

WISCONSIN DEPARTMENT OF HEALTH SERVICES
Division of Medicaid Services
1 W. Wilson St.
Madison WI 53703

To: BadgerCare Plus Eligibility Handbook Users

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

Re: **BadgerCare Plus Handbook Release 17-04**

Release Date: 12/13/2017

Effective Date: 12/13/2017

EFFECTIVE DATE The following policy additions or changes are **effective 12/13/2017** 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

1.1.1 Overview BadgerCare Plus is a state and federal program that provides health coverage for low-income Wisconsin residents. To be eligible for BadgerCare Plus, a person must meet certain non-financial and financial requirements.

Depending on their age, income, and other criteria, BadgerCare Plus members have their benefits funded by either the Medicaid program or CHIP.

1.1.2 BadgerCare Plus Coverage Groups All BadgerCare Plus members receive coverage under the Standard Plan. See Chapter 38 Covered Services for information on covered services.

BadgerCare Plus is funded by Medicaid and CHIP. CHIP, which is also known as SCHIP or Title 21, is primarily a program covering low-income children's health care needs. In Wisconsin, these low-income children include children with incomes above the Medicaid income limits up to 306 percent of the FPL. Children eligible for CHIP are covered under BadgerCare Plus. CHIP also covers pregnant women who are enrolled in the BadgerCare Plus Prenatal Program.

1.1.4 Wisconsin Medicaid Medicaid is a state and federal program that provides health coverage for Wisconsin residents who are elderly, blind, or disabled. In addition to this, Medicaid funds the benefits of most adults and children enrolled in BadgerCare Plus.

Medicaid is also known as Medical Assistance, MA, and Title 19.

1.1.6 Ways to Apply A person can apply for BadgerCare Plus:

- Online using ACCESS
- By phone by calling the ~~local county~~ IM consortium or tribal agency
- In-person at the local county or tribal agency
- By mail using a paper application

2.2.2 Caretaker Relative 3. Grandmother or grandfather, aunt or uncle, first cousin, nephew or niece, or any preceding generation denoted by the prefix grand-, great-, or great-great, and including those through adoption.

Note: "First cousin" includes a first cousin from a different generation, such as a first cousin once removed (i.e. the relative is taking care of his or her first cousin's child).

2.2.4 Pregnant Woman

If there is a pregnant woman in the group, include the number of expected babies in the group size. Verification of the number of expected babies is not required unless questionable. If the number of babies is unknown, add 1 to the group size.

2.3.1.1 Tax Filers

If the person is a tax filer and is **not** being claimed as a dependent by anyone else, then the person's MAGI group consists of the tax filer, the tax filer's spouse, and any dependents the tax filer is claiming.

If there is a pregnant woman in the group, include the number of expected babies in the group size. Verification of the number of expected babies is not required unless questionable. If the number of babies is unknown, add 1 to the group size.

2.3.2 Forming the Test Group Using Modified Adjusted Gross Income Relationship Rules

If the target individual is over age 19, the target's group includes the target's spouse and the target's children under age 19.

If there is a pregnant woman in the group, include the number of expected babies in the group size. Verification of the number of expected babies is not required unless questionable. If the number of babies is unknown, add 1 to the group size.

2.5 Assistance Groups

Because of different BadgerCare Plus eligibility requirements, people within the BadgerCare Plus test group are placed into 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 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 BadgerCare Plus assistance groups is dependent on age, tax filing relationships, and family relationships to the individual(s) whose eligibility is being determined.

2.8 Modified Adjusted Gross Income Counting Rules

Example 5 is new.

4.2.7.5 Non-citizens

As a reminder, do not request or require citizenship and identity documentation from individuals who have not declared that they are citizens. Non-citizens who apply for IM programs are not subject to this policy. Legal non-citizens are subject to the verification process through FDSH and SAVE, and undocumented non-citizens do not have any status that can be verified. (See Process Help Section 44.2.2.11 Immigrant/Refugee Verification for instructions on using FDSH and Process Help Chapter 82 for instructions on using SAVE.) Undocumented non-citizens can apply for Emergency Medicaid or BadgerCare Plus Prenatal Program and should not be subject to the citizenship and identification verification policy.

When an individual who had legal non-citizen status subsequently gains U.S. citizenship, this is recorded in SAVE. Therefore SAVE can be used to verify these individuals' citizenship. The verification result from SAVE will be used to verify these individuals' citizenship. The verification result from SAVE will be "individual is a US Citizen." ~~Please consult Operations Memo 04-10, for instructions on using SAVE.~~ Use the <SV> code in the Medicaid Citizenship verification field when using SAVE for this population. These individuals do still need proof of identity since the SAVE verification is considered to be Level 2 citizenship documentation.

5.1.2 Referral to Child Support Agencies

Do not refer the following:

- Former Foster Care Youth unless the youth is also the parent of an eligible child in the household.
- Pregnant women eligible under the BadgerCare Plus Prenatal Program.
- People residing in domestic abuse shelters. Once a person moves out of a domestic abuse shelter, complete the Absent Parent page in CWW so that the referral is sent to the CSA.

8.2 Continuously Eligible Newborns

2. The natural mother was determined eligible in the state of Wisconsin for the month of the birth for one of the following programs:
 - a. BadgerCare Plus
 - b. Other full-benefit Medicaid (see Medicaid Eligibility Handbook Section 21.2 Full-Benefit Medicaid)
 - c. Emergency Services BadgerCare Plus
 - d. Emergency Services Medicaid (see Medicaid Eligibility Handbook Section 34.1 Emergency Services)
 - e. BadgerCare Plus Prenatal Program (as a nonqualifying immigrant)

There is no income or resource test for these children 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: Children born to incarcerated mothers who are only eligible for the BadgerCare Plus Prenatal Program on the date of the child's birth will not be eligible as CENs.

9.9.7 Tribal Membership

9.9.7 Tribal Membership, Descent, or Eligible to Receive Indian Health Services

~~Tribal members~~ The following people are exempt from paying BadgerCare Plus premiums and benefit copayments:

- Members of American Indian and Alaska Native tribes
- Children of members of American Indian and Alaska Native tribes
- Grandchildren of members of American Indian and Alaska Native tribes
- People eligible to receive IHS

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

9.11.4 Negative Actions

Deny or reduce benefits when all of the following are true:

- The applicant or member has the power to produce the verification.
- The time allowed to produce the verification has passed.
- The applicant or member has been given adequate notice of the verification required.
- You need the requested verification to determine current eligibility. Do not deny current eligibility because an applicant or a member does not verify some past circumstance not affecting current eligibility

16.2 Income Types Not Counted

22. **Special programs** income received from any of the following:
 - i. AmeriCorps Volunteers in Service to America (VISTA) (*This was effective November 10, 2017.*)

38. The American Recovery and Reinvestment Act of 2009 has been deleted, and the rest of the section has been renumbered.

39. 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).

Do not count the value of a gift as income. This includes funds received through crowdfunding accounts, such as GoFundMe and Kickstarter. Funds received through a crowdfunding account would be considered a gift. These funds are not taxable and are not counted.

45. **Live-in care providers** is new. *(This was effective August 31, 2017.)*

16.3.1 Child Support Payments

Child support payments are not allowed as an income deduction.

Spousal support, alimony, or maintenance can be claimed as a BadgerCare Plus tax deduction (see Section 16.3.3 Tax Deductions).

16.3.3 Tax Deductions

Monthly expenses related to tax deductions from page one of the IRS Form 1040 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 an 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.

See #15 in Section 16.5 Other Income for information on counting capital losses.

18. **Live-in care providers** is new. *(This was effective August 31, 2017.)*

16.4.1 Specially Treated Wages

4. AmeriCorps

Earnings or cash benefits received through AmeriCorps, ~~including VISTA~~, will be counted as earned income. Educational awards received from AmeriCorps are not counted as income.

Note: This does not include earnings or cash benefits received through VISTA (see #22 in Section 16.2 Income Types Not Counted).

(This was effective November 10, 2017.)

6. **Live-in care providers** is new. *(This was effective August 31, 2017.)*

16.4.3 Self-Employment Income

This section and its subsections have been rewritten.

16.4.4 Verification

This section has been rewritten.

16.4.4.1 Self-Employment Hours

Count the time a self-employed person ~~puts in~~ spends on business-related activities involving planning, selling, advertising, and management, along with time ~~put in~~ spent on the production of goods and ~~providing of services~~ services provided as hours of work.

16.4.4.2 Live-In Care Providers

This section is new.

(This was effective August 31, 2017.)

17.4.1 When Expenses Can Be Counted Toward a Deductible

3. d. Paid or written off some time during the three months prior to the ~~date of application~~ start of the first deductible period. This expense can only be used for the first deductible period. Balances cannot be carried forward to future deductible periods.

Example 9 is new.

18.5.1 Introduction

2. All children under the parent's or caretaker relative's care have either left the household or turned 19, or the parent is no longer cooperating with a reunification plan, and the extension was based on an increase in earned income.

5. He or she fails to pay a premium or quits BadgerCare Plus (see Section 19.11 BadgerCare Plus Restrictive Re-enrollment Period). Only the parents/caretakers that owed the premium (those in the BCPM MAGM AG) are put into a restrictive re-enrollment period. The other members of the family in the extension remain eligible for the duration of the extension.

Note: Children in a support extension who turn 19 years old 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. Members may continue to be eligible through the end of the extension period unless they meet any of the criteria listed above.

18.5.2 Regaining Extensions

This section is new. Some of the information in Section 18.5.1 has been moved to this section.

18.5.2. Leaving Wisconsin

18.5.2.1 Leaving Wisconsin and Regaining Extensions

19.5 Initial Payments

A BadgerCare Plus Premium Information/Payment form (F-10139) must be sent to the fiscal agent along with the payment. (CARES Mainframe manual standard letter CNSL NCBP009901 can also be used). The BadgerCare Plus CARES case number must be included on the form and on the check. Workers must mail the initial BadgerCare Plus premium payment (check or money order) and completed form to:

BadgerCare Plus
c/o Wisconsin Department of Health Services
P.O. Box 93187
Milwaukee, WI 53293-0187

19.6 Ongoing Payment

BadgerCare Plus premiums are due on the 10th of the benefit month, regardless of which payment method is chosen:

- For people who have chosen "direct pay" as their payment method, the fiscal agent sends the BadgerCare Plus premium coupons on the 20th of the month before the benefit month.

Note: Members should include the premium coupon with their check or money order when they mail it to the address indicated on the premium coupon. If members do not have the premium coupon, they must put their case number on the check or money order and mail it to:

BadgerCare Plus
WI Dept of Health Services
P.O. Box 6648
Madison, WI 53716-0648

- Electronic funds transfer occurs on the third business day of the benefit month.

19.10.2.1 Person

If the person add will cause an increase in the premium, CARES will not allow

Adds

eligibility confirmation if the notice requirement cannot be met. Certify eligibility for new members through the ForwardHealth Portal. If unable to certify through the ForwardHealth Portal, complete and return the Medicaid/BadgerCare Plus Eligibility Certification form, F-10110, (formerly DES 3070) for the days that cannot be confirmed in CARES (see Process Help Chapter 81). The form can be returned by fax to 608-221-8815 and by mail to:

ForwardHealth iChange
ForwardHealth
Eligibility Unit
P.O. Box 7636
Madison, WI 53707-7636

19.11.2.1 Children Under Age 19

RRPs are set for three months.

The child can become eligible for BadgerCare Plus again at any time during the three-month RRP if he or she pays all owed premiums **are paid**. The child's eligibility will be restored back to the beginning of the RRP. If the individual serves the full three month penalty period, he or she ~~will become~~ **may be eligible to re-enroll for the remainder of the** BadgerCare Plus **extension** again (without paying any owed premiums) on the first of the following month after the RRP ends, if he or she continues to meet the program eligibility criteria.

19.11.2.2 Adults Age 19 and Older

RRPs are set for three months.

An adult must only pay a premium **for BadgerCare Plus** is if he or she is in an extension. An adult can become eligible for the remainder of the extension again at any time during the three month RRP if he or she pays all owed premiums. The adult's eligibility will be restored back to the beginning of the RRP. If the individual serves the full three month penalty period, he or she can become eligible for the remainder of the extension (without paying any owed premiums) if he or she requests to re-enroll for the remainder of his or her extension and if he or she continues to meet the program eligibility criteria.

25.4 Valid Application

- Signature in the Rights and Responsibilities section of one of the following forms:
 - Wisconsin Medicaid for the Elderly, Blind and Disabled Application Packet, F-10101
 - Wisconsin 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
 - Application for Health Coverage & Help Paying Costs from the FFM
 - Telephonic signature in CWW
 - Electronic signature in 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 (see Section 25.5 Valid Signature) is the filing date. Applications must be processed within 30 days of the filing date (see Section 25.7 Time Frames)~~

~~For applications assessed as BadgerCare Plus or Medicaid-eligible that were filed at the FFM 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 Section 25.6 Filing Date.~~

25.8.1 Backdated

All former foster care youth that meet the criteria in Chapter 11 Foster Care Medicaid

Eligibility

may have their eligibility backdated to the first of the month, up to three calendar months prior to the month of application.

~~All disabled adults may have their eligibility backdated to the first of the month, up to three calendar months prior to the month of application.~~

Children determined eligible for BadgerCare Plus are eligible for the following periods of backdated eligibility:

- Infants less than 1 year old may have their eligibility backdated up to the first of the month, three calendar months prior to the month of application for any of the months in which their family income was at or below 306% FPL,
- Children ages 1 through 5 may have their eligibility backdated up to the first of the month, three calendar months prior to the month of application for any of the months in which their family income was at or below 191% FPL, and
- Children ages 6 through 18 may have their eligibility backdated up to the first of the month, three calendar months prior to the month of application for any of the months in which their family income was at or below 156% FPL.

All non-pregnant, non-disabled parents and caretakers may have their eligibility backdated up to the first of the month, three calendar months prior to the month of application for any of the months in which their family income was at or below 100% FPL.

Childless adults with assistance group income under 100% FPL are eligible for backdating.

When backdating BadgerCare Plus, do not go back further than the first of the month, three months prior to the application month. Certify the person for any backdate month in which he or she would have been eligible had he or she applied in that month. In the case of children, certify the person for any backdate month in which he or she would have been eligible had he or she applied in that month and in which their assistance group income was at or below the appropriate FPL level for their age group.

When determining backdated eligibility, use actual non-financial information (e.g. household composition) and actual income in the backdated months.

25.9.1 Termination

This section has been rewritten.

25.9.2 Denial

If less than 30 days has passed since the applicant's eligibility was denied, allow the applicant or his or her representative to re-sign and date the original application, the signature page of the application summary, or page one of the application or to call the agency to submit a telephonic signature to set a new filing date.

If more than 30 days has passed since an applicant's eligibility was denied and the person is not open for any other program, the person must file a new application to reopen his or her Medicaid.

If the person is open for any other program of assistance, do not require him or her to re-sign his or her application or sign a new application.

The person may need to provide verification if required to complete the eligibility determination.

26.1.1 Renewals Introduction

~~Agency Option~~ Review Dates for Time-Limited Benefits

BadgerCare Plus members are required to complete a renewal no earlier ~~or~~ and no later than 12 months from their certification period. People whose benefits are time-limited, such as (CENs, ~~or~~ pregnant women, people who have met a deductible, or

people in an extension) will not be required to complete a renewal at the end of their time-limited benefit unless they are on a case with other open BadgerCare Plus assistance groups. In this situation:

- If the regular BadgerCare Plus assistance group has a renewal date after the end of the time-limited benefit certification period, the person enrolled in time-limited benefits will have his or her eligibility redetermined at the end of his or her certification period, but a full renewal is not required at that time.
- If the regular BadgerCare Plus assistance group has a renewal date prior to the end of the time-limited benefit certification period, the time-limited benefit will remain open even if there is no renewal completed for the regular BadgerCare Plus assistance group. If a renewal is completed for the BadgerCare Plus assistance group, the length of the time-limited benefit certification period does not change.

26.1.2 Three-Month Late Renewals

Note: The three-month period starts from after the month the renewal was due. It does not restart when a late renewal has been submitted. If Jenny submits her renewal on March 15 but does not provide verification until May, she will need to reapply after the three-month period that started with her January renewal date.

28.3 Unrecoverable Overpayments

Do not initiate recovery for a BadgerCare Plus overpayment if it resulted from a non-member error, including the following situations:

- The member reported the change timely, but the case could not be closed or the benefit reduced due to the 10-day notice requirement.
- Agency error (keying error, math error, failure to act on a reported change, etc).
- Normal prospective budgeting projections based on best available information.
- The member's tax filing status is different from what he or she reported as his or her expected tax filing status for that year.

38.2.2 Copayment

A BadgerCare Plus member may be required to pay a part of the cost of a service. This payment is called a "copayment" or "co-pay".

Providers are **prohibited** from collecting copayment from the following members:

- Children in a mandatory coverage category. In Wisconsin, this includes:
 - Children in foster care, regardless of age.
 - Children in adoption assistance, regardless of age.
 - Children under age one with income up to 150 percent of the FPL.
 - Children ages 1 through 5 with income up to 191 percent of the FPL.
 - Children ages 6 through 18 years of age with incomes at or below 133 percent of the FPL.
- ~~Children in the Katie Beckett program, regardless of age.~~
- Children under 19 eligible through Express Enrollment.
- Children who are American Indian or Alaska Natives who are enrolled in the state's CHIP.
- American Indians or Alaskan Natives, regardless of age or income level, when they receive items and services either directly from an Indian health care provider or through referral under contract health services.
- ~~Terminally ill individuals receiving hospice care.~~
- ~~Nursing home residents.~~
- ~~Women enrolled in Wisconsin Well Woman Medicaid.~~

38.6.4 Process

This section has been rewritten.

39.2.1 Determining Eligibility

Submit completed Medicaid/BadgerCare Plus Eligibility Certification forms by fax to 608-221-8815 or by mail to:

Forward Health iChange
ForwardHealth

Eligibility Unit
 P.O. Box 7636
 Madison, WI 53707-7636

42.1 Long-Term Care Eligibility Requirements for Childless Adults Eligible for BadgerCare Plus

- They have not divested in order to qualify for receipt of LTC services (see the Medicaid Eligibility Handbook Chapter 17 Divestment). Institutionalized childless adults who divest are not eligible for LTC services although they remain eligible for Medicaid services.

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

- The person is not subject to an asset limit but is subject to divestment rules (see Medicaid Eligibility Handbook Chapter 17 Divestment).

51.1 BadgerCare Plus Categories

Transitional Childless Adult	0%	No	No	T19
Childless Adult	>0-100%	Yes	No	T19
Transitional Childless Adult	>0-100%	Yes	No	T19