HEALTH CARE ASSISTANCE PROGRAMS

March 2012
Legal Action of Wisconsin, Inc.
Milwaukee, Wisconsin

Individuals and families may be eligible for health care assistance from the state of Wisconsin through the following programs:

- Medicaid for Elderly, Blind and Disabled Individuals (EBD MA);
- Badger Care Plus (BC+) for families with children; and
- Badger Care Plus Core (BC+ Core) for childless adults.

Each of these programs has various sub-programs that expands eligibility to special populations but may also limit the benefits provided.

Medicare is available through the Social Security Administration to recipients of Social Security retirement or disability benefits.

Because of the structure of the programs and differing financial and non-financial eligibility guidelines, members of the same family may receive health care benefits through different programs. For example, a disabled parent receiving SSI will be enrolled in EBD MA, while her minor non-disabled children will be enrolled in Badger Care Plus. In some cases a disabled individual will be eligible for more than one health care assistance program and will have the option of choosing the program(s) in which he or she wishes to participate.

Except for Medicare, the health care assistance programs discussed in this outline are overseen by the Wisconsin Department of Health Services. However, applications, eligibility determinations, and ongoing case management occur at the local level. In Milwaukee the programs are administered by the state through Milwaukee Enrollment Services or Miles. In other counties it is the county agencies, organized in ten consortia, who administer the programs.

Applications, renewals and case updates can be done on-line at www.Access.wi.gov.
Medical Assistance for Elderly, Blind or Disabled Individuals
Wis. Stats. §§ 49.46(1)(a)4., 49.47
Medicaid Eligibility Handbook (http://www.emhandbooks.wi.gov/meh-ebd/)

Medicaid provides health care coverage to elderly, blind or disabled individuals. There are multiple programs and subprograms, including full card services, a buy-in plan, long-term managed care, and assistance paying Medicare premiums. See, §1.1.2 of MA Handbook for a list of all MA subprograms.

Non-financial and financial eligibility requirements differ among the various subprograms. This section focuses on the basics of EDB MA program eligibility.

General Non-Financial Eligibility: Medicaid Eligibility Handbook § 4.1

- elderly (65 or older), blind or disabled (same definition as used by Social Security to determine disability-the inability to engage in substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or is expected to last for 12 months)
- resident of Wisconsin
- proof of identity and citizenship or immigration status must be provided
- US Citizen or qualified immigrant (generally legal immigrants who arrived in the U.S. after August 22, 1996 must reside here for 5-years continuously to be eligible, there are exceptions for refugees, asylees, veterans and certain other individuals)\(^1\)
- must cooperate with establishment of medical support and third party liability such as private insurance or an insurance settlement
- proof of SSN or application for SSN must be provided

General Financial Eligibility: Medicaid Eligibility Handbook Chapters 15-19 and 39
Income and asset limits vary among the different EBD MA programs and subprograms.

Income
- calculated using available gross income on a monthly basis
- spouse’s income is counted with limited exceptions
- some kinds of income such as individual development accounts, adoption assistance, nutrition benefits, and certain payments to tribal members is disregarded (§15.3)

\(^1\)The five year bar does not apply to pregnant women and children. Persons subject to the five year bar can receive MA for emergency services defined as a medical condition (including labor and delivery) that could result in serious jeopardy to the person’s health, impairment to bodily functions or serious dysfunction of a bodily organ or part. Undocumented persons are not eligible for MA except in emergency situations.
common income deductions or exclusions include:
- $20 disregard ($15.3.8)
- earned income – first $65 and half of remaining amount ($15.7.5)
- impairment related work expenses ($15.7.4)

there are special income considerations for couples that include a SSI recipient and for disabled minors (§§15.1.1, 15.1.2)

Assets
- all available assets are counted unless exempt
- counted assets include bank accounts
- the full amount in a joint account with a non-MA recipient is treated as belonging to EBD applicant/recipient but this presumption may be rebutted
- amount in joint account with another EBD recipient is equally divided among co-owners
- when exempt and non-exempt assets are mixed in an account, identifiable exempt assets are exempted for 6 months
- loan proceeds if available for current living expenses
- exempt assets include:
  - one automobile regardless of value ($16.7.9)
  - household goods and personal effects ($16.7.1)
  - homestead property ($16.8)
  - burial trusts or insurance ($16.5)
  - cash value of life insurance policies if total face value is less than $1500 ($16.7.5)

Medicaid Programs

SSI Medicaid - individuals who receive either federal or state cash SSI benefits are automatically enrolled in EBD MA without applying. These are individuals who have been found disabled under the Social Security Act and meet the SSI income and asset limits.

Categorically eligible - disabled and elderly individuals who are not receiving SSI are “Categorically eligible” for EBD MA if they meet the Categorically needy income and asset limits set out in the asset and income table at §39.4.1 of the Medicaid Eligibility Handbook. The current asset limit is $2,000 for individuals, $3,000 for couples. The income limit includes an allowance for actual shelter costs (up to the current maximum of $224.67 for an individual and $337.00 for an a couple). The applicant's actual shelter cost is added to the income limit to set the applicant's income eligibility limit. ($15.1.4). As of March 2012 the maximum income limits (including the shelter allowance) are:$757.78 for an individual and $1143.05 for a couple.
Medically Needy - individuals and couples who are not Categorically eligible for EBD MA because their income exceeds the Categorically needy limits may qualify for EBD MA by meeting a "deductible" during a six-month deductible period. The deductible period may begin with the month of the application, or up to three months prior to the month of application. The amount of the deductible is the amount by which monthly income exceeds the monthly EBD Medically Needy income limit (currently $591.00 for both individuals and couples) (§ 39.4.1)), multiplied by 6. Once the applicant has incurred qualifying medical expenses (§ 24.7) he or she is eligible for EBD MA for the remainder of the deductible period. The applicant's assets must be within the EBD asset limits of $2000 for an individual and $3000 for a couple.

Medical Assistance Purchase Plan (MAPP) – allows individuals who are disabled and who are working to purchase health care coverage by paying premiums that are based on income. MAPP has higher income and asset limits than EBD MA. The income limit is 250% FPL (§§ 26.4.2, 39.5) and the asset limit is $ 15,000.00 (§26.4.1). Premiums are required if income exceeds 150% FPL.

Pickle Amendment Eligibility - also known as § 503 eligibility. Individuals who received both SSI (Title XVI) benefits and Social Security disability (Title II) benefits for any month after April 1977 and who lost SSI eligibility as a result of increases in Title II benefits resulting from Cost of Living Adjustments remain eligible for EBD MA if they would still be eligible for SSI if the COLAs were deducted from current Title II benefits (§25.1).

Disabled Adult Children Eligibility - individuals who were found to be disabled prior to age 22, who were receiving SSI and who lose eligibility for SSI because he/she starts receiving Social Security on a parent's account continue to be eligible for EBD MA.

Disabled Widow & Widower Eligibility - individuals who are 50 or older who were married to the deceased person at time of his/her death or for at least 10 years and are now unmarried who lose SSI due to receipt of deceased spouse's Social Security payment and who are not eligible for Medicare Part A continue to be eligible for EBD MA.

Medicare Premium Assistance - some individuals are eligible for assistance paying their Medicare Part A or Part B premiums, or both, under various EBD subprograms. (Most individuals enrolled in Medicare are not required to pay Part A premiums. See Medicare section for explanation). These programs are collectively called "Medicare Buy-In." The income limits range from 100% FPL to 200% FPL. (Chapter 32).

- QMB – pays Medicare premium and Medicare co-pays and deductibles. Income limit is 100% FPL. § 32.2.3.
- SLMB – pays Medicare premium only. Income between 100% and 120% FPL. § 32.3.
SLMB+ - pays Medicare premium only. Income between 120% and 135% FPL. Not eligible for Medicaid. Individuals with an unmet spend-down or deductible are considered ineligible for MA for purposes of SLMB+. § 32.4. The asset limit for these programs is $6680 for individuals and $10,000 for couples.

QDWI - pays Medicare Part A premium. Income up to 200% FPL. Not eligible for Medicaid. Individuals with an unmet spend-down or deductible are considered ineligible for MA for purposes of QDWI. § 32.5

The asset limit for this program is $4,000 for individuals and $6,000 for couples.

**Appeals/reviews:** 42 C.F.R. §§ 431.200 - 431.246; Wis. Stats. § 49.45(5); and Chapter HA 3, Wis. Admin. Code. ¹

Denials, termination or reduction of benefits may be appealed to the state Division of Hearings and Appeals within 45 days of the negative action or the notice of the action whichever is later. Benefits will continue if appeal is filed before effective date of reduction or termination. If benefits continue and appeal is lost, overpayment may result.

**Long Term and Community Care Programs**

Medicaid Eligibility Handbook, Chapters 28 – 31

Long term care generally refers to care in an institution such as a skilled nursing facility (SNF), an intermediate care facility (ICF) or an institution for mental disease (IMD) as well as a variety of community programs. Community care allows persons who are eligible for EBD MA and who would otherwise be institutionalized to remain in their home or a community setting and allows MA to pay for services not normally covered by Medicaid (such as homemaker services). These programs generally require that the individual be screened to determine whether his or her need for assistance rises to the nursing home level.

**Children’s Programs:**
- Katie Beckett
- Children’s Long Term Support Waiver
- Family Support Program

¹ Appeals can be mailed or faxed to the Division of Hearings and Appeals or completed at local agencies.
Adult Programs:
- Community Options Program (COP)
- Community Integration Programs (CIP 1A, CIP 1B, CIP 11)
- Community Options Waiver Program (COP-W)
- Brain Injury Waiver Program (BIW)
- Program of All-Inclusive Care for the Elderly (PACE)
- Wisconsin Partnership Program (WPP)
- IRIS (self-directed program)

Family Care
Wis. Stat. § 46.286, Wis. Admin. Code Ch. DHS 10,
Medicaid Eligibility Handbook, Chapter 29.

Family care is designed to eventually replace most of the above programs as it expands to all Wisconsin counties. The program can be accessed through county Aging and Disability Resource Centers (ADRC) that operate as “one-stop” shops to provide information and assistance.2 Home care is provided through Managed Care Organizations (MCO) that complete assessments, develop plans of care and coordinate services.

NOTE: Eligibility for Medicaid long term care programs may be affected by the disposition or transfer of assets by the applicant or applicant’s spouse within 36 or 60 months of entering institutional or long term care, depending on the type of asset. Divestment raises many interrelated and complex questions and consulting with an attorney who specializes in this area is necessary. In addition, spousal impoverishment rules apply with respect to married individuals who are institutionalized. (Chapter 18).

2 Milwaukee has separate resource centers for the aging (60 years of age or older) and disabled populations.
BadgerCare Plus
Wis. Stats. § 49.471
BadgerCare + Eligibility Handbook (http://www.emhandbooks.wi.gov/bcplus/)

BadgerCare Plus provides health care benefits under one of two standard plans for the following groups:
- children under 19 years of age
- parents or caretakers of children under 19
- pregnant women
- young adults leaving out of home care (e.g., foster care)
- parents or caretaker relatives whose children have been placed in out of home care

Benefits are provided under one of two benefit plans based on family income. The Standard Plan covers families at or below 200% of the Federal Poverty Level (FPL). The Benchmark Plan covers those above 200% FPL. The income limits are updated annually and are found in the BadgerCare + Eligibility Handbook, § 50.1. The covered services and cost-sharing provisions of the two plans provisions differ. The BC+ handbook includes a chart summarizing coverage and costs for each plan at § 38.2 and 38.2.1.

Standard Plan participants may not be denied services for failing to pay copayments. Benchmark Plan participants may be required to make co-payments in advance and may be denied services if they fail to do so. The Benchmark Plan generally provides only generic drugs with a co-pay. Benchmark Plan participants are enrolled in the Badger RX Gold Plan, which provides brand name drugs at discount prices.

Cost-sharing may include monthly premiums depending on family income and the composition of an eligible family. Eligibility also depends on the availability of other health insurance.

Non-financial eligibility: BadgerCare + Eligibility Handbook Chapters 2 – 12 (unless otherwise stated, the section references below are to the BadgerCare + Eligibility Handbook).

Eligibility is determined by BC+ Test Group (§ 2.2). The test group consists of a primary person (parent residing with child under 19, caretaker relative residing with child under 19, pregnant woman, youth under 21 and in out of home care at age 18, or a child) and all others in the household who have a qualifying relationship to the primary person (e.g., spouse, co-parent of child under 19, child under 19, co-parent's child under 19, spouse of co-parent, essential person (§2.2.1.3).
Where parents share placement of child, both parents may be eligible if each parent has at least 40% placement (§2.2.1.2)

- resident of Wisconsin
- U.S. Citizen or qualified immigrant (same rules as EBD MA)
- provide proof of identity and citizenship or immigration status
- cooperate in establishing medical support and third party liability
- assign right to third party payments for medical expenses
- provide Social Security Number or proof of application for SSN
- meet health insurance access requirements unless:
  - income is below 150% FPL;
  - eligible under BC+ prenatal program;
  - exempt as a pregnant women, continuously eligible newborn, or youth exiting out of home care, or
  - there is good cause for failing to enroll in employer sponsored health plan

**Financial eligibility:** Wis. Stats. § 49.472; BC+ Eligibility Handbook Ch. 16

- income limits - parents and caretakers 200% of FPL, pregnant women 300% of FPL, children no limit
- count all available gross income of all members of test group
- certain income is disregarded, such as earned income of minors, interest and dividend income, foster care, kinship care, W-2 payments, student financial aids, tax refunds, certain payments to refugees and Native Americans, and reimbursement for work and training expenses
- pregnant women with income greater than 300% of FPL, and children under 19 with family income greater than 150% FPL and with access to health insurance may qualify by meeting a deductible,
- court-ordered support payments applicant/recipient is obligated to make are deducted in determining gross income available
- special rules are applied for self-employment income, contractual income, room and board income and migrant work,
- the program has no asset limit.

**NOTE:** A caretaker relative's income is not counted in determining a child's eligibility. The caretaker relative’s financial eligibility is determined separately from the child’s (§2.6).
Badgercare Plus Premiums: BC+ Handbook Ch. 19

- premiums are required for:
  - children in families with income that exceeds 200% of FPL;
  - parents, stepparents, caretaker relatives with income from 150% - 200% FPL;
  - self-employed parents, stepparents, caretaker relatives with income that exceeds 200% of FPL;
- no premiums required for:
  - children who are members of American Indian tribe or Alaskan Natives with family income below 300% of FPL;
  - pregnant women 19 or older;
  - pregnant women under 19 at or below 300% of FPL;
  - youths exiting out of home care;
  - children who meet deductible;
  - continuously eligible newborns (up to 1 year);
  - children and caretaker relatives in BC+ extension;
  - parents in transitional coverage and no premium in December 2007;
  - certain tribal members
- no premiums is charged where an individual member of BC+ family is certified eligible for EBD MA, Well Woman Care, Family Planning Waiver, or Emergency Services
- premiums are calculated per individual (premium table at § 48.1);
- total family contribution is capped at 5% of countable income for families with income below 300% FPL (§19.3);
- failure to pay premium by the month after it is due results in restricted enrollment (the individual is not eligible for BC+ for six months and must pay all premiums due to re-enroll except in limited circumstances or in cases where family income drops below premium limit).

Health Insurance Access: Wis. Stats. § 49.471(8): BC+ Handbook Ch. 7

- BC+ may be denied to individuals who have current and/or past access to employer sponsored health insurance if:
  - the individual's family income is more than 150% of FPL,
  - individual is not exempt as a pregnant woman, continuously eligible newborn or youth exiting out of home care and
  - the individual does not have a good cause reason for failure to enroll in employer sponsored health insurance,
- current access includes access through an employed family member to an employer's HIPAA health insurance plan if employer pays at least 80% of the monthly premium or to a state of Wisconsin health care plan that would begin within three months of application or review or employment start date. There are no good cause reasons for failing to enroll if there is current access.
past access includes access in the past 12 months to one of the above health plans through open enrollment or a qualifying event (e.g., marriage, birth, adoption, loss of other insurance) unless there is good cause for not enrolling (e.g. end of employment, employer discontinues insurance for all employees, coverage ended due to death or change in marital status, change in employment and no access through new employer)

**Appeals/reviews:** 42 C.F.R. §§ 431.200 -.246; Wis. Stats. § 49.45(5); and Wis. Admin. Code Chapter HA 3

Denials, termination or reduction of benefits or change in premium may be appealed to DHA within 45 days of the negative action or notice of the negative action whichever is later. Benefits will continue if appeal is filed before effective date of change, reduction or termination. If benefits continue and the appeal is lost, overpayment may result.

**BadgerCare Plus - Limited Programs**

- Family Planning Waiver – BC+ Eligibility Handbook Chapter 40. Family planning services for women and men 15 - 45 years old who are not enrolled in BC+ or in any other full benefit MA program. Income must be at or below 300% of FPL.

- Prenatal Care – BC+ Eligibility Handbook Chapter 41. Coverage for women with verified pregnancies who meet BC+ non-financial and financial eligibility requirements and who are not eligible for BC+ either because they are inmates of a public institution or ineligible immigrants.

- Emergency Services – BC+ Eligibility Handbook Chapter 39. BC+ emergency services means treatment for a medical condition (including labor and delivery) that could result in serious jeopardy to the patient’s health, serious impairment to bodily functions and serious dysfunction of a bodily organ or part. Eligibility is limited to undocumented immigrants or immigrants who have not been in U.S. for 5 years or more, and income limits vary from 130% FPL for parents/caretakers to 250% FPL for pregnant women and newborns up to age 1 ($39.1). There is no income limit for youths exiting out of home care ($39.1).

- Well Women Services - Wis. Stats. § 49.473; BC+ Eligibility Handbook Chapter 42; Medicaid Eligibility Handbook Chapter 36 (see EBD MA section below for link). Covers care related to cervical or breast cancer for women who are under 65 and meet EBD citizenship and ID requirements and are not eligible for either BC+ without a premium or for EBD MA and do not currently have certain disqualifying health insurance.
BadgerCare Plus Core
Wis. Stats. § 49.45(23)
Badger Care + Eligibility Handbook Chapter 43
(http://www.emhandbooks.wi.gov/bcplus/)

BadgerCare + Core is a program for childless adults who are not eligible for any other Medicaid program. There is an application fee of $60.00 which must be paid annually when benefits are renewed. The application and annual fee is waived for homeless individuals and individuals who are eligible for Indian Health Services. (§43.4.2.1). Some county agencies have trust funds to pay the fee for individuals who cannot afford it.

Some community organizations assist individuals with online applications. Some organizations may be able to assist with the application fee. These organizations are listed by county at: http://www.dhs.wisconsin.gov/em/CustomerHelp/gethelp.htm

BadgerCare+ Core has limited enrollment. Individuals who are eligible may be denied assistance and placed on a waiting list until a slot becomes available. BC+ Core has been at the enrollment limit for some time meaning that new applicants are placed on the waiting list. (§43.12).

Non-financial eligibility (§43.2)

- age 19 – 64
- no children under 19 under the care of the applicant
- not pregnant
- resident of Wisconsin
- US citizen or qualified immigrant (same rules as EBD MA)
- provide proof of identity and citizenship or immigration status
- provide proof of SSN or application for SSN
- ineligible for BC Plus, not receiving EBD MA and not eligible for Medicare
- not disabled except for persons receiving SSDI who are not yet eligible for Medicare and are not enrolled in EBD MA
- applicant must complete health needs assessment
- recipients must complete a physical exam within 12 months of enrollment
- must meet health insurance access requirements.

Financial eligibility (§ 43.7)

- income limit is 200% FPL- income calculated same way as BC+ income (§§ 43.7.2, Chapter 16)
- no asset limit
- application processing fee of $60.00 (may be waived) (§ 43.4.2)
Health Insurance Access

- does not have access to health insurance through a current employer in the month of application or subsequent three months, regardless of the amount of employer contribution toward the premium
- did not have access to health insurance through a current employer in the past 12 months, regardless of the amount of employer contribution toward the premium, unless there is a *good cause* reason for not signing up (good cause is defined as circumstances beyond a person's control which keeps the person from following program requirements or specific eligibility conditions)
- is not currently covered by a health insurance policy (through employer or individual policy)
- has not been covered by a health insurance policy for the past 12 months, unless individual has a good cause reason for losing the coverage.

**Appeals/reviews:** 42 C.F.R. §§ 431.200 - .246, Wis. Stats. § 49.45(5) and Wis. Admin. Code Ch. HA 3.
Denials, termination or reduction of benefits may be appealed to DHA within 45 days of the negative action or notice of the negative action whichever is later. Benefits will continue if appeal is filed before effective date of reduction or termination. If benefits continue and appeal is lost, overpayment may result.

**Badger Care Plus Basic**
**Badger Care Plus Eligibility Handbook, Chapter 45**

BC+ Basic was developed as a limited service and self-funded plan for individuals who are on the waiting list for BC+ Core. It was opened for enrollment in July 2010. Enrollment in BC+ Basic was closed in March 2011.

Currently enrolled members continue to receive benefits, provided they make timely premium payments ($ 250/month) and otherwise remain eligible. This includes complying with requests for verification. Once an individual loses eligibility and is disenrolled, s/he may not re-enroll.
Covered services and Prior Authorization
Wis. Stats. §§ 49.46(2)(b)6.; 49.47(6)(a)
§§ DHS 107.02(3), 101.03(96m), Wis. Admin. Code
Forward Health Online Handbooks

Chapter DHS 107 Wis. Admin. Code details the services covered by Medicaid. Various types of treatment, services, medication, equipment and supplies are not covered unless DHS gives prior authorization. DHS 107 is organized by types of care and each section identifies covered and non-covered services and services that require prior authorization.

DHS will apply the following criteria in determining whether to approve or disapprove a request for prior authorization:

- medical necessity of service (defined in DHS 101.03(96m))
- appropriateness of service
- cost of service
- frequency of furnishing service
- quality and timeliness of service
- availability of less expensive alternatives
- effective and appropriate use of available services
- misutilization practices of providers and recipients
- limitations imposed by federal or state statutes, rules, regulations, interpretations, including medicare, and private insurer guidelines need to ensure close professional scrutiny for unacceptable care
- flagrant or continuing disregard of established state and federal policies, standards, fees or procedures
- professional acceptability of unproven or experimental care (DHS 107.02(3)(e))

Appeals/reviews: 42 C.F.R. §§ 431.200 - .246; Wis. Stats. § 49.45(5); Chapter HA 3,Wis. Admin. Code.
Denials, termination or reduction of medical services including denials of prior authorization can be appealed to DHA within 45 days of the negative action or notice of the negative action whichever is later. For persons in HMOs an internal grievance process is also available.
SeniorCare
Wis. Stats. § 49.688
Medicaid Eligibility Handbook, Ch. 33; § 39.11.1

SeniorCare is a state prescription drug assistance program for individuals who meet the following requirements:
- resident of Wisconsin
- 65 years of age or older
- U.S. Citizen or qualified immigrant (same as EBD MA)
- not a full-benefit MA recipient
- not an inmate at a public institution
- income does not exceed 240% FPL
- there is no asset limit

The type and amount of benefits is based on income. See, § 39.11 for “participation level” and benefits at each level.

Applications may be obtained from local Offices on Aging, Senior Centers, or Aging Resource Centers and are available online at:
http://www.dhs.wisconsin.gov/forms/F1/F10076.pdf. There is a $30 enrollment fee.

Mental Health Services
Wis. Stats. 51.42
Wis. Admin. Code DHS chapters 34, 36, 61, and 63

State law requires counties to provide services to county residents with mental illness, cognitive disabilities and substance abuse problems. These programs are provided through the county department of human or social services either directly or through contract agencies or a combination of both. Services include crisis intervention, in-patient hospital and treatment programs, outpatient treatment and a variety of other community based services. Funding is through federal and state block grant and community aids and county matching funds. State law limits the county’s responsibility to services that can reasonably be provided within the funding available. In some cases the individual receiving the services can be required to pay for all or part of the services. For more information on the types of services available and how to access services go to the individual county website or: www.dhs.wisconsin.gov/MH_BCMH/index.htm
MEDICARE
42 U.S.C. §§ 1395, et seq.
45 C.F.R. Part 405, et seq.

Medicare is a federal health care program for individuals who are 65 or older and for individuals who are younger than 65 and receive Social Security disability benefits. Individuals who are entitled to Social Security retirement or Railroad retirement benefits are automatically eligible at age 65. Individuals who receive Social Security disability benefits also qualify for Medicare after a 2-year waiting period. Other individuals who have not paid Medicare payroll taxes may enroll voluntarily at age 65, but will pay Part A premiums (see below). Applications for Medicare are made at the local Social Security Administration office.

Medicare consists of several components:

- Part A covers hospitalization; skilled nursing facility care following a hospital stay; home health care following a hospital stay; and hospice care. Part A coverage is free to individuals who are entitled to social security or railroad retirement benefits and individuals who are entitled to disability social security benefits (after the two year waiting period). Voluntary enrollees will be required to pay a portion of the Part A premium, which can be more than $400/month.

- Part B covers physician services and outpatient procedures, tests and diagnostic services; physical, speech and occupational therapy; preventive services; and medical equipment. All individuals who enroll in Part B must pay a premium.

- Part C is also known as the Medicare Advantage Plan. It generally combines Parts A and B and may include greater coverage. It may be provided through a managed care provider or through a fee for service plan. http://www.ssa.gov/pubs/10043.html#partC

- Part D is the prescription drug plan. Enrollment is voluntary and requires an additional premium. Individuals choose from among numerous private prescription drug plans.

Medicare premium payment assistance is available for low income individuals through EBD Medicare Premium Assistance.
Additional resources:

- Federal Medicaid Statute and rules:
  - 42 C.F.R. Parts 430 - 439
- Milwaukee Enrollment Services
  - Customer service - dhsmilescustomerservice@wisconsin.gov
  - Call Center – 1-888-947-6583
  - Fax - 1-414-438-4580
- Division of Hearings and Appeals
  - P.O. Box 7875, Madison, WI 53707
  - 608-266-3096
  - Fax 608-264-9885
- Aging and Disability Resource Centers (ADRCs)
- Free and low-cost clinics:
  - [http://www.dhs.wisconsin.gov/forwardhealth/clinics.htm](http://www.dhs.wisconsin.gov/forwardhealth/clinics.htm)
- Centers for Medicare and Medicaid Services: [www.cms.gov](http://www.cms.gov)
- Medicare.gov [www.medicare.gov](http://www.medicare.gov)
- National Health Law Program: [http://www.healthlaw.org](http://www.healthlaw.org)
- Substance Abuse and Mental Health Services Administration: [www.samhsa.gov](http://www.samhsa.gov)
- Mental Health America – Wisconsin: [www.mhawisconsin.org](http://www.mhawisconsin.org)
- National Alliance on Mental Illness: [www.namiwisconsin.org](http://www.namiwisconsin.org)

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# Federal Poverty Level Guidelines

## 2012 Monthly Federal Poverty Level Based Income Limits

**Effective February 1, 2012**

The following income levels are used to determine enrollment in Wisconsin’s health care plans. To see if you may be able to enroll, go to access.wi.gov and apply today.

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<th>100%</th>
<th>120%</th>
<th>135%</th>
<th>150%</th>
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<td>$2,881.25</td>
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</table>

| Each additional person | $3,960 | $330.33 | $396.00 | $445.50 | $495.00 | $610.50 | $660.00 | $825.00 | $990.00 |

All plans are based the Federal Poverty Levels which change by a small amount each year.

*Last Revised: January 31, 2012*

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Protecting and promoting the health and safety of the people of Wisconsin

The Official Internet site of the Wisconsin Department of Health Services

http://www.dhs.wisconsin.gov/medicaid/fpl/fpl.htm

3/3/2012