

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

To: BadgerCare Plus Handbook Users

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

Re: **BadgerCare Plus Release 21-03**

Release Date: 12/13/2021

Effective Date: 12/13/2021

<b>EFFECTIVE DATE</b>	The following policy additions or changes are <b>effective 12/13/2021</b> unless otherwise noted. <b>Underlined text denotes new text. Text with a strike through it denotes deleted text.</b>
<b>POLICY UPDATES</b>	
<b>2.2.8 Institutionalized Youth</b>	Clarified policy for institutionalized 19 and 20 year old youths.
<b>16.2 Income Types Not Counted</b>	Updated Income Types Not Counted list.
<b>16.5 Other Income</b>	Updated Other Income list.
<b>17.2.1 Introduction</b>	Clarified policy for a pregnant member's BadgerCare Plus eligibility after the deductible period.
<b>17.2.2 Deductible Period</b>	Clarified example of a member's BadgerCare Plus eligibility following a pregnancy.
<b>25.1 Application</b>	Added example of a person requesting BadgerCare Plus after another person in the household is determined eligible for BadgerCare Plus.
<b>25.5.1 Valid Signature Introduction</b>	Removed information that moved to section 25.5.5.
<b>25.5.5 Electronic Signatures</b>	Added information that moved from section 25.5.1.
<b>25.7.1 Time Frames Introduction</b>	Updated text for consistency.
<b>29.2.1 Fair Hearing Requests</b>	New section.
<b>29.2.2 Prior to the Hearing</b>	New section.
<b>29.2.3 Continued Benefits</b>	New section.
<b>29.2.4 Time Limits</b>	New section.
<b>29.2.5 Recoupment</b>	New section.
<b>44.1 Introduction</b>	Clarified re-implementation of suspended policies for childless adults following the end of the COVID-19 public health emergency.
<b>44.2 Premiums for Childless Adults</b>	Clarified re-implementation of suspended policies for childless adults following the end of the COVID-19 public health emergency.
<b>44.2.1 Premium Policy Effective Date</b>	Clarified re-implementation of suspended policies for childless adults following the end of the COVID-19 public health emergency.
<b>44.2.3 Premium Payment Amount</b>	Updated example.
<b>44.2.4 Premium Due Dates</b>	Updated example.

<b>44.2.6</b>	<b>Restrictive Re-enrollment Period</b>	Updated examples.
<b>44.3</b>	<b>Treatment Needs Question for Childless Adults</b>	Clarified re-implementation of suspended policies for childless adults following the end of the COVID-19 public health emergency.

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## 2.2 Coverage Group Definitions

### 2.2.8 Institutionalized Youth

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A youth ages 19 through 20 who is residing in an institution and has not been determined disabled must have their eligibility determined under BadgerCare Plus, not Medicaid for the Elderly, Blind, or Disabled individuals (EBD Medicaid).

## 16.2 Income Types Not Counted

The following types of income are not included in the countable income when determining eligibility for BadgerCare Plus.

### ~~50. Federal Coronavirus Recovery Rebates (Stimulus Payments/Economic Impact Payments)~~ Certain Payment Types Related to the COVID-19 Pandemic

~~Do not count Federal Recovery Rebates~~ There is no uniform policy for how to count payment types related to the COVID-19 pandemic; some payment types are counted as income for BadgerCare Plus and some payment types are not counted as income for BadgerCare Plus. The criteria used to evaluate whether a payment type is counted as income include:

- The text of the federal law that authorized the payment type;
- Guidance received from federal agencies;
- Whether the payment is taxable; and
- Whether the payment can be considered “disaster assistance”.

The payment types that do not count as income for BadgerCare Plus include but are not limited to:

- Federal recovery rebates (sometimes referred to as Coronavirus stimulus payments or economic impact payments) issued by the IRS in response to the federal COVID-19 public health emergency.

### ~~51. Federal Pandemic Unemployment Compensation (FPUC)~~

~~Do not count~~ Federal Pandemic Unemployment Compensation (FPUC) payments.

- ~~• These~~ (these are payments in addition to regular unemployment ~~insurance~~ benefits).

### ~~52. Lost Wages Assistance (LWA)~~

~~Do not count~~ Lost Wages Assistance (LWA) payments.

- ~~• These~~ (these payments are from a Federal Emergency Management Agency (FEMA) program that provides an additional \$300 per week to eligible individuals who are unemployed or partially unemployed due to disruptions caused by COVID-19).
- ~~53~~Wisconsin Emergency Rental Assistance (WERA) payments.
- Higher Education Emergency Relief Fund (HEERF) payments.

See Section 16.5 Other Income #23 for countable types of pandemic-related unemployment compensation benefits

## **51. 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.

# 16.5 Other Income

Other income is any payment that a member receives from sources other than employment that are counted as taxable income. Count the gross payment in the person's income total.

## 1. Unemployment Compensation

Count unemployment compensation income, including the amount of unemployment compensation that is intercepted to collect child support. See SECTION 16.5 OTHER INCOME #23 for countable types of pandemic-related unemployment compensation benefits and SECTION 16.2 CERTAIN PAYMENT TYPES RELATED TO THE COVID-19 PANDEMIC #50 for types of pandemic-related benefits that are not counted.

~~Count current and retroactive Pandemic Unemployment Assistance (PUA), Pandemic Emergency Unemployment Compensation (PEUC), and Mixed Earner Unemployment Compensation (MEUC) payments as income in the month it was received.~~

## 22. REWARD Wisconsin Stipends

REWARD Wisconsin stipends are counted income. These stipends are awarded to child care professionals.

## 23. Certain Payment Types Related to the COVID-19 Pandemic

There is no uniform policy for how to count payment types related to the COVID-19 pandemic; some payment types are counted as income for BadgerCare Plus and some payment types are not counted as income for BadgerCare Plus. The criteria used to evaluate whether a payment type is counted as income include:

- The text of the federal law that authorized the payment type;
- Guidance received from federal agencies;
- Whether the payment is taxable; and
- Whether the payment can be considered "disaster assistance".

The payment types that count as income for BadgerCare Plus include but are not limited to:

- Retroactive Pandemic Unemployment Assistance (PUA), Pandemic Emergency Unemployment Compensation (PEUC), and Mixed Earner Unemployment Compensation (MEUC) payments. These payments are counted as income in the month they are received.
- Workforce Retention and Recognition Stipend Program payments. These payments are awarded to child care professionals.
- We're All In Small Business Grants.

- Child Care Counts supplementary payments. These payments are awarded to child care providers.
- USDA Coronavirus Food Assistance Program – Direct Payments to Farmers and Ranchers.

See Section 16.2 Income Types Not Counted #50 for non-countable types of pandemic-related unemployment compensation benefits



# 17.2 Pregnant Women

## 17.2.1 Introduction

For a pregnant woman with ~~countable MAGI~~ assistance group income ~~above~~ over 306 percent of the FPL, must meet a deductible to become eligible for BadgerCare Plus.

For a pregnant woman, the deductible amount 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 assistance 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 assistance group, all of them become eligible when a deductible is met.

Alf the pregnant woman with assistance group income over 306 percent applies before the birth of the FPL must meet a baby and meets the deductible to become while pregnant, she remains eligible for BadgerCare Plus, even if she is a parent or caretaker for the rest of born children the pregnancy and through the end of the month in which the 60th day following the end of the pregnancy falls. She remains eligible for this period as a pregnant woman regardless of when the deductible period ends.

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~~ the pregnancy ends.

(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 gives birth on June 30. On July 10, she 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- (the end of the month in which her pregnancy ended). She should be tested as a parent / caretaker relative effective July 1 if she is living with the newborn or any other child under her care- , or if applicable, as a childless adult or under Medicaid for the Elderly Blind or Disabled.

**Example 2** Annette applies for BadgerCare Plus as a pregnant woman in May and requests a BadgerCare Plus deductible period from April to September. She gives birth on June 14. Annette paid the full deductible amount and applied prior to the birth of the baby, so she is certified from April 1 through August 31 (the month in which the 60th day following the end of the pregnancy falls). She should be tested as a parent / caretaker relative effective September 1 if she is living with the newborn or any other child

under her care, or if applicable, as a childless adult or under Medicaid for the Elderly Blind or Disabled

## 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~~ is 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~~ is non-financially eligible.

Example 23 Luanne applied for BadgerCare Plus as a pregnant woman on June 1st and ~~requests~~ requested 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.~~ August 31st (the month in which the 60th day following the end of the pregnancy falls). Even though the deductible period continues through September, Luanne will remain eligible through September 30 only if she is otherwise nonfinancially eligible for a deductible. For example, if she becomes disabled or pregnant again. If she is non-financially eligible for a deductible, she should be tested as a parent / caretaker relative effective September 1 if she is living with the newborn or any other child under her care, or if applicable, as a childless adult or under Medicaid for the Elderly Blind or Disabled

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 34 Julie is pregnant and due November 15. She applied for BadgerCare Plus April 1. She is eligible for a deductible period from April 1 through September 30. She has not incurred enough expenses to meet the deductible. In July, Julie's income decreased, and she would like to have a new deductible period from July 1 through December 31. Julie must submit a new, signed application for the IM agency to establish a new deductible period.

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 45** 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.

## 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 or someone else in the household is already open for a health care program, they can request another health care program without a new application or new signature.

Example 1:	<u>Tim and Carrie are married. When Tim applies for health care, he indicates that he is requesting health care for himself but Carrie is not requesting health care. Tim is determined eligible for BadgerCare Plus. Four months later, Carrie decides that she would also like to enroll in BadgerCare Plus. Carrie does not need to submit a new application or new signature. She can contact the IM agency to request BadgerCare Plus.</u>
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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, electronically, 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.~~

### 25.5.5 Electronic Signatures

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In general, electronic signatures are valid signatures for documents requiring applicant or member signatures. Electronic signatures may appear typed or printed and may vary depending on the software used to collect the signature. Accept the electronic signature as a valid signature and process the document accordingly.

## 25.7 Timeframes

### 25.7.1 Time Frames Introduction

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All applications received by an agency must be processed and eligibility approved or denied as soon as possible but no later than 30 calendar days from: the date the agency receives the application. For paper applications, this is the date a signed valid application is delivered to the agency or the next business day if it is delivered after the agency's regularly scheduled business hours. For phone applications, this is the date a valid signature is received by the agency. For electronic applications from ACCESS or the Marketplace, this is the next business day if the application is delivered after 4:30 p.m., on a weekend, or on a holiday.

~~The filing date for applications submitted directly to the local tribal or consortium agency;~~

**OR**

~~The date the local agency received the application(s) from the Marketplace.~~

This includes issuing a notice of decision.

## 29.2 Fair Hearings

~~Members~~ Applicants and members have the right to a fair hearing, timely case decisions, and accurate notices of decision. ~~See Chapter 3 of~~

### 29.2.1 Fair Hearing Request

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For BadgerCare Plus and FPOS, the ~~IMM for specifics~~ applicant, member, or representative may request a fair hearing in writing by filling out the Request for Fair Hearing form or writing a letter with the request and sending it to the Division of Hearings and Appeals (DHA).

Division of Hearings and Appeals  
P.O. Box 7875  
Madison, WI 53707-7875

Fax (608) 264-9885

Email: DHAMail@wisconsin.gov

DHA will schedule a hearing upon receipt of the hearing request. DHA has jurisdiction to conduct hearings for BadgerCare Plus and FPOS if the request is received by DHA within 45 days of the action effective date. DHA may dismiss a request if the action being appealed is a result of a change in federal or state law or policy affecting a significant number of members, unless the member questions its application specific to their case. When a hearing request is dismissed, DHA will notify the applicant or member.

A hearing request from an applicant or member who plans to move from Wisconsin before a decision would normally be issued, such as a migrant worker, will be expedited so the applicant or member can receive a decision and any restored benefits before they leave the state.

A group of individuals may request a group hearing if individual issues of fact are not disputed and the sole issue being appealed is a state, federal law, or policy. DHA may also consolidate several hearings on the same topic into one, but only on questions of policy. Procedures for group hearings are the same as in individual hearings. Each applicant or member must be notified of the right to withdraw from a group hearing and pursue an individual hearing.

### 29.2.2 Prior to the Hearing

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At least 10 days prior to the hearing, DHA sends a Notice of Scheduled Hearing to the applicant, member, and/or representative. This allows the applicant or member 10 days

to prepare for the hearing. The applicant or member may request less advance notice to expedite scheduling the hearing.

The notice states:

1. DHA will dismiss the request if the applicant, member, or any representative fails to appear without good cause,
2. The name, address, and phone number of whom to notify if the applicant, member, or representative cannot attend, and
3. The applicant or member and any representative may examine the case record prior to the hearing.

### **29.2.3 Continued Benefits**

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DHA may order a member's BadgerCare Plus or FPOS benefits to continue while a decision on the hearing is pending. The IM agency must comply with DHA's initial order until otherwise notified or the member waives this continuation of benefits. The IM agency must inform members that they may have to pay back any continued benefits received if they lose the hearing decision and of their right to waive continued benefits.

DHA can reverse its continuance order only when the hearing was not requested prior to the action's effective date. If DHA does not order benefits reinstated and the agency believes that the member is entitled to them, the agency must notify DHA.

Once benefit continuation has begun, the IM agency must maintain those benefits until DHA orders a change or some other change in eligibility occurs.

### **29.2.4 Time Limits**

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DHA must conduct the hearing and issue its decision and the IM agency must implement the decision within 90 days of the date DHA receives the hearing request.

When a decision is favorable to the applicant or member, the IM agency must carry out the decision's orders within 10 days of the order or 90 days of the date DHA receives the hearing request, whichever comes first.

When the decision is not favorable to the applicant or member, the decision notice is the final notice for the case, with the exception of overpayment notices. No further timely and/or adequate notice requirement applies for the issue that was appealed. BadgerCare Plus or FPOS benefits will be discontinued or reduced immediately.

The DHA decision includes a description for the applicant or member of their right to rehearing and/or judicial review. It is not necessary to request a rehearing before going to circuit court.



## **29.2.5 Recoupment**

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If an agency's adverse action is upheld, or the fair hearing is withdrawn or is abandoned, any overpayments caused by benefits having been continued may be subject to recovery based on the overpayment policies in Section 28.4 Overpayment Calculation.

# 44 BadgerCare Plus Childless Adults

## 44.1 Introduction

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**Note:**

The premium and treatment needs question policies in Chapter 44 are not in effect due to the COVID-19 public health emergency. They will be re-implemented after the temporary policies related to the COVID-19 public health emergency are no longer in effect. Effective dates have been removed from this chapter. The chapter will be updated with new effective dates when the policies are re-implemented.

A childless adult is a person 19 to 64 years old who is not receiving Medicare and who does not have any dependent children younger than 19 years old who reside with him or her at least 40 percent of the time. Marital status has no effect on a person being a childless adult.

~~Effective February 1, 2020~~

In addition to all other eligibility requirements, childless adults without an exemption must meet two ~~new~~ requirements to become or remain eligible for BadgerCare Plus:

- Pay monthly premiums
- Answer a treatment needs question at application and renewal

In addition, childless adults can take an optional BadgerCare Plus Health Survey to possibly reduce their household's monthly premium.

## 44.2 Premiums for Childless Adults

**Note:**

The premium and treatment needs question policies in Chapter 44 are not in effect due to the COVID-19 public health emergency. They will be re-implemented after the temporary policies related to the COVID-19 public health emergency are no longer in effect. Effective dates have been removed from this chapter. The chapter will be updated with new effective dates when the policies are re-implemented.

### 44.2.1 Premium Policy Effective Date

The premium requirement will apply for new applications with a filing date on or after ~~February 1, 2020~~ the policy effective date.

For renewals, when the premium requirement will apply 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~~ the policy effective date.
- If it is a timely renewal, the requirement applies to renewals due on or after ~~March 31, 2020~~ the end of the next calendar month after the policy effective date (impacting benefits starting in the first month of the new certification period).

Example 1	<p><u>This example assumes a February 1 policy effective date</u></p> <p>Jane was a childless adult enrolled in BadgerCare Plus with a renewal due December 31, <del>2019</del>. Jane did not renew her benefits on time, so her BadgerCare Plus closed. On February 20, <del>2020</del>, Jane submits a late health care renewal to regain eligibility as of January 1, <del>2020</del>. Because Jane is submitting a late renewal after <del>February 1, 2020</del> <u>the policy effective date</u>, she will be subject to the new premium requirement. However, because the requirement did not go into effect until February 1, <del>2020</del>, Jane will not owe a premium for the month of January. Jane will begin to owe monthly premiums as of February <del>2020</del>, unless she qualifies for any exemption.</p>
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Example 2	<p>Mary is a childless adult currently enrolled in BadgerCare Plus. Her certification period began in October <del>2019</del>. Mary will not be subject to the new premium requirement until she renews her health care benefits <del>in September 2020</del> <u>after the policy effective date</u> and her new certification period starts, if she remains a childless adult and does not qualify for any exemption.</p>
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The premium requirement will apply 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.

Example 3	James and Beth are currently enrolled in BadgerCare Plus as parents, along with their 18-year old daughter, Sara. Their certification period began in June- <del>2019</del> . They complete a renewal in May- <del>2020</del> . Because they are parents, the premium requirement does not apply to James and Beth at the time of renewal. Sara turned 19 in July- <del>2020</del> , so James and Beth become childless adults. Because their certification period began after <del>February 1, 2020</del> the policy effective date, James and Beth will begin to owe monthly premiums upon this change (unless they qualify for any exemption).
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### 44.2.3 Premium Payment Amount

The monthly premium is assessed at the household level, not the individual level. The monthly premium amount is \$8 regardless of household size. However, this amount can be lowered during the certification period based on healthy habits reported through response(s) to the health survey, or by the response(s) to the treatment needs question by childless adults in the household. The reductions for the monthly premium are as follows:

Premium Amount	Applicable Reductions
\$4	One-person household with that person receiving a reduction; Two-person household with both people receiving a reduction.
\$6	Two-person household with only one person receiving a reduction.
\$8	One- or Two-person household with no reduction for the household.

Example 4	<p>There are two childless adults in the household: Alice and Barry. The household pays a \$6 monthly premium because Alice took the health survey and reported healthy habits, but Barry did not. Their certification period began <u>in</u> April-<del>1, 2020</del>.</p> <p>Alice suffers injuries in a car accident in June-<del>2020</del>. Subsequently, she is verified disabled effective July <del>2020</del> and becomes eligible for EBD Medicaid.</p> <p>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 premiums will increase to \$8 but he could reduce that amount to \$4 if he completes the health survey and shows that he has healthy habits.</p>
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Reductions based on the health survey or treatment needs question apply as of the month the health survey or treatment needs question was received. However, if a health

survey is submitted within the first two months of the certification period, any premium reductions will be retroactively applied back to the beginning of the certification period.

## 44.2.4 Premium Due Dates

Like other health care premiums, the premium that childless adults pay for BadgerCare Plus will be due on the 10th day of the benefit month. However, failure to pay the premium will not result in disenrollment until the end of the certification period. Premiums are tied to the certification period, not the calendar year. Any accrued premium amount the childless adult has not paid will result in disenrollment at the following times:

- Adverse Action of the 12th month of the certification period.
- Early renewals.
- BadgerCare Plus termination, either due to ineligibility or because they have de-requested health care.

Example 5	<p>Aaron applies for BadgerCare Plus in March <del>2020</del>. He is a childless adult with no applicable exemption and an income over 50% of the FPL. This is the first time he has applied for a health care benefit. He does not receive a reduction for the monthly premium amount.</p> <p>The month of March <del>2020</del> is premium-free for Aaron. Over the next 10 months, he does not pay any premiums.</p> <p>In January <del>2021</del>, Aaron submits an early renewal for BadgerCare Plus. He will need to pay his entire \$80 arrears (\$8 monthly premium x 10 months (April <del>2020</del>— January <del>2021</del>)) to remain eligible for BadgerCare Plus as of February <del>2021</del>.</p>
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Members cannot pre-pay monthly premiums. They can pay each month, pay multiple owed months, or wait until the end of the certification period to pay. For example, if the certification period is February ~~2020~~ through January ~~2021~~, the member cannot pay in advance for future months on February 15, ~~2020~~. Instead, the member can:

- Pay for a premium each month it becomes due
- Pay for current and past months (in April, the member could pay February, March, and April premiums)
- Pay all owed premiums in January ~~2021~~

## 44.2.6 Restrictive Re-enrollment Period

The childless adult will enter a six-month RRP when there are unpaid premiums at the end of the certification period. During the RRP, the childless adult must pay the full amount of unpaid premiums to have benefits reinstated. The childless adult can also regain eligibility if they meet an exemption (for example, they become homeless), their income has dropped to 50% or less of the FPL, or they become eligible under a different category of Medicaid. If one of these three conditions applies, the RRP would run in the background in case their situation changes (for example, they later regain eligibility as a

BadgerCare Plus childless adult, or their income increases to more than 50% of the FPL).

When the childless adult chooses not to pay the full amount during the RRP, he or she must wait until the RRP ends to re-request health care benefits. At the end of the six-month RRP, the arrears on the unpaid premiums are no longer required. At application, the member may ask for backdated eligibility (up to 3 months), even if those months overlap with the completed RRP. In any case, the member is not subject to premiums for backdated months.

<b>Example 6</b>	<p>Kim applies for BadgerCare Plus in January <del>2024</del> and has a monthly premium set at \$8. She is enrolled but does not pay the premiums for January, February, March, April, and May.</p> <p>Kim reports that she has moved to Minnesota on May 9, <del>2024</del>. Her benefits end May 31, <del>2024</del>, and a six-month RRP is established for June through November <del>2024</del>.</p> <p>Kim moves back to Wisconsin in July <del>2024</del> <u>of the same year (during the RRP)</u>. She reapplies for BadgerCare Plus and the worker pends eligibility to obtain the outstanding premiums. If Kim chooses not to pay the premiums by the due date, her application will be denied due to the existing RRP. She decides to pay the arrears incurred <u>earlier in early 2024 the year</u> and her application is approved. However, she could have chosen to forgo coverage until December <del>2024</del>, when she could reapply and enroll in BadgerCare Plus without paying the arrears.</p>
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<b>Example 7</b>	<p>Ben applies for BadgerCare Plus in January <del>2024</del> and has a monthly premium set at \$4. He is enrolled but does not pay the premiums for January, February, March, and April.</p> <p>Ben enters a nursing home in May <del>2024</del>. He stays more than 30 days and qualifies for Institutional Medicaid. His BadgerCare Plus certification period ends and his Institutional Medicaid certification begins on May 1, <del>2024</del>. Because Ben's BadgerCare Plus certification ended, and he had unpaid premiums, a six-month (May <del>2024</del> to October <del>2024</del>) RRP will be established and run in the background.</p> <p>Ben reports that he returned home on July 8, <del>2024</del>. The worker updates the case and BadgerCare Plus pends eligibility to obtain the outstanding premiums. If he pays the arrears, he would become eligible for a new certification period as a childless adult as of August <del>2024</del>. However, if he chooses not to pay the arrears, he will fail due to an RRP until he pays his premiums from the previous BadgerCare Plus certification period (January-April <del>2024</del>), or until the RRP expires.</p>
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<b>Example 8</b>	<p>Aaron applies for BadgerCare Plus in March <del>2020</del> and has a monthly premium set at \$8.</p> <p>The month of March <del>2020</del> is premium-free for Aaron. Over the next 10 months, he does not pay any premiums. On January</p>
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10, ~~2021~~, Aaron submits an early renewal for BadgerCare Plus, during which he reports his income is less than 50% of the FPL.

Aaron is not be required to pay monthly premiums for the certification period beginning in February ~~2021~~, and he would remain enrolled in BadgerCare Plus. However, he would have an RRP in the background for payment on his \$80 arrears (\$8 monthly premium x 10 months). If his income increased to more than 50% of the FPL during the RRP, he would no longer be eligible for BadgerCare Plus until he pays all of his arrears, or until the RRP expired.

## 44.3 Treatment Needs Question for Childless Adults

**Note:**

The premium and treatment needs question policies in Chapter 44 are not in effect due to the COVID-19 public health emergency. They will be re-implemented after the temporary policies related to the COVID-19 public health emergency are no longer in effect. Effective dates have been removed from this chapter. The chapter will be updated with new effective dates when the policies are re-implemented.

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~~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~~the policy effective date.
- 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~~the policy effective date.
  - If it is a timely renewal, the requirement applies to renewals due on or after ~~March 31, 2020~~the end of the next calendar month after the policy effective date (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	(Note: This example assumes a February 1 policy effective date.) 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 <del>February 1, 2020</del> the policy effective date, 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.
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Example 2	Edith is a childless adult currently enrolled in BadgerCare Plus. Her certification period began <del>in November 2019</del> prior to the policy effective date. Edith will need to answer the treatment needs question <del>in October 2020</del> as part of her <u>next</u> renewal for health care <u>after the policy effective date</u> .
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Example 3	<p><u>(Note: This example assumes a February 1 policy effective date.)</u> Brad is currently enrolled in BadgerCare Plus as a parent, along with his son Oliver. <del>His certification period began in May 2019.</del> Brad completes a renewal for him and Oliver in April <del>2020</del>. Because he is a parent, the childless adult policies do not apply. Brad reports that Oliver has left the household in July <del>2020</del>, so Brad becomes a childless adult. Brad will need to answer the treatment needs question to remain eligible for BadgerCare Plus.</p>
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