

LPS-stays "1"

DOA:.....Pink, BB0185 - BadgerCare Plus

FOR 2007-09 BUDGET -- NOT READY FOR INTRODUCTION

do not get cut

1 AN ACT; relating to: the budget.

Analysis by the Legislative Reference Bureau

HEALTH AND HUMAN SERVICES

MEDICAL ASSISTANCE

Under current law, DHFS administers the Medical Assistance (MA) program and the Badger Care health care program (BadgerCare), both of which provide health care benefits for eligible individuals. Individuals who may be eligible for MA, generally, are pregnant women, certain children, and elderly or disabled individuals, all of whom must meet specific low-income requirements. Families, children who do not reside with their parents, and unborn children whose mothers are not eligible for MA or BadgerCare may be eligible for BadgerCare if their incomes do not exceed 185 percent of the federal poverty line and they meet certain nonfinancial criteria, such as not having access to employer-subsidized health care coverage.

Waiver to implement BadgerCare Plus

Under this bill, DHFS must request a waiver from, and submit amendments to the state MA plan to, the secretary of the federal department of health and human services to allow DHFS to implement an MA health care program called BadgerCare Plus (BC+). BC+ would be financed as are other MA programs, partly with federal funds and partly with state funds. BC+ would replace all of BadgerCare and part of MA. Thus, individuals who satisfy eligibility criteria under both BC+ and BadgerCare would receive benefits under BC+. Individuals who satisfy eligibility

criteria under both BC+ and MA would receive benefits under either BC+ or MA, depending on the basis for their eligibility for MA. For example, an individual who is eligible for MA because he or she receives supplemental security income would continue to receive benefits as usual under MA rather than under BC+.

Benefits and general eligibility

BC+ would provide health care benefits to recipients under two different plans, depending on the basis for the recipient's eligibility. The first plan provides the same benefits that are provided under regular MA. Individuals eligible for BC+ benefits under that plan (regular MA plan) include: a pregnant woman whose family income does not exceed 200 percent of the poverty level (poverty); a child under one year of age whose mother, on the day on which the child was born, was eligible for and receiving benefits under MA or BC+ under the regular MA plan; any child whose family income does not exceed 200 percent of poverty; an individual whose family income does not exceed 200 percent of poverty and who is the parent or caretaker relative of a child who is, generally, living in the home of the parent or caretaker relative; certain migrant workers and their dependents; and an individual between 19 and 21 years of age who was in foster care on his or her 18th birthday.

The second plan, called the Benchmark Plan, provides specified benefits, including, but not limited to, coverage for prescription drugs; physicians' services; inpatient and outpatient hospital services; home health services; physical, occupational, and speech therapy; treatment for nervous and mental disorders and alcoholism and other drug abuse problems; durable medical equipment; and transportation to obtain emergency medical care. Individuals eligible for BC+ benefits under the Benchmark Plan include: a pregnant woman whose family income exceeds 200 percent, but does not exceed 300 percent, of poverty; a child under one year of age whose mother, on the day on which the child was born, was eligible for and receiving BC+ benefits under the Benchmark Plan; any child whose family income exceeds 200 percent, but does not exceed 300 percent, of poverty; and an individual whose family income exceeds 200 percent, but does not exceed 300 percent, of poverty and who is the parent or caretaker relative of a child who is, generally, living in the home of the parent or caretaker relative. In addition, any child whose family income exceeds 300 percent of poverty may purchase coverage under the Benchmark Plan at the full per member per month cost of the coverage.

For coverage under both the regular MA plan and the Benchmark Plan, a child is defined to include an unborn child whose mother is not eligible for MA or BC+ but satisfies all other eligibility criteria except that she is not a U.S. citizen or qualifying alien or is an inmate of a public institution. If the mother's family income does not exceed 200 percent of poverty, the unborn child is eligible for BC+ benefits under the regular MA plan; if the mother's family income exceeds 200 percent, but does not exceed 300 percent, of poverty, the unborn child is eligible for BC+ benefits under the Benchmark Plan.

Various other eligibility provisions apply under BC+. For example, regardless of any increase in income, a pregnant woman who is eligible for regular MA benefits remains eligible for those benefits until the last day of the month in which the 60th day after the last day of the pregnancy falls. A child who is receiving inpatient

limited to prenatal care

services under the regular MA plan on the day before his or her 19th birthday remains eligible for those services until the end of the stay for which the services are being provided. A pregnant woman, a child, or a parent or caretaker relative whose family income is less than 150 percent of poverty is eligible for benefits for any of the three months before he or she applied for coverage if he or she was otherwise eligible and his or her family income was less than 150 percent of poverty.

Health insurance-related provisions

Various health insurance qualifications and limitations apply under BC+. As a condition of eligibility for BC+, an individual who is eligible for enrollment in a group health plan must apply for enrollment in that plan if DHFS determines that it is cost-effective. With exceptions for pregnant women, individuals in foster care on their 18th birthday, and certain children, no individual whose family income exceeds 150 percent of poverty is eligible for BC+ if the individual has health care coverage under the state employee health plan or coverage that is provided by an employer and for which the employer pays at least 80 percent of the premium or, unless there is a good-cause reason for not enrolling in the coverage, if the individual had access to one of those types of coverages in the 12 months before applying for BC+. Regardless of family income, however, an unborn child is not eligible for BC+ if the unborn child or its mother has health insurance coverage. A pregnant woman whose family income exceeds 200 percent of poverty and who has health insurance coverage must maintain that coverage as a condition of eligibility for BC+. If an individual whose family income exceeds 150 percent of poverty had coverage under the state employee health plan or employer-provided coverage but no longer has the coverage, or if a pregnant woman whose family income exceeds 200 percent of poverty did not maintain coverage that she had, the individual or pregnant woman is not eligible for BC+ for three calendar months following the month in which the coverage ended, unless there was a good cause reason for the termination of the coverage.

Under the bill, ^{with certain exceptions, ✓} for an individual whose family income exceeds 150 percent of poverty, DHFS must verify directly with the employer, if any, whether the individual has or had insurance coverage or access. An employer that receives a request from DHFS for that information must supply the information within a certain time or pay a penalty equal to the full per member per month cost of coverage under BC+ for each month the individual is covered under BC+ until the employer provides the information. Penalties are limited to no more than \$1,000 in any six-month period for an employer with fewer than 250 employees, and to no more than \$15,000 in any six-month period for other employers.

Cost sharing

Generally, the same copayment requirements that apply under MA apply to BC+ recipients with benefits under the regular MA plan. BC+ recipients with benefits under the Benchmark Plan are subject to the copayment and coinsurance requirements specified in the bill for that plan. A BC+ recipient who is an adult and who is not a pregnant woman must pay a premium for BC+ coverage if the recipient's family income is at least 150 percent of poverty. The premium may not exceed 5 percent of the recipient's family income. A BC+ recipient who is a child must pay a

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Sheet A

premium for BC+ coverage if the recipient's family income is at least 200 percent of poverty. The premium may not exceed the full per member per month cost of coverage for a child with a family income equal to 300 percent of poverty. A BC+ recipient who is an unborn child or a pregnant woman must pay a premium if the recipient's family income exceeds 200 percent of poverty. The premium may not exceed the full per member per month cost of coverage for an adult with a family income equal to 300 percent of poverty. If a recipient who is required to pay a premium does not pay it when it is due, the recipient's coverage terminates and the recipient may not be eligible for BC+ again for six months.

For further information see the *state and local* 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:

1 SECTION 1. 20.435 (4) (bc) of the statutes is repealed.

***NOTE: This SECTION involves a change in an appropriation that must be reflected in the revised schedule in s. 20.005, stats.

2 SECTION 2. 20.435 (4) (bm) of the statutes is amended to read:

3 20.435 (4) (bm) *Medical Assistance* ~~and~~ *food stamps, and Badger-Care* ~~stamps~~

4 ~~program~~ *administration; contract costs, insurer reports, and resource centers.*

5 Biennially, the amounts in the schedule to provide the state share of administrative

6 contract costs for the Medical Assistance program under s. 49.45, the food stamp

7 program under s. 49.79, ~~and the Badger-Care health care program under s. 49.665,~~

8 other than payments to counties and tribal governing bodies under s. 49.78 (8), to

9 develop and implement a registry of recipient immunizations, to reimburse insurers

10 for their costs under s. 49.475, for costs associated with outreach activities, and for

11 services of resource centers under s. 46.283. No state positions may be funded in the

12 department of health and family services from this appropriation, except positions

13 for the performance of duties under a contract in effect before January 1, 1987,

14 related to the administration of the Medical Assistance program between the

15 subunit of the department primarily responsible for administering the Medical

✓ Inset 4-1

plain ✓
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Ch. 49
NO
subch. IV 05

✓ plain

1 Assistance program and another subunit of the department. Total administrative
2 funding authorized for the program under s. 49.665 may not exceed 10% of the
3 amounts budgeted under pars. (be), (p), and (x). ✓

****NOTE: This SECTION involves a change in an appropriation that must be reflected in the revised schedule in s. 20.005, stats.

4 SECTION 3. 20.435 (4) (bn) of the statutes is amended to read:

5 20.435 (4) (bn) *Income maintenance*. Biennially, the amounts in the schedule
6 for funeral expenses under s. 49.785 and for payments under s. 49.78 (8) relating to
7 the administration of the Medical Assistance program, the Badger Care health care
8 program under s. 49.665, the food stamp program, and the cemetery, funeral, and
9 burial expenses program under s. 49.785.

Inserts 5-9 ✓

10 SECTION 4. 20.435 (4) (jw) of the statutes is created to read:

11 20.435 (4) (jw) *BadgerCare Plus administrative costs*. Biennially, the amounts
12 in the schedule to provide a portion of the state share of administrative costs for the
13 BadgerCare Plus Medical Assistance program under s. 49.471. Ten percent of all
14 moneys received from penalty assessments under s. 49.471 (9) (c) shall be credited
15 to this appropriation account.

****NOTE: This SECTION involves a change in an appropriation that must be reflected in the revised schedule in s. 20.005, stats.

16 SECTION 5. 20.435 (4) (jz) of the statutes is amended to read:

17 20.435 (4) (jz) ~~Badger Care~~ ^{plain} *Medical Assistance cost sharing and employer*
18 *penalty assessments*. All moneys received in cost-sharing from ~~payments under s.~~ ^{plain}
19 ~~49.665 (5), medical assistance recipients and 90 percent of all moneys received from~~
20 ~~penalty assessments under s. 49.665 (7) (b) 2. 49.471 (9) (c) to be used for the Badger~~
21 ~~Care health care Medical Assistance program under s. 49.665.~~

****NOTE: This SECTION involves a change in an appropriation that must be reflected in the revised schedule in s. 20.005, stats.

Insert 5-21 ✓

1 **SECTION 6.** 20.435 (4) (nn) of the statutes is amended to read:

2 20.435 (4) (nn) *Federal aid; income maintenance.* All moneys received from the
3 federal government for the costs of contracting for the administration of the Medical
4 Assistance program under subch. IV of ch. 49 and the Badger Care health care
5 program under s. 49.665 and the food stamp program, other than moneys received
6 under par. (pa), for payments under s. 49.78 (8).

7 **SECTION 7.** 20.435 (4) (o) of the statutes is amended to read:

8 20.435 (4) (o) *Federal aid; medical assistance.* All federal moneys received for
9 meeting costs of ~~medical assistance~~ Medical Assistance administered under ss.
10 46.284 (5), and 49.45 and ~~49.665~~, to be used for those purposes and for transfer to the
11 ~~medical assistance~~ Medical Assistance trust fund, for those purposes.

12 **SECTION 8.** 20.435 (4) (p) of the statutes is repealed.

 ***NOTE: This SECTION involves a change in an appropriation that must be reflected in the revised schedule in s. 20.005, stats.

13 **SECTION 9.** 20.435 (4) (x) of the statutes is repealed.

 ***NOTE: This SECTION involves a change in an appropriation that must be reflected in the revised schedule in s. 20.005, stats.

14 **SECTION 10.** 45.51 (13) (intro.) of the statutes is amended to read:

15 **45.51 (13) ADDITIONAL ELIGIBILITY REQUIREMENTS FOR SKILLED NURSING FACILITIES.**
16 (intro.) Any person admitted to a skilled nursing facility at a veterans home shall
17 meet the eligibility requirements under ss. 49.45 and 49.46, and, if applicable, s.
18 49.471 and rules promulgated under those sections during residence at the skilled
19 nursing facility except if any of the following apply:

20 **SECTION 11.** 45.51 (13) (a) of the statutes is amended to read:

21 45.51 (13) (a) Persons with sufficient income and resources to meet the
22 expenses of care for one or more months may be admitted to the skilled nursing

Insert 6-13

1 facility but shall apply income and resources to costs to the extent required under ss.
2 49.45 and 49.46, and, if applicable, s. 49.471 and rules promulgated under those
3 sections.

4 **SECTION 12.** 45.51 (13) (b) of the statutes is amended to read:

5 45.51 (13) (b) Persons who meet all the requirements of this section but whose
6 degree of physical disability does not meet the minimum requirements under ss.
7 49.45 and 49.46 and rules promulgated under those sections may be admitted to the
8 skilled nursing facility but shall apply income and resources to costs to the extent
9 required by ss. 49.45 and 49.46, and, if applicable, s. 49.471 and rules promulgated
10 under those sections.

11 **SECTION 13.** 46.206 (1) (bm) of the statutes is amended to read:

12 46.206 (1) (bm) All records of the department relating to aid provided under
13 s. 49.46, 49.465, 49.468, 49.47, 49.471, or 49.77 are open to inspection at reasonable
14 hours by members of the legislature who require the information contained in the
15 records in pursuit of a specific state legislative purpose. All records of any county
16 relating to aid provided under s. 49.46, 49.465, 49.468, 49.47, 49.471, or 49.77 are
17 open to inspection at reasonable hours by members of the board of supervisors of the
18 county or the governing body of a city, village or town located in the county who
19 require the information contained in the records in pursuit of a specific county or
20 municipal legislative purpose. The right to records access provided by this
21 paragraph does not apply if access is prohibited by federal law or regulation or if this
22 state is required to prohibit such access as a condition precedent to participation in
23 a federal program in which this state participates.

24 **SECTION 14.** 46.22 (1) (b) 1. d. of the statutes is amended to read:

1 46.22 (1) (b) 1. d. To submit a final budget in accordance with s. 46.031 (1) for
2 services authorized in this section, except for the administration of and cost of aid
3 granted under ss. 49.02, 49.19 and 49.45 to ~~49.47~~ 49.471.

4 **SECTION 15.** 46.27 (6u) (c) 1. a. of the statutes is amended to read:

5 46.27 (6u) (c) 1. a. Eligible for medical assistance under s. 49.46, 49.468 or,
6 49.47, or 49.471 (4) (a).

7 **SECTION 16.** 46.27 (6u) (d) (intro.) of the statutes is amended to read:

8 46.27 (6u) (d) (intro.) In determining financial eligibility under par. (c) 1. and
9 in calculating the amount under par. (c) 2., the county department or aging unit shall
10 include as the assets for any person, except those persons who are eligible for medical
11 assistance under s. 49.46, 49.468 or, 49.47, or 49.471 (4) (a), any portion of assets that
12 the person or the person's spouse has, after August 12, 1993, transferred to another
13 as specified in par. (b), unless one of the following conditions applies:

14 **SECTION 17.** 46.27 (7) (am) of the statutes is amended to read:

15 46.27 (7) (am) From the appropriation under s. 20.435 (7) (bd), the department
16 shall allocate funds to each county or private nonprofit agency with which the
17 department contracts to pay assessment and case plan costs under sub. (6) not
18 otherwise paid by fee or under s. 49.45 or 49.78 (2). The department shall reimburse
19 counties for the cost of assessing persons eligible for medical assistance under s.
20 49.46, 49.468, or 49.47, or 49.471 (4) (a) as part of the administrative services of
21 medical assistance, payable under s. 49.45 (3) (a). Counties may use unspent funds
22 allocated under this paragraph to pay the cost of long-term community support
23 services and for a risk reserve under par. (fr).

24 **SECTION 18.** 46.27 (7) (b) of the statutes is amended to read:

1 46.27 (7) (b) From the appropriations under s. 20.435 (7) (bd) and (im), the
2 department shall allocate funds to each county to pay the cost of providing long-term
3 community support services under sub. (5) (b) not otherwise paid under s. 49.45 to
4 persons eligible for medical assistance under s. 49.46 ~~or~~, 49.47, or 49.471 (4) (a) or
5 to persons whom the county department or aging unit administering the program
6 finds likely to become medically indigent within 6 months by spending excess income
7 or assets for medical or remedial care. The average per person reimbursement under
8 this paragraph may not exceed the state share of the average per person payment
9 rate the department expects under s. 49.45 (6m). The county department or aging
10 unit administering the program may spend funds received under this paragraph
11 only in accordance with the case plan and service contract created for each person
12 receiving long-term community support services. Counties may use unspent funds
13 allocated under this paragraph from the appropriation under s. 20.435 (7) (bd) for a
14 risk reserve under par. (fr).

15 **SECTION 19.** 46.275 (1m) (a) of the statutes is amended to read:

16 46.275 (1m) (a) "Medical assistance" means aid provided under subch. IV of ch.
17 49, except ~~s. ss.~~ 49.468 and 49.471.

18 **SECTION 20.** 46.277 (1m) (a) of the statutes is amended to read:

19 46.277 (1m) (a) "Medical assistance" means aid provided under subch. IV of ch.
20 49, except ~~s. ss.~~ 49.468 and 49.471.

21 **SECTION 21.** 46.278 (1m) (b) of the statutes is amended to read:

22 46.278 (1m) (b) "Medical assistance" means aid provided under subch. IV of ch.
23 49, except ~~s. ss.~~ 49.468 and 49.471.

24 **SECTION 22.** 46.283 (3) (k) of the statutes is amended to read:

1 46.283 (3) (k) A determination of eligibility for state supplemental payments
2 under s. 49.77, medical assistance under s. 49.46, 49.468 ~~or~~, 49.47, or 49.471, or the
3 federal food stamp program under 7 USC 2011 to 2029.

4 **SECTION 23.** 46.485 (3g) of the statutes is amended to read:

5 46.485 (3g) The amount that the department may transfer under sub. (2g) for
6 counties may not exceed the estimated state share of payments under s. 49.45, 49.46
7 ~~or~~, 49.47, or 49.471 for mental health care and treatment that is provided in inpatient
8 facilities for children with severe emotional disturbances.

9 **SECTION 24.** 48.57 (3m) (e) of the statutes is amended to read:

10 48.57 (3m) (e) The department shall determine whether the child is eligible
11 for medical assistance under ss. 49.43 to ~~49.47~~ 49.471.

12 **SECTION 25.** 48.57 (3n) (e) of the statutes is amended to read:

13 48.57 (3n) (e) The department shall determine whether the child is eligible for
14 medical assistance under ss. 49.43 to ~~49.47~~ 49.471.

15 **SECTION 26.** 49.22 (2m) (a) of the statutes is amended to read:

16 49.22 (2m) (a) The department may request from any person in this state
17 information it determines appropriate and necessary for the administration of this
18 section, ss. 49.141 to 49.161, 49.19, 49.46, 49.468 ~~and~~, 49.47, and 49.471 and
19 programs carrying out the purposes of 7 USC 2011 to 2029. Unless access to the
20 information is prohibited or restricted by law, or unless the person has good cause,
21 as determined by the department in accordance with federal law and regulations, for
22 refusing to cooperate, the person shall make a good faith effort to provide this
23 information within 7 days after receiving a request under this paragraph. Except
24 as provided in subs. (2p) and (2r) and subject to sub. (12), the department or the
25 county child support agency under s. 59.53 (5) may disclose information obtained

1 under this paragraph only in the administration of this section, ss. 49.141 to 49.161,
2 49.19, 49.46 and, 49.47, and 49.471 and programs carrying out the purposes of 7 USC
3 2011 to 2029. Employees of the department or a county child support agency under
4 s. 59.53 (5) are subject to s. 49.83.

5 **SECTION 27.** 49.22 (2m) (b) of the statutes is amended to read:

6 49.22 (2m) (b) The department or county child support agency under s. 59.53
7 (5) may issue a subpoena, in substantially the form authorized under s. 885.02, to
8 compel the production of financial information and other documentary evidence in
9 the administration of this section, ss. 49.145, 49.19, 49.46 and, 49.47, and 49.471 and
10 programs carrying out the purposes of 7 USC 2011 to 2029.

11 **SECTION 28.** 49.22 (2m) (c) 3. of the statutes is amended to read:

12 49.22 (2m) (c) 3. Any other action taken in good faith to comply with this section
13 or a subpoena described in par. (bc) or to comply with a request for information or
14 access to records from the department or a county child support agency under s. 59.53
15 (5) in the administration of this section, ss. 49.145, 49.19, 49.46 and, 49.47, and
16 49.471 and programs carrying out the purposes of 7 USC 2011 to 2029.

17 **SECTION 29.** 49.22 (6) of the statutes is amended to read:

18 49.22 (6) The department shall establish, pursuant to federal and state laws,
19 rules and regulations, a uniform system of fees for services provided under this
20 section to individuals not receiving aid under s. 46.261, 49.19 or, 49.47, or 49.471;
21 benefits under s. 49.148, 49.155, or 49.79; foster care maintenance payments under
22 42 USC 670 to 679a; or kinship care payments under s. 48.57 (3m) or long-term
23 kinship care payments under s. 48.57 (3n). The system of fees may take into account
24 an individual's ability to pay. Any fee paid and collected under this subsection may

1 be retained by the county providing the service except for the fee specified in 42 USC
2 653 (e) (2) for federal parent locator services.

3 **SECTION 30.** 49.45 (2) (a) 1. of the statutes is amended to read:

4 49.45 (2) (a) 1. Exercise responsibility relating to fiscal matters, the eligibility
5 for benefits under standards set forth in ss. 49.46 to ~~49.47~~ 49.471, and general
6 supervision of the medical assistance program.

7 **SECTION 31.** 49.45 (2) (a) 3. of the statutes is amended to read:

8 49.45 (2) (a) 3. Determine the eligibility of persons for medical assistance,
9 rehabilitative, and social services under ss. 49.46, 49.468, and ~~49.47~~, and 49.471 and
10 rules and policies adopted by the department and may, under a contract under s.
11 49.78 (2), delegate all, or any portion, of this function to the county department under
12 s. 46.215, 46.22, or 46.23 or a tribal governing body.

13 **SECTION 32.** 49.45 (2) (b) 3. of the statutes is amended to read:

14 49.45 (2) (b) 3. Audit all claims filed by any contractor making the payment of
15 benefits paid under ss. 49.46 to ~~49.47~~ 49.471 and make proper fiscal adjustments.

16 **SECTION 33.** 49.45 (2) (b) 7. (intro.) of the statutes is amended to read:

17 49.45 (2) (b) 7. (intro.) Require, as a condition of certification under par. (a) 11.,
18 all providers of a specific service that is among those enumerated under s. 49.46 (2)
19 ~~or~~, ~~49.47 (6) (a)~~, or 49.471 (11), as specified in this subdivision, to file with the
20 department a surety bond issued by a surety company licensed to do business in this
21 state. Providers subject to this subdivision provide those services specified under s.
22 49.46 (2) ~~or~~, ~~49.47 (6) (a)~~, or 49.471 (11) for which providers have demonstrated
23 significant potential to violate s. 49.49 (1) (a), (2) (a) or (b), (3), (3m) (a), (3p), (4) (a),
24 or (4m) (a), to require recovery under par. (a) 10., or to need additional sanctions
25 under par. (a) 13. The surety bond shall be payable to the department in an amount

1 that the department determines is reasonable in view of amounts of former
2 recoveries against providers of the specific service and the department's costs to
3 pursue those recoveries. The department shall promulgate rules to implement this
4 subdivision that specify all of the following:

5 **SECTION 34.** 49.45 (3) (b) 1. of the statutes is amended to read:

6 49.45 (3) (b) 1. The contractor, if any, administering benefits or providing
7 prepaid health care under s. 49.46, 49.465, 49.468 ~~or~~, 49.47, or 49.471 shall be
8 entitled to payment from the department for benefits so paid or prepaid health care
9 so provided or made available when a certification of eligibility is properly on file
10 with the contractor in addition to the payment of administrative expense incurred
11 pursuant to the contract and as provided in sub. (2) (a) 4., but the contractor shall
12 not be reimbursed for benefits erroneously paid where no certification is on file.

13 **SECTION 35.** 49.45 (3) (b) 2. of the statutes is amended to read:

14 49.45 (3) (b) 2. The contractor, if any, insuring benefits under s. 49.46, 49.465,
15 49.468 ~~or~~, 49.47, or 49.471 shall be entitled to receive a premium, in an amount and
16 on terms agreed, for such benefits for the persons eligible to receive them and for its
17 services as insurer.

18 **SECTION 36.** 49.45 (3) (dm) of the statutes is amended to read:

19 49.45 (3) (dm) After distribution of computer software has been made under
20 1993 Wisconsin Act 16, section 9126 (13h), no payment may be made for home health
21 care services provided to persons who are enrolled in the federal medicare program
22 and are recipients of medical assistance under s. 49.46 ~~or~~, 49.47, or 49.471 unless the
23 provider of the services has in use the computer software to maximize payments
24 under the federal medicare program under 42 USC 1395.

25 **SECTION 37.** 49.45 (3) (f) 2. of the statutes is amended to read:

1 49.45 (3) (f) 2. The department may deny any provider claim for reimbursement
2 which cannot be verified under subd. 1. or may recover the value of any payment
3 made to a provider which cannot be so verified. The measure of recovery will be the
4 full value of any claim if it is determined upon audit that actual provision of the
5 service cannot be verified from the provider's records or that the service provided was
6 not included in s. 49.46 (2) or 49.471 (11). In cases of mathematical inaccuracies in
7 computations or statements of claims, the measure of recovery will be limited to the
8 amount of the error.

9 **SECTION 38.** 49.45 (3) (L) 2. of the statutes is amended to read:

10 49.45 (3) (L) 2. The department may not pay a provider for a designated health
11 service that is authorized under this section or s. 49.46 ~~or~~, 49.47, or 49.471, that is
12 provided as the result of a referral made to the provider by a physician and that,
13 under 42 USC 1396b (s), if made on behalf of a beneficiary of medicare under the
14 requirements of 42 USC 1395nn, as amended to August 10, 1993, would result in the
15 denial of payment for the service under 42 USC 1395nn.

16 **SECTION 39.** 49.45 (3) (m) of the statutes is amended to read:

17 49.45 (3) (m) To be certified under sub. (2) (a) 11. to provide transportation by
18 specialized medical vehicle, a person must have at least one human service vehicle,
19 as defined in s. 340.01 (23g), that satisfies the requirements imposed under s. 110.05
20 for a vehicle that is used to transport a person in a wheelchair. If a certified provider
21 uses 2 or more vehicles to provide transportation by specialized medical vehicle, at
22 least 2 of the vehicles must be human service vehicles that satisfy the requirements
23 imposed under s. 110.05 for a vehicle that is used to transport a person in a
24 wheelchair, and any 3rd or additional vehicle must be a human service vehicle to
25 which the equipment required under s. 110.05 for transporting a person in a

1 wheelchair may be added. The department shall pay for transportation by
2 specialized medical vehicle under s. 49.46 (2) (b) 3. or 49.471 (11) (m) that is provided
3 in a human service vehicle that is not equipped to transport a person in a wheelchair
4 if the person being transported does not use a wheelchair. The reimbursement rate
5 for transportation by specialized medical vehicle provided in a vehicle that is not
6 equipped to accommodate a wheelchair shall be the same as for transportation by
7 specialized medical vehicle provided in a vehicle that is equipped to accommodate a
8 wheelchair.

9 **SECTION 40.** 49.45 (6c) (d) 1. of the statutes is amended to read:

10 49.45 (6c) (d) 1. No payment may be made under sub. (6m) to a facility or to
11 an institution for mental diseases for the care of an individual who is otherwise
12 eligible for medical assistance under s. 49.46 ~~or~~, 49.47, or 49.471, who has
13 developmental disability or mental illness and for whom under par. (b) or (c) it is
14 determined that he or she does not need facility care, unless it is determined that the
15 individual requires active treatment for developmental disability or active
16 treatment for mental illness and has continuously resided in a facility or institution
17 for mental diseases for at least 30 months prior to the date of the determination. If
18 that individual requires active treatment and has so continuously resided, he or she
19 shall be offered the choice of receiving active treatment for developmental disability
20 or active treatment for mental illness in the facility or institution for mental diseases
21 or in an alternative setting. A facility resident who has developmental disability or
22 mental illness, for whom under par. (c) it is determined that he or she does not need
23 facility care and who has not continuously resided in a facility for at least 30 months
24 prior to the date of the determination, may not continue to reside in the facility after
25 December 31, 1993, and shall, if the department so determines, be relocated from the

1 facility after March 31, 1990, and before December 31, 1993. The county department
2 shall be responsible for securing alternative residence on behalf of an individual who
3 is required to be relocated from a facility under this subdivision, and the facility shall
4 cooperate with the county department in the relocation.

5 **SECTION 41.** 49.45 (6c) (d) 2. of the statutes is amended to read:

6 49.45 **(6c)** (d) 2. Payment may be made under sub. (6m) to a facility or
7 institution for mental diseases for the care of an individual who is otherwise eligible
8 for medical assistance under s. 49.46 ~~or~~, 49.47, or 49.471 and who has developmental
9 disability or mental illness and is determined under par. (b) or (c) to need facility care,
10 regardless of whether it is determined under par. (b) or (c) that the individual does
11 or does not require active treatment for developmental disability or active treatment
12 for mental illness.

13 **SECTION 42.** 49.45 (8) (a) 4. of the statutes is amended to read:

14 49.45 **(8)** (a) 4. "Patient care visit" means a personal contact with a patient in
15 a patient's home that is made by a registered nurse, licensed practical nurse, home
16 health aide, physical therapist, occupational therapist, or speech-language
17 pathologist who is on the staff of or under contract or arrangement with a home
18 health agency, or by a registered nurse or licensed practical nurse practicing
19 independently, to provide a service that is covered under s. 49.46 ~~or~~, 49.47, or 49.471.
20 "Patient care visit" does not include time spent by a nurse, therapist, or home health
21 aide on case management, care coordination, travel, record keeping, or supervision
22 that is related to the patient care visit.

23 **SECTION 43.** 49.45 (9) of the statutes is amended to read:

24 49.45 **(9)** FREE CHOICE. Any person eligible for medical assistance under ~~ss. s.~~
25 49.46, 49.468 ~~and~~, 49.47, or 49.471 may use the physician, chiropractor, dentist,

1 pharmacist, hospital, skilled nursing home, health maintenance organization,
2 limited service health organization, preferred provider plan or other licensed,
3 registered or certified provider of health care of his or her choice, except that free
4 choice of a provider may be limited by the department if the department's alternate
5 arrangements are economical and the recipient has reasonable access to health care
6 of adequate quality. The department may also require a recipient to designate, in any
7 or all categories of health care providers, a primary health care provider of his or her
8 choice. After such a designation is made, the recipient may not receive services from
9 other health care providers in the same category as the primary health care provider
10 unless such service is rendered in an emergency or through written referral by the
11 primary health care provider. Alternate designations by the recipient may be made
12 in accordance with guidelines established by the department. Nothing in this
13 subsection shall vitiate the legal responsibility of the physician, chiropractor,
14 dentist, pharmacist, skilled nursing home, hospital, health maintenance
15 organization, limited service health organization, preferred provider plan or other
16 licensed, registered or certified provider of health care to patients. All contract and
17 tort relationships with patients shall remain, notwithstanding a written referral
18 under this section, as though dealings are direct between the physician, chiropractor,
19 dentist, pharmacist, skilled nursing home, hospital, health maintenance
20 organization, limited service health organization, preferred provider plan or other
21 licensed, registered or certified provider of health care and the patient. No physician,
22 chiropractor, pharmacist or dentist may be required to practice exclusively in the
23 medical assistance program.

24 **SECTION 44.** 49.45 (18) (ac) of the statutes is amended to read:

1 49.45 (18) (ac) Except as provided in pars. (am) to (d), and subject to par. (ag),
2 any person eligible for medical assistance under s. 49.46, 49.468, or 49.47, or for the
3 benefits under s. 49.46 (2) (a) and (b) under s. 49.471 shall pay up to the maximum
4 amounts allowable under 42 CFR 447.53 to 447.58 for purchases of services provided
5 under s. 49.46 (2). The service provider shall collect the specified or allowable
6 copayment, coinsurance, or deductible, unless the service provider determines that
7 the cost of collecting the copayment, coinsurance, or deductible exceeds the amount
8 to be collected. The department shall reduce payments to each provider by the
9 amount of the specified or allowable copayment, coinsurance, or deductible. No
10 provider may deny care or services because the recipient is unable to share costs, but
11 an inability to share costs specified in this subsection does not relieve the recipient
12 of liability for these costs.

13 **SECTION 45.** 49.45 (18) (am) of the statutes is amended to read:

14 49.45 (18) (am) No person is liable under this subsection for services provided
15 through prepayment contracts. This paragraph does not apply to a person who is
16 eligible for the benefits under s. 49.46 (2) (a) and (b) under s. 49.471.

17 **SECTION 46.** 49.45 (24g) of the statutes is repealed.

18 **SECTION 47.** 49.45 (24r) of the statutes is amended to read:

19 49.45 (24r) FAMILY PLANNING DEMONSTRATION PROJECT. The department shall
20 request a waiver from the secretary of the federal department of health and human
21 services to permit the department to conduct a demonstration project to provide
22 family planning services, as defined in s. 253.07 (1) (b), under ~~medical assistance~~
23 Medical Assistance to any woman between the ages of 15 and 44 whose family income
24 does not exceed ~~185%~~ 200 percent of the poverty line for a family the size of the
25 woman's family. If the waiver is granted and in effect, the department shall

1 implement the waiver no later than July 1, 1998, or on the effective date of the
2 waiver, whichever is later.

3 **SECTION 48.** 49.45 (29) of the statutes is amended to read:

4 49.45 (29) HOSPICE REIMBURSEMENT. The department shall promulgate rules
5 limiting aggregate payments made to a hospice under ss. 49.46 and, 49.47, and
6 49.471.

7 **SECTION 49.** 49.45 (35) of the statutes is repealed.

8 **SECTION 50.** 49.45 (42m) (a) of the statutes is amended to read:

9 49.45 (42m) (a) If, in authorizing the provision of physical or occupational
10 therapy services under s. 49.46 (2) (b) 6. b. or 49.471 (11) (i), the department
11 authorizes a reduced duration of services from the duration that the provider
12 specifies in the authorization request, the department shall substantiate the
13 reduction that the department made in the duration of the services if the provider
14 of the services requests any additional authorizations for the provision of physical
15 or occupational therapy services to the same individual.

16 **SECTION 51.** 49.45 (48) of the statutes is amended to read:

17 49.45 (48) PAYMENT OF MEDICARE PART B OUTPATIENT HOSPITAL SERVICES
18 COINSURANCES. The department shall include in the state plan for medical assistance
19 a methodology for payment of the medicare part B outpatient hospital services
20 coinsurance amounts that are authorized under ss. 49.46 (2) (c) 2., 4., and 5m., 49.468
21 (1) (b), and 49.47 (6) (a) 6. b., d., and f., and 49.471 (6) (j) 1.

22 **SECTION 52.** 49.45 (49m) (c) 1. of the statutes is amended to read:

23 49.45 (49m) (c) 1. A list of the prescription drugs that are included as a benefit
24 under s. ss. 49.46 (2) (b) 6. h. and 49.471 (11) (a) that identifies preferred choices

1 within therapeutic classes and includes prescription drugs that bear only generic
2 names.

3 **SECTION 53.** 49.45 (53) of the statutes is amended to read:

4 49.45 (53) PAYMENTS FOR CERTAIN SERVICES. Beginning on January 1, 2003, the
5 department may, from the appropriation account under s. 20.435 (7) (b), make
6 Medical Assistance payments to providers for covered services under ~~s.~~ ss. 49.46 (2)
7 (a) 4. d. and (b) 6. j. and m. and 49.471 (11) (f).

8 **SECTION 54.** 49.46 (1) (a) 5. of the statutes is amended to read:

9 49.46 (1) (a) 5. Any child in an adoption assistance, foster care, kinship care,
10 ~~long-term kinship care,~~ treatment foster care, or subsidized guardianship
11 placement under ch. 48 or 938, as determined by the department.

12 **SECTION 55.** 49.468 (1) (b) of the statutes is amended to read:

13 49.468 (1) (b) For an elderly or disabled individual who is entitled to coverage
14 under part A of medicare, entitled to coverage under part B of medicare and who does
15 not meet the eligibility criteria for medical assistance under s. 49.46 (1), 49.465 or,
16 49.47 (4), or 49.471 but meets the limitations on income and resources under par. (d),
17 medical assistance shall pay the deductible and coinsurance portions of medicare
18 services under 42 USC 1395 to 1395zz which are not paid under 42 USC 1395 to
19 1395zz, including those medicare services that are not included in the approved state
20 plan for services under 42 USC 1396; the monthly premiums payable under 42 USC
21 1395v; the monthly premiums, if applicable, under 42 USC 1395i-2 (d); and the late
22 enrollment penalty, if applicable, for premiums under part A of medicare. Payment
23 of coinsurance for a service under part B of medicare under 42 USC 1395j to 1395w,
24 other than payment of coinsurance for outpatient hospital services, may not exceed

1 the allowable charge for the service under medical assistance minus the medicare
2 payment.

3 **SECTION 56.** 49.468 (1) (c) of the statutes is amended to read:

4 49.468 (1) (c) For an elderly or disabled individual who is only entitled to
5 coverage under part A of medicare and who does not meet the eligibility criteria for
6 medical assistance under s. 49.46 (1), 49.465 ~~or~~, 49.47 (4), or 49.471 but meets the
7 limitations on income and resources under par. (d), medical assistance shall pay the
8 deductible and coinsurance portions of medicare services under 42 USC 1395 to
9 1395i which are not paid under 42 USC 1395 to 1395i, including those medicare
10 services that are not included in the approved state plan for services under 42 USC
11 1396; the monthly premiums, if applicable, under 42 USC 1395i-2 (d); and the late
12 enrollment penalty for premiums under part A of medicare, if applicable.

13 **SECTION 57.** 49.468 (1m) (a) of the statutes is amended to read:

14 49.468 (1m) (a) Beginning on January 1, 1993, for an elderly or disabled
15 individual who is entitled to coverage under part A of medicare and is entitled to
16 coverage under part B of medicare, does not meet the eligibility criteria for medical
17 assistance under s. 49.46 (1), 49.465 ~~or~~, 49.47 (4), or 49.471 but meets the limitations
18 on income and resources under par. (b), medical assistance shall pay the monthly
19 premiums under 42 USC 1395r.

20 **SECTION 58.** 49.468 (2) (a) of the statutes is amended to read:

21 49.468 (2) (a) Beginning on January 1, 1991, for a disabled working individual
22 who is entitled under P.L. 101-239, section 6012 (a), to coverage under part A of
23 medicare and who does not meet the eligibility criteria for medical assistance under
24 s. 49.46 (1), 49.465 ~~or~~, 49.47 (4), or 49.471 but meets the limitations on income and

1 resources under par. (b), medical assistance shall pay the monthly premiums for the
2 coverage under part A of medicare, including late enrollment fees, if applicable.

3 SECTION 59. 49.471 of the statutes is created to read:

4 49.471 BadgerCare Plus. (1) DEFINITIONS. In this section, unless the context
5 requires otherwise:

6 (a) "BadgerCare Plus" means the Medical Assistance program described in this
7 section.

8 (b) "Caretaker relative" means an individual who is maintaining a residence
9 as a child's home, who exercises primary responsibility for the child's care and
10 control, including making plans for the child, and who is any of the following with
11 respect to the child:

12 1. A blood relative, including those of half-blood, and including first cousins,
13 nephews, nieces, and individuals of preceding generations as denoted by prefixes of
14 grand, great, or great-great.

15 2. A stepfather, stepmother, stepbrother, or stepsister.

16 3. An individual who is the adoptive parent of the child's parent, a natural or
17 legally adopted child of such individual, or a relative of an adoptive parent.

18 4. A spouse of any individual named in this paragraph even if the marriage is
19 terminated by death or divorce.

20 (c) "Child" means an individual who is under the age of 19 years. "Child"
21 includes an unborn child.

22 (d) "Essential person" means an individual who satisfies all of the following:

23 1. Is related to ~~a BadgerCare Plus group member.~~

****NOTE: We do not have a definition for or use the concept of a "BadgerCare Plus group." Should this be something like "is related to a member of a family (or individual?)"

NO
an individual receiving benefits under this section

receiving benefits under this section"? Alternatively, do you want to define "group"? The definition would apply only to this definition.

section

2. Is otherwise nonfinancially eligible, except that the individual need not have a minor child under his or her care.

an individual receiving benefits under this section
↑
another member of the BadgerCare Plus group

3. Provides at least one of the following to another member of the BadgerCare Plus group:

****NOTE: We do not have a definition for or use the concept of a "BadgerCare Plus group." See question on language above.

a. Child care that enables a caretaker to work outside the home for at least 30 hours per week for pay, to receive training for at least 30 hours per week, or to attend, on a full-time basis as defined by the school, high school or a course of study meeting the standards established by the state superintendent of public instruction for the granting of a declaration of equivalency of high school graduation under s. 115.29 (4).

b. Care for anyone who is incapacitated.

(e) "Family" means all children for whom assistance is requested, their minor siblings, including half brothers, half sisters, stepbrothers, and stepsisters, and any parents of these minors and their spouses. For an unborn child, a sibling is a child of the unborn child's mother.

****NOTE: This definition does not include stepbrothers and sisters of an unborn child, and may not include half brothers and sisters, of an unborn child. Is that okay?

(f) "Family income" means the total gross earned and unearned income received by all members of a family.

(g) "Group health plan" has the meaning given in 42 USC 300gg-91 (a) (1).

(h) "Health insurance coverage" has the meaning given in 42 USC 300gg-91 (b) (1), and also includes any arrangement under which a 3rd party agrees to pay for the health care costs of the individual.

(i) "Parent" has the meaning given in s. 49.141 (1) (j).

1 (j) "Recipient" means an individual receiving benefits under this section.

2 (k) "Unborn child" means an individual from conception until he or she is born
3 alive for whom all of the following requirements are met:

4 1. The unborn child's mother is not eligible for medical assistance under this
5 subchapter, except that she may be eligible for benefits under s. 49.45 (27).

6 2. The income of the unborn child's mother, mother and her spouse, or mother
7 and her family, whichever is applicable, does not exceed 300 percent of the poverty
8 line.

9 3. Each of the following applicable persons who is employed provides
10 verification from his or her employer, in the manner specified by the department, of
11 his or her earnings:

12 a. The unborn child's mother.

13 b. The spouse of the unborn child's mother.

14 c. Members of the unborn child's mother's family.

15 4. The unborn child's mother provides medical verification of her pregnancy,
16 in the manner specified by the department. *insert 24-16* ✓

17 5. The unborn child and the mother of the unborn child meet all other
18 applicable eligibility requirements under this chapter or established by the
19 department by rule except for any of the following:

20 a. The mother is not a U.S. citizen or an alien qualifying for Medicaid under
21 8 USC 1612.

22 b. The mother is an inmate of a public institution.

23 c. The mother does not provide a social security number, but only if subd. 5. a.
24 applies.

1 (2) WAIVER. The department shall request a waiver from, and submit
2 amendments to the state Medical Assistance plan to, the secretary of the federal
3 department of health and human services to implement BadgerCare Plus. If the
4 state plan amendments are approved and a waiver that is consistent with all of the
5 provisions of this section is granted and in effect, the department shall implement
6 BadgerCare Plus beginning on January 1, 2008, the effective date of the state plan
7 amendments, or the effective date of the waiver, whichever is latest. If the state plan
8 amendments are not approved or if a waiver that is consistent with all of the
9 provisions of this section is not granted, BadgerCare Plus may not be implemented.
10 If the state plan amendments are approved but approval is not continued or if a
11 waiver that is consistent with all of the provisions of this section is granted but not
12 continued in effect, BadgerCare Plus shall be discontinued.

13 (3) INELIGIBILITY FOR OTHER MEDICAL ASSISTANCE BENEFITS. (a) 1.
14 Notwithstanding ss. 49.46 (1), 49.465, 49.47 (4), and 49.665 (4), if the amendments
15 to the state plan under sub. (2) are approved and a waiver under sub. (2) that is
16 consistent with all of the provisions of this section is granted and in effect, an
17 individual described in sub. (4) (a) or (b) or (5) is not eligible under s. 49.46, 49.465,
18 49.47, or 49.665 for Medical Assistance or BadgerCare health program benefits. The
19 eligibility of an individual described in sub. (4) (a) or (b) or (5) for Medical Assistance
20 benefits shall be determined under this section.

21 2. Subdivision 1. does not apply to an individual described in sub. (4) (a) or (b)
22 or (5) who is eligible for medical assistance under s. 49.46 (1) (a) 3. or 4.

23 3. Notwithstanding subd. 1., the department shall determine whether an
24 individual described in sub. (4) (a) or (b) or (5) who is eligible for medical assistance

✓ insert 26-2

1 under s. 49.46 (1) (a) 5., 6m., 14., 14m., or 15. or (d) or 49.47 (4) (a) or (as) is eligible
2 for medical assistance under this section or under s. 49.46 or 49.47.

3 (b) 1. If an individual over 18 years of age who is eligible for and receiving
4 Medical Assistance benefits under s. 49.46, 49.47, or 49.665 in the month before
5 BadgerCare Plus is implemented loses that eligibility solely due to the
6 implementation of BadgerCare Plus and, because of his or her income, is not eligible
7 for BadgerCare Plus, the individual shall continue receiving for 18 consecutive
8 months the medical assistance he or she was receiving before the implementation of
9 BadgerCare Plus if all of the following are satisfied:

10 a. The individual's eligibility for the Medical Assistance benefits in the month
11 before the implementation of BadgerCare Plus was based on an application filed
12 before the implementation of BadgerCare Plus.

13 b. The individual continues to pay any premium that he or she was required
14 to pay for the Medical Assistance coverage in the same amount as the amount that
15 was due in the month before the implementation of BadgerCare Plus.

16 c. The individual continues to meet all nonfinancial eligibility requirements for
17 the coverage that he or she had in the month before the implementation of
18 BadgerCare Plus.

19 d. The individual continues to be ineligible for BadgerCare Plus because of his
20 or her income.

21 2. Notwithstanding subd. 1., if at any time during an individual's 18-month
22 eligibility extension under subd. 1. any criterion under subd. 1. a. to d. is not satisfied,
23 the individual's eligibility for the extended coverage is terminated and any time
24 remaining in the eligibility period is lost.

1 (4) GENERAL ELIGIBILITY CRITERIA; APPLICABLE BENEFITS. (a) Except as otherwise
2 provided in this section, all of the following individuals are eligible for the benefits
3 described in s. 49.46 (2) (a) and (b):

4 1. A pregnant woman whose family income does not exceed 200 percent of the
5 poverty line.

6 2. A child who is under one year of age, whose mother was, on the day the child
7 was born, eligible for and receiving medical assistance under subd. 1. or 5. or s. 49.46
8 or 49.47, and who lives with his or her mother in this state.

9 3. A child whose family income does not exceed 200 percent of the poverty line.

10 4. An individual who satisfies all of the following criteria:

11 a. The individual is a parent or caretaker relative of a child who is living in the
12 home with the parent or caretaker relative or who is temporarily absent from the
13 home for not more than 6 months or, if the child has been removed from the home for
14 more than 6 months, the parent or caretaker relative is working toward unifying the
15 family by complying with a permanency plan under s. 48.38.

16 b. Except as provided in subd. 4. c., the individual's family income does not
17 exceed 200 percent of the poverty line and does not include self-employment income.

18 c. If the individual's family income includes self-employment income, the
19 individual's family income does not exceed 200 percent of the poverty line as
20 calculated under sub. (7) (a) 2.

21 5. An individual who, regardless of family income, was born on or after January
22 1, 1990, and who, on his or her 18th birthday, was in a foster care or treatment foster
23 care placement under the responsibility of a state, as determined by the department.

24 The coverage for an individual under this subdivision ends on the last day of the

Insert 27-10

Insert 27-9

9

1 month in which the individual becomes 21 years of age, unless he or she otherwise
2 loses eligibility sooner.

***NOTE: Is it possible for an individual under this subdivision to lose eligibility
sooner?

3 6. Migrant workers and their dependents who are determined eligible under
4 sub. (6) (f).

5 (b) Except as otherwise provided in this section, all of the following individuals
6 are eligible for the benefits described in sub. (11):

7 1. A pregnant woman whose family income exceeds 200 percent but does not
8 exceed 300 percent of the poverty line.

9 2. A child who is under one year of age, whose mother was determined to be
10 eligible under subd. 1., and who lives with his or her mother in this state.

11 3. A child whose family income exceeds 200 percent but does not exceed 300
12 percent of the poverty line.

13 4. An individual who satisfies all of the following criteria:

14 a. The individual is a parent or caretaker relative of a child who is living in the
15 home with the parent or caretaker relative or who is temporarily absent from the
16 home for not more than 6 months or, if the child has been removed from the home for
17 more than 6 months, the parent or caretaker relative is working toward unifying the
18 family by complying with a permanency plan under s. 48.38.

19 b. The individual's family income includes self-employment income and does
20 not exceed 200 percent of the poverty line as calculated under sub. (7) (a) 3.

21 (c) Except as otherwise provided in this section, a child whose family income
22 exceeds 300 percent of the poverty line is eligible to purchase coverage of the benefits
23 described in sub. (11), at the full per member per month cost of the coverage.

Insert 28-8

Insert 28-12

unborn child and

who is not an

1 (5) PRESUMPTIVE ELIGIBILITY. (a) In this subsection:

2 1. "Qualified entity" means an entity that satisfies the requirements under 42
3 USC 1396r-1a (b) (3) (A), as determined by the department.

4 2. "Qualified provider" means a provider that satisfies the requirements under
5 42 USC 1396r-1 (b) (2), as determined by the department.

6 (b) 1. Except as provided in sub. (6) (a), a pregnant woman is eligible for the
7 benefits specified in par. (c) during the period beginning on the day on which a
8 qualified provider determines, on the basis of preliminary information, that the
9 woman's family income does not exceed 300 percent of the poverty line and ending
10 on the applicable day specified in subd. 3.

11 2. Except as provided in sub. (6) (a), a child ^{✓ who is not an unborn child} is eligible for the benefits described
12 in s. 49.46 (2) (a) and (b) during the period beginning on the day on which a qualified
13 entity determines, on the basis of preliminary information, that the child's family
14 income does not exceed 150 percent of the poverty line and ending on the applicable
15 day specified in subd. 3.

16 3. a. If the woman or child applies for benefits under sub. (4) within the time
17 required under par. (d), the benefits specified in subd. 1. or 2., whichever is
18 applicable, end on the day on which the department or the county department under
19 s. 46.215, 46.22, or 46.23 determines whether the woman or child is eligible for
20 benefits under sub. (4).

21 b. If the woman or child does not apply for benefits under sub. (4) within the
22 time required under par. (d), the benefits specified in subd. 1. or 2., whichever is
23 applicable, end on the last day of the month following the month in which the
24 provider or entity makes the determination under this paragraph.

1 (c) On behalf of a woman under par. (b) 1., the department shall audit and pay
2 allowable charges to a provider certified under s. 49.45 (2) (a) 11. only for ambulatory
3 prenatal care services under the benefits under sub. (11).

4 (d) A woman or child who is determined to be eligible under par. (b) shall apply
5 for benefits under sub. (4) on or before the last day of the month following the month
6 in which the qualified provider or entity makes the eligibility determination.

7 (e) A qualified provider or entity that determines that a woman or child is
8 eligible under par. (b) shall do all of the following:

9 1. Notify the department of that determination within 5 working days after the
10 day on which the determination is made.

11 2. Notify the woman or child of the requirement under par. (d) at the time of
12 the determination.

13 (f) The department shall provide qualified providers and qualified entities with
14 application forms for the benefits under sub. (4) and information on how to assist
15 women and children in completing the forms.

16 (6) MISCELLANEOUS ELIGIBILITY AND BENEFIT PROVISIONS. (a) Any pregnant
17 woman, including a pregnant woman under sub (5) (b) 1., child, including a child
18 under sub. (5) (b) 2., parent, or caretaker relative whose family income is less than
19 150 percent of the poverty line is eligible for medical assistance under this section
20 for any of the 3 months prior to the month of application if the individual met the
21 eligibility criteria under this section and had a family income of less than 150 percent
22 of the poverty line in that month.

23 (b) A pregnant woman who is determined to be eligible for benefits under sub.
24 (4) remains eligible for benefits under sub. (4) for the balance of the pregnancy and

who is not an unborn child

1 to the last day of the month in which the 60th day after the last day of the pregnancy
2 falls without regard to any change in the woman's family income.

3 (c) If a child who is eligible for benefits under sub. (4) is receiving inpatient
4 services covered under sub. (4) on the day before his or her 19th birthday and, but
5 for attaining 19 years of age, the child would remain eligible for benefits under sub.
6 (4), the child remains eligible for benefits until the end of the stay for which the
7 inpatient services are being furnished.

8 (d) If an application under this section shows that an individual is an essential
9 person, the individual shall be provided the benefits specified under sub. (4) (a) or
10 (b).

11 (e) The medical assistance eligibility extensions under s. 49.46 (1) (c), (cg), and
12 (co) for individuals who lose eligibility due to increased income do not apply to
13 BadgerCare Plus.

14 (f) The medical assistance eligibility provisions for migrant workers and their
15 dependents under s. 49.47 (4) (av) apply to BadgerCare Plus.

16 (g) 1. Except as provided in subd. 2., as a condition of eligibility for coverage
17 under this section, an individual with earned income that does not appear in a
18 computer data match used by the department shall provide verification, as
19 determined by the department, of that earned income. ✓

20 2. Subdivision 1. does not apply to an individual under sub. (4) (a) 5. or a child
21 under the age of 18.

22 (h) Within 10 days after the change occurs, a recipient shall report to the
23 department any change that might affect his or her eligibility or any change that
24 might require premium payment by a recipient who was not required to pay
25 premiums before the change.

1 (i) For purposes of determining eligibility and family income, the department
2 shall include a family member who is temporarily absent from the home for not more
3 than 6 months, as determined by the department.

4 (j) All of the following apply to BadgerCare Plus in the same respect as they
5 apply under s. 49.46:

6 1. Section 49.46 (2) (c) and (cm), relating to benefits for individuals who are
7 eligible for Medicare.

8 2. Section 49.46 (2) (d), relating to prohibiting payments for any part of any
9 service payable through 3rd-party liability or any governmental or private benefit
10 system.

11 3. Section 49.46 (2) (dm), relating to prohibiting payment for services to
12 residents of institutions for mental diseases.

13 4. Section 49.46 (2) (f), relating to prohibiting payment for gastric bypass or
14 stapling surgery.

15 **(7) SPECIAL INCOME PROVISIONS.** (a) 1. In the calculation of family income, if an
16 adult member of the family has self-employment income, the department shall count
17 the net self-employment earnings. Net self-employment earnings shall be
18 determined by subtracting from gross self-employment income all self-employment
19 expenses that are allowed under federal and state tax law, except for depreciation.

20 2. If a parent's or caretaker relative's family income includes self-employment
21 income and, without deducting depreciation, does not exceed 200 percent of the
22 poverty line, the parent or caretaker relative is eligible under sub. (4) (a) 4.

23 3. If a parent's or caretaker relative's family income includes self-employment
24 income and, without deducting depreciation, exceeds 200 percent of the poverty line,

1 the parent or caretaker relative is eligible under sub. (4) (b) 4. if his or her family
2 income does not exceed 200 percent of the poverty line after depreciation is deducted.

3 (b) 1. A pregnant woman, or an unborn child, whose family income exceeds 300
4 percent of the poverty line may become eligible for coverage under this section if the
5 difference between the pregnant woman's or unborn child's family income and the
6 applicable income limit under sub. (4) (b) is obligated or expended for any member
7 of the pregnant woman's or unborn child's family for medical care or any other type
8 of remedial care recognized under state law or for personal health insurance
9 premiums or for both. Eligibility obtained under this subdivision continues for the
10 balance of the pregnancy and to the last day of the month in which the 60th day after
11 the last day of the pregnancy falls without regard to any change in family income.

woman's

without regard to any change
insert 33-11, in family income

12 2. A child who has the health insurance coverage specified in sub. (8) (b) 1 and
13 whose family income exceeds 150 percent of the poverty line may obtain eligibility
14 under this section if the difference between the child's family income and 150 percent
15 of the poverty line is obligated or expended on behalf of the child or any member of
16 ^{the} child's family for medical care or any other type of remedial care recognized under
17 state law or for personal health insurance premiums or for both. Eligibility obtained
18 under this subdivision during any 6-month period, as determined by the
19 department, continues for the remainder of the 6-month period.

insert on child
insert 33-19

insert 33-20

***NOTE: I'm sure these provisions are still not correct. I'm not quite sure of what
is meant by all pregnant women and all children in the household becoming eligible.

20 (c) When calculating an individual's family income, the department shall do all
21 of the following:

22 1. Deduct from family income any payments made by the individual for
23 court-ordered child or family support or maintenance.

1 2. Disregard earnings of children under 18 years of age.

2 3. Determine separately the family incomes of caretaker relatives and the
3 children for whom they are caring and not legally responsible.

4 4. Not include in the calculation any income of an individual receiving benefits
5 under s. 49.77 or federal Title XVI.

6 **(8) HEALTH INSURANCE COVERAGE AND ELIGIBILITY.** (a) 1. Except as provided in
7 subd. 2., any individual who is otherwise eligible under this section and who is
8 eligible for enrollment in a group health plan shall, as a condition of eligibility for
9 BadgerCare Plus and if the department determines that it is cost-effective to do so,
10 apply for enrollment in the group health plan, except that, for a minor, the parent
11 of the minor shall apply on the minor's behalf.

12 2. If a parent of a minor fails to enroll the minor in a group health plan in
13 accordance with subd. 1., the failure does not affect the minor's eligibility under this
14 section.

15 (b) Except as provided in pars. (c) and (d), an individual whose family income
16 exceeds 150 percent of the poverty line is not eligible for BadgerCare Plus if any of
17 the following applies:

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

20 a. Coverage provided by an employer and for which the employer pays at least
21 80 percent of the premium.

22 b. Coverage under the state employee health plan under s. 40.51 (6).

23 2. The individual, in the 12 months before applying, had access to the health
24 insurance coverage specified in subd. 1.

1 3. The individual could be covered under the health insurance coverage
2 specified in subd. 1. if the coverage is applied for, and the coverage could become
3 available to the individual in the month in which the individual applies for benefits
4 under this section or in any of the next 3 calendar months.

5 (c) An unborn child, regardless of family income, is not eligible for BadgerCare
6 Plus if ^{any of the following applies: CH 1.} the unborn child or the unborn child's mother has individual or family health
7 insurance coverage.

8 (d) 1. None of the following is ineligible for BadgerCare Plus by reason of having
9 health insurance coverage or access to health insurance coverage:

10 a. A pregnant woman.

11 b. A child described in sub. (4) (a) 2. or (b) 2.

12 c. ^{Except as provided in par. (c),} A child who has health insurance coverage, or access to health insurance
13 coverage, as a dependent of an absent parent but who resides outside of the service
14 area of the absent parent's plan.

15 d. An individual described in sub. (4) (a) 5.

16 2. An individual under par. (b) 2. is not ineligible if any of the following good
17 cause reasons applies to the individual's access to the health insurance coverage
18 under par. (b) 1.:

19 a. The individual's employment ended.

20 b. The individual's employer discontinued health insurance coverage for all
21 employees.

22 c. One or more members of the individual's family were eligible for other health
23 insurance coverage or Medical Assistance at the time the employee failed to enroll
24 in the health insurance coverage under par. (b) 1. and no member of the family was
25 eligible for coverage under this section at that time.

Insert 35-7

Insert 35-15

Insert 35-18

****NOTE: I changed "coverage under BadgerCare" to "coverage under this section."
Is that correct?

1

d. The individual's ^{→ access to} health insurance coverage has ended due to the death or change in marital status of the subscriber. ✓

2

3

e. Any other reason that the department determines is a good cause reason.

4

(e) If a pregnant woman has health insurance coverage and her family income exceeds 200 percent of the poverty line, the woman is required, as a condition of eligibility, to maintain the health insurance coverage.

5

6

7

(f) If an individual with a family income that exceeds 150 percent of the poverty

8

line had the health insurance coverage specified in par. (b) 1. but no longer has the

9

coverage, ^{→ insert 36-9 ✓} or if a pregnant woman specified in par. (e) has health insurance coverage

10

and does not maintain the coverage, the individual or pregnant woman is not eligible

11

for BadgerCare Plus for the 3 calendar months following the month in which the

12

insurance coverage ended without a good cause reason specified in par. (g).

13

(g) Any of the following is a good cause reason for purposes of par. (f):

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

on 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 4. The pregnant woman's coverage was continuation coverage and the
5 continuation coverage was exhausted in accordance with 29 CFR 2590.701-2 (4).

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

8 6. Any other reason determined by the department to be a good cause reason.

9 (9) EMPLOYER VERIFICATION OF INSURANCE COVERAGE. (a) For an applicant or
10 recipient with a family income that exceeds 150 percent of the poverty line, except
11 for an applicant or recipient who is a pregnant woman, the department shall verify
12 insurance coverage and access information directly with the employer through
13 which the applicant or recipient may have health insurance coverage or access to
14 coverage.

15 (b) An employer that receives a request from the department for insurance
16 coverage and access to coverage information shall supply the information requested
17 by the department in the format specified by the department within 30 calendar days
18 after receiving ^{the} request regarding an individual who is an applicant and within 10
19 calendar days after receiving a request regarding an individual who is a recipient.

20 (c) 1. Subject to subd. 2, ^{and 3.} an employer that does not comply with the
21 requirements under par. (b) shall be required to pay a penalty equal to the full per
22 member per month cost of coverage under BadgerCare Plus for the individual about
23 whom the information is requested, and for each of the individual's family members
24 with coverage under BadgerCare Plus, for each month in which the individual and

Insert 37-14

21. Except as provided in subd. 1.

(NO) within 45 days after the requested information was due, (NO)

1 the individual's family members are covered before the employer provides the
2 information.

3 2. An employer with fewer than 250 employees may not be required to pay more
4 than \$1,000 in penalties under this paragraph ^e in any 6-month period. An employer ^{that are attributable to}
5 with 250 or more employees may not be required to pay more than \$15,000 in
6 penalties under this paragraph ^g in any 6-month period. ✓

7 ⁴⁵⁸ All penalty assessments collected under ^h subd. 2. ⁱ shall be credited to the ^{this paragraph}
8 appropriation accounts under s. 20.435 (4) (jw) and (jz). ✓

9 (d) An employer may contest a penalty assessment under par. (c) by sending
10 a written request for hearing to the division of hearings and appeals in the
11 department of administration. Proceedings before the division are governed by ch.
12 227.

13 (10) COST SHARING. (a) Except as provided in s. 49.45 (18) (am), all cost-sharing
14 provisions under s. 49.45 (18) apply to a recipient with coverage of the benefits
15 described in s. 49.46 (2) (a) and (b) to the same extent as they apply to a person eligible
16 for medical assistance under s. 49.46, 49.468, or 49.47.

17 (b) Except as provided in par. (e), a recipient who is an adult, who is not a
18 pregnant woman, and whose family income is greater than 150 percent but not
19 greater than 200 percent of the poverty line shall pay a premium for coverage under
20 BadgerCare Plus that does not exceed 5 percent of his or her family income. If the
21 recipient has self-employment income and is eligible under sub. (4) (b) 4., the
22 premium may not exceed 5 percent of family income calculated before depreciation
23 was deducted.

24 (c) Except as provided in pars. (d) and (e), a recipient who is a child whose family
25 income is greater than 200 percent of the poverty line shall pay a premium for

Insert 38-6
4
6
7

1 coverage of the benefits described in sub. (11) that does not exceed the full per
2 member per month cost of coverage for a child with a family income of 300 percent
3 of the poverty line.

4 (d) Except as provided in par. (e), a recipient who is an unborn child, or a
5 pregnant woman eligible under sub. (4) (b) 1., whose family income is greater than
6 200 percent of the poverty line shall pay a premium for coverage of the benefits
7 described in sub. (11) that does not exceed the full per member per month cost of
8 coverage for an adult with a family income of 300 percent of the poverty line.

9 (e) None of the following shall pay a premium:

10 1. A child who is a Native American or an Alaskan Native with a family income
11 that does not exceed 300 percent of the poverty line.

12 2. A child who is eligible under sub. (4) (a) 2. or (b) 2.

13 3. An individual who is eligible under sub. (4) (a) 5.

14 (f) If a recipient who is required to pay a premium under this subsection or
15 under sub. (4) (c) does not pay a premium when due, the recipient's coverage
16 terminates and the recipient is not eligible for BadgerCare Plus for 6 calendar
17 months following the date on which the recipient's coverage terminated.

18 **(11) BENCHMARK PLAN BENEFITS AND COPAYMENTS.** Recipients who are not eligible
19 for the benefits described in s. 49.46 (2) (a) and (b) shall have coverage of the following
20 benefits and pay the following copayments:

21 (a) Prescription drugs bearing only a generic name, as defined in s. 450.12 (1)

22 (b), with a copayment of no more than \$5 per prescription, and subject to the Badger
23 Rx Gold program discounts.

24 (b) Physicians' services, including one annual routine physical examination,
25 with a copayment of no more than \$15 per visit.

✓ (Insert 39-17)

1 (c) Inpatient hospital services as medically necessary, subject to coinsurance
2 payment per inpatient stay of no more than 10 percent of the allowable payment
3 rates under s. 49.46 (2) for the services provided and a copayment of no more than
4 \$50 per admission for psychiatric services.

5 (d) Outpatient hospital services, subject to coinsurance payment of no more
6 than 10 percent of the allowable payment rates under s. 49.46 (2) for the services
7 provided, except that use of emergency room services for treatment of a condition
8 that is not an emergency medical condition, as defined in s. 632.85 (1) (a), shall
9 require a copayment of no more than \$75.

10 (e) Laboratory and X-ray services, including mammography.

11 (f) Home health services, limited to 60 visits per year.

12 (g) Skilled nursing home services, limited to 30 days per year, and subject to
13 coinsurance payment of no more than 10 percent of the allowable payment rates
14 under s. 49.46 (2) for the services provided.

15 (h) Inpatient rehabilitation services, limited to 60 days per year, and subject
16 to coinsurance payment of no more than 10 percent of the allowable payment rates
17 under s. 49.46 (2) for the services provided.

18 (i) Physical, occupational, ^{and speech} therapy, limited to 20 visits per year for
19 each type of therapy, and subject to coinsurance payment of no more than 10 percent
20 of the allowable payment rates under s. 49.46 (2) for the services provided.

21 (j) Cardiac rehabilitation, limited to 36 visits per year and subject to
22 coinsurance payment of no more than 10 percent of the allowable payment rates
23 under s. 49.46 (2) for the services provided.

24 (k) Inpatient, outpatient, and transitional treatment for nervous or mental
25 disorders and alcoholism and other drug abuse problems, with a copayment of no

1 more than \$15 per visit and coverage limits that are the same as those under the state
2 employee health plan under s. 40.51 (6).

3 (L) Durable medical equipment, limited to \$2,500 per year, and subject to
4 coinsurance payment of no more than 10 percent of the allowable payment rates
5 under s. 49.46 (2) for the articles provided.

6 (m) Transportation to obtain emergency medical care only, as medically
7 necessary, and subject to coinsurance payment of no more than 10 percent of the
8 allowable payment rates under s. 49.46 (2) for the services provided.

9 (n) One refractive eye examination every 2 years, with a copayment of no more
10 than \$15 per visit.

11 (o) Fifty percent of allowable charges for preventive and basic dental services,
12 including services for accidental injury and for the diagnosis and treatment of
13 temporomandibular disorders. The coverage under this paragraph is limited to \$750
14 per year, applies only to pregnant women and children under 19 years of age, and
15 requires an annual deductible of \$200 and a copayment of no more than \$15 per visit.

16 (p) Early childhood developmental services, for children under 6 years of age.

17 (q) Smoking cessation treatment, for pregnant women only.

18 (r) Prenatal care coordination, for pregnant women at high risk only.

19 (12) RULES; NOTICE OF EFFECTIVE DATE. (a) 1. The department may promulgate
20 any rules necessary for and consistent with its administrative responsibilities under
21 this section, including additional eligibility criteria.

22 2. The department may promulgate emergency rules under s. 227.24 for the
23 administration of this section for the period before the effective date of any
24 permanent rules promulgated under subd. 1., but not to exceed the period authorized
25 under s. 227.24 (1) (c) and (2). Notwithstanding s. 227.24 (1) (a), (2) (b), and (3), the

Insert 41-18



✓

1 department is not required to provide evidence that promulgating a rule under this
2 subdivision as an emergency rule is necessary for the preservation of the public
3 peace, health, safety, or welfare and is not required to provide a finding of emergency
4 for a rule promulgated under this subdivision.

5 (b) If the amendments to the state plan submitted under sub. (2) are approved
6 and a waiver that is consistent with all of the provisions of this section is granted and
7 in effect, the department shall publish a notice in the Wisconsin Administrative
8 Register that states the date on which BadgerCare Plus is implemented.

9 **SECTION 60.** 49.473 (2) (a) of the statutes is amended to read:

10 49.473 (2) (a) The woman is not eligible for medical assistance under ss. 49.46
11 (1) and (1m), 49.465, 49.468, 49.47, 49.471, and 49.472, and is not eligible for health
12 care coverage under s. 49.665.

13 **SECTION 61.** 49.49 (3m) (a) (intro.) of the statutes is amended to read:

14 49.49 (3m) (a) (intro.) No provider may knowingly impose upon a recipient
15 charges in addition to payments received for services under ss. 49.45 to ~~49.47~~ 49.471
16 or knowingly impose direct charges upon a recipient in lieu of obtaining payment
17 under ss. 49.45 to ~~49.47~~ 49.471 except under the following conditions:

18 **SECTION 62.** 49.49 (3m) (a) 1. of the statutes is amended to read:

19 49.49 (3m) (a) 1. Benefits or services are not provided under s. 49.46 (2) or
20 49.471 (11) and the recipient is advised of this fact prior to receiving the service.

21 **SECTION 63.** 49.49 (3m) (a) 2. of the statutes is amended to read:

22 49.49 (3m) (a) 2. If an applicant is determined to be eligible retroactively under
23 s. 49.46 (1) (b) or 49.471 and a provider bills the applicant directly for services and
24 benefits rendered during the retroactive period, the provider shall, upon notification
25 of the applicant's retroactive eligibility, submit claims for reimbursement under s.

1 49.45 for covered services or benefits rendered during the retroactive period. Upon
2 receipt of payment, the provider shall reimburse the applicant or other person who
3 has made prior payment to the provider. No provider may be required to reimburse
4 the applicant or other person in excess of the amount reimbursed under s. 49.45 or
5 49.471.

6 **SECTION 64.** 49.49 (3m) (a) 3. of the statutes is amended to read:

7 49.49 (3m) (a) 3. Benefits or services for which recipient copayment,
8 coinsurance, or deductible is required under s. 49.45 (18), not to exceed maximum
9 amounts allowable under 42 CFR 447.53 to 447.58, or required under s. 49.471 (11).

Handwritten: 43-9

Handwritten: for which recipient copayment or coinsurance is

10 **SECTION 65.** 49.665 (4) (a) 1. of the statutes is amended to read:

11 49.665 (4) (a) 1. The family's income does not exceed 185% of the poverty line,
12 except as provided in par. (at) and except that a family that is already receiving
13 health care coverage under this section may have an income that does not exceed
14 200% of the poverty line. The department shall establish by rule the criteria to be
15 used to determine income.

16 **SECTION 66.** 49.665 (4) (am) 1. of the statutes is amended to read:

17 49.665 (4) (am) 1. The child's income does not exceed 185% of the poverty line,
18 except as provided in par. (at) and except that a child that is already receiving health
19 care coverage under this section may have an income that does not exceed 200% of
20 the poverty line. The department shall use the criteria established under par. (a) 1.
21 to determine income under this subdivision.

22 **SECTION 67.** 49.665 (4) (ap) 1. of the statutes is amended to read:

23 49.665 (4) (ap) 1. The income of the unborn child's mother, mother and her
24 spouse, or mother and her family, whichever is applicable, does not exceed 185
25 percent of the poverty line, except as provided in par. (at) and except that, if an

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1 unborn child is already receiving health care coverage under this section, the
2 applicable specified person or persons may have an income that does not exceed 200
3 percent of the poverty line. The department shall establish by rule the criteria to be
4 used to determine income.

5 **SECTION 68.** 49.665 (4) (ap) 2. ✓ of the statutes is repealed.

6 **SECTION 69.** 49.665 (4) (at) ✓ of the statutes is repealed.

7 **SECTION 70.** 49.665 (7) (a) 1. of the statutes is amended to read:

8 49.665 (7) (a) 1. Notwithstanding sub. (4) (a) 3m. and (ap) 2., the department
9 shall mail information verification forms to the employers of the individuals required
10 to provide the verifications under sub. (4) (a) 3m. and (ap) 2. to obtain the information
11 specified.

12 **SECTION 71.** 49.688 (5) (a) (intro.) of the statutes is amended to read:

13 49.688 (5) (a) (intro.) Beginning on September 1, 2002, except as provided in
14 sub. (7) (b), as a condition of participation by a pharmacy or pharmacist in the
15 program under s. 49.45, 49.46, ~~or 49.47~~, or 49.471, the pharmacy or pharmacist may
16 not charge a person who presents a valid prescription order and a card indicating
17 that he or she meets eligibility requirements under sub. (2) an amount for a
18 prescription drug under the order that exceeds the following:

19 **SECTION 72.** 49.785 (1) (intro.) of the statutes is amended to read:

20 49.785 (1) (intro.) Except as provided in sub. (1m), if any recipient of benefits
21 ~~under s. 49.148, 49.46 or 49.77, or under 42 USC 1381 to 1385 in effect on~~
22 May 8, 1980, specified in sub. (1c) dies and the estate of the deceased recipient is
23 insufficient to pay the funeral, burial, and cemetery expenses of the deceased
24 recipient, the county or applicable tribal governing body or organization responsible
25 for burial of the recipient shall pay, to the person designated by the county

1 department under s. 46.215, 46.22, or 46.23 or applicable tribal governing body or
2 organization responsible for the burial of the recipient, all of the following:

3 **SECTION 73.** 49.785 (1c) of the statutes is created to read:

4 49.785 (1c) All of the following are eligible recipients under this section:

5 (a) A recipient of benefits under s. 49.148, 49.46, or 49.77, or under 42 USC 1381
6 to 1385 in effect on May 8, 1980.

7 (b) A recipient of benefits under s. 49.471 who is any of the following:

8 1. A pregnant woman or a child under 6 years of age with a family income not
9 exceeding 185 percent of the poverty line at the time of death.

10 2. A child at least 6 years of age but less than 19 years of age with a family
11 income not exceeding 100 percent of the poverty line at the time of death.

12 3. A parent or caretaker relative with a family income not exceeding 50 percent
13 of the poverty line at the time of death.

14 **SECTION 74.** 49.81 (4) of the statutes is amended to read:

15 49.81 (4) The right to a speedy determination of the recipient's status or
16 eligibility for public assistance, to notice of any proposed change in such status or
17 eligibility, and, in the case of assistance granted under s. 49.19, 49.46, 49.468 or,
18 49.47, or 49.471, to a speedy appeals process for resolving contested determinations.

19 **SECTION 75.** 49.82 (2) of the statutes is amended to read:

20 49.82 (2) ELIGIBILITY VERIFICATION. Proof shall be provided for each person
21 included in an application for public assistance under this chapter, except for a child
22 who is eligible for medical assistance under s. 49.46 or, 49.47, or 49.471 because of
23 42 USC 1396a (e) (4) or an unborn child who is eligible for coverage under s. 49.471
24 or the Badger Care health care program under s. 49.665 (4) (ap), of his or her social
25 security number or that an application for a social security number has been made.

1 **SECTION 76.** 49.89 (7) (b) of the statutes is amended to read:

2 49.89 (7) (b) The incentive payment shall be an amount equal to 15% of the
3 amount recovered because of benefits paid under s. 49.46, 49.465, 49.468 ~~or~~ 49.47,
4 or 49.471. The incentive payment shall be taken from the federal share of the sum
5 recovered as provided under 42 CFR 433.153 and 433.154.

6 **SECTION 77.** 51.038 of the statutes is amended to read:

7 **51.038 Outpatient mental health clinic certification.** Except as provided
8 in s. 51.032, if a facility that provides mental health services on an outpatient basis
9 holds current accreditation from the council on accreditation of services for families
10 and children, the department may accept evidence of this accreditation as equivalent
11 to the standards established by the department, for the purpose of certifying the
12 facility for the receipt of funds for services provided as a benefit to a medical
13 assistance recipient under s. 49.46 (2) (b) 6. f. or 49.471 (11) (k), a community aids
14 funding recipient under s. 51.423 (2) or as mandated coverage under s. 632.89.

15 **SECTION 78.** 51.04 of the statutes is amended to read:

16 **51.04 Treatment facility certification.** Except as provided in s. 51.032, any
17 treatment facility may apply to the department for certification of the facility for the
18 receipt of funds for services provided as a benefit to a medical assistance recipient
19 under s. 49.46 (2) (b) 6. f. or 49.471 (11) (k) or to a community aids funding recipient
20 under s. 51.423 (2) or provided as mandated coverage under s. 632.89. The
21 department shall annually charge a fee for each certification.

22 **SECTION 79.** 59.53 (5) (a) of the statutes is amended to read:

23 59.53 (5) (a) The board shall contract with the department of workforce
24 development to implement and administer the child and spousal support and
25 establishment of paternity and the medical support liability programs provided for

1 by Title IV of the federal social security act. The board may designate by board
2 resolution any office, officer, board, department or agency, except the clerk of circuit
3 court, as the county child support agency. The board or county child support agency
4 shall implement and administer the programs in accordance with the contract with
5 the department of workforce development. The attorneys responsible for support
6 enforcement under sub. (6) (a), circuit court commissioners and all other county
7 officials shall cooperate with the county and the department of workforce
8 development as necessary to provide the services required under the programs. The
9 county shall charge the fee established by the department of workforce development
10 under s. 49.22 for services provided under this paragraph to persons not receiving
11 benefits under s. 49.148 or 49.155 or assistance under s. 46.261, 49.19 or 49.46,
12 49.465, 49.47, 49.471, or 49.472.

13 **SECTION 80.** 66.0137 (3) of the statutes is amended to read:

14 66.0137 (3) HEALTH INSURANCE FOR UNEMPLOYED PERSONS. Any city, village,
15 town, or county may purchase health or dental insurance for unemployed persons
16 residing in the city, village, town, or county who are not eligible for medical
17 assistance under s. 49.46, 49.468 or, 49.47, or 49.471 (4) (a) or (b).

18 **SECTION 81.** 227.01 (13) (um) of the statutes is amended to read:

19 227.01 (13) (um) Lists over-the-counter drugs covered by medical assistance
20 Medical Assistance under s. 49.46 (2) (b) 6. i. or 49.471 (11) (a).

21 **SECTION 82.** 253.10 (3) (d) 1. of the statutes is amended to read:

22 253.10 (3) (d) 1. Geographically indexed materials that are designed to inform
23 a woman about public and private agencies, including adoption agencies, and
24 services that are available to provide information on family planning, as defined in
25 s. 253.07 (1) (a), including natural family planning information, to provide

1 ultrasound imaging services, to assist her if she has received a diagnosis that her
2 unborn child has a disability or if her pregnancy is the result of sexual assault or
3 incest and to assist her through pregnancy, upon childbirth and while the child is
4 dependent. The materials shall include a comprehensive list of the agencies
5 available, a description of the services that they offer and a description of the manner
6 in which they may be contacted, including telephone numbers and addresses, or, at
7 the option of the department, the materials shall include a toll-free, 24-hour
8 telephone number that may be called to obtain an oral listing of available agencies
9 and services in the locality of the caller and a description of the services that the
10 agencies offer and the manner in which they may be contacted. The materials shall
11 provide information on the availability of governmentally funded programs that
12 serve pregnant women and children. Services identified for the woman shall include
13 medical assistance for pregnant women and children under s. 49.47 (4) (am) and
14 49.471, the availability of family or medical leave under s. 103.10, the Wisconsin
15 works program under ss. 49.141 to 49.161, child care services, child support laws and
16 programs and the credit for expenses for household and dependent care and services
17 necessary for gainful employment under section 21 of the internal revenue code. The
18 materials shall state that it is unlawful to perform an abortion for which consent has
19 been coerced, that any physician who performs or induces an abortion without
20 obtaining the woman's voluntary and informed consent is liable to her for damages
21 in a civil action and is subject to a civil penalty, that the father of a child is liable for
22 assistance in the support of the child, even in instances in which the father has
23 offered to pay for an abortion, and that adoptive parents may pay the costs of
24 prenatal care, childbirth and neonatal care. The materials shall include
25 information, for a woman whose pregnancy is the result of sexual assault or incest,

1 on legal protections available to the woman and her child if she wishes to oppose
2 establishment of paternity or to terminate the father's parental rights. The
3 materials shall state that fetal ultrasound imaging and auscultation of fetal heart
4 tone services are obtainable by pregnant women who wish to use them and shall
5 describe the services.

6 SECTION 83. 302.38 (3) of the statutes is amended to read:

7 302.38 (3) The maximum amount that a governmental unit may pay for the
8 costs of medical or hospital care under this section is limited for that care to the
9 amount payable by medical assistance under subch. IV of ch. 49, ~~except s. excluding~~
10 ss. 49.468 and 49.471 (11), for care for which a medical assistance rate exists. No
11 provider of medical or hospital care may bill a prisoner under sub. (1) for the cost of
12 care exceeding the amount paid under this subsection by the governmental unit. If
13 no medical assistance rate exists for the care provided, there is no limitation under
14 this subsection.

✓ insert 49-14

15 SECTION 84. 449.17 (8) of the statutes is amended to read:

16 449.17 (8) REIMBURSEMENT PROHIBITED. No optometrist may be reimbursed
17 under s. 49.46 (2) (a) 3. or 49.471 (11) for any increase in charges or separate charge
18 which is attributable to the use of topical ocular diagnostic pharmaceutical agents.

19 SECTION 85. 632.746 (7m) (b) 1. of the statutes is amended to read:

20 632.746 (7m) (b) 1. The employee or dependent is eligible for benefits under the
21 Medical Assistance program under s. 49.471 or 49.472 or for coverage under the
22 Badger Care health care program under s. 49.665.

23 SECTION 86. 814.61 (13) of the statutes is amended to read:

24 814.61 (13) SUPPORT OR MAINTENANCE PETITION. For the cost of court services,
25 whenever a person not receiving benefits under s. 49.148 or 49.155 or aid under s.

1 49.19, 49.46, 49.465, 49.468 or, 49.47, or 49.471 files a petition requesting child
2 support, maintenance or family support payments, \$10 in addition to any other fee
3 required under this section. This subsection does not apply to a petition filed by the
4 state or its delegate.

5 SECTION 87. 885.01 (5) of the statutes is amended to read:

6 885.01 (5) By the department of workforce development or a county child
7 support agency under s. 59.53 (5) in the administration of ss. 49.145, 49.19, 49.22,
8 49.46 and, 49.47, and 49.471 and programs carrying out the purposes of 7 USC 2011
9 to 2029.

10 SECTION 9421. Effective dates; Health and Family Services.

11 (1) BADGERCARE PLUS. The treatment of sections 20.435 (4) (b) (bm), (bn), (jw),
12 (jz), (nn), (o), (p), and (x), 46.206 (1) (bm), 46.22 (1) (b) 1. d., 46.27 (6u) (c) 1. a. and
13 (d) (intro.) and (7) (am) and (b), 46.275 (1m) (a), 46.277 (1m) (a), 46.278 (1m) (b),
14 46.283 (3) (k), 46.485 (3g), 48.57 (3m) (e) and (3n) (e), 49.22 (2m) (a), (b), and (c) 3.,
15 49.45 (2) (a) 1. and 3. and (b) 3., (3) (b) 1. and 2., (dm), and (L) 2., (6c) (d) 1. and 2.,
16 (8) (a) 4., (9), (18) (ac) and (am), (29), and (35), 49.468 (1) (b) and (c), (1m) (a), and (2)
17 (a), 49.473 (2) (a), 49.49 (3m) (a) (intro.), 49.665 (4) (a) 1., (am) 1., (ap) 1. and 2., and
18 (at) and (7) (a) 1., 49.688 (5) (a) (intro.), 49.785 (1) (intro.) and (1c), 49.81 (4), 49.82
19 (2), 49.89 (7) (b), 51.038, 51.04, 59.53 (5) (a), 66.0137 (3), 302.38 (3), 302.386 (1), 449.17 (8),
20 and 885.01 (5) of the statutes takes effect on the date stated in the Wisconsin
21 Administrative Register by the department of health and family services under
22 section 49.471 (12) (b) of the statutes, as created by this act, as the implementation
23 date for BadgerCare Plus.

24 (END)

Handwritten annotations: "letter" with arrows pointing to (b) and (c); "number" with arrows pointing to (6) and (8); "keep" written multiple times; "insert 50-16" and "insert 50-19" with arrows pointing to specific sections; "51-038, 51.04" and "302.386 (1), 449.17 (8)" with arrows pointing to those sections.

Vertical handwritten note: "insert 50-17" with a checkmark.

INSERT A

Various health insurance qualifications and limitations apply under BC+. As a condition of eligibility for BC+, an individual who is eligible for enrollment in a group health plan must apply for enrollment in that plan if DHFS determines that it is cost-effective. With exceptions for pregnant women, individuals in foster care on their 18th birthday, and certain children, no individual whose family income exceeds 150 percent of poverty is eligible for BC+ if the individual has health care coverage under the state employee health plan or coverage that is provided by an employer and for which the employer pays at least 80 percent of the premium. Regardless of family income, however, an unborn child is not eligible for BC+ if the unborn child or its mother has any type of health insurance coverage. Unless there is a good cause reason for not enrolling in the coverage, if an individual or an unborn child or its mother had access in the 12 months before applying for BC+ to health care coverage under the state employee health plan or coverage that is provided by an employer and for which the employer pays at least 80 percent of the premium, the individual or unborn child is not eligible for BC+. A pregnant woman whose family income exceeds 200 percent of poverty and who has health insurance coverage must maintain that coverage as a condition of eligibility for BC+. If an individual whose family income exceeds 150 percent of poverty had coverage under the state employee health plan or employer-provided coverage but no longer has the coverage, if an unborn child or its mother had health insurance coverage but no longer has the coverage, or if a pregnant woman whose family income exceeds 200 percent of poverty did not maintain coverage that she had, the individual, unborn child, or pregnant woman is not eligible for BC+ for three calendar months following the month in which the coverage ended, unless there was a good cause reason for the termination of the coverage.

(END OF INSERT A)

INSERT 4-1

1 **SECTION 1.** 20.435 (4) (b) of the statutes is amended to read:
2 20.435 (4) (b) *Medical Assistance program benefits.* Biennially, the amounts
3 in the schedule to provide a portion of the state share of Medical Assistance program
4 benefits administered under s. 49.45 subch. IV of ch. 49, to provide a portion of the
5 Medical Assistance program benefits administered under s. 49.45 subch. IV of ch. 49
6 that are not also provided under par. (o), to fund the pilot project under s. 46.27 (9)
7 and (10), to provide a portion of the facility payments under 1999 Wisconsin Act 9,

whose family income exceeds 150 percent of poverty



End of insert

1 section 9123 (9m), to fund services provided by resource centers under s. 46.283, for
 2 services under the family care benefit under s. 46.284 (5), and for reduction of any
 3 operating deficits as specified in 2005 Wisconsin Act 15, section 3. Notwithstanding
 4 s. 20.002 (1), the department may transfer from this appropriation account to the
 5 appropriation account under sub. (7) (kb) funds in the amount of and for the purposes
 6 specified in s. 46.485. Notwithstanding ss. 20.001 (3) (b) and 20.002 (1), the
 7 department may credit or deposit into this appropriation account and may transfer
 8 between fiscal years funds that it transfers from the appropriation account under
 9 sub. (7) (kb) for the purposes specified in s. 46.485 (3r). Notwithstanding s. 20.002
 10 (1), the department may transfer from this appropriation account to the
 11 appropriation account under sub. (7) (bd) funds in the amount and for the purposes
 12 specified in s. 49.45 (6v).

History: 1971 c. 125 ss. 138 to 155, 522 (1); 1971 c. 211, 215, 302, 307, 322; 1973 c. 90, 198, 243; 1973 c. 284 s. 32; 1973 c. 308, 321, 322, 333, 336; 1975 c. 39 ss. 153 to 173, 732 (1), (2); 1975 c. 41 s. 52; 1975 c. 82, 224, 292; 1975 c. 413 s. 18; 1975 c. 422, 423; 1975 c. 430 ss. 1, 2, 80; 1977 c. 29 ss. 236 to 273, 1657 (18); 1977 c. 112; 1977 c. 203 s. 106; 1977 c. 213, 233, 327; 1977 c. 354 s. 101; 1977 c. 359; 1977 c. 418 ss. 129 to 137, 924 (18) (d), 929 (55); 1977 c. 428 s. 115; 1977 c. 447; 1979 c. 32 s. 92 (11); 1979 c. 34, 48; 1979 c. 102 s. 237; 1979 c. 111, 175, 177; 1979 c. 221 ss. 118g to 133, 2202 (20); 1979 c. 238, 300, 331, 361; 1981 c. 20 ss. 301 to 356b, 2202 (20) (b), (d), (g); 1981 c. 93 ss. 3 to 8, 186; 1981 c. 298, 314, 317, 359, 390; 1983 a. 27 ss. 318 to 410, 2202 (20); 1983 a. 192, 199, 245; 1983 a. 333 s. 6; 1983 a. 363, 398, 410, 427; 1983 a. 435 ss. 2, 3, 7; 1983 a. 538; 1985 a. 24, 29, 56, 73, 120, 154, 176, 255, 281, 285, 332; 1987 a. 27, 339, 368, 398, 399, 402; 1987 a. 403 ss. 25, 256; 1987 a. 413; 1989 a. 31, 53; 1989 a. 56 ss. 13, 259; 1989 a. 102; 1989 a. 107 ss. 11, 13, 17 to 37; 1989 a. 120, 122, 173, 199, 202, 318, 336, 359; 1991 a. 6, 39, 189, 269, 275, 290, 315, 322; 1993 a. 16, 27, 76, 98, 99, 168, 183, 377, 437, 445, 446, 450, 469, 479, 490, 491; 1995 a. 27 ss. 806 to 961r, 9126 (19); 1995 a. 77, 98; 1995 a. 216 ss. 26, 27; 1995 a. 266, 276, 289, 303, 404, 417, 440, 448, 464, 468; 1997 a. 27 ss. 211, 214, 216, 217, 527 to 609; 1997 a. 35, 105, 231, 237, 280, 293; 1999 a. 5, 9, 32, 52, 84, 103, 109, 113, 133, 185, 186; 2001 a. 16, 69, 103, 105; 2003 a. 33, 139, 186, 318, 320, 326, 327; 2005 a. 15, 22; 2005 a. 25 ss. 299 to 331, 2498 to 2500, 2510; 2005 a. 74, 107, 199, 228, 264, 388, 406, 434.

(END OF INSERT 4-1)

INSERT 5-9

13 **SECTION 2.** 20.435 (4) (bn) of the statutes is amended to read:
 14 20.435 (4) (bn) *Income maintenance.* Biennially, the amounts in the schedule
 15 for funeral expenses under s. 49.785 and for payments under s. 49.78 (8) relating to
 16 the administration of the Medical Assistance program under subch. IV of ch. 49, the
 17 Badger Care health care program under s. 49.665, the food stamp program, and the
 18 cemetery, funeral, and burial expenses program under s. 49.785.

History: 1971 c. 125 ss. 138 to 155, 522 (1); 1971 c. 211, 215, 302, 307, 322; 1973 c. 90, 198, 243; 1973 c. 284 s. 32; 1973 c. 308, 321, 322, 333, 336; 1975 c. 39 ss. 153 to 173, 732 (1), (2); 1975 c. 41 s. 52; 1975 c. 82, 224, 292; 1975 c. 413 s. 18; 1975 c. 422, 423; 1975 c. 430 ss. 1, 2, 80; 1977 c. 29 ss. 236 to 273, 1657 (18); 1977 c. 112; 1977 c. 203 s. 106; 1977 c. 213, 233, 327; 1977 c. 354 s. 101; 1977 c. 359; 1977 c. 418 ss. 129 to 137, 924 (18) (d), 929 (55); 1977 c. 428 s. 115; 1977 c. 447; 1979 c. 32 s. 92 (11); 1979 c. 34, 48; 1979 c. 102 s. 237; 1979 c. 111, 175, 177; 1979 c. 221 ss. 118g to 133, 2202 (20); 1979 c. 238, 300, 331, 361; 1981 c. 20 ss. 301 to 356b, 2202 (20) (b), (d), (g);



1981 c. 93 ss. 3 to 8, 186; 1981 c. 298, 314, 317, 359, 390; 1983 a. 27 ss. 318 to 410, 2202 (20); 1983 a. 192, 199, 245; 1983 a. 333 s. 6; 1983 a. 363, 398, 410, 427; 1983 a. 435 ss. 2, 3, 7; 1983 a. 538; 1985 a. 24, 29, 56, 73, 120, 154, 176, 255, 281, 285, 332; 1987 a. 27, 339, 368, 398, 399, 402; 1987 a. 403 ss. 25, 256; 1987 a. 413; 1989 a. 31, 53; 1989 a. 56 ss. 13, 259; 1989 a. 102; 1989 a. 107 ss. 11, 13, 17 to 37; 1989 a. 120, 122, 173, 199, 202, 318, 336, 359; 1991 a. 6, 39, 189, 269, 275, 290, 315, 322; 1993 a. 16, 27, 76, 98, 99, 168, 183, 377, 437, 445, 446, 450, 469, 479, 490, 491; 1995 a. 27 ss. 806 to 961r, 9126 (19); 1995 a. 77, 98; 1995 a. 216 ss. 26, 27; 1995 a. 266, 276, 289, 303, 404, 417, 440, 448, 464, 468; 1997 a. 27 ss. 211, 214, 216, 217, 527 to 609; 1997 a. 35, 105, 231, 237, 280, 293; 1999 a. 5, 9, 32, 52, 84, 103, 109, 113, 133, 185, 186; 2001 a. 16, 69, 103, 105; 2003 a. 33, 139, 186, 318, 320, 326, 327; 2005 a. 15, 22; 2005 a. 25 ss. 299 to 331, 2498 to 2500, 2510; 2005 a. 74, 107, 199, 228, 264, 388, 406, 434.

(END OF INSERT 5-9)

INSERT 5-21

1 **SECTION 3.** 20.435 (4) (jz) of the statutes is amended to read:

2 20.435 (4) (jz) *Medical Assistance and Badger Care cost sharing and employer*

3 *penalty assessments.* All moneys received from in cost sharing from medical

4 assistance recipients, including payments under s. 49.665 (5) and, all moneys

5 received from penalty assessments under s. 49.665 (7) (b) 2., and 90 percent of all

6 moneys received from penalty assessments under s. 49.471 (9) (c) to be used for the

7 Badger Care health care program under s. 49.665 and for the Medical Assistance

8 program under subch. IV of ch. 49.

History: 1971 c. 125 ss. 138 to 155, 522 (1); 1971 c. 211, 215, 302, 307, 322; 1973 c. 90, 198, 243; 1973 c. 284 s. 32; 1973 c. 308, 321, 322, 333, 336; 1975 c. 39 ss. 153 to 173, 732 (1), (2); 1975 c. 41 s. 52; 1975 c. 82, 224, 292; 1975 c. 413 s. 18; 1975 c. 422, 423; 1975 c. 430 ss. 1, 2, 80; 1977 c. 29 ss. 236 to 273, 1657 (18); 1977 c. 112; 1977 c. 203 s. 106; 1977 c. 213, 233, 327; 1977 c. 354 s. 101; 1977 c. 359; 1977 c. 418 ss. 129 to 137, 924 (18) (d), 929 (55); 1977 c. 428 s. 115; 1977 c. 447; 1979 c. 32 s. 92 (11); 1979 c. 34, 48; 1979 c. 102 s. 237; 1979 c. 111, 175, 177; 1979 c. 221 ss. 118g to 133, 2202 (20); 1979 c. 238, 300, 331, 361; 1981 c. 20 ss. 301 to 356b, 2202 (20) (b), (d), (g); 1981 c. 93 ss. 3 to 8, 186; 1981 c. 298, 314, 317, 359, 390; 1983 a. 27 ss. 318 to 410, 2202 (20); 1983 a. 192, 199, 245; 1983 a. 333 s. 6; 1983 a. 363, 398, 410, 427; 1983 a. 435 ss. 2, 3, 7; 1983 a. 538; 1985 a. 24, 29, 56, 73, 120, 154, 176, 255, 281, 285, 332; 1987 a. 27, 339, 368, 398, 399, 402; 1987 a. 403 ss. 25, 256; 1987 a. 413; 1989 a. 31, 53; 1989 a. 56 ss. 13, 259; 1989 a. 102; 1989 a. 107 ss. 11, 13, 17 to 37; 1989 a. 120, 122, 173, 199, 202, 318, 336, 359; 1991 a. 6, 39, 189, 269, 275, 290, 315, 322; 1993 a. 16, 27, 76, 98, 99, 168, 183, 377, 437, 445, 446, 450, 469, 479, 490, 491; 1995 a. 27 ss. 806 to 961r, 9126 (19); 1995 a. 77, 98; 1995 a. 216 ss. 26, 27; 1995 a. 266, 276, 289, 303, 404, 417, 440, 448, 464, 468; 1997 a. 27 ss. 211, 214, 216, 217, 527 to 609; 1997 a. 35, 105, 231, 237, 280, 293; 1999 a. 5, 9, 32, 52, 84, 103, 109, 113, 133, 185, 186; 2001 a. 16, 69, 103, 105; 2003 a. 33, 139, 186, 318, 320, 326, 327; 2005 a. 15, 22; 2005 a. 25 ss. 299 to 331, 2498 to 2500, 2510; 2005 a. 74, 107, 199, 228, 264, 388, 406, 434.

(END OF INSERT 5-21)

INSERT 6-13

9 **SECTION 4.** 20.435 (4) (o) of the statutes is amended to read:

10 20.435 (4) (o) *Federal aid; medical assistance.* All federal moneys received for

11 meeting costs of ~~medical assistance~~ Medical Assistance administered under ss.

12 46.284 (5), 49.45 and 49.665 and subch. IV of ch. 49, to be used for those purposes and

13 for transfer to the ~~medical assistance~~ Medical Assistance trust fund, for those

14 purposes.

History: 1971 c. 125 ss. 138 to 155, 522 (1); 1971 c. 211, 215, 302, 307, 322; 1973 c. 90, 198, 243; 1973 c. 284 s. 32; 1973 c. 308, 321, 322, 333, 336; 1975 c. 39 ss. 153 to 173, 732 (1), (2); 1975 c. 41 s. 52; 1975 c. 82, 224, 292; 1975 c. 413 s. 18; 1975 c. 422, 423; 1975 c. 430 ss. 1, 2, 80; 1977 c. 29 ss. 236 to 273, 1657 (18); 1977 c. 112; 1977 c. 203 s. 106; 1977 c. 213, 233, 327; 1977 c. 354 s. 101; 1977 c. 359; 1977 c. 418 ss. 129 to 137, 924 (18) (d), 929 (55); 1977 c. 428 s. 115; 1977 c. 447; 1979 c. 32 s. 92 (11);



1979 c. 34, 48; 1979 c. 102 s. 237; 1979 c. 111, 175, 177; 1979 c. 221 ss. 118g to 133, 2202 (20); 1979 c. 238, 300, 331, 361; 1981 c. 20 ss. 301 to 356b, 2202 (20) (b), (d), (e); 1981 c. 93 ss. 3 to 8, 186; 1981 c. 298, 314, 317, 359, 390; 1983 a. 27 ss. 318 to 410, 2202 (20); 1983 a. 192, 199, 245; 1983 a. 333 s. 6; 1983 a. 363, 398, 410, 427; 1983 a. 435 ss. 2, 3, 7; 1983 a. 538; 1985 a. 24, 29, 56, 73, 120, 154, 176, 255, 281, 285, 332; 1987 a. 27, 339, 368, 398, 399, 402; 1987 a. 403 ss. 25, 256; 1987 a. 413; 1989 a. 31, 53; 1989 a. 56 ss. 13, 259; 1989 a. 102; 1989 a. 107 ss. 11, 13, 17 to 37; 1989 a. 120, 122, 173, 199, 202, 318, 336, 359; 1991 a. 6, 39, 189, 269, 275, 290, 315, 322; 1993 a. 16, 27, 76, 98, 99, 168, 183, 377, 437, 445, 446, 450, 469, 479, 490, 491; 1995 a. 27 ss. 806 to 961r, 9126 (19); 1995 a. 77, 98; 1995 a. 216 ss. 26, 27; 1995 a. 266, 276, 289, 303, 404, 417, 440, 448, 464, 468; 1997 a. 27 ss. 211, 214, 216, 217, 527 to 609; 1997 a. 35, 105, 231, 237, 280, 293; 1999 a. 5, 9, 32, 52, 84, 103, 109, 113, 133, 185, 186; 2001 a. 16, 69, 103, 105; 2003 a. 33, 139, 186, 318, 320, 326, 327; 2005 a. 15, 22; 2005 a. 25 ss. 299 to 331, 2498 to 2500, 2510; 2005 a. 74, 107, 199, 228, 264, 388, 406, 434.

(END OF INSERT 6-13)

INSERT 24-16

1 ^{not} An unborn child's eligibility for coverage under this section [✓] does not begin
2 before the first [✓] day of the month in which the unborn child's mother provides the
3 medical verification.

(END OF INSERT 24-16)

INSERT 26-2

4 2. Notwithstanding subd. 1., [✓] an individual who is eligible for medical
5 assistance under s. 49.46 (1) (a) 3. or 4. [✓] may not receive benefits under this [✓] section.

6 3. Notwithstanding subd. 1., [✓] an individual described in sub. (4) (a) or (b) or (5)
7 who is eligible for medical assistance under s. 49.46 (1) (a) 5., [✓] 6m., [✓] 14., [✓] 14m., or 15.
8 or (d) [✓] or 49.47 (4) (a) [✓] or (as) [✓] may receive medical assistance benefits under this
9 section or under s. [✓] 49.46 or 49.47. [✓]

(END OF INSERT 26-2)

INSERT 27-9

10 ^{not} For a child under this subdivision [✓] who is an unborn child, [✓] benefits are limited
11 to prenatal care.

(END OF INSERT 27-9)

INSERT 27-10

12 3m. A child who obtains eligibility under sub. (7) (b) 2. [✓]

(END OF INSERT 27-10)

INSERT 28-8



Ins. 28-8

1 1m. A pregnant woman or unborn child who obtains eligibility under sub. (7)

2 (b) 1. ✓

(END OF INSERT 28-8)

INSERT 28-12

3 *WOF* For a child under this subdivision ✓ who is an unborn child, benefits are limited
4 to prenatal care. ✓

(END OF INSERT 28-12)

INSERT 33-10

5 *WOF* , for a pregnant woman but not for an unborn child,

(END OF INSERT 33-10)

INSERT 33-11

6 *WOF* . Eligibility obtained by a pregnant woman under this subdivision ✓ extends to
7 all pregnant women in the pregnant woman's family *NO #*

(END OF INSERT 33-11)

INSERT 33-19

8 *WOF* and extends to all children in the family *(NO #)*

(END OF INSERT 33-19)

INSERT 33-20

9 3. For a pregnant woman or an unborn child to obtain eligibility under subd.
10 1., ✓ the amount that must be obligated or expended in any 6-month ✓ period is equal
11 to the sum of the differences in each of those 6 months between the pregnant woman's

↓

ins 33-20 covered

1 or unborn child's monthly family income and the monthly family income that is 300
2 percent of the poverty line. For a child to obtain eligibility under subd. 2, the amount
3 that must be obligated or expended in any 6-month period is equal to the sum of the
4 differences in each of those 6 months between the child's monthly family income and
5 the monthly family income that is 150 percent of the poverty line.

(END OF INSERT 33-20)

INSERT 35-7

6 2. The unborn child or the unborn child's mother, in the 12 months before
7 applying, had access to the health insurance coverage specified in par. (b) 1.

8 3. The unborn child or the unborn child's mother could be covered under
9 individual or family health insurance coverage if the coverage is applied for, and the
10 coverage could become available to the unborn child or the unborn child's mother in
11 the month in which the unborn child applies for benefits under this section or in any
12 of the next 3 calendar months.

13 , in the 12 months before applying the unborn child or the unborn child's mother
14 had access to individual or family health insurance coverage, or

(END OF INSERT 35-7)

INSERT 35-15

15 e. A child who obtains eligibility under sub. (7) (b) 2, but only for the remainder
16 of the child's eligibility period under sub. (7) (b) 2.

(END OF INSERT 35-15)

INSERT 35-18

17 2. An individual under par. (b) 2, or an individual who is an unborn child or
18 an unborn child's mother under par. (c) 2, is not ineligible if any of the following good


↓

Ins 35-18 cont'd

1 cause reasons is the reason that the individual did not obtain the health insurance
2 coverage under par. (b) 1. to which they had access:

(END OF INSERT 35-18)

INSERT 36-9

not
3 , if an individual who is an unborn child or an unborn child's mother, regardless
4 of family income, had health insurance coverage but no longer has the coverage, 

(END OF INSERT 36-9)

INSERT 37-14

- 5 2. Subdivision 1. does not apply to any of the following:
- 6 a. A pregnant woman.
- 7 b. A child described in sub. (4) (a) 2. or (b) 2.
- 8 c. An individual described in sub. (4) (a) 5.

(END OF INSERT 37-14)

INSERT 38-6

9 3. Notwithstanding subd. 1., an employer shall not be subject to any penalties
10 if the employer, at least once per year, timely provides to the department, in the
11 manner and format specified by the department, information from which the
12 department may determine whether the employer provides its employees with
13 access to health insurance coverage.

(END OF INSERT 38-6)

INSERT 39-17

183

14 **(10) COST SHARING.** (a) *Copayments.* Except as provided in s. 49.45 (18) (am),
15 all cost-sharing provisions under s. 49.45 (18) apply to a recipient with coverage of

↓

Ins 39-17 cont'd 203

1 the benefits described in s. 49.46 (2) (a) and (b) to the same extent as they apply to
2 a person eligible for medical assistance under s. 49.46, 49.468, or 49.47.

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

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

15 3. Except as provided in subd. 4., a recipient who is an unborn child, or a
16 pregnant woman eligible under sub. (4) (b) 1., whose family income is greater than
17 200 percent of the poverty line shall pay a premium for coverage of the benefits
18 described in sub. (11) that does not exceed the full per member per month cost of
19 coverage for an adult with a family income of 300 percent of the poverty line.

20 4. None of the following shall pay a premium:

21 a. A child who is a Native American or an Alaskan Native with a family income
22 that does not exceed 300 percent of the poverty line.

23 b. A child who is eligible under sub. (4) (a) 2. or (b) 2.

24 c. A child whose family income does not exceed 200 percent of the poverty line.



ins 39-17 covered 383

1 d. A pregnant woman whose family income does not exceed 200 percent of the
2 poverty line.

3 e. A child who obtains eligibility under sub. (7) (b) 2.

4 f. An individual who is eligible under sub. (4) (a) 5.

5 5. If a recipient who is required to pay a premium under this paragraph or
6 under sub. (4) (c) does not pay a premium when due, the recipient's coverage
7 terminates and the recipient is not eligible for BadgerCare Plus for 6 calendar
8 months following the date on which the recipient's coverage terminated.

(END OF INSERT 39-17)

INSERT 41-18

9 (11m) PROVIDER PAYMENTS AND REQUIREMENTS. The provider of a service or
10 equipment under sub. (11) shall collect the specified or allowable copayment or
11 coinsurance, unless the provider determines that the cost of collecting the copayment
12 or coinsurance exceeds the amount to be collected. The department shall reduce
13 payments for services or equipment under sub. (11) by the amount of the specified
14 or allowable copayment or coinsurance. No provider may deny care or services or
15 equipment because the recipient is unable to share costs, but an inability to share
16 costs as specified in sub. (11) does not relieve the recipient of liability for those costs.

(END OF INSERT 41-18)

INSERT 43-9

1573

17 SECTION 5. 49.497 (title) of the statutes is amended to read:

18 49.497 (title) Recovery of incorrect Medical Assistance or Badger Care
19 payments and of employer penalties.

(B) unpaid



Eng 43-9 cont'd 2083

SECTION 6. 49.497 (1r) of the statutes is created to read:

49.497 (1r) (a) The department may recover any penalty assessment not paid under s. 49.471 (9) (c) from the employer against which the penalty was assessed. If, after notice that payment of a penalty is overdue, the employer who is liable fails to pay the penalty amount, or enter into or comply with an agreement for payment, the department may bring an action to enforce the liability or may issue an order to compel payment of the liability. Any person aggrieved by an order issued by the department under this paragraph may appeal the order as a contested case under ch. 227 by filing with the department a request for a hearing within 30 days after the date of the order. The only issue at the hearing shall be the determination by the department that the person has not paid the penalty or entered into, or complied with, an agreement for payment.

(b) If any employer named in an order to compel payment issued under par. (a) fails to pay the department any amount due under the terms of the order and no contested case to review the order is pending and the time for filing for a contested case review has expired, the department may present a certified copy of the order to the circuit court for any county. The sworn statement of the secretary shall be evidence of the failure to pay the penalty. The circuit court shall, without notice, render judgment in accordance with the order. A judgment rendered under this paragraph shall have the same effect and shall be entered in the judgment and lien docket and may be enforced in the same manner as if the judgment had been rendered in an action tried and determined by the circuit court.

(c) The recovery procedure under this subsection is in addition to any other recovery procedure authorized by law.

SECTION 7. 49.497 (4) of the statutes is amended to read:



ins 43-9 contd 303

1 49.497 (4) The department may appear for the state in any and all collection
 2 matters under this section, and may commence suit in the name of the department
 3 to recover an incorrect payment from the recipient to whom or on whose behalf it was
 4 made or to recover an unpaid penalty from the employer against which the penalty
 5 was assessed. ✓

History: 1981 c. 20; 1983 a. 27, 192; 1985 a. 176; 1987 a. 27; 1989 a. 31, 173, 359; 2005 a. 25, 254.
 (END OF INSERT 43-9)

INSERT 49-14

6 **SECTION 8.** 302.386[✓] (1) of the statutes is amended to read:
 7 302.386 (1) Except as provided in sub. (5), liability for medical and dental
 8 services furnished to residents housed in prisons identified in s. 302.01, in a juvenile
 9 correctional facility, or in a secured residential care center for children and youth, or
 10 to forensic patients in state institutions for those services that are not provided by
 11 employees of the department shall be limited to the amounts payable under ss. 49.43
 12 to 49.47, except s. 49.471[✓], excluding ss. 49.468 and 49.471 (11)[✓], for similar services.
 13 The department may waive any such limit if it determines that needed services
 14 cannot be obtained for the applicable amount. No provider of services may bill the
 15 resident or patient for the cost of services exceeding the amount of the liability under
 16 this subsection.

History: 1985 a. 29; 1989 a. 31 ss. 1661, 1662; Stats. 1989 s. 302.386; 1991 a. 39; 1995 a. 27, 77; 2001 a. 16; 2005 a. 105, 344.
 (END OF INSERT 49-14)

Insert 50-16

(NO
#) (42m)(a), (48), (49m)(c) 1., and (53),

(end of ins 50-16)

Insert 50-17

(NO
#) 1., 2., and 3., 49.497 (title), (1r), and (4),

(end of ins 50-17)

Insert 50-19

(NO
#) 227.01(13)(um), 253.10(3)(d) 1.,

(end of ins 50-19)