

Member Cost Sharing Talking Points for Income Maintenance Agencies
June 18, 2020
Version Number: 3

Background

On January 1, 2020, the Wisconsin Department of Health Services (DHS) temporarily suspended copays for prescriptions and health care services for Medicaid and BadgerCare Plus members. The temporary suspension was part of planned system changes to ensure that members enrolled in Medicaid programs were not charged premiums and copays that exceed 5 percent of their income.

While these system changes were being made, Medicaid-enrolled providers did not collect any copays for services provided to Medicaid and BadgerCare Plus members. The temporary suspension did not apply to members enrolled in SeniorCare or the Wisconsin Chronic Disease Program.

The system changes are complete. DHS will resume charging copays for Medicaid and BadgerCare Plus members on July 1, 2020.

Current Developments that May Prompt Members to Call

- Three June 2020 member ForwardHealth Updates:
 - Update 2020-01, titled “Some Medicaid and BadgerCare Copays Will Start Again on July 1, 2020, with Monthly Copay Limits”—for BadgerCare Plus childless adults
 - Update 2020-02, titled “Some Medicaid and BadgerCare Copays Will Start Again on July 1, 2020, with Monthly Copay Limits”—for Medicaid SSI members
 - Update 2020-03, titled “Some Medicaid and BadgerCare Copays Will Start Again on July 1, 2020, with Monthly Copay Limits”—for BadgerCare Plus and Medicaid members other than childless adults
- June 2020 Notice of Decision letters to BadgerCare Plus and Medicaid members to inform them of their monthly copay limits. Also sent to new members.
- June 2020 one-time letters to Medicaid SSI members to inform them of their monthly copay limits
- Letter to new Medicaid SSI members to inform them of their monthly copay limits
- “Monthly copay met” letters for BadgerCare Plus and Medicaid members and Medicaid SSI members to inform members they have met their copay limit in the current month, beginning in July

Types of Inquiries and Where to Direct Them

- For non-Medicaid SSI members who disagree with their monthly copay limit amount, refer them to their income maintenance (IM) agency. The IM agency will need to review the eligibility information on their case. (Question #5 below)
- For Medicaid SSI members who disagree with their monthly copy limit amount, inform them that their copay limit is determined based on their Supplemental Security Income (SSI) benefit. If they disagree, they will need to file a fair hearing for their copay limit to be reviewed. (Question #5 below)

Potential Member Questions

These responses pertain to ForwardHealth-specific cost sharing, which includes member expenses such as premiums and copays.

1. What is a copay?

A copay is a fee you may have to pay for health care services. For example, if you normally pay \$1–\$3 at the pharmacy or for health care visits, this payment is called a copay.

2. Will I have to start paying copays again beginning July 1, 2020?

Wisconsin Medicaid plans to start charging copays again on July 1, 2020, so some members will start paying copays at that time. Some members will not have copays, and some providers choose not to charge copays, so you may not be asked to pay one for some types of services, even after July 1. Children under age 19 will continue to not have copays. If you are subject to monthly copay limits, you will receive a letter that tells you what your monthly copay limit is prior to July 1.

3. What is a copay limit?

If you have Medicaid program copays, federal law limits the amount you pay for services each month. This limit will be based on your income, the size of your family, and who in your household has copays. If you pay a monthly premium, your premium will also count toward your copay limit. You should get a ForwardHealth Update in the mail that explains these limits and a separate letter that tells you your personal copay limit. Wisconsin Medicaid will track your copay limits, copays, and premiums. You do not have to take any action.

4. How will I know if I have a monthly copay limit?

You will get a ForwardHealth Update in the mail that explains copay limits, and if you have a copay limit, you will get a letter that tells you what your personal monthly copay limit will be. 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.

5. How will I know if I met my monthly copay limit?

If you reach your copay limit before the end of the month, Wisconsin Medicaid 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 filled before the date listed in the letter.

6. How does my doctor or pharmacy know when to charge me a copay?

Health care providers check your member enrollment before they provide services to you. When they check your enrollment, they will see whether or not you will have a copay.

7. Why did my doctor refund my copay?

Sometimes there is a delay in when a provider bills Medicaid. This means that your health care provider might have charged you a copay without knowing that you met your limit. If that happens, your health care provider will refund the amount they owe you.

8. Why did my pharmacy collect a copay from me after I received a letter saying that I met my copay limit for the month?

The letter you received states the date that your copay limit was met. For prescription medications, the date of service is the date that the prescription was filled, which may be earlier than the date

you picked up your prescription from the pharmacy. If your prescription was filled on the date you met your copay limit or earlier, then you may have to pay a copay.

9. What if I disagree with my monthly copay limit?

[For non-Medicaid SSI members] Your monthly copay limit is based on the size of your family and your income. If you disagree with your monthly copay limit, you may contact your income maintenance agency to review your case.

[If needed, provide [contact information](#) for the member's IM agency.]

[For Medicaid SSI members]

Your monthly copay limit is based on the size of your family and your income. If you disagree with your monthly copay limit, you may ask for a fair hearing to review your monthly copay limit. A fair hearing gives you the chance to tell why you think there has been a wrong decision about your benefits. You can ask for a fair hearing and/or a hearing request form from your agency. Or you can get a request form at dhs.wisconsin.gov/forwardhealth/resources.htm. To learn more about free legal help you may be able to get for a fair hearing, call 1-888-278-0633. The letter you received in the mail with your monthly copay limit also has information about how to ask for a fair hearing.

10. Does COVID-19 affect my copays?

You will not have copays for COVID-19 laboratory testing and testing-related services. Your health care provider will know to not charge you copays for these services.

11. I'm in an HMO, long-term care program, or managed care organization. Why was I charged a copay?

You may have copays for services that are paid for by ForwardHealth instead of your HMO or managed care organization. This is not affected by your enrollment in an HMO, long-term care program, or managed care organization. For example, if your prescription medication is paid for by ForwardHealth, you may have a copay.

12. How do I become copay exempt and not have to pay copays?

Whether or not you have to pay copays depends on your income or whether you meet the requirements to be in a group that does not have to pay copays. For example, if your income drops below 50 percent of the federal poverty limit for your household, you would be exempt from copays. If you become pregnant, you would be exempt from copays. Whenever you have major changes in income or health status, you should contact your Income Maintenance agency to update your case information and find out if it changes whether you 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

[If needed, provide [contact information](#) for the member's IM agency.]

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