

**2013 DRAFTING REQUEST**

**Bill**

Received: 1/14/2013 Received By: tdodge  
 Wanted: Soon Same as LRB: -0830  
 For: Jon Erpenbach (608) 266-6670 By/Representing: Kelly Becker  
 May Contact: Brian Larson LC Drafter: tdodge  
 Rep. Richards office  
 LFB Addl. Drafters:  
 Subject: Medical Assistance Extra Copies:

Submit via email: YES  
 Requester's email: Sen.Erpenbach@legis.wisconsin.gov  
 Carbon copy (CC) to: tamara.dodge@legis.wisconsin.gov

**Pre Topic:**

No specific pre topic given

**Topic:**

Expand medical assistance to childless adults as allowed in the Patient Protection and Affordable Care Act

**Instructions:**

Companion for Medical Assistance expansion

**Drafting History:**

<u>Vers.</u>	<u>Drafted</u>	<u>Reviewed</u>	<u>Typed</u>	<u>Proofed</u>	<u>Submitted</u>	<u>Jacketed</u>	<u>Required</u>
/1	tdodge 1/22/2013	jdyer 1/22/2013	phenry 1/22/2013	_____	sbasford 1/15/2013		State
/2				_____	lparisi 1/22/2013	sbasford 2/5/2013	State

FE Sent For:

AT  
Intro.

<END>

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2/5/13*

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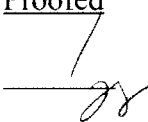
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Companion for Medical Assistance expansion

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FE Sent For:

*1/22 jld* *1/22 ph* *ph/12*

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/1	tdodge	1/14 jld	1/14	pk			State

FE Sent For:

<END>



State of Wisconsin  
2013 - 2014 LEGISLATURE



1145

LRB-08301  
TJD:jld:ph

In: 1/14/13 (Due 1/16  
Wed. a.m.)

keep  
RMNR

2013 BILL

Companion -  
no changes

LX

Regen

1 AN ACT *to repeal* 20.435 (4) (h), 49.45 (23), 49.471 (11g) (c), 49.67, 149.12 (2) (f)  
 2 2. g., 227.01 (13) (ur) and 227.42 (7); *to amend* 20.435 (4) (hm), 20.435 (4) (jw),  
 3 25.77 (2), 49.45 (59) (b), 49.471 (11) (intro.) and 49.686 (3) (d); and *to create*  
 4 49.471 (1) (cr), 49.471 (4) (b) 5., 49.471 (4m) and 49.471 (11g) of the statutes;  
 5 **relating to:** Medical Assistance for certain adults who are not eligible for other  
 6 Medical Assistance programs. ✓

***Analysis by the Legislative Reference Bureau***

Currently, the Department of Health Services (DHS) administers the Medical Assistance (MA) program, which is a joint federal and state program that provides health services to individuals who have limited resources. Some services are provided through programs that operate under a waiver of federal Medicaid laws, including services provided through the BadgerCare Plus (BC+) and BadgerCare Plus Core (BC+ Core) programs. Under current law, BC+ provides health and medical services to eligible recipients and has a standard plan with a larger set of benefits and a Benchmark plan with fewer benefits. Recipients of standard BC+ benefits may be required to pay certain copayments for services and, with some exceptions, to pay premiums. Recipients of BC+ under the Benchmark plan have increased copayments and coinsurance for certain services, and certain recipients under the Benchmark plan may be charged higher premiums compared to certain recipients under the standard plan.

**BILL**

Under current law, unless DHS has a policy that conflicts with current state law eligibility requirements, the following individuals, among others, are eligible for benefits under the BC+ standard plan: a pregnant women whose family income does not exceed 200 percent of the federal poverty line (FPL); a child meeting certain criteria whose family income does not exceed 200 percent of the FPL; a child meeting certain criteria whose family income exceeds 150 percent of the FPL but the difference between the actual family income and 150 percent of the FPL is expended on behalf of a member of the child's family or the child for certain medical or health reasons; a parent or caretaker relative of a child whose family income does not exceed 200 percent of the FPL; and an individual who qualifies for a transitional extension of MA benefits even though his or her income increases above the poverty line. The following individuals, among others, are eligible for benefits under the BC+ Benchmark plan, under current law: a pregnant woman whose family income exceeds 200 percent, but does not exceed 300 percent, of the FPL; a pregnant woman and everyone in her family if her family income exceeds 300 percent of the FPL but the difference between her actual family income and 300 percent of the FPL is expended for any family member's or her medical or health care; a child whose family income exceeds 200 percent, but does not exceed 300 percent, of the FPL; and a parent or caretaker of a child whose income includes self-employment income but does not exceed 200 percent of the FPL after depreciation is deducted.

Under current law, DHS also administers BC+ Core, which provides basic primary and preventive care to eligible individuals. Adults who are under age 65, who have family incomes that do not exceed 200 percent of the FPL, and who are not otherwise eligible for MA, including BC+, are eligible for benefits under BC+ Core, unless DHS has a policy that conflicts with current state law eligibility requirements.

DHS also currently administers the BadgerCare Plus Basic (BC+ Basic) plan, which is not an MA program but is funded by premiums paid by plan participants. To be eligible for the BC+ Basic plan, an individual must be on the waiting list for BC+ Core. BC+ Basic provides health care benefits that do not exceed those benefits provided by BC+ Core. Under current law, BC+ Basic terminates on January 1, 2014.

Currently, beginning on January 1, 2014, the federal Patient Protection and Affordable Care Act (PPACA) requires states that participate in the Medicaid program to offer medical assistance benefits to adults who are under 65 years of age, are not pregnant, are not entitled to Medicare benefits, are not otherwise eligible for Medicaid, and have an income that does not exceed 133 percent of the FPL (expansion population). PPACA requires the state to provide benefits to the expansion population that meet the standards of benchmark coverage as defined in PPACA. The federal Department of Health and Human Services (federal DHHS) pays a matching rate, known as the federal medical assistance percentage or FMAP, to states that participate in the Medicaid program. PPACA creates enhanced FMAPs, which are rates that are higher than the typical matching rate, for states to cover newly eligible individuals in the expansion population and for states that already covered certain individuals in the expansion population to cover the entire expansion population. The United States Supreme Court decision, in *National*



**BILL**

*Federation of Independent Business v. Sebelius*, 567 U.S. \_\_\_, 132 S. Ct. 2566 (2012), makes coverage of the expansion population by states optional instead of mandatory.

This bill makes adults who are under 65 years of age, who are not pregnant, who are not otherwise eligible for MA under the state's traditional MA program or BC+, and whose income do not exceed 133 percent of the FPL (Wisconsin expansion population) eligible for the BC+ Benchmark plan beginning January 1, 2014. The bill also eliminates BC+ Core and the language regarding BC+ Basic.

The bill requires that, if the benefits under the BC+ Benchmark plan are not sufficient to qualify DHS to obtain an enhanced FMAP, DHS must provide coverage that complies with PPACA in order to qualify for an enhanced FMAP. Additionally, if the federal DHHS prohibits charging a copayment or premium to the Wisconsin expansion population in order to qualify for an enhanced FMAP, DHS may not charge copayments or premiums that disqualify DHS from obtaining an enhanced FMAP.

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

---

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

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

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

3           20.435 (4) (hm) *BadgerCare Plus Basic Plan; benefits and administration.* All  
4 moneys received from premiums under s. 49.67 (4), 2011 stats., to pay for the  
5 provision of services under the BadgerCare Plus Basic Plan under s. 49.67, 2011  
6 stats., and for administration of the plan.

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

8           20.435 (4) (jw) *BadgerCare Plus, hospital assessment, and pharmacy benefits*  
9 *purchasing pool administrative costs.* All moneys received from payment of  
10 enrollment fees under the program under s. 49.45 (23), 2011 stats., all moneys  
11 transferred under s. 50.38 (9), all moneys transferred from the appropriation account  
12 under par. (jz), and 10 percent of all moneys received from penalty assessments  
13 under s. 49.471 (9) (c), for administration of the program under s. 49.45 (23), 2011  
14 stats., to provide a portion of the state share of administrative costs for the

**BILL**

1 BadgerCare Plus Medical Assistance program under s. 49.471, for administration of  
2 the hospital assessment under s. 50.38, and to administer a contract with an entity  
3 to operate the pharmacy benefits purchasing pool under s. 146.45.

4 **SECTION 4.** 25.77 (2) of the statutes is amended to read:

5 25.77 (2) All public funds that are related to payments under s. 49.45 and that  
6 are transferred or certified under 42 CFR 433.51 (b) and used as the nonfederal and  
7 federal share of Medical Assistance funding, except funds that are deposited into the  
8 appropriation accounts under s. 20.435 (4) (h), (kx), or (ky).

9 **SECTION 5.** 49.45 (23) of the statutes is repealed.

10 **SECTION 6.** 49.45 (59) (b) of the statutes is amended to read:

11 49.45 (59) (b) Health maintenance organizations shall pay all of the moneys  
12 they receive under par. (a) to eligible hospitals, as defined in s. 50.38 (1), within 15  
13 days after receiving the moneys. The department shall specify in contracts with  
14 health maintenance organizations to provide medical assistance a method that  
15 health maintenance organizations shall use to allocate the amounts received under  
16 par. (a) among eligible hospitals based on the number of discharges from inpatient  
17 stays and the number of outpatient visits for which the health maintenance  
18 organization paid such a hospital in the previous month for enrollees who are  
19 recipients of medical assistance, ~~except enrollees who receive medical assistance~~  
20 ~~under s. 49.45 (23)~~. Payments under this paragraph shall be in addition to any  
21 amount that a health maintenance organization is required by agreement between  
22 the health maintenance organization and a hospital to pay the hospital for providing  
23 services to the health maintenance organization's enrollees.

24 **SECTION 7.** 49.471 (1) (cr) of the statutes is created to read:

**BILL**

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

3           **SECTION 8.** 49.471 (4) (b) 5. of the statutes is created to read:

4           49.471 (4) (b) 5. Subject to sub. (4m), an adult who is under 65 years of age; who  
5 is not pregnant; who is not otherwise eligible for Medical Assistance under par. (a)  
6 or (b) 1. to 4. or s. 49.46 (1); and whose income does not exceed 133 percent of the  
7 poverty line for a family the size of the individual's family.

8           **SECTION 9.** 49.471 (4m) of the statutes is created to read:

9           49.471 (4m) **MEDICAID EXPANSION.** For services provided to individuals  
10 described under sub. (4) (b) 5., the department shall comply with all federal  
11 requirements to qualify for the highest available enhanced federal medical  
12 assistance percentage. The department shall submit any amendment to the state  
13 medical assistance plan, request for a waiver of federal Medicaid law, or other  
14 approval required by the federal government to provide services to the individuals  
15 described under sub. (4) (b) 5. and qualify for the highest available enhanced federal  
16 medical assistance percentage.

17           **SECTION 10.** 49.471 (11) (intro.) of the statutes is amended to read:

18           49.471 (11) **BENCHMARK PLAN BENEFITS AND COPAYMENTS.** (intro.) **Recipients**  
19 Subject to sub. (11g), recipients who are not eligible for the benefits described in s.  
20 49.46 (2) (a) and (b) shall have coverage of the following benefits and pay the  
21 following copayments:

22           **SECTION 11.** 49.471 (11g) of the statutes is created to read:

23           49.471 (11g) **MEDICAID EXPANSION BENCHMARK COVERAGE.** (a) If, to obtain an  
24 enhanced federal medical assistance percentage, the federal department of health  
25 and human services prohibits charging of a copayment or premium to an individual

**BILL**

1 described under sub (4) (b) 5., the department may not charge the copayments  
2 described under sub. (11) or a premium that would disqualify the department from  
3 obtaining an enhanced federal medical assistance percentage.

4 (b) If the federal department of health and human services determines that the  
5 benefits provided under sub. (11) are not sufficient to qualify the department to  
6 obtain an enhanced federal medical assistance percentage for benefits provided to  
7 individuals described under sub. (4) (b) 5., the department shall provide any  
8 benchmark coverage or benchmark equivalent coverage that complies with 42 USC  
9 1396u-7 to qualify to obtain the highest available enhanced federal medical  
10 assistance percentage.

11 (c) Notwithstanding sub. (13), the department may not create a policy under  
12 s. 49.45 (2m) (c) that affects the eligibility or benefits of the individuals described  
13 under sub. (4) (b) 5. such that the department fails to obtain an enhanced federal  
14 medical assistance percentage.

15 **SECTION 12.** 49.471 (11g) (c) of the statutes, as created by 2013 Wisconsin Act  
16 ... (this act), is repealed.

17 **SECTION 13.** 49.67 of the statutes is repealed.

18 **SECTION 14.** 49.686 (3) (d) of the statutes is amended to read:

19 49.686 (3) (d) Has applied for coverage under and has been denied eligibility  
20 for medical assistance within 12 months prior to application for reimbursement  
21 under sub. (2). This paragraph does not apply to an individual who is eligible for  
22 benefits under ~~the demonstration project for childless adults under s. 49.45 (23) or~~  
23 ~~to an individual who is eligible for benefits under~~ BadgerCare Plus under s. 49.471  
24 (11).

25 **SECTION 15.** 149.12 (2) (f) 2. g. of the statutes is repealed.





State of Wisconsin  
2013 - 2014 LEGISLATURE



LRB-1145/L  
TJD:jld:ph

In: 1/22/13 Due Wed 1/23 if possible

RMNR

2013 BILL

part

~~Editor -  
Please edit  
with LRB-0830 -  
companion bill~~

✓ traditional Medicaid or BadgerCare Plus  
Regen A

X

1 AN ACT to repeal 20.435 (4) (h), 49.45 (23), 49.471 (11g) (c), 49.67, 149.12 (2) (f)  
2 2. g., 227.01 (13) (ur) and 227.42 (7); to amend 20.435 (4) (hm), 20.435 (4) (jw),  
3 25.77 (2), 49.45 (59) (b), 49.471 (11) (intro.) and 49.686 (3) (d); and to create  
4 49.471 (1) (cr), 49.471 (4) (b) 5., 49.471 (4m) and 49.471 (11g) of the statutes;  
5 relating to: Medical Assistance for certain adults who are not eligible for other  
6 Medical Assistance programs.

✓ currently

**Analysis by the Legislative Reference Bureau**

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**BILL**

as determined under Federal law

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*the method described in*

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25 and human services prohibits charging of a copayment or premium to an individual

**BILL****SECTION 11**

1 described under sub (4) (b) 5., the department may not charge the copayments  
2 described under sub. (11) or a premium that would disqualify the department from  
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4 (b) If the federal department of health and human services determines that the  
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6 obtain an enhanced federal medical assistance percentage for benefits provided to  
7 individuals described under sub. (4) (b) 5., the department shall provide any  
8 benchmark coverage or benchmark equivalent coverage that complies with 42 USC  
9 1396u-7 to qualify to obtain the highest available enhanced federal medical  
10 assistance percentage.

11 (c) Notwithstanding sub. (13), the department may not create a policy under  
12 s. 49.45 (2m) (c) that affects the eligibility or benefits of the individuals described  
13 under sub. (4) (b) 5. such that the department fails to obtain an enhanced federal  
14 medical assistance percentage.

15 **SECTION 12.** 49.471 (11g) (c) of the statutes, as created by 2013 Wisconsin Act  
16 .... (this act), is repealed.

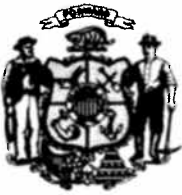
17 **SECTION 13.** 49.67 of the statutes is repealed.

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19 49.686 (3) (d) Has applied for coverage under and has been denied eligibility  
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23 ~~to an individual who is eligible for benefits under BadgerCare Plus under s. 49.471~~  
24 (11).

25 **SECTION 15.** 149.12 (2) (f) 2. g. of the statutes is repealed.





Before  
"corrected copy"

## 2013 SENATE BILL 38

February 20, 2013 - Introduced by Senators ERPENBACH, RISSER, CARPENTER, T. CULLEN, HANSEN, HARRIS, JAUCH, C. LARSON, LASSA, LEHMAN, MILLER, SHILLING, TAYLOR, VINEHOUT and WIRCH, cosponsored by Representatives RICHARDS, PASCH, C. TAYLOR, BARCA, BARNES, BERCEAU, BERNARD SCHABER, BEWLEY, BILLINGS, CLARK, DANOU, DOYLE, GENRICH, GOYKE, HEBL, HESSELBEIN, HINTZ, HULSEY, JOHNSON, JORGENSEN, KAHL, KESSLER, KOLSTE, MASON, MILROY, OHNSTAD, POPE, RIEMER, RINGHAND, SARGENT, SHANKLAND, SINICKI, SMITH, VRUWINK, WACHS, WRIGHT, YOUNG, ZAMARRIPA and ZEPNICK. Referred to Committee on Health and Human Services.

1     **AN ACT to repeal** 20.435 (4) (h), 49.45 (23), 49.471 (11g) (c), 49.67, 149.12 (2) (f)  
2           2. g., 227.01 (13) (ur) and 227.42 (7); **to amend** 20.435 (4) (hm), 20.435 (4) (jw),  
3           25.77 (2), 49.45 (59) (b), 49.471 (11) (intro.) and 49.686 (3) (d); and **to create**  
4           49.471 (1) (cr), 49.471 (4) (b) 5., 49.471 (4m) and 49.471 (11g) of the statutes;  
5           **relating to:** Medical Assistance for certain adults who are not currently  
6           eligible for traditional Medicaid or BadgerCare Plus.

---

### ***Analysis by the Legislative Reference Bureau***

Currently, the Department of Health Services (DHS) administers the Medical Assistance (MA) program, which is a joint federal and state program that provides health services to individuals who have limited resources. Some services are provided through programs that operate under a waiver of federal Medicaid laws, including services provided through the BadgerCare Plus (BC+) and BadgerCare Plus Core (BC+ Core) programs. Under current law, BC+ provides health and medical services to eligible recipients and has a standard plan with a larger set of benefits and a Benchmark plan with fewer benefits. Recipients of standard BC+ benefits may be required to pay certain copayments for services and, with some exceptions, to pay premiums. Recipients of BC+ under the Benchmark plan have increased copayments and coinsurance for certain services, and certain recipients under the Benchmark plan may be charged higher premiums compared to certain recipients under the standard plan.

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Under current law, unless DHS has a policy that conflicts with current state law eligibility requirements, the following individuals, among others, are eligible for benefits under the BC+ standard plan: a pregnant women whose family income does not exceed 200 percent of the federal poverty line (FPL); a child meeting certain criteria whose family income does not exceed 200 percent of the FPL; a child meeting certain criteria whose family income exceeds 150 percent of the FPL but the difference between the actual family income and 150 percent of the FPL is expended on behalf of a member of the child's family or the child for certain medical or health reasons; a parent or caretaker relative of a child whose family income does not exceed 200 percent of the FPL; and an individual who qualifies for a transitional extension of MA benefits even though his or her income increases above the poverty line. The following individuals, among others, are eligible for benefits under the BC+ Benchmark plan, under current law: a pregnant woman whose family income exceeds 200 percent, but does not exceed 300 percent, of the FPL; a pregnant woman and everyone in her family if her family income exceeds 300 percent of the FPL but the difference between her actual family income and 300 percent of the FPL is expended for any family member's or her medical or health care; a child whose family income exceeds 200 percent, but does not exceed 300 percent, of the FPL; and a parent or caretaker of a child whose income includes self-employment income but does not exceed 200 percent of the FPL after depreciation is deducted.

Under current law, DHS also administers BC+ Core, which provides basic primary and preventive care to eligible individuals. Adults who are under age 65, who have family incomes that do not exceed 200 percent of the FPL, and who are not otherwise eligible for MA, including BC+, are eligible for benefits under BC+ Core, unless DHS has a policy that conflicts with current state law eligibility requirements.

DHS also currently administers the BadgerCare Plus Basic (BC+ Basic) plan, which is not an MA program but is funded by premiums paid by plan participants. To be eligible for the BC+ Basic plan, an individual must be on the waiting list for BC+ Core. BC+ Basic provides health care benefits that do not exceed those benefits provided by BC+ Core. Under current law, BC+ Basic terminates on January 1, 2014.

Currently, beginning on January 1, 2014, the federal Patient Protection and Affordable Care Act (PPACA) requires states that participate in the Medicaid program to offer medical assistance benefits to adults who are under 65 years of age, are not pregnant, are not entitled to Medicare benefits, are not otherwise eligible for Medicaid, and have an income, as calculated under a specified method, that does not exceed 133 percent of the FPL (expansion population). PPACA requires the state to provide benefits to the expansion population that meet the standards of benchmark coverage as defined in PPACA. The federal Department of Health and Human Services (federal DHHS) pays a matching rate, known as the federal medical assistance percentage or FMAP, to states that participate in the Medicaid program. PPACA creates enhanced FMAPs, which are rates that are higher than the typical matching rate, for states to cover newly eligible individuals in the expansion population and for states that already covered certain individuals in the expansion population to cover the entire expansion population. The United States Supreme

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Court decision, in *National Federation of Independent Business v. Sebelius*, 567 U.S. \_\_\_, 132 S. Ct. 2566 (2012), makes coverage of the expansion population by states optional instead of mandatory.

This bill makes adults who are under 65 years of age, who are not pregnant, who are not otherwise eligible for MA under the state's traditional MA program or BC+, and whose income, as determined under federal law, do not exceed 133 percent of the FPL (Wisconsin expansion population) eligible for the BC+ Benchmark plan beginning January 1, 2014. The bill also eliminates BC+ Core and the language regarding BC+ Basic.

The bill requires that, if the benefits under the BC+ Benchmark plan are not sufficient to qualify DHS to obtain an enhanced FMAP, DHS must provide coverage that complies with PPACA in order to qualify for an enhanced FMAP. Additionally, if the federal DHHS prohibits charging a copayment or premium to the Wisconsin expansion population in order to qualify for an enhanced FMAP, DHS may not charge copayments or premiums that disqualify DHS from obtaining an enhanced FMAP.

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

---

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

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

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

3           20.435 (4) (hm) *BadgerCare Plus Basic Plan; benefits and administration.* All  
4 moneys received from premiums under s. 49.67 (4), 2011 stats., to pay for the  
5 provision of services under the BadgerCare Plus Basic Plan under s. 49.67, 2011  
6 stats., and for administration of the plan.

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

8           20.435 (4) (jw) *BadgerCare Plus, hospital assessment, and pharmacy benefits*  
9 *purchasing pool administrative costs.* All moneys received from payment of  
10 enrollment fees under the program under s. 49.45 (23), 2011 stats., all moneys  
11 transferred under s. 50.38 (9), all moneys transferred from the appropriation account  
12 under par. (jz), and 10 percent of all moneys received from penalty assessments  
13 under s. 49.471 (9) (c), for administration of the program under s. 49.45 (23), 2011

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1 stats., to provide a portion of the state share of administrative costs for the  
2 BadgerCare Plus Medical Assistance program under s. 49.471, for administration of  
3 the hospital assessment under s. 50.38, and to administer a contract with an entity  
4 to operate the pharmacy benefits purchasing pool under s. 146.45.

5 **SECTION 4.** 25.77 (2) of the statutes is amended to read:

6 25.77 (2) All public funds that are related to payments under s. 49.45 and that  
7 are transferred or certified under 42 CFR 433.51 (b) and used as the nonfederal and  
8 federal share of Medical Assistance funding, except funds that are deposited into the  
9 appropriation accounts under s. 20.435 (4) (h), (kx), or (ky).

10 **SECTION 5.** 49.45 (23) of the statutes is repealed.

11 **SECTION 6.** 49.45 (59) (b) of the statutes is amended to read:

12 49.45 (59) (b) Health maintenance organizations shall pay all of the moneys  
13 they receive under par. (a) to eligible hospitals, as defined in s. 50.38 (1), within 15  
14 days after receiving the moneys. The department shall specify in contracts with  
15 health maintenance organizations to provide medical assistance a method that  
16 health maintenance organizations shall use to allocate the amounts received under  
17 par. (a) among eligible hospitals based on the number of discharges from inpatient  
18 stays and the number of outpatient visits for which the health maintenance  
19 organization paid such a hospital in the previous month for enrollees who are  
20 recipients of medical assistance, ~~except enrollees who receive medical assistance~~  
21 ~~under s. 49.45 (23)~~. Payments under this paragraph shall be in addition to any  
22 amount that a health maintenance organization is required by agreement between  
23 the health maintenance organization and a hospital to pay the hospital for providing  
24 services to the health maintenance organization's enrollees.

25 **SECTION 7.** 49.471 (1) (cr) of the statutes is created to read:



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

3           **SECTION 8.** 49.471 (4) (b) 5. of the statutes is created to read:

4           49.471 (4) (b) 5. Subject to sub. (4m), an adult who is under 65 years of age; who  
5 is not pregnant; who is not otherwise eligible for Medical Assistance under par. (a)  
6 or (b) 1. to 4. or s. 49.46 (1); and whose income, as determined under the method  
7 described in 42 USC 1396a (e) (14), does not exceed 133 percent of the poverty line  
8 for a family the size of the individual's family.

9           **SECTION 9.** 49.471 (4m) of the statutes is created to read:

10           49.471 (4m) **MEDICAID EXPANSION.** For services provided to individuals  
11 described under sub. (4) (b) 5., the department shall comply with all federal  
12 requirements to qualify for the highest available enhanced federal medical  
13 assistance percentage. The department shall submit any amendment to the state  
14 medical assistance plan, request for a waiver of federal Medicaid law, or other  
15 approval required by the federal government to provide services to the individuals  
16 described under sub. (4) (b) 5. and qualify for the highest available enhanced federal  
17 medical assistance percentage.

18           **SECTION 10.** 49.471 (11) (intro.) of the statutes is amended to read:

19           49.471 (11) **BENCHMARK PLAN BENEFITS AND COPAYMENTS.** (intro.) **Recipients**  
20 Subject to sub. (11g), recipients who are not eligible for the benefits described in s.  
21 49.46 (2) (a) and (b) shall have coverage of the following benefits and pay the  
22 following copayments:

23           **SECTION 11.** 49.471 (11g) of the statutes is created to read:

24           49.471 (11g) **MEDICAID EXPANSION BENCHMARK COVERAGE.** (a) If, to obtain an  
25 enhanced federal medical assistance percentage, the federal department of health

**SENATE BILL 38****SECTION 11**

1 and human services prohibits charging of a copayment or premium to an individual  
2 described under sub (4) (b) 5., the department may not charge the copayments  
3 described under sub. (11) or a premium that would disqualify the department from  
4 obtaining an enhanced federal medical assistance percentage.

5 (b) If the federal department of health and human services determines that the  
6 benefits provided under sub. (11) are not sufficient to qualify the department to  
7 obtain an enhanced federal medical assistance percentage for benefits provided to  
8 individuals described under sub. (4) (b) 5., the department shall provide any  
9 benchmark coverage or benchmark equivalent coverage that complies with 42 USC  
10 1396u-7 to qualify to obtain the highest available enhanced federal medical  
11 assistance percentage.

12 (c) Notwithstanding sub. (13), the department may not create a policy under  
13 s. 49.45 (2m) (c) that affects the eligibility or benefits of the individuals described  
14 under sub. (4) (b) 5. such that the department fails to obtain an enhanced federal  
15 medical assistance percentage.

16 **SECTION 12.** 49.471 (11g) (c) of the statutes, as created by 2013 Wisconsin Act  
17 .... (this act), is repealed.

18 **SECTION 13.** 49.67 of the statutes is repealed.

**Remove** → **\*\*\*\*NOTE:** Please note that, since BadgerCare Basic is designed for people on the waiting list for BadgerCare Plus Core and Core is eliminated in this draft, I repealed BadgerCare Basic. If you would like to retain BadgerCare Basic, please let me know what eligibility criteria to use. However, a provision in BadgerCare Plus Basic provides that the plan terminates on January 1, 2014, which is the effective date of this draft, anyway.

19 **SECTION 14.** 49.686 (3) (d) of the statutes is amended to read:

20 49.686 (3) (d) Has applied for coverage under and has been denied eligibility  
21 for medical assistance within 12 months prior to application for reimbursement  
22 under sub. (2). This paragraph does not apply to an individual who is eligible for

**SENATE BILL 38**

1 benefits under ~~the demonstration project for childless adults under s. 49.45 (23) or~~  
2 ~~to an individual who is eligible for benefits under BadgerCare Plus under s. 49.471~~  
3 (11).

4 **SECTION 15.** 149.12 (2) (f) 2. g. of the statutes is repealed.

5 **SECTION 16.** 227.01 (13) (ur) of the statutes is repealed.

6 **SECTION 17.** 227.42 (7) of the statutes is repealed.

7 **SECTION 18. Effective dates.** This act takes effect on January 1, 2014, except  
8 as follows:

9 (1) The repeal of section 49.471 (11g) (c) of the statutes takes effect on January  
10 1, 2015.

11 (END)



### 2013 SENATE BILL 38

Changes Made By WLT

\*\*\*Notes Removed

02-25-2013

February 20, 2013 - Introduced by Senators ERPENBACH, RISSER, CARPENTER, T. CULLEN, HANSEN, HARRIS, JAUCH, C. LARSON, LASSA, LEHMAN, MILLER, SHILLING, TAYLOR, VINEHOUT and WIRCH, cosponsored by Representatives RICHARDS, PASCH, C. TAYLOR, BARCA, BARNES, BERCEAU, BERNARD SCHABER, BEWLEY, BILLINGS, CLARK, DANOU, DOYLE, GENRICH, GOYKE, HEBL, HESSELBEIN, HINTZ, HULSEY, JOHNSON, JORGENSEN, KAHL, KESSLER, KOLSTE, MASON, MILROY, OHNSTAD, POPE, RIEMER, RINGHAND, SARGENT, SHANKLAND, SINICKI, SMITH, VRUWINK, WACHS, WRIGHT, YOUNG, ZAMARRIPA and ZEPNICK. Referred to Committee on Health and Human Services.

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2 2. g., 227.01 (13) (ur) and 227.42 (7); *to amend* 20.435 (4) (hm), 20.435 (4) (jw),  
3 25.77 (2), 49.45 (59) (b), 49.471 (11) (intro.) and 49.686 (3) (d); and *to create*  
4 49.471 (1) (cr), 49.471 (4) (b) 5., 49.471 (4m) and 49.471 (11g) of the statutes;  
5 **relating to:** Medical Assistance for certain adults who are not currently  
6 eligible for traditional Medicaid or BadgerCare Plus.

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**SENATE BILL 38**

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**SENATE BILL 38**

Court decision, in *National Federation of Independent Business v. Sebelius*, 567 U.S. \_\_\_, 132 S. Ct. 2566 (2012), makes coverage of the expansion population by states optional instead of mandatory.

This bill makes adults who are under 65 years of age, who are not pregnant, who are not otherwise eligible for MA under the state's traditional MA program or BC+, and whose income, as determined under federal law, do not exceed 133 percent of the FPL (Wisconsin expansion population) eligible for the BC+ Benchmark plan beginning January 1, 2014. The bill also eliminates BC+ Core and the language regarding BC+ Basic.

The bill requires that, if the benefits under the BC+ Benchmark plan are not sufficient to qualify DHS to obtain an enhanced FMAP, DHS must provide coverage that complies with PPACA in order to qualify for an enhanced FMAP. Additionally, if the federal DHHS prohibits charging a copayment or premium to the Wisconsin expansion population in order to qualify for an enhanced FMAP, DHS may not charge copayments or premiums that disqualify DHS from obtaining an enhanced FMAP.

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

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

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

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

3           20.435 (4) (hm) *BadgerCare Plus Basic Plan; benefits and administration.* All  
4 moneys received from premiums under s. 49.67 (4), 2011 stats., to pay for the  
5 provision of services under the BadgerCare Plus Basic Plan under s. 49.67, 2011  
6 stats., and for administration of the plan.

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

8           20.435 (4) (jw) *BadgerCare Plus, hospital assessment, and pharmacy benefits*  
9 *purchasing pool administrative costs.* All moneys received from payment of  
10 enrollment fees under the program under s. 49.45 (23), 2011 stats., all moneys  
11 transferred under s. 50.38 (9), all moneys transferred from the appropriation account  
12 under par. (jz), and 10 percent of all moneys received from penalty assessments  
13 under s. 49.471 (9) (c), for administration of the program under s. 49.45 (23), 2011

**SENATE BILL 38****SECTION 3**

1 stats., to provide a portion of the state share of administrative costs for the  
2 BadgerCare Plus Medical Assistance program under s. 49.471, for administration of  
3 the hospital assessment under s. 50.38, and to administer a contract with an entity  
4 to operate the pharmacy benefits purchasing pool under s. 146.45.

5 **SECTION 4.** 25.77 (2) of the statutes is amended to read:

6 25.77 (2) All public funds that are related to payments under s. 49.45 and that  
7 are transferred or certified under 42 CFR 433.51 (b) and used as the nonfederal and  
8 federal share of Medical Assistance funding, except funds that are deposited into the  
9 appropriation accounts under s. 20.435 (4) (h), (kx), or (ky).

10 **SECTION 5.** 49.45 (23) of the statutes is repealed.

11 **SECTION 6.** 49.45 (59) (b) of the statutes is amended to read:

12 49.45 (59) (b) Health maintenance organizations shall pay all of the moneys  
13 they receive under par. (a) to eligible hospitals, as defined in s. 50.38 (1), within 15  
14 days after receiving the moneys. The department shall specify in contracts with  
15 health maintenance organizations to provide medical assistance a method that  
16 health maintenance organizations shall use to allocate the amounts received under  
17 par. (a) among eligible hospitals based on the number of discharges from inpatient  
18 stays and the number of outpatient visits for which the health maintenance  
19 organization paid such a hospital in the previous month for enrollees who are  
20 recipients of medical assistance, ~~except enrollees who receive medical assistance~~  
21 ~~under s. 49.45 (23)~~. Payments under this paragraph shall be in addition to any  
22 amount that a health maintenance organization is required by agreement between  
23 the health maintenance organization and a hospital to pay the hospital for providing  
24 services to the health maintenance organization's enrollees.

25 **SECTION 7.** 49.471 (1) (cr) of the statutes is created to read:

**SENATE BILL 38**

1           49.471 (1) (cr) “Enhanced federal medical assistance percentage” means a  
2 federal medical assistance percentage described under 42 USC 1396d (y) or (z).

3           **SECTION 8.** 49.471 (4) (b) 5. of the statutes is created to read:

4           49.471 (4) (b) 5. Subject to sub. (4m), an adult who is under 65 years of age; who  
5 is not pregnant; who is not otherwise eligible for Medical Assistance under par. (a)  
6 or (b) 1. to 4. or s. 49.46 (1); and whose income, as determined under the method  
7 described in 42 USC 1396a (e) (14), does not exceed 133 percent of the poverty line  
8 for a family the size of the individual’s family.

9           **SECTION 9.** 49.471 (4m) of the statutes is created to read:

10           49.471 (4m) **MEDICAID EXPANSION.** For services provided to individuals  
11 described under sub. (4) (b) 5., the department shall comply with all federal  
12 requirements to qualify for the highest available enhanced federal medical  
13 assistance percentage. The department shall submit any amendment to the state  
14 medical assistance plan, request for a waiver of federal Medicaid law, or other  
15 approval required by the federal government to provide services to the individuals  
16 described under sub. (4) (b) 5. and qualify for the highest available enhanced federal  
17 medical assistance percentage.

18           **SECTION 10.** 49.471 (11) (intro.) of the statutes is amended to read:

19           49.471 (11) **BENCHMARK PLAN BENEFITS AND COPAYMENTS.** (intro.) ~~Recipients~~  
20 Subject to sub. (11g), recipients who are not eligible for the benefits described in s.  
21 49.46 (2) (a) and (b) shall have coverage of the following benefits and pay the  
22 following copayments:

23           **SECTION 11.** 49.471 (11g) of the statutes is created to read:

24           49.471 (11g) **MEDICAID EXPANSION BENCHMARK COVERAGE.** (a) If, to obtain an  
25 enhanced federal medical assistance percentage, the federal department of health



**SENATE BILL 38****SECTION 11**

1 and human services prohibits charging of a copayment or premium to an individual  
2 described under sub (4) (b) 5., the department may not charge the copayments  
3 described under sub. (11) or a premium that would disqualify the department from  
4 obtaining an enhanced federal medical assistance percentage.

5 (b) If the federal department of health and human services determines that the  
6 benefits provided under sub. (11) are not sufficient to qualify the department to  
7 obtain an enhanced federal medical assistance percentage for benefits provided to  
8 individuals described under sub. (4) (b) 5., the department shall provide any  
9 benchmark coverage or benchmark equivalent coverage that complies with 42 USC  
10 1396u-7 to qualify to obtain the highest available enhanced federal medical  
11 assistance percentage.

12 (c) Notwithstanding sub. (13), the department may not create a policy under  
13 s. 49.45 (2m) (c) that affects the eligibility or benefits of the individuals described  
14 under sub. (4) (b) 5. such that the department fails to obtain an enhanced federal  
15 medical assistance percentage.

16 **SECTION 12.** 49.471 (11g) (c) of the statutes, as created by 2013 Wisconsin Act  
17 ... (this act), is repealed.

18 **SECTION 13.** 49.67 of the statutes is repealed.

19 **SECTION 14.** 49.686 (3) (d) of the statutes is amended to read:

20 49.686 (3) (d) Has applied for coverage under and has been denied eligibility  
21 for medical assistance within 12 months prior to application for reimbursement  
22 under sub. (2). This paragraph does not apply to an individual who is eligible for  
23 benefits under ~~the demonstration project for childless adults under s. 49.45 (23) or~~  
24 ~~to an individual who is eligible for benefits under~~ BadgerCare Plus under s. 49.471  
25 (11).

