review: LRB -2604/1 Topic: Replace 100% FPL eligibility plan with 133% eligibility plan for BadgerCare Plus eligibility

Please Jacket LRB -2604/1 for the ASSEMBLY.