

Section 1115 Demonstrations: Wisconsin BadgerCare Plus Demonstration - Coverage of Adults Without Dependent Children

Public Comments

Title	Description	Created At
<p>Reject the TMA proposal</p>	<p>Dear Director Mann:</p> <p>Thank you for this opportunity to provide comments about the Section 1115 waiver submitted by the State of Wisconsin to implement changes made to BadgerCare by the state's 2013-15 biennial budget.</p> <p>Community Advocates has provided basic needs advocacy and direct services to low-income, at-risk individuals and families in the Milwaukee area for over 30 years. The Community Advocates Public Policy Institute researches, develops and advocates for policies that directly help impoverished people lead better lives. The Community Advocates Public Policy Institute also operates the Effective Affordable Care Act (ACA) Implementation Project, which aims to help policymakers understand the ACA and implement it to benefit consumers and taxpayers, and expand access to affordable health coverage. The Institute also has a particular interest in improved mental health and substance use disorder treatment because so many of the clients Community Advocates serves struggle with these illnesses.</p> <p>BadgerCare for non-custodial parents:</p> <p>We strongly advocated that the state set eligibility for BadgerCare for all adults at 133% of the federal poverty level (FPL). Unfortunately, the Governor and Legislature chose to set eligibility for adults at 100% of the FPL. We support the partial expansion for non-custodial adults. Previously, a Section 1115 Waiver Demonstration (BadgerCare Plus Core) covered this population. While setting the new Core Program's eligibility at 133% of FPL would have been preferable, this proposal is a vast improvement over the current Core Program's limited benefits, and its capped and frozen enrollment.</p> <p>We remain concerned that the low-income adult population above 100% of the FPL will be unable to maintain relationships with insurers via the individual marketplace. Many in this population will be transitioning off of BadgerCare and have never been asked to pay deductibles or copays. Many are "unbanked" and thus lack checking and savings accounts, do not have credit and debit cards, and cannot do electronic funds transfers. Their continuing enrollment in qualified health plans may be a challenge and we encourage state and federal policymakers to continue to work on policies to help make monthly premium payments occur, including pre-paid cards, direct payment at physical locations, employee income withholding, and income tax designation.</p> <p>We are also concerned about the limited amount of resources available to help newly (and previously) eligible individuals enroll in BadgerCare Plus and BadgerCare Plus Core, and in qualified health plans offered in the individual marketplace. The changes included in the biennial budget will also cause nearly 90,000 individuals to transition off of BadgerCare starting January 1, 2014, with little direct assistance from the state.</p> <p>Premiums for parents/caretaker relatives on Transitional Medical Assistance (TMA):</p>	<p>2013-09-22 18:27</p>

Title	Description	Created At
	<p>The Section 1115 Waiver submitted by the State of Wisconsin would require all adults over 100% of the FPL to pay a premium to participate in Transitional Medical Assistance (TMA), and preclude adults who fail to pay the premium from participating in TMA for the next 12 months (unless their income drops below 100% of FPL).</p> <p>Evidence from Wisconsin's Department of Health Services about the requirement that parents above 133% of the FPL pay premiums for BadgerCare and TMA coverage leads us to conclude that this requirement will cause many enrollees to lose coverage. Amongst those in TMA who had to start paying premiums in July of 2012, only 14% remained after six months. This population will also have a high percent of the "unbanked" mentioned above who do not have the resources or means to make premium payments.</p> <p>This demonstration request has already been tried and has failed. Wisconsin has already demonstrated through its requirement that parents above 133% of the FPL pay premiums for BadgerCare and TMA has not been successful because it has led to many losing coverage. This low-income population simply does not have the resources or means to make premium payments and inclusion of this requirement in the Section 1115 waiver would be an abuse of the demonstration process.</p> <p>Additionally, the waiver would preclude those that miss premium payments from entering the program for 12 months (unless their income goes below the poverty line). This long wait is burdensome and inconsistent with Medicaid, CHIP, and the new Health Insurance Marketplace regulations, which state that no further consequences can be applied for non-payment of Medicaid premiums, other than terminating eligibility if an individual fails to pay for 60 days [42 C.F.R. §447.551(b)(5)].</p> <p>Thank you for this opportunity to comment.</p> <p>Sincerely, David Riemer, Senior Fellow Michael Bare, Research and Program Coordinator</p>	
Reject Wisconsin's TMA Proposal	September 20, 2013 Center for Medicare and Medicaid Services 7500 Security Boulevard Baltimore, MD 21244-1850 RE: Wisconsin 1115 waiver proposal on BadgerCare eligibility for childless adults, terminating parents from BadgerCare Plus Coverage, and Changing Transitional Medicaid Dear Director Mann: Please accept Advocacy & Benefits Counseling for Health, Inc. (ABC) comments on Wisconsin's Section 1115 Waiver proposal. While we are hopeful of the opportunity for individuals in Wisconsin under 100% of the Federal Poverty Level to access Standard Medicaid Benefits for the first time, we regret the lost opportunity to extend that same coverage to more low-income, uninsured adults and parents in our state. Below, we urge you to reject the portions of the Waiver request that change Transitional Medicaid in our state. ABC has a unique perspective on working with low-income, health disparity populations access both health care and coverage in Wisconsin. Founded in	2013-09-20 14:39

Title	Description	Created At
	<p>1994, ABC helps families across Wisconsin gain access to health care benefits and services. ABC's mission is to provide parents and providers with information, advocacy tools, legal services, and expert support they need to secure health care coverage and services. ABC works to translate individual case experiences into local strategies as well as system level reforms through our statewide HealthWatch Wisconsin project. ABC also serves as a catalyst in the development of local HealthWatch Coalitions to promote community efforts and community voices directed at health care coverage and access concerns for children and families.</p> <p>Reject Wisconsin's Transitional Medicaid Proposal: First, it will fall upon you to clarify the length of time an individual can remain on Transitional Medicaid Assistance (TMA). As you know, the federal statute providing for 12 months of transitional Medicaid expires at the end of the year, and if it is not renewed the law goes back to 4 months in January. It appears Wisconsin's Administration was not clear on the length of time TMA attaches to an individual when writing its waiver request.</p> <p>Wisconsin's Administration seeks to restrict participation in TMA and increase cost-sharing for parents and caretaker relatives. This is an attempt to cause people to drop off the program, supported by historical data, and a previous attempt to eliminate TMA entirely. You should not approve this portion of Wisconsin's Waiver Request. Suppressing the participation of low-income adults is not a valid demonstration purpose for an 1115 Waiver. The state already experimented with the effects of charging premiums for low-income adults in TMA and BadgerCare, and the unambiguous results of the first six months of that experiment reveal that Wisconsin shouldn't expand that experiment to a lower-income demonstration group.</p> <p>Transitional Medicaid was intended in the federal Medicaid statutes to help low-income families keep Medicaid as they transitioned to jobs as part of a welfare-to-work initiative; help those who would otherwise lose Medicaid due to child support payments; and help single, working mothers. It is a mandatory Medicaid eligibility category-states are required to participate to receive federal matching funds. In late 2011, Wisconsin's Administration in an effort to "enhance Medicaid Efficiencies" proposed eliminating Wisconsin's participation in TMA saying that it "wanted to eliminate the 'disincentive to work,' by eliminating an eligibility category. This was one proposal in an extensive list that your office will recall being part of an earlier Section 1115 Demonstration Project Waiver request that was ultimately not approved.</p> <p>The data as shared by the Wisconsin Council on Children and Families supports the notion that charging premiums to this TMA population will force individuals to drop out of the program. Wisconsin is asking permission to extend the federal authorization to charge premiums to parents in TMA who are above 133% FPL, so that authority doesn't expire at the end of 2013, while expanding that authority to apply premiums to parents between 100% and 133% of FPL. Here, we rely on the data and analysis of the Wisconsin Council on Children and Families to illustrate our point:</p> <p>In May there were about 14,000 parents in TMA in the income range. Focusing specifically on the lowest income group in TMA who had to start paying premiums in July 2012, there were 4,020 such "BadgerCare Extensions" in the 133%-150% income range when the premium requirement was initiated. After 6 months, only 568 or 14% were still in</p>	

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	<p>TMA. Among that group, 1065 or 26% dropped out of TMA within 6 months for failure to pay a premium. However, that understates the impact of the premiums because many reach their 12-month limit or drop below the poverty level and out of TMA before the premium requirement becomes an issue. Among those in the initial low-income group who would have still been in TMA in Dec. 2012 had the premium requirement not been in place, more than three-fifths were knocked out of TMA by the premium requirement. When experiments are conducted on human subjects, the common practice is to halt the evaluation if preliminary results show that people are being harmed. In light of that common sense practice and the alarming results demonstrated in the first six months of this experiment, we think it's clear that the federal statutes relating to Transitional Medicaid should not be waived.</p> <p>DHS data collection undercuts the arguments for broader premium requirements. In July 2012, Wisconsin applied premiums to parents above 133% FPL, including parents in TMA. Based on the initial DHS evaluation of the effects of those changes, we know that expanding premiums causes a very large portion of enrollees to lose coverage.</p> <p>Lengthening the Non-Payment Punishment to 12 months</p> <p>We urge you to reject the second proposal regarding TMA, the proposed restrictive reenrollment period of 12 months for non-payment of premiums. The requirement would be unnecessarily long and inconsistent with Medicaid, CHIP, and the new Health Insurance Marketplace regulations. Final federal regulations issued on July 5, 2013, clearly state that no further consequences can be applied for non-payment of Medicaid premiums, other than terminating eligibility if an individual fails to pay for 60 days. These final regulations also prohibit states from instituting a premium lock-out period in CHIP that exceeds 90 days. The Health Insurance Marketplace allows for a three-month grace period to pay premiums for individuals receiving the advance payment of the premium tax credit.</p> <p>Conclusion</p> <p>In conclusion, while we urge you to expand Wisconsin's Medicaid program (BadgerCare Plus) to 100% FPL for adults without dependent children, we deeply regret an opportunity lost to expand valuable coverage to more low-income, uninsured and underinsured individuals and families in Wisconsin. We are saddened by the proposal that cleaves parents off the BadgerCare Plus program, forcing parents and children into different coverage schemes with different rules, timelines, eligibilities, networks, and more. Yet, we request your approval to help us move forward. We urge you to reject the proposed changes to TMA that both unnecessarily, and with ill intention, increase cost-sharing in the TMA program and add unnecessarily harsh penalties of restrictive reenrollment that flies in the face of recent federal regulations.</p> <p>Sincerely, ABC for Health, Inc. Bobby Peterson Executive Director</p>	
Reject premium proposal for	September 20, 2013 The Honorable Kathleen Sebelius, Secretary	2013-09-20 14:01

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<p>Transitional Medicaid and 12-month lock-out</p>	<p>U.S. Department of Health and Human Services 200 Independence Avenue, S.W. Washington, DC 20201</p> <p>Dear Secretary Sebelius:</p> <p>The National Women’s Law Center appreciates the opportunity to comment on selected aspects on the §1115 Medicaid waiver application submitted by the state of Wisconsin on August 23 2013.</p> <p>Since 1972, the National Women’s Law Center has worked to protect and advance the progress of women and their families in core aspects of their lives, with an emphasis on the needs of low-income women. With a staff of over sixty, supplemented by legal fellows, interns, and pro bono assistance throughout the year, the Center utilizes a wide range of tools—including public policy research, monitoring, and analysis; litigation, advocacy, and coalition-building; and public education—to achieve gains for women and their families in education, employment, family economic security, health, and other critical areas. The National Women’s Law Center has long advocated for women’s health care and reproductive rights. The Center’s efforts reflect extensive research regarding women’s specific health needs.</p> <p>On this waiver application, we join the Georgetown University Center for Children and Families and other organizations to voice our concerns that this proposal will require all parents and caretaker relatives in Transitional Medical Assistance (TMA) to pay premiums and will lock them out of participating in TMA for 12 months if they fail to pay a premium. These changes are ill-conceived public policy, violate the letter and intent of the Social Security Act, and should not be viewed as experimental concepts in need of testing with a demonstration waiver.</p> <p>The proposed premiums and lockout period in Transitional Medical Assistance are poor public policy. By requiring parents and caretaker relatives with incomes between 100 and 133 percent of FPL to pay premiums and creating a full-year period when people cannot reapply for Medicaid, the state will ensure that women will lose coverage and remain uncovered.</p> <p>Changes already underway in Wisconsin, which charge premiums for people with slightly higher incomes than is proposed in this waiver, have resulted in a large proportion of enrollees losing coverage. This is not a surprise since charging premiums to low-income populations in other states has repeatedly resulted in the same outcome. Wisconsin has been charging premiums at three percent of income to parents and caretaker relatives with incomes between 133 and 150 percent of the poverty level and recent data shows a steep drop in enrollment. Data from the Wisconsin Department of Health Services’ preliminary evaluation show that in the first six months of these premiums, slightly more than two-fifths of relevant enrollees lost coverage due to non-payment of a premium.</p> <p>We urge you to also reject the proposed lockout period of 12 months for non-payment of premiums, which is too long and inconsistent with federal policy in a number of ways. Final federal regulations issued on July 5, 2013 clearly state that no further consequences can be applied for non-payment of Medicaid premiums, other than terminating eligibility if an individual fails to pay for 60 days [42 C.F.R. §.447.551(b)(5)]. These final regulations also prohibit states from instituting a premium lock-out period in CHIP that</p>	

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	<p>exceeds 90 days. The Health Insurance Marketplace allows for a three-month grace period to pay premiums for individuals receiving the advance payment of the premium tax credit [45 C.F.R. §. 156.270(d)].</p> <p>Further, if enrollees are locked out of coverage for 12 months because they cannot pay their premiums, it is unlikely that they will then seek coverage by paying a similar level of premium in the health insurance marketplace.</p> <p>The proposed premiums and lockout period in TMA are not an appropriate use of §1115 demonstration waiver authority. Suppressing the participation of low-income adults is not a valid demonstration purpose for a §1115 Waiver. The proposed premiums and lockout period in TMA are not a new concept and are not in need of testing with a demonstration waiver.</p> <p>As mentioned earlier, Wisconsin has already increased premiums on a slightly higher income group of adults in TMA and BadgerCare, and the unambiguous result of the first six months of that experiment make it clear that there is a steep decline in coverage. We know that charging premiums to the 100 percent to 133 percent FPL group will result in more people losing coverage.</p> <p>States have tested charging premiums in the Medicaid program for years for so-called “expansion populations”, and these tests have all lead to the same result—a large proportion of enrollees losing coverage. More than a decade ago, Oregon raised premiums for adults below poverty, with premiums ranging from \$6 per month for people with no income to \$20 per month for people at the poverty line. In the nine months that followed the increase, nearly half of the people that had been on the program were no longer enrolled. Approximately three-quarters of those who dropped out of the program became uninsured.</p> <p>Again we hope you will consider rejecting the portion of the waiver that would apply premiums to the lowest income parents in TMA; and will lock them out of participating in transitional Medical Assistance (TMA) for 12 months if they fail to pay a premium.</p> <p>Thank you for your willingness to consider our comments.</p> <p>Sincerely, Karen Davenport Director of Health Policy</p>	
Provide standard plan benefits for the duration of the waiver and require evaluation to determine the impact of this new program	September 20, 2013 Centers for Medicare and Medicaid Services (CMS) 7500 Security Boulevard Baltimore, Maryland 21244-1850 Subject: Wisconsin waiver proposal for amending BadgerCare eligibility and Transitional Medicaid Dear Director Mann: The Wisconsin Primary Health Care Association (WPHCA) represents the 17 Federally Qualified Health Centers (subsequently referred to as “Health Centers”) across our state, and is pleased to respond to the above-cited request for comments from the Centers for Medicare and Medicaid Services. In 2012, Wisconsin’s Health Centers saw 304,606 unique patients, approximately 60% of whom were insured through Medicaid, and approximately 23% of whom had no insurance coverage. Our Health	2013-09-20 12:45

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	<p>Centers provide medical, dental, behavioral health and in house pharmacy across urban and rural areas. Wisconsin Health Centers play a critical role in the health care safety net and are a key partner in providing BadgerCare to low-income residents across the State of Wisconsin.</p> <p>1. We fully support the provision of BadgerCare Plus Standard Plan benefits for all adults living at or below 100% of the Federal Poverty Level, and for children and pregnant women living up to 300% of the Federal Poverty Level.</p> <p>As indicated in the Waiver application, the Primary Care Association and the Health Centers we represent are in full support of the Department’s plan to provide Standard Plan level benefits to all adults living up to 100% FPL and to children and pregnant women living up to 300% FPL.</p> <p>Currently, only a small number of non-custodial adults in Wisconsin are insured through the BadgerCare Core program, a plan which was only open for a few months due to a cap on enrollment. In addition, the benefits provided under the Core plan are dramatically scaled back from the full benefits awarded under the Standard Plan. As primary providers of BadgerCare services, Wisconsin’s Health Centers support the Department of Health Services’ intention to provide a wider array of coverage to low-income patients, including dental and mental health services. Wisconsin’s Health Centers have made great strides to improve access to dental and mental health services over the past several years, and this waiver represents additional access for a great number of Wisconsinites.</p> <p>Page Two</p> <p>If approved, this waiver would provide a quality level of benefits for nearly all Wisconsinites under 100% FPL. This is a great step forward to ensuring access to care and peace of mind for our fellow community members and neighbors.</p> <p>2. Continuity of Benefits</p> <p>We also feel it is important to have continuity of benefits for those covered under</p> <p>The BadgerCare program and urge CMS to clarify and maintain the commitment to the benefits and associated cost-sharing of the current BadgerCare Standard Plan for the duration of the waiver. This will encourage the establishment of a primary medical home for as many beneficiaries as possible.</p> <p>3. Evaluation</p> <p>Lastly, we feel very strongly there should be an evaluation component to granting this waiver proposal. We request that CMS include language in the approved waiver request that requires quarterly reporting on actual enrollment numbers. This will align with the existing and state statutorily required, quarterly reports on the status of the Medicaid program in Wisconsin, which is provided to the Joint Committee on Finance, the committee of jurisdiction.</p> <p>While this plan provides unprecedented coverage for an entire population within a certain income bracket, it also reduces income eligibility levels, eliminating BadgerCare coverage for over 80,000 adults living between 100-200% FPL. It will be absolutely critical for both CMS and the Wisconsin Department of Health Services to take responsibility for the successful</p>	

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	<p>transition of these individuals off of BadgerCare coverage and to secure enrollment in a Qualified Health Plan sold in the Marketplace. WPHCA and its members stand ready to be a partner in this effort to connect consumers with information and enrollment services for health care coverage.</p> <p>Thank you for your consideration.</p> <p>Sincerely, Lisa M. Davidson Director of Government Relations and Advocacy</p>	
<p>Reject the proposal to require premiums and restrict re-enrollment for adults in TMA</p>	<p>September 19, 2013</p> <p>Center for Medicare and Medicaid Services 7500 Security Boulevard Baltimore, MD 21244-1850</p> <p>RE: Wisconsin 1115 waiver proposal on BadgerCare eligibility for childless adults and Transitional Medicaid</p> <p>Dear Director Mann:</p> <p>The Wisconsin Department of Health Services has proposed a section 1115 waiver that would alter Medicaid eligibility by:</p> <ul style="list-style-type: none"> • Providing standard plan Medicaid benefits to childless adults at or below the poverty level. • Requiring premiums for Transitional Medical Assistance (TMA) for adults over the poverty level and imposing a re-enrollment restriction for 12 months for failure to pay a premium. This component of the proposal would extend the state's expiring authority to charge premiums for parents and caretakers in TMA families above 133% of the federal poverty level and restrict re-enrollment for 12 months for failing to pay a period and expand the state's authority to charge premiums and restrict re-enrollment to TMA adults between 100% and 133% of FPL. <p>We are writing in opposition to the proposal to require premiums and restrict re-enrollment for adults in TMA because it does not satisfy the requirements of section 1115 in that it does not serve any research or experimental goals or promote the objectives of the Medicaid Act.</p> <p>A number of studies, as well as Wisconsin's recent experience in imposing premiums on low-income parents and caretakers, demonstrate that imposing the financial burden of premiums on low-income families leads to disenrollment and the loss of coverage. Thus, there is little if any additional insight will be gained from the proposed demonstration. Further, the disenrollment and loss of coverage that would result does not promote the objectives of the Medicaid Act.</p> <p>As noted in comments submitted by the Wisconsin Council on Children & Families, after Wisconsin reduced the income level for premiums for parents and caretakers (including TMA parents) from 150% FPL to 133% FPL beginning in July 2012, the enrollment of adults between 133% FPL and 150% FPL fell significantly, especially among adults in TMA. Wisconsin DHS data shows that during the first 6 months of premiums for adults over 133% FPL, the disenrollment of 24% of adults between 133% and 150% FPL was directly attributable to non-payment of premiums; for adults in TMA, the figure is 26%. Overall, of adults between 133% and 150% FPL who were enrolled when the premium requirement took effect, less than a third were</p>	<p>2013-09-20 10:45</p>

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	<p>still enrolled 6 months later. Only 14% of the TMA adults were still enrolled.</p> <p>These findings are consistent with studies showing that premiums serve as a barrier to initial and continued enrollment in MA and CHIP and that charging premiums disproportionately impacts those with the lowest income. See, e.g., Samantha Artiga and Molly O'Malley, Kaiser Commission, Increasing Premiums and Cost Sharing in Medicaid and SCHIP: Recent State Experiences (May 2005).</p> <p>The exclusion of eligible low-income adults from Medicaid and CHIP programs is not a suitable subject for a demonstration waiver under section 1115. DHS has failed to explain how the proposal meets the research or experimental goals of 1115 waivers or how it promotes the objectives of the Medicaid Act or advances the purposes of TMA in particular. If anything, the proposed waiver is directly at odds with the objectives of TMA.</p> <p>Like the proposed premium requirement, the restrictive re-enrollment period serves no legitimate purpose under section 1115. It serves merely to exclude from TMA those who cannot afford to pay the premiums. In addition, the duration of the restriction is excessive, especially in view of the limited period of extended eligibility under TMA.</p> <p>TMA briefly insulates families emerging from poverty from the financial burdens that accompany the loss of economic assistance that is not offset by the family's increased income. One such burden is the cost of health care coverage. The disenrollment and exclusion that will result from the proposed demonstration will not meaningfully contribute to the existing body of knowledge about the effects of charging premiums or the lack of health care coverage. It is inconsistent with TMA and does not advance the objectives of the Medicaid Act or those embodied in the ACA. It should not be approved.</p> <p>Sincerely, Hal Menéndez Staff Attorney Legal Action of Wisconsin, Inc.</p>	
Please do not approve the portion of the proposed Wisconsin waiver relating to Transitional Medical Assistance (TMA)	September 16th, 2013 Centers for Medicare and Medicaid Services (CMS) 7500 Security Boulevard Baltimore, Maryland 21244-1850 Dear Director Mann, On behalf of the Wisconsin Alliance for Women's Health, I urge you not to approve the portion of the proposed Wisconsin waiver relating to Transitional Medical Assistance (TMA). Although we support the separate part of the waiver to provide a full Medicaid benefit to all childless adults below the poverty level, we oppose the changes to TMA. Because custodial parents below the poverty level are more likely to be women, the proposed change to TMA is a very important issue for low-income Wisconsin mothers who are struggling to climb out of poverty. In light of the elimination of BadgerCare coverage for adults above the poverty level, it is very important to maintain TMA and the transition period	2013-09-20 09:11

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	<p>it provides for low-income parents with new jobs to get more firmly on their feet before they are expected to start paying premiums.</p> <p>The Wisconsin Department of Health Services released an initial evaluation of the changes in premiums that were applied in 2012 to parents over 133% of the poverty level that very clearly illustrates that higher cost sharing causes a very large portion of low-income parents to drop out of BadgerCare. The preliminary results of that evaluation show that of the 18,544 parents and caretakers who were participating in BadgerCare in July 2012 and had incomes between 133% and 150% of FPL, only 31% were still in BadgerCare at the end of the year.</p> <p>According to an analysis of the data by the Wisconsin Council on Children and Families (WCCF), failure to pay a premium caused 21% of the initial group to lose their BadgerCare coverage within the first six months and accounted for a 41% drop in participation among the low-income parents who would have still been enrolled in December 2012 but for the premium requirement.</p> <p>A narrower analysis – focused on the 4,020 parents in TMA in July 2012 with income between 133% and 150% of the poverty level – shows similar results. After 6 months, only 568 or 14% were still in in TMA. There were 1065 TMA parents in that income range who dropped off within 6 months for failure to pay a premium – which represents 26% of the original 4,020; and WCCF calculated that they amounted to more than three-fifths of the parents in the initial group who would have still been in TMA but for the premium requirement.</p> <p>The Affordable Care Act is intended to strengthen access to health insurance for low-income families. Unfortunately, the changes proposed by the Wisconsin DHS would accomplish exactly the opposite by causing many low-income parents, a disproportionate amount of whom are women, to lose their coverage through TMA. Charging premium payments to this low-income group not only adds logistical burdens to a population that already experiences high levels of stress due to poverty, but it also diverts limited income away from other important personal and familial obligations such as paying for childcare, groceries, out-of-pocket expenses for doctor's appointments and more.</p> <p>Federal and state policymakers should learn from the evaluation of last year's changes to BadgerCare and TMA. Those results make a compelling case for retaining transitional Medicaid and not applying premiums to a transitional group of low-income mothers and fathers with income barely above the poverty level. We encourage you to reject these damaging changes to protect Wisconsin women and girls and to preserve the intention of both TMA and the Affordable Care Act.</p> <p>Sincerely, Sara Finger Executive Director Wisconsin Alliance for Women's Health</p>	
Kathleen boasts about 'paying her expenses'. Most of us consider paying for healthcare		2013-09-18 08:32

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services to be one of those expenses.		
Allow Wisconsin to make its own choices	<p>The people of Wisconsin have placed certain people with certain ideas into elected leadership positions. No matter any person's political or ideological point of view, we all need to understand that the people of Wisconsin have chosen their leaders through the election process. Therefore, Wisconsin needs to be allowed to do whatever it wants to do and if the people of Wisconsin do not like it, they can vote in new leadership next time.</p> <p>Any person or group who chooses to use the power of force to deny Wisconsin its request is therefore denying the Wisconsin People that which they voted for. By denying Wisconsin its request, the CMS would be acting as if they were self-appointed "King" over the State of Wisconsin. This nation fought a Revolution over those kinds of actions.</p> <p>Last time I checked, we lived in a Constitutional Republic where the people elect representatives to lead them. Let the Wisconsin run Wisconsin. If the Wisconsinites really do not like it, they can move to a different state or elect new leaders to lead them in a different direction.</p> <p>Thanks</p>	2013-09-17 08:54
Reject the proposed changes to Transitional Medicaid premium payments	<p>September 10, 2013</p> <p>Centers for Medicare and Medicaid Services (CMS) 7500 Security Boulevard Baltimore, Maryland 21244-1850</p> <p>Subject: Wisconsin waiver proposal for amending BadgerCare eligibility and Transitional Medicaid</p> <p>Dear Director Mann:</p> <p>The recent section 1115 waiver proposed by the Wisconsin Department of Health Services (DHS) would change Medicaid coverage in two important respects:</p> <ul style="list-style-type: none"> • First, it would provide comprehensive Medicaid coverage via BadgerCare for all childless adults up to the poverty level. • Second, it would restrict Transitional Medical Assistance (TMA) by requiring premiums for all adults over the poverty level and precluding their participation in TMA for 12 months if they fail to pay a premium. <p>We firmly support the first of those two changes to improve and expand coverage for childless adults. However, we strongly oppose the proposed changes to TMA because we believe they are poor public policy, contrary to the letter and intent of federal law, and not worthy of a demonstration waiver.</p> <p>The second part of the proposed waiver is separate and distinct from the first. It seeks to implement the optional authority granted by the Wisconsin Legislature to DHS to amend Transitional Medical Assistance. The waiver would enable DHS to restrict participation in TMA and increase cost-sharing for parents and caretaker relatives in the following ways:</p> <ul style="list-style-type: none"> • Extending the federal authorization to charge premiums to parents in TMA who are above 133% of FPL, so that authority doesn't expire at the end of 2013. • Expanding that authority to apply premiums to parents between 100% and 133% of FPL. (In May there were about 14,000 parents in TMA in that income range.) 	2013-09-09 20:40

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	<ul style="list-style-type: none"> • Precluding any adults who fail to pay their premium from participating in TMA for the next year (unless their income drops below the poverty level). <p>The data DHS has collected undercuts the arguments for broader premium requirements. In July 2012, Wisconsin began applying premiums to parents above 133% of FPL, including parents in TMA. Based on the initial DHS evaluation of the effects of those changes, we know that expanding premiums will cause a very large portion of enrollees to lose coverage. Focusing on the most comparable group – the 18,544 parents and caretakers on BadgerCare who in July 2012 who had incomes between 133% and 150% of FPL, the DHS data show the following disturbing results over the first six months of implementation:</p> <ul style="list-style-type: none"> • Only 31% of the adults in that income range who were participating in BadgerCare or TMA in July 2012 were still enrolled in the premium-paying category six months later. • Failure to pay a premium caused 3,960 (21%) of the original 18,544 to lose their coverage within six months. • The fraction who lost their coverage for failure to pay a premium rises to more than two-fifths (41%) when it's computed relative to the portion of the original group who would have still been in BadgerCare in December 2012 and in a premium-paying category if it hadn't been for the premium requirement (after subtracting from the denominator those who lost coverage by December in 2012 for other reasons, such as having an offer of employer-sponsored insurance, or whose income dropped below the premium-paying threshold). <p>Suppressing the participation of low-income adults is not a valid demonstration purpose for an 1115 Waiver. The state has already been conducting an experiment regarding the effects of charging premiums for low-income adults in TMA and BadgerCare, and the unambiguous results of the first six months of that experiment make it clear that Wisconsin shouldn't expand that experiment to a lower-income demonstration group.</p> <p>Lengthening the Non-Payment Punishment to 12 months</p> <p>In addition to our concerns about requiring premium payments from low-income families, the proposed restrictive reenrollment period of 12 months for non-payment of premiums is unnecessarily long, and inconsistent with Medicaid, CHIP, and the new Health Insurance Marketplace regulations. Final federal regulations issued on July 5, 2013, clearly state that no further consequences can be applied for non-payment of Medicaid premiums, other than terminating eligibility if an individual fails to pay for 60 days [42 C.F.R. §447.551(b)(5)].</p> <p>These final regulations also prohibit states from instituting a premium lock-out period in CHIP that exceeds 90 days. The Health Insurance Marketplace allows for a three-month grace period to pay premiums for individuals receiving the advance payment of the premium tax credit [45 C.F.R. §156.270(d)].</p> <p>It is quite clear from the results of the BadgerCare changes Wisconsin implemented about a year ago that imposing premiums on TMA participants makes coverage unaffordable for many low-income families and results in a significant amount of enrollees losing access to health care coverage during this important transition period.</p>	

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	<p>Additionally, the waiver would allow the state to punish adults for non-payment of premiums by precluding them from entering the program for 12 months unless their income goes below the poverty line. These proposals are inconsistent with Medicaid law, contrary to the intent of the ACA, and would undermine the broader goals of the proposed waiver. Although we support most of the waiver, we strongly oppose the portion that would adversely affect parents and caretakers in Transitional Medicaid.</p> <p>Please do not hesitate to contact WCCF with any questions about these concerns. Thank you for your consideration of our comments.</p> <p>Sincerely, Ken Taylor Executive Director, WCCF</p>	
<p>I think you should make Governor Walker accept the millions of dollars that the federal government is giving him for health care.</p>	<p>Do not make this a precedent for other states to do the same thing to the middle class. I am a middle class tax payer on Badger Care Plus Core. I am poor but not poor enough for walker's regime. This is a crime against hardworking people who are trying to stay out of bankruptcy, pay their expenses and taxes and be productive citizens.</p>	<p>2013-08-23 13:30</p>