STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Wisconsin

d. Enforcement

Applies only to: i. Newborns who are deemed eligible under 1902(e)(4) and were born to women with family incomes of 200 to 250% of the Federal income poverty line, whose eligibility was determined under 1902(a)(10)(A)(ii) or 1902(a)(10)(C); ii. Infants with incomes from 200 through 250% of the official Federal income poverty line, under 1902(a)(10)(A)(ii)(IX).

- 1. X/ Providers are permitted to require, as a condition for the provision of care, items, or services, the payment of any cost sharing.
- 2. X/ (If above box selected) Providers permitted to reduce or waive cost sharing on a case-by-case basis.
- 3. State payments to providers must be reduced by the amount of the beneficiary cost sharing obligations, regardless of whether the provider successfully collects the cost sharing.
- 4. States have the ability to increase total State plan rates to providers to maintain the same level of State payments when cost sharing is introduced.

2. Premiums

- a. __/ No premiums are imposed.
- b. X / Premiums are imposed under section 1916A of the Act as follows (specify the premium amount by group and income level.

Group of Individuals	Premium	*Method for Determining Family Income (including monthly or quarterly period)
Parents and caretaker relatives with incomes above 150% and at or below 200% of the official Federal income poverty line 1902(a)(10)(A)(ii)	Above 150% and up to 159.9999% FPL: \$10 160% and up to 169.9999% FPL: \$27 170% and up to 179.9999% FPL: \$68 180% and up to 189.9999% FPL: \$122 190% and up to 199.9999% FPL: \$188 200% FPL: \$268	

^{*}Describe the methodology used to determine family income if it differs from your methodology for determining eligibility.

The methodology used to determine family income is the same as the methodology used to determine eligibility.

b. Limitation:

• The total aggregate amount of premiums and cost sharing imposed for all individuals in the family may not exceed 5 percent of the family income of the family involved, as applied on a monthly or quarterly basis as specified by the State above.

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D. Method for tracking cost sharing amounts

Describe the State process used for tracking cost sharing and informing beneficiaries and providers of their beneficiary's liability and informing providers when an individual has reached his/her maximum so further costs are no longer charged.

Notices of Decision will include a section that informs recipients of the maximum amount that their families will have to contribute as a share of the cost of SCHIP/Medicaid benefits they are receiving. This maximum will be no more than 5% of their countable income. For families who also owe premiums, the cap will be adjusted to reflect the amount after the premiums have been subtracted from the 5% cap amount. Changes in income that are sufficient to cause a change in the 5% cap will result in a Notice of Decision being sent with the new maximum. The Notices of Decision will include instructions for the recipients to keep track of their co-payments and deductibles and to contact their worker when the family's co-payments and deductibles in a quarter add up to the amount of their cap. The worker will flag the case so that new medical status codes for the family members will be transmitted to the fiscal agent. Those codes will update the Medicaid Management Information System (MMIS) which alerts providers to not charge co-payments.

Also describe the State process for informing beneficiaries and providers of the allowable cost sharing amounts.

The State informs providers and members (beneficiaries) of allowable cost sharing amounts via Provider Updates and member Enrollment and Benefits booklet.

TN No. <u>09-007</u> Supersedes TN No. <u>08-015</u>