

Section 1115 BadgerCare Reform Demonstration Project Waiver Amendment

Public Hearing

April 26, 2017 May 1, 2017



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 - https://livestream.com/accounts/14059632/events
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- Dial in to the webcast for listening only:
 - **1-877-820-7831**
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Presentation Outline

- Purpose of Hearing
- Background
- Current Waiver
- Amendment Proposals
- Proposed Timeline
- Comments



Purpose of the Hearing

- Thank you for your attendance today.
- The purpose of this hearing is to gather comments from the public on the proposed amendment to the Wisconsin BadgerCare Reform Section 1115 Demonstration Waiver regarding the childless adult population.
- At the end of this presentation, you may ask questions and/or provide your comments.
 Please hold all comments until that time.



Current Waiver – Background

Starting January 1, 2014, the Center for Medicare and Medicaid Services (CMS) granted Wisconsin approval to:

- Cover the childless adult population with no waitlist for the first time in state history.
- Test the impact of providing Transitional Medical Assistance (TMA) to individuals who are paying premiums that align with Marketplace insurance.



Current Waiver – Childless Adult Population

- Defined as non-pregnant adults without dependent children ages 19 to 64.
- Household income limit up to 100 percent federal poverty level (FPL).
- Standard benefit plan coverage.
- Enrollment is not capped and is currently approximately 148,000.



State Legislation

- The Wisconsin 2015-2017 biennial budget (Act 55) requires the Wisconsin Department of Health Services (DHS) to submit to the federal Department of Health and Human Services an amendment to the BadgerCare Reform Demonstration Waiver.
- There are five policy changes pertaining only to the childless adult population that must be included in the amendment request.



Act 55 Amendment Proposals

- Establish monthly premiums.
- Establish lower premiums for members engaged in healthy behaviors.
- Require completion of a health risk assessment.
- Limit a member's eligibility to no more than 48 months.
- Require, as a condition of eligibility, that an applicant or member complete a drug screening, and, if indicated, a drug test.





- Charge an increased copayment for emergency department utilization for childless adults.
- Establish a work component for childless adults.
- Provide full coverage of residential substance use disorder treatment for all BadgerCare Plus and Medicaid members.



Project Objectives

- Ensure that every Wisconsin resident has access to affordable health insurance to reduce the state's uninsured rate.
- Create a medical assistance program that is sustainable so a health care safety net is available to those who need it most.
- Expand the use of integrated health care for all individuals.
- Establish greater accountability for improved health care value.



Project Objectives

- Empower members to become active consumers of health care services to help improve their health outcomes.
- Help more Wisconsin citizens become independent and be able to rely less on government-sponsored health insurance.
- Design a medical assistance program that aligns with commercial health insurance design to support members' transition from public to commercial health care coverage.



Monthly Premiums

- Premiums will help better align the member experience with that of private health care in Wisconsin.
- Requiring payments directly from members will help to actively engage members in appropriate health care utilization and value.
- If approved, the following premium policy will apply to the childless adult population:



Monthly Premiums

Household Income	Monthly Premium Amount
0 to 20 percent of FPL	No premium
21 to 50 percent of FPL	\$1 per household
51 to 80 percent of FPL	\$5 per household
81 to 100 percent of FPL	\$10 per household





- Members with outstanding premiums will not be eligible for annual re-enrollment for six months or until all premiums are paid in full.
- Premiums can be paid at anytime during the sixmonth period to regain eligibility.
- After the six-month period, individuals may regain eligibility even if they have unpaid premiums.
- Premiums may be paid by third parties, including nonprofits, etc.



Healthy Behavior Incentives

- Members will be provided the opportunity to reduce their premiums by choosing healthy behaviors.
- Rewarding members' healthy behavior will empower them to be actively engaged in their health care.
- It will also improve accountability and lower health care costs and follow similar programs adopted in the private market.
- Those engaging in healthy behavior would have the standard premium reduced by 50%.





An HRA will be required on an annual basis.

- Members will self-attest to their behaviors.
- If a member does not complete the HRA, then the member would be subject to the standard premium.
- Members can self-attest to their active management of a health risk behavior.
- Members can self-attest to an underlying health condition that affects a health risk measure.



Healthy Behavior Incentives

Health Risk Behaviors	Risk Measurement	Identification Tool
 Alcohol consumption Body weight Illicit drug use Seatbelt use Tobacco use 	Threshold of when a behavior is determined as posing a health risk will follow national health organizations standards.	HRA



Healthy Behavior Incentives

Reduced Premium (by half)	Standard Premium	
 Members not engaging in any health risk behaviors. Members engaging in health risk behavior(s) but who attest to actively managing their behavior. Members engaging in health risk behaviors(s) but who attest to having a condition beyond their control impacting the health risk measurement. 	Members engaging in health risk behavior(s) and not actively managing their behavior(s).	204
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- To promote appropriate use of health care services and behavior that is mindful of health care value.
- Members who use the emergency department will pay an \$8 copay for the first visit and a \$25 copay for subsequent visits during a 12-month period.



Time Limit on Medicaid Eligibility

Aligns with program goals:

- Provides assistance to individuals most in need.
- Promotes employer-sponsored insurance.
- Helps people move from dependence to independence.
- Promotes work and training to move to nongovernment programs.



- Members enrollment is limited to 48 months.
- The 48-month count will begin on the effective date of policy implementation for all childless adults currently enrolled in BadgerCare.
- For members who enroll in BadgerCare after the 48-month limit has been implemented, the time limit count will begin on the date of initial program enrollment.

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48-Month Eligibility Time Limit

- After 48 months of enrollment, a member will not be eligible for health care benefits for six months.
- There will be exemptions to the 48-month count.



Work Component

- Members ages 19 to 49 who fulfill a work requirement while receiving Medicaid benefits will not have this enrollment time calculated in their 48-month eligibility time limit.
- The 48-month count will stop during the time a member works and/or receives job training for at least 80 hours per month.



Work Component

Aligns with program goals:

- Encourages members to seek work and reach self-sufficiency.
- Empowers citizens to obtain skills and training to secure full-time employment.
- Aligns with Wisconsin's FoodShare Employment and Training (FSET) program.





- The member is diagnosed with a mental illness.
- The member receives Social Security Disability Insurance (SSDI).
- The member is a primary caregiver for a person who cannot care for himself or herself.
- The member is physically or mentally unable to work.





- The member is receiving or has applied for unemployment insurance.
- The member is taking part in an alcohol or other drug abuse (AODA) treatment program.
- The member is enrolled in an institution of higher learning at least half-time.
- The member is a high school student age 19 or older attending high school at least halftime.



Substance Abuse Identification and Treatment

- Substance abuse is a major public health issue in Wisconsin and across the nation.
- Since 2013, 17 bills have been passed in Wisconsin that address substance abuse.
- In 2016, the Governor created the Task Force on Opioid Abuse to address these challenges.
- In 2017, 9 bills on substance abuse have passed the Assembly.
- Medicaid is Wisconsin's largest health care program and plays a key role in identifying affected individuals and assisting them with treatment.



Substance Abuse Identification and Treatment

Requires, as a condition of eligibility, that an applicant or member submit to a drug screening assessment and, if indicated, a drug test.

- Individuals will not lose coverage or eligibility if they test positive, as the policy goal is to connect those with substance use disorder to treatment.
- The drug screening assessment will be a questionnaire regarding members current and prior use of controlled substances.
- Screening will be completed at the time of application and annual redetermination.



Substance Abuse Identification and Treatment

Requirement	Impact of Requirement Results	Consequence for Refusal to Complete Requirement
Drug Screening	Negative Result: Eligible for health care	Ineligible for heath care benefits
Assessment	benefits with no further action required	until the assessment is completed
	Positive Result: Eligible for health care	
	benefits AND required to submit to a drug	
	test	
Drug Test	Negative Result: Eligible for health care	Ineligible for health care benefits
	benefits with no further action required	until the drug test is submitted
	Positive Result: Eligible for health care	
	benefits AND required to participate in	
	substance abuse treatment	
Substance Abuse	Full completion of substance abuse	Ineligible for health care benefits
Treatment	treatment program	and may reapply for benefits after a six-month period



Substance Use Disorder Residential Treatment

Under current federal policy, residential substance abuse treatment is not fully covered, presenting a barrier to continuity of care and limiting access to appropriate levels of care for individuals with substance use disorders.



Substance Use Disorder Residential Treatment

DHS is requesting the following for all BadgerCare Plus and Medicaid members:

- Residential substance use disorder treatment waiver of the federal exclusion for institution for mental disease (IMD) reimbursement.
- A waiver of the 15-day limit for IMD coverage found in Medicaid managed care regulations.



Budget Neutrality

- Federal policy requires Section 1115
 demonstration waivers be budget neutral to
 the federal government.
- Wisconsin proposes to use a per-member per-month (PMPM) methodology to determine and achieve budget neutrality.



Proposed Timeline

Major Milestone	Tentative Date
Public Notice Issued	April 19, 2017
Public Hearings	April 26, 2017 May 1, 2017
Tribal Consultation	May 1, 2017
Public Comment Period Closed	May 19, 2017
Review Public Comments/Edit Draft Waiver Amendment Application	May 19 – May 26, 2017
Waiver Amendment Application Submitted to CMS	May 26, 2017
CMS Approval	By end of 2017
Amendment Effective Date	At least a year from CMS Approval



Providing Comments

To ensure an orderly and efficient process:

- Sign in if you would like to provide a comment during the meeting today.
- You will be given a number that will be called when it is your turn to speak.
- Speak into the microphone so you can be heard.
- Keep your comments to the topic at hand the BadgerCare Reform Section 1115 Demonstration Waiver Amendment.
- You will have two minutes to speak.
- If you have written comments, leave them with the designated individual.



Comments

- All comments that are properly submitted will be given equal weight regardless of the method in which they are submitted.
- Comments may be submitted through May 19, 2017
 - Online:
 https://www.dhs.wisconsin.gov/badgercareplus/waivers-cla.htm
 - Email: <u>Wisconsin1115CLAWaiver@dhs.wisconsin.gov</u>
- Phone number for voicemail: 1-888-258-8997 (available until midnight tonight).



Comments

Comments may also be submitted by:

- Fax: 608-266-1096
- Mail:

Al Matano

Division of Medicaid Services

P.O. Box 309

Madison, WI 53707-0309

Note: You may provide comments in your desired language.



Nondiscrimination Statement

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 - Information written in other languages

If you need these services, contact Al Matano at:

Department of Health Services

Division of Medicaid Services

P.O. Box 309

Madison, WI 53707-0309

Telephone: 608-267-6848 (voice)

Fax: 608-261-7792

Email: Alfred.Matano@dhs.wisconsin.gov



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If you believe that DHS has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Department of Health Services

Civil Rights Compliance

Attn: Attorney Pamela McGillivray 1 West Wilson Street, Room 651

P.O. Box 7850

Madison, WI 53707-7850

Telephone: 608-266-1258 (voice), 711, or 1-800-947-3529 (TTY)

Fax: 608-267-1434

Email: DHSCRC@dhs.wisconsin.gov

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Pamela McGillivray is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue SW

Room 509F, HHH Building

Washington, DC 20201

Telephone: 1-800-868-1019, 1-800-537-7697 (TDD)

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Language Assistance

- This presentation will be posted in English, Spanish, and Hmong at: https://www.dhs.wisconsin.gov/badgercareplus/ us/ waivers-cla.htm.
- If you would like to see this presentation in your desired language, email Alfred.Matano@dhs.wisconsin.gov.



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Language Assistance

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