

WISCONSIN DEPARTMENT OF HEALTH SERVICES
Division of Medicaid Services
1 W. Wilson St.
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To: BadgerCare Plus Handbook Users

From: Jori Mundy, Bureau Director
Bureau of Eligibility and Enrollment Policy

Re: **BadgerCare Plus Release 21-02**

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Effective Date: 8/30/2021

EFFECTIVE DATE	The following policy additions or changes are effective 8/30/2021 unless otherwise noted. Underlined text denotes new text. Text with a strike through it denotes deleted text.
POLICY UPDATES	
2.2.1.1 Paternity	Updated the definition of parentage.
2.2.6 Child	Clarified policy for institutionalized children who are not disabled.
2.8 Modified Adjusted Gross Income Counting Rules	Updated example for current values.
4.1.2 Citizens of the Compacts of Free Association Countries	Updated policy for changes in federal law.
4.3.3.1 Qualifying Immigrants	Added Citizens of the Compacts of Free Association countries.
5.1.2 Referral to Child Support Agencies	Updated definition of parentage.
5.3.2 Notice	Updated signature requirement for Good Cause Notice.
16.2 Income Types Not Counted	Updated Tax Refunds, Alimony/Spousal Support, and Federal Coronavirus Recovery Rebates (Stimulus Payments/Economic Impact Payments) policy. Added Advance Payments of the Federal EITC and the Child Tax Credit policy.
16.9.1.1 People Found Eligible Under Gap Filling Rules	Updated Gap Filling Rules and added two examples.
17.2.2 Deductible Period (pregnant women)	Clarified signature requirements and updated an example.
17.3.1 Deductible Period (children)	Clarified signature requirements and updated an example.
25.1 Application	Clarified signature requirements.
25.5.1 Valid Signature Introduction	Clarified electronic signature definition.
25.5.1.1 Signatures from Representatives	Added conservator to list of signatures from representatives.
25.9 Denials and Terminations	Updated policy to require a new health care app or program request, even if the person is already open for a non-health care program.
26.3.1 Signature at Renewal	Updated types of signatures at renewal.
28.3 Unrecoverable	Added COVID-19 policy.

	Overpayments	
32.2.3	Temporary Enrollment in BadgerCare Plus	Clarified that Wisconsin residency is an eligibility requirement.
34.1	Authorized Representatives	Updated types of signatures from authorized representatives.
39.1	Emergency Services Income Limits	Updated section organization.
43.2	Financial Tests	Updated income limits.
48.1	BadgerCare Plus Children's Premium Tables	Updated five percent premium caps for children.

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2.2 COVERAGE GROUP DEFINITIONS

The following are the relationships and legal responsibility that determine who is in the BadgerCare Plus coverage groups:

2.2.1 Parents

2.2.1.1 ~~Paternity~~Parentage

When a woman is married to a man at the time that she gives birth, her husband is considered the legal father of the child unless a court later determines that someone else is the father.

A same-sex partner or spouse added to the child's birth certificate through a court process is considered to be a legal parent of the child.

If the parents of the child are not married at the time of the child's birth, paternity must be established in order to determine the parental relationship for the father. ~~Paternity~~ For unwed parents, paternity is legally established ~~only~~ by a court order ~~or by~~ a Voluntary Paternity Acknowledgment (VPA) form (~~DPH 5024 signed on or after May 1, 1998, and F-05024~~) filed with the state Vital Records office, or through the administrative paternity process, in which genetic testing establishes the man as the father and paternity is entered in the KIDS system by the Child Support Agency. When paternity is established using any of these methods, the father's name is added to the birth certificate. A father's name on a birth certificate ~~issued in Wisconsin on or after May 1, 1998,~~ is evidence that paternity has been established.

The following designations for a father are used in **CARES**. See the accompanying definitions to determine which designation is appropriate for a case.

1. Claimed father

A claimed father is someone claiming to be the father of a child but has not had his paternity established ~~or had a paternity action initiated~~. A **claimed father is not the father for BadgerCare Plus or Medicaid eligibility purposes.** ~~His~~ The child should be referred to the **CSA** so that steps to establish paternity can be taken.

2. Acknowledged father

An acknowledged father is a temporary status used when someone ~~who has not is claiming to be the father of a child and claims to have~~ had ~~his~~ paternity ~~adjudicated by a court, but has filed a formal~~ established or has initiated a paternity ~~claim~~ action. An acknowledged father is ~~one who~~ not listed on the child's birth certificate but fits one of the following criteria:

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a. ~~Filed~~ The father has filed a VPA, but the Wisconsin Vital Records office has not yet finished processing it.

a. ~~—A~~ paternity papers prior to May 1, 1998

a.b. ~~Has his name on the birth certificate and~~ action (adjudication) has been initiated, but the certificate is from another state or from Wisconsin and for a birth prior to May 1, 1998 courts have not yet finalized it.

An acknowledged father is considered to be a parent for BadgerCare Plus and Medicaid eligibility purposes. However, because there is still no evidence of a formal adjudication, ~~refer acknowledged fathers~~ the child should be referred to the CSA so that steps to establish paternity may be taken. Once paternity is established, the father is considered the legal/adjudicated father.

3. Legal/adjudicated father

A father who has had his paternity legally established is ~~called~~ the legal/adjudicated father. Paternity is legally established by either a court order (adjudication) or by a Voluntary Paternity Acknowledgment form signed by the father on or after May 1, 1998, that is filed with the Wisconsin Vital Records office. A legal/adjudicated father is one who fits one of the following criteria:

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a. ~~Note: If a~~ The father's name appears on a ~~Wisconsin~~ birth certificate for a child ~~born after May 1, 1998, it means paternity has been established. Do not refer adjudicated fathers to the CSA.~~

a.b. The father provides a copy of the court adjudication or similar proof of a VPA being filed with another state.

2.2.6 Child

A child younger than 19 years old is nonfinancially eligible for BadgerCare Plus. Marital status and school enrollment status have no effect on his or her nonfinancial eligibility. The child does not have to be under the care of or related to the caretaker to be eligible for BadgerCare Plus.

Note: A child younger than 19 years old residing with a caretaker relative may not apply as the primary person for the relative's benefits. For both a caretaker relative and a child to be included in one case, the caretaker relative must apply for BadgerCare Plus. A child younger than 19 years old residing with a parent may not apply separately from his or her parent. In addition, the parent must apply as the primary person for the case, unless the child filing the application is age 18. People older than 19 years old must

always apply separately from their parents or caretakers, irrespective of their living arrangement or tax dependency.

A child who has not been determined disabled must have their eligibility determined under BadgerCare Plus, not Medicaid for Elderly, Blind, or Disabled individuals (EBD Medicaid), even if the child has resided in an institution for 30 or more days.

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2.8 MODIFIED ADJUSTED GROSS INCOME COUNTING RULES

Example 4: Michael (16) and his sister Janet (17) live with their aunt Barb and her two children. Barb applies for BadgerCare Plus for herself, her two children and her niece and nephew. Barb states she plans to file taxes and will be claiming Michael, Janet, and her two children as tax dependents. Barb is self-employed earning about \$800 per month. Michael is working part-time at Dairy Queen earning approximately \$150 per month. Michael is not expected to be required to file taxes. Janet works part-time at Copp's and makes \$~~600~~1,200 per month. She will be expected to be required to file taxes.

Outcome for Barb

Barb's assistance group will consist of herself and all four children since she will be claiming them as tax dependents. Michael's income will not be counted in Barb's assistance group because he is not expected to be required to file taxes, but Janet's income will be counted in Barb's group because Janet is expected to be required to file taxes. Barb's children's assistance groups will be the same as Barb's assistance group.

Outcome for Michael and Janet

Michael and Janet will both have an assistance group of two (MAGL) since they are siblings being claimed as tax dependents by someone living in the home who is not their parent. Michael and Janet's groups are built using MAGI relationship rules. All of Michael's and Janet's earned income will be countable when determining their eligibility because they are not the children or tax dependents of someone in their group.

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4.1 U.S. CITIZENS AND NATIONALS

4.1.2 ~~Compact~~Citizens of the Compacts of Free Association ~~States~~Countries

~~Persons from~~Citizens of the ~~Compact~~Compacts of Free Association ~~States~~countries are not considered U.S. citizens or nationals. The ~~Compact~~Compacts of Free Association ~~States~~countries include the Republic of the Marshall Islands, the Federated States of Micronesia and the Republic of Palau. Citizens of the Compact of Free Association ~~States (CFAS)~~(COFA) countries have a special status with the US that allows them to enter the country, work here, and acquire an SSN without obtaining an immigration status. ~~They are not eligible for BadgerCare Plus, unless they have obtained a qualifying immigration status. Those CFAS citizens who do not have one of the immigration statuses listed in Section 4.3 Immigrants may qualify for BadgerCare Plus Emergency Services only.~~

As of December 27, 2020, COFA citizens may be eligible for health care if they meet all other eligibility requirements. In addition, COFA citizens are not subject to the 5-year waiting period. However, COFA citizens who adjust their status and become Lawful Permanent Residents are subject to the 5-year waiting period.

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4.3 IMMIGRANTS

4.3.3 Immigrants Eligible for BadgerCare Plus

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.*

13. Citizens of the Compacts of Free Association (COFA) countries. See Section 4.1.2 Citizens of the Compacts of Free Association Countries.

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5.1 MEDICAL SUPPORT

5.1.2 Referral to Child Support Agencies

The IM agency provides the CSA with information vital to opening medical support cases. The IM agency also supplies continuing information, which assists the CSA in providing medical support services. At confirmation, **CARES** automatically sends a referral to the CSA for all BadgerCare Plus applications and person adds that include minors eligible under ~~a-Medicaid (see T19) Medical Status Code, funded groups in 51.1 BadgerCare Plus Categories~~, unless the referral field on the Absent Parent Page is answered 'No'. The information on the Absent Parent Page must be filled out accurately and to the best of the worker's ability, given that detailed questions about absent parents cannot be asked during the application process for health care-only applications. The referral will still be sent to the CSA, even if the absent parent's name is unknown.

Note: A Referral to Child Support form (DCF-F-DWSP3080) only needs to be completed when the Absent Parent page cannot be completed in **CWW**.

Note: While IM agencies are to continue referring the following individuals who are receiving BadgerCare Plus, the CSAs will be determining on their own, which cases will be provided Child Support Services. Not all BadgerCare Plus members will qualify for free Child Support services and be required to cooperate with CSA's.

The following individuals (including minors) for whom BadgerCare Plus is requested or being received, must be referred to the local CSA unless an exception is noted:

1. **Pregnant woman** who is unmarried or married and not living with her husband.

Pregnant women are not required to cooperate with the CSA during the pregnancy and for two months after the end of pregnancy. The woman's eligibility for BadgerCare Plus will continue during this period, regardless of her cooperation.

Exception: Do not refer pregnant women receiving the BadgerCare Plus Prenatal Benefit to CSA.

2. **Child receiving SSI** only if the parent or caretaker relative requests child support services for the child. Do not sanction this parent or caretaker relative if he or she does not cooperate with the CSA.

3. **Non-marital co-parents** when paternity has not been legally established. This includes a non-marital co-parent even when: both parents are in the home.

~~a. A Statement of Paternity (IMM, Ch. I, Appendix 29g) has been completed,
b. Both parents are in the home.~~

Exception: Do not refer parents to the CSA when both parents are in the home and the father is on the child's birth certificate or the father's paternity has been legally established. ~~(Paternity is legally established in another state by a court order or by a Voluntary Paternity Acknowledgment Form signed on or after May 1, 1998 and filed with the Wisconsin Vital Records office.)~~

Note: ~~If a father's name appears on a Wisconsin Birth Certificate for a child born after May 11, 1998, it means paternity has been established~~ State agency.

4. **Natural or adoptive parent(s)** not living in the household.

Exception: Do not refer to the CSA when the only reason a parent or stepparent is not in the home is because he or she is in the military.

5. **Married natural parents** in the home, but:

- a. Child was born prior to their marriage, **and**
- b. Paternity was not established by court action, ~~or the birth not legitimized~~ established after their marriage.

Do not refer the following:

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

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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.

Applicants and members are not required to sign the Good Cause Notice in order to be eligible for BadgerCare Plus.

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.

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16.2 INCOME TYPES NOT COUNTED

27. Tax Refunds (~~Income~~ Federal income tax refunds, including amounts for the Child Tax Credit and the EITC)

40. Alimony/Spousal Support

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.

Alimony/spousal support must be counted if the date that the separation or divorce agreement was finalized or modified cannot be verified.

50. Federal Coronavirus Recovery Rebates (~~Stimulus Payments~~)/Economic Impact Payments)

Do not count Federal Recovery Rebates (sometimes referred to as Coronavirus stimulus payments or economic impact payments) issued by the IRS ~~as part of in response to the federal CARES Act enacted in March 2020 or the COVID-relief funding enacted in December 2020~~ 19 public health emergency.

53. Advance Payments of the Federal EITC and the Child Tax Credit

Advance payments of the federal EITC and the Child Tax Credit are disregarded as income, whether they are received regularly or as a lump sum.

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16.9 GAP FILLING

16.9.1 Processing Gap Filling Referrals and Requests

16.9.1.1 People Found Eligible Under Gap Filling Rules

When a person is found eligible under gap filling rules, the IM agency must document in case comments the income used to make the determination and how that amount was calculated. The worker must also clearly document the following information in the case comment:

- Name of the eligible person(s)
- Assistance group size
- Monthly income on which the original BadgerCare Plus denial was based
- Annual income
- Eligibility begin and end months (The end month will **always** be December of the calendar year in which the application was filed with the Marketplace, unless the member is eligible for gap filling for only certain months due to having other eligibility through the remainder of the calendar year.)
 - Med stat code (The current med stat codes for adults with income between 0 and 100 percent of the FPL are "BL" for parents/caretakers and "9P" for childless adults.)
 - Copay limit amount (This is based on yearly income used to determine eligibility under gap filling rules divided by 12 months.)

Example 1: Deb applies for BadgerCare Plus on April 14 with no backdate request. Deb provides her paystubs to the IM agency. Deb is found eligible for BadgerCare Plus under gap filling filing rules from April 1 through December 31.

Example 2: Katy applies for BadgerCare Plus on August 25 with a three month backdate request. She was employed but her job ended in August. She provides paystubs for May, June, July, and August. Her income is over the BadgerCare Plus monthly income limit for May, June, and July, but she is below the BadgerCare Plus annual income limit. Her income is below the BC+ monthly income for August and ongoing months. She is eligible for BC+ under gap filling for May, June, and July. She is eligible under regular BadgerCare Plus rules for August and ongoing months.

Note: Because their eligibility is manually certified, childless adults determined eligible under gap filling rules cannot be subject to the premium or treatment needs question requirements described in Sections 44.2 Premiums for Childless Adults and 44.3 Treatment Needs Question for Childless Adults.

IM workers should work with their CARES coordinator who will email EM CAPO to indicate when a person has been found eligible as a gap filling referral. The email must include the following items:

- Case number
- Assistance group size
- Monthly income on which the original BadgerCare Plus denial was based
- Annual income
- Eligibility begin and end months
 - Med stat code
 - Copay limit amount

EM CAPO will manually certify the person for BadgerCare Plus and send a notice of decision informing the person of his or her eligibility and change reporting rules.

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17.2 PREGNANT WOMEN

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 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 may only be certified for BadgerCare Plus during the dates when 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. The person must sign and submit a new application in order for the new deductible period to be established.

Example 3: Julie is pregnant and due November 15. She applied for BadgerCare Plus April 1 ~~and~~. She is eligible for a deductible period ~~was set up for from~~ April 1 through September 30. She ~~did~~has not ~~incur~~incurred enough expenses to meet the deductible. In July, Julie's income decreased, and she ~~requested~~would like to have a new deductible period from July 1 through ~~November. Because she had not met~~ December 31. Julie must submit a new, signed application for the original deductible, the IM agency to establish a new deductible period ~~could be established.~~

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17.3 CHILDREN UNDER 19

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 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 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 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. A new application for the child must be signed and submitted in order for the new deductible period to be established.

Example 2: Jose applied for BadgerCare Plus for his 14 year old child, Ellie, on April 1. Ellie is eligible for a deductible period from April 1 through September 30. She has not incurred enough expenses to meet the deductible. In July, the household's income decreased, and they would like to have a new deductible period for Ellie from July 1 through December 31. Jose must submit a new, signed application for Ellie for the IM agency to establish a new deductible period.

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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/>

People open for non-health care program(s) who want to enroll in a health care program must sign an application or program request for health care. If the person is already open for a health care program, they can request another health care program without a new application or new signature.

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.

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25.5 VALID SIGNATURE

25.5.1 Valid Signature Introduction

The *applicant* or the applicant's caretaker relative must sign (using his or her own signature):

1. The paper *application* form,
2. The signature page of the application (telephone or face to face) or
3. The ACCESS application form with an electronic signature.
4. The online or paper Application for Health Coverage & Help Paying Costs from the Federally-facilitated Marketplace.

In general, electronic signatures are valid signatures for documents requiring an applicant or member signature. Electronic signatures may appear typed or printed and may vary depending on the software used to collect the signature. An electronic signature may include an audit trail and authentication features but these are not required to validate an electronic signature for documents signed by the applicant or member. The electronic signature must be accepted as intent to sign the document.

25.5.1.1 Signatures from Representatives

The following people can sign the application with their own name on behalf of the applicant:

1. Guardian: When an application is submitted with a signature of someone claiming to be the applicant's guardian, obtain a copy of the document that designates the signer of the application as the guardian. From the documents provided, ensure that the individual claiming to be the applicant's guardian can file an application on his or her behalf. Only the person designated as one of the following may sign the application:
 - Guardian of the estate
 - Guardian of the person and the estate
 - Guardian in general

When someone has been designated as the guardian of the estate, guardian of the person and the estate, or guardian in general, only the guardian, not the applicant, may sign the application or appoint another representative.

If the applicant only has a legal **guardian of the person**, the applicant must sign the application unless the applicant has appointed his or her guardian of the person to be the authorized representative.

2. Conservator (Wis. Stat. 54.76(2)): A conservator is a person who is appointed by a court at an individual's request under Wis. Stat. 54.76(2) to manage the estate of the individual. When an application is submitted with a signature of someone claiming to be the applicant's conservator, a copy of the document that designates the signer of the application as the conservator is required.

2.3. Authorized Representative: The applicant may authorize someone to represent him or her. An authorized representative can be an individual or an organization. See 34.1 Authorized Representatives for more information.

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25.9 DENIALS AND TERMINATIONS

25.9.1 Termination

During the calendar month after a member's enrollment has been terminated for a reason other than not completing a renewal, BadgerCare Plus can be reopened without requiring a new application or a new signature. The certification period for the health care assistance group (AG) prior to termination will be reinstated. The person may need to provide verification if required to complete the eligibility determination.

If more than a calendar month has passed since a member's enrollment was terminated, the person must file a new application or make a new request (if another health care AG is open on the case) to reopen his or her BadgerCare Plus.

Example 1: Leroy is enrolled in BadgerCare Plus with a renewal date of December 31. On September 3, he reports to his IM agency that he received a raise at work which requires verification to be provided. Leroy does not submit the required verification by the due date, so his eligibility for BadgerCare Plus will end as of September 30. On October 7, Leroy contacts his IM agency to request that his health care be re-opened, and he provides the required verification of his income. Since this is within the calendar month after his BadgerCare Plus was terminated, Leroy does not need to submit a new application or new signature. Leroy remains eligible for BadgerCare Plus and his BadgerCare Plus certification period is reinstated with a renewal date of December 31.

Example 2: Linda is enrolled in BadgerCare Plus and her husband Leo is enrolled in MAPP with a renewal date of January 31. On September 2, she reports to her IM agency that Leo received a gift from his aunt, which increased his assets to \$16,000. Leo's assets are over the MAPP program asset limit, so his MAPP ends as of September 30. On December 10, Linda contacts her IM agency to request that Leo's health care be reopened, as he purchased a vehicle (which is their only vehicle) and is no longer over the MAPP asset limit. It has been more than a calendar month since his MAPP was terminated, but because Linda is open for BadgerCare Plus, they do not need to submit a new application or new signature. Leo's eligibility for MAPP is reinstated, and his MAPP certification has a renewal date of January 31.

If a case is closed at renewal due to failure to complete the renewal, ~~including providing~~ or provide verification for that renewal, the person's case can be reopened for BadgerCare Plus without filing a new application if he or she provides the necessary information within three months of the renewal date (see Section 26.1.2 Three-Month Late Renewals).

-
If the person re-requests BadgerCare Plus after enrollment was terminated and the case is open for any other program of assistance, do not require him or her to re-sign his or her application or sign a new application.
-

25.9.2 Denial

If ~~less than~~ the person applied for health care and the IM agency denied the health care application 30 or fewer days ~~has passed since the applicant's eligibility was denied,~~ allow the applicant or his or her representative to ~~ago,~~ the person can re-sign and date the original request health care without submitting a new application, ~~the or a new signature page.~~ The date of the application summary, or page one of new health care request is the application or to call the agency to submit a telephonic signature to set a new ~~new~~ filing date.
-

If

Example 3: Keisha submitted an application for health care on August 15. The IM agency processed the application on September 8 and denied health care for Keisha. Keisha calls the IM agency on September 20 to re-request health care. The new filing date for health care is September 20. The IM agency cannot require Keisha to submit a new application or a new signature since it is within 30 days of the denial date of her application.

-
If the person applied for health care and the IM agency initially denied the health care application more than 30 days ~~has passed since an applicant's eligibility was denied~~ and the person is not open for any other program ~~ago,~~ the person must file ~~sign and submit~~ a new application ~~to reopen his or her health care.~~
-

If the person re-requests health care after the application was denied and the case is open for another program of assistance, do not require him or her ~~in order~~ to re-sign his or her application or sign a new application ~~request health care, regardless of the other non-health care programs the person is enrolled in.~~

Example 4: James submitted an application for health care and FoodShare on September 13. The IM agency processed the application on September 20 and denied health care for James, but approved FoodShare. James calls the IM agency on October 25 to re-request health care. James must submit a new application for health care since it is more than 30 days since the denial date of his application.

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

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26.3 RENEWAL PROCESSING

26.3.1 Signature at Renewal

The member must include a valid signature at the time of renewal. This includes either signing telephonically, signing electronically, or signing in writing one of the following:

- The paper application form
- The signature page of the Application Summary
- The ACCESS or *FFM* application form with an electronic signature

With the exception of renewals completed through the administrative renewal process, the signature requirements for renewals are the same as those for applications (see Section 25.5 Valid Signature).

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28.3 UNRECOVERABLE OVERPAYMENTS

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

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

Example 1: Susan and her daughter Kathy are open for BadgerCare Plus. Susan reported a change in income on April 1. The worker did not process the change until April 28, so it was not effective until June 1. There is no overpayment for May since the change was reported timely, but not acted on by the worker until after *adverse action*.

Do not initiate recovery for a BadgerCare Plus overpayment for any months when rules preventing health care terminations during the COVID-19 public health emergency were in effect. This means benefits issued March 2020 and any months after March 2020 for which the policy is in effect. This includes individuals whose health care was extended due to agency or state error.

In addition, some BadgerCare Plus childless adults were granted health care eligibility effective February 1, 2020 in error. For these individuals, do not initiate recovery for a Medicaid overpayment starting February 2020 and any months after February 2020 when the prevention of terminations policy is in effect.

The only exception to recovering overpayments during this time period is when there is a fraud conviction.

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32.2 ELIGIBILITY

32.2.3 Temporary Enrollment in BadgerCare Plus

32.2.3.1 Children

A child may get temporary enrollment for BadgerCare Plus if he or she meets all of the following financial and non-financial criteria:

- Be age 18 or younger. Children younger than age 18 must apply with a parent or guardian unless the child is living independently.
- Be a U.S. citizen or lawfully present in the U.S. (there is no requirement for the amount of time the person is lawfully present in the US).
- Be a Wisconsin Resident
- Has household income that is at or below the *FPL* for the child's age:
 - Younger than age 1: 306 percent of the FPL.
 - Age 1 through 5: 191 percent of the FPL.
 - Age 6 through 18: 156 percent of the FPL.

Note: See Section 16.1.2 Income Under Modified Adjusted Gross Income Rules for additional information on MAGI income disregards.

32.2.3.2 Pregnant Women

A pregnant woman may get temporary enrollment for BadgerCare Plus if she meets all of the following financial and nonfinancial criteria:

- Be pregnant. (Verification of pregnancy is not required.)
- Be a U.S. citizen or lawfully present in the U.S. (There is no requirement for the amount of time the person is lawfully present in the U.S.).
- Be a Wisconsin resident
- Has household income that is at or below 306 percent of the FPL.
- Has not been temporarily enrolled for BadgerCare Plus for Pregnant Women at any time during her current pregnancy.

Note: Temporary enrollment in BadgerCare Plus for pregnant women only covers ambulatory pregnancy-related care. An application for ongoing health care benefits is required for inpatient services, including the delivery.

32.2.3.3 Adults

An adult (parent, caretaker, and childless adult) may get temporary enrollment for BadgerCare Plus if he or she meets the following financial and non-financial criteria:

- Has assistance group income at or below 100 percent of the FPL.
- Is not currently receiving Medicare Part A or B (applies to childless adults only).
 - **Note:** This includes adults who are receiving Medicare Parts A or B due to a diagnosis of End Stage Renal Disease (ESRD).
- Meets one of the following:
 - Is a U.S. citizen
 - Has been lawfully residing in the U.S. for at least five years
 - Is lawfully residing in the U.S. and is a refugee or is seeking asylum
 - Is from Cuba or Haiti and is lawfully residing in the U.S.
 - Is lawfully residing in the U.S. under one of the eligible immigration statuses listed in Section 4.3.8 Immigration Status Chart.

- Be a Wisconsin resident

32.2.3.4 Former Foster Care Youth

A Former Foster Care Youth may get temporary enrollment for BadgerCare Plus if he or she meets all of the following nonfinancial criteria:

- Be age 18 through 25.
- Had been receiving Foster Care, subsidized guardianship, or court-ordered Kinship Care on the date that he or she turned 18. It does not matter what state he or she was residing in when he or she turned 18 years old.
- Meet citizenship or immigration criteria for the population above that applies to them.
- Be a Wisconsin resident

There is no income limit for Former Foster Care Youth.

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34.1 AUTHORIZED REPRESENTATIVES

Applicants or members can appoint either an individual or an organization as authorized representative. An authorized representative can be appointed through any of the following means:

- ACCESS, when applying
- Federally Facilitated Marketplace (Note: When a Marketplace application is processed by the agency and an applicant has appointed an authorized representative in the application, the agency must honor this appointment of an authorized representative.)
- Paper form: (signed in writing or electronically):
 - Appoint, Change, or Remove an Authorized Representative: Person, F-10126A
 - Appoint, Change, or Remove an Authorized Representative: Organization, F-10126B

If an applicant or member is represented by a legal guardian of the person and the estate, legal guardian of the estate, legal guardian in general, or conservator, the legal guardian or conservator must appoint the authorized representative. If the applicant or member only has a legal guardian of the person, the applicant or member must appoint the legal guardian of the person as an authorized representative if the applicant or member would like the legal guardian of the person to act on his or her behalf. If the applicant or member has a power of attorney, the applicant or member can still appoint an authorized representative.

A valid authorized representative appointment requires all contact information of the authorized representative and the signatures of the applicant or member, the authorized representative, and a witness. If the applicant or member is signing with an "X," a valid appointment requires two witness signatures. If any of the required signatures are missing, the following three conditions apply:

- The authorized representative appointment is not valid.
- This authorized representative cannot take action on behalf of the applicant or member.
- The agency cannot disclose information about the case to the invalid authorized representative.

[For other valid signature requirements, refer to Section 25.5 Valid Signature.](#)

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39.1 EMERGENCY SERVICES **INCOME** **LIMITS** INTRODUCTION

BadgerCare Plus Emergency Services is a limited BadgerCare Plus benefit for documented immigrants who have not been in the U.S. for 5 years or more and for undocumented immigrants. An immigrant who is ineligible for BadgerCare Plus because of his or her immigration status is eligible for BadgerCare Plus Emergency Services coverage if he or she:

1. Meets the income limits listed in 39.1.1 Emergency Services Income Limits.
2. Meets all other BadgerCare Plus eligibility requirements, except having or applying for an SSN.
3. Qualifies for coverage under a BadgerCare Plus category other than that for childless adults. (See Section 39.1.2 Emergency Services Special Rules)

A person can be eligible for Emergency Services for an emergency that occurred within the three months prior to the application month as long as the person met the eligibility requirements for Emergency Services during the month(s) in which the emergency occurred.

= An emergency means a medical condition (including labor and delivery) that shows acute symptoms of sufficient severity (including severe pain) such that the lack of immediate medical treatment could result in one or more of the following:

1. Serious jeopardy to the patient's health.
2. Serious impairment to bodily functions.
3. Serious dysfunction of a bodily organ or part.

= BadgerCare Plus Emergency Services covers:

- Only those medical services needed for the treatment of an emergency medical condition.
- All labor and delivery services for eligible non-qualifying immigrants.

= For information on manually processing applications, see Process Help, Section 9.3 BC+ Emergency Services Manual Application Processing.

39.1.1 Emergency Services Income Limits

<u>Group</u>	<u>Income</u>
<u>Pregnant Women</u>	<u>Up to 306% FPL</u>
<u>Newborns to age 1</u>	<u>Up to 306% FPL</u>

<u>Children ages 1 - 5</u>	<u>Up to 191% FPL</u>
<u>Children ages 6 - 18</u>	<u>Up to 156% FPL</u>
<u>Former Foster Care Youth</u>	<u>Any FPL Level</u>
<u>Parents and Caretakers</u>	<u>Up to 100% FPL</u>

Note: These income limits must be applied because not everyone who meets the rules for BadgerCare Plus qualifies for BadgerCare Plus Emergency Services. Emergency Services is funded through the Medicaid Program (T-19), and is only available for people whose coverage is provided under a Medicaid state plan. As a result, children above the income limits for Medicaid (T-19) and childless adults whose coverage is provided under a federal waiver do not qualify for Emergency Services.

39.1.2 Emergency Services Special Rules

A U.S. citizen is not eligible for BadgerCare Plus Emergency Services even when he or she cannot produce citizenship and/or identity verification.

Example 1: Jill applies for BadgerCare Plus, declares U.S. citizenship and is asked to provide documents proving her citizenship and identity. She has a driver license to prove identity but does not have anything to prove her citizenship. Since Emergency Services BadgerCare Plus does not require proof of citizenship and identity as an eligibility requirement, she then asks to be considered for this program. However, the IM worker cannot process BadgerCare Plus Emergency Services eligibility for persons declaring to be U.S. citizens. BadgerCare Plus Emergency Services is reserved for non-qualifying non-citizens.

~~Because Emergency Services is funded through Title XIX only those who would receive their BadgerCare Plus benefits under Title XIX are eligible for BadgerCare Plus Emergency Services. Therefore, not everyone who meets the income limits for BadgerCare Plus qualifies for BadgerCare Plus Emergency Services.~~

-
Immigrants who only meet the criteria for BadgerCare Plus under the childless adults' coverage group are ineligible for Emergency Services.

~~An immigrant who is ineligible for BadgerCare Plus because of his or her immigration status is eligible for BadgerCare Plus Emergency Services coverage if:~~

- ~~1. He or she meets the income limits listed in the chart below and~~
- ~~2. Meets all other eligibility requirements, except having or applying for an SSN.~~

-
An inmate who is a non-qualifying immigrant may be eligible for Emergency Services for the dates they are hospitalized as an inpatient for emergency treatment as long as they meet the rest of the eligibility criteria for Emergency Services.

~~BadgerCare Plus Emergency Services Income Limit~~

Group	Income
Pregnant Women	Up to 306% FPL
Newborns to age 1	Up to 306% FPL
Children ages 1-5	Up to 191% FPL
Children ages 6-18	Up to 156% FPL
Former Foster Care Youth	Any FPL Level
Parents and Caretakers	Up to 100% FPL

~~Note:~~ Pregnant *non-qualifying immigrants* may be eligible under the BadgerCare Plus Prenatal Program.

~~An emergency means a medical condition (including labor and delivery) that shows acute symptoms of sufficient severity (including severe pain) such that the lack of immediate medical treatment could result in one or more of the following:~~

- ~~1. Serious jeopardy to the patient's health.~~
- ~~2.1. Serious impairment to bodily functions.~~
- ~~3.1. Serious dysfunction of a bodily organ or part.~~

~~BadgerCare Plus Emergency Services covers:~~

- ~~• Only those medical services needed for the treatment of an emergency medical condition.~~
- ~~• All labor and delivery services for eligible non-qualifying immigrants.~~

~~See Process Help, Section 11.1 BC+ Emergency Services Manual Application Processing, for BadgerCare Plus Emergency Services manual application processing.~~

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43.2 FINANCIAL TESTS

There is no asset test for Tuberculosis (TB)-Related Medicaid.

The income limit for one adult is \$1,654,673. For a married couple, the limit is \$2,435,467. A person's income is determined using MAGI budgeting rules (see Section 2.3 Modified Adjusted Gross Income Test Group, Section 2.8 Modified Adjusted Gross Income Counting Rules, and Chapter 16 Income).

For children infected with TB, income must be budgeted using MAGI rules, the same way it is for children applying for BadgerCare Plus (see Section 2.3 Modified Adjusted Gross Income Test Group). If the child is determined ineligible for BadgerCare Plus, the countable MAGI income for the child will be applied against the TB-related Medicaid individual monthly income limit of \$1,654,673. This income limit applies to each child no matter how many persons are in the assistance group.

Example 1: Mary and her spouse George are both applying for TB-related Medicaid. Test Mary and George as one MAGI Test Group. Test their MAGI income against the income limit for a married couple.

Example 2: Greg is a 20-year-old with TB and is applying for BadgerCare Plus. Greg lives with his dad, Barry, and is Barry's tax dependent. Under MAGI budgeting rules, Barry and Greg are one MAGI Test Group and we must count Barry's MAGI income (which includes Greg's income if he is required to file taxes). The monthly MAGI income for Barry and Greg is \$1,500, which is 106.103% of the FPL for a group of 2. This makes Greg ineligible for BC+ as a childless adult. However, that same MAGI income amount is less than the \$1,654,673 TB income limit for an unmarried individual, which makes Greg eligible for TB-Related Medicaid.

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48.1 BADGERCARE PLUS CHILDREN'S PREMIUM TABLES

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 children and an income of 295 percent of the FPL would ordinarily owe premiums amounting to six times \$82, which equals \$492. However, if the children's AG size, including the parent, is seven, the five percent cap found in the table below is ~~\$472~~486. 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	\$107	\$113	\$118	\$123	\$129	\$134	\$140	\$145	\$150	\$156	\$161
2	\$145	\$153	\$160	\$167	\$174	\$182	\$189	\$196	\$203	\$211	\$218
3	\$183	\$193	\$202	\$211	\$220	\$229	\$238	\$247	\$257	\$266	\$275
4	\$221	\$232	\$244	\$255	\$266	\$277	\$288	\$299	\$310	\$321	\$332
5	\$259	\$272	\$285	\$298	\$311	\$324	\$337	\$350	\$363	\$376	\$389
6	\$297	\$312	\$327	\$342	\$357	\$372	\$386	\$401	\$416	\$431	\$446
7	\$336	\$352	\$369	\$386	\$402	\$419	\$436	\$453	\$469	\$486	\$503
8	\$374	\$392	\$411	\$429	\$448	\$467	\$485	\$504	\$522	\$541	\$560
9	\$412	\$432	\$453	\$473	\$494	\$514	\$535	\$555	\$576	\$596	\$617
10	\$450	\$472	\$494	\$517	\$539	\$562	\$584	\$606	\$629	\$651	\$673
11	\$488	\$512	\$536	\$560	\$585	\$609	\$633	\$658	\$682	\$706	\$730
12	\$526	\$552	\$578	\$604	\$630	\$656	\$683	\$709	\$735	\$761	\$787
13	\$564	\$592	\$620	\$648	\$676	\$704	\$732	\$760	\$788	\$816	\$844
14	\$602	\$632	\$662	\$692	\$721	\$751	\$781	\$811	\$841	\$871	\$901

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