

WISCONSIN HEMOPHILIA HOME CARE PROGRAM LIABILITY CHART

Liability for services received on July 1, 2024, and after based on current policies

Annual Family Income	Percentage of Charges for which Member is Liable by Number of Dependent Family Members*									
	1	2	3	4	5	6	7	8	9	10
\$0–\$7,000	1%	0%	0%	0%	0%	0%	0%	0%	0%	0%
\$7,001–\$10,000	2%	1%	0%	0%	0%	0%	0%	0%	0%	0%
\$10,001–\$15,000	3%	2%	1%	0%	0%	0%	0%	0%	0%	0%
\$15,001–\$20,000	4%	3%	2%	1%	0%	0%	0%	0%	0%	0%
\$20,001–\$25,000	5%	4%	3%	2%	1%	0%	0%	0%	0%	0%
\$25,001–\$30,000	14%	5%	4%	3%	2%	1%	0%	0%	0%	0%
\$30,001–\$35,000	17%	13%	5%	4%	3%	2%	1%	0%	0%	0%
\$35,001–\$40,000	20%	16%	6%	5%	4%	3%	2%	1%	0%	0%
\$40,001–\$45,000	24%	19%	15%	6%	5%	4%	3%	2%	1%	0%
\$45,001–\$50,000	29%	24%	20%	17%	6%	5%	4%	3%	2%	1%
\$50,001–\$55,000	34%	29%	25%	21%	7%	6%	5%	4%	3%	2%
\$55,001–\$60,000	39%	34%	29%	25%	23%	7%	6%	5%	4%	3%
\$60,001–\$65,000	44%	39%	34%	30%	28%	25%	7%	6%	5%	4%
\$65,001–\$70,000	49%	44%	39%	35%	32%	29%	8%	7%	6%	5%
\$70,001–\$75,000	55%	49%	44%	40%	37%	34%	32%	8%	7%	6%
\$75,001–\$80,000	61%	55%	50%	46%	43%	40%	37%	35%	7%	6%
\$80,001–\$85,000	67%	61%	56%	52%	49%	46%	43%	40%	7%	6%
\$85,001–\$90,000	74%	68%	63%	59%	56%	53%	50%	47%	45%	6%
\$90,001–\$95,000	81%	75%	70%	66%	63%	60%	57%	55%	53%	51%
\$95,001–\$100,000	88%	82%	77%	73%	70%	67%	64%	62%	60%	58%
Over \$100,000	97%	91%	86%	82%	79%	76%	73%	71%	69%	67%

Annual Cap Amount on Liability	
Annual Income	"Cap" Percent
Up to \$10,000	3%
\$10,001–\$20,000	4%
\$20,001–\$40,000	5%
\$40,001–\$60,000	6%
\$60,001–\$80,000	7%
\$80,001–\$100,000	9%
Over \$100,000	10%

*To determine who is a dependent family member, refer to the application or Financial Need Statement Instructions.



**WISCONSIN DEPARTMENT
of HEALTH SERVICES**

Division of Medicaid Services
P-01191 (07/2024)