

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

To: BadgerCare Plus Eligibility Handbook Users

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

Re: **BadgerCare Plus Eligibility Handbook Release 20-03**

Release Date: 08/03/2020

Effective Date: 08/03/2020

EFFECTIVE DATE	The following policy additions or changes are effective 08/03/2020 unless otherwise noted. Underlined text denotes new text. Text with a strike through it denotes deleted text.
POLICY UPDATES	
5.3.2 Notice	Updated hyperlinks for Good Cause form
5.3.3 Good Cause Claim	Updated hyperlinks for Good Cause form
16.2 Income Types Not Counted	Updated tax law policy for Child Support payments and added new section
16.5 Other Income	Updated tax law policy for spousal support and family support
17.2.1 Introduction	Clarified FPL eligibility
17.2.2 Deductible Period	Clarified eligibility during deductible period
17.3 Children Under 19	Updated policy for children under 19
17.3.1 Deductible Period	Updated deductible period policy
17.3.2 Calculating the Deductible Amount	Updated policy in Example 2
17.4 Meeting the Deductible	Added text for note on what cannot be used to meet a child's deductible
17.7 Remaining Deductible	Renamed chapter to Notice to Fiscal Agent Concerning Any Remaining Deductible and clarified policy
17.8 Changes in Income	Added policy for deductibles after July 1, 2020 and updated example 1
17.9.1 Non-financial Changes Introduction	Clarified policy for child eligibility and deductibles
17.9.2 Group Size Changes	Clarified policy for recalculations and added policy for deductible amounts after July 1, 2020
17.9.3 Death	Removed additional spacing in text
19.5 Initial Payments	Moved initial payment process to Process Help
19.6 Ongoing Payment	Moved ongoing payment process to Process Help
19.7 Refunds	Moved refund process to Process Help

19.8.3	Non-payment	Updated terms used for BC+
19.10.2	Increased Premium Amount	Moved processes for premium changes to Process Help
25.1	Application	Updated hyperlinks for Good Cause form
27.3	Income Change Reporting Requirements	Added 50% FPL assistance group
38.2.1	List of Covered Services and Copayments	Added policy clarification for copays
38.2.2	Copayment	Renamed section to Copay Exempt Populations and clarified policy exemptions
38.2.3	Copay Exempt Programs	<i>New section</i>
38.2.4	Copay Exempt Services	<i>New section</i>
38.8	Five Percent Cost Share Limit	<i>New section</i>
44.2	Premiums for Childless Adults	Clarified policy for how disability is defined
44.3	Treatment Needs Question for Childless Adults	Clarified policy for how disability is defined
51.1	BadgerCare Plus Categories	Updated table for Copays
53.1	Five Percent Copay Limit Tiers	<i>New section</i>

5.3 Claiming Good Cause	3
5.3.2 Notice	3
5.3.3 Good Clause Claim	3
16.2 Income Types Not Counted	4
16.5 Other Income	6
17.2 Pregnant Women.....	7
17.2.1 Introduction	7
17.2.2 Deductible Period	7
17.3 Children Under 19	9
17.3.1 Deductible Period	9
17.3.2 Calculating the Deductible Amount	10
17.4 Meeting The Deductible	11
17.7 Notice to Fiscal Agent Concerning Any Remaining Deductible	12
17.8 Changes In Income	13
17.9 Non-financial Changes	15
17.9.1 Non-Financial Changes Introduction	15
17.9.2 Group Size Changes	15
17.9.3 Death	15
19.5 Initial Payments	17
19.6 Ongoing Payment	19
19.7 Refunds	20
19.8 Non-Payment	22
19.8.3 Good Cause for Non-Payment	22
19.10 Premium Changes	23
19.10.2 Increased Premium Amount	23
25.1 Application	26
27.3 Income Change Reporting Requirements.....	27
38.2 List of Covered Services and Copayments	28
38.2.1 Introduction	28
38.2.2 Copay Exempt Populations	31
38.2.3 Copay Exempt Programs	31
38.2.4 Copay Exempt Services	32
38.8 Five Percent Cost Share Limit	33
38.8.1 Copay Limits for Members and Programs exempt from copays	33

38.8.2 Programs Excluded from the Five Percent Cost Share Limit.....	33
38.8.3 Determining the Copay Limit.....	33
38.8.3.1 Premiums.....	35
38.8.4 Changes to the Copay Limit.....	35
38.8.5 Meeting the Copay Limit	36
44.2 Premiums for Childless Adults.....	37
44.3 Treatment Needs Question for Childless Adults.....	38
51.1 BadgerCare Plus Categories	40
53.1 Five Percent Copay Limit Tiers.....	43

5.3 CLAIMING GOOD CAUSE

5.3.2 Notice

The *IM* agency must provide a Good Cause Notice (DWSP 2018) to *applicants* and members whenever a child with an absent parent is part of the BadgerCare Plus application or case. The notice describes the right to refuse to cooperate for good cause in establishing paternity and securing medical support.

Note: Good Cause Notices are provided automatically through ACCESS when people apply or complete renewals online, so the requirement for IM workers to furnish the notice directly to them does not apply in these situations. IM agencies must continue to mail a Good Cause Notice to people who apply or complete renewals by mail or by phone.

The IM worker and the parent or caretaker must sign and date the notice (except for when the notice is completed in ACCESS and automatically filed in the *ECF*). The IM worker must then file the original notice in the case record and give the *applicant* or member a copy. The *CSA* refers anyone who wants to claim good cause back to the IM agency for a determination of whether or not good cause exists.

5.3.3 Good Clause Claim

The Good Cause Claim form (DWSP 2019) must be provided to any BadgerCare Plus parent or caretaker who requests one. It describes the circumstances that support a claim and how to document a claim.

The parent or caretaker must sign and date the claim in the presence of an IM worker or a notary public. The applicant or member's signature initiates the claim.

The original copy is filed in the case record, a copy is given to the parent or caretaker, and a copy is attached to the referral document when a claim is made at application.

A copy of claims must be sent to the *CSA* within two days after a claim is signed. When the *CSA* is informed of a claim, they will immediately suspend all activities to establish paternity or secure medical support until notified of your final determination.

16.2 INCOME TYPES NOT COUNTED

38. Child Support

~~Do not count child support income.~~ Child Support payments are not taxable and are not counted under MAGI rules. See Process Help, Section 62.2.6 Entering Child Support Income on an Unearned Income Page. However, some spousal support payments are taxable and must be counted. If a household is receiving family support, divide the payment by the number of members in the household. The amount of the payment allocated to the child(ren) is considered child support and is disregarded. Count the amount of the payment allocated to the adult(s) as alimony/spousal support ~~unless the divorce/separation order by the court designates the spousal support payments as being non-taxable. If the spousal support payments are non-taxable, they are exempt under MAGI rules (see Process Help, Section 62.2.6 Entering Child Support Income on an Unearned Income Page).~~ if the payment meets one of the following criteria:

- The payment was received under a separation or divorce agreement finalized on or before December 31, 2018 that does not designate the payments as non-taxable, OR
- The payment was received under a separation or divorce agreement finalized on or before December 31, 2018 but modified on or after January 1, 2019 that does not designate the payments as non-taxable and does not reference Section 11051 of Pub. L. 115-97 that makes alimony non-taxable.

Payments received under a separation or divorce agreement finalized on or after January 1, 2019 are not taxable and not counted as income under MAGI rules.

Example 4: Morgan receives \$500/month in family support for herself and her three children, Kyra (age 15), Kevin (age 9), and Katie (age 7). $\$500/4 \text{ people} = \$125/\text{person}$. Disregard the amount allocated to the children ($\$125 \times 3 \text{ children} = \375). Count \$125/month as income for Morgan.

48. Spousal Support/Alimony

Do not count alimony/spousal support if it meets one of the following criteria:

- The payment was received under a separation or divorce agreement finalized on or before December 31, 2018 that designates the payments as non-taxable.
- The payment was received under a separation or divorce agreement finalized on or after January 1, 2019.
- The payment was received under a separation or divorce agreement finalized on or before December 31, 2018 but modified on or after January 1,

| 2019 and provides that Section 11051 of Pub. L. 115-97 applies to the modification which makes the alimony/spousal support non-taxable.

16.5 OTHER INCOME

2. Spousal Support

Spousal support payments are countable income ~~unless they are non-taxable. If non-taxable, these payments are not counted.~~ if the payments meet one of the following criteria:

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- The payment was received under a separation or divorce agreement finalized on or before December 31, 2018 that does not designate the payments as non-taxable.
- The payment was received under a separation or divorce agreement finalized on or before December 31, 2018 but modified on or after January 1, 2019 that does not designate the payments as non-taxable and does not reference Section 11051 of Pub. L. 115-97 that makes alimony/spousal support non-taxable.

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Spousal support payments are not counted as income if they are non-taxable or they are made under a separation or divorce agreement finalized on or after January 1, 2019.

3. Family Support

If a household is receiving family support, divide the payment by the number of members in the household. The amount of the payment allocated to the child(ren) is considered child support and is disregarded. Count the amount of the payment allocated to the adult(s) as alimony or spousal support ~~unless the divorce or separation order by the court designates the spousal support payments as being non-taxable.~~ if the payment meets one of the following criteria:

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- The payment was received under a separation or divorce agreement finalized on or before December 31, 2018 that does not designate the payments as non-taxable.
- The payment was received under a separation or divorce agreement finalized on or before December 31, 2018 but modified on or after January 1, 2019 that does not designate the payments as non-taxable and does not reference Section 11051 of Pub. L. 115-97 that makes alimony/spousal support non-taxable.

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Spousal support and alimony payments are not counted as income if they are non-taxable or they are made under a separation or divorce agreement finalized on or after January 1, 2019.

17.2 PREGNANT WOMEN

17.2.1 Introduction

~~The~~ For a pregnant woman with countable MAGI income above 306 percent of the FPL, the deductible amount ~~for a pregnant woman~~ is the amount of countable income above 300 percent of the *FPL* for a six-month period. To meet the deductible, the pregnant woman or other family members included in the BadgerCare Plus group must incur medical bills equal to the pregnant woman's deductible amount.

Note: If there is more than one pregnant woman in the BadgerCare Plus group, all of them become eligible when a deductible is met.

~~(For eligibility regarding the BadgerCare Plus Prenatal Program for inmates of a public institution or non-qualifying immigrants, see Section 41.2 BadgerCare Plus Prenatal Program Eligibility Requirements).~~

A pregnant woman with assistance group income over ~~300~~306 percent of the FPL must meet a deductible to become eligible for BadgerCare Plus, even if she is a parent or caretaker of born children.

If the pregnant woman applies after the birth of her baby and becomes eligible by meeting a deductible in backdated months, she is only eligible as a pregnant woman until the end of the month she gives birth.

(For eligibility regarding the BadgerCare Plus Prenatal Program for inmates of a public institution or non-qualifying immigrants, see Section 41.2 BadgerCare Plus Prenatal Program Eligibility Requirements).

Example 1: Janet applies for BadgerCare Plus in July and requests a BadgerCare Plus deductible period from April through September. She gave birth on June 30. Janet paid the full deductible amount, so is certified from April 1 through June 30. She should be tested as a caretaker relative effective July 1 if she is living with the newborn or any other child under her care.

17.2.2 Deductible Period

The pregnant woman can choose to begin the BadgerCare Plus deductible period as early as three months prior to the month of ~~application~~, and as late as the month after the month of application.

A pregnant woman can choose a BadgerCare Plus deductible period which includes a month in which, ~~if he or she had applied, he or~~ she would have been ineligible for a non-financial reason, with one exception. A deductible period may not begin with a month in which the pregnant woman is non-financially ineligible. Although excess income is still

calculated over a six month period, the individual ~~can~~ may only be certified for BadgerCare Plus during the dates when ~~he or~~ she was non-financially eligible.

Example 2: Luanne applied for BadgerCare Plus on June 1st and requests a BadgerCare Plus deductible period from April through September. She gave birth on June 2nd and gave the baby up for adoption. Luanne paid the full deductible amount, so is certified from April 1st through June 30th.

A new deductible period can be established at any time before the current deductible has been met.

Example 3: Julie is pregnant and due November 15. She applied for BadgerCare Plus April 1 and a deductible period was set up for April through September. She did not incur enough expenses to meet the deductible. In July, Julie's income decreased and she requested a new deductible period from July through November. Because she had not met the original deductible, the new deductible period could be established.

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

Example 4: Rachel is pregnant and applied for BadgerCare Plus in July. She had no income and did not expect any income in the future. She was eligible in July. She also requested BadgerCare Plus eligibility for April to cover some medical expenses she had in April. In April and May, she had income in excess of 300 percent of the FPL. In June, she would have been eligible because she had no income.

In April and May, her income was over 300 percent of the FPL by \$200 a month. She has two choices:

1. Choose a BadgerCare Plus deductible period of April through September. After meeting the BadgerCare Plus deductible of \$400, she would be certified for BadgerCare Plus from April through September or 60 days past the birth of her baby, with no premium.
2. Not choose a BadgerCare Plus deductible period. She would not have to meet a BadgerCare Plus deductible. She could be certified immediately for June through 60 days past the birth of her baby but would have to forego BadgerCare Plus for April and May because of the excess income in April and May.

17.3 CHILDREN UNDER 19

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

Children (younger than 19 years old) with income over 306 percent of the FPL may become eligible for BadgerCare Plus by meeting a deductible. Children with income over 156 percent of the FPL who are denied BadgerCare Plus solely due to access to health insurance may also become eligible for BadgerCare Plus by meeting a deductible. The deductible amount is calculated for a six-month period using the amount of income that exceeds 150 percent of the FPL.

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

17.3.1 Deductible Period

The child under 19 can choose to begin the BadgerCare Plus deductible period as early as three months prior to the month of application and as late as the month following the month of *application*.

Example 1: On November 1, John's mother and stepfather apply for BadgerCare Plus for themselves, John, and John's two stepbrothers. The family's countable income is ~~above 150~~225 percent of the FPL. John's mother has employer-sponsored insurance that covers her and John. John is ineligible for BadgerCare Plus due to the insurance access. John's stepbrothers are eligible for BadgerCare Plus with a premium. Because the health insurance does not cover all of John's medical expenses, in December, John's mother requests a deductible for John. The deductible period is December through May. John has medical bills that will meet the deductible as of January 1. John will be covered under BadgerCare Plus with no premium from January through May.

The BadgerCare Plus deductible period for a child can include a month in which, ~~if he or she had applied,~~ he or she would have been ineligible for a non-financial reason other than health insurance access or coverage. with one exception. A deductible period may not begin with a month in which the child is non-financially ineligible for a reason other than health insurance access or coverage. Although excess income is still calculated over a six month period, the child ~~can~~may only be certified for BadgerCare Plus during the dates when he or she met all non-financial criteria other than health insurance access or coverage.

A new deductible period can be established at any time before the current deductible has been met.

17.3.2 Calculating the Deductible Amount

To calculate the dollar amount of the BadgerCare Plus deductible for a child:

1. Determine the BadgerCare Plus deductible period.
2. Find the child's assistance group's total countable income for each month in the deductible period.
3. If the assistance group's total countable income includes the income of someone other than the child, the child's parents, or, if married, the child's spouse, subtract the income of that person, but do not change the group size of the AG.
4. Compare the total income of each month with 150 percent of the FPL. If a month's income is less than or equal to 150 percent of the FPL, ignore it. If a month's income is more than the income limit (150 percent of the FPL), find the excess income by subtracting the income limit from the income of that month. The child could choose to drop the deductible for months his or her income decreases so that the child is eligible to enroll in BadgerCare Plus.
5. Add together the excess income of the months in the deductible period. The result is the child's BadgerCare Plus deductible amount.

Example 2: ~~John, who~~ Kyle is 14 years old, ~~is ineligible for BadgerCare Plus because~~ and his assistance group's- income is over ~~150~~156 percent of the FPL, ~~and~~. Because of his age and assistance group's income amount, he is subject to health insurance access policies. He is ineligible for BadgerCare Plus because he is covered under his mother's employer-sponsored health insurance plan. The household's size is five. Their income is \$366.25 over the 150 percent FPL for a group size of five. ~~John's~~ Kyle's six-month deductible amount is \$2,197.50. ($366.25 \times 6 = \$2,197.50$)

Example 3: Mark, who is 5 years old, is ineligible for BadgerCare Plus because his assistance group's income is over 306% of the FPL. The household is made up of Mark's mother and 17-year-old brother whose income is counted because he is expected to be required to file taxes. Mark's assistance group's income is \$3,026 over the 150 percent FPL for a group size of three. However, because Mark's brother is not his parent or spouse, his income must be excluded from the deductible calculation. This reduces the excess income to \$1,526. John's six-month deductible amount is \$9,156 ($\$1,526 \times 6 = \$9,126$).

17.4 MEETING THE DEDUCTIBLE

The BadgerCare Plus member or group meets the *deductible* by incurring medical or remedial costs that equal the dollar amount of the deductible. The countable costs are added together. When they are equal to or greater than the amount of the deductible, the pregnant woman or child under 19 can be certified for BadgerCare Plus through the end of the deductible period.

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

If an expense was applied to a prior deductible but did not result in BadgerCare Plus certification, it can be applied to a later deductible, as long as it still meets the criteria listed in Section 17.4.1.

17.7 NOTICE TO FISCAL AGENT CONCERNING ANY REMAINING DEDUCTIBLE

When the member receives a medical bill that is equal to or greater than the amount he or she still owes on the *deductible*, he or she can be certified for BadgerCare Plus. However, he or she is still responsible for the part of the bill that equals the deductible. BadgerCare Plus will consider the remainder of the bill for payment. See (Process Help, Chapter 19 Medicaid Deductible).

A To make sure that BadgerCare Plus does not pay what the member still owes on the deductible, send a BadgerCare Plus Remaining Deductible Update (F-10109) ~~must be sent~~ to the fiscal agency indicating the amount of the bill that the member owes. The *Fiscal Agent* subtracts this amount from the bill and BadgerCare Plus pays the rest.

Fill out the BadgerCare Plus Remaining Deductible Update (F-10109) only if:

1. A BadgerCare Plus certified provider has provided the billed services.
2. The person, having met the deductible, is being certified. If he or she is not being certified, BadgerCare Plus will not pay any of the bill.

The date of the bill is the date the deductible was met. Since the member is not eligible until he or she has met the deductible, he or she still owes for all bills prior to that date.

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If more than one bill was incurred on the date the deductible was met, send the BadgerCare Plus Remaining Deductible Update (F-10109) for any other bills for which the member would be responsible.

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17.8 CHANGES IN INCOME

Once the *deductible* has been met, changes in income do not affect the group's eligibility for the remainder of the deductible period.

If there are income changes reported during the BadgerCare Plus deductible period but prior to meeting the deductible, recalculate the BadgerCare Plus deductible amount. Beginning July 1, 2020, the deductible amount will no longer be increased when an unmet deductible assistance group has an increase in income or a decrease in deductions, or when the group size decreases. Once a deductible period and deductible amount are established, the deductible amount will never increase during the same deductible period. Deductible amounts may be decreased due to changes in income, deductions, or group size. To determine the amount of a decreased deductible:

1. Add together the monthly excess income of the months of the BadgerCare Plus deductible period that have already gone by.
2. Subtract the income limit from the new monthly income. This will give the excess income for the month when the income changed.
- ~~2.3.~~ Using prospective net income, find the excess income of the months in the deductible period after the month when income changed.
- ~~3.4.~~ Add the results of #1, #2 and #3.

Example 1: Cicely, a pregnant woman with income over 300% FPL, applied for BadgerCare Plus in July. -She had excess income of \$20 a month.- Her BadgerCare Plus deductible was \$120. -On October 8th, she reports a pay ~~increase~~decrease of \$10 a month. The change is effective for November. The BadgerCare Plus deductible amount is recalculated by:

1. Adding together the excess income of months July through October. -The result is \$80.
2. Calculating her November excess income. -The result is excess income of ~~\$30~~10.
3. Prospective excess income for December is ~~\$30~~10.
4. Cicely's new BadgerCare Plus deductible amount is:- $\$80 + \cancel{\$30} - \cancel{\$30} = \cancel{\$140} \underline{10} + \$10 = \100 .

If the income change results in lower excess income in the month of change, the *applicant* can choose to:

1. Recalculate the current BadgerCare Plus deductible, or
2. Create a new deductible period.

Example 2: Mary, a pregnant woman, goes from full time to part time employment in the fourth month of her BadgerCare Plus deductible period. - She still has excess income, but it is lower than in the previous three months. -She can choose either to recalculate her BadgerCare Plus deductible to a lower amount or to start a new deductible period.

If she chooses to start a new deductible period, she will forfeit any eligibility she might have acquired in the previous deductible period if she had met the previous deductible.

If the income change results in no excess income the applicant has an additional choice:

1. Recalculate the deductible.
2. Create a new deductible period.
3. Begin eligibility immediately.

17.9 NON-FINANCIAL CHANGES

17.9.1 Non-Financial Changes Introduction

If there is a change in non-financial eligibility during the *deductible* period, discontinue BadgerCare Plus eligibility for those persons who have become non-financially ineligible.

Every child in a BadgerCare Plus household must have his or her eligibility for a deductible determined separately. If a child enters the BadgerCare Plus group after ~~the~~ deductible for another child in the group has been ~~met, that~~ set, the new child ~~will also be eligible~~ must have his or her eligibility for ~~the remainder of the~~ a deductible period determined separately.

If an adult caretaker relative who is EBD, or is ~~medically verified as~~ pregnant, enters the BadgerCare Plus group, his or her ~~name will appear on the BadgerCare Plus card~~ eligibility for ~~the remainder of the~~ a deductible period. must be determined separately.

If a member loses non-financial eligibility and regains it during the same deductible period, the member may choose:

- OR
- To continue with the current deductible period.
 - To reapply and establish a new deductible period if his or her income still exceeds the appropriate BadgerCare Plus income limit.

17.9.2 Group Size Changes

When the group size is different on the last day of the month from what it was on the last day of the previous month, and the deductible is not met, ~~you must recalculate the deductible.~~ must be recalculated. Compare the new group's countable monthly income with the new group's FPL limit. ~~If there is excess monthly income, recalculate the deductible in the same way as for income changes.~~ Beginning July 1, 2020, the deductible amount will no longer be increased when an unmet deductible assistance group has a decrease in the group size. Once a deductible period and deductible amount are established, the deductible amount will never increase during the same deductible period. Deductible amounts may be decreased due to changes in income, deductions or group size.

17.9.3 Death

If the member dies during the deductible period, and is not already certified, look at all countable expenses prior to death. ~~If those countable expenses meet the deductible, certify the person.~~ ~~The time period for the deductible remains six months.~~ ~~All months~~

| that remain of the six-month deductible period from the point the member dies, are considered to have \$0 income. -The deductible amount should be recalculated.- If the deductible was met, eligibility will be the point from which eligibility was determined to have been met through the date of death.

| If the member prepays the deductible and dies after the deductible period starts, the deductible is non-refundable. -If the member prepays and dies before the deductible period starts, the deductible pre-payment is refundable.

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.

~~The Income Maintenance agency is responsible for collecting the initial payments and recording the payment in CWW. Acceptable payment types include: check (personal, cashiers, travelers, etc.) or a money order. Check must be issued to BadgerCare Plus.~~

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

~~BadgerCare Plus
WI Dept of Health Services
P.O. Box 93187
Milwaukee, WI 53293-0187~~

The eligibility policy and time frame procedures for premium payments are as follows:

1. Initial eligibility date and confirmation occur in the month of application.

When an application is processed in the same month it was received, and a premium for the initial month of eligibility is not due because they are eligible for a free month, the premium for the second month of eligibility must be paid in advance before a family can be enrolled in BadgerCare Plus.

Example 1: Lisa and her family applied for BadgerCare Plus on January 25. On January 31, the worker determined that the family met eligibility requirements effective January 1.- Since the family had not been previously eligible for BadgerCare Plus, a premium for January was not assessed since they were eligible for the free month. However, Lisa had to pay the February premium for her family before their eligibility could be confirmed.

2. Eligibility begins in the month of application - confirmation occurs in a future month.

When an application is not processed within the 30-day application processing period and the family is eligible for a free month, the family must pay both the second and third months' premium before enrollment. CARES requires that premiums for both the second and third months be paid before confirmation when eligibility is processed any time in the third month.

Example 2: Cheryl and her family applied for BadgerCare Plus on March 25. No one in her family was eligible for BadgerCare Plus in the previous month.- At Cheryl's request, the IM worker extended the 30-day processing time period by ten days for additional verification. The application for BadgerCare Plus was processed on May 2, but the family was determined eligible effective March 1. A premium is not due for March because it is a free month. However, Cheryl had to pay the premium amount for April and May before BadgerCare Plus eligibility could be confirmed.

3. Eligibility begins in a future month, but application is processed in the month of application.

When an application is processed within 30 days but eligibility does not begin until a future month, the free month is the first future month of eligibility.- The family will receive an invoice for the premium amount through the mail. He or she must pay the premium due for the second month by the tenth of the benefit month to remain eligible for BadgerCare Plus.

Example 3: Arnie and his family applied for BadgerCare Plus on April 12. He and his family were determined to be eligible for BadgerCare Plus beginning May 1. A premium is not assessed for May. A coupon for Arnie's June premium was mailed on May 20 with payment due by June 10.

19.6 ONGOING PAYMENT

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

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

Premium payments may not be paid in advance.

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

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

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

19.7 REFUNDS

~~Contact the BadgerCare Plus Unit at 1-888-907-4455 to issue a refund.~~ A refund must be issued if the premium was paid and is for a month in which one of the following situations occurs:

1. The individual or family was ineligible for BadgerCare Plus.
2. A change is reported that results in no premium or a lower premium amount. If the change is reported within 10 days of when the change occurred, the lower or \$0 premium amount is effective during the month in which the change occurred. If the change is not reported within 10 days of when the change occurred, the lower or \$0 premium amount is effective during the month in which it was reported. The fiscal agent will refund any excess premium that was paid. See Section 27.2 Nonfinancial Change Reporting Requirements and Section 27.3 Income Change Reporting Requirements for information on change reporting.

Note: When determining if a change was reported within 10 days of when the change occurred, the worker should use the reported date of change from the member. If the worker has information that makes the reported date of change questionable, the worker can request verification of the date of change.

Example 1: David and Jenny are married and have a child, Megan. Their household income is 285% of the FPL. Megan is enrolled in BadgerCare Plus with a \$68 monthly premium. In June, David had a decrease in work hours. At the end of June, David and Jenny found that this reduction in work hours resulted in the household income decreasing to 235% of the FPL in the month of June. David reports this income change to the agency on July 7. Since this change was reported within 10 days of the household monthly income changing, the lower premium is effective the month in which the change occurs (June). Starting in June, Megan's monthly premium is \$15. David had already paid \$68 each for Megan's June and July premiums, so ~~the IM worker must contact the fiscal agent to refund the total difference of \$106 for June and July.~~ a refund must be issued. See Process Help 23.6.

Example 2: Morgan and Taylor are married and have a child, Kelly. Their household income is 285% of the FPL. Kelly is enrolled in BadgerCare Plus with a \$68 monthly premium. In June, Morgan has a decrease in work hours. At the end of June, Morgan and Taylor found that this reduction in work hours resulted in the household income decreasing to 235% of the FPL in the month of June. Morgan reports this income change to the agency on July 18. Since this change was reported more than 10 days after the household monthly income changed, the lower premium amount is effective during the month in which it was reported (July). Starting in July, Kelly's monthly premium is \$15. Morgan already paid \$68 for Kelly's July premium, so ~~the IM worker~~

~~must contact the fiscal agent to~~ refund ~~the difference of \$53 for July~~ must be issued.
See Process Help 23.6.

Example 3: Aaron has a child, Emily. Their household income for a group of 2 is 285% of the FPL. Emily is enrolled in BadgerCare Plus with a \$68 monthly premium. On September 4, Aaron marries Kathy. Aaron contacts his agency on September 13 to report his marriage to Kathy and adding her to his household. Their household income for a group of 3 is 225% of the FPL. Starting in September, Emily's monthly premium is \$10. Aaron had already paid \$68 for Emily's September premium, so ~~the IM worker must contact the fiscal agent to refund the difference of \$58 for September.~~ a refund must be issued. See Process Help 23.6.

~~**Note:** Premium payments may not be made in advance.~~

19.8 NON-PAYMENT

19.8.3 Good Cause for Non-Payment

Do not apply an RRP for non-payment if good cause exists. Good cause reasons for not paying the ~~BC~~BadgerCare Plus premium are:

1. Problems with the financial institution.
2. CARES problem.
3. Local agency problem.
4. Wage withholding problem.
5. Fair hearing decision.

The member must still pay the arrears before eligibility will begin again.

19.10 PREMIUM CHANGES

19.10.2 Increased Premium Amount

~~You must give a~~ 10-day notice must be given to the member when the group is required to pay a premium for the first time or is required to pay a higher premium. The increase is effective the following month if BadgerCare Plus eligibility is confirmed before *adverse action*. If the change is confirmed after adverse action, the increase is not effective until the month after the following month.

Example 1: Jessica has BadgerCare Plus with a premium for her and her family.- She reports a change in income to her worker on April 23rd that results in a higher premium amount.- Jessica's premium amount will increase effective June 1st.- She will receive the coupon for the new premium amount at the end of May.

19.10.2.1 Person Adds

If the person add will cause an increase in the premium, *CARES* will not allow eligibility confirmation if the notice requirement cannot be met. ~~Certify eligibility for new members through the ForwardHealth Portal. If unable to certify through the ForwardHealth Portal, complete and return the Medicaid/BadgerCare Plus Eligibility Certification form, F-10110, (formerly DES 3070) for the days that cannot be confirmed in CARES (see). The form can be returned by fax to 608-221-8815 and by mail to:-~~

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

See also Process Help, Chapter 81.

19.10.2.2 Effective Dates of Premium Increase (Person Add)

1. If the person was added to the case before adverse action, the increase is effective the next month.
2. If the person was added to the case after adverse action, the increase is not effective until the second month.

Example 2: Rachel's husband Mike moved back into the home on June 1. She reported the change on June 6 and the agency processed the change on June 10 (before adverse action). Inclusion of Mike's income resulted in a premium increase.- The increase is effective July 1. ~~Certify~~ Mike's BadgerCare Plus eligibility

~~effective June 6th by sending in a F-10110~~ must be manually certified for the dates between June 6th and June 30.

Example 3: Ann moved back to her parent's home on December 12 and reported it on December 22 (after adverse action). The agency acted to process the change on the same day. Inclusion of Ann's income resulted in a premium increase. The premium increase is not effective until February 1. ~~Certify Ann's BadgerCare Plus eligibility effective December 22 by submitting an F-10110~~ must be manually certified for the dates between December 22 and January 31.

19.10.2.3 Effective Dates of Premium Increase (Other Than Person Adds)

A delay in the effective date of premium increases must also be done in certain ongoing cases that may or may not include a person add. These are cases where a change results in an assistance group opening up and has new or increased premiums for a month (or months) that cannot be confirmed in CARES. In these situations, the member is not responsible for a premium payment (or a premium increase) for the month or months that cannot be confirmed in CARES. The first premium (or increased premium) for which the family must pay is the one for the month for which eligibility can be confirmed.

The following situations qualify for this treatment:

- A person is added to a case that has not paid the premium for another member.
- A person becomes eligible for BadgerCare Plus for any non-financial reason except late payment of the previous month's premium, failure to verify a reported change that resulted in the premium increase, or failure to complete a renewal.
- ~~Cases where the Call Center is unable to get premiums adjusted on the interChange system.~~
 - A case reports a decrease in income from above 306% to below 306% and the child(ren) are now eligible with a premium.

Example 4: Mary and Tom apply for BadgerCare Plus on May 1 for their son, Sam, and Mary's daughter, Sara. Mary and Tom are not married and both plan to file taxes. Mary claims Sara as a dependent and Tom claims Sam. Sara's AG income is 208%, so she has a \$10 premium. Sam's AG income is at 310%, so he is not eligible for BadgerCare Plus. The case is confirmed on May 15 with Sara's eligibility beginning May 1. On June 1, Tom reports his income decreased in late March, resulting in Sam's AG income to decrease to 265%. Sam would now be eligible with a \$44 premium. Because CWW will not allow the worker to confirm the increase in

premium for June, Sam will not be required to pay a premium until July 1, although he will be eligible as of June 1. Sara is still required to pay her \$10 June premium, and the combined premium of \$54 will be effective July 1.

25.1 APPLICATION

Anyone has the right to apply for BadgerCare Plus; however, people younger than 18 years old must have a parent, caretaker relative, or a legal guardian apply for BadgerCare Plus on his or her behalf unless he or she is living independently. In situations where a legal guardian, parent, or caretaker is absent, an adult acting responsibly may apply on behalf of a person who is younger than 18 years old. Individuals younger than 18 years of age have the right to apply for Family Planning Only Services on their own behalf even if not living independently.

The *applicant* may be assisted by any person he or she chooses in completing an *application*.

Encourage anyone who expresses interest in applying to file an application as soon as possible. When an application is requested:

1. Suggest the applicant use the ACCESS online application at the following site: <https://access.wisconsin.gov/access/>; or
2. Mail the paper application form; or
3. Schedule a telephone or face-to-face interview.

Provide any information, instruction and/or materials needed to complete the application process. Provide a Notice of Assignment: Child Support, Family Support, Maintenance and Medical Support form (DWSP-2477) and *Good Cause* Claim form (DWSP-2019) to each applicant with children applying for BadgerCare Plus, with the exception of applicants who apply via ACCESS or to anyone who requests either of these.

Refer requests for applications and other outreach materials from groups and persons involved in outreach efforts to: <http://www.dhs.wisconsin.gov/em/customerhelp/>

Note: An application can be filed on behalf of a deceased person. If the application is filed within the same calendar month as the date of death or within the three months after the date of death, the application should be processed as if the applicant were alive. If the application is filed more than 4 months after the date of death, he or she is not eligible.

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:

- 50% FPL
- 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.

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.

38.2 LIST OF COVERED SERVICES AND COPAYMENTS

38.2.1 Introduction

A BadgerCare Plus member may be required to pay a part of the cost of a service. This payment is called a "copayment" or "copay." The following table shows some of the covered services and copayments under BadgerCare Plus.

Services	Description
Chiropractic Services	<p>Full coverage.</p> <p>Copayment \$.50 to \$3 per service (varies by service provided).</p>
Dental	<p>Full coverage of preventive, restorative and palliative services.</p> <p>Copayment \$.50 to \$3 per service (varies by service provided).</p>
Disposable Medical Supplies (DMS)	<p>Full coverage.</p> <p>Copayment \$0.50 to \$3.00 per service.</p>
Drugs (See also 38.7 Impact on Dual Eligible Individuals)	<p>Comprehensive drug benefit with coverage of generic and brand name prescription drugs and some over-the-counter (OTC) drugs.</p> <p>Members are limited to 5 prescriptions per month for opioid drugs.</p> <p>Copayments:</p> <p>\$0.50 for OTC Drugs \$1.00 for Generic Drugs \$3.00 for Brand Name Drugs</p> <p>Copayments are limited to \$12.00 per member, per provider, per month. OTCs are excluded from this \$12.00 maximum.</p>
Durable Medical Equipment (DME)	<p>Full coverage.</p> <p>C-payment \$0.50 to \$3.00 per item (varies by item provided).</p> <p>Rental items are not subject to a co-payment.</p>
Health Screenings for Children	<p>Full coverage of Health Check screenings and other services for individuals under age 21 years.</p>

	<p>Copayment \$1 per screening for those 18, 19 and 20 years of age.</p>
Hearing Services	<p>Full coverage.</p> <p>Copayment \$.50 to \$3 per procedure.</p> <p>No copayments for hearing aid batteries.</p>
Home Care Services (home health, private duty nursing and personal care)	<p>Full coverage.</p> <p>No copayment.</p>
Hospice	<p>Full coverage.</p> <p>No copayment.</p>
Hospital - Inpatient	<p>Full coverage.</p> <p>Copayment \$3 per day with a \$75 cap per stay.</p>
Hospital - Outpatient	<p>Full coverage.</p> <p>Copayment \$3 per visit.</p>
Hospital - Outpatient Emergency Room	<p>Full coverage.</p> <p>No copayment.</p>
Mental Health and Substance Abuse Treatment	<p>Full coverage (not including room and board).</p> <p>Copayment \$.50 to \$3 per visit (limited to the first 15 hours or \$500 of services, whichever comes first, provided per calendar year).</p> <p>Copayment not required when services are provided in a hospital setting.</p>
Nursing Home	<p>Full coverage.</p> <p>No copayment.</p>
Physical Therapy (PT), Occupational Therapy (OT) and Speech Therapy (ST)	<p>Full coverage.</p> <p>C-payment \$.50 to \$3 per provider, per date of service.</p> <p>Copayment obligation is limited to the first 30 hours or \$1,500 whichever occurs first, during one calendar year (copayment limits are calculated separately for each discipline.)</p>

Physician Visits	<p>Full coverage, including laboratory and radiology.</p> <p>Copayment \$.50 to \$3 copayment per service (varies by service provided).</p> <p>Limited to \$30 per provider per calendar year.</p> <p>No copayment for emergency services, anesthesia or clozapine management.</p>
Podiatric Services	<p>Full coverage.</p> <p>Copayment \$.50 to \$3 per service.</p>
Prenatal/Maternity Care	<p>Full coverage, including prenatal care coordination and preventive mental health and substance abuse screening and counseling for pregnant women at risk of mental health or substance abuse problems.</p> <p>No copayment.</p>
Reproductive Health Services	<p>Full coverage, excluding infertility treatments, surrogate parenting and related services, including but not limited to artificial insemination, and subsequent obstetrical care as a non covered service, and the reversal of voluntary sterilization.</p> <p>No copayment for family planning services.</p>
Routine Vision	<p>Full coverage including coverage of eye glasses.</p> <p>Copayment \$.50 to \$3 per service (varies by service provided).</p>
Smoking Cessation Services	<p>Coverage includes prescription and over-the-counter tobacco cessation products.</p> <p>Copayment (see drugs)</p>
Transportation	<p>Full coverage of emergency and non-emergency transportation to and from a certified provider for a BadgerCare Plus covered service.</p> <p>Copayments are:</p> <ul style="list-style-type: none"> • \$2 for non-emergency ambulance trips. • \$1 per trip for transportation by an SMV. <p>No copayment for transportation by common carrier or emergency ambulance.</p>

If you or the member has additional questions, contact Member Services at 1-800-362-3002.

38.2.2 ~~Copayment~~ Copay Exempt Populations

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

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

~~• Children in a mandatory coverage category. In Wisconsin, this includes:~~

~~-~~
• Children under age 19, regardless of income or benefit program.

- Children in foster care, regardless of age.
- Children in adoption assistance, regardless of age.

~~○ Children under age one with income up to 150 percent of the FPL.~~

~~○ Children ages 1 through 5 with income up to 191 percent of the FPL.~~

~~○ Children ages 6 through 18 years of age with incomes at or below 133 percent of the FPL.~~

~~• Children under 19 eligible through Express Enrollment.~~

~~• Children who are American Indian or Alaska Natives who are enrolled in the state's CHIP.~~

~~•~~ American Indians or Alaskan Natives American Indians 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, regardless of age or income level, when they receive items and services either directly from an Indian health care provider or through referral under contract health services.

~~-~~
• Former Foster Care Youth

• Anyone receiving services through Express Enrollment

• Pregnant Women

38.2.3 Copay Exempt Programs

Copays will not be charged for members enrolled in the following subprograms:

~~-~~
• Family Planning Only Services

- Institutional Medicaid (not including childless adults (CLAs) enrolled in BadgerCare Plus and residing in an institution)
- Katie Beckett
- Wisconsin Well Woman Medicaid

38.2.4 Copay Exempt Services

The following services do **not** require copayment:

- Case management services.
- Crisis intervention services.
- Community support program services.
- Emergency services.
- Family planning services, including sterilizations.
- HealthCheck.
- HealthCheck "Other Services."
- Home care services.
- Hospice care services.
- Immunizations.
- Independent laboratory services.
- Injections.
- PDN and PDN services for ventilator-dependent members.
- Pregnancy related services.
- Preventive services with an A or B rating from the U.S. Preventive Services Task Force.
- School-based services.
- Substance abuse day treatment services.
- Surgical assistance.

38.8 FIVE PERCENT COST SHARE LIMIT

Members may not pay more than five percent of their household income for monthly premiums and copays for BadgerCare Plus or Medicaid card services. This limit does not apply to deductibles, patient liability for Institutional Medicaid, or cost sharing for Home and Community-Based Waiver services.

- The five percent cost share limit applies to members eligible for BadgerCare Plus, SSI Medicaid, and most EBD Medicaid programs. Members enrolled in MAPP and SeniorCare do not have a cost-sharing limit.

- For members subject to the cost-sharing limit, a copay limit will be set on a monthly basis. The copay limit is based on the assistance group's income used to determine eligibility. Copays are tracked based on copays the individual has incurred, not the amount of copays actually paid.

38.8.1 Copay Limits for Members and Programs exempt from copays

Members who are in a copay exempt category (38.2.2 Copay Exempt Populations) will not have a copay limit while they are copay exempt since they have no copays.

- Members who are enrolled in any copay exempt subprograms (38.2.3 Copay Exempt Programs) will have a copay limit of \$0 as there are no copays for members enrolled in these programs.

38.8.2 Programs Excluded from the Five Percent Cost Share Limit

Members enrolled in the following subprograms will continue to be charged premiums and copays with no five percent cost share limit set based on their income:

-

- Medicaid Purchase Plan (MAPP)
- SeniorCare

- **Note:** Members who are enrolled only in Medicare Savings Programs (except for Qualified Medicare Beneficiaries (QMB)) do not receive Medicaid card services and thus do not have copays.

38.8.3 Determining the Copay Limit

For members enrolled in BadgerCare Plus or EBD Medicaid subprograms that have a copay limit, copay limits will be based on the assistance group's income used to determine eligibility. Per-member copay limits will be set based on the income tiers (Chapter 53 Five Percent Copay Limit Tiers).

-
If the member is married and both spouses are enrolled in a health care program that has a copay limit (and neither spouse is exempt from copays), the copay limit will be prorated between them. If one spouse is exempt from copays (for example, due to pregnancy), the other spouse will have the full individual copay limit for their income tier.

Example 1: Jane and Benji are married with two children. The entire family is enrolled in BadgerCare Plus. The assistance group has counted income which puts their household income in the >50-100% of FPL income tier for an assistance group size of four.

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Since both parents are eligible and have to pay copays, the \$26 copay limit for the household will be prorated between Jane and Benji. They will each have a monthly copay limit of \$13.

Example 2: Marianne, who is pregnant, and Joe are a married couple enrolled in BadgerCare Plus with income that falls in the >50-100% of FPL income tier for a group size of three. Marianne has a pregnancy due date of March 10. Marianne is exempt from copays beginning with the first month she is certified as a pregnant woman until May 31 (the end of the month in which her 60-day postpartum period ends). While Marianne is certified as a pregnant woman and exempt from copays, Joe's monthly copay limit is \$26. After the end of the postpartum period, eligibility and copay limits will be redetermined. Beginning June 1, the household's copay limit will be split between Marianne and Joe and they will each have a \$13 copay limit.

If spouses are enrolled in two different health care programs (and both programs have a copay limit), the copay limit for the household will be calculated based on the assistance group with lower income and prorated between spouses. This will prevent the spouse with lower income from paying cost sharing expenses in excess of the five percent limit.

Example 3: Dave, his wife Debbie, and their son Derek receive health care benefits. Dave is enrolled in SSI-Related Medicaid and Debbie and Derek are enrolled in BadgerCare Plus. Due to the different income budgeting rules for SSI-Related Medicaid and BadgerCare Plus:

- The countable income for SSI-Related Medicaid is 69% of the FPL for a group size of two. That puts the SSI-Related Medicaid assistance group income in the >50-100% of FPL income tier.
- The countable income for BadgerCare Plus is 48% of the FPL for a group size of three. That puts the BadgerCare Plus assistance group income in the 0-50% of FPL income tier.

To determine the copay limit for the household, the lower BadgerCare Plus assistance group income tier of 0-50% of FPL will be used. Debbie, Dave, and Derek each have a \$0 copay limit, meaning they will not be charged any copays. If a member who is enrolled in a health care program that has a copay limit is married to someone who is enrolled in a program that has no copay limit (MAPP or SeniorCare), the member will have the full individual copay limit for his or her income tier.

For members who are eligible for both QMB and a full benefit health care program that has a copay limit, the income used to determine eligibility for the full benefit program will be used to calculate the member's copay limit.

38.8.3.1 Premiums

For members who pay a monthly premium, the premium amount will be subtracted automatically when the member's copay limit is calculated in CARES. For married couples with at least one spouse subject to CLA policy, the total household premium amount will be split evenly between the married couple even if the spouses are on different benefit programs.

Example 4: Mark is a CLA with income that falls in the >50-100% of FPL income tier. He is enrolled in BadgerCare Plus and pays an \$8 monthly premium. His copay limit is calculated as \$26 minus the \$8 premium. Mark's monthly copay limit, after his premium has been deducted, is \$18.

Example 5: Alice and Barry are married and both eligible for BadgerCare Plus as childless adults with income at 85% of the FPL. They have a household premium of \$6 because Alice completed a health survey and reported healthy habits while Barry did not. Their copay limit would be prorated at the >50-100% FPL tier and the \$6 premium would be split evenly and deducted from their prorated copay limit (subtract \$3 from both). Alice and Barry would each have a \$10 copay limit.

Alice suffers injuries from a car accident. She is verified as disabled and becomes eligible for SSI-Related Medicaid. Because Alice is no longer a childless adult, her health survey response does not result in a premium reduction for the household. Barry's household premium will increase to \$8. The \$8 premium would be split evenly and deducted from both Alice and Barry's copay limits (if they continue to have income greater than 50% of the FPL).

38.8.4 Changes to the Copay Limit

Once determined, the copay limit will remain the same from month to month unless changes are reported that affect the copay limit, such as a change in income or household composition. Members have the right to appeal their monthly copay limit.

Increases in copay limits may not be made without providing timely notice to the member. If a change results in an increase in the member's copay limit and eligibility is confirmed prior to adverse action for the month, the copay limit increase will be effective the following month. If eligibility is confirmed after adverse action, the copay limit increase will be effective two months after the month in which the change occurred.

If a change results in a decrease in the monthly copay limit, the decrease should be effective during the month in which the change occurred or, if the change was reported untimely (after the 10th of the month in which the change was supposed to be reported), the month in which the change was reported, whichever is later.

38.8.5 Meeting the Copay Limit

Members are notified once they have incurred enough copays before the end of the month to meet their monthly copay limit. This notification is informational only and members may not appeal the date the copay limit was determined to have been met. Once the copay is met for a given month, it can never become "unmet" in the same month and the member will not be charged any more copays in that month.

Example 6: Tamika is enrolled in BadgerCare Plus and has a copay limit of \$13 for the month of August. On August 12, interChange notifies CARES that Tamika has met her copay limit of \$13. CARES issues Tamika an automated notice stating that her \$13 copay limit has been met for the month of August and that she will have no copays for the remainder of the month. On August 21, Tamika has a doctor's appointment. She will have no copay for the doctor's appointment since her copay limit has already been met for the month of August. Starting on September 1, Tamika will be responsible for copays incurred until her monthly limit is met.

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44.2 PREMIUMS FOR CHILDLESS ADULTS

Childless adults are subject to a household premium of \$8 a month unless they are exempt for any of the following reasons:

- Has a household income at or below 50% of the FPL
- Has verified status as a tribal member, child or grandchild of a tribal member, or individual who is eligible to get Indian Health Services
- Has a verified disability
 - A childless adult is considered to have a verified disability only if they have been determined by the Wisconsin Disability Determination Bureau (DDB) to be disabled, MAPP disabled, or by the DDB or the IM agency as presumptively disabled.
- Has resided in or is expected to be residing in an institution for at least 30 days
- Is homeless or has been homeless in the last twelve months
 - The definition of homeless is someone who lacks a fixed and regular nighttime residence or someone whose primary nighttime residence is one of the following:
 - A supervised shelter designed to provide temporary accommodations
 - A halfway house or similar institution that provides temporary residence for individuals intended to be institutionalized
 - A temporary accommodation for not more than 90 days in the residence of another individual
 - A place not designed for, or ordinarily used as a regular sleeping accommodation for human beings
- Is deceased

Members will not be subject to premiums for backdated months.

Childless adults may qualify for a premium-free month under both of the following conditions:

- No one in the BadgerCare Plus group was eligible for BadgerCare Plus or Medicaid in the previous month.
- No one in the group received a free month in the previous 12 months.

44.3 TREATMENT NEEDS QUESTION FOR CHILDLESS ADULTS

The treatment needs question is a screening tool that helps determine whether or not an applicant or member has used drugs in ways that have caused problems for them or their family, and if they are open to getting help for drug use.

After implementation, childless adults will be required to answer the treatment needs question as a condition of eligibility. A treatment needs question must be answered:

- For new applications, the requirement will apply for applications with a filing date on or after February 1, 2020.
- For renewals, when the requirement applies depends on the status of the renewal:
 - If it is a renewal either submitted early or late, the requirement applies as of February 1, 2020.
 - If it is a timely renewal, the requirement applies to renewals due on or after March 31, 2020 (impacting benefits starting in the first month of the new certification period).
- If a health care member becomes a childless adult during a certification period that starts after the policy effective date. This includes the member joining an existing childless adult assistance group.

During annual renewals, childless adults must answer the treatment needs question.

Example 1: Anna is a childless adult currently enrolled in BadgerCare Plus. Her certification period began in August 2019. On February 18, 2020, Anna submits an early health care renewal. Because Anna is submitting an early renewal after February 1, 2020, she will be subject to the new policies and will need to answer the treatment needs question as part of her renewal for health care.

Example 2: Edith is a childless adult currently enrolled in BadgerCare Plus. Her certification period began in November 2019. Edith will need to answer the treatment needs question in October 2020 as part of her renewal for health care.

Example 3: Brad is currently enrolled in BadgerCare Plus as a parent, along with his son Oliver. His certification period began in May 2019. Brad completes a renewal for him and Oliver in April 2020. Because he is a parent, the childless adult policies do not apply. Brad reports that Oliver has left the household in July 2020, so Brad becomes a childless adult. Brad will need to answer the treatment needs question to remain eligible for BadgerCare Plus.

The childless adult will not need to answer a treatment needs question or affirm an existing response if they fall under any of the following:

- Has a verified status as a tribal member, child or grandchild of a tribal member, or individual who is eligible to get Indian Health Services
- Has a verified disability
 - A childless adult is considered to have a verified disability only if they have been determined by the Wisconsin Disability Determination Bureau (DDB) to be disabled, MAPP disabled, or by the DDB or the IM agency as presumptively disabled.
- Has resided in or is expected to be residing in an institution for at least 30 days
- Is deceased

Childless adults who are not required to answer the treatment needs question may voluntarily do so.

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~~ copays 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 <u>Copays</u>	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 <u>No</u>	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 <u>No</u>	No	T19
Child age 1 through 5	>156 - 191%	No	No	T19
Child age 1 through 5	>191 - 201%	Yes <u>No</u>	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 <u>No</u>	No	T19
Child age 6 through 18	>156 - 201%	Yes <u>No</u>	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 <u>No</u>	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 <u>No</u>	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 <u>No</u>	No	T19
Former Foster Care Youth up to age 26	N/A	Yes <u>No</u>	No	T19
Childless Adult	0%	No	No	T19
Childless Adult	>0 - 100%	Yes <u>(if >50% FPL)</u>	No	T19
Childless Adult	>0 - 50%	Yes <u>No</u>	No	T19
Childless Adult	>50 - 100%	Yes	No	T19
Childless Adult	>50 - 100%	Yes	Yes	T19
Transitional Childless Adult	>0 - 50%	Yes <u>No</u>	No	T19
Transitional Childless Adult	>50 - 100%	Yes	No	T19
Transitional Childless Adult	>50 - 100%	Yes	Yes	T19
Transitional Childless Adult	0%	No	No	T19
Transitional Childless Adult	>0 - 100%	Yes <u>(if >50% FPL)</u>	No	T19
12-Month BadgerCare Plus Extension Benefit Adult	>100 - 133%	Yes	No	T19
12-Month BadgerCare Plus Extension Benefit Adult	>133%	Yes	No	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	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 >5, <19	0 - 156%	No	No	T19
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

**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.

53.1 FIVE PERCENT COPAY LIMIT TIERS

2020 Per-Member Copay Limits											
<u>Status</u>	<u>Assistance Group Income Tier as Percentage of the Federal Poverty Level</u>										
	<u>0-50%</u>	<u>>50-100%</u>	<u>>100-150%</u>	<u>>150-200%</u>	<u>>200-250%</u>	<u>>250-300%</u>	<u>>300-350%</u>	<u>>350-400%</u>	<u>>400-450%</u>	<u>>450-500%</u>	<u>>500%</u>
<u>Individual</u>	<u>\$0</u>	<u>\$26</u>	<u>\$53</u>	<u>\$79</u>	<u>\$106</u>	<u>\$132</u>	<u>\$159</u>	<u>\$186</u>	<u>\$212</u>	<u>\$239</u>	<u>\$265</u>
<u>Prorated (split between counted spouses)</u>	<u>\$0</u>	<u>\$13</u>	<u>\$26.50</u>	<u>\$39.50</u>	<u>\$53</u>	<u>\$66</u>	<u>\$79.50</u>	<u>\$93</u>	<u>\$106</u>	<u>\$119.50</u>	<u>\$132.50</u>

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