



State of Wisconsin

LEGISLATIVE REFERENCE BUREAU

RESEARCH APPENDIX - **PLEASE DO NOT REMOVE FROM DRAFTING FILE**

Date Transfer Requested: 02/18/2013 (Per: CMH)

☞ Compile Draft – Appendix A **... Part II ←**

Appendix A ☞ The 2013 drafting file for LRB-0479

Appendix B ☞ The 2013 drafting file for LRB-1243

Appendix C ☞ The 2013 drafting file for LRB-1248

2013 LRB-0479

has been transferred to the drafting file for

2013 LRB-1485

Part of the compile used to create 2013 AB 40.



State of Wisconsin
2013 - 2014 LEGISLATURE



LRB-0479/P1
TJD:sac:rs

P2
RMR

In: 1/24/13

DOA:.....Iwata, BB0218 - Codify Act 32 reforms approved by the Joint Finance Committee and other changes to BadgerCare Plus and BadgerCare Plus Core pending federal approval

FOR 2013-2015 BUDGET - NOT READY FOR INTRODUCTION

1 AN ACT *do not gen*; relating to: the budget.

Analysis by the Legislative Reference Bureau
HEALTH AND HUMAN SERVICES
MEDICAL ASSISTANCE

This is a preliminary draft. An analysis will be provided in a subsequent version of this draft.

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

2 SECTION 1. 49.45 (23) (c) of the statutes is created to read:
3 49.45 (23) (c) In addition to cost-sharing requirements established under par.
4 (b), a childless adult who is eligible to receive benefits under this section; who is not
5 disabled, pregnant, or American Indian; and whose family income exceeds 133
6 percent of the poverty line shall pay a premium for coverage under the program

as Indian is defined in 42 CFR 447.50 (b)(1)

1 under this subsection in an amount determined by the department that is based on
2 a formula in which costs decrease for those with lower family incomes and that is no
3 less than 3 percent of family income but no greater than 9.5 percent of family income.

4 ~~If the recipient has self-employment income, the premium may not exceed 5 percent~~
5 ~~of family income calculated before depreciation was deducted.~~

****NOTE: Please confirm that the last sentence of this paragraph meets your intent.

6 SECTION 2. 49.45 (23) (d) of the statutes is created to read:

7 sub 49.45 (23) (d) In determining income for purposes of eligibility under this
8 section, the department shall apply s. 49.471 (7) (d) to the individual to the extent
9 the federal department of health and human services approves, if approval is
10 required.

Insert
2-11

11 SECTION 3. 49.45 (24j) of the statutes is created to read:

12 49.45 (24j) MEDICAL HOME PILOT PROJECTS. (a) ~~If the federal department of~~
13 ~~health and human services approves the department's request to administer a~~
14 ~~medical home initiative,~~ the department may administer the medical home initiative
15 as a service delivery mechanism to provide and coordinate care for individuals who
16 are eligible for a Medical Assistance program under this subchapter that provides
17 services under a fee-for-service model. The department may administer a medical
18 home initiative to serve individuals who are members of any of the following
19 populations:

- 20 1. Children who are in out-of-home care or are receiving adoption assistance
- 21 under 42 USC 670 - 679c.
- 22 2. Pregnant women.
- 23 3. Individuals who are exiting mental health facilities or correctional facilities.

1 4. Individuals with a diagnosis of serious mental illness or substance abuse
2 disorder.

3 5. Adults with two or more chronic medical conditions.

4 6. Other groups of individuals with conditions that the department determines
5 would benefit from services through a medical home.

6 (b) The department shall provide to individuals through any medical home
7 initiative administered under this subsection the benefits described under s. 49.46
8 (2) (a) and (b). The department may provide to individuals through any medical home
9 initiative administered under this subsection benefits in addition to the standard
10 plan benefits that are targeted to the population receiving services through the
11 medical home.

12 (c) The department may elect to administer any medical home initiative under
13 this subsection in a limited geographical area.

14 (d) The department may make an all-inclusive payment to the provider
15 offering services through a medical home.

16 (e) The department shall automatically enroll an individual who is eligible for
17 a medical home initiative under this subsection in the medical home initiative. At
18 any time after the first 6 months of enrollment in the medical home initiative, the
19 individual who is enrolled in the medical home initiative may opt out of participation
20 in the medical home initiative.

21 **SECTION 4.** 49.45 (30g) (a) 1. of the statutes is amended to read:

22 49.45 (30g) (a) 1. An approved amendment to the state medical assistance plan
23 submitted under 42 USC 1396n (i) permits reimbursement for the services under s.
24 49.46 (2) (b) 6. Lo. in the manner provided under this subsection.

25 **SECTION 5.** 49.45 (30g) (a) 3. of the statutes is amended to read:

If the federal department of health and human services approves
the department's request to administer a medical home
initiative

1 49.45 (30g) (a) 3. The individual, the community recovery services, and the
2 community recovery services provider meet any condition set forth in the approved
3 amendment to the medical assistance plan ~~submitted under 42 USC 1396n (i).~~

4 SECTION 6. 49.46 (1) (c) (intro.) of the statutes is amended to read:

5 49.46 (1) (c) (intro.) Except as provided under par. (co) or (cr), a family that
6 becomes ineligible for aid to families with dependent children under s. 49.19 because
7 of increased income from employment or increased hours of employment or because
8 of the expiration of the time during which the disregards under s. 49.19 (5) (a) 4. or
9 4m. or (am) apply shall receive medical assistance for:

10 SECTION 7. 49.46 (1) (cg) of the statutes is amended to read:

11 49.46 (1) (cg) Medical Except as provided under par. (cr), medical assistance
12 shall be provided to a dependent child, a relative with whom the child is living or the
13 spouse of the relative, if the spouse meets the requirements of s. 49.19 (1) (c) 2. a. or
14 b., for 4 calendar months beginning with the month in which the child, relative or
15 spouse is ineligible for aid to families with dependent children because of the
16 collection or increased collection of maintenance or support, if the child, relative or
17 spouse received aid to families with dependent children in 3 or more of the 6 months
18 immediately preceding the month in which that ineligibility begins.

19 SECTION 8. 49.46 (1) (co) 1. of the statutes is amended to read:

20 49.46 (1) (co) 1. Except as provided under subd. 2. or par. (cr), medical
21 assistance shall be provided to a family for 12 consecutive calendar months following
22 the month in which the family becomes ineligible for aid to families with dependent
23 children because of increased income from employment, ^{begin strike} ~~because the family no longer~~
24 ~~receives the earned income disregard under s. 49.19 (5) (a) 4. or 4m. or (am) due to~~
25 ~~the expiration of the time limit during which the disregards are applied or because~~

end
Strike

1 of the application of the monthly employment time eligibility limitation under 45
2 CFR 233.100 (a) (1) (i).

3 SECTION 9. 49.46 (1) (co) 2. of the statutes is amended to read:

4 49.46 (1) (co) 2. If a waiver under subd. 3. is granted and except as provided
5 in par. (cr), the department may select individuals to receive medical assistance
6 benefits as provided under par. (c), rather than under subd. 1., as a control group for
7 part or all of the period during which the waiver is in effect.

To the extent approved by the federal department of health and human services, all or some

8 SECTION 10. 49.46 (1) (cr) of the statutes is created to read:

9 49.46 (1) (cr) An individual or family described in par. (c), (cg), or (co) is not
10 eligible for Medical Assistance if the federal department of health and human
11 services approves a request from the department to deny transitional Medical
12 Assistance benefits to that individual or family, if approval is required.

13 SECTION 11. 49.46 (2) (b) 19. of the statutes is created to read:

14 49.46 (2) (b) 19. Subject to par. (br), services provided by early intervention
15 teachers, home trainers, parent-to-parent mentors, and developmental specialists.

~~****NOTE: Most other benefits described under this paragraph are services provided to recipients. Is it sufficient to just describe the providers?~~

to children in the benchmark plan under par. (br)

16 SECTION 12. 49.46 (2) (b) 20. of the statutes is created to read:

17 49.46 (2) (b) 20. Subject to s. 49.45 (24j), any additional services, as determined
18 by the department, that are targeted to a population enrolled in a medical home
19 initiative under s. 49.45 (24j).

20 SECTION 13. 49.46 (2) (bc) of the statutes is created to read:

21 49.46 (2) (bc) Subject to s. 49.45 (24j), the department may provide any of the
22 services described in par. (a) or (b) through a medical home initiative under s. 49.45
23 (24j).

1 SECTION 14. 49.46 (2) (br) of the statutes is created to read:

2 49.46 (2) (br) If the federal department of health and human services approves
3 the department's request to offer a benchmark plan under this paragraph, the
4 department may enroll any child who is receiving services through the early
5 intervention program under s. 51.44 in a benchmark plan under this paragraph. The
6 department may not require a child who is receiving services through the early
7 intervention program under s. 51.44 to enroll in a benchmark plan offered under this
8 paragraph. The department may not charge a copayment to a child who is enrolled
9 in the benchmark plan under this paragraph for services described in par. (b) 19.

10 SECTION 15. 49.471 (4) (a) (intro.) of the statutes is amended to read:

11 49.471 (4) (a) (intro.) Except as otherwise provided in this section, all of the
12 following individuals are eligible for the benefits described in s. 49.46 (2) (a) and (b),
13 subject to sub. (6) (k) and s. 49.45 (24j):

14 SECTION 16. 49.471 (4) (a) 7. of the statutes is amended to read:

15 49.471 (4) (a) 7. Individuals who qualify for a medical assistance eligibility
16 extension under s. 49.46 (1) (c), (cg), or (co) when their income increases above the
17 poverty line, except as provided in s. 49.46 (1) (cr).

18 SECTION 17. 49.471 (4) (e) of the statutes is created to read:

19 49.471 (4) (e) If the department obtains approval from the federal department
20 of health and human services to provide an alternate benchmark plan under sub.
21 (11r), the department ~~shall~~ ^{e may} enroll in the alternate benchmark plan under sub. (11r)
22 any individual whose family income exceeds 100 percent of the poverty line, who is
23 either an adult who is not pregnant or a child, and who applies and is otherwise
24 eligible to receive benefits under this section, except that the department shall enroll

to the extent the federal department of health and human services approves;

1 a child who has a parent who is enrolled in a plan under this section in the same plan
2 as his or her parent.

Change
Component

renumbered 49.471(5)(b)2.(intro.) and

3 SECTION 18. 49.471 (5) (b) 2. of the statutes is amended to read:

4 49.471 (5) (b) 2. ^(intro.) Except as provided in sub. (6) (a) 2., a child who is not an unborn
5 child is eligible for the benefits described in s. 49.46 (2) (a) and (b) during the period
6 beginning on the day on which a qualified entity determines, on the basis of
7 preliminary information, that the child's family income does not exceed ~~150 percent~~
8 ~~of the poverty line~~ ^{any of the following} and ending on the applicable day specified in subd. 3. ~~unless the~~
9 federal department of health and human services approves the department's request
10 to not extend eligibility to children during this period ^{moves strike period} ^{comma stays scored} ^{plain}

Insert
7-11

11 SECTION 19. 49.471 (5) (b) 3. a. of the statutes is amended to read:

12 49.471 (5) (b) 3. a. If the woman or child applies for benefits under sub. (4)
13 within the time required under par. (d), the benefits specified in subd. 1. or 2.,
14 whichever is applicable, end on the day on which the department or the county
15 department under s. 46.215, 46.22, or 46.23 determines whether the woman or child
16 is eligible for benefits under sub. (4), except that a child who is not an unborn child
17 is not eligible for benefits described in s. 49.46 (2) (a) and (b) during that time if the
18 federal department of health and human services approves the department's request
19 not to provide those benefits during that time.

20 SECTION 20. 49.471 (6) (a) 1. of the statutes is amended to read:

21 49.471 (6) (a) 1. Any Except as provided in subd. 4., any pregnant woman,
22 including a pregnant woman under sub. (5) (b) 1., is eligible for medical assistance
23 under this section for any of the 3 months prior to the month of application if she met
24 the eligibility criteria under this section in that month.

25 SECTION 21. 49.471 (6) (a) 2. of the statutes is amended to read:

1 49.471 (6) (a) 2. Any Except as provided in subd. 3. or 4., any child who is not
 2 an unborn child, including a child under sub. (5) (b) 2., parent, or caretaker relative
 3 whose family income is less than 150 percent of the poverty line is eligible for medical
 4 assistance under this section for any of the 3 months prior to the month of application
 5 if the individual met the eligibility criteria under this section and had a family
 6 income of less than 150 percent of the poverty line in that month.

7 **SECTION 22.** 49.471 (6) (a) 3. of the statutes is created to read:

8 49.471 (6) (a) 3. Any individual described in subd. 2. who is not disabled, not
 9 elderly, and not pregnant, who is an adult, and whose family income exceeds 133
 10 percent of the federal poverty level is not eligible for medical assistance under this
 11 section for any of the 3 months before the month of application for medical assistance
 12 benefits.

13 **SECTION 23.** 49.471 (6) (a) 4. of the statutes is created to read:

14 49.471 (6) (a) 4. To the extent allowed by the federal department of health and
 15 human services, any individual described in subd. 1. or 2. who is not disabled is not
 16 eligible for medical assistance under this section for any of the 3 months before the
 17 month of application for medical assistance benefits.

18 **SECTION 24.** 49.471 (7) (c) (intro.) of the statutes is amended to read:

19 49.471 (7) (c) (intro.) When calculating an individual's family income, the
 20 department shall do all of the following, subject to par. (d):

21 **SECTION 25.** 49.471 (7) (d) of the statutes is created to read:

22 49.471 (7) (d) ^a1. When calculating the family income of a member of a household
 23 who is not disabled, ~~the department shall~~ include the income of all adults residing
 24 in the home for at least 60 ^edays but ~~shall~~ ^{consecutive} exclude the income of a grandparent in a

In addition to applying other income counting requirements the department shall do all of the following:

1 household containing 3 generations, unless the grandparent applies for or receives
2 benefits as a parent or caretaker under this section.

3 2. When determining the size of a family for purposes of determining income
4 eligibility, the department shall exclude from family size an adult whose income is
5 included in a calculation of family income but who is not applying for or receiving
6 benefits under this subchapter. *solely under subd. 1.*

*****NOTE: To clarify, is the adult whose income is excluded an individual who is not applying for or receiving BadgerCare Plus benefits or an individual who is not applying for or receiving Medical Assistance benefits? As worded the individual is not applying for or receiving Medical Assistance benefits under subchapter IV of ch. 49.*

7 3. The department may only apply this paragraph ^{only} to the extent the federal
8 department of health and human services approves the income eligibility calculation
9 methods, if approval is required.

10 SECTION 26. 49.471 (8) (b) (intro.) of the statutes is amended to read:

11 49.471 (8) (b) (intro.) Except as provided in pars. (c), (cg), (cr), and (d), an
12 individual whose family income exceeds 150 percent of the poverty line is not eligible
13 for BadgerCare Plus if any of the following applies:

14 SECTION 27. 49.471 (8) (cg) of the statutes is created to read:

15 49.471 (8) (cg) An individual who is not disabled and not pregnant, who is over
16 18 years of age, and whose family income exceeds 133 percent of the poverty line is
17 not eligible for BadgerCare Plus if all of the following apply:

18 1. The individual has access to individual or family health coverage that is any
19 of the following:

Access to individual or family health

20 a. Coverage provided by an employer in which the monthly premium that an
21 employee would pay for an employee-only policy does not exceed 9.5 percent of the
22 family's monthly income.

***NOTE: Please confirm that the limit is 9.5 percent of monthly income and not annual income.

Access to individual or family health

1

b. Coverage under the state employee health plan.

2

c. If the federal department of health and human services approves the

3

department's request to add private major medical insurance as a type of coverage

4

to which access causes ineligibility, coverage provided by a private major medical insurance in which the monthly premium does not exceed 9.5 percent of the family's monthly income. any coverage described in subd. 1. c. or

5

6

7

2. The individual has access to any coverage described in subd. 1. during any of the following times, subject to the approval by the federal department of health and human services described under subd. 1. c.:

8

9

10

a. The 12 months before the first day of the month in which an individual applies for and the month in which an individual applies for BadgerCare Plus.

11

12

b. The 3 months after the last day of the month in which the individual applies for BadgerCare Plus.

13

14

c. The month including the date of the annual determination of the individual's eligibility for Medical Assistance.

15

16

3. The individual does not have as a reason for not obtaining health insurance any of the good cause reasons under (d) 2. a. to e.

17

X

***NOTE: Please confirm that the language in this paragraph meets your intent.

18

SECTION 28. 49.471 (8) (cr) of the statutes is created to read:

19

49.471 (8) (cr) 1. Subject to subd. 4., an individual who is any of the following

20

is not eligible for BadgerCare Plus if the criteria under par. (cg) 1. and 2. apply to that

21

individual:

a. or b.

1 a. An individual who is not disabled and who is a child, or unborn child, of an
2 individual whose family income is at a level determined by the department but no
3 lower than ~~100~~^{e 133} percent of the poverty line.

4 b. A parent or caretaker relative who is not disabled, not pregnant, and an adult
5 and whose family income is at a level determined by the department but no lower
6 than ~~133~~^{e 100} percent of the poverty line.

7 c. An adult, including a pregnant individual, who is not disabled, who is under
8 26 years of age; who is eligible to be covered under coverage a parent receives from
9 an employer; and whose family income is at a level determined by the department
10 but no lower than 100 percent of the poverty line.

11 2. An individual under subd. 1. is not ineligible if any of the good cause reasons
12 described in par. (d) 2. a. to e. is the reason that the individual did not obtain health
13 insurance coverage.

* ~~****NOTE: I applied all of the good cause reasons to individuals who would otherwise
be ineligible under this new paragraph. Is that okay?~~

14 3. An individual under subd. 1. c. is not ineligible if any of the following good
15 cause reasons is the reason the individual did not obtain health insurance coverage:

16 a. The parent of the individual is no longer employed by the employer through
17 which the parent was eligible for coverage. ~~and the parent does not
have current coverage~~

18 b. The employer of the parent of the individual discontinued providing health
19 benefits to all employees.

20 4. The department may apply this paragraph to eligibility determinations for
21 for BadgerCare Plus only if the federal department of health and human services
22 approves of the conditions to make that individual ineligible, if approval is required.

23 SECTION 29. 49.471 (8) (d) 1. g. of the statutes is created to read:

1 49.471 (8) (d) 1. g. An adult who is disabled.

****NOTE: Does the term "disabled" need to be defined here or elsewhere in this draft?

2 SECTION 30. 49.471 (8) (d) 2. dg. of the statutes is created to read:

3 49.471 (8) (d) 2. dg. If the federal department of health and human services
4 approves this reason as a good cause reason for not obtaining health insurance, the
5 insurance is owned by someone not residing with the family and continuation of the
6 coverage is beyond the family's control.

7 SECTION 31. 49.471 (8) (d) 2. dr. of the statutes is created to read:

8 49.471 (8) (d) 2. dr. If the federal department of health and human services
9 approves this reason as a good cause reason for not obtaining health insurance, the
10 insurance only covers services provided in a service area that is beyond a reasonable
driving distance.

Insert
2-12

12 SECTION 32. 49.471 (8) (g) 5g. of the statutes is created to read:

13 49.471 (8) (g) 5g. If the federal department of health and human services
14 approves this reason as a good cause reason for not obtaining health insurance, the
15 insurance is owned by someone not residing with the family and continuation of the
16 coverage is beyond the family's control.

Coverage

17 SECTION 33. 49.471 (8) (g) 5r. of the statutes is created to read:

18 49.471 (8) (g) 5r. If the federal department of health and human services
19 approves this reason as a good cause reason for not obtaining health insurance, the
20 insurance only covers services provided in a service area that is beyond a reasonable
21 driving distance.

Coverage

22 SECTION 34. 49.471 (10) (b) 1. of the statutes is amended to read:

1 49.471 (10) (b) 1. Except as provided in ~~subd. subds. 1m. and~~ 4., a recipient who
2 is an adult, who is not a pregnant woman, and whose family income is greater than
3 150 percent but not greater than 200 percent of the poverty line shall pay a premium
4 for coverage under BadgerCare Plus that does not exceed 5 percent of his or her
5 family income. If the recipient has self-employment income and is eligible under
6 sub. (4) (b) 4., the premium may not exceed 5 percent of family income calculated
7 before depreciation was deducted.

8 **SECTION 35.** 49.471 (10) (b) 1m. of the statutes is created to read:

9 49.471 (10) (b) 1m. Except as provided in subd. 4., a recipient who is an adult
10 parent or adult caretaker; who is not disabled, pregnant, or American Indian; and
11 whose family income exceeds 133 percent of the federal poverty line shall pay a
12 premium for coverage under BadgerCare Plus in an amount determined by the
13 department that is based on a formula in which costs decrease for those with lower
14 family incomes and that is no less than 3 percent of family income but no greater than
15 9.5 percent of family income. If the recipient has self-employment income and is
16 eligible under sub. (4) (b) 4., the premium may not exceed 5 percent of family income
17 calculated before depreciation was deducted.

18 **SECTION 36.** 49.471 (10) (b) 2. of the statutes is amended to read:

19 49.471 (10) (b) 2. Except as provided in subds. ~~3.~~ 3m. and 4., a recipient who
20 is a child whose family income is greater than 200 percent of the poverty line shall
21 pay a premium for coverage of the benefits described in sub. (11) that does not exceed
22 the full per member per month cost of coverage for a child with a family income of
23 300 percent of the poverty line.

24 **SECTION 37.** 49.471 (10) (b) 3. of the statutes is repealed.

25 **SECTION 38.** 49.471 (10) (b) 3m. of the statutes is created to read:

1 49.471 (10) (b) 3m. A recipient who is a child, who is not disabled, and whose
2 family income is at a level determined by the department that is at least 150 percent
3 of the poverty line shall pay a premium in an amount determined by the department.
4 The department may apply this subdivision only to the extent the federal
5 department of health and human services approves applying a premium to those
6 individuals, if approval is required.

7 **SECTION 39.** 49.471 (10) (b) 4. (intro.) of the statutes is amended to read:

8 49.471 (10) (b) 4. (intro.) None of the following shall pay a premium, except as
9 provided in subd. 3m.:

10 **SECTION 40.** 49.471 (10) (b) 5. of the statutes is amended to read:

11 49.471 (10) (b) 5. If a recipient who is required to pay a premium under this
12 paragraph or under sub. (2m) or (4) (c) either does not pay a premium when due or
13 requests that his or her coverage under this section be terminated, the recipient's
14 coverage terminates and. If the recipient is an adult, the recipient is not eligible for
15 BadgerCare Plus for 6 12 consecutive calendar months following the date on which
16 the recipient's coverage terminated, except for any month during that -6-month
17 12-month period when the recipient's family income does not exceed 150 133 percent
18 of the poverty line. If the recipient is a child, the recipient is not eligible for
19 BadgerCare Plus for 6 consecutive calendar months, or 12 consecutive calendar
20 months if the federal department of health and human services approves, following
21 the date on which the recipient's coverage terminated, except for any month during
22 that period when the recipient's family income does not exceed 150 percent of the
23 poverty line.

24 **SECTION 41.** 49.471 (11) (intro.) of the statutes is amended to read:

1 49.471 (11) BENCHMARK PLAN BENEFITS AND COPAYMENTS. (intro.) Recipients
2 Except as provided in sub. (11r) and s. 49.45 (24j), recipients who are not eligible for
3 the benefits described in s. 49.46 (2) (a) and (b) shall have coverage of the following
4 benefits and pay the following copayments:

5 **SECTION 42.** 49.471 (11r) of the statutes is created to read:

6 49.471 (11r) ALTERNATE BENCHMARK PLAN BENEFITS AND COPAYMENTS. (a) If the
7 department chooses to provide the alternate benchmark plan under this subsection,
8 the department shall provide to the recipients described under sub. (4) (e) coverage
9 for benefits similar to those in a commercial, major medical insurance policy.

10 (b) The department may charge copayments to recipients receiving coverage
11 under the alternate benchmark plan under this subsection that are higher than
12 copayments charged to recipients receiving coverage under the standard plan under
13 s. 49.46 (2). The department may not charge to a recipient of coverage under the
14 alternate benchmark plan under this subsection whose family income is at or below
15 150 percent of the poverty line a copayment that exceeds 5 percent of the individual's
16 family income for all members of the family.

17 (c) 1. The department may only provide coverage under the alternate
18 benchmark plan under this subsection to the extent the alternate benchmark plan
19 is approved by the federal department of health and human services.

20 2. If the department is providing coverage under the alternate benchmark plan
21 under this subsection the department may discontinue coverage under the
22 benchmark plan under sub. (11) for those individuals eligible for the alternate
23 benchmark plan under this subsection.

**2013-2014 DRAFTING INSERT
FROM THE
LEGISLATIVE REFERENCE BUREAU**

LRB-0479/P2ins
TJD:.....

1 INSERT 2-11

2 **SECTION 1.** 49.45 (23) (e) of the statutes is created to read:

3 49.45 (23) (e) The department may provide services to individuals who are
4 eligible under this subsection through a medical home initiative under sub. (24j).

(END INSERT 2-11)

5 INSERT 6-10

6 **SECTION 2.** 49.471 (1) (cm) of the statutes is created to read:

7 49.471 (1) (cm) "Disabled" means, when referring to an adult, meeting the
8 disability standard for eligibility for federal supplemental security income under 42
9 USC 1382c (a) (3).

(END INSERT 6-10)

10 INSERT 7-11

11 **SECTION 3.** 49.471 (5) (b) 2. a. to c. of the statutes are created to read:

12 49.471 (5) (b) 2. a. 150 percent of the poverty line for a child who is 6 years of
13 age or older but has not yet attained the age of 18.

****NOTE: Please confirm that this date range, cutting off at the age of 18, is correct.

14 b. 185 percent of the poverty line for a child who is 1 year of age or older but
15 has not yet attained the age of 6. *one*

16 c. 300 percent of the poverty line for a child who is under one year of age.

(END INSERT 7-11)

17 INSERT 12-12

18 **SECTION 4.** 49.471 (8) (f) of the statutes is amended to read:

1 49.471 (8) (f) If an individual with a family income that exceeds 150 percent
 2 of the poverty line had the health insurance coverage specified in par. (b) 1. but no
 3 longer has the coverage, or if an individual who is an unborn child or an unborn
 4 child's mother, regardless of family income, had health insurance coverage but no
 5 longer has the coverage, ~~or if a pregnant woman specified in par. (e) has health~~
 6 ~~insurance coverage and does not maintain the coverage, the individual or pregnant~~
 7 ~~woman~~ is not eligible for BadgerCare Plus for the 3 calendar months following the
 8 month in which the insurance coverage ended without a good cause reason specified
 9 in par. (g).

History: 2007 a. 20; 2009 a. 28, 180, 219; 2011 a. 10, 32.

****NOTE: If DHS no longer applies the policy under sub. (8) (e), should that provision be repealed?

10 **SECTION 5.** 49.471 (8) (fm) of the statutes is created to read:

11 49.471 (8) (fm) If an individual who is one of the following individuals had the
 12 health insurance coverage specified in par. (cg) 1. a. or 1. b. but no longer has the
 13 coverage, the individual is not eligible for BadgerCare Plus for the 3 calendar months
 14 following the month in which the insurance coverage ended without a good cause
 15 reason specified in par. (g):

16 1. An individual who is not disabled and not pregnant, who is over 18 years of
 17 age, and whose family income exceeds 133 percent of the poverty line.

18 2. If the federal department of health and human services approves of the
 19 department's request to make such an individual ineligible, an individual who is not
 20 disabled and who is a child of an individual whose family income is at a level
 21 determined by the department but no lower than 133 percent of the poverty line.

22 3. If the federal department of health and human services approves of the
 23 department's request to make such an individual ineligible, a parent or caretaker

1 relative who is not disabled, not pregnant, and an adult and whose family income is
2 at a level determined by the department but no lower than 100 percent of the poverty
3 line.

4 4. If the federal department of health and human services approves of the
5 department's request to make such an individual ineligible, an adult, including a
6 pregnant individual, who is not disabled, who is under 26 years of age; who is eligible
7 to be covered under coverage a parent receives from an employer; and whose family
8 income is at a level determined by the department but no lower than 100 percent of
9 the poverty line.

****NOTE: Please carefully review this new par. (fm) drafted in response to concerns
raised by Andrew Forsaith of DHS to ensure it addresses his concerns.

10 **SECTION 6.** 49.471 (8) (g) (intro.), 1., 2., 3. and 5. of the statutes are amended
11 to read:

12 49.471 (8) (g) Any of the following is a good cause reason for purposes of par.
13 (f) and (fm):

14 1. The individual ~~or pregnant woman~~ was covered by a group health plan that
15 was provided by a subscriber through his or her employer, and the subscriber's
16 employment ended for a reason other than voluntary termination, unless the
17 voluntary termination was a result of the incapacitation of the subscriber or because
18 of an immediate family member's health condition.

19 2. The individual ~~or pregnant woman~~ was covered by a group health plan that
20 was provided by a subscriber through his or her employer, the subscriber changed
21 employers, and the new employer does not offer health insurance coverage.

1 3. The individual ~~or pregnant woman~~ was covered by a group health plan that
2 was provided by a subscriber through his or her employer, and the subscriber's
3 employer discontinued health plan coverage for all employees.

4 5. The individual's ~~or pregnant woman's~~ coverage terminated due to the death
5 or change in marital status of the subscriber.

History: 2007 a. 20; 2009 a. 28, 180, 219; 2011 a. 10, 32. X

6 **SECTION 7.** 49.471 (8) (g) 4. of the statutes is repealed.

****NOTE: I assume this provision may be repealed as it refers to the pregnant women under par. (e). Please advise if this assumption is incorrect.

(END INSERT 12-12)



State of Wisconsin
2013 - 2014 LEGISLATURE



LRB-0479/P2
TJD:sac:jm

DOA:.....lwata, BB0218 - Codify Act 32 reforms approved by the Joint Finance Committee and other changes to BadgerCare Plus and BadgerCare Plus Core pending federal approval

FOR 2013-2015 BUDGET - NOT READY FOR INTRODUCTION

1 AN ACT ...; relating to: the budget.

**Analysis by the Legislative Reference Bureau
HEALTH AND HUMAN SERVICES MEDICAL
ASSISTANCE**

This is a preliminary draft. An analysis will be provided in a subsequent version of this draft.

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

2 SECTION 1. 49.45 (23) (c) of the statutes is created to read:

3 49.45 (23) (c) In addition to cost-sharing requirements established under par.

4 (b), a childless adult who is eligible to receive benefits under this section; who is not

5 disabled, pregnant, or American Indian, as Indian is defined in 42 CFR Part
447.50-(b)

6 (4); and whose family income exceeds 133 percent of the poverty line shall pay a

Subpart A

Comment [JWL1]: CMS just issued proposed regulations which moved this definition to another CFR cite. If we keep the citation at this high a level, it will pick up the definition if it stays in s. 447.50 or if it moves as proposed to s. 447.51

1 premium for coverage under the program under this subsection in an amount
2 determined by the department that is based on a formula in which costs decrease for
3 those with lower family incomes and that is no less than 3 percent of family income
4 but no greater than 9.5 percent of family income.

5 **SECTION 2.** 49.45 (23) (d) of the statutes is created to read:

6 49.45 (23) (d) In determining income for purposes of eligibility under this
7 subsection, the department shall apply s. 49.471 (7) (d) to the individual to the extent
8 the federal department of health and human services approves, if approval is
9 required.

10 **SECTION 3.** 49.45 (23) (e) of the statutes is created to read:

11 49.45 (23) (e) The department may provide services to individuals who are
12 eligible under this subsection through a medical home initiative under sub. (24j).

13 **SECTION 4.** 49.45 (24j) of the statutes is created to read:

14 49.45 (24j) **MEDICAL HOME PILOT PROJECTS.** (a) The department may administer
15 the medical home initiative as a service delivery mechanism to provide and
16 coordinate care for individuals who are eligible for a Medical Assistance program
17 under this subchapter that provides services under a fee-for-service model. The
18 department may administer a medical home initiative to serve individuals who are
19 members of any of the following populations:

20 1. Children who are in out-of-home care or are receiving adoption assistance
21 under 42 USC 670 - 679c.

22 2. Pregnant women.

23 3. Individuals who are exiting mental health facilities or correctional facilities.

24 4. Individuals with a diagnosis of serious mental illness or substance abuse
25 disorder.

1 5. Adults with two or more chronic medical conditions.

2 6. Other groups of individuals with conditions that the department determines
3 would benefit from services through a medical home.

4 (b) The department shall provide to individuals through any medical home
5 initiative administered under this subsection the benefits described under s. 49.46
6 (2) (a) and (b). The department may provide to individuals through any medical home
7 initiative administered under this subsection benefits in addition to the standard
8 plan benefits that are targeted to the population receiving services through the
9 medical home.

10 (c) The department may elect to administer any medical home initiative under
11 this subsection in a limited geographical area.

12 (d) The department may make an all-inclusive payment to the provider
13 offering services through a medical home.

14 (e) If the federal department of health and human services approves the
15 department's request to administer a medical home initiative, the department shall
16 automatically enroll an individual who is eligible for a medical home initiative under
17 this subsection in the medical home initiative. At any time after the first 6 months
18 of enrollment in the medical home initiative, the individual who is enrolled in the
19 medical home initiative may opt out of participation in the medical home initiative.

20 **SECTION 5.** 49.45 (30g) (a) 1. of the statutes is amended to read:

21 49.45 (30g) (a) 1. An approved amendment to the state medical assistance plan
22 submitted under ~~42 USC 1396n (f)~~ permits reimbursement for the services under s.
23 49.46 (2) (b) 6. Lo. in the manner provided under this subsection.

24 **SECTION 6.** 49.45 (30g) (a) 3. of the statutes is amended to read:

1 49.45 (30g) (a) 3. The individual, the community recovery services, and the
2 community recovery services provider meet any condition set forth in the approved
3 amendment to the medical assistance plan ~~submitted under 42 USC 1396n (i).~~

4 **SECTION 7.** 49.46 (1) (c) (intro.) of the statutes is amended to read:

5 49.46 (1) (c) (intro.) Except as provided under par. (co) or (cr), a family that
6 becomes ineligible for aid to families with dependent children under s. 49.19 because
7 of increased income from employment or increased hours of employment or because
8 of the expiration of the time during which the disregards under s. 49.19 (5) (a) 4. or
9 4m. or (am) apply shall receive medical assistance for:

10 **SECTION 8.** 49.46 (1) (cg) of the statutes is amended to read:

11 49.46 (1) (cg) ~~Medical~~ Except as provided under par. (cr), medical assistance
12 shall be provided to a dependent child, a relative with whom the child is living or the
13 spouse of the relative, if the spouse meets the requirements of s. 49.19 (1) (c) 2. a. or
14 b., for 4 calendar months beginning with the month in which the child, relative or
15 spouse is ineligible for aid to families with dependent children because of the
16 collection or increased collection of maintenance or support, if the child, relative or
17 spouse received aid to families with dependent children in 3 or more of the 6 months
18 immediately preceding the month in which that ineligibility begins.

19 **SECTION 9.** 49.46 (1) (co) 1. of the statutes is amended to read:

20 49.46 (1) (co) 1. Except as provided under subd. 2. or par. (cr), medical
21 assistance shall be provided to a family for 12 consecutive calendar months following
22 the month in which the family becomes ineligible for aid to families with dependent
23 children because of increased income from employment, ~~because the family no longer~~
24 ~~receives the earned income disregard under s. 49.19 (5) (a) 4. or 4m. or (am) due to~~
25 ~~the expiration of the time limit during which the disregards are applied or because~~

1 of the application of the monthly employment time eligibility limitation under 45
2 CFR 233.100 (a) (1) (i).

Comment [JWL2]: This reference to the 100 hour rule in AFDC has been obsolete since 2001.

3 SECTION 10. 49.46 (1) (co) 2. of the statutes is amended to read:

4 49.46 (1) (co) 2. If a waiver under subd. 3. is granted and except as provided
5 in par. (cr), the department may select individuals to receive medical assistance
6 benefits as provided under par. (c), rather than under subd. 1., as a control group for
7 part or all of the period during which the waiver is in effect.

8 SECTION 11. 49.46 (1) (cr) of the statutes is created to read:

9 49.46 (1) (cr) To the extent approved by the federal department of health and
10 human services, an individual or family described in par. (c), (cg), or (co) is not eligible
11 for Medical Assistance if the federal department of health and human services
12 approves a request from the department to deny all or some transitional Medical
13 Assistance benefits to that individual or family, if approval is required.

14 SECTION 12. 49.46 (2) (b) 19. of the statutes is created to read:

15 49.46 (2) (b) 19. Subject to par. (br), services provided by early intervention
16 teachers, home trainers, parent-to-parent mentors, and developmental specialists
17 to children in the benchmark plan under par. (br).

18 SECTION 13. 49.46 (2) (b) 20. of the statutes is created to read:

19 49.46 (2) (b) 20. Subject to s. 49.45 (24j), any additional services, as determined
20 by the department, that are targeted to a population enrolled in a medical home
21 initiative under s. 49.45 (24j).

22 SECTION 14. 49.46 (2) (bc) of the statutes is created to read:

23 49.46 (2) (bc) Subject to s. 49.45 (24j), the department may provide any of the
24 services described in par. (a) or (b) through a medical home initiative under s. 49.45
25 (24j).

1 **SECTION 15.** 49.46 (2) (br) of the statutes is created to read:

2 49.46 (2) (br) If the federal department of health and human services approves
3 the department's request to offer a benchmark plan under this paragraph, the
4 department may enroll any child who is receiving services through the early
5 intervention program under s. 51.44 in a benchmark plan under this paragraph. The
6 department may not require a child who is receiving services through the early
7 intervention program under s. 51.44 to enroll in a benchmark plan offered under this
8 paragraph. The department may not charge a copayment to a child who is enrolled
9 in the benchmark plan under this paragraph for services described in par. (b) 19.

10 **SECTION 16.** 49.471 (1) (cm) of the statutes is created to read:

11 49.471 (1) (cm) "Disabled" means, when referring to an adult, meeting the
12 disability standard for eligibility for federal supplemental security income under 42
13 USC 1382c (a) (3).

14 **SECTION 17.** 49.471 (4) (a) (intro.) of the statutes is amended to read:

15 49.471 (4) (a) (intro.) Except as otherwise provided in this section, all of the
16 following individuals are eligible for the benefits described in s. 49.46 (2) (a) and (b),
17 subject to sub. (6) (k) and s. 49.45 (24j):

18 **SECTION 18.** 49.471 (4) (a) 7. of the statutes is amended to read:

19 49.471 (4) (a) 7. Individuals who qualify for a medical assistance eligibility
20 extension under s. 49.46 (1) (c), (cg), or (co) when their income increases above the
21 poverty line, except as provided in s. 49.46 (1) (cr).

22 **SECTION 19.** 49.471 (4) (e) of the statutes is created to read:

23 49.471 (4) (e) If the department obtains approval from the federal department
24 of health and human services to provide an alternate benchmark plan under sub.
25 (11r), to the extent the federal department of health and human services approves,

1 the department may enroll in the alternate benchmark plan under sub. (11r) any
2 individual whose family income exceeds 100 percent of the poverty line, who is either
3 an adult who is not pregnant or a child, and who applies and is otherwise eligible to
4 receive benefits under this section, except that the department shall enroll a child
5 who has a parent who is enrolled in a plan under this section in the same plan as his
6 or her parent.

7 SECTION 20. 49.471 (5) (b) 2. of the statutes is renumbered 49.471 (5) (b) 2.
8 (intro.) and amended to read:

9 49.471 (5) (b) 2. (intro.) Except as provided in sub. (6) (a) 2., a child who is not
10 an unborn child is eligible for the benefits described in s. 49.46 (2) (a) and (b) during
11 the period beginning on the day on which a qualified entity determines, on the basis
12 of preliminary information, that the child's family income does not exceed 150
13 percent of the poverty line any of the following and ending on the applicable day
14 specified in subd. 3., unless the federal department of health and human services
15 approves the department's request to not extend eligibility to children during this
16 period:

17 SECTION 21. 49.471 (5) (b) 2. a. to c. of the statutes are created to read:

18 49.471 (5) (b) 2. a. 150 percent of the poverty line for a child who is 6 years of
19 age or older but has not yet attained the age of 1819.

****NOTE: Please confirm that this date range, cutting off at the age of 18, is correct.

Comment [JWL3]: No, should be 19.

20 b. 185 percent of the poverty line for a child who is one year of age or older but
21 has not yet attained the age of 6.

22 c. 300 percent of the poverty line for a child who is under one year of age.

23 SECTION 22. 49.471 (5) (b) 3. a. of the statutes is amended to read:

1 49.471 (5) (b) 3. a. If the woman or child applies for benefits under sub. (4)
2 within the time required under par. (d), the benefits specified in subd. 1. or 2.,
3 whichever is applicable, end on the day on which the department or the county
4 department under s. 46.215, 46.22, or 46.23 determines whether the woman or child
5 is eligible for benefits under sub. (4), except that a child who is not an unborn child
6 is not eligible for benefits described in s. 49.46 (2) (a) and (b) during that time if the
7 federal department of health and human services approves the department's request
8 not to provide those benefits during that time.

9 **SECTION 23.** 49.471 (6) (a) 1. of the statutes is amended to read:

10 49.471 (6) (a) 1. Any Except as provided in subd. 4., any pregnant woman,
11 including a pregnant woman under sub. (5) (b) 1., is eligible for medical assistance
12 under this section for any of the 3 months prior to the month of application if she met
13 the eligibility criteria under this section in that month.

14 **SECTION 24.** 49.471 (6) (a) 2. of the statutes is amended to read:

15 49.471 (6) (a) 2. Any Except as provided in subd. 3. or 4., any child who is not
16 an unborn child, including a child under sub. (5) (b) 2., parent, or caretaker relative
17 whose family income is less than 150 percent of the poverty line is eligible for medical
18 assistance under this section for any of the 3 months prior to the month of application
19 if the individual met the eligibility criteria under this section and had a family
20 income of less than 150 percent of the poverty line in that month.

21 **SECTION 25.** 49.471 (6) (a) 3. of the statutes is created to read:

22 49.471 (6) (a) 3. Any individual described in subd. 2. who is not disabled, not
23 elderly, and not pregnant, who is an adult, and whose family income exceeds 133
24 percent of the federal poverty level is not eligible for medical assistance under this

1 section for any of the 3 months before the month of application for medical assistance
2 benefits.

3 **SECTION 26.** 49.471 (6) (a) 4. of the statutes is created to read:

4 49.471 (6) (a) 4. To the extent allowed by the federal department of health and
5 human services, any individual described in subd. 1. or 2. who is not disabled is not
6 eligible for medical assistance under this section for any of the 3 months before the
7 month of application for medical assistance benefits.

8 **SECTION 27.** 49.471 (7) (c) (intro.) of the statutes is amended to read:

9 49.471 (7) (c) (intro.) When calculating an individual's family income, the
10 department shall do all of the following, subject to par. (d):

11 **SECTION 28.** 49.471 (7) (d) of the statutes is created to read:

12 49.471 (7) (d) In addition to applying other income counting requirements the
13 department shall do all of the following:

14 1. When calculating the family income of a member of a household who is not
15 disabled, include the income of all adults residing in the home for at least 60
16 consecutive days but exclude the income of a grandparent in a household containing
17 3 generations, unless the grandparent applies for or receives benefits as a parent or
18 caretaker under this section.

19 2. When determining the size of a family for purposes of determining income
20 eligibility, exclude from family size an adult whose income is included in a calculation
21 of family income solely under subd. 1.

22 3. Apply this paragraph only to the extent the federal department of health and
23 human services approves the income eligibility calculation methods, if approval is
24 required.

25 **SECTION 29.** 49.471 (8) (b) (intro.) of the statutes is amended to read:

1 49.471 (8) (b) (intro.) Except as provided in pars. (c), ~~(cg), (cr)~~, and (d), an
2 individual whose family income exceeds 150 percent of the poverty line is not eligible
3 for BadgerCare Plus if any of the following applies:

4 **SECTION 30.** 49.471 (8) (cg) of the statutes is created to read:

5 49.471 (8) (cg) An individual who is not disabled and not pregnant, who is over
6 18 years of age, and whose family income exceeds 133 percent of the poverty line is
7 not eligible for BadgerCare Plus if all of the following apply:

8 1. The individual has any of the following:

9 a. Access to individual or family health coverage provided by an employer in
10 which the monthly premium that an employee would pay for an employee-only
11 policy does not exceed 9.5 percent of the family's monthly income.

12 b. Access to individual or family health coverage under the state employee
13 health plan.

14 c. If the federal department of health and human services approves the
15 department's request to add private major medical insurance as a type of coverage
16 which causes ineligibility, coverage provided by a private major medical insurance
17 in which the monthly premium does not exceed 9.5 percent of the family's monthly
18 income.

19 2. The individual has any coverage described in subd. 1. c. or access to any
20 coverage described in subd. 1. a. or b. during any of the following times, subject to the
21 approval by the federal department of health and human services described under
22 subd. 1. c.:

23 a. The 12 months before the first day of the month in which an individual
24 applies for and the month in which an individual applies for BadgerCare Plus.

1 b. The 3 months after the last day of the month in which the individual applies
2 for BadgerCare Plus.

3 c. The month including the date of the annual determination of the individual's
4 eligibility for Medical Assistance.

5 3. The individual does not have as a reason for not obtaining health insurance
6 any of the good cause reasons under (d) 2. a. to e.

7 **SECTION 31.** 49.471 (8) (cr) of the statutes is created to read:

8 49.471 (8) (cr) 1. Subject to subd. 4., an individual who is any of the following
9 is not eligible for BadgerCare Plus if the criteria under par. (cg) 1. and 2. apply to that
10 individual:

11 a. An individual who is not disabled and who is a child, or unborn child, of an
12 individual whose family income is at a level determined by the department but no
13 lower than 133 percent of the poverty line.

14 b. A parent or caretaker relative who is not disabled, not pregnant, and an adult
15 and whose family income is at a level determined by the department but no lower
16 than 100 percent of the poverty line.

17 c. An adult, including a pregnant individual, who is not disabled, who is under
18 26 years of age; who is eligible to be covered under coverage a parent receives from
19 an employer; and whose family income is at a level determined by the department
20 but no lower than 100 percent of the poverty line.

21 2. An individual under subd. 1. is not ineligible if any of the good cause reasons
22 described in par. (d) 2. a. to e. is the reason that the individual did not obtain health
23 insurance coverage.

24 3. An individual under subd. 1. c. is not ineligible if any of the following good
25 cause reasons is the reason the individual did not obtain health insurance coverage:

1 a. The parent of the individual is no longer employed by the employer through
2 which the parent was eligible for coverage, and the parent does not have current
3 coverage.

4 b. The employer of the parent of the individual discontinued providing health
5 benefits to all employees.

6 4. The department may apply this paragraph to eligibility determinations for
7 for BadgerCare Plus only if the federal department of health and human services
8 approves of the conditions to make that individual ineligible, if approval is required.

9 **SECTION 32.** 49.471 (8) (d) 1. g. of the statutes is created to read:

10 49.471 (8) (d) 1. g. An adult who is disabled.

11 **SECTION 33.** 49.471 (8) (d) 2. dg. of the statutes is created to read:

12 49.471 (8) (d) 2. dg. The insurance is owned by someone not residing with the
13 family and continuation of the coverage is beyond the family's control.

14 **SECTION 34.** 49.471 (8) (d) 2. dr. of the statutes is created to read:

15 49.471 (8) (d) 2. dr. The insurance only covers services provided in a service
16 area that is beyond a reasonable driving distance.

17 **SECTION 35.** 49.471 (8) (f) of the statutes is amended to read:

18 49.471 (8) (f) If an individual with a family income that exceeds 150 percent
19 of the poverty line had the health insurance coverage specified in par. (b) 1. but no
20 longer has the coverage, or if an individual who is an unborn child or an unborn
21 child's mother, regardless of family income, had health insurance coverage but no
22 longer has the coverage, ~~or if a pregnant woman specified in par. (e) has health~~
23 ~~insurance coverage and does not maintain the coverage, the individual or pregnant~~
24 ~~woman~~ is not eligible for BadgerCare Plus for the 3 calendar months following the

1 month in which the insurance coverage ended without a good cause reason specified
2 in par. (g).

****NOTE: If DHS no longer applies the policy under sub. (8) (e), should that
provision be repealed?

Comment [JWL4]: Yes.

3 SECTION 36. 49.471 (8) (fm) of the statutes is created to read:

4 49.471 (8) (fm) If an individual who is one of the following individuals had the
5 health insurance coverage specified in par. (cg) 1. a. or 1. b. but no longer has the
6 coverage, the individual is not eligible for BadgerCare Plus for the 3 calendar months
7 following the month in which the insurance coverage ended without a good cause
8 reason specified in par. (g):

9 1. An individual who is not disabled and not pregnant, who is over 18 years of
10 age, and whose family income exceeds 133 percent of the poverty line.

11 2. If the federal department of health and human services approves of the
12 department's request to make such an individual ineligible, an individual who is not
13 disabled and who is a child of an individual whose family income is at a level
14 determined by the department but no lower than 133 percent of the poverty line.

15 3. If the federal department of health and human services approves of the
16 department's request to make such an individual ineligible, a parent or caretaker
17 relative who is not disabled, not pregnant, and an adult and whose family income is
18 at a level determined by the department but no lower than 100 percent of the poverty
19 line.

20 4. If the federal department of health and human services approves of the
21 department's request to make such an individual ineligible, an adult, including a
22 pregnant individual, who is not disabled, who is under 26 years of age; who is eligible
23 to be covered under coverage a parent receives from an employer; and whose family

Comment [ACF5]: Pregnant women are correctly included in 4. We also recommend amending (8)(d)1.a. to say, "except as provided in (8)(fm)4.", or words to that effect.

1 income is at a level determined by the department but no lower than 100 percent of
2 the poverty line.

****NOTE: Please carefully review this new par. (fm) drafted in response to concerns raised by Andrew Forsaith of DHS to ensure it addresses his concerns.

Comment [JWL6]: (fm) should also include a reference to major medical under (b)(cg)1. If a person had major medical coverage and then dropped it, they should be barred from BCP for 3 months. Otherwise, (fm) looks good.

3 SECTION 37. 49.471 (8) (g) (intro.), 1., 2., 3. and 5. of the statutes are amended
4 to read:

5 49.471 (8) (g) Any of the following is a good cause reason for purposes of par.
6 (f) and (fm):

7 1. The individual ~~or pregnant woman~~ was covered by a group health plan that
8 was provided by a subscriber through his or her employer, and the subscriber's
9 employment ended for a reason other than voluntary termination, unless the
10 voluntary termination was a result of the incapacitation of the subscriber or because
11 of an immediate family member's health condition.

12 2. The individual ~~or pregnant woman~~ was covered by a group health plan that
13 was provided by a subscriber through his or her employer, the subscriber changed
14 employers, and the new employer does not offer health insurance coverage.

15 3. The individual ~~or pregnant woman~~ was covered by a group health plan that
16 was provided by a subscriber through his or her employer, and the subscriber's
17 employer discontinued health plan coverage for all employees.

18 5. The individual's ~~or pregnant woman's~~ coverage terminated due to the death
19 or change in marital status of the subscriber.

20 SECTION 38. 49.471 (8) (g) 4. of the statutes is repealed.

****NOTE: I assume this provision may be repealed as it refers to the pregnant women under par. (e). Please advise if this assumption is incorrect.

Comment [JWL7]: (g)4. Refers to private insurance that is through COBRA which ends after a certain period of time. This section should not be repealed. It should be amended to say "individual" instead of "pregnant woman". It continues to apply to unborn children and an unborn child's mother and will apply to other persons if the federal government approves.

21 SECTION 39. 49.471 (8) (g) 5g. of the statutes is created to read:

1 49.471 (8) (g) 5g. The insurance coverage is owned by someone not residing
2 with the family and continuation of the coverage is beyond the family's control.

3 **SECTION 40.** 49.471 (8) (g) 5r. of the statutes is created to read:

4 49.471 (8) (g) 5r. The insurance coverage only covers services provided in a
5 service area that is beyond a reasonable driving distance.

6 **SECTION 41.** 49.471 (10) (b) 1. of the statutes is amended to read:

7 49.471 (10) (b) 1. Except as provided in ~~subd.~~ subds. 1m. and 4., a recipient who
8 is an adult, who is not a pregnant woman, and whose family income is greater than
9 150 percent but not greater than 200 percent of the poverty line shall pay a premium
10 for coverage under BadgerCare Plus that does not exceed 5 percent of his or her
11 family income. If the recipient has self-employment income and is eligible under
12 sub. (4) (b) 4., the premium may not exceed 5 percent of family income calculated
13 before depreciation was deducted.

14 **SECTION 42.** 49.471 (10) (b) 1m. of the statutes is created to read:

15 49.471 (10) (b) 1m. Except as provided in subd. 4., a recipient who is an adult
16 parent or adult caretaker; who is not disabled, pregnant, or American Indian; and
17 whose family income exceeds 133 percent of the federal poverty line shall pay a
18 premium for coverage under BadgerCare Plus in an amount determined by the
19 department that is based on a formula in which costs decrease for those with lower
20 family incomes and that is no less than 3 percent of family income but no greater than
21 9.5 percent of family income. If the recipient has self-employment income and is
22 eligible under sub. (4) (b) 4., the premium may not exceed 5 percent of family income
23 calculated before depreciation was deducted.

24 **SECTION 43.** 49.471 (10) (b) 2. of the statutes is amended to read:

1 49.471 (10) (b) 2. Except as provided in subs. ~~3.~~ 3m. and 4., a recipient who
2 is a child whose family income is greater than 200 percent of the poverty line shall
3 pay a premium for coverage of the benefits described in sub. (11) that does not exceed
4 the full per member per month cost of coverage for a child with a family income of
5 300 percent of the poverty line.

6 **SECTION 44.** 49.471 (10) (b) 3. of the statutes is repealed.

7 **SECTION 45.** 49.471 (10) (b) 3m. of the statutes is created to read:

8 49.471 (10) (b) 3m. A recipient who is a child, who is not disabled, and whose
9 family income is at a level determined by the department that is at least 150 percent
10 of the poverty line shall pay a premium in an amount determined by the department.
11 The department may apply this subdivision only to the extent the federal
12 department of health and human services approves applying a premium to those
13 individuals, if approval is required.

14 **SECTION 46.** 49.471 (10) (b) 4. (intro.) of the statutes is amended to read:

15 49.471 (10) (b) 4. (intro.) None of the following shall pay a premium, except as
16 provided in subd. 3m.

Comment [JWL8]: I don't understand the purpose of this amendment. The waiver request covered by (10)(b)3m. did not change which individuals are exempt from premiums.

17 **SECTION 47.** 49.471 (10) (b) 5. of the statutes is amended to read:

18 49.471 (10) (b) 5. If a recipient who is required to pay a premium under this
19 paragraph or under sub. (2m) or (4) (c) either does not pay a premium when due or
20 requests that his or her coverage under this section be terminated, the recipient's
21 coverage terminates and, If the recipient is an adult, the recipient is not eligible for
22 BadgerCare Plus for ~~6~~ 12 consecutive calendar months following the date on which
23 the recipient's coverage terminated, except for any month during that ~~6-month~~
24 12-month period when the recipient's family income does not exceed ~~450~~ 133 percent
25 of the poverty line. If the recipient is a child, the recipient is not eligible for

1 BadgerCare Plus for 6 consecutive calendar months, or 12 consecutive calendar
2 months if the federal department of health and human services approves, following
3 the date on which the recipient's coverage terminated, except for any month during
4 that period when the recipient's family income does not exceed 150 percent of the
5 poverty line.

6 **SECTION 48.** 49.471 (11) (intro.) of the statutes is amended to read:

7 49.471 (11) BENCHMARK PLAN BENEFITS AND COPAYMENTS. (intro.) Recipients
8 Except as provided in sub. (11r) and s. 49.45 (24j), recipients who are not eligible for
9 the benefits described in s. 49.46 (2) (a) and (b) shall have coverage of the following
10 benefits and pay the following copayments:

11 **SECTION 49.** 49.471 (11r) of the statutes is created to read:

12 49.471 (11r) ALTERNATE BENCHMARK PLAN BENEFITS AND COPAYMENTS. (a) If the
13 department chooses to provide the alternate benchmark plan under this subsection,
14 the department shall provide to the recipients described under sub. (4) (e) coverage
15 for benefits similar to those in a commercial, major medical insurance policy.

16 (b) The department may charge copayments to recipients receiving coverage
17 under the alternate benchmark plan under this subsection that are higher than
18 copayments charged to recipients receiving coverage under the standard plan under
19 s. 49.46 (2). The department may not charge to a recipient of coverage under the
20 alternate benchmark plan under this subsection whose family income is at or below
21 150 percent of the poverty line a copayment that exceeds 5 percent of the individual's
22 family income for all members of the family.

23 (c) 1. The department may only provide coverage under the alternate
24 benchmark plan under this subsection to the extent the alternate benchmark plan
25 is approved by the federal department of health and human services.

