

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 Eligibility Handbook Release 19-01**

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EFFECTIVE DATE	The following policy additions or changes are effective 04/19/2019 unless otherwise noted. Underlined text denotes new text. Text with a strike through it denotes deleted text.	
POLICY UPDATES		
2.5	Assistance Groups	Updated Assistance Group table.
3.3.1	Under Age 21	Clarified requirements to be a Wisconsin resident.
3.6.4	DOC Pre-Release Applications from Offenders	New section.
4.2	Documenting Citizenship	Updated policy for verification of US citizenship.
4.3	Immigrants	Updated policy for immigrant eligibility.
6.1.1	Overview of Social Security Number Requirements	Added cross-references to section 9.9.1 regarding people without a SSN.
9.9	Mandatory Verification Items	Updated policy for assisting applicants with applying for a Social Security number. Clarified policy on determining eligibility for people without a SSN.
9.12.2	Reasonable Compatibility Thresholds	Updated to remove the extension premiums.
9.12.3	Reasonable Compatibility Test	Updated examples.
9.12.5	Use of Equifax Data for Verification of Income	Updated example.
16.2	Income Types Not Counted	Added an Income Type Not Counted.
16.9.2	Determining Annual Income for Gap Filling Referrals and Requests	Updated examples.
18.1	Extensions	Updated to indicate BadgerCare Plus extensions no longer require premiums.
18.2	Increase in Earnings	Deleted premium requirement for extensions.

18.3	Increase in Spousal Support or Family Support Income Extensions	Deleted premium requirement for extensions.
18.4	Income Changes During the Extension	Updated income change verification requirements.
18.5	Losing an Extension	Deleted premium requirement for extension.
19.1	BadgerCare Plus Premiums	Updated policy for premiums.
19.2	Premium Calculations	Deleted premium requirement for extension.
19.3	Premium Limits	Updated premium amounts and deleted extension premiums.
19.5	Initial Payments	Clarified policy for free months.
19.11	Children Under Age 19	Updated examples.
27.3	Income Change Reporting Requirements	Deleted premium requirement for extension.
28.2	Recoverable Overpayments	Updated example.
28.3.1	Gap Filling Eligibility Considerations	Updated examples.
28.4.2	Overpayment Amount	Updated example.
48.1.2	Premiums for Adults	Deleted premium requirement for extensions.
48.1.3	Five Percent Premium Caps for Children	Updated example.
50.1	Federal Poverty Level Table	Updated FPL table.
51.1	BadgerCare Plus Categories	Deleted premium requirement for extension.

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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. 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.

The following are BadgerCare Plus assistance groups:

Assistance Group	Description
MAGY	Former Foster Care Youth
MAGP	Pregnant women, including those who are eligible for the BadgerCare Plus Prenatal Program and those who become eligible after meeting a deductible
MAGB	Continuously Eligible Newborns
MAGM	Adults in <u>Earned Income and Spousal Support</u> extensions who owe a premium
MAGN	Persons who are caretakers relatives, or the spouses of caretakers relatives in the home, including Child Welfare caretakers
MAGL	Children living with non-legally responsible relatives
MAGC	Children under age 19, living alone or with a parent or parents
MAGA	Persons age 19 or older who are parents, or stepparents of a child in the home, including Child Welfare parents
MAGD	Children who are eligible through meeting a deductible
MAGE	Children and Adults in Earned Income and Spousal Support <u>extensions</u> Extensions who do not owe a premium
MAGS	Childless adults

3.3 DETERMINING STATE RESIDENCY

3.3.1 Under Age 21

Not in an institution

A person under age 21 and not residing in an institution is a Wisconsin resident if he or she is:

- Age 18 through 20 or under age 18 and emancipated from his or her parents, or married, and is:
 1. Living in Wisconsin with the intent to remain living in Wisconsin, or
 2. Living in Wisconsin and entered Wisconsin with a job commitment or to seek employment.
- Under age 18 and not emancipated from his or her parents and not married, and is living in Wisconsin.

Note: For individuals receiving~~received~~ Medicaid based on receipt of Title IV-E assistance or if the individual receives State SSI, see Section~~section~~ 3.4 Special Situations.

- Living in another state when Wisconsin or one of its county agencies has legal custody of him or her.
- Living here and is eligible based on blindness or disability.
- Living in another state when his or her parent is a resident of Wisconsin, has legal custody of him or her, and he or she intends to reside with this parent.

Example 1: Alicia resides in Wisconsin and intends to remain living in Wisconsin. She gives birth to her son, Max, at a hospital in Minnesota. Due to medical complications, Max is an inpatient in the hospital for three weeks immediately after his birth. Even though Max has not physically been in Wisconsin after his birth, he is a resident of Wisconsin because his parent, Alicia, has legal custody of Max and Max will reside with her in Wisconsin once he is discharged from the hospital.

In an institution

The residence of a person under age 21 living in a Wisconsin institution when his or her parents or legal guardian lives outside of Wisconsin is the state in which the parent or legal guardian states the institutionalized person is present, and intends to stay.

If the parents have abandoned him or her and no legal guardian has been appointed, his or her residence is the state in which the institution is located, and the person making the Medicaid *application* must reside in the same state.

If he or she is married, his or her residence is the institution's state.

3.6 INMATES

3.6.4 DOC Pre- Release Applications from Offenders

Upon release from prison, many offenders are eligible for BadgerCare as parents/caretakers or as childless adults. In order to prevent a gap in medical or pharmacy coverage upon the offender's release, the Department of Health Services (DHS) requires consortia and tribal IM agencies to accept telephonic applications for health care from offenders nearing their date of release.

Inmates who have a definitive release date may apply for health care benefits by calling their income maintenance (IM) agency on or after the 20th day of the month before the month of release. The application must be processed at the time of the initial call. The applicant must be allowed to sign the application telephonically.

Eligibility begins the first of the month in which the applicant is released, but providers are prohibited from billing BadgerCare Plus for any services while the applicant is still incarcerated. The first day that a member can receive BadgerCare Plus-covered services is the day of release.

Most verification can be obtained through current data exchanges, but if additional verification is needed, the applicant must be given 30 days to provide the verification.

When processing applications from applicants whose only source of income is through employment inside a prison in either DOC or Badger State Industries (BSI) jobs, the worker does not need to verify this income. DHS has already received verification that the maximum possible earnings in these positions are below program limits.

Applicants with sources of income in addition to DOC or BSI income are required to verify the income from employment within the prison, in addition to verifying the other income sources.

When processing an application with DOC assistance, the DOC staff may verbally verify the release date of the applicant. If the release date is not verbally confirmed by a DOC staff member as part of an assisted application, the worker will verify the discharge date by searching for the applicant on the WI DOC Offender Locator site.

See Process Help Section 9.8 Processing Telephonic HC Applications From Offenders for more information on processing these applications.

4.2 ~~DOCUMENTING~~ CITIZENSHIP VERIFICATION

U.S. citizenship must be verified for persons ~~Persons~~ applying for or receiving Medicaid (MA), BadgerCare Plus, or FPOS benefits, ~~who have declared that they are a U.S. citizen, must provide documentation of their U.S. citizenship unless they are exempt from this requirement (See 4.2.2) or their citizenship is verified by the Social Security Administration through a data exchange.~~ and who have declared that they are a U.S. citizen, unless they are exempt from this requirement (See Section 4.2.2 Exempt Populations). Citizenship verification for health care must first be attempted using the real-time data exchange with the Social Security Administration before requesting documentation of citizenship from applicants. (See Section 4.2.3 Citizenship Verification through Data Exchange). Only those who are not exempt and for whom verification was not available through a data exchange may be required to submit documentation of their citizenship (See Section 4.2.4 Citizenship Verification through Documentation). Once citizenship has been verified for a person, verification may never again be required to receive health care benefits unless previously verified information becomes questionable

~~Certain documents, such as a passport, are considered verification of citizenship by themselves. These are called “stand-alone documents.” Those who are not exempt from the requirement, have not had their citizenship verified by the Social Security Administration, and do not provide a stand-alone document must provide documentation of citizenship and of identity. Any document used to establish U.S. citizenship must show either a birthplace in the U.S., or that the person is otherwise a U.S. citizen. In addition, any document used to establish identity must show identifying information that relates to the person named on the document. For a list of all the allowable documentation, see Process Help, Section 68.3 Acceptable Citizenship and Identity Documentation.~~

~~If an individual has provided proof of citizenship in a state other than WI, the IM worker can either request that the individual resubmit the documentation or request and obtain a copy or electronic copy of the original documentation reviewed by the other state to keep on file in WI.~~

~~Agencies may accept citizenship and identity documents from a woman whose last name has changed due to marriage or divorce if the documentation matches in every way with the exception of the last name. If there is any doubt, the agency may request that the individual provide an official document verifying the change such as a marriage license or divorce decree. If an individual has changed his or her first and last name, he or she must produce documentation from a court or governing agency documenting the change.~~

~~Applicants who are otherwise eligible and are only pending for verification of citizenship (and identity when needed) must be certified for health care benefits within the normal~~

~~application processing timeframe (30 days from the filing date). Applicants are not eligible for backdated health care benefits while pending for citizenship and/or identity. Once verification is provided, the applicant's eligibility must then be determined for backdated health care benefits if they have been requested.~~

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~~The applicant will have 95 days after the request for verification to provide the requested documentation. If the requested verification is not provided by the end of the 95 days, the eligibility will be terminated with Adverse Action notice, unless the eligibility worker believes a good faith effort is being made by the applicant/member and the worker chooses to extend the good faith period. This 95-day period applies to applications, reviews and person adds. An individual can only receive one 95-day good faith effort period in his or her lifetime.~~

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~~Once the citizenship (and identity when needed) requirement is met, it need not be applied again, even if the person loses Medicaid at some point and later re-applies. A person should ordinarily be required to submit evidence of citizenship (and identification when needed) only once, unless other information is received causing the evidence to be questionable.~~

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~~**Note:** Do not re-verify identity for a person who has had his or her identity verified through the signing of a Statement of Identity for Children Under 18 Years of Age, F-10154.~~

~~-~~

~~An electronic copy of documentation submitted by the applicant or member to satisfy the requirement must be maintained in the case record.~~

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~~See Process Help, Section 68.1 Citizenship and Identity Verification, for tools that IM workers can use to assist clients and applicants in meeting this requirement.~~

4.2.1 Covered Programs

The citizenship ~~verification and identity documentation~~ requirement covers all non-exempt applicants and members of:

- BadgerCare Plus (except for the Prenatal Program)
- Medicaid
- Katie Beckett
- Tuberculosis (TB)-related Medicaid
- Wisconsin Well Woman Medicaid

~~**Note:** Eligibility for Katie Beckett is determined by Division of Medicaid Services (DMS), Bureau of Children's Services (BCS) staff; therefore, they will be ensuring citizenship and identity verification.~~

Note: Katie Beckett, TB and Wisconsin Well Woman Medicaid eligibility ~~are~~is not determined in CWW. If citizenship has already been verified for one of these programs, do not require; therefore, it is important to ensure that citizenship and identity verification for applicants in CWW.

Presumptive Eligibility/Temporary Enrollment

Qualified providers who conduct BadgerCare Plus presumptive eligibility determinations may not verify the citizenship of persons seeking eligibility through presumptive eligibility. Persons determined eligible for BadgerCare Plus through presumptive eligibility are not subject to the citizenship verification requirement until they file an application online or with the Income Maintenance agency~~is done only once.~~

4.2.2 Exempt Populations

The following populations are exempt from the citizenship verification~~and identity documentation~~ requirement:

- Anyone currently receiving Social Security Disability Insurance (SSDI).
- Anyone ~~who is~~ currently receiving Supplemental Security Income (SSI) benefits.
- Anyone currently receiving Medicare.
- Anyone currently receiving Foster Care (Title IV-E and non-Title~~Non~~ IV-E)
- Anyone currently receiving Adoption Assistance
- ~~• Anyone applying for or receiving BadgerCare Prenatal Program benefits.~~
- Anyone who has been eligible for Wisconsin Medicaid or BadgerCare Plus as a Continuously Eligible Newborn (CEN) at any time on or after July 1, 2006. This includes CENs born on or after July 1, 2005.

~~Former SSI and Medicare Recipients~~

~~States cannot consider individuals who received Medicare or SSI in the past to be exempt. An individual is not required to be a citizen to receive these benefits. Since SSA does not share information regarding the reason benefits were lost, it is not possible to determine if the termination was due to citizenship status or not.~~

~~**Note:** Confirm the receipt of SSI, SSDI, and Medicare through SOLQ or DXSA.~~

~~**Note:** Qualified providers who conduct BadgerCare Plus express enrollment determinations must not apply the citizenship and identification documentation requirement to persons seeking eligibility through express enrollment. Persons determined eligible for BadgerCare Plus through express enrollment are not subject to~~

~~the documentation requirement until they file a formal application with the local Income Maintenance Agency.~~

The citizenship verification requirement does not apply to persons who are not applying for or receiving any health care benefits. This requirement also does not apply to persons who are not claiming to be a U.S. citizen.

Note: Workers must use data exchanges to verify receipt of SSI, SSDI and Medicare prior to requesting verification from the member.

Losing Exempt Status

Medicare, SSDI, SSI, Foster Care and Adoption Assistance recipients lose their exemption from the citizenship verification requirement when their enrollment in these programs ends. However, CENs continues to be exempt after their eligibility for CEN status ends. Their exemption from citizenship requirements is permanent.

4.2.3 Citizenship Verification through Data Exchange

For individuals who meet the selection criteria below, CARES will automatically submit a request to the Social Security Administration (SSA), with the person's name, verified Social Security Number (SSN), and date of birth for comparison to SSA's data. If SSA is able to verify the person's U.S. citizenship, no additional verification of citizenship may be required.

Only persons meeting all of the following criteria will be selected for this data exchange:

- ~~Requesting Medicaid, BadgerCare Plus, or Family Planning Only Services~~
- ~~Declaring to be a U.S. citizen or national~~
- ~~Provides an SSN~~
- ~~Is not a member of an exempt population listed in Section 4.2.2 Exempt Populations.2~~
- ~~Citizenship/nationality has not already been verified through other means~~

Non-exempt BadgerCare Plus BGP applicants/members who do not provide an SSN or whose SSN cannot be verified, cannot have their citizenship verified through the data exchange. They must meet the citizenship/~~identity~~ verification requirement by providing documentation verification as defined in Section 4.2.4 Citizenship Verification through Documentation.4.2.4.

4.2.4 Citizenship Verification through Documentation

~~Those who are If an individual applying for BadgerCare Plus is~~ not exempt from ~~the documenting~~ citizenship verification requirement and have not had their citizenship verified by the Social Security Administration, ~~must is unable to verify his or her citizenship through the data exchange, he or she needs to~~ provide verification

~~of documents that verify~~ citizenship. Verification will consist of either stand-alone documentation of citizenship (Section 4.2.4.1 Stand-alone Documentation of Citizenship) or both documentation of citizenship (Section 4.2.4.2 Evidence of Citizenship) ~~and identity (Section 4.2.4.3 Evidence of Identity)~~. Whether benefits may be granted while waiting for documentation to be provided and for how long are discussed under the Reasonable Opportunity Period for Verification of Citizenship section (Section 4.2.4.4 Reasonable Opportunity Period for Verification of Citizenship), when needed).

If an individual has provided proof of citizenship in a state other than Wisconsin, the IM worker can either request that the individual resubmit the documentation or request and obtain a copy or electronic copy of the original documentation reviewed by the other state to keep on file in Wisconsin.

- If an applicant/member contacts the agency ~~for help with verifying citizenship~~, work with him or her to determine if anything on the document list in ~~Process Help,~~ [Process Help, Section 68.3 Acceptable Citizenship and Identity Documentation](#) is readily available to the applicant/member. In certain circumstances the agency can authorize payment for obtaining documentation for an applicant/member. See Section 4.2.5 Agencies Paying for Documentation.

Agencies may accept citizenship and identity documents from an individual whose last name has changed due to marriage or divorce if the documentation matches in every way with the exception of the last name. If the different last names are found questionable, the agency may request that the individual provide an official document verifying the change such as a marriage license or divorce decree. If an individual has changed his or her first and last name, he or she must produce documentation from a court or governing agency documenting the change. ~~In certain circumstances the agency can authorize payment of documentation for an applicant/member. See 4.2.5, Agencies Paying for Documentation.~~

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- An electronic copy of documentation submitted by the applicant or member to satisfy the citizenship verification requirement must be maintained in the case record.

- See Process Help, Section 68.1 Citizenship and Identity Verification, for tools that IM workers can use to assist applicants and members in meeting the citizenship verification requirement.

- Once citizenship has been verified by a State or IM agency, verification may never be requested again, even after periods of ineligibility for health care benefits, unless other information is received causing past previously verified information to be questionable. This includes verification of citizenship or identity documented by a written affidavit.

4.2.4.1 Stand-alone Documentation of Citizenship

4.2 Documenting Citizenship Verification

Stand-alone documentation is a single document that verifies citizenship, such as a United States passport. Stand-alone documentation of citizenship is the most reliable way to establish that the person is a U.S. citizen. If an individual presents a stand-alone document, no other [citizenship verification information](#) is required. See [the chart below or Process Help, Process Help, Section 68.3 Acceptable Citizenship and Identity Documentation](#), for a list of stand-alone documents.

An applicant or member who does not provide a stand-alone document must provide documentation of citizenship and identity.

<u>Stand-alone Document</u>	<u>Description/Explanation</u>
<u>Certificate of Naturalization</u>	<u>Form N-550 or N-570. Issued by the Department of Homeland Security for naturalization.</u>
<u>Certificate of Citizenship</u>	<u>Form N-560 or N-561. The Department of Homeland Security issues certificates of citizenship to individuals who derive citizenship through a parent.</u>
<u>A State-issued Enhanced Driver's License</u>	<u>A special type of driver's license identified specifically as an "Enhanced Driver's License". It requires proof of U.S. citizenship to obtain. Five states currently issue enhanced driver's licenses (Minnesota, Michigan, New York, Vermont, and Washington), but more states are expected to issue these licenses in the future. Accept an Enhanced Driver's License issued by any U.S. state.</u>
<u>U.S. Passport</u>	<u>The Department of State issues this. A U.S. passport does not have to be currently valid to be accepted as evidence of U.S. citizenship, as long as it was originally issued without limitation. Do not accept any passport as evidence of U.S. citizenship when it was issued with a limitation. Passports issued with a limitation may only be used as proof of identity.</u>
<u>Tribal Identification Documents</u>	<p><u>Documentary evidence issued by a federally recognized Indian tribe, which meets all the following criteria:</u></p> <ul style="list-style-type: none"> <u>• Identifies the federally recognized Indian tribe that issued the document</u> <u>• Identifies the individual by name</u> <u>• Confirms the individual's membership, enrollment, or affiliation with the tribe</u> <p><u>Such Tribal identification documents include, but are not limited to:</u></p> <ul style="list-style-type: none"> <u>• A Tribal enrollment card;</u> <u>• A Certificate of Degree of Indian Blood;</u> <u>• A Tribal census document; and</u>

- Documents on Tribal letterhead, issued under the signature of the appropriate Tribal official

- A photograph is not required to be part of these documents.

4.2.4.2 Evidence of Citizenship

If an applicant is unable to provide stand-alone documentation of citizenship, the first thing he or she must provide ~~is evidence of~~ other documentation proving citizenship. Any document used to establish U.S. citizenship must show either a birthplace in the U.S., or that the person is otherwise a U.S. citizen. (See the chart below or Process Help, Process Help, Section 68.3 Acceptable Citizenship and Identity Documentation, for a list of acceptable Documentation of Citizenship Only.) If an applicant is unable to provide any of the acceptable documents of citizenship ~~found in Process Help~~, he or she may submit an affidavit signed by another individual under penalty of perjury who can reasonably attest to the applicant's citizenship, and that contains the applicant's name, date of birth, and place of U.S. birth. The affidavit does not have to be notarized. The applicant may submit a Statement of Citizenship and/or Identity form, F-10161 or another affidavit. ~~Provide the applicant with the Statement of Citizenship and/or Identity form, F-10161.~~

~~Note, however, that a citizenship document is evidence of U.S. citizenship only and must be accompanied by evidence of identity.~~

- **Note:** Completing an on-line birth query can be done for all persons born in Wisconsin. For any applicant born in Wisconsin, attempt to verify citizenship through the on-line birth query before requesting documentation of citizenship from the applicant.

<u>Acceptable Documentation of Citizenship Only</u>	<u>Description/Explanation</u>
<u>Final Adoption Decree</u>	<u>The adoption decree must show the child's name and U.S. place of birth. Where an adoption is not finalized and the state in which the child was born will not release a birth certificate prior to final adoption, a statement from a state approved adoption agency that shows the child's name and U.S. place of birth is acceptable. The adoption agency must state in the certification that the source of the place of birth information is an original birth certificate.</u>
<u>Birth Certificate</u>	<u>A U.S. public birth certificate showing birth in one of the 50 States, the District of Columbia, Puerto Rico (if born on or after January 13, 1941), Guam, the Virgin Islands of the U.S. (on or after January 17, 1917), American Samoa, Swain's Island, or the Northern Mariana Islands (after November 4,</u>

4.2 Documenting Citizenship Verification

	<p><u>1986). The birth record document may be recorded (previously 'issued') by the State, Commonwealth, Territory or local jurisdiction.</u></p> <p>- <u>Note: A Puerto Rican birth certificate used to verify U.S. citizenship of anyone applying for health care benefits must have been issued on or after July 1, 2010. Older birth certificates that were used to verify citizenship for persons when they previously applied for any IM program before October 1, 2010, are still considered valid.</u></p>
<u>Birth Query</u>	<u>A birth record query confirms a person's birth in Wisconsin.</u>
<u>U.S. birth record amended more than 5 yrs after person's birth</u>	<u>An amended U.S. public birth certificate showing birth in one of the 50 States, the District of Columbia, Puerto Rico (if born on or after January 13, 1941), Guam, the Virgin Islands of the U.S. (on or after January 17, 1917), American Samoa, Swain's Island, or the Northern Mariana Islands (after November 4, 1986). Must show a U.S. birthplace.</u>
<u>Acquired citizenship through parent(s) as outlined in the Child Citizenship Act of 2000 (CCA)</u>	<u>An individual demonstrates that he or she has gained his or her U.S. citizenship through the Child Citizenship Act of 2000.</u>
<u>US Citizen ID Card or Northern Mariana Card</u> -	<u>U.S. Citizen ID Card</u> <u>The Immigration and Naturalization Service (INS) issued the I-179 and the I-197 from 1960 until 1983 to naturalized U.S. citizens living near the Canadian or Mexican border who needed it for frequent border crossings.</u> <u>Northern Mariana Card</u> <u>Form I-873. Issued by INS for those born in the Northern Mariana Islands before November 4, 1986.</u>
<u>State or Federal census record</u>	<u>Must show birthplace and citizenship. Census records from 1900 through 1950 contain certain citizenship information. To secure this information, the applicant, member, or State should complete a Form BC-600, Application for Search of Census Records for Proof of Age. Add in the remarks portion "U.S. citizenship data requested." Also add that the purpose is for Medicaid eligibility. This form requires a fee.</u>
<u>Education Document</u>	<u>The school record must show a U.S. birthplace and the name of the child.</u>
<u>Evidence of civil service employment by U.S. government</u>	<u>The document must show employment by the U.S. government before June 1, 1976. Persons employed with the U.S. Government prior to that date had to be U.S. citizens.</u>

<u>Hospital record</u>	<u>Extract of a hospital record on hospital letterhead established at the time of the person's birth and that indicates a U.S. place of birth. This is not a souvenir "birth certificate" issued by the hospital.</u>
<u>Life, health or other insurance record</u>	<u>Must show a U.S. place of birth.</u>
<u>Medicaid Birth Claim</u> -	<p><u>When the Wisconsin Medicaid program pays the costs associated with the birth of an infant who either:</u></p> <ul style="list-style-type: none"> • <u>Did not qualify as a CEN, or</u> • <u>Was a CEN, but born before July 1, 2006,</u> <p><u>The infant will be considered a U.S. citizen who has met the citizenship documentation requirement. If citizenship is not verified through a data exchange, identity documentation is still required.</u></p>
<u>Medical record (doctor, clinic, hospital)</u>	<u>The document must show a U.S. birthplace. An immunization record is not considered a medical record for purposes of establishing U.S. citizenship.</u>
<u>Official Military record of service</u>	<u>The document must show a U.S. birthplace.</u>
<u>Admission papers from nursing home, skilled nursing care facility or other institution</u>	<u>The document must show a U.S. birthplace.</u>
<u>Other MA Program Verified Citizenship</u>	<u>An individual has already provided proof of citizenship while they were receiving Wisconsin Medicaid outside of CARES. For example, use this for members previously enrolled through the Katie Beckett program.</u>
<u>Birth Certificate Paid by IM Agency</u>	<u>A U.S. public birth certificate (paid for by the Income Maintenance agency) showing birth in one of the 50 States, the District of Columbia, Puerto Rico (if born on or after January 13, 1941), Guam, the Virgin Islands of the U.S. (on or after January 17, 1917), American Samoa, Swain's Island, or the Northern Mariana Islands (after November 4, 1986). The birth record document may be recorded (previously 'issued') by the State, Commonwealth, Territory or local jurisdiction.</u>
<u>Religious Record or Baptismal Certificate</u>	<u>An official religious record. The document must show a US birthplace and either the date of birth or the individual's age at time the record was made.</u>
<u>Certification of Report of Birth</u>	<u>The Department of State issues a DS-1350 to U.S. citizens in the U.S. who were born outside the U.S. and acquired U.S. citizenship at birth.</u>

<u>Certification of Birth Abroad</u>	<u>Form FS-545. Issued by the Department of State consulates prior to November 1, 1990.</u>
<u>Consular Report of Birth Abroad of a US Citizen</u>	<u>Form FS-240. The Department of State consular office prepares and issues this. Children born outside the U.S. to U.S. military personnel usually have one of these.</u>
<u>SAVE database</u>	<u>Using the SAVE system to verify citizenship status for non-citizens who gained US citizenship.</u>
<u>Written Affidavit</u> -	<p><u>If the applicant cannot produce the accepted documents verifying citizenship, then a Written Affidavit may be used. If the documentation requirement needs to be met through an affidavit, the following rules apply:</u></p> <ul style="list-style-type: none"> • <u>It must be signed by an individual other than the applicant, who can reasonably attest to the applicant's citizenship, and</u> • <u>That contains the applicant's name, date of birth, and place of U.S. birth.</u> • <u>The affidavits must be signed under penalty of perjury.</u> • <u>The affidavit does not have to be notarized.</u>

4.2.4.3 Evidence of Identity

~~If an applicant is unable to provide stand-alone documentation of citizenship, in addition to providing evidence of citizenship, they must also provide evidence of identity. (See Process Help, Section 68.3 Acceptable Citizenship and Identity Documentation, for a list of acceptable Documentation of Identity Only.)~~ The applicant may provide any documentation of identity listed in the chart below or Process Help, Section 68.3 Acceptable Citizenship and Identity Documentation, ~~for a list of acceptable Documentation of Identity Only.)~~ The applicant may provide any documentation of identity listed in Process Help, Section 68.3 Acceptable Citizenship and Identity Documentation to prove identity, provided such document has a photograph or other identifying information sufficient to establish identity, such as including, but not limited to, name, age, sex, race, height, weight, eye color, or address. ~~;~~

In addition, you may accept ~~as proof of identity a finding~~ of identity from a Federal agency or another State agency, including but not limited to a law enforcement, revenue, or corrections agency, if the agency has verified and certified the identity of the individual. If the applicant does not have any documentation of identity and identity is not verified by another Federal or State agency, he or she may submit an affidavit, signed, under penalty of perjury, by a person other than the applicant who can reasonably attest to the applicant's identity. Such affidavit must contain the applicant's name and other identifying information establishing identity, as described above. The affidavit does not have to be notarized. The applicant may submit a Statement of

Citizenship and/or Identity form, F-10161 or another affidavit. ~~Provide the applicant with the Statement of Citizenship and/or Identity form, F-10161.~~

<u>Acceptable Documentation of Identity Only</u>	<u>Description/Explanation</u>
<u>State or Territory Driver's license</u>	<u>Driver's license issued by a U.S. State or Territory either with a photograph of the individual or other identifying information of the individual such as name, age, sex, race, height, weight or eye color.</u>
<u>Education Document</u>	<u>For children under age 19, school records providing the name and other identifying information. School records would include, but not be limited to report cards, daycare or nursery school records.</u>
<u>FoodShare Identification Requirement met</u>	<u>Verifying the identity of the primary person is a requirement for a FoodShare application. Once this requirement is met for FoodShare, it is also met for the identity verification requirement for health care.</u>
<u>Identification card issued by Federal, State, or local government</u>	<u>Must have the same information as is included on driver license.</u>
<u>Institutional Care Affidavit (Form F-10175)</u> -	<u>If the applicant cannot produce the accepted documents verifying identity, a signed Statement of Identity for Persons in Institutional Care Facilities (F-10175) may be used. A residential care facility administrator signs this form under penalty of perjury attesting to the identity of a disabled individual in the facility.</u>
<u>U.S. Military card or draft record, Military dependent's identification card, or US Coast Guard Merchant Mariner card</u>	<u>Must show identifying information that relates to the person named on the document.</u>
<u>Medical record</u>	<u>Doctor, clinic, or hospital records for children under age 19 only.</u>
<u>Motor Vehicle Data Exchange</u>	<u>This is a data exchange update with the Division of Motor Vehicles or when verifying an individual's identity through the DOT Driver License Status Check website.</u>
<u>Multiple Identity documents</u>	<u>An individual may provide two or more corroborating ID documents to verify his/her identity. Examples include marriage license, divorce decree, high school or college diploma, or an employer ID card.</u>
<u>Other MA Program Verified Identity</u>	<u>An individual has already provided proof of identity while they were receiving Wisconsin Medicaid outside of CARES. For example, use this for members previously enrolled through the Katie Beckett program.</u>

<u>State ID Paid by Agency</u>	<u>Must have the same information as is included on driver license.</u>
<u>School Identification card</u>	<u>School identification card with a photograph of the individual and/or other identifying information.</u>
<u>Written Affidavit for Children (Form F-10154)</u> -	<p><u>If the applicant cannot produce the accepted documents verifying identity for children under 18 years of age, a Statement of Identity for Children Under 18 Years of Age, (Form F-10154) is acceptable. The affidavit must be signed under penalty of perjury by a parent, guardian or caretaker relative stating the date and place of birth of the child.</u></p> <p>- <u>The affidavit does not have to be notarized.</u></p>
<u>Written Affidavit (Form F-10161)</u>	<p><u>If the applicant cannot produce the accepted documents verifying identity, then a Written Affidavit may be used. If the documentation requirement needs to be met through an affidavit, the following rules apply:</u></p> <ul style="list-style-type: none"> • <u>It must be signed by an individual other than the applicant, who can reasonably attest to the applicant's identity, and</u> • <u>That contains the applicant's name, and other identifying information such as, age, sex, race, height, weight, eye color, or address.</u> • <u>The affidavits must be signed under penalty of perjury.</u> • <u>The affidavit does not have to be notarized.</u> <p>- <u>A signed Statement of Citizenship and / or Identity (F-10161) may be used for individuals who are unable to obtain any level of acceptable documentation.</u></p> <p>-</p>

4.2.4.4 Reasonable Opportunity Period for Verification of Citizenship

Applicants who are otherwise eligible for BadgerCare Plus or other health care benefits and are only pending for verification of citizenship (and identity when needed) must be certified for health care benefits within the normal application processing timeframe (30 days from the filing date). They are able to continue receiving health care benefits for which they are eligible, while the IM agency waits for citizenship verification. Applicants have 90 days after receiving a request for citizenship verification to provide the requested documentation. This 90-day period is called the Reasonable Opportunity Period (ROP). The 90-day ROP starts on the date after the member receives the notice

informing them of the need to provide citizenship verification by the end of the reasonable opportunity period. Federal regulations require that we assume a minimum five-day time frame for applicants to receive notices. For this reason, we must set the end of the ROP no less than 95 days after the date on the notice, even when the member receives the notice in less than 5 days. If a member shows that a notice was received more than 5 days after the date on the notice, we must extend the deadline to 90 days after the date the member received the notice.

- The 90-day ROP applies when citizenship verification is needed from a person at any time: applications, reviews and when a person is newly requesting benefits on an existing case.

- Applicants are not eligible for backdated health care benefits while pending for citizenship verification. Once citizenship verification is provided, the applicant's eligibility must then be determined for backdated health care benefits if they have been requested.

- The ROP ends on the earlier of the date the agency verifies the person's citizenship or identity or on the 95th day following the date the reasonable opportunity period notice was sent (unless receipt of the notice was delayed). If the requested verification is not provided by the end of the 95 days, the worker must take action within 30 days to terminate eligibility. Extensions of the reasonable opportunity period are not allowed for verification of U.S. citizenship.

- An individual may only receive one 95 day reasonable opportunity period for verification of U.S. citizenship or identity in his or her lifetime. When a person is terminated from health care benefits for failure to provide verification of citizenship or identity by the end of the reasonable opportunity period, they are not eligible to have their benefits continued if they request a fair hearing. If a person later reapplies for healthcare benefits, they must provide citizenship verification within regular verification deadlines and they are not eligible for health care benefits until they provide verification.

- Benefits issued during a reasonable opportunity period (including benefits issued due to timely notice requirements) to a person otherwise eligible for BadgerCare Plus are not subject to recovery, even if the person never provides citizenship verification.

4.2.5 Agencies Paying for Documentation

The worker can authorize payment for a birth certificate from the state where the applicant was born and/or a Wisconsin ~~WI~~ State ID if an applicant/member:

- Has no documentation of citizenship or identity;
- Needs either an out of state birth certificate and/or has no identity documentation; and

- Requests financial assistance.

Note: If a member has obtained and already paid for his or her own documentation and later asks the IM agency for reimbursement of those costs, the IM agency should not provide reimbursement.

If an individual was born in Wisconsin and not found in the Wisconsin online birth query, agencies may authorize payment for a [Wisconsin](#) ~~WI~~ birth certificate to verify citizenship.

IM agencies should pay for a birth certificate or state ID card before relying on a written affidavit. If there is an opportunity to obtain a document that meets the guidelines then that should be pursued.

However, when an applicant/member lacks any identity documentation needed to apply for a birth certificate or lacks any citizenship documentation to be able to apply for an ID card, it is appropriate to consider using a written affidavit for citizenship and/or identity.

In order to obtain birth certificates or state ID cards for applicants/members, agencies need to follow the process outlined in [Process Help](#), [Process Help, Section 68.2.5 Agency Documentation Requests](#).

4.2.7 Situations Which Require Special Documentation Processing

4.2.7.3 Individuals Without Verification and ~~Effect~~[Affect](#) on Household Eligibility

IM workers should not delay an individual household member's eligibility when awaiting another household members' citizenship or identity verification. The individual pending for citizenship/identity should be counted as part of the group when determining eligibility for other group members. See [Process Help, Section 68.1 Citizenship and Identity Verification](#), for processing instructions.

4.2.7.4 Child Citizenship Act ~~2000~~

Certain foreign-born individuals have derivative U.S. citizenship as a result of the Child Citizenship Act (CCA). Within the context of the BadgerCare Plus citizenship verification requirement, this means that for any applicant or member claiming citizenship through the CCA, IM workers should not request documentation for that person. In these cases, IM workers need to acquire documentation proving the citizenship and identity of at least one U.S. citizen parent. The parent's U.S. citizenship is the basis for the child receiving derivative citizenship.

For persons who meet the citizenship verification requirement through the means allowed in the CCA, this is considered evidence of citizenship. Therefore this counts for citizenship only and the individual needs to provide another document to verify identity.

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~~See [Section 4.1.1 Child Citizenship Act of 2000](#)~~

4.2.7.5 Non-U.S. Citizenscitizens

As a reminder, do not request or require citizenship and identity documentation from individuals who have not declared that they are U.S. 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 SAVE](#), 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." These individuals still need to provide proof of identity.

4.2.7.6 Individuals in Institutional Care Facilities

Disabled individuals in institutional care facilities may have their identity attested to by the facility director or administrator when nothing else is available. Use the [Statement of Identity for Persons In Institutional Care Facilities, F-10175](#), for this purpose. A medical institution can be, but is not limited to, skilled nursing facilities (SNF), intermediate care facilities, IMDs, and hospitals.

4.3 IMMIGRANTS

“Immigrants” refers to all-are people who reside in the U.S., but are not U.S. citizens or nationals.

~~4.3.1 Immigrants Eligible for BadgerCare Plus~~

~~The following i~~mmigrants may be eligible for BadgerCare Plus and other categories of health care benefits, if they meet all eligibility requirements and in addition: :

- Declare that they have a satisfactory immigration status (see Section 4.3.1 Declaration of Satisfactory Immigration Status), and
 - Are “Qualified Immigrants” (see Section 4.3.3.1 Qualifying Immigrants), or
 - Are “Lawfully Present” (see Section 4.3.3.2 Lawfully Present Immigrant Children, Young Adults, and Pregnant Women), and
 - Are under age 19,
 - Are under age 21 and residing in an IMD, or
 - Are pregnant.

Immigrants, who do not meet these additional requirements, may still be eligible for the BadgerCare Plus Prenatal Program or Emergency Services.

Before health care benefits may be issued to immigrants, their immigration status must be verified with the Department of Homeland Security through the Federal Data Sources Hub or SAVE (See Section 4.3.2 Verification). Prior to verification of immigration status, benefits may also be issued for a temporary period under a Reasonable Opportunity Period (see Section 4.3.2.2 Reasonable Opportunity Period for Verification of Immigration Status).

4.3.1 Declaration of Satisfactory Immigration Status

To qualify for BadgerCare Plus, persons who are not U.S. citizens or nationals must declare (or have an adult member of their household declare on his or her behalf) a satisfactory immigration status, except for:

- Persons applying for Emergency Services.
- Pregnant women applying for the BadgerCare Plus Prenatal Program.
- Persons who are not requesting benefits.

This declaration is normally provided as part of a signed application for health care that provides some basic information regarding the immigration status of household members. However, in some cases, a person may only indicate on his or paper or ACCESS application that he or she is not a U.S. citizen and not provide any information about his or her immigration status. In such a situation, it is not known whether the

person is telling us that he or she is lawfully present in the U.S. (i.e., that they have a satisfactory immigration status) or that they are undocumented.

Federal law requires that agencies obtain a declaration of satisfactory immigration status before taking any action to verify a person's immigration status, including granting eligibility during a reasonable opportunity period (see Section 4.3.2.2 Reasonable Opportunity Period for Verification of Immigration Status). To meet this declaration requirement, everyone who indicates that he or she is not a U.S. citizen or national must provide one of the following:

- His or her immigration status
- His or her immigration number (including an I-94, passport, SEVIS, or similar number)
- A signed declaration that says he or she has a satisfactory immigration status

Anyone who is required to and fails to provide immigration information or a declaration (or have an adult in the household provide it on his or her behalf) within standard verification timeframes must be denied health care benefits and must not be granted a reasonable opportunity period.

4.3.2 Verification

Primary verification of immigration status is done through the Department of Homeland Security (DHS) by use of the Federal Data Services Hub (FDSH) or SAVE, which is an automated telephone and computer database system. A worker processing an application can simply enter the immigrant's alien number and immigration document type into CWW. That information, along with demographic information of the individual, is sent in real time to the FDSH. The FDSH will immediately return verification of the immigrant's status, date of entry, and the date the status was granted if it's available from the Department of Homeland Security, along with other information. If the FDSH cannot provide verification of the immigration status, workers are directed to seek secondary verification through SAVE or take other action.

The verification query via the FDSH or SAVE most likely results in returning the latest date of any qualified alien status update for an individual, not his or her original date of arrival. The only way to obtain an accurate date of arrival for those who do not meet an exemption category and who report a date of arrival prior to August 22, 1996, is through the secondary verification procedure. The FDSH or SAVE will describe the immigrant's current status which may have changed from the original status. In some situations described later workers will need to maintain the original status in CARES.

It may be necessary to complete a secondary or third level verification procedure with the U.S. Citizenship and Immigration Services (USCIS), including confirming the date of arrival, in the following situations:

- The applicant does not fall into any of the categories of non-citizens who are exempt from the five-year ban (e.g., refugees, asylees, those with military service).
- An IM worker has made an initial or primary verification inquiry using the SAVE database. The information from the inquiry conflicts with information on the applicant's immigration documents or what he or she is telling the IM worker.
- A non-citizen applicant tells an IM worker that he or she came to the U.S. prior to August 22, 1996. If he or she arrived in a legal or documented status, the IM worker needs to verify the date of arrival to ensure that the correct alien eligibility rules are being applied.
- The FDSH or SAVE returns the message "Institute Secondary Verification."
- The IM worker finds any questionable information in the initial verification process.

An Immigration Status Verifier at DHS will research the alien's records and complete the response portion of the verification request.

Consult the SAVE manual for more information.

Additional verifications from sources other than the Department of Homeland Security are sometimes required as well. For example, persons who are in an immigration status subject to the 5-year bar and who indicate that they, their spouse or parent is in the military service or is a veteran, that military status must also be verified.

The following documents are considered valid verification of military service:

- A signed statement or affidavit form from an applicant attesting to being a veteran, surviving spouse, or dependent child.
- Military records

Immigration statuses for most immigrants are permanent and most often change when the immigrant become a U.S. citizen. For this reason, immigration status for most members should only be verified once, unless the status for an individual is questionable or it's a status subject to reverification (see Section 4.3.2.1 Reverification of Immigration Status). Even if an immigrant loses health care eligibility for a period of time, his or her immigration status does not need to be re-verified unless the status is subject to reverification.

See Process Help, Section 44.3.9 Immigrant/Refugee Information Page for additional information on using the FDSH or the procedures in the SAVE Manual.

4.3.2.1 Reverification of Immigration Status

The following persons with a Registration Status Code of 20 – Lawfully Residing are required to verify their immigration status at application and renewal, even if they have previously verified their immigration status:

- Immigrant children under age 19
- Youths under age 21 in an Institution for Mental Disease (IMD)
- Pregnant women

Typically, these persons will be labelled with a “Non-immigrant” status by the United States Citizenship and Immigration Services. Reverifications are not to be done for children and pregnant women with other Registration Status Codes, as those statuses are permanent.

The reverification requirement is only to be applied at the time of subsequent applications, renewals, or when an agency receives information indicating that the member may no longer be lawfully residing in the U.S. For pregnant women, the reverification is not to occur until the renewal is done to determine the woman’s eligibility after the end of the 60-day postpartum period.

4.3.2.2 Reasonable Opportunity Period for Verification of Immigration Status

Applicants who have declared that they are in a satisfactory immigration status, are otherwise eligible and are only pending for verification of immigration status must be certified for health care benefits within the normal application processing timeframe (30 days from the filing date). They are to continue receiving health care benefits for which they are eligible, while the IM agency waits for immigration status verification. Applicants who are otherwise eligible and are only pending for verification of immigration will have 90 days after receiving a request for immigration verification to provide the requested documentation. This 90-day period is called the Reasonable Opportunity Period (ROP). The 90-day ROP starts on the date after the member receives the notice informing the member of the need for the member to provide immigration verification by the end of the reasonable opportunity period. Federal regulations require that we assume a minimum five-day time frame for applicants to receive notices. For this reason, we must set the end of the ROP no less than 95 days after the date on the notice, even when the member receives the notice in less than 5 days. It also means that if a member shows that a notice was received more than 5 days after the date on the notice, we must extend the deadline to 90 days after the date the member received the notice.

The 90-day ROP applies when immigration verification is needed from a person at any time: applications, renewals and when a person is newly requesting benefits on an existing case.

Applicants are eligible for benefits beginning with the first of the month of application or request. However, they are not eligible for backdated health care benefits while waiting for verification of their immigration status. Once verification of an eligible immigration status is provided, the applicant’s eligibility must then be determined for backdated health care benefits if they have been requested.

When requested verification is not provided by the end of the ROP, the worker must take action within 30 days to terminate eligibility, unless one of the following situations occurs where the worker is allowed to extend the reasonable opportunity period:

- The agency determines that the person is making a good faith effort to obtain any necessary documentation.
- The agency needs more time to verify the person's status through other available electronic data sources.
- The agency needs to assist the person in obtaining documents needed to verify his or her status.

Applicants who fail to provide verification of immigration status and later reapply for health care benefits are not eligible for another ROP. If verification of immigration status is still needed, eligibility may not be granted until verification is provided. The regular verification deadlines apply.

Persons whose health care benefits were terminated for failure to provide verification of immigration status by the end of the ROP are not eligible to have their benefits continued if they request a fair hearing.

A person may receive a reasonable opportunity period more than once in a lifetime in the following situations:

- The person was not a U.S. citizen when first applying for benefits and received a reasonable opportunity period to verify immigration status. Later, the person became a U.S citizen and applied for benefits. The person may receive a reasonable opportunity period to verify U.S. citizenship.
- The person is an immigrant who must reverify his or her immigration status at renewal (see Section 4.3.2.1 Reverification of Immigration Status). This person may receive an additional reasonable opportunity period for each subsequent renewal, as long as he or she provided the requested verification during the previous reasonable opportunity period.

Example 1: Vladimir is a 12-year-old lawfully present in the United States on a visa applying for health care benefits with his parents. When verification is attempted through the FDSH, the response requires the worker to submit a secondary verification request to SAVE. Vladimir is otherwise eligible for BadgerCare Plus, so the worker confirms BadgerCare Plus eligibility and sends the ROP notice to the family while waiting for the SAVE response. A week later, SAVE verifies the child is lawfully present in the U.S. under a Temporary Protected Status and the reasonable opportunity period ends. A year later, the case is up for renewal. Since Vladimir has a Registration Status Code of 20 – Lawfully Residing, his immigration status

must be verified again. Once more, the FDSH informs the worker that verification of the child's status must be done through SAVE. If Vladimir is otherwise eligible for BadgerCare Plus, the worker must again confirm eligibility without delay and send a new reasonable opportunity period notice to the family. Again, Vladimir may be eligible for up to 90 days after receiving the notice while the worker is waiting to verify his immigration status.

Benefits issued during a reasonable opportunity period to a person otherwise eligible for BadgerCare Plus are not subject to recovery, even if the person turns out to have an immigration status that makes him or her ineligible for BadgerCare Plus benefits.

4.3.3 Immigrants Eligible for BadgerCare Plus

Immigrants may be eligible for BadgerCare Plus if they meet all other eligibility requirements and are either Qualifying Immigrants or are Lawfully Present as described below.

4.3.3.1 Qualifying Immigrants

Immigrants of any age meeting the criteria listed below are considered Qualifying Immigrants.

1. A refugee admitted under *INA* Section 207. A refugee is a person who flees his or her country due to persecution or a well-founded fear of persecution because of race, religion, nationality, political opinion, or membership in a social group. An immigrant admitted under this refugee status may be eligible for BadgerCare Plus even if his or her *immigration status* later changes.
2. An asylee admitted under *INA* Section 208. Similar to a refugee, an asylee is a person who seeks asylum and is already present in the U.S. when he or she requests permission to stay. An immigrant admitted under this asylee status may be eligible for BadgerCare Plus even if his or her immigration status later changes.
3. An immigrant whose deportation is withheld under *INA* Section 243(h) and such status was granted prior to April 1, 1997, or an immigrant whose removal is withheld under *INA* Section 241(b)(3) on or after April 1, 1997. An immigrant admitted under this status may be eligible for BadgerCare Plus even if his or her immigration status later changes.
4. A Cuban/Haitian entrant. An immigrant admitted under this Cuban/Haitian entrant status may be eligible for BadgerCare Plus even if his or her immigration status later changes.

Haitians paroled into the U.S. through the Haitian Family Reunification Parole Program are considered Cuban/Haitian entrants.

5. An American Indian born in Canada who is at least 50 percent American Indian by blood or an American Indian born outside the U.S. who is a member of a federally recognized Indian tribe.
6. Victims of a severe form of trafficking in accordance with 107(b)(1) of the Trafficking Victims Protection Act of 2000 (P.L. 106-386). [See Section 4.3.11 Victims of Trafficking.](#)
7. An immigrant lawfully admitted for permanent residence under INA 8 USC 1101 et seq.*
8. An immigrant paroled into the U.S. under INA Section 212(d)(5).*
9. An immigrant granted conditional entry under immigration law in effect before April 1, 1980 [INA Section 203(a)(7)].*
10. An immigrant who has been battered or subjected to extreme cruelty in the U.S. and meets certain other requirements.*
11. An immigrant whose child has been battered or subjected to extreme cruelty in the U.S. and meets certain other requirements.*
12. An immigrant child who resides with a parent who has been battered or subjected to extreme cruelty in the U.S. and meets certain other requirements.*

*If these immigrants lawfully entered the U.S. on or after August 22, 1996, they must also meet one of the following:

- Be lawfully residing in Wisconsin and an honorably discharged veteran of the U.S. Armed Forces [\(see Section 4.3.10 Military Service\)](#)
- Be lawfully residing in Wisconsin and on active duty (other than active duty for training) in the U.S. Armed Forces [\(see Section 4.3.10 Military Service\)](#)
- Be lawfully residing in Wisconsin and the spouse, unmarried dependent child, or surviving spouse of either an honorably discharged veteran or a person on active duty in the U.S. Armed Forces
- Be an Amerasian
- Have resided in the U.S. for at least five years since his or her date of entry (see Section 4.3.6 ~~3~~ Continuous Presence)

4.3.3.2 Lawfully Present ~~1-1~~ Immigrant Children, Young Adults, and Pregnant Women ~~Eligible for BadgerCare Plus~~

Children younger than 19 years old, adults younger than 21 years old who are residing in an IMD, and pregnant women do not have to wait five years to be eligible for full-benefit Medicaid and BadgerCare Plus if they meet one of the following:

- Are lawfully admitted for permanent residence ([see](#) CARES TCTZ Code #1 in the Immigration Status Chart in Section 4.3.[85](#))
- Are lawfully present under Section 203(a)(7) ([see](#) Code #3 in the Immigration Status Chart in Section 4.3.[85](#))
- Are lawfully present under Section 212(d)(5) ([see](#) Code #6 in the Immigration Status Chart in Section 4.3.[85](#))
- Have suffered from domestic abuse and are considered to be a battered immigrant ([See](#) Code #16 in the Immigration Status Chart in Section 4.3.[85](#))

Women who have an immigration status requiring a five-year waiting period before being eligible for BadgerCare Plus will have the waiting period lifted when their pregnancy is reported to the agency. The lift on the five-year waiting period continues for an additional 60 days after the last day of pregnancy and through the end of the month in which the 60th day occurs.

Example 24: Rose has an immigration status that requires a five-year waiting period before being eligible for BadgerCare Plus. Her date of entry to the U.S. was two years ago, so she is not eligible for BadgerCare Plus. In March, Rose reports that she is pregnant. She meets the other financial and nonfinancial requirements, so she is determined eligible for BadgerCare Plus as a pregnant woman. Rose's last day of pregnancy is September 5. The 60th day after her last day of pregnancy is November 4, so Rose's BadgerCare Plus coverage will end November 30. Starting in December, Rose is again subject to the five-year waiting period from her date of entry to the U.S.

Children younger than 19 years old, young adults younger than 21 years old who are residing in an IMD, and pregnant women may qualify for BadgerCare Plus if they are [lawfully](#)~~legally~~ present in the U.S. under any of the nonimmigrant statuses listed in the table below and are otherwise eligible.

Eligible Nonimmigrant Statuses for Children, Young Adults in an IMD, and Pregnant Women	
Description	Class of Admission Code or Section of Law Citation
Aliens currently in temporary resident status pursuant to section 210 or 245A of the Act.	S16, S26, W16, W25, W26, W36 or 8 CFR 103.12(a)(4)(i)
Aliens currently under Temporary Protected Status (TPS) pursuant to section 244 of the Act. Child accompanying or following to join a K-3 alien.	TPS , 8 CFR 103.12(a)(4)(ii)

Family Unity beneficiaries pursuant to section 301 of Pub. L. 101-649. (These are the spouses and unmarried children of individuals granted temporary or permanent residence under Section 210 or 245A above.)	<u>FUG</u> , 8 CFR 103.12(a)(4)(iv)
Aliens currently under Deferred Enforced Departure (DED) pursuant to a decision made by the President.	8 CFR 103.12(a)(4)(v)
Aliens currently in deferred action status pursuant to Service Operations Instructions at OI 242.1(a)(22).	8 CFR 103.12(a)(4)(vi)
Aliens who are the spouse or child of a United States citizen whose visa petition has been approved and who have a pending application for adjustment of status	8 CFR 103.12(a)(4)(vii)
Legal non-immigrants from the Compact of Free Association states (Republic of the Marshall Islands, the Federated States of Micronesia and the Republic of Palau) who are considered permanent non-immigrants.	NA
<u>Spouse/dependent of a non-immigrant foreign government official, dependent of foreign government official</u>	<u>A-2</u>
<u>Attendant, servant, or personal employee of A-1 or A-2 and members of immediate family.</u>	<u>A-3</u>
<u>Domestic servant of certain non-immigrants or US Citizens</u>	<u>B-1, B-2</u>
<u>Treaty Trader/Investor, spouse and children</u>	<u>E-1, E-2, E-3; 8 USC 1101(a)(15)(E)</u>
<u>Students; their spouse and children</u>	<u>F-1, F-2, F-3; 8 USC 1101(a)(15)(F)</u>
<u>Spouse/dependent of foreign government official or representative of international organization and their dependents, servants or employees</u>	<u>G-1, G-2, G-3, G-4, G-5; 8 USC 1101(a)(15)(G)</u>
<u>Spouse of a temporary worker (other than registered nurse) with "specialty occupation" admitted on the basis of professional education, skills, and/or equivalent experience</u>	<u>H1-B, H4</u>
<u>Spouse or children of an exchange visitor</u>	<u>J-2</u>

An alien who is the fiancée or fiancé of a U.S. citizen entering solely to conclude a valid marriage contract.	K-1
Child of K-1	K-2
Spouse of a U.S. citizen who is a beneficiary of a petition for status as the immediate relatives of a U.S. citizen (I-130).	K-3
Child accompanying or following to join a K-3 alien.	K-4
<u>Individuals in the U.S. who have been transferred from a subsidiary, affiliate, or branch office overseas to the U.S. to work in an executive, managerial, or specialized knowledge capacity; their spouse and children</u>	<u>L-1, L-2, L-3</u>
<u>Student pursuing a full course of study at an established vocational or other recognized nonacademic institution (other than in a language training program); their spouse and children</u>	<u>M-1, M-2</u>
Parent of an alien classified SK3 or SN3	N-8
Child of N-8 or of an alien classified SK1, SK2, SK4, SN1, SN2, SN4.	N-9
Temporary worker to perform work in religious occupations.	R1
Spouse and children of R1	R2
An alien who is in possession of critical reliable information concerning a criminal organization or enterprise, is willing to supply or has supplied such information to Federal or State law enforcement authorities or a Federal or State court; and whose presence in the United States the Attorney General determines is essential to the success of an authorized criminal investigation or the successful prosecution of an individual involved in the criminal organization or enterprise	8 U.S.C. 1101(a)(15)(S)(i)
An alien who the Secretary of State and the Attorney General jointly determine is in possession of critical reliable information concerning a terrorist organization, enterprise, or operation; is willing to supply or has supplied such information to	8 U.S.C. 1101(a)(15)(S)(ii)

Federal law enforcement authorities or a Federal court; will be or has been placed in danger as a result of providing such information; and is eligible to receive a reward from the State Department.	
An alien who is the spouse, married and unmarried sons and daughters, and parents of an alien in possession of critical reliable information concerning either criminal activities or terrorist operations.	8 U.S.C. 1101(a)(15)(S)
Individuals who have suffered substantial physical or mental abuse as victim of criminal activity.	U-1
An alien who is the spouse, child, unmarried sibling or parent of the victim of the criminal activity above.	U-2, U-3, U-4, U-5
An alien who are the spouses or children of an alien lawfully admitted for permanent residence and who have been waiting since at least December 2000 for their visa application to be approved.	V-1, V-2, V-3

Immigrants who do not appear in the lists above (e.g., someone with a status of *DACA*) and who apply for BadgerCare Plus and meet all eligibility requirements except for citizenship are entitled to receive BadgerCare Plus Emergency Services only (see Chapter 39 Emergency Services).

Pregnant immigrants who do not appear in the list above and who apply for BadgerCare Plus and meet the eligibility requirements, except for citizenship, are entitled to receive BadgerCare Plus Prenatal Program benefits (see Chapter 41 BadgerCare Plus Prenatal Program) and/or BadgerCare Plus Emergency Services (see Chapter 39 Emergency Services).

Immigration status is an individual eligibility requirement. An individual's immigration status does not affect the eligibility of the BadgerCare Plus Group. The citizen spouse or child of an ineligible immigrant may still be eligible even though the immigrant is not.

Verify immigration status using either the data exchange with the *FDSH* (see Process Help, Section 44.3.9 Immigrant/Refugee Information Page) or the procedures in the SAVE Manual.

4.3.42 Public Charge

The receipt of BadgerCare Plus by an undocumented, non-qualifying, or qualifying immigrant or by the children or spouse for whom the individual is legally responsible does not establish the person as a public charge.

Undocumented, non-qualifying, or qualifying immigrants are considered to be a public charge if, while receiving BadgerCare Plus, they are in a medical institution for more than the length of a rehabilitative stay.

Undocumented, non-qualifying, or qualifying immigrants concerned about being considered a "public charge," should be directed to contact the INS field office to seek clarification of the difference between rehabilitative and other types of institutional stays.

4.3.53 Immigration and Naturalization Service Reporting

Do not refer an immigrant to *INS* unless information for administering the BadgerCare Plus program is needed (for example, if BadgerCare Plus needs to determine an individual's immigration status or an individual's location for repayment or fraud prosecution).

4.3.64 Continuous Presence

Certain non-citizens who arrived in the U.S. on or after August 22, 1996, are subject to a five-year ban on receiving federal benefits (including BadgerCare Plus and Medicaid), other than emergency services. For these immigrants, the five-year ban is calculated beginning on the day on which they gain qualified immigrant status. However, certain applicants who alleged an arrival date in the U.S. before August 22, 1996, and obtained legal qualified immigrant status after August 22, 1996, are not subject to the five-year ban and may be eligible to receive federal BadgerCare Plus enrollment. The immigrants described below, who apply for BadgerCare Plus and meet all eligibility requirements, are entitled to receive BadgerCare Plus benefits:

- A non-citizen who arrived in the U.S. before August 22, 1996, in a legal, but non-qualified, immigration status and changed his or her status to a qualified immigrant on or after August 22, 1996. This individual would not be subject to the five-year ban if he or she remained continuously present from his or her date of arrival in the U.S. until the date he or she gained qualified immigration status.
- A non-citizen who arrived in the U.S. before August 22, 1996, in undocumented status or who overstayed his or her original visa is treated the same as someone who arrived and remained in the U.S. with valid immigration documents. Therefore, if this individual remained continuously present from his or her date of arrival in the U.S. until the date he or she gained qualified immigration status, he or she would not be subject to the five-year ban.
- For those non-citizens who arrived in the U.S. with or without documentation on or after August 22, 1996, or for those whose continuous presence cannot be verified, the five-year ban applies from the date the individual obtained qualified immigrant status.

An individual meets the "continuous presence" test if he or she:

- Did not have a single absence from the U.S. of more than 30 days, or

- Did not have a cumulative number of absences totaling more than 90 days.

To establish continuous presence, require a signed statement from the *applicant* stating he or she was continuously present for the period of time in question. The signed statement will be sufficient unless a worker believes the information is fraudulent or further information received now indicates that it is questionable.

Below is one example of a signed statement:

I, *first and last name*, hereby declare that I have continuously resided in the United States between the day I arrived in the United States, *date here*, and the date I received qualified alien status, *date here*. I have not left the United States in that time for any single period of time longer than 30 days or for multiple periods totaling more than 90 days.

Applicant/*Authorized Representative* Signature, Date

-
Verification

-
~~Primary verification is done through SAVE, which is an automated telephone and computer database system. A worker processing an application can compare the date received from SAVE with the date on the immigration documents presented. The primary verification query via SAVE most likely results in returning the latest date of any qualified alien status update for an individual, not his or her original date of arrival. The only way to obtain an accurate date of arrival for those who do not meet an exemption category and who allege a date of arrival prior to August 22, 1996, is through the secondary verification procedure.~~

-
~~It may be necessary to complete a secondary verification procedure with USCIS, including confirming the date of arrival, in the following situations:~~

- ~~• The applicant does not fall into any of the categories of non-citizens who are exempt from the five-year ban (e.g., refugees, asylees, those with military service).~~
 - ~~• An IM worker has made an initial or primary verification inquiry using the SAVE database. The information from the inquiry conflicts with information on the applicant's immigration documents or what he or she is telling the IM worker.~~
 - ~~• A non-citizen applicant tells an IM worker that he or she came to the U.S. prior to August 22, 1996. If he or she arrived in a legal or documented status, the IM worker needs to verify the date of arrival to ensure that the correct alien eligibility rules are being applied.~~
 - ~~• SAVE returns the message "Institute Secondary Verification."~~
 - ~~• The IM worker finds any questionable information in the initial verification process.~~
-

~~The secondary verification procedure is a manual Document Verification Request and includes two forms, Form G-845S and Form G-845 Supplement. These two forms must be submitted together in order to obtain the accurate U.S. arrival date. When sending the forms, include any photocopies of immigration documents presented. Although USCIS maintains a sub-office in Milwaukee, this office does not process these requests. Send the forms to the following address:~~

~~US Citizenship and Immigration Services
ATTN: Immigration Status Verifier
10 West Jackson Blvd.
Chicago, IL 60604~~

~~An Immigration Status Verifier will research the alien's records and complete the response portion of the verification request.~~

~~Note: An applicant who has provided documentation of his or her qualifying immigrant status is considered eligible, pending verification from INS.~~

~~Consult the SAVE manual for more information.~~

4.3.7 Undocumented Non-Citizens

In cases in which it is known that the applicant originally arrived in the U.S. in undocumented status, do not attempt to verify his or her status with the USCIS. Undocumented immigrants do not have any official documentation regarding their date of arrival. Therefore, if a worker needs to establish a date of arrival for a qualified immigrant who originally arrived as an undocumented immigrant prior to August 22, 1996, alternative methods need to be used. In such cases, the applicant must provide at least one piece of documentation that shows his or her presence in the U.S. prior to August 22, 1996. This may include pay stubs, a letter from an employer, lease or rent receipts, or a utility bill in the applicant's name.

Example 32: The legal status conferred on a non-citizen by immigration law—

Toshi entered the U.S. February 2, 2004, with qualified immigrant status. She is applying for BadgerCare Plus in February 2008. The IM worker should first determine if she is in one of the immigrant categories exempt from the five-year ban. If Toshi is not exempt, then she must wait five years before qualifying for BadgerCare Plus. She can be enrolled in BadgerCare Plus after February 2, 2009.

Example 43: Shariff arrived as a student in June 2002. On June 5, 2006 he was granted asylum. The five-year ban does not apply because asylees are exempt from the ban. Secondary verification is not necessary. Shariff is eligible to be enrolled in BadgerCare Plus if he meets other financial and non-financial criteria.

Example 54: Katrin entered the U.S. March 3, 1995, and gained qualified immigrant status June 20, 1995. She is applying for BadgerCare Plus in February 2008. She is a qualified immigrant who entered the U.S. prior to August 22, 1996. There is no need to apply the five-year ban. She is eligible for BadgerCare Plus if she meets other financial and non-financial criteria.

Example 65: Juan entered the U.S. as an undocumented immigrant on April 1, 1996. He applied for BadgerCare Plus on February 1, 2008. His immigration status changed to lawful permanent resident on March 3, 2005. He has signed a self-declaration stating he remained continuously present in the U.S. between April 1, 1996, and March 3, 2005. Additionally, Juan provided a copy of a lease showing a date prior to August 1996. He is eligible for BadgerCare Plus if he meets other financial and non-financial criteria.

Example 76: Elena entered the U.S. on July 15, 1999, on a temporary work visa and obtained qualified immigration status on October 31, 2004. She applied for BadgerCare Plus February 1, 2008, and has been in the U.S. for over five years. Elena is not in one of the immigrant categories exempt from the five-year ban. Therefore, the five-year ban would have to be applied since Elena's original entry date is after August 22, 1996. The five-year clock starts from the date she obtained qualified immigration status, so she would be able to apply for BadgerCare Plus after October 31, 2009.

Example 87: Tomas entered the U.S. on April 8, 1996, on a visitor's visa. He obtained qualified alien status on September 22, 2003. Tomas applied for Medicaid on May 5, 2008. The IM worker completed primary verification and USCIS responded with the date of entry as September 22, 2003, since that was the last updated date on his status. The IM worker needs to confirm with the applicant that this is the original date he arrived in the U.S. Tomas explained that he arrived in 1996; therefore, the IM worker needs to conduct secondary verification. USCIS responds and confirms that the original date of arrival was April 8, 1996. Additionally, the IM worker needs to confirm that the applicant was continuously present between April 8, 1996, and September 22, 2003. Tomas signs a self-declaration confirming this and is found eligible. If the IM worker had used September 22, 2003, as the date of entry in CARES, Tomas would have been incorrectly subject to the five-year ban and not eligible until September 22, 2008.

4.3.85 Immigration Status Chart

CARES	Immigration	Arrived	Veteran*	Arrived	Veteran*	Children
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TCTZ Code	Status	Before August 22, 1996	Arrived before August 22, 1996	on or after August 22, 1996	Arrived on or after August 22, 1996	under age 19 and pregnant women; Arrived on or after August 22, 1996
01	Lawfully admitted for permanent residence	Eligible	Eligible	Ineligible for 5 years	Eligible	Effective October 1, 2009 Eligible
02	Permanent resident under color of law (PRUCOL)	Ineligible	Ineligible	Ineligible	Ineligible	Ineligible
03	Lawfully present under Section 203(a)(7)	Eligible	Eligible	Ineligible for 5 years	Eligible	Effective October 1, 2009 Eligible
04	Lawfully present under Section 207(c)	Eligible	Eligible	Eligible	Eligible	Eligible
05	Lawfully present under Section 208	Eligible	Eligible	Eligible	Eligible	Eligible
06	Lawfully present under Section 212(d)(5)	Eligible	Eligible	Ineligible for 5 years	Eligible	Effective October 1, 2009 Eligible
07	IRCA (No longer valid)	N/A	N/A	N/A	N/A	N/A
08	Lawfully admitted - temporary	Ineligible	Ineligible	Ineligible	Ineligible	Ineligible
09	Undocumented <u>Immigrant</u> Alien	Ineligible	Ineligible	Ineligible	Ineligible	Ineligible
10	Illegal Immigrant	Ineligible	Ineligible	Ineligible	Ineligible	Ineligible
11	Cuban/Haitian Entrant	Eligible	Eligible	Eligible	Eligible	Eligible
12	Considered a	Ineligible	Ineligible	Ineligible	Ineligible	Eligible

	Permanent Resident by USCIS					
13	Special agricultural worker under Section 210(A)	Ineligible	Ineligible	Ineligible	Ineligible	Eligible
14	Additional special agricultural worker under Section 210(A)	Ineligible	Ineligible	Ineligible	Ineligible	Eligible
15	Withheld deportation - Section 243(h)	Eligible	Eligible	Eligible	Eligible	Eligible
16	Battered Immigrant	Eligible	Eligible	Ineligible for 5 years	Eligible	Effective October 1, 2009 Eligible
17	Amerasian	Eligible	Eligible	Eligible	Eligible	Eligible
18	Foreign Born Native American	Eligible	Eligible	Eligible	Eligible	Eligible
19	Victims of Trafficking**	Eligible	Eligible	Eligible	Eligible	Eligible
20	Lawfully Residing	Ineligible	Ineligible	Ineligible	Ineligible	Eligible
21	<u>Victims of Trafficking Subject to 5 Year Bar</u>	<u>Eligible</u>	<u>Eligible</u>	<u>Ineligible for 5 years</u>	<u>Eligible</u>	<u>Eligible</u>

* "Veteran" includes certain veterans and active duty servicemen and women, their spouses, dependent children, or certain surviving spouses.

**Some victims of trafficking may need to provide certain verification to be exempt from the five-year bar. See Section 4.3.11 Victims of Trafficking for more information.

4.3.94-3-6 Iraqis and Afghans With Special Immigrant Status

Beginning December 19, 2009, Special Immigrants from Iraq or Afghanistan (Class of Admission Codes SI-1, 2, 3, 6, 7, and 8) are to be treated like they are refugees when determining their eligibility for BadgerCare Plus for as long as they have this Special

Immigrant Immigration status. This policy applies to these immigrants regardless of when they received this status.

Class of Admission Code	Description	CARES Alien Registration Status Code
SI1	Nationals of Iraq or Afghanistan serving as interpreters with the U.S. Armed Forces	Code 04
SI2	Spouses of an SI1	Code 04
SI3	Children of an SI1	Code 04
SI6	Nationals of Iraq or Afghanistan serving as interpreters with the U.S. Armed Forces	Code 04
SI7	Spouses of an SI6	Code 04
SI8	Children of an SI6	Code 04

4.3.96.1 Counting Refugee-Related Income

Refugee Cash Assistance Program payments are not counted as income for BadgerCare Plus. Refugee Cash Assistance is administered by **W-2** agencies and is made available for refugees who do not qualify for W-2.

Refugee "Reception and Placement" payments are not counted as income for BadgerCare Plus. Reception and Placement payments are made to refugees during the first 30 days after their arrival in the U.S. Reception and Placement payments are made by voluntary resettlement agencies and may be a direct payment to the refugee individual or family or to a vendor.

4.3.96.2 Refugee Medical Assistance

If an individual does not meet the other eligibility requirements for BadgerCare Plus, he or she may apply for Refugee Medical Assistance, which is not funded by BadgerCare Plus. Refugee Medical Assistance is a separate benefit from BadgerCare Plus but provides the same level of benefits. Refugee Medical Assistance is available only in the first eight months after a special immigrant's date of entry. If it is not applied for in that eight-month period, it cannot be applied for later. Iraqi immigrants may be eligible for Refugee Medical Assistance for eight months, and Afghan immigrants may be eligible for Refugee Medical Assistance for six months.

While W-2 agencies have contractual responsibility for providing Refugee Medical Assistance, they need to coordinate with economic support agencies to ensure eligibility for all regular BadgerCare Plus subprograms is tested first.

More information about this program is in the Wisconsin Works (W-2) Manual, Section 18.3 Refugee Medical Assistance.

Note: The federal Medicaid eligibility for all other refugees admitted under Alien Status Code 04 remains the same.

4.3.10 Military Service

Applicants with an immigration status that requires them to be in that immigration status for five years before being eligible for health care benefits are exempt from this five-year bar if they meet any of the following criteria related to military service:

- Honorably discharged veterans of the U.S. Armed Forces. This is defined as persons who were honorably discharged after any of the following:
 - Serving for at least 24 months in the U.S. Armed Forces.
 - Serving for the period for which the person was called to active duty in the U.S. Armed Forces.
 - Serving less than 24 months but was discharged or released from active duty for a disability incurred or aggravated in the line of duty.
 - Serving less than 24 months but was discharged for family hardship.
 - Serving in the Philippine Commonwealth Army or as a Philippine Scout during World War II.
- On active duty (other than active duty for training) in the U.S. Armed Forces.
- The spouse, unmarried and non-emancipated child under age 18, or surviving spouse of either an honorably discharged veteran or a person on active duty in the U.S. Armed Forces. A surviving spouse is defined as meeting all of the following criteria:
 - A spouse who was married to the deceased veteran for at least one year.
 - A spouse who was married to the deceased veteran either:
 - Before the end of a 15 year time span following the end of the period of military service, or
 - For any period of time to the deceased veteran and a child was born of the marriage or was born before the marriage.
 - A spouse who has not remarried since the marriage to the deceased veteran.

4.3.11 Victims of Trafficking

Applicants claiming to be victims of trafficking (or have a Class of Admission (COA) code indicating that they are a victim – ST6 or T1), have not resided in the United States for at least five years, and are at least 18 years of age, must have a victim certification from the federal Office of Refugee Resettlement (ORR) in the Department of Health and Human Services to be treated like a refugee and be exempt from the five-year bar.

Persons with a COA code indicating they are a child, spouse, or parent of a trafficking victim (Codes ST0, ST1, ST7, ST8, ST9, T2, T3, T4, T5, or T6) are exempt from the five-year bar and do not need certification from the ORR. Victims of trafficking who are under 18 at the time they apply do not require a certification from the ORR. Victims of Trafficking who are 18 or older and do not have the certification will be subject to the five-year bar.

6.1 SOCIAL SECURITY NUMBER REQUIREMENTS

6.1.1 Overview of Social Security Number Requirements

BadgerCare Plus applicants must provide an **SSN** or be willing to apply for one. Assist the applicant in applying for an SSN for any group member who does not have one. [See Section 9.9.1 Social Security Number for more information on assisting an applicant with applying for an SSN](#) Non-applicants are not required to provide an SSN.

~~Do not deny benefits pending issuance of an SSN if there is documentation that an SSN application was made.~~ If an SSN application was made in good faith and the applicant cooperated fully with the application process, do not deny benefits if the SSN application was denied for reasons beyond the applicant's control. [See Section 9.9.1 Social Security Number for more information on health care eligibility without a verified SSN.](#)

An applicant does not need to provide a document or Social Security card. He or she only needs to provide a number, which is verified through data exchanges.

If the caretaker is unwilling to provide or apply for the SSN of a minor or 18-year-old, then the person who does not have the SSN is ineligible.

Verify the SSN only once.

9.9 MANDATORY VERIFICATION ITEMS

9.9.1 Social Security Number

Social security numbers (SSNs) need to be furnished for household members requesting BadgerCare Plus unless they are exempt from the SSN requirement (see Section 6.1 Social Security Number Requirements). SSNs are not required from non-applicants, including outside of the home tax dependents and co-filers.

An *applicant* is not required to provide a document or Social Security card. He or she only needs to provide a number, which is verified through the *CARES* SSN validation process.

If the SSN validation process returns a mismatch record, the member must provide the Social Security card or another official government document with the SSN displayed. If an applicant does not yet have an SSN he or she must be willing to apply for one.

Agencies must assist any household that requests help with applying for an SSN for any applicant or group member who does not have one. “Assisting the applicant” may include helping with filing the SS-5 SSN Application form, obtaining a birth certificate on behalf of the applicant, or assisting with obtaining another document needed to apply for the SSN. (IMM, Ch. I, Part C).

Health care eligibility may ~~Do~~ not be delayed if the person is otherwise eligible for ~~deny~~ benefits and any of the following are true:

- The person has provided ~~pending issuance of~~ an SSN, even if the SSN has not yet been verified.
- The person has requested assistance with applying for ~~if you have any documentation that~~ an SSN.
- The person has verified that he or she has applied for an SSN.

In cases where an *application* for SSN has been filed with the Social Security Administration, an SSN must be provided by the time of ~~was made. At~~ the next health care renewal for the case or health care eligibility will be terminated for that individual. In addition, if eligibility for another program pends for provision of an SSN and the SSN application date on file is six months or older, eligibility for health care will also pend. Members must be given a minimum of 10 days to provide an SSN, but if they do not, health care eligibility must be terminated.

Even when citizenship cannot be verified due to a lack of a verified SSN, health care benefits should not be pended for lack of an SSN during the reasonable opportunity period for verification of citizenship (~~, check to see~~ Section 4.2.4.4 Reasonable Opportunity Period for Verification of Citizenship), ~~if an SSN has been issued.~~

9.9.1.1 Fraudulent Use of SSN

The member should be informed if the SSN validation process indicates another individual is using the same SSN. The member should contact the Social Security Administration and request they conduct an investigation. The IM worker cannot provide the member with any information that would identify the individual who is using the member's SSN.

If the Social Security Administration finds that the SSN has been used fraudulently it may:

1. Recommend further action be taken.

and/or

2. Provide the member with the information on the fraudulent action so that the member may pursue action through the legal system.

Verify the SSN only once.

9.9.1.21 Newborns

A parent of a newborn may begin an SSN application on the newborn's behalf while still in the hospital.

Do not require an SSN to be furnished or applied for on behalf of a newborn determined continuously eligible (see Section 8.2 Continuously Eligible Newborns) for BadgerCare Plus. Accept the parent's~~mother's~~ statement about the existence and residence of the newborn.

9.9.1.32 BadgerCare Plus Emergency Services

Do not require or verify SSNs of people applying for~~members who receive~~ BadgerCare Plus Emergency Services only (Chapter 39 Emergency Services).

9.9.1.43 BadgerCare Plus Prenatal Program

Do not require or verify SSNs of people~~Women~~ applying for the BadgerCare Plus Prenatal Program ~~do not need to apply for or provide an SSN~~ (see Section 41.1 BadgerCare Plus Prenatal Program).

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 have to verify their~~ provide proof of immigration status ~~can still qualify for those benefits.~~

Applicants who are otherwise eligible and are only pending for verification of immigration status must be certified for health care benefits during the reasonable opportunity period (see Section 4.3.2.2 Reasonable Opportunity Period for Verification of Immigration Status).

~~An immigrant who presents documentation of his or her immigrant status and meets all other eligibility criteria is eligible while any secondary verification of immigrant status is taking place.~~

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~~Do not re-verify immigrant status unless the member reports a change in citizenship or immigrant status.—~~

9.12 REASONABLE COMPATIBILITY FOR HEALTH CARE

9.12.2 Reasonable Compatibility Thresholds

The reasonable compatibility test will apply to each AG for which earned income is reported, has not been already been verified, and for which SWICA and/or Equifax data is available. Because different AGs are subject to different income thresholds, the following thresholds will be used by population to determine whether reported information is reasonably compatible. In some cases, the threshold will be a FPL percent, while in others it will be a fixed dollar amount.

Note: Because different thresholds are used for different populations, individual members of a household or a given AG may pass the reasonable compatibility test while others do not.

Population	Threshold(s)
Adults (MAGS, MAGA and MAGN)	100% FPL
Adults in extensions with a premium	Premium thresholds: 133, 140, 150, 160, 170, 180, 190, 200, 210, 220, 230, 240, 250, 260, 270, 280, 290, and 300% FPL
Children – under age 1	306% FPL
Children – ages 1 through 5	191% FPL Premium thresholds (unless the child is exempt): 201, 231, 241, 251, 261, 271, 281, 291, and 301% FPL 306% FPL
Children – ages 6 through 18	133% FPL 156% FPL Premium thresholds (unless the child is exempt): 201, 231, 241, 251, 261, 271, 281, 291, and 301% FPL 306% FPL
Pregnant women	306% FPL
FPOS	306% FPL

For populations with multiple thresholds, the lowest threshold that is higher than the reported income is used.

~~**Example 1:** Fatima is in an extension and reports earnings for a total monthly income of 141% FPL. The reasonable compatibility test would be based on the next highest threshold listed above, which is 150% FPL.~~

Example 12: Marty and Jen have two sons, Alex (age 9) and Warren (age 4). They apply for BadgerCare Plus and report that Marty has earnings of ~~\$4,055~~~~3,750~~/month. Equifax data is not available. SWICA reports that Marty has earnings of ~~\$4,270~~~~3,955~~/month. For a group size of 4, the reported household income is 189% FPL, while the household income based on SWICA data is 199% FPL. As parents, Marty and Jen are ineligible for BadgerCare Plus based on their reported income of 189% FPL. Each child is subject to a reasonable compatibility test based on the next highest relevant threshold for his age group.

For Alex, at age 9, the reasonable compatibility threshold is 201% FPL. The household's income based on both the reported income and SWICA are below this threshold, so the reasonable compatibility standard is met and no further verification is required for Alex.

For Warren, at age 4, the reasonable compatibility threshold is 191% FPL (the threshold for T19 vs. T21 funding of BadgerCare Plus benefits). The household's income based on reported income is below this threshold, while the household's income based on SWICA is above this threshold. As a result, the amounts are not reasonably compatible and verification must be provided in order for Warren to become eligible.

If the family provides paystubs that show actual monthly income of more than 200% FPL, both children would be subject to a premium based on the income verified by paystubs.

9.12.3 Reasonable Compatibility Test

The reasonable compatibility test is based on whether using member-reported information about earnings and information about earnings from data exchanges results in the same eligibility outcome when all other countable income is taken into account.

Reasonable compatibility will first be tested based on the household's total countable income as reported to the agency or verified through other sources. This test will determine whether the member is required to provide verification of earnings.

If the member-reported earnings amount is not reasonably compatible (based on the household's total reported income), verification of earnings will be required at the same time that verification is required for unearned income, self-employment, and/or tax deductions.

9.12 Reasonable Compatibility for Health Care

A second verification request will be required if the initial test leads to a determination of reasonable compatibility but the earnings are no longer reasonably compatible after other income types or deductions have been verified.

If earnings are determined to be reasonably compatible, the amount reported by the member should be used to determine eligibility and premium amounts for health care.

If the earnings are later verified (for example, because verification is required for another program), the verified earnings should then be used to determine eligibility and premium amounts for health care.

In this situation, members are not liable for overpayments because the initial determination was based on income that was reasonably compatible with a data exchange.

Note: For simplicity, the examples below include households with earned income as the only source of income. It is important to remember that reasonable compatibility is based on the individual's total countable income, not just his or her earned income amount.

Example 23: Joe is a single childless adult with an income limit of ~~\$1,040,980~~.83 for BadgerCare Plus. He reports that his earnings are \$500/month. Equifax is not available for his employment. SWICA reports that his quarterly earnings are \$2,700, for a monthly amount of \$830.77. Because his income is below the income threshold using either amount, his reported information is considered to be reasonably compatible with the SWICA reported income, and the agency must use the \$500 amount he reported without requesting additional verification.

Example 34: Lon is a single childless adult with an income limit of ~~\$1,040,980~~.83 for BadgerCare Plus. He reports that his earnings are \$900/month. Equifax reports that he is paid twice a month at ~~\$550,510~~.50 per month, for a monthly amount of ~~\$1,101,102~~.00. Because there is a difference in the eligibility outcome when applying the Equifax reported income, his reported information is not considered to be reasonably compatible, and the agency must request additional verification.

Example 45: Melanie is a single childless adult with an income limit of ~~\$1,040,980~~.83 for BadgerCare Plus. She reports that her earnings are \$1,200/month. CARES will base the denial on this reported income amount, regardless of the income amount from SWICA or Equifax.

Example 56: Michelle applies for BadgerCare Plus for herself and her two children. She reports that she started a job last month and is earning \$1,400/month. Because

the job is new, neither SWICA nor Equifax data is available. Since these data exchanges are not available, the reasonable compatibility test will not be performed, and Michelle will be required to verify her earnings using paystubs, an EVF-E form, or other documentation.

Example 67: Katie is a single childless adult with an income limit of ~~\$1,040~~980.83 for BadgerCare Plus. She applies for FS and BadgerCare Plus. She reports that her earnings are \$800/month. Equifax data is not available. SWICA reports that her quarterly earnings are ~~\$2,550~~2550, for a monthly amount of \$784.62. Because she is eligible for BadgerCare Plus using either amount, her reported information is considered to be reasonably compatible. The agency must use her reported income for BadgerCare Plus, and based on this amount, she would be made eligible for BadgerCare Plus.

Her FoodShareFS eligibility, however, will pend for verification of her earnings. If she returns her paystubs and they show income of ~~\$1200~~990/month, this information would replace the member-reported information and her health care benefits would be terminated. If she failed to provide the requested verification, her FoodShareFS benefits would be denied but she would continue to remain eligible for BadgerCare Plus.

9.12.5 Use of Equifax Data for Verification of Income

Agencies may not consider Equifax data to be the final “verified” income amount unless the Equifax data is the same as what the member reported. Agencies may not deny or terminate health care benefits based on earned income data received from Equifax without giving the applicant or member an opportunity to verify their reported earned income amount.

If the reported wage amount is the same as the Equifax wage amount, workers may consider the reported wage amount to be verified and use the verification code of “DE – Data Exchange”. If the worker is completing intake during a telephonic application for health care and/or an interview for FoodShare or Child Care, the worker should view the Equifax information during the interview and ask the member if the Equifax-reported amount is correct. If the member agrees that the Equifax-reported amount is accurate, the worker should use the Equifax-reported amount and a verification code of “DE – Data Exchange.” Because the wage has already been verified, the reasonable compatibility test will not be triggered for this employment.

If the worker is completing intake outside of an interview, and there is a discrepancy between what the member has reported and what Equifax provides, the worker must enter the member-reported information with a verification code of either ? or Q?. For health care programs, this will trigger a reasonable compatibility test. For other

programs, this will cause the case to pend for verification of the member-reported amount.

If the member fails to provide verification and does not contact the agency, FoodShare, Child Care and/or W-2 will fail for lack of verification. Health care will fail for any member whose reported income is not reasonably compatible and who failed to provide requested verification.

However, if the member reports that he or she is unable to obtain the requested verification, the worker should assist the member in obtaining verification (see Chapter 9.8). If the applicant and/or worker have made reasonable efforts to obtain verification and are not able to do so, then the agency should determine the income amount based on “best available” information, and then document how this amount was determined. .

Note: The same policies for use of Equifax data apply when a member is reporting a change in income. Equifax data can be used for verification if it is the same as what the member has reported. If it is not the same, health care will apply a reasonable compatibility test to determine whether further verification is required.

Example 78: Ryan applies online for himself, his wife, and their child, with a request for health care, Child Care and FoodShare. He reports earnings of \$9.55/hour at 30 hours/week from his job at Walmart on the application. The agency does not process the application until the interview for Child Care and FoodShare. During the interview, FDSH is queried for Equifax data and the worker sees that the most recent weekly paycheck amount was for an hourly rate of \$9.55/hour but for 33 hours/week, for a paycheck of \$315.15. The worker then confirms with Ryan that this amount is correct, enters this amount on the employment page and uses DE as the verification code. Because this information has been reported by the member and verified using Equifax data from the FDSH, it is considered verified for all programs and the reasonable compatibility test is not invoked.

Example 89: Mindy applies online for herself and her 2-year-old twins, with a request for health care, Child Care and FoodShare. She reports \$400/week in earnings from her job at Subway. When the worker processes the application for health care (prior to completing the interview for FoodShare and Child Care), the worker finds that Equifax data is available from the FDSH and that her most recent weekly paycheck is \$490. Because the member-reported and the FDSH-reported amount are different, the worker enters a Q? on the Employment page and runs eligibility. FoodShare and Child Care both pend for interview.

Because the employment amount has not yet been verified, a reasonable compatibility test is invoked for health care. For a group size of three (3), the reported household income is ~~\$1,600~~1600/month, or ~~90~~97% FPL, while the

household income based on FDSH data is \$~~1,960~~^{1,960}/month, or ~~110~~¹¹⁰% FPL.

- For Mindy's eligibility as a parent, the reasonable compatibility threshold is 100% FPL. The household's income based on reported income is below this threshold, while the household's income based on FDSH is above this threshold. As a result, the amounts are not reasonably compatible. Verification must be provided in order for Mindy to become eligible.
- For the twins, at age 2, the reasonable compatibility threshold is 191% FPL and no verification is needed. The household's income based on both the reported income and FDSH are below this threshold, so the reasonable compatibility standard is met and no further verification is required for the twins.

When the worker completes the Food Share / Child Care interview, the worker asks Mindy whether the information provided by Equifax is correct. Mindy confirms that it is. The worker can then use the amount provided by Equifax on the employment page and changes the verification to DE. When eligibility is re-run for all programs, the employment is considered verified and no further verification is needed.

Example 910: Same as example ~~12~~¹², except that during the interview, Mindy tells the worker that her hours have changed and that her weekly pay is \$400 and not \$490. The worker should leave the Q? as the verification code for the employment and issue a verification checklist.

- If Mindy provides verification, the worker should use this to verify the income per current process.
- If Mindy fails to provide verification and does not contact the agency, the employment record will be marked as NV, and she will be denied for health care for lack of verification, although her children will continue to remain open because they were reasonably compatible. Both FoodShare and Child Care will fail due to failure to provide requested verification.
- If Mindy contacts the agency to say that she has not been able to obtain verification, the agency must assist with obtaining verification. If verification cannot be obtained, the worker should determine her income based on the "best available" information and document how this was determined in case comments.

16.2 INCOME TYPES NOT COUNTED

47. Income Allocated to a Community Spouse

When spouses are filing taxes separately and one spouse enrolled in Institutional Medicaid and allocates income to the spouse still living in the community, do not count this income when determining BadgerCare Plus eligibility for the spouse living in the community.

Example 11: Jenny resides in a nursing home and is enrolled in Institutional Medicaid. Her husband, Kevin, lives in the community and is applying for BadgerCare Plus. Jenny and Kevin file taxes separately. Jenny has income from Social Security and a pension. She allocates \$1,100 of her monthly income to Kevin as the community spouse. Do not count this allocation when determining Kevin's BadgerCare Plus eligibility.

16.9 GAP FILLING

16.9.2 Determining Annual Income for Gap Filling Referrals and Requests

When determining annual income under gap filling rules, use the income reported on the application, income discovered or verified through data exchanges, and other income to determine annual income. This includes, but is not limited to, using wages earned for previous quarters verified through *SWICA*, wages verified through the *FDSH* wage match, wages verified through an Employer Verifications of Earnings form (EVFE), or other verification and data exchanges verifying unemployment and Social Security income. If the information reported on the application is not clear or the sources of income cannot be verified through available data exchanges, the IM agency must send a verification request.

This method should be also used when determining eligibility under gap filling rules for backdated months (see Section 25.8.1 Backdated Eligibility) and when determining whether someone would have qualified under gap filling rules as part of reviewing a potential overpayment (see Section 28.3 Unrecoverable Overpayments).

When budgeting expected annual income for eligibility in the same calendar year, consider the person's employment history and pattern of employment to determine if he or she is reasonably expected to have a change in income that would impact eligibility. For example, if an applicant has been working a seasonal job, such as construction or farming, with wages in the second and third quarters and unemployment in the first and fourth quarters of the past several years, it would be reasonable to expect the person to continue that pattern of employment and unemployment unless the person reports a change that indicates he or she is not returning to that employment.

Example 1: Megan's application has an August, 1, ~~2017~~, filing date and is sent with the Gap Filling Indicator. She reports that she is currently on unemployment and receives \$1,452 per month. When the worker is processing the application, there are wages earned for the first quarter ~~of 2017~~ in the amount of \$5, ~~800,000~~, and the unemployment query shows that she was fired in February ~~2017~~ and that she started receiving unemployment compensation on March 1, ~~2017~~. Based on income she has already received ~~this year in 2017~~ (\$5, ~~800,000~~ in wages plus \$7,260 in unemployment from March to July), she has already received ~~\$13,060~~ ~~12,260~~ this year, which is over 100 percent of the FPL for a group of one, so she does not meet gap filling rules. Megan is not eligible for BadgerCare Plus. The worker confirms the denial in CWW and sends the Marketplace or Indicator Gap Filling Eligibility Determinations Supplemental letter (F-01915).

Example 2: Greg's application has a November 15, ~~2016~~, filing date and is sent with the Gap Filling Indicator. He reports that he is currently on unemployment and receives \$1,000 per month. When the worker is processing the application, there are wages earned in the second and third quarters of the last three years ~~2016, 2015, and 2014~~ at a local roofing company. Wages earned so far in the current year ~~2016~~ total \$5,200. Unemployment received so far ~~in 2016~~ includes \$2,400 received from January through March, \$1,000 received in October, and \$500 so far in November, for a total of \$3,900. He is still filing unemployment and has more than \$3,000 available to be paid. To determine the anticipated income for the remainder of the year, the worker would continue to budget \$1,000 for unemployment per month for November and December. Greg's total income expected for the year ~~2016~~ is \$10,600 (\$5,200 in wages, \$2,400 in unemployment from January through March, and \$3,000 in unemployment from October through December). Because his annual income is expected to be under 100 percent of the FPL, Greg is eligible for BadgerCare Plus under gap filling rules.

Example 3: Erin's application has an August 1, ~~2016~~, filing date and is sent with the Gap Filling Indicator. She reports that she is currently working and earns \$1,400 per month (paid biweekly with earnings of \$700 per pay period) with no other income. Her job started July 1, ~~2016~~, and she received one paycheck in July. Her anticipated annual income is \$7,700 (\$1,400 per month from August through December and \$700 for July). Because her annual income is expected to be under 100 percent of the FPL, Erin is eligible for BadgerCare Plus under gap filling rules.

Example 4: Amber and Ryan are married and reside together. Their application has a February 15, ~~2016~~, filing date and is sent with the Gap Filling Indicator. Amber is currently on unemployment and receives \$1,452 per month and reports that they have no other income. When the worker is processing the application on February 28, ~~2016~~, SWICA shows earnings between \$15,000 and \$20,000 per quarter for the first, second, and third quarters of each year for the past four years. The unemployment query shows that Amber is currently receiving \$1,452 per month, which started October 1, ~~2015~~, and she has \$9,500 remaining to be paid; the query also shows that she received unemployment from October through December for the past four years when laid off from her job. However, the most recent claim shows that Amber was not laid off, she was fired. The worker contacts Amber to clarify that she will not be returning to that job and Amber confirms that in the past, she had been laid off at the end of the season, but she was fired on October 1, ~~2015~~, and has been on unemployment since then. Because she is not expected to return to that job, their anticipated annual income is \$12,404 (\$2,904 in unemployment from January through February and \$9,500 in unemployment anticipated from March through September). Because their annual income is expected to be under 100 percent of the FPL, Amber and Ryan are eligible for BadgerCare Plus under gap filling rules.

Example 5: Monica submits a BadgerCare Plus application on July 23. She reports that she started a seasonal job in June and that it will end in September. Monica earns \$1,500 per month and has no other source of income. Monica believes her income might be over the monthly limit, but will likely be below the annual limit. She contacts the IM agency to request a gap filling eligibility determination.

Based on her monthly income, Monica is over the limit for BadgerCare Plus. However, her expected annual income is \$6,000 (employment wages from June to September). Because her annual income is expected to be at or below 100 percent of the FPL, Monica is eligible for BadgerCare Plus under gap filling rules.

Example 6: Byron has been enrolled in BadgerCare Plus as a childless adult since October ~~2017~~. At the time of his enrollment, Byron had no income. In March ~~2018~~, Byron began receiving SSDI income in the amount of \$1,400. Since he is over the monthly income limit, his BadgerCare Plus eligibility ends on April 30, ~~2018~~, and he is sent a notice of decision. Byron contacts the IM agency on May 3, ~~2018~~, to request a gap filling eligibility determination. Byron's anticipated income is \$14,000 (SSDI income in the amount of \$1,400 per month for the 10 months from March to December). Since his annual income is expected to exceed 100 percent of the FPL, Byron is not eligible for BadgerCare Plus under gap filling rules. The worker confirms the denial in CWW and sends the Member Request Gap Filling Eligibility Determinations Supplemental letter, F-01915A.

Example 7: Samantha applies for BadgerCare Plus on August 20 and reports she will begin receiving SSDI payments in the amount of \$1,400 per month beginning in September. Employment queries show that Samantha has not earned any wages for the year. Samantha will be eligible for BadgerCare Plus for August but will be ineligible for September due to her monthly income exceeding 100 percent of the FPL. Since Samantha had no other annual income, the worker believes that Samantha may be eligible for BadgerCare Plus under gap filling rules. Her expected annual income is \$5,600 (SSDI income in the amount of \$1,400 per month from September to December). Her annual income is expected to be at or below 100 percent of the FPL, so Samantha is eligible for BadgerCare Plus under gap filling rules.

Example 8: Kyle has been enrolled in BadgerCare Plus since April ~~2017~~. At the time of his enrollment, he reported his employment ended last February and he filed for unemployment, but he has not yet heard if he qualifies. When processing the application, the IM worker noted in case comments that Kyle had consistent wages from a job he had in the previous year ~~2016~~, but his wages for the first quarter ~~of 2017~~ were \$2,200, which was significantly lower than his wages from the third and

fourth quarters of the previous year.~~2016.~~

On July 25, Kyle contacts the IM agency to report that he started receiving unemployment in the amount of \$1,300 per month. The unemployment query confirms that Kyle received unemployment compensation beginning July 1, ~~2017,~~ in the amount of \$1,300 per month. He will receive \$7,800 for the months of July through December. Based on his monthly income, Kyle would be over the limit for BadgerCare Plus. However, the worker believes that Kyle may still be eligible under gap filling rules based on his expected annual income, which is \$10,000 (\$2,200 in wages from the first quarter and \$7,800 from anticipated unemployment benefits from July to December). His annual income is expected to be at or below 100 percent of the FPL, so Kyle would be eligible for BadgerCare Plus under gap filling rules.

18.1 EXTENSIONS

18.1.1 Introduction

A BadgerCare Plus extension is a period of eligibility given to a person when the assistance group's income increases above 100 percent FPL either due to an increase in earned income and/or spousal support and otherwise meets the BadgerCare Plus eligibility criteria for people with incomes below 100 percent FPL.

A parent/caretaker relative or pregnant woman can enter an extension due to an increase above 100 percent FPL in the assistance group's earned income, spousal support, or both. The children, stepchildren, and NLRR children of the parent/caretaker will also enter the extension at this time, provided they are under age 19, living with the parent/caretakers, and meet the income requirements outlined in Section 18.1.3 Children.

BadgerCare Plus members eligible as childless adults are not eligible for an extension.

If a family is moving out of the State of Wisconsin at the time of the income increase, they would not be eligible for the extension.

~~A family can enter into an extension as long as verification and the premium payment, if applicable, are provided by the due date given or verification is provided prior to BadgerCare Plus closing.~~

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In late renewal situations, the renewal must have been submitted in the month the renewal is due in order for the family to be eligible for the extension~~this policy to apply.~~

If all members of the household are eligible for an extension, verification of income is not required. If a member of the household is eligible for BadgerCare Plus but not in an extension, the household may be required to provide verification of income for determining that person's BadgerCare Plus eligibility. If verification is not provided timely, it will not impact the other members' eligibility in a BadgerCare Plus extension.

Example 1: The Brown family's health care renewal is due July 31. The renewal is submitted to the agency on July ~~31~~25. The agency processes the renewal on ~~July 28 and requests verification due~~ August 7. ~~The Brown family provides check stubs for the parents' incomes on August 4.~~ The agency determines that the Brown family's income is now over ~~100~~133 percent of the FPL and no financial verification is required since all members of the family meet, ~~so the criteria to be eligible under parents owe a premium. Because BadgerCare Plus extension already closed on July 31, a premium is due before the case can re-open.~~ The Brown family enters~~has 10 days to pay the premium. The case pends for the premium on August 5, and the premium is due August 14. The Brown family must provide all requested verification by August 7 and pay their premium by August 14 in order for the family~~

~~to enter~~ into an extension starting August 1.

Example 2: The Brown family's health care renewal is due July 31. The renewal is submitted on August 9. They are not eligible for an extension.

Example 3: Janine and her son, Zachary, are open for BadgerCare Plus under an extension, and her daughter, Amy, is open for regular BadgerCare Plus (not an extension). Janine reports an increase in income. She will be required to verify her new income since her income is counted when determining Amy's BadgerCare Plus eligibility. ~~Example 3: The Green family reports a change in income, and verification is due on August 8. The Green family does not provide verification by August 8, and the agency closes BadgerCare Plus for August 31. The verification is turned in August 17. Because BadgerCare Plus is still open (BadgerCare Plus does not close until August 31), they have provided verification timely and are eligible for an extension. If the verification was turned in on or after September 1, then they would not be eligible for an extension.~~

~~Example 4: The White family has a renewal due July 31. The renewal is submitted on July 25. The agency requests income verification that is due on August 5. The income verification is received, and it is determined a premium is owed and due on August 17. If the White family pays the premium by August 17, the extension can begin August 1. If the premium is paid after August 17, the premium should be returned and no extension granted.~~

While on the extension, children are not subject to the insurance access and coverage requirements. For example, having access to employer health insurance when the family income increases from 80 percent to 175 percent FPL will not make them ineligible for the extension.

~~Adults are subject to premiums while in an extension, unless exempt (see Section 19.1 BadgerCare Plus Premiums). Premiums are not charged to adults whose income is at or below 133 percent of the FPL during the first six calendar months of their extension. The RRP for adults who fail to pay a premium is three months (see Section 19.11 BadgerCare Plus Restrictive Re-enrollment Period).~~

~~**Note:** Extensions will not be granted to anyone in the household if the household fails to verify the income that would trigger the extension unless all the parents/caretakers in the extension are exempt from paying premiums because they are disabled, a tribal member or pregnant.~~

~~Example 5: Mom, Dad, and children are open for MAGA and MAGC. Mom and Dad are not tribal members or disabled. They report a new job with income over 100 percent of the FPL. They fail to verify the income by the due date given. No one in the household is entitled to an 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. However, when the household income decreases to 100 percent FPL or less, the extension will end for the parent(s), but any children would remain in the extension. ~~When an extension ends for a parent for failure to pay a required premium, the extension continues for the child.~~ All dependent children, stepchildren, and *NLRR* children whose parent or caretaker becomes eligible for an extension 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:

- Have AG income under 306 percent FPL and are under age 1
 - Have AG income under 191 percent FPL and are age 1 through age 5
 - Have AG income under 156 percent FPL and are age 6 through age 18

Conditions:

1. Children do not have to be eligible for BadgerCare Plus for 3 of the past 6 months.
2. The child's AG income does not have to be below 100 percent FPL at the time the extension starts.
3. CENs are not eligible for extensions.
4. A child who is currently in an extension is not eligible for a new extension.
5. If a parent's income decreases below 100 percent FPL the child's extension continues. ~~If the parent fails to verify income changes during the extension period (but verifies it after the extension has been established), the child's extension will continue.~~
6. Once a child is in an extension, the child does not lose the extension for any reason except for death, moving out of Wisconsin, or turning 19 while in an earned income extension.

Note: If a child is in an unexpired extension and a parent qualifies for a new extension, the child's extension will continue to stay in the original extension eligibility category until it expires. The child is not eligible for the new extension.

18.2 INCREASE IN EARNINGS

18.2.1 Earned Income Extensions

To receive a 12-month BadgerCare Plus extension due to an increase in earnings, a parent, caretaker, or pregnant woman 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)
2. 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.
3. 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.
4. He or she must otherwise meet the BadgerCare Plus eligibility criteria for persons with income below 100 percent FPL.
- ~~5. 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.)~~
- 6.5. He or she must not be eligible as a Former Foster Care Youth.

Note: These requirements do not apply to children (see Section 18.1.3 Children).

Example 1: Jane lives with her two teenage children and Dave, the non-marital co-parent of the two children. Jane is claiming both children on her taxes and her income for her MAGA AG of three is 90 percent FPL. Dave's MAGA AG consists only of himself, and he is eligible for BadgerCare Plus with income of 95 percent FPL. The children-in-common are eligible in a MAGC AG group of four, with both parents as counted adults in their AG and their group's income is 121 percent FPL. Jane was enrolled in BadgerCare Plus with income below 100 percent FPL for three of the prior six months. In June, her earned income increased to 120 percent FPL. She is eligible for a 12-month BadgerCare Plus extension. Dave is not included in the extension because he was not a counted member of Jane's AG. The children are eligible for a 12-month extension because they were eligible in June when Jane's income rose above 100 percent and their own AG's income was below 156 percent FPL at the time.

18.3 INCREASE IN SPOUSAL SUPPORT OR FAMILY SUPPORT INCOME EXTENSIONS

18.3.1.1 Four-Month Extensions

The four-month BadgerCare Plus extension only applies if:

1. The income increase which caused the countable income to exceed 100% FPL must be due solely to:
 - a. Increased spousal support income, or
 - b. Increased spousal support income along with other unearned income (changed or unchanged).
2. There has been no increase in earned income.
3. He or she is an eligible BadgerCare Plus member with income at or below 100% FPL, at the time the income increased to over 100% FPL.
4. He or she must have been enrolled in BadgerCare Plus with income that was at or below 100% FPL for at least 3 of the 6 months immediately preceding the month in which the income went above 100% FPL.
5. He or she otherwise meets the BadgerCare Plus eligibility criteria for persons with income below 100% FPL
- ~~6. He or she verified his or her income, unless he or she is exempt from paying a premium.~~

18.3.1.2 Twelve-Month Extensions

The 12-month BadgerCare Plus extension applies only if:

1. Earned income increased but child support income remained the same or both earned income and child support income increased.
2. He or she is a BadgerCare Plus member with income at or below 100% FPL, at the time the income increased to over 100% FPL.
3. He or she must have been enrolled in BadgerCare Plus with income that was at or below 100% FPL for at least 3 of the 6 months immediately preceding the month in which the income went above 100% FPL, and
4. He or she otherwise meets the BadgerCare Plus eligibility criteria for persons with income below 100% FPL.
- ~~5. He or she verified his or her income, unless he or she is exempt from paying a premium.~~

18.4 INCOME CHANGES DURING THE EXTENSION

During an extension, a group or individual's income may decrease to an amount at or below 100% FPL for the group size and then increase again to exceed the 100% FPL. When the income decreases, the individual will be removed from the extension and placed in regular BadgerCare Plus. The remaining months of the extension will continue to run in the background. Verification of the income decrease to at or below 100% FPL is required in order to make the individual eligible in regular BadgerCare Plus.

If the individual's countable income again increases above the 100% FPL, he or she would be eligible under the previous extension for any remaining months. If the individual is eligible for a new extension when the income again increases, because he or she meets all of the criteria above, choose the extension which gives the longest coverage, and cancel the other.

Example 1: A BadgerCare Plus group with a 12-month extension from January through December has a decrease in income in February that puts them back below 100% FPL. The group provides pay stubs to verify the decrease in income. The extension continues to run while the group is on regular BadgerCare Plus. In October the group's countable income again increases to above 100% FPL, this time due to an increase in spousal support income. They are now eligible for a four-month spousal support extension, which would run from November through February. Since the four-month extension would be longer than the current extension, apply the new four-month extension.

18.5 LOSING AN EXTENSION

18.5.1 Introduction

A BadgerCare Plus member loses an extension if one or more of following happens:

1. He or she fails to cooperate in providing third party health insurance coverage (*TPL*). Children younger than 19 are exempt from any penalty for not cooperating with this requirement.
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.
3. A child in an earned income extension turns 19.
4. ~~He or she fails to provide verification of income and at least one parent/caretaker in the extension AG is not disabled, a tribal member, or pregnant. Only the non-disabled, non-tribal, non-pregnant parents/caretakers are ineligible for failure to provide verification. The other members of the family in the extension remain eligible for the duration of the extension.~~
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 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.

Note: An assistance group does not need to maintain employment in order to maintain an earned income extension.

18.5.2 Regaining Extensions

If a condition necessary for an extension is lost and the extension is closed for a full calendar month, the extension is not regained solely by recovering the lost condition.

If an extension is terminated for failure to verify information, eligibility for the unexpired extension cannot be regained by later providing the verification if it is more than a month after closure.

~~**Example 1:** A family has been enrolled in an extension for three months, and the parent fails to provide verification of earnings when he or she has a permanent~~

~~increase in hours worked per week. The parent loses eligibility for BadgerCare Plus. The children in the extension remain eligible for the duration of the extension. If verification of income is provided within 30 days of the extension ending, the parent can regain the extension. If provided after 30 days of closure, the parent cannot regain the extension.~~

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If an earned income extension ends because all children have turned 19 years old or left the household, but the child(ren) return to the household within the calendar month after the closure, the child and any people who qualify again as a parent or caretaker of that child(ren) may reopen under an unexpired earned income extension.

Example 12: Bob, his wife Betty, and their only child Ben are open for an earned income extension until May 31. Their eligibility ended on January 31 because Ben left the household. It was reported that Ben returned to the household on February 13. Because it was reported that the child returned to the home within a calendar month, they may regain eligibility for their earned income extension until May 31.

However, people would be able to regain eligibility for an unexpired extension, even after being closed for more than a calendar month, in the following scenarios:

- They move out of the state and return before the extension ends (see Section 18.5.2.1 Leaving Wisconsin and Regaining Extensions).
- ~~They de-pay late premiums during the restrictive re-enrollment period (see Section 19.11 BadgerCare Plus Restrictive Re-enrollment Period).~~
- ~~They request BadgerCare Plus benefits after their extension has started (that is, the extension has been built and confirmed) and later request the restrictive re-enrollment period ends. After the restrictive re-enrollment period, they would not need to reinstate for the remaining months of an unexpired extension, pay arrears to re-enroll (see Section 19.11 BadgerCare Plus Restrictive Re-enrollment Period).~~

Example 2: Bobby and his two children, Maria and David, are open for BadgerCare Plus (not in an extension). Bobby reports an increase in income on May 2. His increased earnings push the household income from 80% FPL to 160% FPL. The worker processes the change and confirms eligibility on May 8. Bobby and his family are determined eligible under a BadgerCare Plus extension starting June 1. However, Bobby changes his mind and de-requests BadgerCare Plus on May 12. Because it is before adverse action, their BadgerCare Plus will close effective May 31. Bobby contacts the agency on June 20, saying that he does want the coverage for his family under the extension. Even though he de-requested before June, the extension was built and confirmed, so Bobby's family can reinstate for the remainder of the unexpired extension.

19.1 BADGERCARE PLUS PREMIUMS

The following must pay a premium to become or remain eligible for BadgerCare Plus unless exempt:

- Children in families with income over 201 percent of the FPL
- Parents, stepparents, and caretaker relatives in a BadgerCare Plus extension with income over 100 percent of the FPL

Children in families with income over 201 percent of the FPL must pay a premium to become or remain eligible for BadgerCare Plus unless exempt. This includes children who are open for regular BadgerCare Plus (not an extension) but whose parents, caretakers, or siblings are in a BadgerCare Plus extension

~~**Note:** Parents, stepparents, and caretaker relatives in a BadgerCare Plus extension with income between 100 percent and 133 percent of the FPL will be subject to premiums starting in the seventh calendar month of their extension.~~

~~If a member's income changes during his or her extension, he or she will only be exempt from premiums if he or she is in the first six calendar months of that extension, and if his or her income is at or below 133 percent of the FPL.~~

- ~~If the member has an increase in income that puts his or her income above 133 percent of the FPL, he or she will be subject to premiums, even if he or she is still in the first six calendar months of the extension.~~
- ~~If the member's income subsequently decreases to below 133 percent of the FPL, he or she will be exempt from premiums as long as he or she is in the first six months of the extension.~~
- ~~If the member's income drops below 100 percent of the FPL, he or she will be enrolled in regular BadgerCare Plus and is no longer subject to a premium.~~
- ~~If the member's income drops below 100 percent of the FPL, then later increases and the member qualifies for a new extension, a new six-month premium exemption will begin with the new extension.~~
- ~~If the member's income drops below 100 percent of the FPL, then later increases and the member does not qualify for a new extension, the member will be re-enrolled in the previous extension and the original six-month time frame for exempting premiums will apply.~~

Example 1: Roger lives with his son, Sam, and they are open for BadgerCare Plus under an extension. Neither of them have a premium since they are both in an extension. In October, Roger's other son, Justin, moves into the household. Justin is determined eligible for regular BadgerCare Plus as a child because he does not meet the requirements to be eligible under the extension with Roger and Sam.

Roger and Sam continue to be eligible under the extension and do not have a premium. The household income is 230% of the FPL. Justin has a premium of \$10.

If Justin's premium is not paid, he will go into an RRP. Roger and Sam continue to be eligible under the extension. ~~Example 1: Jane starts a 12-month extension in June, when her income increases from 90 percent FPL to 110 percent FPL. If Jane's income remains below 133 percent FPL, she will owe a premium beginning in December, the seventh month of her extension.~~

~~Example 2: Jane starts a 12-month extension in June, when her income increases from 90 percent FPL to 110 percent FPL. On August 5th, she reports she received a raise, and her income goes up to 155 percent FPL. Jane owes a premium starting in September. If her income stays above 133 percent FPL through November, she will continue to owe a premium, even though she is in the first six months of her extension. She will owe a premium, irrespective of whether her income is above or below 133 percent FPL, for December through May.~~

~~Example 3: Joe starts a 12-month extension in May, when his income increases from 90 percent FPL to 110 percent FPL. On June 3rd, he reports he received a raise, and his income goes up to 155 percent FPL. In July, he will owe a premium. In August, he reports a reduction in hours, bringing his income down to 120 percent FPL starting in the month of August. He will not owe a premium in August, September or October, but starting with the month of November, his six-month exemption is over, so he will start paying premiums again.~~

~~Example 4: Jim starts a 12-month extension in August, when his income increases from 90 percent FPL to 140 percent FPL. He owes a premium. He reports a reduction in hours effective December, which brings his income down to 120 percent FPL. He will not owe a premium in December or January, but starting in February, his six-month exemption is over, so he will start paying premiums again.~~

The following children ~~individuals~~ are exempt from the requirement to pay a premium for BadgerCare Plus:

1. Pregnant minors,
 - ~~1. All pregnant women and pregnant minors,~~
 - ~~2. Pregnant women under age 19 with income at or below 306 percent of the FPL,~~
 - ~~3.1. Former Foster Care Youth (see Chapter 11 Foster Care Medicaid)~~
 - ~~4.2. Children who have met a BadgerCare Plus deductible, during the remainder of the deductible period,~~
 - ~~5.3. Children in a BadgerCare Plus extension,~~
 - ~~6. Children who are not in an extension but whose parents are in an extension and paying a premium,~~

- ~~7. Adult parents and caretakers who are blind or disabled or MAPP Disabled, as determined by the Disability Determination Bureau (DDB) or through the presumptive disability process (see Medicaid Eligibility Handbook, Section 5.9 Presumptive Disability);~~
- ~~8. Adults with assistance group income at or below 100 percent of the FPL;~~
- 9.4. All children under age 1 including Continuously Eligible Newborns (see Section 8.2 Continuously Eligible Newborns),
- 10.5. American Indian or Alaskan Native Tribal members, the son or daughter of a tribal member, the grandson or granddaughter of a tribal member, or anyone otherwise eligible to receive Indian Health Services.

Note: Persons who are members of families receiving BadgerCare Plus benefits, but who are individually certified for EBD Medicaid, Well Woman Care, Family Planning Only Services or Emergency Services, are not charged a BadgerCare Plus premium.

19.2 PREMIUM CALCULATIONS

19.2.1 Premium Calculations

Premiums ~~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.~~ The general rules for calculating the premium amounts are explained below ~~for children and adults.~~

19.2.1.1 Premiums for Children

1. The minimum monthly premium amount ~~for children~~ is \$10 per ~~child~~ person.
2. The maximum monthly premium for a child with income above 301% up to 306% FPL is \$97.53.
3. Each child's premium amount will be based on their AG's size and income. Under MAGI rules, it is possible for different children within the same household to have different amounts of income counted and to have a different AG sizes. For this reason, each child's AG is evaluated separately to determine that AG's income and group size, which is the basis for determining the FPL percentage of that child's income. That FPL percentage, in turn, will determine whether a child potentially owes a premium and the amount of the premium.
4. The premium for the BadgerCare Plus group is the total of the individually calculated premiums combined, not to exceed 5% cap.
 5. The cap will be 5% of the income of the assistance group with the highest income (in terms of dollar amount) in the case (see Section 19.3 Premium Limits).

19.2.1.2 Premiums for Adults

- ~~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.~~

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~~Note: Pregnant minors are not charged a premium.~~

19.3 PREMIUM LIMITS

Children with assistance group income above 201% of the FPL will be required to pay premiums. The total premium amount for the household is the total of the individually calculated premiums, not to exceed a 5% cap. The cap will be 5% of the income of the assistance group with the highest income (in terms of dollar amount) in the case.)

The 5% cap methodology for children with premiums will be effective as soon as one child on the case who is subject to premiums has his or her eligibility determined using MAGI rules.

Example: Susan and Alan are non-marital co-parents caring for four children: Susan's son, Aaron (15); Alan's daughters Rachel (12) and Hannah (11); and Susan and Alan's son Jacob (9). Alan claims Rachel and Hannah as his two tax dependents, while Susan claims Aaron and Jacob. Susan earns \$2,500/month as a waitress, and Alan earns \$4500/month as a computer analyst. None of the children have income. All four children are eligible for BadgerCare Plus.

Child	MAGI Group Formation	Assistance Group Income Amount	FPL	Premium Amount
Aaron	Susan, Aaron, and Jacob	\$2,500	140 147%	\$0
Rachel	Alan, Rachel, and Hannah	\$4,500	253 264%	\$34 44
Hannah	Alan, Rachel, and Hannah	\$4,500	253 264%	\$34 44
Jacob	Susan, Alan, Aaron, Rachel, Hannah, and Jacob	\$7,000	243 255%	\$23 34

Aaron does not have a premium, Rachel and Hannah have ~~\$34~~44 premiums, and Jacob has a premium of ~~\$23~~34. In this example, 5% of the income of the assistance group with the highest income is 5% of Jacob's MAGI group, or 5% of \$7000/month, or \$350. Altogether, the household's monthly premiums are ~~\$91~~122. The household will pay ~~\$91~~122 in premiums for their children's coverage.

~~Parents and caretakers in extensions will pay premiums based on the sliding scale discussed above, without a 5% cap applied. Non-exempt children with incomes above 201% of the FPL will not be required to pay premiums when the adults in the household are paying premiums in an extension. If the parents enter a restrictive re-enrollment period (RRP) for failure to pay a premium or are otherwise ineligible, non-exempt children with income above 201% will be required to pay a premium.~~

19.5 INITIAL PAYMENTS

Payment of the BadgerCare Plus premium is a non-financial condition of eligibility. Initial premium payments must be made before eligibility is confirmed and the members are enrolled. The first month is free if no one in the BadgerCare Plus group was eligible for BadgerCare Plus or Medicaid in the previous month, and the BadgerCare Plus **AG** has not received a free month in the previous 12 months. Consider someone with an unmet *deductible* as not being eligible for BadgerCare Plus. Free months occur at application and when members reopen after serving an RRP (and not reinstating during the RRP) and no one was on BadgerCare Plus in the previous month or received a free month in the last 12 months.

19.11 BADGERCARE PLUS RESTRICTIVE RE-ENROLLMENT PERIOD

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. An **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. Members can make late premium payments at any time during their three-month RRP.

Members must pay the overdue payment(s) that resulted in case closure, but do not have to pay the premium owed for the following month, unless the late payment is made after the benefit month.

Example 1: If a premium was owed for September, but is not paid until November, the premiums for September, October and November must be paid in order for eligibility to be restored for those months.

If the member owes a premium for a month during the RRP, he or she must pay all owed premiums before CARES will restore eligibility for BadgerCare Plus. The member must pay the IM agency directly (not the *Fiscal Agent*). You can check with the Fiscal Agent to see if a premium has already been collected for that month.

Example 2: Jim's son, Chad, is open for BadgerCare Plus with a premium. Adverse action is September 16. Jim has not paid his son's September premium by September 16. He pays on October 26. Chad's BadgerCare Plus ~~His case~~ closed on September 30 due to not paying the premium. Jim must pay both of Chad's ~~the~~ premiums for September and October before Chad's eligibility can be restored. The November premium is not due until November 10 and does not have to be paid in advance.

Members whose income decreases to an amount that would not require a premium will be removed from the RRP and re-enrolled in BadgerCare Plus.

19.11.2 Reinstatement

~~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 all owed premiums are paid. The child's eligibility will be restored back to the beginning of the RRP. If the person serves the full three-month penalty period, he or she may be eligible to re-enroll for the remainder of the BadgerCare Plus certification 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.

Example 3: Kayla, age 10, had a premium of \$10 and failed to pay her May premium. Her BadgerCare Plus benefits ended May 31 and she was put into a three month RRP from June 1 to August 31. Eligibility can be re-determined in September OR Kayla could re-enroll prior to September if she pays all owed premiums.

Exception: If a child becomes a member of a different case during an RRP, discontinue the RRP for that child.

Example 4: Josh was on his mom's case in November when she failed to pay the premium. His RRP started December 1. In January, Josh's grandmother applied for BadgerCare Plus for Josh, reporting that Josh is now living with her as of January 5. Josh's RRP from his mother's case does not extend to his grandmother's case, so Josh is eligible for BadgerCare Plus beginning with the month of January.

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 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.~~

~~After the RRP has been served, eligibility can be reinstated as of any month after the end of the RRP until the end of the extension. For example, if an RRP ends June 30 for an extension that runs through December, a member could request in November to be reinstated starting July 1 and pay all premiums for all months from July through November. However, it is not allowable to reinstate the member's eligibility for July, September, October and November without also reinstating eligibility for August and paying all corresponding premiums.~~

Example 5: Joyce (age 29) is an adult in an extension. She fails to pay the June premium, so she is in a 3 month RRP for July, August and September. In August, Joyce pays her owed premiums for June, July and August. Joyce's eligibility is restored back to the beginning of the RRP.

Example 6: Tina (age 45) did not pay the September premium while in an extension. Tina will be in a 3 month RRP for October, November and December. Tina contacted the IM agency in January, after she served the full 3 month RRP and requested to re-enroll in BadgerCare Plus. As long as there are still months left in the extension and she continues to meet the program eligibility criteria, Tina can re-enroll starting January without paying any owed premiums from the RRP. Tina would not be able to re-enroll for October, November and December. If Tina had contacted the agency in April, she would be able to choose whether to reinstate her enrollment starting in January, February or March, but she would not be able to choose to be covered only in February and then start coverage again in April.

One member in a household may be in an RRP while other members in the same household are still eligible for BadgerCare Plus or ineligible under a separate RRP. For example, children in the same household as a member on RRP may remain eligible for BadgerCare Plus if no premium obligation was owed for the children.

19.11.3 Reapplying

An 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 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.

Example 7: Jackie, John and their three children are open for BadgerCare Plus. Jackie and John are in an extension and have a premium. The children are eligible without a premium. They fail to pay the June premium so Jackie and John are in a RRP from July through September. The children are still eligible. In August, Jackie and John reapply for BadgerCare Plus and report a decrease in income to 95 percent FPL. Beginning August 1, Jackie and John are again eligible for BadgerCare Plus without a premium. In addition, because their income is below the premium threshold, they are not required to pay their owed premiums first.

27.3 INCOME CHANGE REPORTING REQUIREMENTS

BadgerCare Plus members must report income changes when the total monthly income of the assistance group with the highest monthly income amount exceeds the following FPL percentages for their assistance group size:

- 100% FPL
- 133% FPL
- 156% FPL
- 191% FPL
- 200% FPL
- 250% FPL
- 306% FPL
- 350% FPL
- 400% FPL

The income change must be reported by the 10th of the month following the month in which the total income exceeded its previous threshold.

~~Adults in a BadgerCare Plus extension who are required to pay a premium must also report and verify income changes during the extension certification period. Eligibility for adult members who would be required to pay premiums will be terminated for failure to submit requested verification. All non-exempt parents and caretakers in BadgerCare Plus extensions will be required to pay a premium. However, parents and caretakers with income between 100 and 133% FPL will not be subject to premiums until the seventh calendar month of their extension.~~

The *CARES* notice will indicate the dollar amount associated with each FPL level, for the BadgerCare Plus group size.

Example 1: Sally's countable family income has been at 80% of the FPL since she applied in January. In June her income increased to 107%, so she must report the change by July 10.

Example 2: Heidi's countable family income is 128% of the FPL. In September it increased to 164% of the FPL. Heidi must report this change by October 10.

Example 3: Steve's countable family income is 265% of the FPL. In December it increased to 411% of the FPL. Steve must report this change by January 10.

28.2 RECOVERABLE OVERPAYMENTS

Initiate recovery for a BadgerCare Plus overpayment, if the incorrect payment resulted from one of the following:

1. Applicant or member error

Applicant or member error exists when an applicant, member, or any other person responsible for giving information on the applicant's or member's behalf unintentionally misstates (financial or nonfinancial) facts, which results in the member receiving a benefit that he or she is not entitled to or more benefits than he or she is entitled to. Failure to report nonfinancial facts that impact eligibility or cost share amounts is a recoverable overpayment.

Applicant or member error occurs when there is one of the following:

- Misstatement or omission of facts by an applicant, member, or any other person responsible for giving information on the applicant's or member's behalf at a BadgerCare Plus application or renewal.
- Failure on the part of the member, or any person responsible for giving information on the member's behalf, to report required changes in financial (see Section 27.3 Income Change Reporting Requirements) (income, expenses, etc.) or nonfinancial (Section 27.2 Nonfinancial Change Reporting) information that affects eligibility, premium, patient liability or cost share amounts.

An overpayment occurs if the change would have adversely affected eligibility, the benefit plan or the premium amount.

Example 1: Joe and his daughter Olivia are on a case. Olivia is open family ~~reported an increase in income that made them eligible~~ for a BadgerCare Plus ~~extension~~ with a monthly \$100.00 total group premium of \$10. Joe is not open for BadgerCare Plus in July. In November, Joe's worker learned that Joe had received a raise September 1 that Joe was required to report by October 10. Because of the new family income, Olivia's monthly ~~the~~ premium increased to \$55.130.00. The worker entered the new income in CARES and confirmed the increase in the premium amount for December.

What can be recovered?

Because Joe did not report the increase in income, the premium amount for November is incorrect. The overpayment amount would be whichever is less of the following:

- The difference between the correct premium for November and the premium amount that was paid

- The amount of claims and any HMO capitation payments the state paid for each month in question

28.3 UNRECOVERABLE OVERPAYMENTS

28.3.1 Gap Filling Eligibility Considerations

For any potential overpayments for BadgerCare Plus on or after February 1, 2014, a member should not be subject to an overpayment if he or she could have been eligible under gap filling rules for the overpayment period even if he or she failed to report a change in monthly income or other household circumstances. A denial letter from the *FFM*, gap filling indicator, or specific gap filling request by the member is not required to determine eligibility during the overpayment period under gap filling rules.

For any past overpayments in which *MAGI* rules for BadgerCare Plus were in effect and the member believes he or she would have been eligible for BadgerCare Plus based on annual income, the *IM* agency must review the past overpayment at the member's request. To determine annual income, refer to Section 16.9 Gap Filling.

When researching a potential overpayment due to excess monthly income for the current calendar year, an IM agency must determine that the person surpassed 100 percent of the *FPL* based on his or her annual income limit before an overpayment can be established. If the person's annual income has not yet surpassed 100 percent of the *FPL*, do not establish an overpayment until there is evidence that the person has surpassed 100 percent of the *FPL*. Establishing the overpayment may require waiting until the end of the calendar year for actual income to become available to determine if the person surpassed 100 percent of the *FPL*.

Example 2: Richard became eligible for BadgerCare Plus as a childless adult in March of ~~last year~~2016 and had no countable income. At his renewal in February 2017, Richard reports that he has been working since April of ~~last year~~2016. Verification shows that Richard's salary of \$2,500 per month came to a countable income total of \$22,500. Although Richard exceeded ~~his~~the reporting limit of ~~\$990~~ in April-2016, the worker must look at what would have happened had he reported the change timely when determining whether an overpayment occurred.

The worker finds that Richard was required to report his change in income no later than May 10, ~~2016~~. Since verification of his actual income for ~~last year~~2016 shows that he was over the annual income limit for gap filling, there is an overpayment for June 1–December 31, ~~2016~~.

The worker then evaluates the overpayment for January and February of ~~the current year~~2017. So far ~~in~~2017, Richard has only received \$5,000 in countable income. Because the IM agency does not have any information to indicate that Richard's job will not continue for the rest of ~~the year~~2017, he would not be found eligible under gap filling rules. However, for benefit recovery purposes, he has not yet exceeded the 100 percent of the *FPL* annual income limit ~~of \$12,060 for~~ 2017,

so the IM agency cannot say definitively that he would not have been eligible under gap filling rules. The worker may not establish an overpayment for his eligibility in the current year2017 until Richard's income has been found to be over the annual limit for gap filling coverage. The worker must manually track the case to review the case in January of the next year2018.

In January of the next year2018, the worker reviews Richard's case for a potential overpayment from January 1–February 28, of last year2017, and determines his annual income. His earned wages were \$6,700 for the first quarter ~~of 2017~~, \$5,100 for second quarter ~~of 2017~~, and \$4,250 for the third quarter ~~of 2017~~. His fourth quarter wages have not been updated yet. Based on the information available, Richard has surpassed the annual income limit for last year2017. His total wages through the third quarter ~~of 2017~~ total \$16,050. There is an overpayment for the period of January 1–February 28, ~~2017~~.

Example 3: Kimmy was eligible for BadgerCare Plus as a childless adult beginning in October of last year2016. In August of this year2017, the worker is processing a discrepancy created in July ~~2017~~ showing that Kimmy has unreported wages from the first quarter of this year2017. The worker requests verification from Kimmy, which shows that she works 32 hours per week and earns \$15 per hour for a total of \$1,920 per month. Had Kimmy reported her income timely by February 10, ~~2017~~, she would have been over the monthly income limit for BadgerCare Plus. SWICA shows that Kimmy has already earned \$13,700 this year ~~for 2017~~.

Since the worker has evidence that Kimmy has surpassed the annual income limit for this year, ~~2017 (\$12,060)~~, the worker can proceed with establishing an overpayment for March 1–June 30, ~~2017~~.

While an agency is waiting to verify if a person has surpassed the annual income limit for a potential overpayment, that person could experience changes in circumstances, including but not limited to, changes in income or assistance group size. If more current information is available at the time of determining an overpayment, these changes must be taken into consideration in the determination.

Example 4: Effective February 1, ~~2017~~, Delia was eligible for BadgerCare Plus as a childless adult with an assistance group size of one. In August ~~2017~~, she reports that her 8-year-old daughter, Zoe, has moved into the household, and she plans to claim Zoe as a tax dependent. Beginning in September ~~2017~~, Delia is determined eligible as a parent or caretaker adult with an assistance group size of two.

In February of the next year2018, a worker is reviewing a *SWICA* discrepancy showing that Delia began a job in March of last year2017, which she did not report. The worker verifies that Delia's income is over the monthly income limit for April–

November ~~2017~~ and sees that she had an annual income total of \$14,700 for ~~last year~~2017. For part of that period, Delia was in a group size of one and surpassed the ~~2017~~ annual income limit (~~\$12,060~~) for a group size of one. However, starting in September ~~of last year~~2017, Delia's group size increased when Zoe was added to the case. Taking into consideration the change in group size during the overpayment period and Delia's annual income (\$14,700) compared to the ~~2017~~ annual FPL for a group size of two, ~~(\$16,240)~~, there is no overpayment since Delia will be ending the tax filing year with a group size of two and will be below the annual income limit for a group size of two.

28.4 OVERPAYMENT CALCULATION

28.4.2 Overpayment Amount

Use the actual income that was reported or required to be reported in determining if an overpayment has occurred. The amount of recovery may not exceed the amount of the BadgerCare Plus benefits incorrectly provided.

If the case was ineligible for BadgerCare Plus, recover the amount of fee-for-service claims paid by the state and any HMO capitation payments the state paid. Use ForwardHealth interChange data from the Total Benefits Paid by Medicaid Report(s). Deduct any amount paid in premiums for each month in which an overpayment occurred from the overpayment amount.

If the case is still eligible for BadgerCare Plus for the time frame in question but there was an increase in the premium, recover whichever is less of the following:

- The difference between the premiums paid and the premium amount owed
- The amount of claims and any HMO capitation payments the state paid for each month in question

When calculating the overpayment amount for premiums, the overpayment amount is the difference between the premium paid and premium owed, even if the premium that was paid was \$0. Premium adjustments are only made on months where there is an overpayment. If there is a month in which there is no overpayment, then the premium calculation for that month should not be adjusted.

Example 1: Tom and his daughter Candice are on a case. Candice is enrolled in family-recertified their eligibility for BadgerCare Plus with no in-June without a premium. Tom is not enrolled in BadgerCare Plus. A renewal for Candice's BadgerCare Plus eligibility is due in June. At thehis renewal, Tom failed to disclose income from a new second job, which would have resulted in the family entering an earned income extension and paying a \$55 monthly100 per month group premium. Everyone in the group would have remained eligible for CandiceBadgerCare Plus. This new information was discovered in July.

Overpayment calculation:

\$ 55 100	premium owed for June
+ \$ 55 100	premium owed for July
\$ 110 200	total premium owed
- \$ 0	premium paid
\$ 110 200	overpayment

The state paid the HMO \$475 in capitation payments and \$50 in claims each month for Tom's family. Because the difference in premium amounts is less than the claims and HMO capitation payments, the overpayment is the \$~~110~~²⁰⁰ difference in premiums.

If a member error increases a deductible amount before the deductible is met, there is no overpayment. Recalculate eligibility and notify the member of the new deductible amount.

If the member met the incorrect deductible and BadgerCare Plus paid for services after the deductible had been met, there is an overpayment. Recover the difference between the correct deductible amount and the previous deductible amount or the amount of claims and any HMO capitation payments the state paid over the six-month period (whichever is less).

If the member was ineligible for the deductible, determine the overpayment amount. If the member prepaid his or her deductible, deduct any amount he or she paid toward the deductible from the overpayment amount.

Example 2: Victoria had a deductible of \$2,000 for a six-month period. She met the deductible by paying \$1,000 and sending in verification of \$1,000 in outstanding medical bills. An IM worker discovers that Victoria moved out of state but did not report the move. After determining her overpayment amount, the worker must decrease the amount overpaid by the \$1,000 that Victoria prepaid toward her deductible. The worker would not decrease the overpayment amount by any of the medical bills that helped Victoria meet her deductible.

If the deductible was prepaid with a check that is returned for insufficient funds, an overpayment may have occurred. Discontinue the member's eligibility, determine whether the state paid for any benefits on behalf of the member, and, if so, establish a claim for benefit recovery.

48.1 BADGERCARE PLUS PREMIUM TABLES

48.1.2 ~~Premiums for Adults~~ Reserved

~~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. 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.~~

~~Click the link below to see the premiums for different assistance groups.~~

~~Family Size 1 Family Size 6
 Family Size 2 Family Size 7
 Family Size 3 Family Size 8
 Family Size 4 Family Size 9
 Family Size 5 Family Size 10~~

Family Size	FPL%	Monthly Income	Premium Rate	Monthly Premium Range
	100.01–133%	\$1,011.68 - 1,345.52	2.0%	\$20 - 27
	133.01–139.99%	\$1,345.53 - 1,416.33	3.0%	\$40 - 42
	140–149.99%	\$1,416.34 - 1,517.50	3.5%	\$50 - 53
	150–159.99%	\$1,517.51 - 1,618.66	4.0%	\$61 - 65
	160–169.99%	\$1,618.67 - 1,719.83	4.5%	\$73 - 77
	170–179.99%	\$1,719.84 - 1,821.00	4.9%	\$84 - 89
	180–189.99%	\$1,821.01 - 1,922.16	5.4%	\$98 - 104
	190–199.99%	\$1,922.17 - 2,023.33	5.8%	\$111 - 117
	200–209.99%	\$2,023.34 - 2,124.50	6.3%	\$127 - 134
1	210–219.99%	\$2,124.51 - 2,225.66	6.7%	\$142 - 149
	220–229.99%	\$2,225.67 - 2,326.83	7.0%	\$156 - 163
	230–239.99%	\$2,326.84 - 2,428.00	7.4%	\$172 - 180
	240–249.99%	\$2,428.01 - 2,529.17	7.7%	\$187 - 195
	250–259.99%	\$2,529.18 - 2,630.33	8.1%	\$205 - 213
	260–269.99%	\$2,630.34 - 2,731.50	8.3%	\$218 - 227
	270–279.99%	\$2,731.51 - 2,832.67	8.6%	\$235 - 244
	280–289.99%	\$2,832.68 - 2,933.83	8.9%	\$252 - 261
	290–299.99%	\$2,933.84 - 3,035.00	9.2%	\$270 - 279
	300%+	\$3,035.01+	9.5%	\$288+

48.1 BadgerCare Plus Premium Tables

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~~For incomes over 300 percent of the FPL, multiply the net income times .095 and round to the nearest dollar to get the premium amount.~~
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Family Size	FPL%	Monthly Income	Premium Rate	Monthly Premium Range
	100.01–133%	\$1,371.68 - 1,824.32	2.0%	\$27 - 36
	133.01–139.99%	\$1,824.33 - 1,920.33	3.0%	\$55 - 58
	140–149.99%	\$1,920.34 - 2,057.50	3.5%	\$67 - 72
	150–159.99%	\$2,057.51 - 2,194.66	4.0%	\$82 - 88
	160–169.99%	\$2,194.67 - 2,331.83	4.5%	\$99 - 105
	170–179.99%	\$2,331.84 - 2,469.00	4.9%	\$114 - 121
	180–189.99%	\$2,469.01 - 2,606.16	5.4%	\$133 - 141
	190–199.99%	\$2,606.17 - 2,743.33	5.8%	\$151 - 159
	200–209.99%	\$2,743.34 - 2,880.50	6.3%	\$173 - 181
2	210–219.99%	\$2,880.51 - 3,017.66	6.7%	\$193 - 202
	220–229.99%	\$3,017.67 - 3,154.83	7.0%	\$211 - 221
	230–239.99%	\$3,154.84 - 3,292.00	7.4%	\$233 - 244
	240–249.99%	\$3,292.01 - 3,429.17	7.7%	\$253 - 264
	250–259.99%	\$3,429.18 - 3,566.33	8.1%	\$278 - 289
	260–269.99%	\$3,566.34 - 3,703.50	8.3%	\$296 - 307
	270–279.99%	\$3,703.51 - 3,840.67	8.6%	\$319 - 330
	280–289.99%	\$3,840.68 - 3,977.83	8.9%	\$342 - 354
	290–299.99%	\$3,977.84 - 4,115.00	9.2%	\$366 - 379
	300%+	\$4,115.01+	9.5%	\$391+

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~~For incomes over 300 percent of the FPL, multiply the net income times .095 and round to the nearest dollar to get the premium amount.~~
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Family Size	FPL%	Monthly Income	Premium Rate	Monthly Premium Range
3	100.01–133%	\$1,731.68 - 2,303.12	2.0%	\$35 - 46
	133.01–139.99%	\$2,303.13 - 2,424.33	3.0%	\$69 - 73
	140–149.99%	\$2,424.34 - 2,597.50	3.5%	\$85 - 91
	150–159.99%	\$2,597.51 - 2,770.66	4.0%	\$104 - 111
	160–169.99%	\$2,770.67 - 2,943.83	4.5%	\$125 - 132
	170–179.99%	\$2,943.84 - 3,117.00	4.9%	\$144 - 153
	180–189.99%	\$3,117.01 - 3,290.16	5.4%	\$168 - 178
	190–199.99%	\$3,290.17 - 3,463.33	5.8%	\$191 - 201
	200–209.99%	\$3,463.34 - 3,636.50	6.3%	\$218 - 229
	210–219.99%	\$3,636.51 - 3,809.66	6.7%	\$244 - 255
	220–229.99%	\$3,809.67 - 3,982.83	7.0%	\$267 - 279
	230–239.99%	\$3,982.84 - 4,156.00	7.4%	\$295 - 308
	240–249.99%	\$4,156.01 - 4,329.17	7.7%	\$320 - 333
	250–259.99%	\$4,329.18 - 4,502.33	8.1%	\$351 - 365
	260–269.99%	\$4,502.34 - 4,675.50	8.3%	\$374 - 388
	270–279.99%	\$4,675.51 - 4,848.67	8.6%	\$402 - 417
	280–289.99%	\$4,848.68 - 5,021.83	8.9%	\$432 - 447
	290–299.99%	\$5,021.84 - 5,195.00	9.2%	\$462 - 478
	300%+	\$5,195.01+	9.5%	\$494+

- For incomes over 300 percent of the FPL, multiply the net income times .095 and round to the nearest dollar to get the premium amount.

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48.1 BadgerCare Plus Premium Tables

Family Size	FPL%	Monthly Income	Premium Rate	Monthly Premium Range
4	100.01–133%	\$2,091.68 - 2,781.92	2.0%	\$42 - 56
	133.01–139.99%	\$2,781.93 - 2,928.33	3.0%	\$83 - 88
	140–149.99%	\$2,928.34 - 3,137.50	3.5%	\$102 - 110
	150–159.99%	\$3,137.51 - 3,346.66	4.0%	\$126 - 134
	160–169.99%	\$3,346.67 - 3,555.83	4.5%	\$151 - 160
	170–179.99%	\$3,555.84 - 3,765.00	4.9%	\$174 - 184
	180–189.99%	\$3,765.01 - 3,974.16	5.4%	\$203 - 215
	190–199.99%	\$3,974.17 - 4,183.33	5.8%	\$231 - 243
	200–209.99%	\$4,183.34 - 4,392.50	6.3%	\$264 - 277
	210–219.99%	\$4,392.51 - 4,601.66	6.7%	\$294 - 308
	220–229.99%	\$4,601.67 - 4,810.83	7.0%	\$322 - 337
	230–239.99%	\$4,810.84 - 5,020.00	7.4%	\$356 - 371
	240–249.99%	\$5,020.01 - 5,229.17	7.7%	\$387 - 403
	250–259.99%	\$5,229.18 - 5,438.33	8.1%	\$424 - 441
260–269.99%	\$5,438.34 - 5,647.50	8.3%	\$451 - 469	
270–279.99%	\$5,647.51 - 5,856.67	8.6%	\$486 - 504	
280% - 289.99%	\$5,856.68 - 6,065.83	8.9%	\$521 - 540	
290% - 299.99%	\$6,065.84 - 6,275.00	9.2%	\$558 - 577	
300%+	\$6,275.01+	9.5%	\$596+	

- For incomes over 300 percent of the FPL, multiply the net income times .095 and round to the nearest dollar to get the premium amount.

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Family Size	FPL%	Monthly Income	Premium Rate	Monthly Premium Range
5	100.01–133%	\$2,451.68 - 3,260.72	2.0%	\$49 - 65
	133.01–139.99%	\$3,260.73 - 3,432.33	3.0%	\$98 - 103
	140–149.99%	\$3,432.34 - 3,677.50	3.5%	\$120 - 129
	150–159.99%	\$3,677.51 - 3,922.66	4.0%	\$147 - 157
	160–169.99%	\$3,922.67 - 4,167.83	4.5%	\$177 - 188
	170–179.99%	\$4,167.84 - 4,413.00	4.9%	\$204 - 216
	180–189.99%	\$4,413.01 - 4,658.16	5.4%	\$238 - 252
	190–199.99%	\$4,658.17 - 4,903.33	5.8%	\$270 - 284
	200–209.99%	\$4,903.34 - 5,148.50	6.3%	\$309 - 324
	210–219.99%	\$5,148.51 - 5,393.66	6.7%	\$345 - 361
	220–229.99%	\$5,393.67 - 5,638.83	7.0%	\$378 - 395
	230–239.99%	\$5,638.84 - 5,884.00	7.4%	\$417 - 435
	240–249.99%	\$5,884.01 - 6,129.17	7.7%	\$453 - 472
	250–259.99%	\$6,129.18 - 6,374.33	8.1%	\$496 - 516
	260–269.99%	\$6,374.34 - 6,619.50	8.3%	\$529 - 549
	270–279.99%	\$6,619.51 - 6,864.67	8.6%	\$569 - 590
	280–289.99%	\$6,864.68 - 7,109.83	8.9%	\$611 - 633
290–299.99%	\$7,109.84 - 7,355.00	9.2%	\$654 - 677	
300%+	\$7,355.01+	9.5%	\$699+	

- ~~For incomes over 300 percent of the FPL, multiply the net income times .095 and round to the nearest dollar to get the premium amount.~~

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48.1 BadgerCare Plus Premium Tables

Family Size	FPL%	Monthly Income	Premium Rate	Monthly Premium Range
6	100.01–133%	\$2,811.68 - 3,739.52	2.0%	\$56 - 75
	133.01–139.99%	\$3,739.53 - 3,936.33	3.0%	\$112 - 118
	140–149.99%	\$3,936.34 - 4,217.50	3.5%	\$138 - 148
	150–159.99%	\$4,217.51 - 4,498.66	4.0%	\$169 - 180
	160–169.99%	\$4,498.67 - 4,779.83	4.5%	\$202 - 215
	170–179.99%	\$4,779.84 - 5,061.00	4.9%	\$234 - 248
	180–189.99%	\$5,061.01 - 5,342.16	5.4%	\$273 - 288
	190–199.99%	\$5,342.17 - 5,623.33	5.8%	\$310 - 326
	200–209.99%	\$5,623.34 - 5,904.50	6.3%	\$354 - 372
	210–219.99%	\$5,904.51 - 6,185.66	6.7%	\$396 - 414
	220–229.99%	\$6,185.67 - 6,466.83	7.0%	\$433 - 453
	230–239.99%	\$6,466.84 - 6,748.00	7.4%	\$479 - 499
	240–249.99%	\$6,748.01 - 7,029.17	7.7%	\$520 - 541
	250–259.99%	\$7,029.18 - 7,310.33	8.1%	\$569 - 592
260–269.99%	\$7,310.34 - 7,591.50	8.3%	\$607 - 630	
270–279.99%	\$7,591.51 - 7,872.67	8.6%	\$653 - 677	
280–289.99%	\$7,872.68 - 8,153.83	8.9%	\$701 - 726	
290–299.99%	\$8,153.84 - 8,435.00	9.2%	\$750 - 776	
300%+	\$8,435.01+	9.5%	\$801+	

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~~For incomes over 300 percent of the FPL, multiply the net income times .095 and round to the nearest dollar to get the premium amount.~~
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Family Size	FPL%	Monthly Income	Premium Rate	Monthly Premium Range
	100.01–133%	\$3,171.68 - 4,218.32	2.0%	\$63 - 84
	133.01–139.99%	\$4,218.33 - 4,440.33	3.0%	\$127 - 133
	140–149.99%	\$4,440.34 - 4,757.50	3.5%	\$155 - 167
	150–159.99%	\$4,757.51 - 5,074.66	4.0%	\$190 - 203
	160–169.99%	\$5,074.67 - 5,391.83	4.5%	\$228 - 243
	170–179.99%	\$5,391.84 - 5,709.00	4.9%	\$264 - 280
	180–189.99%	\$5,709.01 - 6,026.16	5.4%	\$308 - 325
	190–199.99%	\$6,026.17 - 6,343.33	5.8%	\$350 - 368
	200–209.99%	\$6,343.34 - 6,660.50	6.3%	\$400 - 420
	7	210–219.99%	\$6,660.51 - 6,977.66	6.7%
220–229.99%		\$6,977.67 - 7,294.83	7.0%	\$488 - 511
230–239.99%		\$7,294.84 - 7,612.00	7.4%	\$540 - 563
240–249.99%		\$7,612.01 - 7,929.17	7.7%	\$586 - 611
250–259.99%		\$7,929.18 - 8,246.33	8.1%	\$642 - 668
260–269.99%		\$8,246.34 - 8,563.50	8.3%	\$684 - 711
270–279.99%		\$8,563.51 - 8,880.67	8.6%	\$736 - 764
280–289.99%		\$8,880.68 - 9,197.83	8.9%	\$790 - 819
290–299.99%		\$9,197.84 - 9,515.00	9.2%	\$846 - 875
300%+		\$9,515.01+	9.5%	\$904+

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~~For incomes over 300 percent of the FPL, multiply the net income times .095 and round to the nearest dollar to get the premium amount.~~
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48.1 BadgerCare Plus Premium Tables

Family Size	FPL%	Monthly Income	Premium Rate	Monthly Premium Range
8	100.01–133%	\$3,531.68 - 4,697.12	2.0%	\$71 - 94
	133.01–139.99%	\$4,697.13 - 4,944.33	3.0%	\$141 - 148
	140–149.99%	\$4,944.34 - 5,297.50	3.5%	\$173 - 185
	150–159.99%	\$5,297.51 - 5,650.66	4.0%	\$212 - 226
	160–169.99%	\$5,650.67 - 6,003.83	4.5%	\$254 - 270
	170–179.99%	\$6,003.84 - 6,357.00	4.9%	\$294 - 311
	180–189.99%	\$6,357.01 - 6,710.16	5.4%	\$343 - 362
	190–199.99%	\$6,710.17 - 7,063.33	5.8%	\$389 - 410
	200–209.99%	\$7,063.34 - 7,416.50	6.3%	\$445 - 467
	210–219.99%	\$7,416.51 - 7,769.66	6.7%	\$497 - 521
	220–229.99%	\$7,769.67 - 8,122.83	7.0%	\$544 - 569
	230–239.99%	\$8,122.84 - 8,476.00	7.4%	\$601 - 627
	240–249.99%	\$8,476.01 - 8,829.17	7.7%	\$653 - 680
	250–259.99%	\$8,829.18 - 9,182.33	8.1%	\$715 - 744
260–269.99%	\$9,182.34 - 9,535.50	8.3%	\$762 - 791	
270–279.99%	\$9,535.51 - 9,888.67	8.6%	\$820 - 850	
280–289.99%	\$9,888.68 - 10,241.83	8.9%	\$880 - 912	
290–299.99%	\$10,241.84 - 10,595.00	9.2%	\$942 - 975	
300%+	\$10,595.01+	9.5%	\$1,007+	

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~~For incomes over 300 percent of the FPL, multiply the net income times .095 and round to the nearest dollar to get the premium amount.~~
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Family Size	FPL%	Monthly Income	Premium Rate	Monthly Premium Range	
	100.01–133%	\$3,891.68 - 5,175.92	2.0%	\$78 - 104	
	133.01–139.99%	\$5,175.93 - 5,448.33	3.0%	\$155 - 163	
	140–149.99%	\$5,448.34 - 5,837.50	3.5%	\$191 - 204	
	150–159.99%	\$5,837.51 - 6,226.66	4.0%	\$234 - 249	
	160–169.99%	\$6,226.67 - 6,615.83	4.5%	\$280 - 298	
	170–179.99%	\$6,615.84 - 7,005.00	4.9%	\$324 - 343	
	180–189.99%	\$7,005.01 - 7,394.16	5.4%	\$378 - 399	
	190–199.99%	\$7,394.17 - 7,783.33	5.8%	\$429 - 451	
	200–209.99%	\$7,783.34 - 8,172.50	6.3%	\$490 - 515	
	9	210–219.99%	\$8,172.51 - 8,561.66	6.7%	\$548 - 574
		220–229.99%	\$8,561.67 - 8,950.83	7.0%	\$599 - 627
		230–239.99%	\$8,950.84 - 9,340.00	7.4%	\$662 - 691
		240–249.99%	\$9,340.01 - 9,729.17	7.7%	\$719 - 749
		250–259.99%	\$9,729.18 - 10,118.33	8.1%	\$788 - 820
		260–269.99%	\$10,118.34 - 10,507.50	8.3%	\$840 - 872
270–279.99%		\$10,507.51 - 10,896.67	8.6%	\$904 - 937	
280–289.99%		\$10,896.68 - 11,285.83	8.9%	\$970 - 1,004	
290–299.99%		\$11,285.84 - 11,675.00	9.2%	\$1,038 - 1,074	
300%+		\$11,675.01+	9.5%	\$1,109+	

- For incomes over 300 percent of the FPL, multiply the net income times .095 and round to the nearest dollar to get the premium amount.

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48.1 BadgerCare Plus Premium Tables

Family Size	FPL%	Monthly Income	Premium Rate	Monthly Premium Range
	100.01–133%	\$4,251.68 - 5,654.72	2.0%	\$85 - 113
	133.01–139.99%	\$5,654.73 - 5,952.33	3.0%	\$170 - 179
	140–149.99%	\$5,952.34 - 6,377.50	3.5%	\$208 - 223
	150–159.99%	\$6,377.51 - 6,802.66	4.0%	\$255 - 272
	160–169.99%	\$6,802.67 - 7,227.83	4.5%	\$306 - 325
	170–179.99%	\$7,227.84 - 7,653.00	4.9%	\$354 - 375
	180–189.99%	\$7,653.01 - 8,078.16	5.4%	\$413 - 436
	190–199.99%	\$8,078.17 - 8,503.33	5.8%	\$469 - 493
	200–209.99%	\$8,503.34 - 8,928.50	6.3%	\$536 - 562
10	210–219.99%	\$8,928.51 - 9,353.66	6.7%	\$598 - 627
	220–229.99%	\$9,353.67 - 9,778.83	7.0%	\$655 - 685
	230–239.99%	\$9,778.84 - 10,204.00	7.4%	\$724 - 755
	240–249.99%	\$10,204.01 - 10,629.17	7.7%	\$786 - 818
	250–259.99%	\$10,629.18 - 11,054.33	8.1%	\$861 - 895
	260–269.99%	\$11,054.34 - 11,479.50	8.3%	\$918 - 953
	270–279.99%	\$11,479.51 - 11,904.67	8.6%	\$987 - 1,024
	280–289.99%	\$11,904.68 - 12,329.83	8.9%	\$1,060 - 1,097
	290–299.99%	\$12,329.84 - 12,755.00	9.2%	\$1,134 - 1,173
	300%+	\$12,755.01+	9.5%	\$1,212+

~~For incomes over 300 percent of the FPL, multiply the net income times .095 and round to the nearest dollar to get the premium amount.~~

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 ~~six~~five children and an income of 295 percent of the FPL would ordinarily owe premiums amounting to ~~six~~five times \$82, which equals ~~\$492~~410. However, if the children's AG size, including the parent, is ~~sevensix~~seven, the five percent cap found in the table below is ~~\$472~~409. That is the maximum premium amount that the family should be charged for that month.

Group Size	201– 211%	211– 221%	221– 231%	231– 241%	241– 251%	251– 261%	261– 271%	271– 281%	281– 291%	291– 301%	301%– 306%
1	104.00	109.00	115.00	120.00	125.00	130.00	135.00	141.00	146.00	151.00	156.00
2	141.00	148.00	155.00	162.00	169.00	176.00	183.00	190.00	197.00	205.00	212.00
3	178.00	187.00	196.00	205.00	214.00	223.00	231.00	240.00	249.00	258.00	267.00
4	215.00	226.00	237.00	247.00	258.00	269.00	280.00	290.00	301.00	312.00	322.00
5	252.00	265.00	277.00	290.00	302.00	315.00	328.00	340.00	353.00	365.00	378.00
6	289.00	304.00	318.00	332.00	347.00	361.00	376.00	390.00	404.00	419.00	433.00
7	326.00	342.00	359.00	375.00	391.00	407.00	424.00	440.00	456.00	472.00	489.00
8	363.00	381.00	399.00	418.00	436.00	454.00	472.00	490.00	508.00	526.00	544.00
9	400.00	420.00	440.00	460.00	480.00	500.00	520.00	540.00	560.00	580.00	600.00
10	437.00	459.00	481.00	503.00	524.00	546.00	568.00	590.00	611.00	633.00	655.00
11	474.00	498.00	522.00	545.00	569.00	592.00	616.00	640.00	663.00	687.00	710.00
12	511.00	537.00	562.00	588.00	613.00	639.00	664.00	690.00	715.00	740.00	766.00
13	548.00	576.00	603.00	630.00	658.00	685.00	712.00	739.00	767.00	794.00	821.00
14	585.00	614.00	644.00	673.00	702.00	731.00	760.00	789.00	818.00	848.00	877.00
Group Size	201– 211%	211– 221%	221– 231%	231– 241%	241– 251%	251– 261%	261– 271%	271– 281%	281– 291%	291– 301%	301%– 306%
1	101.00	106.00	111.00	116.00	121.00	126.00	132.00	137.00	142.00	147.00	152.00
2	137.00	144.00	151.00	158.00	165.00	172.00	179.00	185.00	192.00	199.00	206.00
3	174.00	182.00	191.00	200.00	208.00	217.00	225.00	234.00	243.00	251.00	260.00
4	210.00	220.00	231.00	241.00	252.00	262.00	272.00	283.00	293.00	304.00	314.00
5	246.00	258.00	270.00	283.00	295.00	307.00	319.00	332.00	344.00	356.00	368.00
6	282.00	296.00	310.00	324.00	338.00	352.00	366.00	380.00	395.00	409.00	423.00
7	318.00	334.00	350.00	366.00	382.00	398.00	413.00	429.00	445.00	461.00	477.00
8	354.00	372.00	390.00	407.00	425.00	443.00	460.00	478.00	496.00	513.00	531.00
9	391.00	410.00	430.00	449.00	468.00	488.00	507.00	527.00	546.00	566.00	585.00
10	427.00	448.00	469.00	491.00	512.00	533.00	554.00	576.00	597.00	618.00	639.00
11	463.00	486.00	509.00	532.00	555.00	578.00	601.00	624.00	647.00	670.00	694.00
12	499.00	524.00	549.00	574.00	599.00	623.00	648.00	673.00	698.00	723.00	748.00
13	535.00	562.00	589.00	615.00	642.00	669.00	695.00	722.00	749.00	775.00	802.00
14	572.00	600.00	628.00	657.00	685.00	714.00	742.00	771.00	799.00	828.00	856.00

50.1 FEDERAL POVERTY LEVEL TABLE

Group Size	Annual FPL	100% FPL	133% FPL	150% FPL	156% FPL	191% FPL	201% FPL	300% FPL	306% FPL
1	\$12,490	\$1,040.83	\$1,384.30	\$1,561.25	\$1,623.69	\$1,987.99	\$2,092.07	\$3,122.49	\$3,184.94
2	16,910	\$1,409.17	\$1,874.20	\$2,113.76	\$2,198.31	\$2,691.51	\$2,832.43	\$4,227.51	\$4,312.06
3	21,330	\$1,777.50	\$2,364.08	\$2,666.25	\$2,772.90	\$3,395.03	\$3,572.78	\$5,332.50	\$5,439.15
4	25,750	\$2,145.83	\$2,853.95	\$3,218.75	\$3,347.49	\$4,098.54	\$4,313.12	\$6,437.49	\$6,566.24
5	30,170	\$2,514.17	\$3,343.85	\$3,771.26	\$3,922.11	\$4,802.06	\$5,053.48	\$7,542.51	\$7,693.36
6	34,590	\$2,882.50	\$3,833.73	\$4,323.75	\$4,496.70	\$5,505.58	\$5,793.83	\$8,647.50	\$8,820.45
7	39,010	\$3,250.83	\$4,323.60	\$4,876.25	\$5,071.29	\$6,209.09	\$6,534.17	\$9,752.49	\$9,947.54
8	43,430	\$3,619.17	\$4,813.50	\$5,428.76	\$5,645.91	\$6,912.61	\$7,274.53	\$10,857.51	\$11,074.66
9	47,850	\$3,987.50	\$5,303.38	\$5,981.25	\$6,220.50	\$7,616.13	\$8,014.88	\$11,962.50	\$12,201.75
10	52,270	\$4,355.83	\$5,793.25	\$6,533.75	\$6,795.09	\$8,319.64	\$8,755.22	\$13,067.49	\$13,328.84
11	56,690	\$4,724.17	\$6,283.15	\$7,086.26	\$7,369.71	\$9,023.16	\$9,495.58	\$14,172.51	\$14,455.96
12	61,110	\$5,092.50	\$6,773.03	\$7,638.75	\$7,944.30	\$9,726.68	\$10,235.93	\$15,277.50	\$15,583.05
13	65,530	\$5,460.83	\$7,262.90	\$8,191.25	\$8,518.89	\$10,430.19	\$10,976.27	\$16,382.49	\$16,710.14
14	69,950	\$5,829.17	\$7,752.80	\$8,743.76	\$9,093.51	\$11,133.71	\$11,716.63	\$17,487.51	\$17,837.26
15	74,370	\$6,197.50	\$8,242.68	\$9,296.25	\$9,668.10	\$11,837.23	\$12,456.98	\$18,592.50	\$18,964.35
16	78,790	\$6,565.83	\$8,732.55	\$9,848.75	\$10,242.69	\$12,540.74	\$13,197.32	\$19,697.49	\$20,091.44
17	83,210	\$6,934.17	\$9,222.45	\$10,401.26	\$10,817.31	\$13,244.26	\$13,937.68	\$20,802.51	\$21,218.56
18	87,630	\$7,302.50	\$9,712.33	\$10,953.75	\$11,391.90	\$13,947.78	\$14,678.03	\$21,907.50	\$22,345.65
19	92,050	\$7,670.83	\$10,202.20	\$11,506.25	\$11,966.49	\$14,651.29	\$15,418.37	\$23,012.49	\$23,472.74
20	96,470	\$8,039.17	\$10,692.10	\$12,058.76	\$12,541.11	\$15,354.81	\$16,158.73	\$24,117.51	\$24,599.86
21	100,890	\$8,407.50	\$11,181.98	\$12,611.25	\$13,115.70	\$16,058.33	\$16,899.08	\$25,222.50	\$25,726.95
22	105,310	\$8,775.83	\$11,671.85	\$13,163.75	\$13,690.29	\$16,761.84	\$17,639.42	\$26,327.49	\$26,854.04
23	109,730	\$9,144.17	\$12,161.75	\$13,716.26	\$14,264.91	\$17,465.36	\$18,379.78	\$27,432.51	\$27,981.16
24	114,150	\$9,512.50	\$12,651.63	\$14,268.75	\$14,839.50	\$18,168.88	\$19,120.13	\$28,537.50	\$29,108.25
each additional person	\$4,420	\$368.33	\$489.88	\$552.50	\$574.59	\$703.51	\$740.34	\$1,104.99	\$1,127.09
		BadgerCare Plus Extensions trigger limit, BadgerCare Plus adults limit		BadgerCare Plus child deductible limit	BadgerCare Plus limit for children 6-18 years old subject to access, backdating, and presumptive eligibility	BadgerCare Plus limit for children 1-5 years old subject to access, backdating, and presumptive eligibility	BadgerCare Plus children premium limit	BadgerCare Plus pregnant women deductible limit	BadgerCare Plus pregnant women, children, and Family Planning Only Services limit

Group Size	Annual FPL	100% FPL	133% FPL	150% FPL	156% FPL	191% FPL	201% FPL	300% FPL	306% FPL
1	\$12,140	\$1,011.67	\$1,345.52	\$1,517.51	\$1,578.21	\$1,932.29	\$2,033.46	\$3,035.01	\$3,095.71
2	16,460	\$1,371.67	\$1,824.32	\$2,057.51	\$2,139.81	\$2,619.89	\$2,757.06	\$4,115.01	\$4,197.31
3	20,780	\$1,731.67	\$2,303.12	\$2,597.51	\$2,701.41	\$3,307.49	\$3,480.66	\$5,195.01	\$5,298.91
4	25,100	\$2,091.67	\$2,781.92	\$3,137.51	\$3,263.01	\$3,995.09	\$4,204.26	\$6,275.01	\$6,400.51
5	29,420	\$2,451.67	\$3,260.72	\$3,677.51	\$3,824.61	\$4,682.69	\$4,927.86	\$7,355.01	\$7,502.11
6	33,740	\$2,811.67	\$3,739.52	\$4,217.51	\$4,386.21	\$5,370.29	\$5,651.46	\$8,435.01	\$8,603.71
7	38,060	\$3,171.67	\$4,218.32	\$4,757.51	\$4,947.81	\$6,057.89	\$6,375.06	\$9,515.01	\$9,705.31
8	42,380	\$3,531.67	\$4,697.12	\$5,297.51	\$5,509.41	\$6,745.49	\$7,098.66	\$10,595.01	\$10,806.91
9	46,700	\$3,891.67	\$5,175.92	\$5,837.51	\$6,071.01	\$7,433.09	\$7,822.26	\$11,675.01	\$11,908.51
10	51,020	\$4,251.67	\$5,654.72	\$6,377.51	\$6,632.61	\$8,120.69	\$8,545.86	\$12,755.01	\$13,010.11
11	55,340	\$4,611.67	\$6,133.52	\$6,917.51	\$7,194.21	\$8,808.29	\$9,269.46	\$13,835.01	\$14,111.71
12	59,660	\$4,971.67	\$6,612.32	\$7,457.51	\$7,755.81	\$9,495.89	\$9,993.06	\$14,915.01	\$15,213.31
13	63,980	\$5,331.67	\$7,091.12	\$7,997.51	\$8,317.41	\$10,183.49	\$10,716.66	\$15,995.01	\$16,314.91
14	68,300	\$5,691.67	\$7,569.92	\$8,537.51	\$8,879.01	\$10,871.09	\$11,440.26	\$17,075.01	\$17,416.51
15	72,620	\$6,051.67	\$8,048.72	\$9,077.51	\$9,440.61	\$11,558.69	\$12,163.86	\$18,155.01	\$18,518.11
16	76,940	\$6,411.67	\$8,527.52	\$9,617.51	\$10,002.21	\$12,246.29	\$12,887.46	\$19,235.01	\$19,619.71
17	81,260	\$6,771.67	\$9,006.32	\$10,157.51	\$10,563.81	\$12,933.89	\$13,611.06	\$20,315.01	\$20,721.31
18	85,580	\$7,131.67	\$9,485.12	\$10,697.51	\$11,125.41	\$13,621.49	\$14,334.66	\$21,395.01	\$21,822.91
19	89,900	\$7,491.67	\$9,963.92	\$11,237.51	\$11,687.01	\$14,309.09	\$15,058.26	\$22,475.01	\$22,924.51
20	94,220	\$7,851.67	\$10,442.72	\$11,777.51	\$12,248.61	\$14,996.69	\$15,781.86	\$23,555.01	\$24,026.11
21	98,540	\$8,211.67	\$10,921.52	\$12,317.51	\$12,810.21	\$15,684.29	\$16,505.46	\$24,635.01	\$25,127.71
22	102,860	\$8,571.67	\$11,400.32	\$12,857.51	\$13,371.81	\$16,371.89	\$17,229.06	\$25,715.01	\$26,229.31
23	107,180	\$8,931.67	\$11,879.12	\$13,397.51	\$13,933.41	\$17,059.49	\$17,952.66	\$26,795.01	\$27,330.91
24	111,500	\$9,291.67	\$12,357.92	\$13,937.51	\$14,495.01	\$17,747.09	\$18,676.26	\$27,875.01	\$28,432.51
each additional person	\$4,320	\$360.00	\$478.80	\$540.00	\$561.60	\$687.60	\$723.60	\$1,080.00	\$1,101.60
		BadgerCare Plus Extensions trigger limit, BadgerCare Plus adults limit	BadgerCare Plus six-month adult premium limit	BadgerCare Plus child deductible limit	BadgerCare Plus limit for children 6-18 years old subject to access, backdating, and presumptive eligibility	BadgerCare Plus limit for children 1-5 years old subject to access, backdating, and presumptive eligibility	BadgerCare Plus children premium limit	BadgerCare Plus pregnant women deductible limit	BadgerCare Plus pregnant women, children, and Family Planning Only Services limit

For an online tool to calculate the FPL using household income in dollars, go to www.safetyweb.org/fpl.php.

51.1 BADGERCARE PLUS CATEGORIES

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

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.

Description	Income (FPL)	Subject to Copayment	Premium	Funding
Pregnant woman	>0 - 306%	No	No	T19
Pregnant woman deductible	>300%	No	No	T19
Pregnant minor under age 19	>0 - 306%	No	No	T19
Pregnant non-qualifying immigrant	>0 - 306%	No	No	T21 Separate CHIP
Pregnant inmate	0 - 306%	No	No	State- Funded
<i>CEN</i>	0 - 156%	No	No	T19
CEN—Mom on T19 on DOB	>156%	Yes	No	T19
Child under age 19	0 - 100%	No	No	T19
Child under age 6	>100 - 156%	No	No	T19
Child < age 1	>156 - 306%	Yes	No	T19
Child age 1 through 5	>156 - 191%	No	No	T19
Child age 1 through 5	>191 - 201%	Yes	No	T21 Separate CHIP
Child age 1 through 5 who is a tribal member	>191% - 201%	No	No	T21 Separate CHIP
Child age 6 through 18	>100 - 133%	No	No	T19
Child age 6 through 18	>133 - 156%	Yes	No	T19
Child age 6 through 18	>156 - 201%	Yes	No	T21 Separate

				CHIP
Child age 6 through 18 who is a tribal member	>156% - 201%	No	No	T21 Separate CHIP
Child age 1 through 18	>201 - 306%	Yes	Yes	T21 Separate CHIP
Child age 1 through 18 who is a tribal member	>201 - 306%	No	No	T21 Separate CHIP
Child, under age 19 deductible	>150%	Yes	No	T19
Adult Parent/Caretaker	0%	No	No	T19
Adult Parent/Caretaker	>0 - 100%	Yes	No	T19
Youth exiting out-of-home care up to age 21	N/A	Yes	No	T19
Former Foster Care Youth up to age 26	N/A	Yes	No	T19
Childless adult	0%	No	No	T19
Childless Adult	>0 - 100%	Yes	No	T19
12-Month BadgerCare Plus Extension Benefit Adult	>100 - 133%	Yes	No Yes*	T19
12-Month BadgerCare Plus Extension Benefit Adult	>133%	Yes	No Yes	T19
12-Month BadgerCare Plus Extension Benefit Disabled Adult	>100%	Yes	No	T19
4-Month BadgerCare Plus Extension Benefit, Adult	>100 - 133%	Yes	No	T19
4-Month BadgerCare Plus Extension Benefit, Adult	>133%	Yes	No Yes	T19
4-Month BadgerCare Plus Extension Benefit, Disabled Adult	>100%	Yes	No	T19
12-Month BadgerCare Plus Extension Benefit, Child Under 19	>100%	No	No	T19
4-Month BadgerCare Plus Extension Benefit, Child Under 19	>100%	No	No	T19
Presumptive eligibility for a child under 1	0 - 306%	No	No	T19
Presumptive eligibility for a child >1, <6	>0 - 191%	No	No	T19
Presumptive eligibility for a child	0 - 156%	No	No	T19

51.1 BadgerCare Plus Categories

>5, <19				
Presumptive eligibility for a pregnant woman	0 - 306%	No	No	T19
Presumptive eligibility for parent/caretaker	0 - 100%	No	No	T19
Presumptive eligibility for childless adult	0 - 100%	No	No	T19
Emergency Services for Non-Qualifying Immigrants**	≤306%	N/A	No	T19
Family Planning Only Services	≤306%	N/A	No	T19

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***Premiums only for months 7 to 12 extension**

****See Section 39.1 Emergency Services Income Limits.**

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.