



State of Wisconsin
2013 - 2014 LEGISLATURE



LRB-1485/P2
TJD:sac:rs

DOA:.....Iwata, BB0439 - Compile of BB0218, BB0403 and BB0440:
Eligibility changes to BadgerCare Plus and other Medical
Assistance program changes

FOR 2013-2015 BUDGET -- NOT READY FOR INTRODUCTION

AN ACT ...; relating to: the budget.

Analysis by the Legislative Reference Bureau

HEALTH AND HUMAN SERVICES

MEDICAL ASSISTANCE

Currently, DHS administers the Medical Assistance (MA) program, which is a joint federal and state program that provides health services to individuals who have limited resources. Some services are provided through programs that operate under a waiver of federal Medicaid laws, including services provided through the BadgerCare Plus (BC+) and BadgerCare Plus Core (BC+ Core) programs. Under current law, BC+ provides health and medical services to eligible recipients and has a standard plan with a larger set of benefits and a Benchmark plan with fewer benefits.

Under current law, under certain circumstances, DHS may propose a policy that would add to or change current law regarding the MA program. Before implementing a policy that conflicts with a state statute, DHS must submit the proposed change to the Joint Committee on Finance and then submit the change to the federal Department of Health and Human Services (federal DHHS) for approval if necessary. Currently, DHS has proposed changes that have been submitted to the federal DHHS for approval. Some of these changes pertain to BC+ and BC+ Core and may have been implemented following approval by the federal government.

Under current law, family income is the total gross earned and unearned income received by all members of a family. Beginning on January 1, 2014, under the bill, for purposes of determining eligibility for BC+ and BC+ Core, family income has the meaning given for household income under a federal regulation, which uses an income calculation based on modified adjusted gross income. The bill also requires DHS, beginning on January 1, 2014, to apply the definition of household in federal regulations. The bill also makes other changes to calculation of income and family size for BC+ and BC+ Core on January 1, 2014, or sooner.

Under current law, unless DHS has a policy that conflicts with current state law eligibility requirements, certain individuals are eligible for benefits under the BC+ standard plan. Beginning in January 1, 2014, under the bill, a pregnant woman must have an income that does not exceed 133 percent of the FPL to be eligible for BC+ standard plan benefits. Also, beginning on January 1, 2014, the bill reduces the income eligibility level for the BC+ standard plan for parents and caretaker relatives from not more than 200 percent of the FPL to not more than 100 percent of the FPL before a five percent income disregard is applied. The bill defines, beginning on January 1, 2014, for purposes of eligibility of a parent or caretaker relative, a "dependent child."

Under current law, certain children and pregnant women are presumptively eligible for benefits under the BC+ standard plan, meaning that they are eligible for benefits beginning the day on which a qualified entity determines, based on preliminary information, income eligibility for BC+. The bill eliminates, if the federal DHHS approves, presumptive eligibility for children. Beginning January 1, 2014, the bill also limits presumptive eligibility for pregnant women to those whose family income, based on preliminary information, does not exceed 133 percent of the FPL.

Under current law, certain individuals are retroactively eligible for BC+ benefits for any of the three months before the month of application for BC+. The bill eliminates retroactive eligibility for adults who are not pregnant, not disabled, and not elderly and whose income exceeds 133 percent of the FPL. If the federal DHHS approves, the bill eliminates retroactive eligibility for all individuals who are not disabled regardless of their age, pregnancy status, or income level.

The bill retains the current law ineligibility provisions for certain individuals with health insurance coverage or access to coverage during certain times and adds, with certain limitations, individuals to the types of individuals for whom access to coverage results in ineligibility and specifies the types of insurance that result in ineligibility. Under the bill, certain individuals are ineligible for BC+ if they have private major medical insurance with a certain premium. The bill also adds certain individuals to those who are ineligible for BC+ for three months for not maintaining certain types of health coverage.

Under current law, certain individuals are eligible for benefits under the BC+ Benchmark plan. Beginning on January 1, 2014, the bill eliminates eligibility for the BC+ Benchmark plan for all of the following individuals: pregnant women whose family income exceeds 200 percent but does not exceed 300 percent of the FPL and children under one year of age of those women; certain other pregnant women; and

parents or caretaker relatives whose family income includes self-employment income and does not exceed 200 percent of the FPL under a certain calculation. The bill, beginning on January 1, 2014, specifies that an unborn child whose family income exceeds 200 percent of the FPL but does not exceed 300 percent of the FPL is eligible for BC+ Benchmark but only for prenatal care benefits. Certain individuals, under current law, may pay the full member per month cost of coverage to receive benefits under the Benchmark plan. On January 1, 2014, The bill eliminates the ability for children whose family incomes exceed 300 percent of the FPL to receive Benchmark plan benefits.

If the federal DHHS allows, under the bill, DHS may provide an alternate Benchmark plan to adult individuals who are not pregnant, whose family incomes exceed 100 percent of the FPL, and who are otherwise eligible for BC+. The alternate Benchmark plan, if DHS provides the plan, provides coverage for benefits similar to those in a commercial, major medical insurance policy. DHS may charge higher copayments for the alternate Benchmark plan than are charged for the standard plan with certain limitations.

The bill allows DHS to administer medical home initiatives as service delivery mechanisms to provide and coordinate care for individuals who are eligible for services under a fee-for-service model of Medical Assistance, including BC+ and BC+ Core.

Current law requires certain individuals to pay premiums for BC+ standard plan and the Benchmark plan. The bill requires an adult parent or adult caretaker who is not pregnant, disabled, or American Indian and whose family income exceeds 133 percent of the FPL and, if the federal DHHS approves, a child who is not disabled and whose family income is at a level determined by DHS but at least 150 percent of the FPL, to pay a premium for BC+.

Under current law, if an individual who is required to pay a premium does not pay or requests termination of coverage under BC+, the coverage under BC+ is terminated. The former BC+ recipient is then ineligible for coverage for six months except for any month in which the former recipient's family income does not exceed 150 percent of the FPL. The bill changes the ineligibility period for an adult to 12 months except for any month in which the former recipient's family income does not exceed 133 percent of the FPL. For a child, the bill retains the six month ineligibility period except for any month in which the child's family income does not exceed 150 percent of the FPL; however, if the federal DHHS approves, the ineligibility period becomes 12 months.

Under current law, DHS also administers BC+ Core, which provides basic primary and preventive care to eligible individuals. Adults who are under age 65, who have family incomes that do not exceed 200 percent of the FPL, and who are not otherwise eligible for MA, including BC+, are eligible for benefits under BC+ Core. The bill requires certain childless adults with a family income exceeding 133 percent of the FPL to pay a premium for BC+ Core benefits. Beginning January 1, 2014, the bill allows only those individuals whose family incomes do not exceed 100 percent of the FPL, before a 5 percent income disregard is applied, to be eligible for BC+ Core.

Certain individuals, under current law, are eligible for transitional Medical Assistance because of becoming ineligible for another public assistance program. The bill eliminates transitional Medical Assistance benefits, if the federal DHHS approves.

The bill allows DHS to enroll a child who is receiving services through the early intervention program in a special plan, if the federal DHHS approves.

Under current law, DHS is required to develop a purchasing pool, known as Badger Rx Gold, for pharmacy benefits and set eligibility requirements to obtain prescription drug coverage through the purchasing pool. Current law allows DHS to contract with an entity to operate the purchasing pool, which is not an MA program. The bill eliminates the purchasing pool, Badger Rx Gold.

For further information see the *state and local* fiscal estimate, which will be printed as an appendix to this bill.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

SECTION 1. 20.435 (4) (a) of the statutes is amended to read:

20.435 (4) (a) *General program operations.* The amounts in the schedule for general program operations, including health care financing regulation, administration, field services and medical assistance eligibility determinations under s. 49.45 (2) (a) 3., ~~and administration of the pharmacy benefits purchasing pool under s. 146.45.~~

SECTION 2. 20.435 (4) (bm) of the statutes is amended to read:

20.435 (4) (bm) *Medical Assistance, food stamps, and Badger Care administration; contract costs, insurer reports, and resource centers.* Biennially, the amounts in the schedule to provide a portion of the state share of administrative contract costs for the Medical Assistance program under subch. IV of ch. 49 and the Badger Care health care program under s. 49.665 and to provide the state share of administrative costs for the food stamp program under s. 49.79, other than payments under s. 49.78 (8), to develop and implement a registry of recipient immunizations, to reimburse 3rd parties for their costs under s. 49.475, for costs associated with

outreach activities, for state administration of state supplemental grants to supplemental security income recipients under s. 49.77, ~~to administer the pharmacy benefits purchasing pool under s. 146.45,~~ and for services of resource centers under s. 46.283. No state positions may be funded in the department of health services from this appropriation, except positions for the performance of duties under a contract in effect before January 1, 1987, related to the administration of the Medical Assistance program between the subunit of the department primarily responsible for administering the Medical Assistance program and another subunit of the department. Total administrative funding authorized for the program under s. 49.665 may not exceed 10% of the amounts budgeted under pars. (p) and (x).

SECTION 3. 20.435 (4) (hm) of the statutes is repealed.

****NOTE: This SECTION involves a change in an appropriation that must be reflected in the revised schedule in s. 20.005, stats.

SECTION 4. 20.435 (4) (jw) of the statutes is amended to read:

20.435 (4) (jw) *BadgerCare Plus, and hospital assessment, ~~and pharmacy benefits purchasing pool administrative costs.~~* All moneys received from payment of enrollment fees under the program under s. 49.45 (23), all moneys transferred under s. 50.38 (9), all moneys transferred from the appropriation account under par. (jz), and 10 percent of all moneys received from penalty assessments under s. 49.471 (9) (c), for administration of the program under s. 49.45 (23), to provide a portion of the state share of administrative costs for the BadgerCare Plus Medical Assistance program under s. 49.471, and for administration of the hospital assessment under s. 50.38, ~~and to administer a contract with an entity to operate the pharmacy benefits purchasing pool under s. 146.45.~~

****NOTE: This SECTION involves a change in an appropriation that must be reflected in the revised schedule in s. 20.005, stats.

SECTION 5. 20.435 (4) (jz) of the statutes is amended to read:

20.435 (4) (jz) *Medical Assistance and Badger Care cost sharing, and employer penalty assessments, and pharmacy benefits purchasing pool operations.* All moneys received in cost sharing from medical assistance recipients, including payments under s. 49.665 (5), all moneys received from penalty assessments under s. 49.665 (7) (b) 2., and 90 percent of all moneys received from penalty assessments under s. 49.471 (9) (c), all moneys received from persons who join the pharmacy benefits purchasing pool under s. 146.45, and all moneys received as rebates from drug manufacturers for prescription drugs purchased under the pharmacy benefits purchasing pool under s. 146.45, to be used for the Badger Care health care program under s. 49.665, for the Medical Assistance program under subch. IV of ch. 49, to pay an entity to operate the pharmacy benefits purchasing pool under s. 146.45, to transfer the amount determined under s. 146.45 (4) to the appropriation account under par. (jw), and to transfer any amount credited to this appropriation account in excess of \$27,785,500 in a fiscal year to the appropriation account under par. (jw).

****NOTE: This SECTION involves a change in an appropriation that must be reflected in the revised schedule in s. 20.005, stats.

SECTION 6. 49.45 (23) (a) of the statutes is amended to read:

49.45 (23) (a) The department shall request a waiver from the secretary of the federal department of health and human services to permit the department to conduct a demonstration project to provide health care coverage for basic primary and preventive care to adults who are under the age of 65, who have family incomes not to exceed ~~200~~ 100 percent of the poverty line before application of the 5 percent income disregard under [42 CFR 435.603](#) (d), and who are not otherwise eligible for medical assistance under this subchapter, the Badger Care health care program

under s. 49.665, or Medicare under [42 USC 1395](#) et seq. If the department creates a policy under sub. (2m) (c) 10., this paragraph does not apply to the extent that it conflicts with the policy.

SECTION 7. 49.45 (23) (a) of the statutes, as affected by [2011 Wisconsin Act 32](#) and 2013 Wisconsin Act (this act), is repealed and recreated to read:

49.45 (23) (a) The department shall request a waiver from the secretary of the federal department of health and human services to permit the department to conduct a demonstration project to provide health care coverage for basic primary and preventive care to adults who are under the age of 65, who have family incomes not to exceed 100 percent of the poverty line before application of the 5 percent income disregard under [42 CFR 435.603](#) (d), and who are not otherwise eligible for medical assistance under this subchapter, the Badger Care health care program under s. 49.665, or Medicare under [42 USC 1395](#) et seq.

SECTION 8. 49.45 (23) (b) of the statutes is amended to read:

49.45 (23) (b) If the waiver is granted and in effect, the department may promulgate rules defining the health care benefit plan, including more specific eligibility requirements and cost-sharing requirements. Unless otherwise provided by the department by a policy created under sub. (2m) (c), cost sharing may include an annual enrollment fee, which may not exceed \$75 per year. Notwithstanding s. 227.24 (3), the plan details under this subsection may be promulgated as an emergency rule under s. 227.24 without a finding of emergency. If the waiver is granted and in effect, the demonstration project under this subsection shall begin on ~~January 1, 2009, or on the effective date of the waiver, whichever is later.~~

SECTION 9. 49.45 (23) (b) of the statutes, as affected by [2011 Wisconsin Act 32](#) and 2013 Wisconsin Act (this act), is repealed and recreated to read:

49.45 (23) (b) If the waiver is granted and in effect, the department may promulgate rules defining the health care benefit plan, including more specific eligibility requirements and cost-sharing requirements. Cost sharing may include an annual enrollment fee, which may not exceed \$75 per year. Notwithstanding s. 227.24 (3), the plan details under this subsection may be promulgated as an emergency rule under s. 227.24 without a finding of emergency. If the waiver is granted and in effect, the demonstration project under this subsection shall begin on the effective date of the waiver.

SECTION 10. 49.45 (23) (c) of the statutes is created to read:

49.45 (23) (c) In addition to cost-sharing requirements established under par. (b), a childless adult who is eligible to receive benefits under this section; who is not disabled, pregnant, or American Indian, as Indian is defined in [42 CFR part 447](#), subpart A; and whose family income exceeds 133 percent of the poverty line shall pay a premium for coverage under the program under this subsection in an amount determined by the department that is based on a formula in which costs decrease for those with lower family incomes and that is no less than 3 percent of family income but no greater than 9.5 percent of family income.

SECTION 11. 49.45 (23) (d) of the statutes is created to read:

49.45 (23) (d) In determining income for purposes of eligibility under this subsection, the department shall apply s. 49.471 (7) (d) to the individual to the extent the federal department of health and human services approves, if approval is required.

SECTION 12. 49.45 (23) (e) of the statutes is created to read:

49.45 (23) (e) The department shall apply the definition of family income under s. 49.471 (1) (f) and the regulations defining household under [42 CFR 435.603](#) (f) to determinations of income for purposes of eligibility under this subsection.

SECTION 13. 49.45 (23) (f) of the statutes is created to read:

49.45 (23) (f) The department may provide services to individuals who are eligible under this subsection through a medical home initiative under sub. (24j).

SECTION 14. 49.45 (24j) of the statutes is created to read:

49.45 (24j) **MEDICAL HOME PILOT PROJECTS.** (a) The department may administer the medical home initiative as a service delivery mechanism to provide and coordinate care for individuals who are eligible for a Medical Assistance program under this subchapter that provides services under a fee-for-service model. The department may administer a medical home initiative to serve individuals who are members of any of the following populations:

1. Children who are in out-of-home care or are receiving adoption assistance under [42 USC 670 - 679c](#).
2. Pregnant women.
3. Individuals who are exiting mental health facilities or correctional facilities.
4. Individuals with a diagnosis of serious mental illness or substance abuse disorder.
5. Adults with two or more chronic medical conditions.
6. Other groups of individuals with conditions that the department determines would benefit from services through a medical home.

(b) The department shall provide to individuals through any medical home initiative administered under this subsection the benefits described under s. 49.46 (2) (a) and (b). The department may provide to individuals through any medical home

initiative administered under this subsection benefits in addition to the standard plan benefits that are targeted to the population receiving services through the medical home.

(c) The department may elect to administer any medical home initiative under this subsection in a limited geographical area.

(d) The department may make an all-inclusive payment to the provider offering services through a medical home.

(e) If the federal department of health and human services approves the department's request to administer a medical home initiative, the department shall automatically enroll an individual who is eligible for a medical home initiative under this subsection in the medical home initiative. At any time after the first 6 months of enrollment in the medical home initiative, the individual who is enrolled in the medical home initiative may opt out of participation in the medical home initiative.

SECTION 15. 49.45 (30g) (a) 1. of the statutes is amended to read:

49.45 **(30g)** (a) 1. An approved amendment to the state medical assistance plan submitted under ~~42 USC 1396n~~ (i) permits reimbursement for the services under s. 49.46 (2) (b) 6. Lo. in the manner provided under this subsection.

SECTION 16. 49.45 (30g) (a) 3. of the statutes is amended to read:

49.45 **(30g)** (a) 3. The individual, the community recovery services, and the community recovery services provider meet any condition set forth in the approved amendment to the medical assistance plan submitted under ~~42 USC 1396n~~ (i).

SECTION 17. 49.46 (1) (a) 15. of the statutes is amended to read:

49.46 **(1)** (a) 15. Any individual who is infected with tuberculosis and meets the income and resource eligibility requirements for the federal Supplemental Security

Income program under [42 USC 1381 to 1383d](#). For purposes of this subdivision, “income” has the meaning given for “family income” in s. 49.471 (1) (f).

SECTION 18. 49.46 (1) (am) 1. a. of the statutes is amended to read:

49.46 (1) (am) 1. a. A pregnant woman whose family income, before any income is disregarded under this paragraph, does not exceed, in state fiscal year 1994–95, 155% of the poverty line for a family the size of the woman’s family; and, in each state fiscal year after the 1994–95 state fiscal year, ~~185%~~ 133 percent of the poverty line for a family the size of the woman’s family.

SECTION 19. 49.46 (1) (c) (intro.) of the statutes is amended to read:

49.46 (1) (c) (intro.) Except as provided under par. (co) or (cr), a family that becomes ineligible for aid to families with dependent children under s. 49.19 because of increased income from employment or increased hours of employment or because of the expiration of the time during which the disregards under s. 49.19 (5) (a) 4. or 4m. or (am) apply shall receive medical assistance for:

SECTION 20. 49.46 (1) (cg) of the statutes is amended to read:

49.46 (1) (cg) ~~Medical~~ Except as provided under par. (cr), medical assistance shall be provided to a dependent child, a relative with whom the child is living or the spouse of the relative, if the spouse meets the requirements of s. 49.19 (1) (c) 2. a. or b., for 4 calendar months beginning with the month in which the child, relative or spouse is ineligible for aid to families with dependent children because of the collection or increased collection of maintenance or support, if the child, relative or spouse received aid to families with dependent children in 3 or more of the 6 months immediately preceding the month in which that ineligibility begins.

SECTION 21. 49.46 (1) (co) 1. of the statutes is amended to read:

49.46 (1) (co) 1. Except as provided under subd. 2. or par. (cr), medical assistance shall be provided to a family for 12 consecutive calendar months following the month in which the family becomes ineligible for aid to families with dependent children because of increased income from employment, ~~because the family no longer receives the earned income disregard under s. 49.19 (5) (a) 4. or 4m. or (am) due to the expiration of the time limit during which the disregards are applied or because of the application of the monthly employment time eligibility limitation under 45 CFR 233.100 (a) (1) (i).~~

SECTION 22. 49.46 (1) (co) 2. of the statutes is amended to read:

49.46 (1) (co) 2. If a waiver under subd. 3. is granted and except as provided in par. (cr), the department may select individuals to receive medical assistance benefits as provided under par. (c), rather than under subd. 1., as a control group for part or all of the period during which the waiver is in effect.

SECTION 23. 49.46 (1) (cr) of the statutes is created to read:

49.46 (1) (cr) To the extent approved by the federal department of health and human services, an individual or family described in par. (c), (cg), or (co) is not eligible for Medical Assistance if the federal department of health and human services approves a request from the department to deny all or some transitional Medical Assistance benefits to that individual or family, if approval is required.

SECTION 24. 49.46 (2) (b) 19. of the statutes is created to read:

49.46 (2) (b) 19. Subject to par. (br), services provided by early intervention teachers, home trainers, parent-to-parent mentors, and developmental specialists to children in the benchmark plan under par. (br).

SECTION 25. 49.46 (2) (b) 20. of the statutes is created to read:

49.46 (2) (b) 20. Subject to s. 49.45 (24j), any additional services, as determined by the department, that are targeted to a population enrolled in a medical home initiative under s. 49.45 (24j).

SECTION 26. 49.46 (2) (bc) of the statutes is created to read:

49.46 (2) (bc) Subject to s. 49.45 (24j), the department may provide any of the services described in par. (a) or (b) through a medical home initiative under s. 49.45 (24j).

SECTION 27. 49.46 (2) (br) of the statutes is created to read:

49.46 (2) (br) If the federal department of health and human services approves the department's request to offer a benchmark plan under this paragraph, the department may enroll any child who is receiving services through the early intervention program under s. 51.44 in a benchmark plan under this paragraph. The department may not require a child who is receiving services through the early intervention program under s. 51.44 to enroll in a benchmark plan offered under this paragraph. The department may not charge a copayment to a child who is enrolled in the benchmark plan under this paragraph for services described in par. (b) 19.

SECTION 28. 49.47 (4) (a) 1. of the statutes is amended to read:

49.47 (4) (a) 1. Under 21 years of age and resides in an intermediate care facility, skilled nursing facility, or inpatient psychiatric hospital. The department shall apply the definition of family income in s. 49.471 (1) (f) to make determinations of income under this subdivision.

SECTION 29. 49.47 (4) (am) 1. of the statutes is amended to read:

49.47 (4) (am) 1. A pregnant woman whose family income does not exceed 155% of the poverty line for a family the size of the woman's family, except that if a waiver under par. (j) or a change in the approved state plan under s. 49.46 (1) (am) 2. is in

effect, the income limit is ~~185%~~ 133 percent of the poverty line for a family the size of the woman's family in each state fiscal year after the 1994-95 state fiscal year.

SECTION 30. 49.47 (4) (c) 1. of the statutes is amended to read:

49.47 (4) (c) 1. Except as provided in par. (am) ~~and as limited by subd. 3.~~, eligibility exists if income does not exceed 133 1/3% of the maximum aid to families with dependent children payment under s. 49.19 (11) for the applicant's family size or the combined benefit amount available under supplemental security income under [42 USC 1381 to 1383c](#) and state supplemental aid under s. 49.77 whichever is ~~higher~~ lower. In this subdivision "income" includes earned or unearned income that would be included in determining eligibility for the individual or family under s. 49.19 or 49.77, or for the aged, blind or disabled under [42 USC 1381 to 1385](#). "Income" does not include earned or unearned income which would be excluded in determining eligibility for the individual or family under s. 49.19 or 49.77, or for the aged, blind or disabled individual under [42 USC 1381 to 1385](#).

SECTION 31. 49.47 (4) (c) 3. of the statutes is repealed.

SECTION 32. 49.471 (1) (cm) of the statutes is created to read:

49.471 (1) (cm) "Disabled" means, when referring to an adult, meeting the disability standard for eligibility for federal supplemental security income under [42 USC 1382c](#) (a) (3).

SECTION 33. 49.471 (1) (f) of the statutes is amended to read:

49.471 (1) (f) "Family income" ~~means the total gross earned and unearned income received by all members of a family~~ has the meaning given for "household income" under [42 CFR 435.603](#) (d).

SECTION 34. 49.471 (1) (k) 5. d. of the statutes is created to read:

49.471 (1) (k) 5. d. The mother's family income exceeds 133 percent of the poverty line.

SECTION 35. 49.471 (4) (a) (intro.) of the statutes is amended to read:

49.471 (4) (a) (intro.) Except as otherwise provided in this section, all of the following individuals are eligible for the benefits described in s. 49.46 (2) (a) and (b), subject to sub. (6) (k) and s. 49.45 (24j):

SECTION 36. 49.471 (4) (a) 1. of the statutes is amended to read:

49.471 (4) (a) 1. A pregnant woman whose family income does not exceed 200 133 percent of the poverty line.

SECTION 37. 49.471 (4) (a) 4. a. of the statutes is amended to read:

49.471 (4) (a) 4. a. The individual is a parent or caretaker relative of a dependent child who is living in the home with the parent or caretaker relative or who is temporarily absent from the home for not more than 6 months or, if the dependent child has been removed from the home for more than 6 months, the parent or caretaker relative is working toward unifying the family by complying with a permanency plan under s. 48.38 or 938.38. For purposes of this subdivision, a "dependent child" means an individual who is under the age of 18 or an individual who is age 18 and a full-time student in secondary school or equivalent vocational or technical training if before attaining the age of 19 the individual is reasonably expected to complete the school or training.

SECTION 38. 49.471 (4) (a) 4. b. of the statutes is amended to read:

49.471 (4) (a) 4. b. ~~Except as provided in subd. 4. c., the~~ The individual's family income does not exceed 200 100 percent of the poverty line ~~and does not include self-employment income before application of the 5 percent income disregard under~~ 42 CFR 435.603 (d).

SECTION 39. 49.471 (4) (a) 4. c. of the statutes is repealed.

SECTION 40. 49.471 (4) (a) 5. of the statutes is amended to read:

49.471 (4) (a) 5. An individual who, regardless of family income, was born on or after January 1, ~~1990~~ 1988, and who, on his or her 18th birthday, was in a foster care placement under the responsibility of ~~a~~ this state, or at the option of the department, under the responsibility of another state, and enrolled in Medical Assistance under this subchapter or a Medicaid program, as determined by the department. The coverage for an individual under this subdivision ends on the last day of the month in which the individual becomes ~~21~~ 26 years of age, unless he or she otherwise loses eligibility sooner.

SECTION 41. 49.471 (4) (a) 7. of the statutes is amended to read:

49.471 (4) (a) 7. Individuals who qualify for a medical assistance eligibility extension under s. 49.46 (1) (c), (cg), or (co) when their income increases above the poverty line, except as provided in s. 49.46 (1) (cr).

SECTION 42. 49.471 (4) (b) 1. of the statutes is repealed.

SECTION 43. 49.471 (4) (b) 1m. of the statutes is repealed.

SECTION 44. 49.471 (4) (b) 2. of the statutes is repealed.

SECTION 45. 49.471 (4) (b) 3. of the statutes is amended to read:

49.471 (4) (b) 3. A child whose family income exceeds 200 percent but does not exceed 300 percent of the poverty line. ~~For a child under this subdivision who is an~~
3m. An unborn child, whose family income exceeds 200 percent but does not exceed 300 percent of the poverty line, except benefits are limited to prenatal care.

SECTION 46. 49.471 (4) (b) 4. of the statutes is repealed.

SECTION 47. 49.471 (4) (c) of the statutes is repealed.

SECTION 48. 49.471 (4) (e) of the statutes is created to read:

49.471 (4) (e) If the department obtains approval from the federal department of health and human services to provide an alternate benchmark plan under sub. (11r), to the extent the federal department of health and human services approves, the department may enroll in the alternate benchmark plan under sub. (11r) any individual whose family income exceeds 100 percent of the poverty line, who is either an adult who is not pregnant or a child, and who applies and is otherwise eligible to receive benefits under this section, except that the department shall enroll a child who has a parent who is enrolled in a plan under this section in the same plan as his or her parent.

SECTION 49. 49.471 (5) (b) 1. of the statutes is amended to read:

49.471 (5) (b) 1. Except as provided in sub. (6) (a) 1., a pregnant woman is eligible for the benefits specified in par. (c) during the period beginning on the day on which a qualified provider determines, on the basis of preliminary information, that the woman's family income does not exceed ~~300~~ 133 percent of the poverty line and ending on the applicable day specified in subd. 3.

SECTION 50. 49.471 (5) (b) 2. of the statutes is renumbered 49.471 (5) (b) 2. (intro.) and amended to read:

49.471 (5) (b) 2. (intro.) Except as provided in sub. (6) (a) 2., a child who is not an unborn child is eligible for the benefits described in s. 49.46 (2) (a) and (b) during the period beginning on the day on which a qualified entity determines, on the basis of preliminary information, that the child's family income does not exceed ~~150 percent of the poverty line~~ any of the following and ending on the applicable day specified in subd. 3., unless the federal department of health and human services approves the department's request to not extend eligibility to children during this period:

SECTION 51. 49.471 (5) (b) 2. a. to c. of the statutes are created to read:

49.471 (5) (b) 2. a. 150 percent of the poverty line for a child who is 6 years of age or older but has not yet attained the age of 19.

b. 185 percent of the poverty line for a child who is one year of age or older but has not yet attained the age of 6.

c. 300 percent of the poverty line for a child who is under one year of age.

SECTION 52. 49.471 (5) (b) 3. a. of the statutes is amended to read:

49.471 (5) (b) 3. a. If the woman or child applies for benefits under sub. (4) within the time required under par. (d), the benefits specified in subd. 1. or 2., whichever is applicable, end on the day on which the department or the county department under s. 46.215, 46.22, or 46.23 determines whether the woman or child is eligible for benefits under sub. (4), except that a child who is not an unborn child is not eligible for benefits described in s. 49.46 (2) (a) and (b) during that time if the federal department of health and human services approves the department's request not to provide those benefits during that time.

SECTION 53. 49.471 (5) (c) 1. of the statutes is renumbered 49.471 (5) (c) and amended to read:

49.471 (5) (c) On behalf of a woman under par. (b) 1. ~~whose family income does not exceed 200 percent of the poverty line~~, the department shall audit and pay allowable charges to a provider certified under s. 49.45 (2) (a) 11. only for ambulatory prenatal care services under the benefits described in s. 49.46 (2) (a) and (b).

SECTION 54. 49.471 (5) (c) 2. of the statutes is repealed.

SECTION 55. 49.471 (6) (a) 1. of the statutes is amended to read:

49.471 (6) (a) 1. ~~Any~~ Except as provided in subd. 4., any pregnant woman, including a pregnant woman under sub. (5) (b) 1., is eligible for medical assistance

under this section for any of the 3 months prior to the month of application if she met the eligibility criteria under this section in that month.

SECTION 56. 49.471 (6) (a) 2. of the statutes is amended to read:

49.471 (6) (a) 2. ~~Any~~ Except as provided in subd. 3. or 4., any child who is not an unborn child, including a child under sub. (5) (b) 2., parent, or caretaker relative whose family income is less than 150 percent of the poverty line is eligible for medical assistance under this section for any of the 3 months prior to the month of application if the individual met the eligibility criteria under this section and had a family income of less than 150 percent of the poverty line in that month.

SECTION 57. 49.471 (6) (a) 3. of the statutes is created to read:

49.471 (6) (a) 3. Any individual described in subd. 2. who is not disabled, not elderly, and not pregnant, who is an adult, and whose family income exceeds 133 percent of the federal poverty level is not eligible for medical assistance under this section for any of the 3 months before the month of application for medical assistance benefits.

SECTION 58. 49.471 (6) (a) 4. of the statutes is created to read:

49.471 (6) (a) 4. To the extent allowed by the federal department of health and human services, any individual described in subd. 1. or 2. who is not disabled is not eligible for medical assistance under this section for any of the 3 months before the month of application for medical assistance benefits.

SECTION 59. 49.471 (7) (a) of the statutes is repealed.

SECTION 60. 49.471 (7) (b) 1. of the statutes is amended to read:

49.471 (7) (b) 1. ~~A~~ Eligibility for a pregnant woman whose family income exceeds 300 133 percent of the poverty line ~~may become eligible for coverage under this section if the difference between the pregnant woman's family income and the~~

~~applicable income limit under sub. (4) (b) is obligated or expended for any member of the pregnant woman's family for medical care or any other type of remedial care recognized under state law or for personal health insurance premiums or for both. Eligibility obtained under this subdivision continues without regard to any change in family income for the balance of the pregnancy and to the last day of the month in which the 60th day after the last day of the woman's pregnancy falls. Eligibility obtained by a pregnant woman under this subdivision extends to all pregnant women in the pregnant woman's family is determined under the method described in s. 49.47 (4) (c).~~

SECTION 61. 49.471 (7) (b) 2. of the statutes is amended to read:

49.471 (7) (b) 2. A child who is not an unborn child, whose family income exceeds 150 percent of the poverty line, and who is ineligible under this section solely because of sub. (8) (b), or whose family income exceeds 300 percent of the poverty line, may obtain eligibility under this section if the difference between the child's family income and 150 percent of the poverty line is obligated or expended on behalf of the child or any member of the child's family for medical care or any other type of remedial care recognized under state law or for personal health insurance premiums or for both. Eligibility obtained under this subdivision during any 6-month period, as determined by the department, continues for the remainder of the 6-month period and extends to all children in the family.

SECTION 62. 49.471 (7) (b) 3. of the statutes is amended to read:

49.471 (7) (b) 3. ~~For a pregnant woman to obtain eligibility under subd. 1., the amount that must be obligated or expended in any 6-month period is equal to the sum of the differences in each of those 6 months between the pregnant woman's monthly family income and the monthly family income that is 300 percent of the~~

~~poverty line.~~ For a child to obtain eligibility under subd. 2., the amount that must be obligated or expended in any 6-month period is equal to the sum of the differences in each of those 6 months between the child's monthly family income and the monthly family income that is 150 percent of the poverty line.

SECTION 63. 49.471 (7) (c) (intro.) of the statutes is amended to read:

49.471 (7) (c) (intro.) When calculating an individual's family income, the department shall do all of the following, subject to par. (d):

SECTION 64. 49.471 (7) (c) of the statutes, as affected by 2013 Wisconsin Act (this act), is repealed.

SECTION 65. 49.471 (7) (d) of the statutes is created to read:

49.471 (7) (d) In addition to applying other income counting requirements the department shall do all of the following:

1. When calculating the family income of a member of a household who is not disabled, include the income of all adults residing in the home for at least 60 consecutive days but exclude the income of a grandparent in a household containing 3 generations, unless the grandparent applies for or receives benefits as a parent or caretaker relative under this section.

2. When determining the size of a family for purposes of determining income eligibility, exclude from family size an adult whose income is included in a calculation of family income solely under subd. 1.

3. Apply this paragraph only to the extent the federal department of health and human services approves the income eligibility calculation methods, if approval is required.

SECTION 66. 49.471 (7) (e) of the statutes is created to read:

49.471 (7) (e) For the purpose of determining family income, the department shall apply the regulations defining a household under [42 CFR 435.603](#) (f). To determine the family size for a pregnant woman, the department shall include the pregnant woman and the number of babies she is expecting.

SECTION 67. 49.471 (8) (b) (intro.) of the statutes is amended to read:

49.471 (8) (b) (intro.) Except as provided in pars. (c), ~~(cg)~~, ~~(cr)~~, ~~(ct)~~, and (d), an individual whose family income exceeds 150 percent of the poverty line is not eligible for BadgerCare Plus if any of the following applies:

SECTION 68. 49.471 (8) (cg) of the statutes is created to read:

49.471 (8) (cg) An individual who is not disabled and not pregnant, who is over 18 years of age, and whose family income exceeds 133 percent of the poverty line is not eligible for BadgerCare Plus if all of the following apply:

1. The individual has any of the following:

a. Access to individual or family health coverage provided by an employer in which the monthly premium that an employee would pay for an employee-only policy does not exceed 9.5 percent of the family's monthly income.

b. Access to individual or family health coverage under the state employee health plan.

2. The individual has access to any coverage described in subd. 1. during any of the following times:

a. The 12 months before the first day of the month in which an individual applies for and the month in which an individual applies for BadgerCare Plus.

b. The 3 months after the last day of the month in which the individual applies for BadgerCare Plus.

c. The month including the date of the annual determination of the individual's eligibility for Medical Assistance.

3. The individual does not have as a reason for not obtaining health insurance any of the good cause reasons under par. (d) 2. a. to e.

SECTION 69. 49.471 (8) (cr) of the statutes is created to read:

49.471 (8) (cr) 1. Subject to subd. 4., an individual who is any of the following is not eligible for BadgerCare Plus if the criteria under par. (cg) 1. and 2. apply to that individual:

a. An individual who is not disabled and who is a child, or unborn child, of an individual whose family income is at a level determined by the department but no lower than 133 percent of the poverty line.

b. A parent or caretaker relative who is not disabled, not pregnant, and an adult and whose family income is at a level determined by the department but no lower than 100 percent of the poverty line.

c. An adult, including a pregnant individual, who is not disabled, who is under 26 years of age; who is eligible to be covered under coverage a parent receives from an employer; and whose family income is at a level determined by the department but no lower than 100 percent of the poverty line.

2. An individual under subd. 1. is not ineligible if any of the good cause reasons described in par. (d) 2. a. to e. is the reason that the individual did not obtain health insurance coverage.

3. An individual under subd. 1. c. is not ineligible if any of the following good cause reasons is the reason the individual did not obtain health insurance coverage:

a. The parent of the individual is no longer employed by the employer through which the parent was eligible for coverage, and the parent does not have current coverage.

b. The employer of the parent of the individual discontinued providing health benefits to all employees.

4. The department may apply this paragraph to eligibility determinations for BadgerCare Plus only if the federal department of health and human services approves of the conditions to make that individual ineligible, if approval is required.

SECTION 70. 49.471 (8) (ct) of the statutes is created to read:

49.471 (8) (ct) 1. If the federal department of health and human services approves the department's request to add private major medical insurance as a type of coverage which causes ineligibility, an individual who is not disabled and not pregnant, who is over 18 years of age, whose family income exceeds 133 percent of the poverty line, and who has coverage provided by private major medical insurance in which the monthly premium does not exceed 9.5 percent of the family's monthly income is not eligible for BadgerCare Plus.

2. If the federal department of health and human services approves of the conditions to make that individual ineligible for BadgerCare Plus, an individual who is any of the following is not eligible for BadgerCare Plus if he or she has the major medical insurance coverage described under subd. 1.:

a. An individual who is not disabled and who is a child, or unborn child, of an individual whose family income is at a level determined by the department but no lower than 133 percent of the poverty line.

b. A parent or caretaker relative who is not disabled, not pregnant, and an adult and whose family income is at a level determined by the department but no lower than 100 percent of the poverty line.

SECTION 71. 49.471 (8) (d) 1. a. of the statutes is amended to read:

49.471 (8) (d) 1. a. A pregnant woman, except as provided in pars. (cr) 1. c. and (fm) 4.

SECTION 72. 49.471 (8) (d) 1. b. of the statutes is amended to read:

49.471 (8) (d) 1. b. A child described in sub. (4) (a) 2. ~~or (b) 2.~~

SECTION 73. 49.471 (8) (d) 1. g. of the statutes is created to read:

49.471 (8) (d) 1. g. An adult who is disabled.

SECTION 74. 49.471 (8) (d) 2. dg. of the statutes is created to read:

49.471 (8) (d) 2. dg. The insurance is owned by someone not residing with the family and continuation of the coverage is beyond the family's control.

SECTION 75. 49.471 (8) (d) 2. dr. of the statutes is created to read:

49.471 (8) (d) 2. dr. The insurance only covers services provided in a service area that is beyond a reasonable driving distance.

SECTION 76. 49.471 (8) (e) of the statutes is repealed.

SECTION 77. 49.471 (8) (f) of the statutes is amended to read:

49.471 (8) (f) If an individual with a family income that exceeds 150 percent of the poverty line had the health insurance coverage specified in par. (b) 1. but no longer has the coverage, or if an individual who is an unborn child or an unborn child's mother, regardless of family income, had health insurance coverage but no longer has the coverage, ~~or if a pregnant woman specified in par. (e) has health insurance coverage and does not maintain the coverage, the individual or pregnant woman~~ is not eligible for BadgerCare Plus for the 3 calendar months following the

month in which the insurance coverage ended without a good cause reason specified in par. (g).

SECTION 78. 49.471 (8) (fm) of the statutes is created to read:

49.471 (8) (fm) If an individual who is one of the following individuals had the health insurance coverage specified in par. (cg) 1. or (ct) but no longer has the coverage, the individual is not eligible for BadgerCare Plus for the 3 calendar months following the month in which the insurance coverage ended without a good cause reason specified in par. (g):

1. An individual who is not disabled and not pregnant, who is over 18 years of age, and whose family income exceeds 133 percent of the poverty line.

2. If the federal department of health and human services approves of the department's request to make such an individual ineligible, an individual who is not disabled and who is a child of an individual whose family income is at a level determined by the department but no lower than 133 percent of the poverty line.

3. If the federal department of health and human services approves of the department's request to make such an individual ineligible, a parent or caretaker relative who is not disabled, not pregnant, and an adult and whose family income is at a level determined by the department but no lower than 100 percent of the poverty line.

4. If the federal department of health and human services approves of the department's request to make such an individual ineligible, an adult, including a pregnant individual, who is not disabled, who is under 26 years of age; who is eligible to be covered under coverage a parent receives from an employer; and whose family income is at a level determined by the department but no lower than 100 percent of the poverty line.

SECTION 79. 49.471 (8) (g) (intro.), 1., 2., 3., 4. and 5. of the statutes are amended to read:

49.471 (8) (g) (intro.) Any of the following is a good cause reason for purposes of ~~par.~~ pars. (f) and (fm):

1. The individual ~~or pregnant woman~~ was covered by a group health plan that was provided by a subscriber through his or her employer, and the subscriber's employment ended for a reason other than voluntary termination, unless the voluntary termination was a result of the incapacitation of the subscriber or because of an immediate family member's health condition.

2. The individual ~~or pregnant woman~~ was covered by a group health plan that was provided by a subscriber through his or her employer, the subscriber changed employers, and the new employer does not offer health insurance coverage.

3. The individual ~~or pregnant woman~~ was covered by a group health plan that was provided by a subscriber through his or her employer, and the subscriber's employer discontinued health plan coverage for all employees.

4. The ~~pregnant woman's~~ individual's coverage was continuation coverage and the continuation coverage was exhausted in accordance with [29 CFR 2590.701-2](#) (4).

5. The individual's ~~or pregnant woman's~~ coverage terminated due to the death or change in marital status of the subscriber.

SECTION 80. 49.471 (8) (g) 5g. of the statutes is created to read:

49.471 (8) (g) 5g. The insurance coverage is owned by someone not residing with the family and continuation of the coverage is beyond the family's control.

SECTION 81. 49.471 (8) (g) 5r. of the statutes is created to read:

49.471 (8) (g) 5r. The insurance coverage only covers services provided in a service area that is beyond a reasonable driving distance.

SECTION 82. 49.471 (9) (a) 2. b. of the statutes is amended to read:

49.471 (9) (a) 2. b. A child described in sub. (4) (a) 2. ~~or (b) 2.~~

SECTION 83. 49.471 (10) (b) 1. of the statutes is amended to read:

49.471 (10) (b) 1. ~~Except as provided in subd. subds. 1m. and 4.~~, a recipient who is an adult, who is not a pregnant woman, and whose family income is greater than 150 percent but not greater than 200 percent of the poverty line shall pay a premium for coverage under BadgerCare Plus that does not exceed 5 percent of his or her family income. If the recipient has self-employment income and is eligible under sub. (4) (b) 4., the premium may not exceed 5 percent of family income calculated before depreciation was deducted.

SECTION 84. 49.471 (10) (b) 1. of the statutes, as affected by 2013 Wisconsin Act (this act), is amended to read:

49.471 (10) (b) 1. Except as provided in subds. 1m. and 4., a recipient who is an adult, who is not a pregnant woman, and whose family income is greater than 150 percent but not greater than 200 percent of the poverty line shall pay a premium for coverage under BadgerCare Plus that does not exceed 5 percent of his or her family income. ~~If the recipient has self-employment income and is eligible under sub. (4) (b) 4., the premium may not exceed 5 percent of family income calculated before depreciation was deducted.~~

SECTION 85. 49.471 (10) (b) 1m. of the statutes is created to read:

49.471 (10) (b) 1m. Except as provided in subd. 4., a recipient who is an adult parent or adult caretaker relative; who is not disabled, pregnant, or American Indian; and whose family income exceeds 133 percent of the federal poverty line shall pay a premium for coverage under BadgerCare Plus in an amount determined by the department that is based on a formula in which costs decrease for those with lower

family incomes and that is no less than 3 percent of family income but no greater than 9.5 percent of family income. If the recipient has self-employment income and is eligible under sub. (4) (b) 4., the premium may not exceed 5 percent of family income calculated before depreciation was deducted.

SECTION 86. 49.471 (10) (b) 1m. of the statutes, as affected by 2013 Wisconsin Act (this act), is repealed.

SECTION 87. 49.471 (10) (b) 2. of the statutes is amended to read:

49.471 (10) (b) 2. Except as provided in subds. ~~3.~~ 3m. and 4., a recipient who is a child whose family income is greater than 200 percent of the poverty line shall pay a premium for coverage of the benefits described in sub. (11) that does not exceed the full per member per month cost of coverage for a child with a family income of 300 percent of the poverty line.

SECTION 88. 49.471 (10) (b) 3. of the statutes is repealed.

SECTION 89. 49.471 (10) (b) 3m. of the statutes is created to read:

49.471 (10) (b) 3m. A recipient who is a child, who is not disabled, and whose family income is at a level determined by the department that is at least 150 percent of the poverty line shall pay a premium in an amount determined by the department. The department may apply this subdivision only to the extent the federal department of health and human services approves applying a premium to those individuals, if approval is required.

SECTION 90. 49.471 (10) (b) 4. (intro.) of the statutes is amended to read:

49.471 (10) (b) 4. (intro.) None of the following shall pay a premium, except as provided in subd. 3m.:

SECTION 91. 49.471 (10) (b) 4. b. of the statutes is amended to read:

49.471 (10) (b) 4. b. A child who is eligible under sub. (4) (a) 2. ~~or (b) 2.~~

SECTION 92. 49.471 (10) (b) 5. of the statutes is amended to read:

49.471 (10) (b) 5. If a recipient who is required to pay a premium under this paragraph or under sub. (2m) or (4) (c) either does not pay a premium when due or requests that his or her coverage under this section be terminated, the recipient's coverage terminates ~~and. If the recipient is an adult, the recipient is not eligible for BadgerCare Plus for 6 12 consecutive calendar months following the date on which the recipient's coverage terminated, except for any month during that 6-month 12-month period when the recipient's family income does not exceed 150 133 percent of the poverty line. If the recipient is a child, the recipient is not eligible for BadgerCare Plus for 6 consecutive calendar months, or 12 consecutive calendar months if the federal department of health and human services approves, following the date on which the recipient's coverage terminated, except for any month during that period when the recipient's family income does not exceed 150 percent of the poverty line.~~

SECTION 93. 49.471 (10) (b) 5. of the statutes, as affected by 2013 Wisconsin Act (this act), is amended to read:

49.471 (10) (b) 5. If a recipient who is required to pay a premium under this paragraph or under sub. (2m) ~~or (4) (c)~~ either does not pay a premium when due or requests that his or her coverage under this section be terminated, the recipient's coverage terminates. If the recipient is an adult, the recipient is not eligible for BadgerCare Plus for 12 consecutive calendar months following the date on which the recipient's coverage terminated, except for any month during that 12-month period when the recipient's family income does not exceed 133 percent of the poverty line. If the recipient is a child, the recipient is not eligible for BadgerCare Plus for 6 consecutive calendar months, or 12 consecutive calendar months if the federal

department of health and human services approves, following the date on which the recipient's coverage terminated, except for any month during that period when the recipient's family income does not exceed 150 percent of the poverty line.

SECTION 94. 49.471 (11) (intro.) of the statutes is amended to read:

49.471 (11) BENCHMARK PLAN BENEFITS AND COPAYMENTS. (intro.) ~~Recipients~~
Except as provided in sub. (11r) and s. 49.45 (24j), recipients who are not eligible for the benefits described in s. 49.46 (2) (a) and (b) shall have coverage of the following benefits and pay the following copayments:

SECTION 95. 49.471 (11) (a) of the statutes is amended to read:

49.471 (11) (a) Subject to sub. (6) (k), prescription drugs bearing only a generic name, as defined in s. 450.12 (1) (b), with a copayment of no more than \$5 per prescription, ~~and subject to the Badger Rx Gold program discounts.~~

SECTION 96. 49.471 (11r) of the statutes is created to read:

49.471 (11r) ALTERNATE BENCHMARK PLAN BENEFITS AND COPAYMENTS. (a) If the department chooses to provide the alternate benchmark plan under this subsection, the department shall provide to the recipients described under sub. (4) (e) coverage for benefits similar to those in a commercial, major medical insurance policy.

(b) The department may charge copayments to recipients receiving coverage under the alternate benchmark plan under this subsection that are higher than copayments charged to recipients receiving coverage under the standard plan under s. 49.46 (2). The department may not charge to a recipient of coverage under the alternate benchmark plan under this subsection whose family income is at or below 150 percent of the poverty line a copayment that exceeds 5 percent of the individual's family income for all members of the family.

(c) 1. The department may only provide coverage under the alternate benchmark plan under this subsection to the extent the alternate benchmark plan is approved by the federal department of health and human services.

2. If the department is providing coverage under the alternate benchmark plan under this subsection the department may discontinue coverage under the benchmark plan under sub. (11) for those individuals eligible for the alternate benchmark plan under this subsection.

3. The department may provide services to individuals enrolled in the alternate benchmark plan under this subsection through a medical home initiative similar to an initiative described under s. 49.45 (24j).

SECTION 97. 49.67 of the statutes is repealed.

SECTION 98. 49.84 (6) (c) 1. d. of the statutes is amended to read:

49.84 (6) (c) 1. d. A child who is receiving medical assistance under s. 49.46 (1) (a) 13., 49.47 (4) (am) 3., or 49.471 (4) (a) 2. ~~or (b) 2.~~ or an unborn child receiving prenatal care under s. 49.471.

SECTION 99. 146.45 of the statutes is repealed.

SECTION 100. 227.01 (13) (ur) of the statutes is repealed.

SECTION 101. 227.42 (7) of the statutes is repealed.

SECTION 9318. Initial applicability; Health Services.

(1) MODIFIED ADJUSTED GROSS INCOME. The treatment of sections 49.46 (1) (a) 15., 49.47 (4) (a) 1., and 49.471 (1) (f) and (7) (a), (b) 1. and 3., and (e) of the statutes and the repeal of section 49.471 (7) (c) of the statutes first apply to redeterminations of eligibility for recipients of Medical Assistance on the later of the following:

(a) April 1, 2014.

(b) The actual date of the redetermination of eligibility.

SECTION 9418. Effective dates; Health Services.

(1) PATIENT PROTECTION AND AFFORDABLE CARE ACT CHANGES. The treatment of sections 49.45 (23) (a) (by SECTION 6), (b) (by SECTION 8), and (e), 49.46 (1) (a) 15. and (am) 1. a., 49.47 (4) (a) 1., (am) 1., and (c) 1. and 3., 49.471 (1) (f) and (k) 5. d., (4) (a) 1., 4. a., b., and c., and 5. and (b) 1., 1m., 2., 3., 4., (5) (b) 1. and (c) 1. and 2., (7) (a), (b) 1., 2., and 3., and (e), (8) (d) 1. b., (9) (a) 2. b., and (10) (b) 1. (by SECTION 84) and 4. b., and 49.84 (6) (c) 1. d. of the statutes, the repeal of section 49.471 (7) (c) and (10) (b) 1m. of the statutes, and SECTION 9318 (1) of this act take effect on January 1, 2014.

(2) RECONCILIATION WITH [2011 WISCONSIN ACT 32](#). The repeal and recreation of section 49.45 (23) (a) and (b) of the statutes takes effect on January 1, 2015.

(3) BADGERCARE PLUS BENCHMARK ELIGIBILITY; BADGER RX GOLD; BADGERCARE BASIC. The treatment of sections 20.435 (4) (a), (bm), (hm), (jw), and (jz), 49.471 (4) (c), (10) (b) 5. (by SECTION 93), and (11) (a), 49.67, 146.45, 227.01 (13) (ur), and 227.42 (7) of the statutes takes effect on January 1, 2014.

(END)