

**Affected Programs:** BadgerCare Plus, Medicaid  
**To:** All Providers, HMOs and Other Managed Care Programs

## **Cost Sharing Clarification for Medicaid, BadgerCare Plus Standard Plan, and BadgerCare Plus Benchmark Plan**

This *ForwardHealth Update* provides a guide to cost sharing for services covered by Wisconsin Medicaid, the BadgerCare Plus Standard Plan, and the BadgerCare Plus Benchmark Plan, and summarizes copayment policies. Providers should always check Wisconsin's Enrollment Verification System to determine if a member is exempt from copayment.

### **Cost Sharing Under Wisconsin Medicaid and BadgerCare Plus**

This *ForwardHealth Update* provides a guide to cost sharing for services covered by Wisconsin Medicaid, the BadgerCare Plus Standard Plan, and the BadgerCare Plus Benchmark Plan. Providers should always check Wisconsin's Enrollment Verification System (EVS) to determine if a member is exempt from copayment.

### **General Cost Share Requirements Under Wisconsin Medicaid and BadgerCare Plus**

Federal law allows states to require certain members to share the costs of their health care. However, the law prohibits the imposition of any cost sharing for certain groups (such as children in foster care) and for certain services (such as for pregnancy-related services). There are also caps on the cost share amounts for some services. Under federal law, cost sharing includes coinsurance, copayments, deductibles, enrollment fees, and premiums. The most common type of cost sharing required under Wisconsin Medicaid and BadgerCare Plus is copayment.

Copayment amounts for Medicaid and the Standard Plan are the same and range between \$0.50 and \$3.00. Copayment amounts can be based on the maximum allowable fee or can be a fixed amount (and would not be dependent on the maximum allowable fee). There are no other types of cost share required under Medicaid or the Standard Plan.

Cost share amounts for individuals enrolled in the Benchmark Plan are higher and could include a copayment, deductible, or coinsurance. Required copayment amounts range from \$5.00 to \$100.00 and are generally fixed amounts per visit or item.

There are several services that have limitations on the amounts that can be collected from members, while others are exempt from the cost share requirements. Providers should refer to their service-specific Online Handbook for detail policies on cost sharing, including amounts, limitations, and exemptions that apply to their service area.

Refer to the service-specific Online Handbook for Basic Plan, Core Plan, and Senior Care cost share requirements.

### **Individuals Exempt from Cost Sharing Requirements**

The following Medicaid and BadgerCare Plus members are exempt from cost sharing requirements:

- Children in a mandatory coverage category. In Wisconsin, this includes:
  - ✓ Children in foster care, regardless of age.
  - ✓ Children in subsidized adoption, regardless of age.
  - ✓ Children in the Katie Beckett program, regardless of age.
  - ✓ Children under age 1 with income up to 150 percent of the Federal Poverty Level (FPL).
  - ✓ Children ages 1 through 5 with income up to 185 percent FPL.
  - ✓ Children ages 6 through 18 years of age with incomes at or below 100 percent of the FPL.
- Children who are American Indian or Alaska Natives who are enrolled in the state's Child Health Insurance Program (CHIP).
- American Indian or Alaskan Native, regardless of age or income level, when they receive items and services either directly from an Indian health care provider or through referral under contract health services.
- Terminally-ill individuals receiving hospice care.
- Nursing home residents.
- Women enrolled in the Wisconsin Well Woman Medicaid.

### Services Exempt from Cost Share

There are certain services that are exempt from cost share requirements. The following are examples of services that are exempt from cost share requirements, but providers should refer to their service-specific Online Handbook on the ForwardHealth Portal for a complete listing of exemptions:

- Anesthesia services.
- Case management (targeted) services.
- Clozapine management services.
- Crisis Intervention Services.
- Community Support Program services.
- Comprehensive Community Services.
- Family planning services and supplies.
- Home care services.
- Hospice services.
- Immunizations.
- Nursing home services.
- Pregnancy-related services.

- School-Based Services.
- Substance abuse day treatment services.

### Checking Member Enrollment for Copayment Exemption Status

It is imperative that providers verify a member's enrollment and copayment exemption status before providing services. Wisconsin's EVS, including WiCall and ForwardHealth Portal enrollment verification, will state "no copay" when a member is copayment exempt. If the member is not exempt from the cost sharing requirement, there will be no statement. Members who are identified as being exempt from the copayment requirement are also exempt from other cost share requirements. Providers should also check their service-specific Online Handbooks for other cost share exemptions.

### General Guidelines

Providers are reminded of the following guidelines for collecting copayments:

- Chapter 49.45(18), Wis. Stats., requires providers to make a reasonable attempt to collect copayments from the member unless the provider determines that the cost of collecting the copayment exceeds the amount to be collected.
- Providers may not deny services to a Medicaid or Standard Plan member who is unable to pay a copayment; however, providers can deny services to a Benchmark Plan member who fails to pay a required cost share.
- The appropriate cost share amount is automatically deducted from ForwardHealth's allowed payment. So providers should not reduce their charges on claims submitted even if a copayment was collected from the member.
- If the copayment amount exceeds the lesser of the total charges or the Medicaid-allowed amount for a service or item, the member must be charged the lesser amount as a copayment. For example, the Benchmark Plan prescription copayment amount is \$5.00 per prescription; however, if a member fills a prescription

with an allowed amount of \$4.00, the member must be charged only \$4.00 as a copayment.

- Providers should note that some Medicaid and Standard Plan services have established limits to the total amount of copayment that can be collected from a member. Providers may not collect copayment that exceeds the limitations. The service-specific areas of the Online Handbooks provide more information about applicable copayment limits.

Refer to the Online Handbook for complete policy and program information.

The *ForwardHealth Update* is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Health Care Access and Accountability, Wisconsin Department of Health Services (DHS). The Wisconsin Well Woman Program is administered by the Division of Public Health, Wisconsin DHS.

For questions, call Provider Services at (800) 947-9627 or visit our Web site at [www.forwardhealth.wi.gov/](http://www.forwardhealth.wi.gov/).

P-1250