

ForwardHealth **UPDATE**

Wisconsin serving you

Your First Source of ForwardHealth Policy and Program Information



MEMBER COPAY POLICY EFFECTIVE NOVEMBER 2, 2020

This ForwardHealth Update explains the following member copay policy changes, which are effective for dates of service (DOS) on and after **November 2, 2020**:

- The current copay suspension for BadgerCare Plus and Medicaid members will end.
- All children under age 19 will be permanently exempt from copays.
- There will be permanent monthly copay limits for most BadgerCare Plus and Medicaid members.

In addition, providers should begin collecting the \$8 emergency department copay for nonemergency visits from BadgerCare Plus childless adults beginning **November 2, 2020**.

Definitions

A **premium** is a monthly fee that a member pays for health insurance coverage.

AFFECTED PROGRAMS

BadgerCare Plus, Medicaid

TO

All Providers, HMOs and Other Managed Care Organizations

CONTACT INFORMATION

Provider Services, 800-947-9627

The information provided in this ForwardHealth Update is published in accordance with Social Security Act §§ 1916 and 1916A and 42 C.F.R. § 447.56.

A **copay** is a fixed amount that each member pays for a covered service before receiving the service. Wis. Stat. § [49.45\(18\)](#) requires providers to make a reasonable attempt to collect copay from BadgerCare Plus and Medicaid members unless the provider determines that the cost of collecting the copay exceeds the amount to be collected.

As a reminder, providers may not deny services to a member who fails to make a copay.

In BadgerCare Plus and Wisconsin Medicaid, **cost sharing** includes member expenses, such as premiums and copays. The copay information in this Update pertains to this definition of cost sharing. The [New Copay Limits for BadgerCare Plus and Medicaid Members for Services Reimbursed by Fee-for-Service Medicaid](#) section of this Update explains the federal limitations on premiums and cost sharing, which limits members' cost sharing.

When the term **cost share** is used for Wisconsin Medicaid long-term care programs, such as Family Care; IRIS (Include, Respect, I Self-Direct); Family Care Partnership; Program of All-Inclusive Care for the Elderly (PACE); and Children's Long-Term Support (CLTS) Waiver Program, **cost share** refers to an amount a member or participant is required to pay each month to remain eligible for the long-term care program. The copay information in this Update does not pertain to the long-term care monthly cost share. **Long-term care cost share policy is not affected by the copay changes included in this Update.**

A **deductible** is a specified amount of money that a member pays out-of-pocket for health care services before the insurer pays any expenses. Some applicants become eligible for BadgerCare Plus or Wisconsin Medicaid through meeting a deductible. This deductible policy is not affected by the copay changes included in this Update.

Coinsurance is an amount of money, often specified by a percentage, that a member pays for health care services after their deductible has been paid. Coinsurance does not apply to BadgerCare Plus and Wisconsin Medicaid and is therefore not part of cost sharing under BadgerCare Plus and Wisconsin Medicaid.

NOTE

This Update does not include COVID-19 response temporary policies. For COVID-19 information, refer to the [COVID-19: ForwardHealth News and Resources](#) page of the Portal and the June 2020 Update (2020-26), titled "[Member Copay Exemption for COVID-19 Laboratory Testing, Laboratory Testing-Related Services, and All COVID-19-Related Treatment Services.](#)"

The information provided in this ForwardHealth Update is published in accordance with Social Security Act §§ 1916 and 1916A and 42 C.F.R. § 447.56.

Copay Suspension for BadgerCare Plus and Medicaid Members Will End

The temporary suspension of all copays for services reimbursed by fee-for-service Medicaid for BadgerCare Plus and Medicaid members is effective for DOS through **November 1, 2020**. The temporary copay suspension was introduced in the December 2019 Update (2019-34), titled "[All BadgerCare Plus and Wisconsin Medicaid Copays Temporarily Suspended Effective for Dates of Service Beginning on January 1, 2020, Through June 30, 2020.](#)"

For DOS on and after **November 2, 2020**, Wisconsin Medicaid will resume the deduction of copays from provider claim reimbursement. Providers should resume collecting applicable copays from BadgerCare Plus and Medicaid members for DOS on and after **November 2, 2020**.

Providers should continue collecting copays or other cost share from members enrolled in SeniorCare, Wisconsin AIDS Drug Assistance Program, or Wisconsin Chronic Disease Program. The copay suspension did not apply to these programs.

Providers may not deny services to a BadgerCare Plus or Medicaid member who fails to make a copay.

All Children Will Be Exempt From Copays

Effective for DOS on and after **November 2, 2020**, all children under age 19 will be exempt from copays for all BadgerCare Plus or Medicaid-covered services. This means that children will remain exempt after the current copay suspension ends for BadgerCare Plus and Medicaid members.

Applicable Copays Will Begin at Age 19

Members will become subject to copays on the first day of the month after the month in which they turn 19, unless they are exempt from copays for another reason. For example, if a member turns 19 on **November 15**, then they will be subject to copays beginning **December 1**.

Children's Long-Term Support Waiver Program Eligibility and Copays

CLTS Waiver Program members may continue to be enrolled in the CLTS Waiver Program through age 21. Copays for fee-for-service services for CLTS Waiver Program members will begin at age 19.

Whether a CLTS participant who is 19 or older has copays and a monthly copay limit will depend on their source of Wisconsin Medicaid and whether or

CALL TO ACTION

Providers should resume collecting applicable copays from BadgerCare Plus and Medicaid members age 19 and older for DOS on and after **November 2, 2020**.

The information provided in this ForwardHealth Update is published in accordance with Social Security Act §§ 1916 and 1916A and 42 C.F.R. § 447.56.

not they belong to an exempted group. Young adults age 19–21 years old who are enrolled in the CLTS Waiver Program are exempt from copay requirements if they belong to one or more of the following groups:

- Former Foster Care Youth
- Young adults who are American Indians or Alaska Natives who are receiving or have ever received items and services either directly from an Indian health care provider or through referral under contract health services
- Young adults who are pregnant
- Young adults who are receiving hospice care

New Copay Limits for BadgerCare Plus and Medicaid Members for Services Reimbursed by Fee-for-Service Medicaid

Per the federal limitations on premiums and cost sharing in 42 C.F.R. § 447.56(f), the combined amount of Medicaid premiums and copays a BadgerCare Plus or Medicaid member incurs each month may not exceed 5 percent of the member's monthly household income. To comply with federal limitations on premiums and cost sharing, ForwardHealth will calculate each member's monthly premium and copay limit, which is a maximum allowable copay amount based on monthly income, for individual members. Members within the same household may have different individual copay limits, and children under age 19 will be exempt from copays.

Note: SeniorCare and the Medicaid Purchase Plan do not have copay limits.

Providers must determine whether or not a BadgerCare Plus or Medicaid member is exempt from paying copays or has reached their monthly copay limit by accessing Wisconsin's Enrollment Verification System (EVS) and receiving the message "No Copay" in response to an enrollment query.

For more information about accessing enrollment verification and copay information, refer to the [Enrollment Verification on the Portal](#) (#4901) and [Copayment Information](#) (#4903) topics of the ForwardHealth Online Handbook.

Monthly Copay Limits and Copay Collection

Each member will receive a letter in the mail that states their individual monthly copay limit. If a member has a change, such as a change in income or

DID YOU KNOW?

Providers should always verify a member's enrollment through the EVS before providing services or submitting claims. The EVS will also indicate if a member is exempt from copays.

The information provided in this ForwardHealth Update is published in accordance with Social Security Act §§ 1916 and 1916A and 42 C.F.R. § 447.56.

marital status, they will receive a letter with the updated individual monthly copay limit.

When a member reaches their monthly copay limit before the end of the month, they will receive a letter that informs them that they have met their copay limit for that month, and copays will resume on the first day of the following month. [Attachment A](#) of this Update contains a sample “copay met” letter for BadgerCare Plus and Medicaid members, and [Attachment B](#) of this Update contains a sample “copay met” letter for Medicaid Supplemental Security Income members.

Once a member meets their individual monthly copay limit, copays will no longer be deducted from the provider’s reimbursement. This is true even if subsequent claim adjustments reduce the member’s incurred copay amount to below their monthly limit. **Providers may not collect copays from members who have met their individual monthly copay limit.**

“Providers may not collect copays from members who have met their individual monthly copay limit.”

Claim Adjustments

Providers should use the EVS to determine if a member is exempt from copay. Because the EVS indicates copay exemption based on the point in time it is used, it does not reflect claims that have not yet been processed. As a result, there may be instances when the EVS, due to unprocessed claims, does not indicate copay exemption for a member who has met their monthly copay limit. If a provider collects copay from a member, and the copay is not deducted from provider reimbursement, the provider must refund the appropriate copay amount to the member. For more information about refunding copays, refer to the [Refund/Collection](#) topic (#237) of the Online Handbook.

Copay Amounts

Refer to the Copayment chapter of the Reimbursement section in the applicable service area of the Online Handbook for copay amounts for specific services. Copay amounts for specific services are subject to members’ monthly copay limits, cumulative copay limits, and other applicable copay exemptions.

Cumulative Copay Limits

Some services have cumulative copay limits. Cumulative limits may be monthly or annual or may also be based on total time of services or reimbursement.

CALL TO ACTION

Providers must confirm that they have appropriately collected copays by checking their processed claims.

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Cumulative limits may be per member, per member and per provider, or per member and per clinic. Refer to the Copayment chapter of the Reimbursement section in the applicable service area of the Online Handbook for service-specific cumulative copay limits.

Cumulative copay limits are subject to the new member monthly copay limits. For example, the cumulative copay limit for podiatry services is \$30 per calendar year, per member, per provider. If a member reaches their **monthly** copay limit on **November 10** and has incurred \$20 in copays for podiatry services from a provider thus far that year, a podiatry service from the same provider on **November 15** would **not** require a copay. The monthly copay limit would resume on **December 1**, and the member would again be subject to copays for podiatry services from their provider.

Copay Exemptions

Certain members and services are exempt from copays. For a list of members and services that are exempt from copays, refer to the [Exemptions](#) topic (#231) in the applicable service area of the Online Handbook.

Reminder: \$8 Emergency Department Copay for Nonemergency Visits

BadgerCare Plus members who are considered childless adults are subject to an \$8 copay for nonemergency use of the emergency department, in accordance with 42 C.F.R. § 447.54. BadgerCare Plus considers members to be childless adults if they are between ages 19–64, are not pregnant, and if they do not have dependent children under age 19 living in the home. The provider is responsible for using the prudent layperson standard to determine whether or not a member has an emergency medical condition.

For DOS on and after **November 2**, 2020, when applicable, providers should begin collecting an \$8 emergency department copay if the member chooses to receive services in the emergency department when their medical condition does not meet the prudent layperson's definition of emergency. The \$8 emergency department copay for nonemergency visits is subject to the monthly copay limit. Providers may not deny services to a BadgerCare Plus or Medicaid member who fails to make a copay.

For more information about the \$8 emergency department copay, refer to the January 2020 Update (2020-04), titled "[New BadgerCare Plus Member](#)

REMINDER

Monthly copay limits are subject to:

- Cumulative copay limits.
- Copay exemptions for children, certain members, and specific services.

CALL TO ACTION

Providers should begin collecting an \$8 copay from BadgerCare Plus childless adults for nonemergency use of the emergency department on and after **November 2**, 2020, when applicable.

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[Copay for Nonemergency Visits to the Emergency Department](#),” as well as the following topics in the Online Handbook:

- [Copay for Receiving Nonemergency Services in the Emergency Department](#) (#21457)
- [Exemptions](#) (#231)
- [Claims Submission for Emergency Department Copay](#) (#21477)
- [Billing Under the EAPG System](#) (#15258)

The Wisconsin Department of Health Services will provide additional guidance to providers on implementation of the emergency department copay for nonemergency visits in a subsequent Update.

Copay Policy Effective November 2, 2020, Applies to Services Reimbursed as Fee-for-Service Only

The copay information in this Update applies to services reimbursed as fee-for-service regardless of enrollment in an HMO or a long-term care program or managed care organization.

Members enrolled in a managed care organization are not charged copays for services authorized and reimbursed by BadgerCare Plus and Medicaid SSI HMOs, Children Come First, the Care4Kids Program, Wraparound Milwaukee, and managed care organizations in Family Care, Family Care Partnership, or PACE. Services authorized within and funded through the participant’s individual IRIS budget (that is, only waiver services) do not have copays.

“The copay information in this Update applies to services reimbursed as fee-for-service regardless of enrollment in an HMO or a long-term care program or managed care organization.”

Summary of Copays and Copay Limits

The following summarizes the information about copays explained in this Update:

- The monthly copay limit per federal limitations on premiums and cost sharing affects all BadgerCare Plus and Medicaid services.
- Cumulative copay limits affect specific services. Cumulative copay limits may be monthly or annual or based on the total time of services or reimbursement. They may apply per member, per member and per provider, or per member and per clinic. Cumulative copay limits are subject to monthly copay limits.

The information provided in this ForwardHealth Update is published in accordance with Social Security Act §§ 1916 and 1916A and 42 C.F.R. § 447.56.

- Copay exemptions affect certain members and specific services and apply to each rendered service.
- All children under age 19 are exempt from copays. This copay exemption applies to each rendered service.
- Copay amounts for specific services apply to each rendered service and are subject to monthly copay limits.
- The \$8 copay for nonemergency visits to the emergency department applies to each service and is subject to monthly copay limits.

Member Communications

Members will receive an Update in the mail to explain the upcoming changes that apply to them. In addition, members will receive a one-time letter that states their individual monthly copay limit. If a member has a change, such as a change in income or marital status, they will receive a letter with the updated individual monthly copay limit. When members reach their monthly copay limit before the end of the month, they will receive a letter that informs them that they have met their copay limit for that month, and copays will resume on the first day of the following month.

MEMBER COMMUNICATIONS ABOUT COPAYS

Members will receive copay communications that are appropriate to their situation. These communications are included as attachments to this Update.

[Attachment A](#)—Sample Member Monthly Copay Limit Met letter for BadgerCare Plus and Medicaid members when they reach their copay limit in a given month

[Attachment B](#)—Sample Member Monthly Copay Limit Met letter for Medicaid Supplemental Security Income members when they reach their copay limit in a given month

[Attachment C](#)—June 2020 member Update (2020-01), titled “Some Copays for BadgerCare Plus and Medicaid Services Will Start Again on July 1, 2020,” for BadgerCare Plus childless adults, which contains the following key messages:

- The current copay suspension for all BadgerCare Plus and Medicaid members will end on July 1, 2020.
- Members will have a monthly copay limit, which is the maximum amount in copays they may pay for DOS in a given month.
- Childless adults will be subject to an \$8 copay for nonemergency use of the emergency department when the current copay suspension ends. This \$8 copay is subject to their monthly copay limit.

REMINDER

The following are subject to monthly copay limits:

- Cumulative copay limits
- Copay amounts for specific services
- \$8 copays for nonemergency visits to the emergency department

The information provided in this ForwardHealth Update is published in accordance with Social Security Act §§ 1916 and 1916A and 42 C.F.R. § 447.56.

MEMBER COMMUNICATIONS ABOUT COPAYS

[Attachment D](#)—June 2020 member Update (2020-02), titled “Some Copays for Medicaid Services Will Start Again on July 1, 2020,” for Medicaid Supplemental Security Income members, which contains the following key messages:

- The current copay suspension for all Medicaid Supplemental Security Income members will end on July 1, 2020.
- All children under age 19 will remain exempt from copays.
- Members will have a monthly copay limit, which is the maximum amount in copays they may pay for DOS in a given month.

[Attachment E](#)—June 2020 member Update (2020-03), titled “Some Copays for BadgerCare Plus and Medicaid Services Will Start Again on July 1, 2020,” for BadgerCare Plus and Medicaid members, which contains the following key messages:

- The current copay suspension for all BadgerCare Plus and Medicaid members will end on July 1, 2020.
- All children under age 19 will remain exempt from copays.
- Members will have a monthly copay limit, which is the maximum amount in copays they may pay for DOS in a given month.

QUICK LINKS

- [Enrollment Verification on the Portal](#) topic (#4901)
- [Copayment Information](#) topic (#4903)
- [Refund/Collection](#) topic (#237)
- [Exemptions](#) topic (#231)
- [Copay for Receiving Nonemergency Services in the Emergency Department](#) topic (#21457)
- [Claims Submission for Emergency Department Copay](#) topic (#21477)
- [Billing Under the EAPG System](#) topic (#15258)

The information provided in this ForwardHealth Update is published in accordance with Social Security Act §§ 1916 and 1916A and 42 C.F.R. § 447.56.

This Update was issued on 06/26/2020 and information contained in this Update was incorporated into the Online Handbook on 07/01/2020.

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 Medicaid Services within the Wisconsin Department of Health Services (DHS). The Wisconsin AIDS Drug Assistance Program and the Wisconsin Well Woman Program are administered by the Division of Public Health within DHS.

For questions, call Provider Services at 800-947-9627 or visit our website at www.forwardhealth.wi.gov/.

ATTACHMENT A

Sample Member Monthly Copay Limit Met Letter For BadgerCare Plus and Medicaid Members

A copy of the sample Member Monthly Copay Limit Met letter for BadgerCare Plus and Medicaid members may be found on the following page.

The information provided in this ForwardHealth Update is published in accordance with Social Security Act §§ 1916 and 1916A and 42 C.F.R. § 447.56.

CDPU
CENTRALIZED DOCUMENT PROCESSING UNIT
PO BOX 5234
JANESVILLE WI 53547 5234



State of Wisconsin

PIN #: 0000000000000

000001
IM A MEMBER
609 WILLOW ST
ANYTOWN WI 55555

Member Services
Phone/TTY #: 800-362-3002
Fax #: 608-221-8815
dhs.wisconsin.gov/Medicaid



The State of Wisconsin is an equal opportunity service provider. This letter contains information that affects your benefits. If you need this material in a different format because of a disability or if you need this letter translated or explained in your own language, please call 1-888-446-1239. These services are free.

You Have Met Your Copay Limit for July 2020

You are getting this letter to let you know that you do not have to pay any more copays for services covered by BadgerCare Plus or Wisconsin Medicaid for the rest of July 2020.



Copay Limit Met Information

When was limit met?	Who?	Copay Limit Amount?	When do copays start again?
As of July 14, 2020	IM A MEMBER	\$13	August 1, 2020

Note: If you refilled a pharmacy prescription before the date your copay limit was met but pick it up after that date, you may still have a copay. If you met your limit but were not asked to pay this amount in copays, your medical provider may have paid your copay for you.

When the next month begins, you will have to pay copays for each service or prescription again until you reach your limit.

Federal law limits the amount you can be asked to pay each month for copays for health care services or prescriptions covered by BadgerCare Plus or Wisconsin Medicaid. Your monthly copay limit of \$13 was set for you based on your income and the size of your household. Your monthly copay limit will stay the same unless you have a change in eligibility or report a change that affects your limit, such as a change in income or the number of people in your home. You will get a letter if your monthly copay limit changes.

If you have any questions about this letter, please call your agency at the phone number listed at the top of this page.

ATTACHMENT B

Sample Member Monthly Copay Limit Met Letter For Medicaid Supplemental Security Income Members

A copy of the sample Member Monthly Copay Limit Met letter for Medicaid Supplemental Security Income members may be found on the following page.

The information provided in this ForwardHealth Update is published in accordance with Social Security Act §§ 1916 and 1916A and 42 C.F.R. § 447.56.

DIVISION OF MEDICAID SERVICES
WISCONSIN MEDICAID AND BADGERCARE PLUS
313 BLETTERN BLVD
MADISON WI 53714



State of Wisconsin

PIN #: 0000000000000

000001
IM A MEMBER
609 WILLOW ST
ANYTOWN WI 55555

Member Services
Phone/TTY #: 800-362-3002
Fax #: 608-221-8815
dhs.wisconsin.gov/Medicaid



For help to translate or understand this, please call 1-800-362-3002 (voice/TTY).

You Have Met Your Copay Limit for the Month for July 2020

You are getting this letter to let you know that you do not have to pay any more copays for services covered by BadgerCare Plus or Wisconsin Medicaid for the rest of July 2020.



Copay Limit Met Information

When limit was met?	Who?	Copay Limit Amount?	When do copays start again?
As of July 14, 2020	IM A MEMBER	\$13	August 1, 2020

Note: If you refilled a pharmacy prescription before the date your copay limit was met but pick it up after that date, you may still have a copay. If you met your limit but were not asked to pay this amount in copays, your medical provider may have paid your copay for you.

When the next month begins, you will have to pay copays for each service or prescription again until you reach your limit.

Federal law limits the amount you can be asked to pay each month for copays for health care services or prescriptions covered by BadgerCare Plus or Wisconsin Medicaid. Your monthly copay limit of \$13 was set for you based on your income and the size of your household. Your monthly copay limit will stay the same unless you have a change in eligibility or report a change that affects your limit, such as a change in income or the number of people in your home. You will get a letter if your monthly copay limit changes.

If you have any questions about this letter, please call your agency at the phone number listed at the top of this page.

ATTACHMENT C

Member ForwardHealth Update 2020-01 Sent to BadgerCare Plus Childless Adults

A copy of the member ForwardHealth Update (2020-01), titled “Some Copays for BadgerCare Plus and Medicaid Services Will Start Again on July 1, 2020,” may be found on the following pages.

The information provided in this ForwardHealth Update is published in accordance with Social Security Act §§ 1916 and 1916A and 42 C.F.R. § 447.56.

ForwardHealth **UPDATE**

Wisconsin serving you

Providing the Latest Health Care Benefit Information to ForwardHealth Members



Some Copays for BadgerCare Plus and Medicaid Services Will Start Again on July 1, 2020

Do you normally pay \$1–\$3 at the pharmacy or for health care visits?
This payment is called a copay.

From January 1, 2020, to June 30, 2020, you did not have to pay copays for prescriptions or health care services while we made changes to the copay system.

Starting July 1, 2020, you may be asked to pay a copay for BadgerCare Plus and Medicaid Services.

There Will Be Limits to the Copay Amount You Pay Each Month

If you have copays, federal law limits the amount you pay for services each month. This limit will be based on your income and who in your household has copays.

Before July 1, 2020, you will get a letter called “About Your Benefits” letting you know if you have a copay limit and how much it is. Your copay amount is based on the size of your family and your income. If

What Happened:

From January 1, 2020, to June 30, 2020, you did not have to pay copays while we made changes to the copay system.

What Is Happening:

Starting July 1, 2020, you may be asked to pay a copay for BadgerCare Plus and Medicaid services.

The information provided in this ForwardHealth Update is published in accordance with Social Security Act §§ 1916 and 1916A.

you pay a monthly premium, your premium will also count toward your copay limit.

If your income is less than the amount listed below for your family size, you will not be charged any copays, and your limit will be \$0.

FAMILY SIZE	MONTHLY INCOME
1	\$531
2	\$781
3	\$905
4	\$1,091
5	\$1,278
6	\$1,465

Your monthly copay limit will stay the same unless you have a change, such as a change in income or the number of people in your home.

If you reach your copay limit before the end of the month, we will send you a letter telling you the date you reached your limit. After you reach your limit, you will not have to pay copays the rest of the month after the date listed. You may still have a copay for any prescriptions you filled before the date listed in the letter.

We will track your copay limits, copays, and premiums. You do not have to take any action unless you disagree with your copay limit amount.

Who Does Not Have a Copay Limit?

If you are enrolled in the Medicaid Purchase Plan or SeniorCare, you do not have copay limits. Other limits may apply to how much you pay for certain services.

\$8 Emergency Room Copay for Nonemergency Visits

If you are 19–64, are not pregnant, and do not have dependent children living in the home, you will have to pay an \$8 copay for every visit to the emergency room that is not an emergency. The doctor will decide if your visit is an emergency.

You will **not** have to pay a copay for using the emergency room for an emergency. **Federal law states that emergency rooms are required to see you in the case of an emergency.**

BadgerCare Plus providers will begin collecting the \$8 emergency room copay for nonemergency visits on and after July 1, 2020. The \$8 emergency room copay for nonemergency visits will count toward the monthly copay limit.

The information provided in this ForwardHealth Update is published in accordance with Social Security Act §§ 1916 and 1916A.

Groups Without Copays: No More Copays for Children and Former Foster Care Youth

Starting July 1, 2020, children age 18 and younger will not have copays for prescriptions or health care services. Also, any youth who were in foster care on or before their 18th birthday and who enroll in BadgerCare Plus will not have copays until their 26th birthday.

If your child is enrolled in the Children's Long-Term Support Waiver Program, they may stay in the program until they turn 21. Once your child turns 19, they may have copays.

The people in these groups will not have copays:

- Children in foster care
- Children in adoption assistance
- Children in the Katie Beckett program
- American Indians or Alaska Natives of any age or income level who get or have gotten health items or services from an American Indian health care provider or by referral under contract health services
- People getting hospice care
- Nursing home residents
- Members enrolled in Wisconsin Well Woman Medicaid
- Members who enroll by Express Enrollment

Other Costs

The following costs are not considered copays, and you will continue to pay these if they apply to you:

- Monthly costs while living in a nursing home
- Costs for services you get through Family Care or other programs that allow someone to live and care for you in your home

The information provided in this ForwardHealth Update is published in accordance with Social Security Act §§ 1916 and 1916A.

English: For help to translate or understand this, please call **800-362-3002** (TTY).

Spanish: Si necesita ayuda para traducir o entender este texto, por favor llame al teléfono **800-362-3002** (TTY).

Russian: Если вам не всё понятно в этом документе, позвоните по телефону **800-362-3002** (TTY).

Hmong: Yog xav tau kev pab txhais cov ntaub ntawv no kom koj totaub, hu rau **800-362-3002** (TTY).

Laotian: grnjv-j;p.odkocx s] ng0Qk.9goNvsk.ooUF dti5ok3mitla[sk **800-362-3002** (TTY).

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Medicaid Services within the Wisconsin Department of Health Services (DHS). The Wisconsin AIDS Drug Assistance Program and the Wisconsin Well Woman Program are administered by the Division of Public Health within DHS.

For questions, call Member Services at 800-362-3002.

ATTACHMENT D
Member ForwardHealth Update 2020-02
Sent to Medicaid Supplemental Security Income Members

A copy of the member ForwardHealth Update (2020-02), titled “Some Copays for Medicaid Services Will Start Again on July 1, 2020,” may be found on the following pages.

The information provided in this ForwardHealth Update is published in accordance with Social Security Act §§ 1916 and 1916A and 42 C.F.R. § 447.56.

ForwardHealth **UPDATE**

Wisconsin serving you

Providing the Latest Health Care Benefit Information to ForwardHealth Members



Some Copays for Medicaid Services Will Start Again on July 1, 2020

Do you normally pay \$1–\$3 at the pharmacy or for health care visits? This payment is called a copay.

From January 1, 2020, to June 30, 2020, you did not have to pay copays for prescriptions or health care services while we made changes to the copay system.

Starting July 1, 2020, you may be asked to pay a copay for Medicaid Services.

There Will Be Limits to the Copay Amount You Pay Each Month

If you have copays, federal law limits the amount you pay for services each month. This limit will be based on your income and who in your household has copays.

Before July 1, 2020, you will get a letter letting you know if you have a copay limit and how much it is.

What Happened:

From January 1, 2020, to June 30, 2020, you did not have to pay copays while we made changes to the copay system.

What Is Happening:

Starting July 1, 2020, you may be asked to pay a copay for Medicaid services.

The information provided in this ForwardHealth Update is published in accordance with Social Security Act §§ 1916 and 1916A.

If you reach your copay limit before the end of the month, we will send you a letter telling you the date you reached your limit. After you reach your limit, you will not have to pay copays the rest of the month after the date listed. You may still have a copay for any prescriptions you filled before the date listed in the letter. If you pay a monthly premium, your premium will also count toward your copay limit.

We will track your copay limits, copays, and premiums. You do not have to take any action unless you disagree with your copay limit amount.

Other Costs

The following costs are not considered copays and do not count toward the copay limit. You will continue to pay these if they apply to you:

- Monthly costs while living in a nursing home
- Costs for services you get through Family Care or other programs that allow someone to live and care for you in your home

“We will track your copay limits, copays, and premiums. You do not have to take any action unless you disagree with the copay limit amount.”

Groups Without Copays: No More Copays for Children and Former Foster Care Youth

Starting July 1, 2020, children age 18 and younger will not have copays for prescriptions or health care services. Also, any youth who were in foster care on or before their 18th birthday and who enroll in BadgerCare Plus will not have copays until their 26th birthday.

If your child is enrolled in the Children's Long-Term Support Waiver Program, they may stay in the program until they turn 21. Once your child turns 19, they may have copays.

The people in these groups will not have copays:

- Children in foster care
- Children in adoption assistance
- Children in the Katie Beckett program
- American Indians or Alaska Natives of any age or income level who get or have gotten health items or services from an American Indian health care provider or by referral under contract health services
- People getting hospice care

The information provided in this ForwardHealth Update is published in accordance with Social Security Act §§ 1916 and 1916A.

- Nursing home residents
- Members enrolled in Wisconsin Well Woman Medicaid
- Members who enroll by Express Enrollment

The information provided in this ForwardHealth Update is published in accordance with Social Security Act §§ 1916 and 1916A.

English: For help to translate or understand this, please call **800-362-3002** (TTY).

Spanish: Si necesita ayuda para traducir o entender este texto, por favor llame al teléfono **800-362-3002** (TTY).

Russian: Если вам не всё понятно в этом документе, позвоните по телефону **800-362-3002** (TTY).

Hmong: Yog xav tau kev pab txhais cov ntaub ntawv no kom koj totaub, hu rau **800-362-3002** (TTY).

Laotian: grnjv-j;p.odkocx s] ng0Qk.9goNvsk.ooUF dti5ok3mitla[sk **800-362-3002** (TTY).

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Medicaid Services within the Wisconsin Department of Health Services (DHS). The Wisconsin AIDS Drug Assistance Program and the Wisconsin Well Woman Program are administered by the Division of Public Health within DHS.

For questions, call Member Services at 800-362-3002.

ATTACHMENT E

Member ForwardHealth Update 2020-03

Sent to BadgerCare Plus and Medicaid Members

A copy of the member ForwardHealth Update (2020-03), titled “Some Copays for BadgerCare Plus and Medicaid Services Will Start Again on July 1, 2020,” may be found on the following pages.

The information provided in this ForwardHealth Update is published in accordance with Social Security Act §§ 1916 and 1916A and 42 C.F.R. § 447.56.

ForwardHealth UPDATE

Wisconsin serving you

Providing the Latest Health Care Benefit Information to ForwardHealth Members



Some Copays for BadgerCare Plus and Medicaid Services Will Start Again on July 1, 2020

Do you normally pay \$1–\$3 at the pharmacy or for health care visits?
This payment is called a copay.

From January 1, 2020, to June 30, 2020, you did not have to pay copays for prescriptions or health care services while we made changes to the copay system.

Starting July 1, 2020, you may be asked to pay a copay for BadgerCare Plus and Medicaid services.

There Will Be Limits to the Copay Amount You Pay Each Month

If you have copays, federal law limits the amount you pay for services each month. This limit will be based on your income and who in your household has copays.

Before July 1, 2020, you will get a letter called “About Your Benefits” letting you know if you have a copay limit and how much it is. Your

What Happened:

From January 1, 2020, to June 30, 2020, you did not have to pay copays while we made changes to the copay system.

What Is Happening:

Starting July 1, 2020, you may be asked to pay a copay for BadgerCare Plus and Medicaid services.

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copay amount is based on the size of your family and your income. If you pay a monthly premium, your premium will also count toward your copay limit.

If your income is less than the amount listed below for your family size, you will not be charged any copays, and your limit will be \$0.

FAMILY SIZE	MONTHLY INCOME
1	\$531
2	\$781
3	\$905
4	\$1,091
5	\$1,278
6	\$1,465

Your monthly copay limit will stay the same unless you have a change, such as a change in income or the number of people in your home.

If you reach your copay limit before the end of the month, we will send you a letter telling you the date you reached your limit. After you reach your limit, you will not have to pay copays the rest of the month after the date listed. You may still have a copay for any prescriptions you filled before the date listed in the letter.

We will track your copay limits, copays, and premiums. You do not have to take any action unless you disagree with your copay limit amount.

Who Does Not Have a Copay Limit?

If you are enrolled in the Medicaid Purchase Plan and/or SeniorCare, you do not have copay limits. Other limits may apply to how much you pay for certain services.

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- Nursing home residents
- Members enrolled in Wisconsin Well Woman Medicaid
- Members who enroll by Express Enrollment

Other Costs

The following costs are not considered copays and do not count toward the copay limit. You will continue to pay these if they apply to you:

- Monthly costs while living in a nursing home
- Costs for services you get through Family Care or other programs that allow someone to live and care for you in your home

For More Information

If you have any questions about this change, please contact Member Services at 800-362-3002.

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