

## **MEDICAID OVERVIEW**

**Background:** Medicaid was established in 1965 under the federal Social Security Act as a medical assistance program for low-income individuals. Medicaid is now administered and funded jointly by federal and state governments. The **Centers for Medicaid and Medicare Services (CMS)** administers Medicaid at the federal level. Administration of Medicaid at the state level is handled by the **Wisconsin Department of Health and Family Services (DHFS)**.

There are currently more than 50 different categories of MA eligibility. Categories of eligibility can be classified into four broad coverage groups:

- **Elderly/Blind/Disabled (EBD) Medicaid Programs**
- **Medicaid Programs for Families and Children**
- **Medicaid Long Term Care Programs**
- **Limited Coverage Medicaid Programs**

### **Medicaid Coverage:**

In general, the Medicaid benefit package provides the same comprehensive coverage for all Medicaid recipients, regardless of which eligibility category they fit into. The exceptions to this are outlined below under "Medicaid Limited Coverage Programs."

**Medicaid Covered Services:** Coverage includes medically necessary doctor visits, hospitalization, prescription drugs, mental health services, dental care, vision care, alcohol and drug treatment, equipment and supplies, and transportation to medical appointments. However, there are limitations placed on certain services, and some services, equipment, supplies and prescriptions require prior authorization. For more information about covered services refer to **MEHB** or the various Medicaid Provider Manuals, which are available on the DHFS website at <http://www.dhfs.state.wi.us/Medicaid4/index.htm#Medicaid>. Specific coverage questions may also be addressed by the **Medicaid Recipient Hotline at 800-362-3002**

**Medicaid Certified Providers:** Services must be received by a Medicaid certified provider. Most medical providers in Wisconsin are Medicaid certified.

**Medicaid HMOs:** Participants in the family Medicaid programs are generally required to enroll in a Medicaid HMO. For information regarding enrollment in Medicaid HMOs, contact the **MEDICAID HMO Enrollment Specialist at 1-800-291-2002**. For questions or concerns related to HMO services, such as denials of service or treatment, contact the **Medicaid Managed Care Ombudsman Program at 1-800-760-0001**.

**Co-payments:** Medicaid participants are required to pay small co-payments of \$5 or less for some Medicaid services.

**General Eligibility Criteria:**

Each subprogram of Medicaid has its own set of eligibility rules, however, the following criteria are common to all Medicaid programs:

**Residency** - Applicant must be a resident of Wisconsin

**Citizenship** - Applicant must be either an U.S. citizen or "qualified alien." (See exception for Emergency Medicaid described below under "Limited Coverage Medicaid Programs")

**Financial** – Applicant must meet the income and asset tests for the specific subprogram of Medicaid he or she is applying for.

**EBD Medicaid Programs:**

There are a variety of Medicaid programs that provide eligibility for individuals who are either elderly (age 65 and older), or who meet the SSA definition of blindness or who have been determined to meet the SSA definition of disability. These programs are frequently referred to as "EBD Medicaid."

The EBD Medicaid programs include the following:

- **SSI Medicaid**
- **Categorically Needy Medicaid**
- **Medically Needy Medicaid** (Medicaid Deductible)
- **Special Status Medicaid** (Widow/er, 503, DAC, Katie Beckett, and 1919(b))
- **Medical Assistance Purchase Plan** (MAPP)

These are Medicaid Programs that benefit counselors serving people with disabilities are most likely to encounter. These programs are covered in greater detail elsewhere in the training materials.

**Medicaid for Families and Children:**

The eligibility categories for families with children and pregnant women include the following:

**BadgerCare** – provides Medicaid to uninsured children and parents with income at or below 185% of the Federal Poverty Level (FPL). Once enrolled, families may remain in BadgerCare unless family income exceeds 200% of FPL. Families with income above 150% of FPL pay monthly premium of no more than 5% of family income. The household must include a child under the age of nineteen. BadgerCare also includes rules related to availability of other medical insurance coverage. For example, there are limitations on families that have access to employer sponsored insurance where the employer pays at least 80% of the premium.

**AFDC-Related Medicaid** - parents and children under age eighteen and pregnant women, who would have been eligible for Medicaid as of July 16, 1996, under the former AFDC cash assistance program rules. The income limits for AFDC-Related Medicaid are extremely low (less than \$400 per month for a household of one and less than \$600 for a household of two).

**Healthy Start** – pregnant women and children under age six, whose family income is below 185% of FPL.

**NOTE:** There are no asset tests for the Medicaid programs serving children and families.

For more information about Medicaid program for children and families go to the DHFS website at <http://www.dhfs.state.wi.us> or contact **ABC for Health**, a statewide benefit counseling and legal services provider for children with healthcare needs at 800-585-4222 or <http://www.abcforhealth.org>.

### **Medicaid Limited Coverage Programs:**

There are several Medicaid programs that, while created as part of federal or state Medicaid laws, do not provide comprehensive Medicaid coverage. The following programs are examples of limited coverage Medicaid benefits:

**Medicare Buy-In Programs** – This limited coverage Medicaid program pays for some or all of certain low-income Medicare beneficiaries' Medicare premiums, deductibles and co-payments. These programs include the Qualified Medicare Beneficiaries (QMB's), Specified Low Income Medicare Beneficiaries (SLMB's), and Specified Low Income Medicare Beneficiaries Plus (SLMB+).

**SeniorCare** – The Wisconsin SeniorCare Program provides assistance with prescription drug costs to state residents who are 65 years of age or older. Although there are no income limits for enrollment, the level of financial assistance provided by SeniorCare will depend on the applicant's monthly income. All participants are required to pay a \$30 enrollment fee, and depending on monthly income - annual deductibles and co-payments. <http://www.dhfs.state.wi.us/seniorcare>.

**Wisconsin Well Woman Program** – This program provides preventive screening services to women with income below 250% FPL who don't have access to health insurance or who have inadequate health insurance. If a woman is diagnosed with breast or cervical cancer as a result of a screening provided under the Wisconsin Well Woman Program, the program will cover the costs of the subsequent breast or cervical cancer treatment.

**Family Planning Waiver** –The Family Planning Waiver provides limited benefits relating to family planning services for women who are over the age of 15 and under 45; who have income below 185% FPL; and are not eligible for full-benefit Medicaid.

**Emergency Medicaid** – Individuals who are not U.S. citizens or "qualified aliens" are eligible for emergency Medicaid services, including labor and delivery care, even if they are undocumented aliens.

**Tuberculosis-Related Medicaid** – Individuals who are infected with Tuberculosis and have gross income below \$1,189 per month, are eligible for Medicaid coverage of certain Tuberculosis-related services.

**NOTE:** In Wisconsin there are several other state-sponsored disease specific programs, which are not part of Wisconsin Medicaid, that provide limited medical coverage to income eligible individuals. For example, there are programs available to individuals with Chronic Renal Disease, Cystic Fibrosis, Hemophilia and AIDS/HIV. For more information about these programs see the DHFS website at <http://www.dhfs.state.wi.us> or call the **Chronic Disease Program at 608-221-3701**, <http://www.dhfs.state.wi.us/wcdp/index.htm>.

**Medicaid LTC Programs:**

There are numerous programs in Wisconsin designed to provide funding for long term care (LTC) services that are not covered under Medicaid “card services” (the regular Medicaid coverage plan applicable to the above programs). In general, LTC services provide assistance with activities of daily living such as dressing, cleaning, meal preparation. Specific services may include supportive home care services, specialized transportation, therapy services and home modifications.

There are two basic categories of Medicaid LTC benefits – “**institutional**” benefits and “**community-based**” benefits.

**Medicaid Institutional Benefits** - The Medicaid Program provides coverage for long-term care services for financially eligible individuals with disabilities and the elderly who have resided, or are expected to reside, in a medical institution for **30 days or more**. Medicaid Institutional benefits are available in a variety of settings such as hospitals, nursing homes, and rehabilitation and intermediate care living facilities.

**Medicaid Community-Based Long Term Care Programs** - The state of Wisconsin also participates in a variety of “**Medicaid Waivers**,” which make it possible to provide long term care services to some individuals with disabilities or those who are age 65 and over, living in the community who, but for the services, would require institutional care. There are currently six Medicaid Waiver funded programs, each serving certain target groups in specific residential settings:

- Community Options Program Waiver (COP-W)
- Community Integration Program IA (CIP-1A)
- Community Integration Program IB (CIP-1B)
- Community Integration Program II (CIP II)
- Brain Injury Waiver (BI Waiver)
- Community Supported Living Arrangements (CSLA-Waiver)

**Other “Medicaid-Funded” Long Term Care Programs** - There are additional long-term care programs and pilots that, while not administered under Medicaid, are funded, at least in part, by Medicaid and are available to serve individuals who are Medicaid Waiver eligible. These programs, which are available only in certain counties throughout the state, include:

- Wisconsin Partnership Program
- Program of All-Inclusive Care for the Elderly (PACE)
- Family Care
- I-Care

**NOTE** - There are also certain long-term care programs such as the **Original Community Options Program (COP Classic)** and **Family Care** that are available, at

least in theory, to serve individuals who are **not Medicaid eligible**. However, there is currently a hold on new non-Medicaid Family Care enrollment and the COP Classic funding is spread extremely thin throughout the state.

**Applications:** Medicaid applications are taken at **County Economic Support Offices**. In urban areas such as Milwaukee, there are several "outstation" sites at facilities such as hospitals and community clinics. For more information about application sites call the **Medicaid Recipient Hotline at 1-800-362-3002**.

If the Medicaid application is approved, a blue plastic "**Forward Card**" will be mailed to the recipient. If the card is lost, stolen or damaged, a replacement card can be requested by calling the **Medicaid Recipient Hotline at 1-800-362-3002**.

**Appeals:** Medicaid applicants and recipients have a right to appeal any adverse decision related to initial eligibility, reduction of benefits, termination of benefits or denial of coverage. In order to file an appeal, the applicant/recipient or authorized representative must request a Fair Hearing from the **Wisconsin Department of Administration's Division of Hearing and Appeals** within **45 days** of the date of the negative decision.  
<http://dha.state.wi.us/home/>.

Hearing requests should be sent directly with DHA at the following address: P.O. Box 7875, Madison, WI 53707-7875. DHA will also accept hearing requests by fax at (608) 264-9885. If sent by fax, the consumer or representative should always follow-up with a phone call (608-266-3096) to ensure that the hearing request was actually received within the relevant appeal deadline.