

WISCONSIN DEPARTMENT OF HEALTH SERVICES
Division of Medicaid Services
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To: BadgerCare Plus Eligibility Handbook Users

From: Rebecca McAtee, Bureau Director
Bureau of Enrollment Policy and Systems

Re: **BadgerCare Plus Handbook Release 17-01**

Release Date: 04/11/2017

Effective Date: 04/11/2017

EFFECTIVE DATE The following policy additions or changes are **effective 04/11/2017** unless otherwise noted. **Grey highlighted text denotes new text. Text with a strike through it in the old policy section denotes deleted text.**

POLICY UPDATES

1.1 BadgerCare Plus Introduction **1.1 Introduction to BadgerCare Plus Introduction**

This section has been updated to remove policy related to non-MAGI rules and income limits prior to the changes included in 2013 Wisconsin Act 20 since the policy is no longer applicable. Only the section heading has been highlighted in order to promote readability.

2.1 Nonfinancial Program Requirements

~~The following individuals are Wisconsin residents in the following coverage groups may be non-financially eligible for BadgerCare Plus:~~

- Children younger than 19 years old
- Pregnant women
- Parents and caretakers of children younger than 18 years old and dependent 18-year-olds
- Parents and caretaker relatives whose children have been removed from the home and placed in out-of-home care
 - ~~Parents/caretaker relatives of children under 18 years of age or dependent 18-year-olds, including some parents and caretaker relatives whose children have been removed from the home and are in the care of the child welfare system (see Chapter 10 Child Welfare Parents), and~~
- Former foster care youth younger than 26 years old who were in out-of-home care when they turned 18
- ~~Effective April 1, 2014, a~~ Adults ages 19-64, who are not receiving Medicare, and who do not meet any of the conditions listed above have dependent children

~~To meet conditions of eligibility, the applicant must~~ To be eligible for BadgerCare Plus, a person must meet the following criteria:

- Be a Wisconsin resident (see Chapter 3 Residence)
- Be a U.S. citizen or qualified immigrant (see Chapter 4 Citizen and Immigration Status)

Note: This is not a requirement for non-qualifying immigrants receiving **Badger Care Plus** Emergency Services (see Chapter 39 Emergency Services) or women

applying for the BadgerCare Plus Prenatal Program (see Chapter 41 BadgerCare Plus Prenatal Program).

- Provide documentation of citizenship and identity or of immigration status (see Section 4.1 U.S. Citizens and Nationals)
- Cooperate with establishing medical support and TPL (see Chapter 5 Medical Support and Third Party Liability)
- Sign over to the state his or her rights to payments from a third party for medical expenses (see Section 5.2 Medical Support/CSA Cooperation)
- Meet BadgerCare Plus SSN requirements (see Chapter 6 Social Security Requirements)
- Cooperate with verification requests when information is mandatory or deemed questionable (see Chapter 9 Verification)
- Meet health insurance access and coverage requirements (see Chapter 7 Health Insurance Access and Coverage Requirements)

2.2.1 Parents

A parent is any may be defined as the following:

- Natural, legally adoptive, or stepmother or stepfather a step-parent.
- A parent can be Of any age.

There can be more than one parent of a certain gender in a household.

To be considered a parent of a child younger than 19 years old for BadgerCare Plus purposes, the child must be under the care of that person at least 40 percent of the time. For example, in families where parents are divorced, if the child does not live with a parent at least 40 percent of the time, that parent would have his or her eligibility considered under the Childless Adults coverage group, rather than the Parents/Caretakers coverage group.

2.2.1.3 Dependent 18-Year-Old

Effective February 1, 2014, wWhen an adult is eligible as a parent or caretaker because he or she is caring for an 18-year-old child, and that child is the only child in the home, the child must meet both the following conditions in order for the parent or caretaker to be eligible for BadgerCare Plus as a parent or caretaker of a dependent 18-year-old:

2.2.3 Child Welfare Parents/Caretakers

~~For individuals whose eligibility is being determined under non-MAGI rules~~
Parents and caretaker relatives whose children have been placed in out-of-home care and who meet the criteria listed in Chapter 10 Child Welfare Parents are still considered caretaker relatives of the child. The child is considered temporarily absent from the home. The child(ren) is included in the BadgerCare Plus test group and any unearned income the child has is budgeted. However, unlike others who are considered temporarily absent from the home, a child in a child welfare placement is not eligible for BadgerCare Plus in the household that he or she was removed from.

~~For individuals whose eligibility is being determined under MAGI rules~~
Parents and caretakers whose children have been placed in out-of-home care and who are having their eligibility determined or renewed will still be are considered parents or caretakers, as the child will be is considered temporarily absent. However, the inclusion of the child in the parent's group will be is dependent upon MAGI budgeting rules. If the child has been placed with a caretaker relative, the relative will is not be considered the primary caretaker of the child. If there are no other dependent children in the home, this relative would be is considered a childless adult for purposes of BadgerCare Plus eligibility. Inclusion of the child in the caretaker relative's group will is also be dependent upon MAGI rules. See Chapter 10 Child Welfare Parents for more information.

2.2.5 Former Foster Care Youth (Formerly Known as

This category coverage group was formerly referred to as Youth Exiting Out of Home Care.

Youth Exiting Out of Home Care)

BadgerCare Plus benefits are available to certain people who were in out-of-home care, including foster care, court-ordered Kinship Care, and subsidized guardianship, as of their 18th birthday. These people are categorically eligible for BadgerCare Plus. The person did not have to be in foster care in Wisconsin when he or she was 18 years old in order to be eligible for this coverage group. ~~Through December 31, 2013, Former Foster Care Youth will only be eligible for BadgerCare Plus benefits until they are 21 years old. After~~ As of January 1, 2014, benefits ~~will be~~ are available to all Former Foster Care Youth younger than 26 years old. See Chapter 11 Foster Care Medicaid for additional eligibility criteria for Former Foster Care Youth.

Note: If the primary person is a Former Foster Care Youth and younger than 26 years old, then the BadgerCare Plus group includes the youth and his or her spouse if the spouse is also a Former Foster Care Youth.

2.2.7 Childless Adults

A childless adult is ~~an individual aged a person~~ 19 to 64 ~~years old who is not receiving Medicare and who does not have any dependent children younger than 19 years old who reside with him or her at least 40 percent of the time. Their marital status has no effect on the a person being a childless adult 's~~ BadgerCare Plus eligibility. ~~In 2013, childless adults are covered under BadgerCare Plus through the Core Plan. Enrollment in the Core Plan has been closed since 2009. Beginning April 1, 2014, childless adults who are not eligible for Medicare will be nonfinancially eligible for regular BadgerCare Plus under the Standard Plan.~~

2.3 Test Group

2.3 MAGI Test Group

This section has been updated to remove policy related to non-MAGI rules and income limits prior to the changes included in 2013 Wisconsin Act 20 since the policy is no longer applicable. Only the section heading has been highlighted in order to promote readability.

2.4.1 Not Living in the Household

This section has been updated to remove policy related to non-MAGI rules and income limits prior to the changes included in 2013 Wisconsin Act 20 since the policy is no longer applicable. Only the section heading has been highlighted in order to promote readability.

2.5 Assistance Groups

Because of different BadgerCare Plus group ~~eligibility~~ requirements, people within the BadgerCare Plus test group are placed into a ~~various~~ BadgerCare Plus assistance groups.

Every BadgerCare Plus assistance group will have at least one potentially eligible member. Besides these potentially eligible members, other people may be designated as a person ~~who is counted in the group and whose income will~~ ~~may~~ be counted when determining financial eligibility. Still others may be counted only in the group size. Some people on the application will not be considered at all when determining eligibility. Placement in ~~the~~ BadgerCare Plus assistance groups is dependent on age and relationships to the individual(s) whose eligibility is being determined.

~~The following are the BadgerCare Plus Assistance Groups for individuals whose eligibility is being determined using non-MAGI rules:~~

The table has been deleted.

~~The following are the BadgerCare Plus assistance groups for individuals whose eligibility is being determined using the MAGI rules. These AGs will not be effective until February 1, 2014.~~

2.6 Participation Status Codes

The table has been updated. Participation status codes were deleted since MAGI budgeting rules do not include test children and test adults.

2.7.1 BadgerCare

This section has been deleted.

**Plus Group
Examples using
non-MAGI Rules**

**2.7.2 BadgerCare
Plus Group
Examples using
MAGI Rules**

**2.8 Test Group
Financial Rules**

**2.8.1 Non-MAGI
Income Counting
Rules**

**2.8.2 MAGI Income
Counting Rules**

~~**2.7.2 BadgerCare Plus Group Examples using MAGI Rules**~~

~~**2.8 Test Group Financial Rules**~~ **MAGI Income Counting Rules**

This section has been deleted.

~~**2.8.2 MAGI Income Counting Rules**~~

Within each MAGI assistance group, all counted and eligible individuals' countable income is counted budgeted with one exception: if a group member is a child or tax dependent of a counted or eligible member within the same assistance group, his or her income is only counted if he or she is "expected to be required" to file a tax return for the current year. If the tax dependent or child chooses to file a tax return when he or she is not required to, his or her income will not be counted. Tax dependents' and children's income is only counted when they are "expected to be required" to file a tax return.

Note: If a child or tax dependent is the only person in the MAGI group, he or she would not have a parent or tax filer eligible or counted in that group. As a result, his or her income will always be counted, regardless of whether or not she or he is expected to be required to file taxes. NLR children are an example of children who are the only counted or eligible people in a MAGI group.

Tax dependents are only required to file a tax return if they have more income than the filing thresholds set by the IRS each year. If the child or tax dependent of another member in the same assistance group expects to have less annual taxable income than the amounts below, his or her income is not included in the eligible determination for the assistance group.

The following amounts are effective January 1, 2015⁷:

- \$1,050 per year in taxable unearned income⁸, or
- \$6,305 per year in taxable earned income

Note: The filing thresholds for tax dependents did not change for 2016.

⁷For expected unearned income, do not count Child Support, Social Security, SSI, Workers' Compensation, Veteran's Benefits, money from another person, or educational aid.

These income counting rules apply regardless of whether the assistance group was formed based on MAGI Tax Filing Rules or MAGI Relationship Rules.

The income of household members who are currently out of the home due to military activity will still be counted according to MAGI rules, meaning it may be counted, even though the person will not be eligible on the case.

5.2.1 Introduction

Note: The applicant or member is only required to cooperate if the child under his or her care is eligible for benefits funded under Title 19 or is eligible for the Medicaid

expansion category of CHIP. If the child's BadgerCare Plus benefit is funded through any other source such as Title 21 Separate CHIP or GPR (i.e., state funds), the caretaker relative is not required to cooperate and cannot be sanctioned for non-cooperation. Check the **BadgerCare Plus categories table in Section 51.1 BadgerCare Plus Categories medical status codes (See 51.1)** to determine funding source. The CSA will monitor the child's BadgerCare Plus funding source.

7.1.1 Health Insurance Conditions of Eligibility under Non-MAGI rules

This section has been deleted.

7.1.2 Health Insurance Conditions of Eligibility under MAGI rules

~~7.1.2 Health Insurance Conditions of Eligibility under MAGI rules~~

To prevent the crowd out of private insurance, BadgerCare Plus benefits may be denied or terminated for people who have ~~eligibility determined under MAGI rules~~ **current health insurance coverage** ~~or and~~ **and have access (or have had access)** to certain employer-sponsored health insurance policies when those people:

- Are children ages 1 through 5 with household incomes over 191 percent of the FPL and children ages 6 through 18 with household incomes over 156 percent of the FPL,
- Are pregnant women eligible under the BadgerCare Plus Prenatal Program at any income level,
- Are not in an exempt category (see list below) and,
- Do not have a good cause reason for failure to enroll in an employer-sponsored health insurance plan

The following people are exempt from the policies related to **employer-sponsored** health insurance access and coverage:

- ~~• Continuously eligible newborns~~ **Infants younger than 1 year old**
- Children younger than 19 years old who have met a deductible (exempt only during the deductible period)
- ~~• Infants less than 1 year old with household income at or below 306 percent of the~~
FPL
- **Children who are in an Extension**
- Children ages 1 through 5 (up to age 6) with household income at or below 191 percent of the FPL
- Children ages 6 to 18 with household income at or below 156 percent of the FPL,
- Former Foster Care Youth
- Pregnant women **and minors**, other than those in the BadgerCare Plus Prenatal Program,
- ~~• Parents and caretaker relatives, including those who are blind or disabled (including~~
MAPP Disabled), as determined by the DDB, or through the Presumptive Disability process (MEH 5.9)
- ~~• Childless adults~~
- **Parents, caretaker relatives, and children who are in an Extension**
- **All adults 19 years old or older**

BadgerCare Plus Prenatal Program members are subject to different policies related to health insurance coverage. Refer to Section (7.4.) Current Health Insurance

Coverage (~~7.5~~) for the policies regarding the rules for current coverage and dropping coverage under the BadgerCare Plus Prenatal Program.

Access to health insurance conditions that impact eligibility includes:

- Past access (see Section 7.2 Past Access to Health Insurance)
- Current access (see Section 7.3 Current Access to Health Insurance)
- Coverage (see Section 7.4 Current Health Insurance Coverage)
- ~~Dropped coverage (see 7.5)~~

IM workers are not responsible for determining current or past access to health insurance. The process will be done through the Employer Verification of Health Insurance database (see Section 9.9.6.1 Employer Verification of Health Insurance [EVHI] Database).

Childless adults are not eligible for BadgerCare Plus if they are enrolled in any part of Medicare.

7.2.1 Introduction

This section has been deleted.

7.2.1.1 The 80 Percent Past Access Test

7.2.1.1 ~~The 80 Percent Past Access Test~~

The Past Access Test policies apply to non-exempt children (see Section 7.1 Health Insurance Conditions of Eligibility). These children and any BadgerCare Plus Prenatal Program members who had access to health insurance, including access due to a qualifying event, in the 12 months prior to the application or renewal date are not eligible for BadgerCare Plus benefits if the access was through the current employer of an adult family member who is currently living in the household and,

The example has been updated.

7.2.1.2 The 9.5% Past Access Test

This section has been deleted.

7.2.2 Good Cause for 80% and 9.5% "Past Access Test" under Non-MAGI Rules

This section has been deleted.

7.2.3 Good Cause for the 80% "Past Access Test" Under MAGI Rules

7.2.3 ~~Good Cause for the 80% "Past Access Test" Under MAGI Rules~~

3. The employment through which the child is insured ended, ~~or~~
4. The insurance only covers services provided in a service area that is beyond a reasonable driving distance from the person's residence, ~~or~~
4. 5. Any other reason determined by DHS as a good cause reason. Local agencies must contact the DHS CARES Call Center for approval before granting good cause for any reason not stated above.

7.3.1 Introduction

This section has been deleted.

7.3.2 The 80 Percent Current Access Test

7.3.2 ~~The 80 Percent Current Access Test~~

The Current Access Test policies apply to non-exempt children (see Section 7.1 Health Insurance Conditions of Eligibility). These children and BadgerCare Plus Prenatal Program members with access to health insurance, including access due to

a qualifying event, through an employed family member who is currently living in the household are not eligible for BadgerCare Plus benefits if:

1. The access is to a HIPAA health insurance plan through a current employer for which the employer pays at least 80 percent of the premium or the state of Wisconsin's health care plan (regardless of plan type, or premium amount contributed by state or local government); **and**
2. The applicant or member is a child under age 19 and the child is not exempt; **and**
3. The coverage would begin within three calendar months following:
 - a. The BadgerCare Plus application filing date; **or**
 - b. Annual review month; **or**
 - c. Employment start date

The child or BadgerCare Plus Prenatal Program member who could have been covered by the health insurance plan is ineligible for BadgerCare Plus benefits. Children under 19 years of age can become eligible by meeting a deductible (see Chapter 17 Deductibles)

Note: There are no good cause reasons for not enrolling in a health insurance plan when a person has current access.

7.3.2 Good Cause for the Current Access Test

This section is new.

7.3.3 The 9.5 Percent Current Access Test

This section has been deleted.

7.4.1 Introduction

This section has been deleted.

7.4.2 The 80% Coverage Test

7.4.21 The 80% Current Coverage Test for Children

The Current Coverage Test policy applies to non-exempt children (see Section 7.1 Health Insurance Conditions of Eligibility). These **Certain** children who currently have individual or family health insurance coverage through an employed family member currently living in the household **and** who meets the following criteria are not eligible for BadgerCare Plus:

1. The child is not exempt from access and coverage policies (see Section 7.1 Health Insurance Conditions of Eligibility); **and**
4. Coverage is provided by an employer; and the employer pays at least 80% of the premium **or**
5. Coverage is available under the State of Wisconsin employee health plan (regardless of plan type, or premium amount contributed by state or local government), **and**
6. The insurance covers services provided in a service area that is within a reasonable driving distance from the person's residence.

The example has been updated.

Children under 19 years of age who are ineligible for BadgerCare Plus due to current coverage can become eligible by meeting a deductible (see Chapter 17 Deductibles).

7.4.3 The 9.5% Current Coverage Test

This section has been deleted.

7.4.4 Current

7.4.42 Current Coverage Test for BadgerCare Plus Prenatal Program

Coverage for BadgerCare Plus Prenatal Program

Pregnant women who are otherwise eligible only for the BadgerCare Plus Prenatal Program ~~because of their inmate or immigration status~~ are not eligible for the BadgerCare Plus Prenatal Program if they are covered by any HIPAA health insurance policy. The plan does not have to be employer-sponsored, but the insurance must cover services provided in a service area that is within a reasonable driving distance from the woman's residence.

7.5 Reserved

~~7.5 Reserved~~ Access and Coverage Overviews

This section is new.

7.6 Good Cause Reasons for Dropping Insurance Coverage

This section has been deleted and marked reserved.

7.8 Access and Coverage Overview

~~7.8 Access and Coverage Overview~~ Reserved

This section has been moved to 7.5 and rewritten.

8.1 Pregnant Women

Note: This chapter does not apply to pregnant women in the BadgerCare Plus Prenatal Program.

A pregnant woman who is enrolled in BadgerCare Plus stays eligible for:

- The balance of the pregnancy, and
- An additional 60 days after the last day of pregnancy through the end of the month in which the 60th day occurs.

The decision about her eligibility does not need to be made prior to the termination of the pregnancy, but the application must be filed before the end of the pregnancy in order for her to remain enrolled as a pregnant woman for the 60 days after the pregnancy ends. If the application is not filed before the end of the pregnancy and the newborn is living with her or she is the caretaker relative of other children under 19, she should be tested as a caretaker relative once the pregnancy ends. An application for Express Enrollment does not meet this application test.

~~If a pregnant woman is covered under the Standard Plan at any time during her pregnancy, she will remain in the Standard Plan while she is eligible as a pregnant woman, regardless of changes in income or other eligibility factors.~~

A pregnant woman with income over 300 percent of the FPL (under non-MAGI rules) or 306 percent of the FPL (under MAGI rules) at the time of application when her eligibility is first determined can become eligible for BadgerCare Plus by meeting a deductible (see Section 17.2 Pregnant Women).

8.2 Continuously Eligible Newborns

Note: Children born to incarcerated mothers will not be eligible as CENs.

~~A child whose~~ In addition, children born to pregnant minors with family income over 300 percent FPL who were eligible for BadgerCare Plus are not eligible as CENs. This policy only applies through March 31, 2014, because children will no longer be eligible above 300 percent FPL as of April 1, 2014. The natural mother's eligibility could have been ~~was~~ determined either prior to the date of delivery or retroactively to cover the date of delivery ~~qualifies as a CEN~~.

Example

The newborn child does not receive this automatic eligibility as a CEN if the mother's

~~BadgerCare Plus enrollment is a temporary enrollment through the Express Enrollment program is temporarily enrolled in BadgerCare Plus (see Chapter 32 Presumptive Eligibility).~~

A newborn is not required to reside with his or her mother to be eligible as a CEN. This is true even if the newborn is being placed in foster care, adoption, or is residing with a caretaker relative. A CEN who no longer resides with his or her mother but still resides in Wisconsin should remain eligible as a CEN through the end of the month in which he or she turns 1 year old.

~~Through March 31, 2014, the child will be covered under either the Standard or the Benchmark Plan, depending on the plan the mother was covered by at the time of the baby's birth. Effective April 1, 2014, all infants eligible for BadgerCare Plus as a CEN will be covered under the Standard Plan. If the child is enrolled in BadgerCare Plus on or after February 1, 2014, the child will be covered under the Standard Plan upon enrollment. If the child is covered by the Benchmark plan prior to February 1, 2014, the child will transition to the Standard plan effective April 1, 2014.~~

Anyone who has ever been eligible as a CEN under Wisconsin Medicaid or BadgerCare Plus is exempt from the citizenship and identity documentation requirements.

The CEN will not have to pay premiums and is not subject to the health insurance access/coverage requirements.

9.3 Eligibility Renewals

~~Note: After an individual transitions to MAGI rules, r~~ Requested verification turned in within 90 days three months of the renewal due date should be processed as timely (see Section 26.1.2 Three-Month Late Renewals). See Process Help 4.6.

9.9 Mandatory Verification Items

The following items must be verified for BadgerCare Plus:

- SSN
- Citizenship and identity (see Section 4.2 Documenting Citizenship and Identity)
- Immigrant status
- ~~Pregnancy, if eligibility is based on the pregnancy~~

~~Note: Effective January 1, 2014, pregnancy is no longer required to be verified.~~

9.9.2 Immigrant Status

A member who indicates he or she is not a citizen must provide an official government document that lists his or her immigrant registration number. Verification of the individual's immigration status is done through the FDSH or the Systematic Alien Verification for Entitlement (SAVE) system. Women applying for BadgerCare Plus Prenatal Program (see Chapter 41 Badger Care Plus Prenatal Program) and people applying for Emergency Services (see Chapter 39 Emergency Services) who do not provide proof of immigration status can still qualify for those benefits.

9.9.3 Pregnancy

~~Verification of pregnancy is only required until December 31, 2013. Beginning January 1, 2014, verification is no longer~~ not required for pregnancy unless the worker has information that contradicts the applicant or member's statement.

~~Through December 31, 2013, if a woman wants to be considered pregnant for the BadgerCare Plus pregnant women group or the BadgerCare Plus Prenatal Program (Chapter 39) eligibility determination, documentation from a health care professional attesting to the pregnancy is required. Fetus count and the expected pregnancy end date are not mandatory verification items.~~

~~When pregnancy must be verified~~ If pregnancy information is questionable, acceptable verification sources for pregnancy are:

- Physician's statement.

- Physician assistant's statement.
- Licensed nurse practitioner's statement.
- A written statement from a registered nurse working:
 - In a Healthy Birth Identification of Pregnancy Project (EDP).
 - In a Publicly funded family planning project.
 - As a Certified Nurse Midwife.

• ~~A valid BadgerCare Plus Temporary Enrollment card.~~

Note: After January 2014, if pregnancy must be verified, the ~~IM worker will no longer be able to use a~~ BadgerCare Plus temporary enrollment card ~~cannot be used~~ as a source of verification, as pregnancy will not be verified for Temporary Enrollment for Pregnant Women (see Chapter 32 Presumptive Eligibility).

9.9.6 Access to Employer-Sponsored Health Insurance

4. When a change is processed causing total household income to exceed the following FPL thresholds:

- ~~Infants less than 1 year old, 300% of the FPL,~~
- Children ages 1 through 5 (up to age 6), ~~185~~ 191 percent of the FPL
- Children ages 6 to 18, ~~150~~ 156 percent of the FPL
- ~~Parents and caretakers, 133% of the FPL, and~~
- ~~Parents and caretakers with access to a Wisconsin state employee's health insurance plan, 150 % of the FPL~~

Note: ~~Because of changes in income limits, the reporting requirements listed above for parents and caretakers are only effective until March 31, 2014.~~

Note: Verification of access to insurance when parents' and caretakers' household income exceeds 133% is applied beginning July 1, 2012, when one of the following occurs:

- ~~A new application or program request is submitted,~~
- ~~New employment is reported,~~
- ~~The next review/renewal is completed, or~~
- ~~A parent or caretaker with employment is added to the assistance group.~~

9.9.6.1 Employer Verification of Health Insurance Database

Example 1 has been updated.

9.9.7 Tribal Membership

Tribal members are exempt from paying BadgerCare Plus premiums and ~~may be exempt for certain benefit copayments. Effective January 1, 2014, tribal members eligible for BadgerCare Plus will also be exempt from copayments.~~

To receive these exemptions, verification of tribal membership or descent from a tribal member is required. Verification may be done with a:

- Tribal Enrollment Card
- Written verification or a document issued by the tribe indicating tribal affiliation
- Certificate of degree of Indian blood issue by Bureau of Indian Affairs
- Tribal census document
- Medical record card or similar documentation that specifies an individual is an Indian that is issued by an Indian health care provider.
- Statement of Tribal Affiliation (F-00685)

9.10.2 Error Prone Profile

This section is new.

9.10.2.1

This section is new.

Questionable Income and/or Expenses

**9.10.2.2 Unresolved
Discrepancies** This section is new.

**9.10.2.3 Intentional
Program Violation
or Overpayment
History** This section is new.

9.11.3 Delay Notify ~~the member~~ **an applicant** when the agency is not able to process the application within 30 days for any reason. ~~when-~~ The Notice of Decision needs to provide the reason for the delay when all of the following conditions apply:

- Verification is needed.
- The ~~member~~/applicant has the power to produce the verification.
- The minimum time period allowed for producing the verification has not passed.
- Additional time is needed to produce the verification.

~~CARES provides a verification checklist, to notify the member of the reason for the delay, the specific verification required, and the date the verification is due. CARES will generate a notice to the applicant indicating the reason for the delay. If the reason is that verification is needed, the notice will indicate the specific verification or information required and the date the verification or information is due.~~

10.1 Child Welfare Parent or Caretaker Relative

Qualifying parents and caretaker relatives of children who have been temporarily removed from the home and are in the care of the child welfare system may be eligible for BadgerCare Plus benefits **under the parent/caretaker relative category** if they meet all the following requirements:

- Their child was living with them at the time the child welfare agency removed the child and placed him or her in:
 - Foster care (both IV-E and non IV-E).
 - Court-ordered Kinship Care.
 - Another living arrangement.

Note: If child welfare is involved and the child welfare agency has established a permanency plan for the child under authority of Wis. Stat. § 48.38 or 938.38, other living arrangements for the children meet this criteria. For example, a child may be placed with grandparents who are not eligible for Kinship Care or a child may be placed with the other parent.

- The parent or caretaker relative is cooperating with a permanency plan, the goal of which is family reunification. Cooperation is always presumed unless the court has determined that reunification will no longer be the permanency goal.
- The caretaker relative meets all other BadgerCare Plus financial and non-financial requirements.

Note: Children are not considered to be in the care of the child welfare system if they are an inmate in a public institution, such as a Type 1 Juvenile Correctional Institution.

~~The parent or caretaker relative who meets the above requirements is considered caring for a child who has been temporarily removed from the home. The parent or caretaker relative did not have to be enrolled in BadgerCare Plus at the time of removal, but the child did have to live with the parent or caretaker. Even though the~~

~~child's eligibility is not determined on the caretaker relative's case, the child is included in the group size in the eligibility determination, and any unearned income the child has is budgeted under non-MAGI rules.~~

See Process Help Chapter 14 Processing a Child Welfare Parents and Caretaker Relative (CWPC) Case for information on processing the child welfare parent or caretaker relative cases.

The parent or caretaker relative who meets the above requirements is considered caring for a child who is temporarily absent. ~~The parent or caretaker relative did not have to be enrolled in BadgerCare Plus at the time of removal, but as long as the child did have to lived with the parent or caretaker at the time of removal from the home. For this reason, T~~the parent will continue to be considered a parent or caretaker for purposes of BadgerCare Plus eligibility ~~under MAGI rules~~. However, the child may not always be included in the parent's MAGI group (see Chapter 2 BadgerCare Plus Group ~~on the MAGI methodology~~).

If the child welfare system places a child with a Kinship Care relative, the Kinship Care relative is no longer considered a caretaker relative (if the parent is enrolled in BadgerCare Plus as a child welfare parent under the policy described above). Instead, the Kinship Care relative may qualify for BadgerCare Plus ~~as a~~ under the childless adult category. If the parent is not enrolled as a child welfare parent, the Kinship Care relative may enroll in BadgerCare Plus as a caretaker relative.

11.1.2 Foster Care Medicaid Disenrollment

When a child ~~or adult~~ is discharged from out-of-home care, Foster Care Medicaid eligibility must be maintained until one of the following occurs:

- The ~~child~~ ~~person~~ is determined eligible for another category of Medicaid or BadgerCare Plus.

11.2 Former Foster Care Youth

~~Until December 31, 2013, the age limit for the FFCY coverage group is 21 years old. Effective January 1, 2014, the age limit is 26 years old.~~

Youths who were in foster care, subsidized guardianships, or court-ordered Kinship Care on their 18th birthday qualify for a special status under BadgerCare Plus when they leave out-of-home care if all the following conditions are met:

1. The youth was receiving foster care (either IV-E or non-IV-E), subsidized guardianship, or court-ordered Kinship Care on the date that he or she turned 18 years old. It does not matter what state he or she was residing in when he or she turned 18 years old.
7. The youth is ~~one of the following:~~ **younger than 26 years old**
 - ~~Younger than 21 years old prior to December 31, 2013~~
 - ~~Younger than 26 years old on or after January 1, 2014~~
8. The youth meets the following BadgerCare Plus eligibility criteria:
 - a. Is no longer receiving foster care benefits (which includes subsidized guardianships and court-ordered Kinship Care) but was receiving the benefits on his or her 18th birthday. Verification of the placement status on his or her 18th birthday is required.
 - b. Provides a SSN or cooperates in applying for one.
 - c. Is a U.S. citizen or national or is a qualifying immigrant.
 - d. Provides verification of U.S. citizenship and identity or qualifying immigration status or makes a good faith effort to obtain it.
 - e. Cooperates with child support enforcement agencies in obtaining medical support (if a parent).
 - f. Cooperates with TPL requirements.
 - g. Physically resides in Wisconsin and intends to reside in the state.
 - h. Is not an inmate.

There is no income or resource test for these youths while they are eligible under this

status; therefore, they are not required to provide any income tax filing information in order for their BadgerCare Plus eligibility to be determined.

Note: If a FFCY is included in another household member's AG, his or her tax filing information may be needed to determine eligibility for those household members.

In addition, they are not subject to the BadgerCare Plus insurance access or coverage policies and are not required to pay any premiums for themselves. Regardless of income, they are eligible for the BadgerCare Plus Standard Plan unless they are found otherwise ineligible or until the end of the month in which they turn 26 years old ~~one of the following occurs:~~

- ~~• They turn 21 years old (prior to December 31, 2013).~~
- ~~• They turn 26 years old (on or after January 1, 2014).~~

A 12-month recertification renewal is required to continue eligibility.

12.1 Migrant Workers

When determining a migrant family's eligibility for BadgerCare Plus, use the appropriate rules as outlined in Chapter 2 BadgerCare Plus Group, ~~depending on whether budgeting using non-MAGI rules or MAGI rules.~~

16.1.1 Income Limits

The table has been updated.

*Children and pregnant women with income above the limit can become eligible by meeting a deductible.

See Chapter 50.1 for the most recent Federal Poverty Level limits.

The income limits under MAGI rules ~~listed above~~ include the following income disregards.

16.1.2 Income Under Non-MAGI Rules

This section has been deleted.

16.1.3 Income Under Modified Adjusted Gross Income Rules

16.1.32 Income Under Modified Adjusted Gross Income Rules

All taxable income is counted when determining BadgerCare Plus eligibility ~~under MAGI rules.~~ Social Security income is also counted ~~under MAGI rules.~~ See Section 16.2 Income Types Not Counted for the list of income that is not counted. These rules apply to families that are filing taxes and those who are not.

16.1.4 Gap Filling

This section has been moved to 16.9 and rewritten.

16.2 Income Types Not Counted

7. ~~Earned~~ Income of people younger than 18 years old.

~~For cases under non-MAGI rules, disregard the income until the month following the month in which the person turns 18 years old.~~

~~For cases under MAGI rules, see Section 2.8.2 MAGI Income Counting Rules for information about counting income.~~

See Section 2.8 Modified Adjusted Gross Income Income Counting Rules for information about counting income for people younger than 18 years old.

10. **Jury Duty Payments.** ~~Count any portion of a jury payment that is over and above expenses as earned income for the month in which it is received.~~

~~For cases under non-MAGI rules, count any portion of a jury payment that is over and above expenses as earned income for the month in which it is received.~~

~~For cases under MAGI rules, c~~Count all jury duty payments as earned income for the month in which it is received if the payments are not turned over to the individual's employer. Amounts received separately as reimbursements or allowances for travel to and from the courthouse, meals, and lodging during jury duty are not countable.

14. c. Payments to tribal members from gaming revenue:

- ~~• Under non-MAGI rules, disregard the first \$500 of the monthly income from Tribal Per Capita payments from gaming revenue. If the payments are received less than monthly, prorate the gross payment amount over the months it is intended to cover and disregard \$500 from the monthly amount.~~
- Under MAGI rules, ~~a~~All of the income from Tribal Per Capita payments from gaming revenue are counted income.

22. Special Programs income received from any of the following:

- Active Corp. of Executives.
 - ~~Wages paid by the Census Bureau for temporary employment related to Census 2010.~~
 - Emergency Fuel Assistance.
 - Foster Grandparents Program.
 - Governmental rent or housing subsidy, including reimbursements due to federal regulatory changes in computing HUD housing rent.
 - Homestead Tax Credit.
 - Low Income Energy Assistance Program.
- Programs funded under Title V of the Older Americans Act of 1965 (see Section 16.4.1 #5), except wages or salaries, which are counted as earned income.
- Retired Senior Volunteer Program (RSVP).
 - Service Corps of Retired Executives (SCORE).
 - University Year for Action Program.
 - ~~Under non-MAGI rules, income from Volunteers in Service to America is not counted. Under MAGI rules, earnings and cash benefits from Volunteers in Service to America are counted.~~
 - Wisconsin's Family Support Program (Wis. Stat. § 46.985). This program funds the unique needs of severely disabled children. They may be a vendor or a money payment.

25. **Student Financial Aids.**

~~Under non-MAGI rules, student financial aids are not counted as income regardless of source. This includes student loans, grants, scholarships and work study, and any financial assistance provided by a public or private organization for the purpose of obtaining an education. Disregard the full amount of student financial aids, including any amounts earmarked for living expenses. Count income from an internship or assistantship that is not part of work study or another student aid as earned income.~~

Example 3 has been deleted. (The other examples have been renumbered as a result.)

~~Under MAGI rules, w~~Work study income and any income from an internship or assistantship should be counted as earned income. Grants, scholarships, fellowships, and any additional financial assistance provided by public or private organizations that exceed the cost of tuition, books, and mandatory fees are counted as unearned income and should be prorated over the period of time they are intended to cover. Student loans are not counted as income regardless of what the loan is used to pay for.

29. **Veterans Benefits.**

~~Under non-MAGI rules, count veterans benefits as unearned income. Do not count~~

~~VA allowances for unusual medical expenses that are received by a veteran, their surviving spouse, or dependent. Do not count aid and attendance and housebound allowances received by veterans, spouses of disabled veterans, and surviving spouses. For institutionalized and community waiver cases, do not count these allowances in eligibility and post-eligibility determinations, except for residents of the State Veterans Home at King.~~

~~Under MAGI rules, d~~Do not count any veterans' benefits paid under any law, regulation, or administrative practice administered by the VA. The following amounts paid to veterans or their families are not countable:

~~35. Interest and Dividend Income.~~

~~Under non-MAGI rules, interest and dividend income is not counted income for BadgerCare Plus.~~

~~Under MAGI rules, interest and dividend income is counted as unearned income.~~

~~36~~**35. Lump Sums Payments.**

~~Under non-MAGI rules, lump sum payments (rather than recurring payments) from such sources as insurance policies, inheritance, sale of property, Railroad Retirement, Unemployment Compensation benefits, and retroactive corrective financial aid payments are counted as an asset when received. There is no asset test for BadgerCare Plus (see Section 20.1 Assets). The payment can be either unearned or earned income. However, do not include payments that are included in farm or self-employment income.~~

~~Under MAGI rules, e~~Count lump sum payments (if the payment is otherwise a countable income type) in the month received. **Lump sum payments are not counted outside of the month received.**

~~37~~**36. Property Settlement.**

Money received as a property settlement is always an asset, regardless of whether it is paid in one payment or installments. It is never income.

~~38~~**37. Subsidized Guardianship Payments.**

Subsidized guardianship payments are not counted for BadgerCare Plus.

~~39~~**38. The American Recovery and Reinvestment Act of 2009.**

Disregard the one time payments of \$250 sent to SSI, veterans, Railroad Retirement, and Social Security recipients as a result of the American Recovery and Reinvestment Act of 2009.

Effective February 1, 2009, disregard the \$25 per week temporary supplement benefits from Unemployment Compensation.

~~40~~**39. Child Support.**

~~Under non-MAGI rules, count child support income as unearned income.~~

~~Under MAGI rules, d~~Do not count child support income. If a household is receiving family support, divide the payment by the number of members in the household. The amount of the payment allocated to the child(ren) is considered child support and is disregarded. Count the amount of the payment allocated to the adult(s) as

alimony/spousal support unless the divorce/separation order by the court designates the spousal support payments as being non-taxable. If the spousal support payments are non-taxable, they are exempt under MAGI rules (see Process Help 62.2.6 Entering Child Support Income on an Unearned Income Page).

Example 4

4140. Gifts.

A gift is something a person receives, is not repayment for goods or services the person provided, and is not given because of a legal obligation on the giver's part. To be a gift, something must be given irrevocably (that is, the donor relinquishes all control).

~~Under non-MAGI rules, count monetary gifts over \$30 a calendar quarter. A calendar quarter is three consecutive months beginning with January, April, July, or October.~~

~~Under MAGI rules, d~~Do not count the value of a gift as income.

Example 5 has been updated.

4241. Money from another person is money a person receives that is not repayment for goods or services the person provided and is not given because of a legal obligation on the giver's part. Money from another person is not a loan.

~~Under non-MAGI rules, count money from another person if the amount is over \$30 a calendar quarter. A calendar quarter is three consecutive months beginning with January, April, July, or October.~~

~~Under MAGI rules, d~~Do not count money from another person as income (see 43. for policies regarding money received from another person through an inheritance, bequest, or devise).

Example 6 has been updated.

Note: If money received from another person is in exchange for goods or services (such as an informal arrangement in which someone rents a room in his or her house) and if the payment is regular and predictable, it should be counted ~~under both MAGI and non-MAGI rules~~. See Section 16.4.3.1 Income Sources for information on counting rental income.

Example 7

4342. Inheritances, Bequests, and Devises.

An inheritance is property received from someone who is deceased without a valid will. A bequest is personal property received from someone who is deceased, as directed by that decedent's will. A devise is real property received from someone who is deceased, as directed by that decedent's will.

Inheritances, bequests, and devises are generally not taxable, and, as a result, the value of the inheritance, bequest, or devise is generally not counted as income ~~under MAGI rules~~.

However, there are a few forms of inheritances or bequests that may be taxable. For example, distributions from an inherited pension are usually taxable to the beneficiary if the distributions would have been taxable if the deceased were still living.

In addition, income generated from an inheritance, bequest, or devise is usually

taxable.

For inheritances, bequests, and devises that are taxable, the income should be counted only in the month it was received if it was received as a lump sum. If the payments are regular and predictable, they should be prorated (unless they are received monthly) and counted accordingly.

Example 8 has been updated.

Note: Income from the sale of inherited property is taxable if the property is sold for more than the fair market value on either the date of the decedent's death or on the alternate valuation date. In Example 9, if Roger were to sell the rental house for \$150,000, the \$50,000 gain would be taxable. If Roger receives income from the sale in a lump sum, this income would only be counted in the month it was received.

Example 9

Income generated by an inheritance, bequest, or devise includes situations in which someone is the beneficiary of a trust or estate, and the trust or estate holds assets that are generating income. If the trust or estate distributes income to the beneficiary, the beneficiary is responsible for paying taxes on that income.

Example 10

4443. Workers' Compensation.

~~Under non-MAGI rules, count workers' compensation benefits as unearned income.~~

~~Under MAGI rules, d~~ Do not count workers' compensation benefits. This includes workers' compensation benefits received as a settlement.

44. Federal Match Grants for Refugees.

Some refugee resettlement agencies have grants available for refugees for their second, third, and fourth month after arrival in the U.S. These are cash grants and can vary in the amount issued. Do not count this income.

45. Loans.

If a BadgerCare Plus applicant or member receives a loan and it is available for current living expenses, do not count it as income, even if there is a repayment agreement.

16.3.1 Support Payments

~~Under non-MAGI rules, deduct the amount of court ordered support a BadgerCare Plus applicant/member is obligated to pay for the support or maintenance of another person. Non-court ordered payments are not deducted. Under MAGI rules, c~~ Child support payments ~~will be~~ **are** not be allowed as an income deduction.

16.3.2 Pre-Tax Deductions

~~Under MAGI rules, p~~ Pre-tax deductions ~~will be~~ **are** allowed if the payments are taken out of the individual's paycheck on a pre-tax basis. Examples include but are not limited to:

16.3.3 Tax Deductions

~~Under MAGI rules, m~~ Monthly expenses related to tax deductions from page one of the IRS Form 1040 ~~will be~~ **are** allowed as income deductions for the current year, even if the individual does not plan on filing taxes. If the expense is not incurred on a monthly basis, it will be prorated and counted as a monthly expense.

Most of these deductions are not common, and they do not include itemized tax deductions, like charitable contributions or mortgage interest.

A net loss carryover from previous periods (long-term capital loss), known as a net operating loss (NOL) on IRS tax forms, is allowed as an income deduction. If claimed, it would be found on Line 21 of the IRS Form 1040.

16.4 Earned Income Earned income is income from gainful employment.

~~Under non-MAGI rules, earned income for individuals younger than 18 years old is not counted. The gross earned income before any deductions are taken out is counted.~~

~~Under MAGI rules, e~~Earned income after pre-tax deductions ~~will be~~ **is** counted. See Section 16.3.2 Pre-Tax Deductions for more information on pre-tax deductions.

1. Contractual income.

This provision applies primarily to teachers and other school employees.

When an employed BadgerCare Plus group member is paid under a contract, either written or verbal, rather than on an hourly or piecework basis, the income is prorated over the period of the contract. For example, if the contract is for 18 months, the income is prorated over 18 months no matter the number of installments made in paying the income. The income is prorated even if one of the following is true:

- a. There are predetermined vacation periods
- b. He or she will only be paid during work periods
- c. He or she will be paid only at the end of the work period, season, semester, or school year

2. Income In-Kind.

Count in-kind benefits as earned income if they are all of the following:

- a. Regular
- b. Predictable
- c. Received in return for a service or product

Do not count the following:

- a. Meals and lodging for armed services members
- b. In-kind services that do not meet all three of the above criteria

In-kind room and board for employees may be considered not countable income in situations where it is provided as a convenience to the employer and when it is provided on the employer's premises. Do not include the value of room or board if the following conditions are met:

a. Board. All of the following must be met:

- The meals are furnished on the business premises of the employer.
- The meals are furnished for the convenience of the employer.

b. Room. All of the following must be met:

- The lodging is furnished on the business premises of the employer.
- The lodging is furnished for the convenience of your employer.
- The lodging is a condition of your employment. The employee must accept the lodging in order to be able to properly perform the job duties.

The example is new.

To determine the value of in-kind benefits, use the prevailing wage (but not less than the minimum wage) in the community for the type of work the person does to earn the benefits.

5. Workers' Compensation.

~~Under non-MAGI rules, count workers' compensation as earned income.~~

Under MAGI rules, ~~d~~Do not count workers' compensation as earned income.

16.4.1 Specially Treated Wages

This section has been updated to remove policy related to non-MAGI rules and income limits prior to the changes included in 2013 Wisconsin Act 20 since the policy is no longer applicable. Only the section heading has been highlighted in order to promote readability.

16.4.2 Room and Board Income

~~Under non-MAGI rules, calculate the net amount by deducting one of the following from the gross amount received from each roomer or boarder: \$15 roomer only, \$111 Boarder only, \$126 roomer and boarder.~~

Under MAGI rules, these **There are no special** deductions are no longer used if this **the** income is reported as room and board income. If room and board income is reported as self-employment income, see Section 16.4.3 Self-Employment Income for more information on counting self-employment income.

16.4.3.3 Income Sources

2. Capital Gains. Business income from selling securities and other property is counted. ~~Under non-MAGI rules, personal capital gains are not counted as income.~~ Under MAGI rules, **p**Personal capital gains and ordinary gains or losses are counted as unearned income. See Section 16.5 Other Income for more information.

4. Royalties. Royalty income is ~~unearned income~~ received for granting the use of property owned or controlled. Examples are patents, copyrighted materials, or a natural resource. The right to income is often expressed as a percentage of receipts from using the property or as an amount per unit produced. ~~See Section 16.5 Other Income for more information on counting royalty income.~~

16.4.3.4.2 Worksheets

If you decide to use IRS tax forms, use them together with the self-employment income worksheets, which identify net income and depreciation by line on the IRS tax forms.

For each operation, select the worksheet you need, and, using the provided tax forms and/or schedule, complete the worksheet.

1. ~~Sole Proprietor-Farm and Other Business (F-16037, and F-16037A)~~
 - IRS Form 4797—Capital & Ordinary Gains (F-01983)
 - IRS Schedule C or C-EZ (Form 1040)—~~Non-farm Business Income~~ **Profit or Loss From Business (F-01984)**
 - **IRS Schedule D (Form 1040)—Personal Capital Gains or Losses (F-01985)**
 - IRS Schedule E (Form 1040)—Rental and Royalty Income (F-01986)
 - IRS Schedule F (Form 1040)—Farm Income (F-01987)
4. Subchapter S Corporation (F-16035)
 - IRS Form 1120S—Small Business Corporation Income
 - IRS Schedule K-1 (Form 1120S—Shareholder's Share of Income)

Next, if not already calculated on the worksheet, divide IM income by the number of months that the business was in operation during the previous tax year. **Sole proprietor worksheets already account for this.**

The result is monthly IM income. Add this to the fiscal test group's other earned and unearned income. If monthly IM income is a loss, add zero to the non-self-employment income.

When a household has more than one self-employment operation, the losses of one

may be used to offset the profits of another. Under MAGI rules, losses from self-employment can be used to offset other income types. In situations where an individual is planning to file a joint tax return with his or her spouse, losses from self-employment may offset the spouse's income.

**16.4.3.4.3
Depreciation,
Depletion, and
Disallowed
Expenses**

Under MAGI rules, countable self-employment income will be the same as the net self-employment taxable income. Depreciation and depletion expenses are allowable expenses.

16.5 Other Income

This section has been updated to remove policy related to non-MAGI rules and income limits prior to the changes included in 2013 Wisconsin Act 20 since the policy is no longer applicable. Only the section heading has been highlighted in order to promote readability.

16.9 Gap Filling

This section is new. Only the section heading has been highlighted in order to promote readability.

17.1 Deductibles

This section has been updated to remove policy related to non-MAGI rules and income limits prior to the changes included in 2013 Wisconsin Act 20 since the policy is no longer applicable. Only the section heading has been highlighted in order to promote readability.

17.2.1 Introduction

This section has been updated to remove policy related to non-MAGI rules and income limits prior to the changes included in 2013 Wisconsin Act 20 since the policy is no longer applicable. Only the section heading has been highlighted in order to promote readability.

**17.2.2 Deductible
Period**

Example 3

A pregnant woman who is ineligible for due to excess income in some backdated months, but has no excess income in others, does not have to choose to have a BadgerCare Plus deductible. She can choose to be certified in the months she is eligible and to accept the ineligibility of the other months when she had excess income.

**17.2.3 Calculating
the Deductible
Amount**

This section has been updated to remove policy related to non-MAGI rules and income limits prior to the changes included in 2013 Wisconsin Act 20 since the policy is no longer applicable. Only the section heading has been highlighted in order to promote readability.

**17.3 Children Under
19**

The deductible amount for a child under 19 is the amount of countable income above 150 percent of the FPL for a six-month period.

Under MAGI rules, to meet the deductible, the child or his or her parents included in the child's BadgerCare Plus group must incur medical bills equal to the deductible amount. Deductible-based eligibility is **not** extended to other children or members of the original assistance group. The parents' medical expenses may be used for meeting the deductible of more than one child at a time.

~~Under non-MAGI rules, to meet the deductible, the child or other family members included in the BadgerCare Plus group must incur medical bills equal to the deductible amount. Once the deductible is met, the child and all other children under 19 in the BadgerCare Plus group will be covered under the Standard plan without a premium, for the remainder of the deductible period.~~

**17.3.1 Deductible
Period**

The example has been updated.

17.3.2 Calculating the Deductible Amount

This section has been updated to remove policy related to non-MAGI rules and income limits prior to the changes included in 2013 Wisconsin Act 20 since the policy is no longer applicable. Only the section heading has been highlighted in order to promote readability.

17.4 Meeting the Deductible

Note: Under MAGI rules, the deductible is built on an individual basis. To meet the deductible, the member and his or her parents in the BadgerCare Plus group must incur medical bills equal to the deductible amount. The parent’s medical expenses may be used for meeting the deductible of more than one child at a time, but deductible-based eligibility is not extended to other children or members of the original assistance group.

18.1.1 Introduction

This section has been rewritten. It has also been updated to remove policy related to non-MAGI rules and income limits prior to the changes included in 2013 Wisconsin Act 20 since the policy is no longer applicable. Only the section heading has been highlighted in order to promote readability.

18.1.2 Pregnant Women

~~A pregnant woman tested under non-MAGI rules who is not a parent or caretaker relative of a child during her pregnancy, can only become eligible for an Extension if she was enrolled in BadgerCare Plus, with income at or below 100 percent of the FPL, for 3 months once her pregnancy reaches the 8th month. Look back 60 days from her due date or the date the pregnancy ended to determine the 8th month. If she was a parent or caretaker relative and enrolled with income at or below 100 percent FPL in 3 of the past 6 months she would be eligible for an Extension.~~

Example 3 has been deleted.

Example 4 has been deleted.

~~Beginning January 1, 2014, a~~ A pregnant woman whose eligibility is tested under MAGI rules will be able to enter an Extension if she was eligible for BadgerCare Plus as a pregnant woman or a parent or caretaker relative at any time during the pregnancy with income at or below 100 percent of the FPL in three of the past six months. In most cases, her continuous eligibility as a pregnant woman will take precedence over the Extension, but the Extension will be maintained and will result in eligibility if the pregnancy and postpartum period end prior to the end of the Extension.

18.1.3 Children

Under most circumstances, the end of an Extension will apply to all of the members of the BadgerCare Plus Test group. ~~For example~~ However, when the household income decreases to 100 percent FPL or less, the Extension will end for both the parent(s), but any children would remain in the Extension and children. Only when an Extension ends for a parent for failure to pay a required premium, will the Extension be continued for the child. All dependent children, stepchildren and NLRR children who are eligible under MAGI rules and whose parent or caretaker becomes eligible for an Extension under MAGI rules will be eligible for the same Extension provided that they are eligible for BadgerCare Plus in the month prior to the start of the Extension and:

18.2.1 Earned Income Extensions under Non-MAGI Rules

This section has been deleted.

18.2.2 Earned Income Extensions under MAGI Rules

18.2.2 Earned Income Extensions under MAGI Rules **18.2.1 Earned Income Extensions**

To receive a BadgerCare Plus Extension due to an increase in earnings, a parent,

caretaker, or pregnant woman ~~under MAGI rules~~ must meet all of the following requirements:

1. The income increase which caused the countable income for his or her BadgerCare Plus AG to exceed 100 percent FPL must be due solely to one of the following:
 - a. Increased earnings (of anyone in the same AG)
 - b. Increased earnings along with other income (changed or unchanged)
9. He or she must be a BadgerCare Plus member with income at or below 100 percent FPL at the time the income increased to over 100 percent FPL.
10. ~~The parent, caretaker, or pregnant woman~~ He or she must have been enrolled in BadgerCare Plus with income that was at or below 100 percent FPL for at least three of the six months immediately preceding the month in which the income went above 100 percent FPL.
11. He or she must otherwise meet the BadgerCare Plus eligibility criteria for persons with income below 100 percent FPL.
12. He or she verified his or her income unless he or she is exempt from paying a premium because he or she and any co-parent or spouse in the AG are disabled, a tribal member, or pregnant. (This policy applies to all adults in the AG. Unless they are all exempt from paying a premium, income must be verified.)
13. He or she must not be eligible as a Former Foster Care Youth.

Note: These requirements do not apply to children ~~eligible under MAGI rules~~ (see Section 18.1.3 Children).

18.2.3 Supplemental Security Income Exception

18.2.32 Supplemental Security Income Exception

18.3 Increase in Child Support or spousal Income Extensions

18.3 Increase in ~~Child Support or Spousal Support~~ Support or Family Support Income Extensions

18.3.1 Support Extensions under Non-MAGI Rules

This section has been deleted.

18.3.1.1 Four Month Extensions under Non-MAGI Rules

This section has been deleted.

18.3.1.2 Twelve Month Extensions under Non-MAGI Rules

This section has been deleted.

18.3.2 Support Extensions under MAGI Rules

18.3.21 Support Extensions ~~under MAGI Rules~~

~~For AGs using MAGI rules,~~ if a parent, caretaker, or pregnant woman's countable income increases above 100% FPL and all or part of the excess income consists of spousal support income, grant an Extension of either four months or 12 months depending on the case circumstances.

Note: For cases that receive family support, only the spousal support or alimony portion of the family support is considered for support Extensions. See Section 16.5 Other Income for more information on counting spousal support and family support.

18.3.2.1 Four Month Extensions under MAGI Rules

18.3.2.1.1 Four-Month Extensions under MAGI Rules

18.3.2.2 Twelve Month Extensions under MAGI Rules

18.3.2.1.2 Twelve-Month Extensions under MAGI Rules

18.5.1 Introduction

Note: Under MAGI rules, children in a support Extension who turn 19 do not lose the Extension just for turning 19. Similarly a parent or caretaker relative in a support Extension **does not lose the Extension** just because all of the children under his or her care either left the home or turned 19.

Note: An assistance group does not need to maintain employment in order to maintain an earned income Extension, **irrespective of whether the assistance group is tested under MAGI or non-MAGI rules**

18.5.2 Leaving Wisconsin

The dates in examples 2 and 3 have been updated.

19.1 BadgerCare Plus Premiums

This section has been updated to remove policy related to non-MAGI rules and income limits prior to the changes included in 2013 Wisconsin Act 20 since the policy is no longer applicable. Only the section heading has been highlighted in order to promote readability.

19.2.1 Premium Calculations for Non-MAGI Households

This section has been deleted.

19.2.2 Premium Calculations for MAGI Households

19.2.2.1 Premium Calculations for MAGI Households

The basic approach for determining premiums remains the same for MAGI households: pPremiums for children are initially calculated on an individual basis and then a total for the case is determined, while premiums for adults in Extensions are based on a percentage of the adult's assistance group income. **However, there are some significant differences to premium amount calculations under MAGI rules. CARES will calculate the premium for each case, but t**The general rules for calculating the premium amounts are explained below for children and adults.

19.2.2.1 Children's Premiums using MAGI Rules

19.2.2.1.1 Children's Premiums for Children using MAGI Rules

19.2.2.2 Adults' Premiums using MAGI Rules

19.2.2.1.2 Adults' Premiums for Adults using MAGI Rules

1. For non-pregnant, non-disabled parents and caretaker relatives in BadgerCare Plus Extensions with a family income between 100% and 133% of the FPL, the premiums will be equal to 2% of countable income.
2. For non-pregnant, non-disabled parents and caretaker relatives in BadgerCare Plus Extensions with a family income above 133% of the FPL, premiums will be calculated based on a sliding scale, ranging from 3% of countable income for individuals above 133% of the FPL to 9.5% of countable income for individuals at or above 300% of the FPL.
3. Premiums for adults in extensions will be calculated based on actual income and

rounded to the nearest dollar. See 48.1 for premium ranges based on family size and income. When a child is pulled into an adult's extension, the child does not owe a premium.

4. Adults in an extension who are married filing jointly, or who are married but not filing taxes, will have a combined premium. Adults in an extension who are married filing separately or are non-marital co-parents will have premiums calculated on an individual basis.

19.3 Premium Limits This section has been updated to remove policy related to non-MAGI rules and income limits prior to the changes included in 2013 Wisconsin Act 20 since the policy is no longer applicable. Only the section heading has been highlighted in order to promote readability.

19.7 Advance Payments **19.7 Advance Payments Refunds**

~~Through December 31, 2013, payments can be made in advance (further than the next month), but the payment cannot exceed the current certification period.~~

~~If paying in advance, the payments must be the full amount of subsequent month's premiums (no partial month payments). If the income amount changes, the premium amount will be recalculated and the member will be notified through CARES that his or her premium amount has changed. If the premium amount has decreased, the fiscal agent will refund any excess premium that was paid. If the premium amount has increased and the premium coupon has not been sent for that month, the member will receive a coupon with the new premium amount. If the premium coupons have already been sent, the member will need to pay the additional amount owed. The member will not receive a coupon for the difference that is owed.~~

~~Effective January 1, 2014, premium payments can no longer be made in advance.~~

19.7.1 Refunds **19.7.1 Refunds**

Contact the BadgerCare Plus Unit at 1-888-907-4455 to issue a refund if the premium was paid in advance and the premium is for a month in which the:

1. Individual/family was ineligible for BadgerCare Plus.
2. The group's countable income decreased and they no longer owe a premium, if the income change was reported timely.
3. A lower premium amount is due to a change in circumstances which was in effect for the entire month as long as the change was reported within ten days of the date it occurred. The lower premium amount due is the first day of the month in which the change was reported. A refund for the difference will be issued.

The example has been updated.

Note: Premium payments may not be made in advance.

19.8.1 Non-Payment Introduction This section has been updated to remove policy related to non-MAGI rules and income limits prior to the changes included in 2013 Wisconsin Act 20 since the policy is no longer applicable. Only the section heading has been highlighted in order to promote readability.

19.10.2.3 Effective Dates of Premium Increase (Other Than Person Adds) This section has been updated to remove policy related to non-MAGI rules and income limits prior to the changes included in 2013 Wisconsin Act 20 since the policy is no longer applicable. Only the section heading has been highlighted in order to promote readability.

19.11.1 Restrictive Re-Enrollment Period Introduction A member for whom a premium is owed for the current month who leaves BadgerCare Plus by not paying a premium may be subject to a restrictive re-enrollment period. A restrictive re-enrollment period (RRP) means the member

cannot re-enroll in BadgerCare Plus for a certain number of months from the termination date while their income remains high enough to owe a premium, unless they pay the premiums owed, meet a good cause exemption or the RRP is lifted. ~~Effective January 1, 2014, children Members can make late premium payments at any time during their three-month RRP. Effective April 1, 2014, adults can make late premium payments at any time during their 3 month RRP.~~

19.11.2 Reinstatement

This section is new.

19.11.2.1 Children Under Age 19

19.11.2.1 Children Under Age 19

This section has been updated to remove policy related to non-MAGI rules and income limits prior to the changes included in 2013 Wisconsin Act 20 since the policy is no longer applicable. Only the section heading has been highlighted in order to promote readability.

19.11.2.1 Adults Age 19 and Older

19.11.2.1 Adults Age 19 and Older

This section has been updated to remove policy related to non-MAGI rules and income limits prior to the changes included in 2013 Wisconsin Act 20 since the policy is no longer applicable. Only the section heading has been highlighted in order to promote readability.

19.11.2 Reapplying

~~An individual parent or caretaker who applies for BadgerCare Plus before the end of the RRP and whose assistance group's income is still above the premium limit threshold may be eligible for BadgerCare Plus for the remainder of the existing Extension if he or she pays owed premiums.~~

A child included on an application for BadgerCare Plus before the end of the RRP and whose assistance group's income is still above the premium threshold may be eligible for BadgerCare Plus if his or her owed premiums are paid.

If the individual's assistance group's income is now below the premium threshold, he or she can become eligible for BadgerCare Plus without paying owed premiums.

25.3.1 Where to Apply Introduction

~~The applicant must apply in the county in which he or she resides.~~

The agency (county/tribe or consortia) of the applicant's county of residence should process the individual's application.

The applicant's county of residence at the time of admission must receive and process applications for persons in these state institutions:

- Northern, Central, and Southern Centers
- Winnebago and Mendota Mental Health Institutes
- The University of Wisconsin Hospital

When an applicant contacts the wrong agency, redirect him or her to the consortium or tribal agency responsible for processing the application immediately. Anytime an ~~paper~~ application is received in the wrong consortium or tribal agency, it must be date stamped and redirected to the agency responsible for processing that application no later than the next business day. The filing date remains the date originally received by the wrong consortium or tribal agency.

25.3.4 Applications Received From the Federal Marketplace

The FFM ~~will begin sending~~ sends applications to DHS CARES through an account transfer process for individuals the FFM assesses as potentially eligible for BadgerCare Plus or Medicaid. Such applications are considered full applications for all "insurance affordability programs" including BadgerCare Plus and should be appropriately processed. The 30-day processing requirement begins on the day that

the ~~account~~ application is received by the local agency or the next business day if received after normal operating hours or on weekends or holidays. If eligible, the individual's benefits will begin on the first day of the month the application was filed at the Marketplace, not the date that the application was received by the agency. If the individual requests backdating, their eligibility will be backdated for up to three months from the first day of the month the application was filed at the Marketplace.

25.4 Valid Application

3. Signature in the Rights and Responsibilities section of one of the following forms:
 - Wisconsin Medicaid for the Elderly, Blind and Disabled Application / Review Packet (F-10101),
 - Medicaid, BadgerCare Plus and Family Planning Services Registration Application (F-10129),
 - BadgerCare Plus Application Packet (F-10182),
 - BadgerCare Plus Supplement to FoodShare Wisconsin Application (F-10138) or an electronic signature in ACCESS,
 - Application for Health Coverage & Help Paying Costs from the FFM
 - Telephonic signature in CARES CWW
 - Electronic signature in CARES ACCESS
 - Electronic signature in an account transfer from the FFM.

The date the BadgerCare Plus paper or ACCESS application is received by the IM agency with the applicant's name, address and a valid signature (25.5) is the filing date. Applications must be processed within 30 days of the filing date. (See 25.7)

For applications assessed as BadgerCare Plus- or Medicaid-eligible that were filed at the Marketplace and subsequently determined eligible for BadgerCare Plus or the Medicaid, the filing date for the BadgerCare Plus or Medicaid coverage will be the date the application was submitted to the FFM. FFM-referred applications must be processed within 30 days of the date the FFM application was received by the consortium or agency. For additional information about the filing date, see 25.6.

25.5 Valid Signature

2. The signature page of the application ~~CAF~~ (telephone or face to face) or

25.5.2 Telephone Signature Requirements

Telephonic signatures are valid forms of signatures for BadgerCare Plus. To collect a valid telephonic signature:

1. Create an audio recording of the following:
 - Key information provided by the household during the telephone interview;
 - Signature statement that includes:
 - Rights and responsibilities;
 - Attestation to the accuracy and completeness of information provided;
 - Attestation to the identity of individual signing the application;
 - Release of information.
2. Store the audio recording in the ECF.
3. Send the applicant or member a written summary of the information provided during the interview. Include a cover letter that outlines the applicant or member's responsibility to review the information provided and notify the agency within ten calendar days if any errors are noted.
4. Store a copy of the written summary and cover letter in the ECF.

Note: Applications that are submitted through ACCESS or transferred from the Marketplace are signed electronically, so an additional signature (telephone or ~~pen- and-paper~~ physical) is not needed.

25.5.3 Valid Signature on the Federally-Facilitated Marketplace

This section is new. Only the section heading has been highlighted in order to promote readability.

Application

25.8 Begin Dates BadgerCare Plus eligibility begins the first day of the month in which the valid application is submitted and all eligibility requirements are met, with the following exceptions. ~~These~~ **For these exceptions**, begin dates are the date a valid application is submitted, all eligibility requirements are met, and:

1. Deductible - The date the deductible was met.
2. Inmates - The date the member is no longer an inmate of a public institution. See Section 3.6 for more information on exceptions.
3. Newborn - The date the child was born.
4. Person adds - The date the person moved into the household.
5. BadgerCare Plus Prenatal Program - The first of the month in which a ~~completed~~ **valid** application is received ~~and the pregnancy is verified~~.

~~**Note:** As of January 1, 2014, pregnancy for the BadgerCare Plus Prenatal Program will only be verified if the worker has information that contradicts the individual's self-declaration.~~

6. Recent moves - The date the member moved to Wisconsin.
7. Insurance coverage ends ~~with good cause~~ - The begin date for BadgerCare Plus is the date following the coverage end date.

25.8.1 Backdated Eligibility This section has been updated to remove policy related to non-MAGI rules and income limits prior to the changes included in 2013 Wisconsin Act 20 since the policy is no longer applicable. Only the section heading has been highlighted in order to promote readability

25.8.1.1 BadgerCare Plus Family Planning Services Eligibility for FPOS begins on the first of the month of application, if all nonfinancial (Section 40.4 Nonfinancial Requirements) and financial (Section 40.5 Financial Requirements) eligibility requirements are met. FPOS may be backdated up to three months ~~from~~ **prior to** the month of application.

25.9.1 Termination If less than a calendar month has passed since a member's enrollment has been terminated, the applicant can provide the necessary information to reopen BadgerCare Plus without filing a new application.

If more than a calendar month has passed since a member's enrollment was terminated, the applicant must file a new application to reopen his or her BadgerCare Plus.

~~Starting with renewals due March 31, 2014, if a case is determined under MAGI rules and is closed at renewal due to failure to complete the renewal, including providing verification for that renewal, the individual can be reopened for BadgerCare Plus without filing a new application if he or she provides the necessary information within 90 days~~ **three months** of the renewal date.

25.9.2 Denial If less than 30 days has passed since the client's eligibility was denied, allow the client to re-sign and date the application or page one of the ~~CAF application~~ to set a new filing date.

26.1.1 Renewals Introduction **Agency Option**

~~For individuals whose eligibility is determined under non-MAGI rules, the agency may review any case at any other time when the agency can justify the need. Examples include:~~

- ~~Loss of contact~~
- ~~Member request~~

~~**Note:** Shortening certification periods in an attempt to balance agency workload is not permissible.~~

BadgerCare Plus members whose eligibility is determined using MAGI rules are required to complete a renewal no earlier or no later than 12 months from their certification period. Individuals whose benefits are time-limited, such as CENs or pregnant women, will not be required to do a renewal at the end of their time limited benefit if the individual is on a case with other open BadgerCare Plus assistance groups.

Once individuals' BadgerCare Plus eligibility is determined under MAGI rules, workers can complete an early renewal only if the member requests an early renewal. Once the member requests an early renewal, the renewal must be completed.

Note: Shortening certification periods in an attempt to balance agency workload is not permissible.

26.1.2.1 Verification Requirements for Late Renewals

If the BadgerCare Plus renewal was completed timely, but requested verifications were not provided as part of the renewal, BadgerCare Plus can reopen without a new application if these verifications are submitted within three months of the renewal month. The submission of the renewal-related verifications is considered a request for health care. Only the missing verifications must be provided. However, the verifications must include information for the current month of eligibility. If verification is submitted for a past month, a new Verification Checklist (VCL) must be generated to request the current verification, allowing 10 days to submit the verification.

~~For EBD Medicaid, the member must provide the missing verification and verify assets for the current month if there was a gap in coverage.~~

26.1.3 Administrative Renewals

This section has been deleted. (Note: The administrative renewal policy in Operations Memo 17-J1 applies until the handbook is updated.)

27.2 Nonfinancial Change Reporting Requirements

This section has been updated to remove policy related to non-MAGI rules and income limits prior to the changes included in 2013 Wisconsin Act 20 since the policy is no longer applicable. Only the section heading has been highlighted in order to promote readability.

27.3 Income Change Reporting Requirements

This section has been updated to remove policy related to non-MAGI rules and income limits prior to the changes included in 2013 Wisconsin Act 20 since the policy is no longer applicable. Only the section heading has been highlighted in order to promote readability.

28.2 Recoverable Overpayments

Example 2 has been deleted and the other examples renumbered.

32 Presumptive Eligibility

This chapter has been rewritten. Only the section headings have been highlighted in order to promote readability.

38.2 Standard Plan

38.2 Standard Plan List of Covered Services and Copayments

38.2.1

Effective April 1, 2014, all BadgerCare Plus members are covered under the Standard Plan. The following chart table shows some of the covered services and copayments under the Standard Plan BadgerCare Plus.

The table header has been updated.

38.2.2 Copayment

This section has been updated to remove policy related to non-MAGI rules and income limits prior to the changes included in 2013 Wisconsin Act 20 since the policy is no longer applicable. Only the section heading has been highlighted in order to promote readability.

38.5.1 BadgerCare Plus Cards Introduction	<p>All BadgerCare Plus members are issued ForwardHealth cards. These cards are plastic and display the words “ForwardHealth.”</p> <p>Note: Members who were previously enrolled in the BadgerCare Core Plan or the BadgerCare Plus Basic Plan received cards with the program names listed. These programs ended on March 31, 2014.</p>
39.1 Emergency Services Income Limits	<p>This section has been updated to remove policy related to non-MAGI rules and income limits prior to the changes included in 2013 Wisconsin Act 20 since the policy is no longer applicable. Only the section heading has been highlighted in order to promote readability.</p>
39.3 Emergency Services For Pregnant Women	<p>Note: As of January 1, 2014, pregnancy is no longer required does not need to be verified (see Section 9.9.3 Pregnancy).</p> <p><i>Example 4 has been updated.</i></p>
39.6 BadgerCare Plus Deductible	<p>Immigrants who apply for Emergency Services and who are under 19 years of age and ineligible due to access to health insurance or who are pregnant and have countable household income over 300 percent of the FPL, may become eligible for BadgerCare Plus Emergency Services through a BadgerCare Plus deductible. If, on the date he or she applies and he or she meets all other eligibility criteria, apply the same deductible policies to him or her as any other applicant (see Chapter 17 Deductibles).</p>
40.1 Family Planning Only Services Program	<p>BadgerCare Plus The Family Planning Only Services Program provides limited benefits for family planning services for women and men with income at or below 300% of the FPL (under non-MAGI rules) or 306 percent of the FPL (under MAGI rules) and who are:</p>
40.2 Presumptive Eligibility	<p>This section has been rewritten. Only the section heading has been highlighted in order to promote readability.</p>
40.4 Nonfinancial Requirements	<p>The following are FPOS specific nonfinancial requirements:</p> <ul style="list-style-type: none"> • The person must be of child bearing or reproductive age • The person must be a Wisconsin resident • The person must not be enrolled in BadgerCare Plus or receiving other full benefit Medicaid • The person must be one of the following: <ul style="list-style-type: none"> ○ For individuals If under age 19: Lawfully residing in the United States (no requirement for the amount of time the person is lawfully present in the U.S.). ○ For non-pregnant individuals If age 19 and older: Either a U.S. citizen or lawfully residing in the United States under one of the eligible immigration statuses/situations listed in section 4.3.4.
40.5.2 Income Under MAGI Rules	<p>40.5.2 Income Under MAGI Rules</p> <p>Because FPOS eligibility is determined based on a group size of one, the applicant’s taxable earned and unearned income is the only income that should be used when calculating their income for purposes of FPOS eligibility under MAGI rules (see Chapter 16 Income for information on taxable income). When a child under 19 is applying, their parents’ income is not included in his or her eligibility determination. If a married individual is applying for FPOS coverage, do not include the income of the spouse, even if he or she is living with his or her spouse.</p>
40.6.1 Fetus	<p>This section has been deleted.</p>

40.6.2 Children 18 years of Age

This section has been deleted.

40.6.3 FPOS Group under MAGI Rules

~~40.6.3 FPOS Group under MAGI Rules~~

~~For all individuals, including children under 19, whose eligibility for FPOS is determined under MAGI rules, the group size of the applicant will always be one, regardless of his or her marital status, pregnancy status, and whether or not he or she has children or tax dependents.~~

40.6.4 Transitioning to MAGI Rules

This section has been deleted.

40.8 FPOS Changes

40.8 FPOS Reporting Changes

Note: Household composition changes will not affect eligibility ~~when the member's eligibility is determined using MAGI rules in 2014~~, as all FPOS assistance groups will only include the member in the household composition, regardless of his or her living arrangement.

40.9 FPOS BadgerCare Plus Extension Phase

~~40.9 FPOS BadgerCare Plus Extension Phase~~

Note: Household composition changes will not affect eligibility ~~when the member's eligibility is determined using MAGI rules in 2014~~, as all FPOS assistance groups will only include the member in the household composition, regardless of his or her living arrangement.

40.10 Reviews and Recertifications

If a member completes a renewal for another program of assistance at any time before the 12th month of FPOS eligibility ends, and no longer meets the FPOS eligibility requirements, he or she will enter into an FPOS extension phase. He or she will be required to complete a renewal at the end of the original 12-month certification period. If at this renewal, he or she is found to still have income in excess of the FPOS limit, eligibility for FPOS ends.

~~Through December 31, 2013, FPOS cases can be selected for administrative renewal (26.1.2). These cases must meet all the following criteria to be selected for this process:~~

- ~~• No child in household turning 18 in current or next month~~
- ~~• Countable income of individuals age 18 and above at or below 275% of the FPL.~~

~~Administrative renewals for FPOS case will not be allowed in 2014.~~

41.1 BadgerCare Plus Prenatal Program

The BadgerCare Plus Prenatal Program provides coverage for women who:

- Meet the non-financial and financial eligibility requirements for BadgerCare Plus outside of incarceration or immigration status
- ~~• Have verified pregnancies, and~~
- Are not eligible for BadgerCare Plus because they are either inmates of a public institution or Non-qualifying immigrants.

Note: ~~Pregnancy will no longer be verified for the BadgerCare Plus Prenatal Program beginning on January 1, 2014. Only verify pregnancy if the worker has information that contradicts the member or applicant's self-declared information.~~

41.2 Eligibility Requirements

1. The applicant's net countable income must not exceed ~~300% of the FPL (under non-MAGI rules) or 306% of the FPL (under MAGI rules).~~
2. The applicant must not have current or past access to an employer's health

insurance benefit where the employer pays 80% or more of the premium cost or to any State of Wisconsin health insurance plan.

3. The applicant must provide any required verifications.

Note: For eligibility beginning on or after January 1, 2014, pregnancy will only be verified if the worker has information that contradicts the applicant's self-declared information (see Section 9.9.3 Pregnancy).

41.5 Eligibility Begin Date

BadgerCare Plus Prenatal Program eligibility begins no sooner than the first of the month in which a valid application is received. For applicants whose eligibility is beginning prior to December 31, 2013, the pregnancy must be verified before eligibility can begin.

The example has been deleted.

41.6 Eligibility End Date

Note: When the pregnancy ends, CARES will automatically send ForwardHealth an emergency services certification through the end of the month in which the 60th day occurs.

41.7.1 The BadgerCare Plus Prenatal Group through January 31, 2014

This section has been deleted.

41.7.2 The BadgerCare Plus Prenatal Group After February 1, 2014

~~**41.7.2 The BadgerCare Plus Prenatal Group After February 1, 2014**~~

~~Effective February 1, 2014, all new applicants for the BadgerCare Plus Prenatal Program will have their eligibility determined under MAGI rules. Follow the rules outlined in Chapter 2 BadgerCare Plus Group in order to form group size for the BadgerCare Plus Prenatal Program.~~

Beginning January 1, 2014, pregnancy, the number of fetuses, and the due date are not required to be verified unless the worker has information that contradicts the applicant's self-declared information (see Section 9.9.3 Pregnancy). The effective begin date for the BadgerCare Plus Prenatal Program is the first of the month in which they apply and are otherwise eligible.

42.0 Long-Term Care for Childless Adults

Institutionalized childless adults who do not meet the eligibility criteria for EBD Medicaid but are eligible for BadgerCare Plus under the MAGI rules are eligible to have their LTC services covered by BadgerCare Plus if they are functionally eligible. "Institutionalized" means the individual has resided in a medical institution for 30 or more consecutive days or is likely to reside in a medical institution for 30 or more consecutive days.

42.2 Patient Liability, Estate Recovery, and Other Policies for Childless Adults Eligible for BadgerCare Plus While in Long-term Care

The following conditions apply to any childless adult who is eligible for BadgerCare Plus under the MAGI rules while institutionalized:

42.3 Institutionalized Individuals Determined Eligible for Elderly, Blind, or Disabled Medicaid

The conditions outlined in Section 42.2 Patient Liability, Estate Recovery, and Other Policies for Childless Adults Eligible for BadgerCare Plus While in Long-Term Care only apply to institutionalized individuals while they remain eligible for BadgerCare Plus as a childless adult. When an institutionalized individual has been determined eligible for EBD Medicaid, he or she is not eligible for BadgerCare Plus as a childless adult. When an individual becomes eligible for LTC under EBD Medicaid rules, he or she is subject to regular estate recovery rules and will have to pay the monthly nursing home patient liability. If the individual later becomes ineligible for EBD Medicaid, he or she may again become eligible for BadgerCare Plus under MAGI rules.

Example 1 has been updated.

43 BadgerCare Plus Core Plan

This chapter has been deleted and marked reserved.

43.1 BadgerCare Plus Core Plan

This section has been deleted and marked reserved.

45 BC+ Basic Plan

This chapter has been deleted and marked reserved.

45.1 BadgerCare Plus Basic Plan

This section has been deleted and marked reserved.

48.1.1 Premiums for Children

~~Under MAGI rules, n~~Non-exempt children whose BadgerCare Plus eligibility is determined under MAGI rules and with an assistance group income above 201 percent of the FPL will be required to pay premiums. Each child's premium will be based on his or her own assistance group's size and income. The five percent cap for the cost of total household premiums for children will continue to apply. The cap will be five percent of the income of the premium paying assistance group with the highest countable income amount. The total household's premiums will be determined based on the combined amount of all children's premiums or the five percent cap, whichever amount is less. See Section 19.2 Premium Calculations and Section 19.3 Premium Limits for more information on premium caps.

~~The below table outlines the premium amounts for children whose income is determined under MAGI rules.~~

48.1.2 Premiums for Adults

The tables below provide the range of premiums for adults in BadgerCare Plus based on family size and income level. The amounts listed for households with incomes over 200 percent of the FPL apply to families in a BadgerCare Plus Extension and to members whose income increases after their renewal approval.

BadgerCare Plus parents, caretakers, and childless adults with income at or below 100 percent of the FPL are not required to pay premiums. Non-exempt parents and caretakers in an extension with income above 133 percent of the FPL are required to pay premiums. ~~Effective with extensions that begin on or after April 1, 2014, n~~Non-exempt parents and caretakers in an extension with income between 100 and 133 percent of the FPL are required to pay premiums starting in the seventh calendar month of their extension.

The tables for family sizes 1-10 have been updated with values that were effective February 1, 2017.

48.1.3 Five Percent Premium Caps for Children

The table below displays the five percent caps of BadgerCare Plus premiums for children in certain households with incomes above 201 percent and below 306 percent of the FPL. Families will pay the combined premiums for the children or an amount equal to five percent of the family's countable income, whichever is less. For example, a family with five children and an income of 295 percent of the FPL would

ordinarily owe premiums amounting to five times \$82, which equals \$410. However, if the children's AG size, including the parent, is six, the five percent cap found in the table below is \$395~~399~~. That is the maximum premium amount that the family should be charged for that month.

The table has been updated with values that were effective February 1, 2017.

49.1 Health Care Choice

This section has been updated to remove policy related to non-MAGI rules and income limits prior to the changes included in 2013 Wisconsin Act 20 since the policy is no longer applicable. Only the section heading has been highlighted in order to promote readability.

50.1 Federal Poverty Level Table

The table has been updated with values that were effective February 1, 2017.

An FPL calculator can be found at www.safetyweb.org/fpl.php. For an online tool to calculate the FPL using household income in dollars, go to www.safetyweb.org/fpl.php.

51.1 BadgerCare Plus Medical Status Codes

51.1 BadgerCare Plus Medical Status Codes Categories

Note: For a complete list of medical status codes, see Process Help Chapter 81 Forward Health iChange.

The following Medical Status Codes are in effect April 1, 2014 for all BadgerCare Plus members.

The following table identifies the copayments or premiums for which BadgerCare Plus members may be responsible. The table also provides information on the federal program under which members are eligible, if applicable.

The table has been updated.

*See Section 39.1 Emergency Services Income Limits

**Premiums only for months 7 to 12 extension.

Note: All of the categories listed in the table have BadgerCare Plus Standard Plan coverage, except the following:

- People enrolled in Emergency Services for Non-Qualifying Immigrants only have emergency services coverage.
- People enrolled in Family Planning Only Services only have family planning services coverage.

52 Core Plan Health Insurance

This chapter has been deleted and marked reserved.

52.1 Core Plan Health Insurance

This section has been deleted and marked reserved.