



# **Waiver Extension: Section 1115 BadgerCare Reform Demonstration Project**

## **Public Hearing**

December 5, 2017

December 7, 2017

# Join the Public Hearing Remotely (live)

- Webcast is available at <https://livestream.com/dhswebcast/clapublichearing>.
- Dial in to the webcast for listening only.
  - 1-877-820-7831
  - Enter 907179 (participant passcode)
- Leave comments by voicemail until midnight at 1-888-674-3676.

# Presentation Outline

- Purpose of Hearing
- Background
- Demonstration Description
- 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 extension for the Wisconsin BadgerCare Reform Section 1115 Demonstration Waiver. At the end of this presentation, you may ask questions and/or provide your comments. Please hold all comments until that time.

# Waiver – Background

- Starting January 1, 2014, the Center for Medicare & 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.

# Waiver – Background

- The waiver demonstration is operational for a period of five-years.
- States have the option to request an extension to the waiver demonstration.
- The current waiver expires December 31, 2018; therefore, DHS will be submitting an extension application to continue to operate the program.

# Waiver Population 1: Childless Adult Population

- Defined as nonpregnant adults without dependent children ages 19 to 64
- Household income limit up to 100 percent federal poverty level (FPL)
- Standard benefit plan coverage
- Enrollment not capped and currently approximately 145,000 (October 2017)

# Waiver Population 2: TMA Population

Defined as parents and caretaker relatives who meet the following:

- Are not pregnant
- Are not disabled
- Has family income above 100 percent of the FPL
- Qualifies for TMA under section 1925 of the Act



# Childless Adults Population

- This population receives the standard state Medicaid benefit plan provided to other populations.
- Previously, childless adults were offered a limited set of benefits, and there was a cap on enrollment.

# TMA Population

- Monthly premiums are allowed to be charged for TMA individuals who have:
  - Income above 133 percent of the FPL starting from the first day of enrollment.
  - Income from 100 to 133 percent of the FPL after the first six calendar months of TMA coverage.
- Premium amount is based on income FPL percentage.

# Amendments to Waiver: Childless Adults Population

- Waiver amendment request to CMS followed federal and state regulations.
- Waiver amendment application was submitted to CMS in June 2017.
- CMS and DHS continue discussions that started in mid-July for the details of the amendments.
- The amendments to the current waiver is included in the extension.

# Amendments to Waiver: Childless Adults Population

## Amendments:

- Charges a monthly premium of \$8 for households with incomes from 51 to 100 percent of the FPL.
- Lower premiums for members engaged in healthy behaviors.
- Requires completion of a health risk assessment.
- Limits a member's eligibility to no more than 48 months.

# Amendments to Waiver: Childless Adults Population

- Establishes a work component that allows a member who engages in qualified activities for at least 80 hours a month to not have this time calculated in their eligibility time limit.
- Charges an \$8 copayment for emergency department utilization.

# Amendments to Waiver: Childless Adults Population

- Requires, as a condition of eligibility, that an applicant or member complete a drug screening and, if indicated, a drug test.
- Provides 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.

# Project Objectives

- Establish greater accountability for improved health care value.
- Empower members to become active consumers of health care services to help improve their health outcomes.



# Project Objectives

- 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.

# Budget Neutrality

- Federal policy requires Section 1115 demonstration waivers be budget neutral to the federal government.
- DHS has monitored and provided reports to CMS through the duration of the demonstration.
- Monitoring of expenditures to the federal government will continue through the lifetime of the demonstration.

# Proposed Timeline

Major Milestone	Tentative Date
Public Notice Issued	November 20, 2017
Public Hearings	December 5 and 7, 2017
Public Comment Period Closed	January 5, 2018
Review Public Comments/Edit Draft Waiver Extension Application	January 2018*
CMS Approval	By spring 2018
Extension Effective Date	January 1, 2019

\*This date was updated from the public hearings to reflect the comment period being extended to January 5, 2018.

# Providing Comments

To ensure an orderly and efficient process, follow these guidelines:

- 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.

# Providing Comments

- Keep your comments to the topic at hand—the BadgerCare Reform Section 1115 Demonstration Waiver Extension.
- You will have five 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.
- Phone number for voicemail is: 1-888-674-3676 (available until midnight tonight).

# Comments

- Comments may be submitted through January 5, 2018:
  - Online at <https://www.dhs.wisconsin.gov/badgercareplus/waivers-cla.htm>.
  - By email to [wisconsin1115clawaiver@dhs.wisconsin.gov](mailto:wisconsin1115clawaiver@dhs.wisconsin.gov).

# 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

THE STATE OF WISCONSIN DEPARTMENT OF HEALTH SERVICES (DHS) complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. DHS does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

DHS:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)

# Nondiscrimination Statement

- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - 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](mailto:alfred.matano@dhs.wisconsin.gov)

# Nondiscrimination Statement

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](mailto:dhscrc@dhs.wisconsin.gov)

# Nondiscrimination Statement

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)

Complaint forms are available at

<http://www.hhs.gov/ocr/office/file/index.html>.

# Language Assistance

- This presentation will be posted in English, Spanish, and Hmong at:  
<https://www.dhs.wisconsin.gov/badgercareplus/waivers-cla.htm>.
- If you would like to see this presentation in your desired language, email  
[alfred.matano@dhs.wisconsin.gov](mailto:alfred.matano@dhs.wisconsin.gov).

# Language Assistance

- **ATTENTION:** Language assistance services, free of charge, are available to you. Call 1-608-267-6848.
- **ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-608-267-6848.
- **LUS CEEV:** Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-608-267-6848.
- **ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-608-267-6848.

# Language Assistance

- 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-608-267-6848.
- ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-608-267-6848.
- 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-608-267-6848 번으로 전화해 주십시오.
- ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-608-267-6848 पर कॉल करें।

# Language Assistance

- ذا كرا للغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-608-267-6848 (رقم هاتف الصم أو لستم ملحوظة: إذا كنت تتحدث
- ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-608-267-6848.
- ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-608-267-6848.
- Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-608-267-6848.



# Language Assistance

- CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-608-267-6848.
- UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-608-267-6848.
- KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-608-267-6848.
- PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-608-267-6848.

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