

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

To: BadgerCare Plus Users

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

Re: **BadgerCare Plus Release 22-03**

Release Date: 12/05/2022

Effective Date: 12/05/2022

EFFECTIVE DATE	The following policy additions or changes are effective 12/05/2022 unless otherwise noted. Underlined text denotes new text. Text with a strike through it denotes deleted text.
POLICY UPDATES	
2.2.1 Parents	Updated grammar and terms.
2.2.1.2 Joint Placement	Updated policy to match other sections.
2.2.2 Caretaker Relative	Updated grammar and terms.
2.2.8 Institutionalized Youth	Removed section.
4.3.3.2 Lawfully Present Immigrant Children Young Adults, and Pregnant Women	Updated grammar and terms.
4.3.3.5 Ukrainian Parolees	New section.
5.1.2 Referral to Child Support Agencies	Clarified policy on specific questions that can't be asked about absent parents.
5.3.3 Good Cause Claim	Updated policy on signatures.
8.1 Pregnant Members	Updated grammar and terms.
9.9.5 Power of Attorney, Guardianship, or Conservator	Section rewritten.
10.1 Eligibility for Parent or Caretaker Relative of Child Removed from Home	Clarified policy on parent and caretaker relative eligibility.
10.2 Eligibility for Kinship Care Relative Caring for Child	New section.
16.2 Income Types Not Counted	Added information on guaranteed income payments.
16.5 Other Income	Added information on imputed income.
17.2.1 Introduction	Updated grammar and terms.
17.2.2 Deductible Period	Clarified application process for persons with unmet deductibles.
17.3.1 Deductible Period	Clarified application process for persons with unmet deductibles.
25.5.1.1 Signatures from Representatives	Clarified policy on application signatures and durable power of attorney for finances.

25.9.2	Denial	Clarified application process for persons with unmet deductibles.
28.2.3	Recoverable Overpayment Types	Clarified the use of data sources for best available information.
28.4.2	Overpayment Amount	Clarified best sources for income information.
32.2.2	Temporary Enrollment Within the Last 12 Months	Updated grammar and terms.
32.2.3.2	Pregnant Members	Updated grammar and terms.
32.2.5	Household Size	Updated grammar and terms.
38.5.6	Lost-Stolen Cards	Added a link to ACCESS instructions.
38.8.3	Determining the Copay Limit	Updated grammar and terms.
39.3	Emergency for Pregnant Members	Updated grammar and terms.
41.2	Eligibility Requirements	Updated grammar and terms.
41.2.1	Unique Aspects of BadgerCare Plus Prenatal Program	Updated grammar and terms.
41.6	Eligibility End Date	Updated grammar and terms.
	Glossary: FPOS	Updated glossary term.

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2.2 Coverage Group Definitions

2.2.1 Parents

A parent may be ~~defined as the following~~:

- ~~Natural~~Biological, legally adoptive, or a stepparent.
- Of any age.

There can be more than one parent of a certain gender in a household.

To be considered a parent of a child younger than 19 years old for BadgerCare Plus purposes, the child must be under the care of that person at least 40% of the time. For example, in families where parents are divorced, if the child does not live with a parent at least 40% of the time, that parent would have their eligibility considered under the Childless Adults coverage group, rather than the parents or caretakers coverage group.

Note

A child younger than 19 years old residing with a parent may not apply separately from their parent. In addition, the parent must apply as the primary person for the case unless the child filing the application is 18 years old.

2.2.1.2 Joint Placement

When the ~~natural~~biological or adoptive parents of a child do not live together and have joint placement arrangements for the child (through a mutually agreed upon arrangement or court order), only one parent can be determined eligible at a time unless there is reasonably equivalent placement. Reasonably equivalent placement means that the child is residing with each parent at least 40% of the time during a month.

If the child is not residing with each parent at least 40% of the time, only the parent with the greater percentage of the placement time may apply: on behalf of the child or the child and their self as the parent of that child.

- ~~On behalf of the child as the parent of that child.~~
- ~~For theirself as the parent of that child.~~

If only one parent of a child is applying for BadgerCare Plus and that parent is ~~stating that they claiming to~~ have placement of the child for at least 40% of the time, ~~accept the this declaration is accepted~~ unless it is questionable.

~~If in situations where~~ both parents are applying for BadgerCare Plus separately and claim each parent claims the child is residing with them, act the following information must be considered when determining on their which case the child will receive BadgerCare Plus ~~cases as follows~~ benefits if eligible:

1. If both parents agree that they have a reasonably equivalent placement arrangement, ~~ask under~~ and agree on which ~~parent's~~ parent's case they want the

child to ~~be receiving~~ receive BadgerCare Plus benefits ~~and determine eligibility for both parents' cases~~ on, the parents can indicate this decision to their agency.

2. If either parent disputes that the placement arrangement is reasonably equivalent, the eligibility worker must determine the monthly percentage of the physical placement based on the court order. If the court order does not show reasonably equivalent placement, ~~consider~~ the child is considered to be residing with the parent they are physically residing with during the month in question ~~and deny the~~. The other parent's eligibility as a parent may not be considered the caretaker relative of this child when determining that other parent's eligibility for BadgerCare Plus.
4. ~~If the parents cannot agree on which case the child will receive benefits, put the child on~~ will be issued benefits, if eligible, through the case ~~with~~ of the ~~family household~~ whose income is at the lower FPL.
3. ~~Document your decision in the case record level.~~

In determining eligibility for the parents with equivalent placement, the child is considered to be residing in both of their homes. That means the child will be included in the group size for both cases and the child's income will also be counted in both cases. (see Section 2.3 Modified Adjusted Gross Income Test Groups and Section 2.8 Modified Adjusted Gross Income Counting Rules).

If reasonably equivalent placement exists (as described above) and both parents apply for BadgerCare Plus for the child and the child has access to health insurance where an employer pays 80% or more of the monthly premium in one home but not the other, the child shall remain eligible for BadgerCare Plus on the case with the parent who does not have access to health insurance for which the employer pays 80% or more.

Example 1	Johnny, age 10, lives 50% of the time with his mom and 50% of the time with his dad. Both Johnny's dad and mom have applied for BadgerCare Plus. Mom is employed but does not have access to health insurance coverage through her employer. Dad is employed and does have access to a family health insurance where his employer pays 81% of the monthly premium. Johnny can remain eligible on his mom's case.
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If reasonably equivalent joint placement exists and both parents apply for BadgerCare Plus for the child and the income of either case requires that a premium be paid as condition of the child's BadgerCare Plus eligibility, then the parents can choose in which case the child will receive BadgerCare Plus coverage. A premium requirement in one case does not preclude eligibility in the other parent's case where no premium for the child would be owed.

Example 2	Billy, age eight, lives 40% of the time with his dad and 60% of the time with his mom. Both parents are applying for BadgerCare Plus. In his mother's case, the family income is 220% FPL and in his dad's case, the family income is 180% FPL. Billy's parents decide that Billy will be receiving his BadgerCare Plus coverage through Dad's case.
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If joint placement exists with a parent who lives in another state, the child must be with the Wisconsin parent at least 50% of the time in a month to qualify for BadgerCare Plus.

2.2.2 Caretaker Relative

A caretaker relative is a non-legally responsible relative of the child under their care. Caretaker relatives and their spouses can be eligible for BadgerCare Plus as caretaker relatives. To be considered a caretaker relative of a child in the home, a person must first have a qualifying relationship to the child (under age 19) and the child must also be under the care of that relative.

Any of the following is a qualifying relationship for a caretaker relative:

- ~~Stepfather or stepmother~~ Stepparent (when the parent is deceased or divorced/separated from the stepparent);
- ~~Natural~~ Biological full ~~brother or sister~~ half sibling, legally adopted, ~~half~~ or stepsibling;
- ~~Grandmother or grandfather~~ Grandparent, aunt or uncle, first cousin, nephew or niece, or any preceding generation denoted by the prefix grand-, great-, or great-great-, ~~and~~ (including those through adoption);

Note

“First cousin” includes a first cousin from a different generation, such as a first cousin once removed (that is, the relative is taking care of their first cousin’s child).

- Spouse of any of the above and the spouse of a child’s parent, even after the marriage ends by death, divorce, or separation;

Annulment of a marriage removes all relationships established by the marriage except parent.

A spouse is that person recognized by Wisconsin law as another person’s legal ~~husband or wife~~ spouse. Wisconsin does not recognize common law marriage.

Being “under the care” means the caretaker exercises primary responsibility for the child’s care and control, including making plans for them. Once a child marries, they can no longer be considered under the care of a caretaker relative.

In cases where a child resides with both a caretaker relative and a parent, the parent is considered ~~the caretaker relative~~ to have legal custody of the child, unless legal custody has been given by a court to the caretaker relative. In that situation, the caretaker relative is considered the caretaker relative of that child and could be eligible for BadgerCare Plus.

Note

A child under age 19 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.

2.2.8 Institutionalized Youth

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 EBD Medicaid.

4.3 Immigrants

4.3.3 Immigrants Eligible for BadgerCare Plus

4.3.3.2 Lawfully Present Immigrant Children, Young Adults, and Pregnant Women

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

- Are lawfully admitted for permanent residence (see [SECTION 4.3.8 IMMIGRATION STATUS CHART, CODE #1](#))
- Are lawfully present under Section 203(a)(7) (see [SECTION 4.3.8 IMMIGRATION STATUS CHART, CODE #3](#))
- Are lawfully present under Section 212(d)(5) (see [SECTION 4.3.8 IMMIGRATION STATUS CHART, CODE #6](#))
- Have suffered from domestic abuse and are considered to be a battered immigrant (**See** [see SECTION 4.3.8 IMMIGRATION STATUS CHART, CODE #16](#))

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

Example 1	Rose has an immigration status that requires a five-year waiting period before being eligible for BadgerCare Plus. Her date of entry to the U.S. was two years ago, so she is not eligible for BadgerCare Plus. In March, Rose reports that she is pregnant. She meets the other financial and nonfinancial requirements, so she is determined eligible for BadgerCare Plus as a pregnant woman. Rose's last day of pregnancy is September 5. The 60th day after her last day of pregnancy is November 4, so Rose's BadgerCare Plus coverage will end November 30. Starting in December, Rose is again subject to the five-year waiting period from her date of entry to the U.S.
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Children younger than 19 years old, young adults younger than 21 years old who are residing in an IMD, and pregnant women may qualify for BadgerCare Plus if they are lawfully present in the U.S. under many of the immigrant and nonimmigrant statuses. For those who are not in a qualifying Immigrant category, but are lawfully present, use the Registration Status Code of 20 (see Process Help, [Section 82.6 VIS SAVE Verification Responses Table](#) for a list of SAVE Responses and the appropriate Registration Status Code in CWW to apply).

Immigrants who are not a qualifying immigrant nor lawfully present (for example, someone with a status of DACA) and who apply for BadgerCare Plus and meet all eligibility requirements except for citizenship and immigration status ~~are~~may be entitled to receive BadgerCare Plus Emergency Services only (see Chapter 39 Emergency Services).

Pregnant immigrants who are not a qualifying immigrant nor lawfully present and who apply for BadgerCare Plus and meet the eligibility requirements, except for citizenship and immigration status, are entitled to receive BadgerCare Plus Prenatal Program benefits (see Chapter 41 BadgerCare Plus Prenatal Program) ~~and/or~~, BadgerCare Plus Emergency Services (see Chapter 39 Emergency Services) ~~),~~ or both.

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

4.3.3.5 Ukrainian Parolees

Ukrainians and persons with no nationalities who were residing in Ukraine and subsequently paroled into the United States between February 24, 2022, and September 30, 2023, are to be treated as refugees when determining their eligibility for BadgerCare Plus.

In addition, Ukrainians and persons with no nationalities who were residing in Ukraine and subsequently paroled into the United States after September 30, 2023, are to be treated as refugees when determining their eligibility for BadgerCare Plus if they are one of the following:

- The spouse or child of a person described above paroled between February 24, 2022, and September 30, 2023.
- The parent or legal guardian of an unaccompanied child described above who was paroled between February 24, 2022, and September 30, 2023.

The table below shows the Class of Admission Codes that are used for these groups:

<u>Class of Admission Code</u>	<u>Description</u>	<u>CARES Alien Registration Status Code</u>
<u>UHP, DT, PAR or U4U</u>	<u>Humanitarian Parolee</u>	<u>Code 04</u>

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 Medicaid (see T19-funded groups in [Section 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 ([such as, name, Social Security Number, date of birth, or contact information](#)) 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)(DCF-F-DWSP3080) only needs to be completed when the Absent Parent page cannot be completed in CWW.
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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~~ [child support services](#). Not all BadgerCare Plus members will qualify for free ~~Child Support~~ [child support](#) services ~~and/or~~ 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~~ [with the exceptions](#) noted [below](#):

- ~~1.~~ [Pregnant woman](#) [member](#) who is unmarried or married and not living with her husband.
1. ~~Pregnant women~~ [However, pregnant members](#) are not required to cooperate with the CSA during the pregnancy and for ~~two months~~ [an additional 60 days](#) after the ~~end~~ [last day](#) of pregnancy ~~and through the end of the month in which the 60th day occurs~~. The ~~woman's~~ [member's](#) eligibility for BadgerCare Plus will continue during this period, regardless of ~~her~~ [the member's](#) cooperation.
 - a. Exception: ~~Do not refer pregnant women~~ [Pregnant members](#) receiving the BadgerCare Plus Prenatal Benefit ~~to~~ [should not be referred to a](#) 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 they do 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. 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 in another state by a court order or by a Voluntary Paternity Acknowledgment Form filed with a state agency.

4. ~~Natural~~Biological or adoptive parent(s) not living in the household.
 - a. Exception: Do not refer to the CSA when the only reason a parent or stepparent is not in the home is because they are in the military.
5. Married ~~natural~~, biological parents in the home, but:
 - a. ~~Child~~The child was born prior to their marriage, and
 - b. Paternity was not established by court action or established after their marriage.

~~Do~~In addition, 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.

5.3 Claiming Good Cause

5.3.3 Good Clause Claim

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

The parent or caretaker must sign and date the ~~claim in the presence of an IM worker or a notary public. The applicant or member's signature initiates~~ Good Cause Claim form in order to initiate the claim.

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

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

8 Pregnant ~~Women~~Members and Continuously Eligible Newborns

8.1 Pregnant ~~Women~~Members

Note: This chapter does not apply to pregnant ~~women~~members in the BadgerCare Plus Prenatal Program.

A pregnant ~~woman~~member who is enrolled in BadgerCare Plus stays eligible for both:

- The balance of the pregnancy, ~~and~~
- An additional 60 days after the last day of pregnancy through the end of the month in which the 60th day occurs.

The ~~decision about her~~ eligibility decision does not need to be made prior to the ~~termination~~end of the pregnancy, but the application must be filed before the end of the pregnancy in order for ~~her~~the member to remain enrolled as a pregnant ~~member~~woman for the 60 days after the pregnancy ends. If the application is not filed before the end of the pregnancy and the ~~newborn~~applicant is living with ~~her or she is~~ the ~~caretaker~~relative of newborn or other children under 19, ~~she~~the applicant should be tested for BadgerCare Plus eligibility as a ~~caretaker relative~~parent once the pregnancy ends. An application for Express Enrollment does not meet this application test.

A pregnant ~~woman~~member with income over 306% of the FPL at the time of application when ~~her~~ eligibility is first determined can become eligible for BadgerCare Plus by meeting a deductible (see SECTION 17.2 PREGNANT MEMBERS~~WOMEN~~).

There are no premiums for pregnant ~~women~~members (see Section 19.1 BadgerCare Plus Premiums).

All pregnant ~~women~~members, except those eligible under the BadgerCare Plus Prenatal Program, may have their eligibility backdated to the first of the month up to three months prior to the month of application. If a ~~woman~~person is determined to be eligible as a pregnant ~~woman~~member for a backdated month, ~~she remains~~they remain eligible, even if ~~she is~~they are over the income limit for any subsequent months, as long as ~~she is~~they are still pregnant.

Example 1	Barb is pregnant and applied for BadgerCare Plus in December with a three-month backdate request. Barb is due in March. Her income was below 306% of the FPL for September, but over 306% for October, November, December, and ongoing. She met all of the other eligibility criteria. Since she was determined eligible as a pregnant woman for the month of September, the subsequent increase in her income is ignored and she remains eligible for BadgerCare Plus through the end of the month, in which is 60 days <u>the 60th day</u> after the <u>last day of pregnancy ends</u> occurs .
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9.9 Mandatory Verification Items

9.9.5 Power of Attorney, ~~and~~ Guardianship, or Conservator

Verify If the applicant or member states they have a power of attorney ~~and any guardianship type as specified by the court.~~ Ask for any documentation ~~regarding~~ of the power of attorney appointment is required. Only a durable power of attorney ~~or~~ for finances is considered to be the power of attorney for health care programs. “Durable” means that the power of attorney continues even if the applicant or member becomes incapacitated.

If the applicant or member states they have a legal guardian, documentation of the court-ordered guardianship is required.

If the applicant or member states they have a conservator, documentation of the court-ordered ~~guardianship~~ conservatorship is required.

If verification is not provided, do not grant the claimed power of attorney ~~or~~ guardian, or conservator access to case notices or follow any direction provided by that individual unless they are an authorized representative. Do not deny or terminate eligibility for failure to provide the requested verification.

10.1 ~~Child Welfare~~ Eligibility for Parent or Caretaker Relative of Child Removed from Home

Qualifying parents and caretaker relatives of children who have been temporarily removed from the home and are in the care of the child welfare system may be eligible for BadgerCare Plus benefits under the parent/caretaker relative category if they meet all the following requirements:

- ~~Their~~ The child was living with ~~them~~ the parent or caretaker relative at the time the child welfare agency removed the child and placed ~~them~~ the child in:
 - Foster care (both IV-E and non-IV-E).
 - Court-ordered Kinship Care.
 - Another living arrangement.

Note:

If child welfare is involved and the child welfare agency has established a permanency plan for the child under authority of Wis. Stat. § 48.38 or 938.38, other living arrangements for the children meet this criterion. For example, a child may be placed with grandparents who are not eligible for Kinship Care, or a child may be placed with the other parent.

- The parent or caretaker relative is cooperating with a permanency plan, the goal of which is family reunification. Cooperation is always presumed unless the court has determined that reunification will no longer be the permanency goal.
- The parent or caretaker relative meets all other BadgerCare Plus financial and non-financial requirements.

Note:

Children are not considered to be in the care of the child welfare system if they are an inmate in a public institution, such as a Type 1 Juvenile Correctional Institution.

~~If the child welfare system places a child with a Kinship Care relative, the Kinship Care relative may qualify for BadgerCare Plus as the caretaker relative of the child even if the Child Welfare parent/caretaker is also determined eligible as the caretaker relative of this child.~~

~~See Process Help, Section 9.5 Child Welfare Parents, for information on processing the child welfare parent or caretaker relative cases.~~

The parent or caretaker relative who meets the above requirements is considered to be caring for a child who is temporarily absent ~~as long as the child lived with the parent or caretaker at the time of removal~~ from the home. For this reason, the parent or caretaker relative will continue to be considered a parent or caretaker for purposes of BadgerCare Plus eligibility. However, the child may not always be included in the ~~parent's~~ parent or caretaker relative's MAGI group (see Chapter 2 BadgerCare Plus Group).

10.2 Eligibility for Kinship Care Relative Caring for Child

If the child welfare system places a child with a Kinship Care relative, the Kinship Care relative ~~is no longer considered a~~ may qualify for BadgerCare Plus as the caretaker relative (of the child if the parent is or caretaker relative whose home the child was removed from is not enrolled in BadgerCare Plus as a the parent or caretaker of the child.

See Process Help, Section 9.5 Child Welfare Parents, for information on processing the child welfare parent or caretaker relative cases.

The Kinship Care relative is not eligible for BadgerCare Plus as a caretaker relative if the parent or caretaker relative whose home the child was removed from is enrolled in BadgerCare Plus as the parent or caretaker relative under the policy described above). in SECTION 10.1 ELIGIBILITY FOR PARENT OR CARETAKER RELATIVE OF CHILD REMOVED FROM HOME. Instead, the Kinship Care relative may qualify for BadgerCare Plus under the childless adult category. ~~If the parent is not enrolled as a child welfare parent, the Kinship Care relative may enroll in BadgerCare Plus as a caretaker relative.~~

Example 1	Stacy's child, Jared, was placed in Kinship Care with Stacy's mom Laura, who is 55 years old. Stacy files taxes but will not be claiming Jared as her tax dependent. Laura will claim Jared as her tax dependent. There are no other children, tax filers, or tax dependents in either Stacy's or Laura's households. If they both apply for BadgerCare Plus and meet all financial and non-financial requirements, Stacy will be eligible for BadgerCare Plus as a parent with a group size of one and Laura as a childless adult with a group size of two.
Example 2	Ben's daughter, Megan, was placed in Kinship Care with her grandfather James, who is 60 years old. Ben does not file taxes. James does file taxes and will claim Megan as his dependent that year. There are no other children, tax filers, or tax dependents in either Ben's or James's households. If they both apply for BadgerCare Plus and meet all financial and non-financial requirements, Ben will be eligible for BadgerCare Plus as a parent with a group size of two and James as a childless adult with a group size of two.
Example 3	Consider the details of Example 2, except James is now 66 years old. Under this example, James would not be eligible for BadgerCare Plus because he is a childless adult over 65 years old. He may, however, be eligible for EBD Medicaid.
Example 4	Christopher's son, Braden, was placed in Kinship Care with Christopher's sister, Vicki. Christopher is claiming Braden as a tax dependent but is not applying for BadgerCare Plus. If Vicki meets all financial and non-financial requirements, Vicki

	would be eligible for BadgerCare Plus as a caretaker relative with a group size of one.
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16.2 Income Types Not Counted

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.

52. Guaranteed Income Payments

Guaranteed income from a privately funded, non-profit organization up to \$500 per month is excluded. This includes but is not limited to payments from the Madison Forward Fund.

16.5 Other Income

27. Imputed Income

Count imputed income. Imputed income is noncash taxable compensation that is included in an employee's gross pay.

<u>Example</u> 1	<u>According to Olga's paystub, her employer pays the cost of her long-term disability insurance premium. The value of this compensation is imputed income. Imputed income equal to the amount of the premium is added to Olga's earnings before taxes are taken out. This imputed income is countable income for BadgerCare Plus.</u>
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17.2 Pregnant ~~Women~~Members

17.2.1 Introduction

A pregnant ~~woman~~member with assistance group income over 306% of the FPL must meet a deductible to become eligible for BadgerCare Plus.

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

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

If ~~the pregnant woman~~an individual applies before the ~~birth of the baby~~pregnancy ends and meets the deductible while pregnant, ~~she remains~~they remain eligible for BadgerCare Plus for the rest of the pregnancy and through the end of the month in which the 60th day following the end of the pregnancy ~~falls~~occurs. ~~She~~The member remains eligible for this period as a pregnant ~~woman~~member regardless of when the deductible period ends.

If ~~the pregnant woman~~an individual applies after the ~~birth of her baby~~pregnancy ends and becomes eligible by meeting a deductible in backdated months, ~~she is~~they are only eligible as a pregnant ~~woman~~member until the end of the month in which 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 and requests a BadgerCare Plus deductible period from April through September. 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 ~~occurs~~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 A pregnant woman-member 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-member can choose a BadgerCare Plus deductible period which includes a month in which she is/they are ineligible for a non-financial reason, with one exception. A deductible period may not begin with a month in which the pregnant woman-member 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 is/they are non-financially eligible.

Example 1	Luanne applied for BadgerCare Plus as a pregnant woman on June 1 and requested a BadgerCare Plus deductible period from April through September. She gave birth on June 2. Luanne paid the full deductible amount, so is certified from April 1 through August 31 (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 <u>eligible/ineligible</u> 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 <u>or under Medicaid for the Elderly Blind or Disabled.</u>
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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. A new application is required regardless of when the previous deductible period was established or if anyone in the household is eligible for another health care program.

Example 2	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.
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A pregnant woman-member 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/They can choose to be certified in the months she is/they are eligible and to accept the ineligibility of the other months when she/they had excess income.

Example 3	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% of the FPL. In June, she would have been eligible because she had no income. In April and May, her income was over 300% of the FPL by \$200 a month. She has two choices:
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|--|---|
| | <ol style="list-style-type: none"><li data-bbox="368 195 1364 317">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.<li data-bbox="368 346 1364 501">2. Not choose a BadgerCare Plus deductible period. She would not have to meet a BadgerCare Plus deductible. She could be certified immediately for June through 60 days past the birth of her baby but would have to forego BadgerCare Plus for April and May because of the excess income in April and May. |
|--|---|

17.3 Children Under 19

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% 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.
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The BadgerCare Plus deductible period for a child can include a month in which they 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 they 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. A new application is required regardless of when the previous deductible period was established or if anyone in the household is eligible for another health care program.

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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25.5 Valid Signature

25.5.1 Valid Signature Introduction

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 the applicant's behalf.

When someone has been designated as one of the following, only the guardian, not the applicant, may sign the application or appoint an authorized representative:

1. Guardian of the estate
2. Guardian of the person and the estate
3. Guardian in general

If the applicant only has a legal **guardian of the person**, the guardian may sign the application since they are acting responsibly for an incompetent or incapacitated person. However, a legal guardian of the person can't appoint an authorized representative. The applicant must be the one to appoint an authorized representative if they choose to have one.

The applicant may appoint their guardian of the person to be the authorized representative. If the guardian of the person has been appointed the authorized representative by the applicant, the guardian may sign the application as 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.

The conservator is not required to sign the application, though they are able to sign on behalf of the applicant. If an applicant has a conservator, the applicant can still sign the application on their own behalf.

3. Authorized Representative

The applicant may authorize someone to represent them. An authorized representative can be an individual or an organization (see Section 34.1 Authorized Representatives). If the applicant needs to appoint an authorized representative when applying by telephone or in person, instruct the applicant to complete the Appoint, Change, or Remove an Authorization of Representative form (~~(Person F-10126~~10126A) or Organization F-10126B). When appointing an authorized representative, someone other than the authorized representative must witness the applicant's signature. If the applicant signs with a mark, two witness signatures are required.

The authorized representative is not required to sign the application, though they are able to sign on behalf of the applicant. If an applicant has an authorized representative, the applicant can still sign the application on their own behalf.

4. Durable Power of Attorney (Wis. Stat. ch. 244)

A durable power of attorney is a person to whom the applicant has given power of attorney authority and agrees that the authority will continue even if the applicant later becomes disabled or otherwise incapacitated. Only a durable power of attorney for finances (may also be known as a durable power of attorney for finances and property) is considered to be the power of attorney for the purposes of providing a valid signature on the application.

When a submitted application is signed by someone claiming to be the applicant's durable power of attorney for finances, workers must do both of the following:

1. Obtain a copy of the document the applicant used to designate the signer of the application as the durable power of attorney for finances.
2. Review the document for a reference that indicates the power of attorney for finances authority continues notwithstanding any subsequent disability or incapacity of the applicant.

Do not consider the application properly signed unless both of the above conditions are met. An individual's ~~Durable Power~~durable power of ~~Attorney~~attorney for finances may appoint an authorized representative for purposes of making a health care application, ~~if authorized on the power~~Durable Power of ~~attorney~~Attorney for Finances form. (F-00036).

The Durable Power of Attorney for Finances form will specify what authority is granted. The appointment of a ~~Durable Power~~durable power of ~~Attorney~~attorney for finances does not prevent an ~~individual applicant~~individual applicant from filing their own application for BadgerCare Plus, nor does it prevent the ~~individual applicant~~individual applicant from granting authority to someone else to apply for public assistance on their behalf.

5. Someone acting responsibly for an incompetent or incapacitated person

Example 1	Carl is in a coma in the hospital. Marco, a nurse who works at the hospital, can apply for health care on Carl's behalf.
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6. A superintendent of a state mental health institute or center for the developmentally disabled

7. A warden or warden's designee

A warden or warden's designee for an inmate of a state correctional institution who is a hospital inpatient for more than 24 hours.

8. The superintendent of a county psychiatric institution

The superintendent of a county psychiatric institution may sign an application for a resident of the institution provided that the county social or human services director has delegated to them (in writing) the authority to sign and witness applications for residents of the institution. Retain a copy of this written authorization. The social or human services director may end the delegation when there's reason to believe that the delegated authority is not being carried out properly.

25.9 Denials and Terminations

25.9.2 Denial

If the person applied for health care and the IM agency denied the health care application 30 or fewer days ago, the person can re-request health care without submitting a new application or a new signature. The date of the new health care request is the new filing date.

Example 1	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.
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If the person applied for health care and the IM agency initially denied the health care application more than 30 days ago or the only health care eligibility on the case is an unmet deductible, the person must sign and submit a new application in order to re-request health care, regardless of the other non-health care programs the person is enrolled in.

Example 2	James applied 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.
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The person may need to provide verification if required to complete the eligibility determination.

Note If someone who was determined eligible for an unmet deductible wishes to request a new deductible period, a new application is required regardless of when the previous deductible period was established and regardless of whether they or anyone else on the case is eligible for another health care program (see SECTION 17.2.2 DEDUCTIBLE PERIOD (PREGNANT MEMBERS) and SECTION 17.3.1 DEDUCTIBLE PERIOD (CHILDREN UNDER 19)).

28.2 Recoverable Overpayments

28.2.3 Recoverable Overpayment Types

BadgerCare Plus overpayments resulting from any of these reasons are subject to recovery:

- **Applicant or member error**

Applicant or member error occurs when an applicant, member, or any other person responsible for giving information on the applicant's or member's behalf unintentionally misstates or omits facts at application or renewal, and this results in the member receiving a benefit that they are not entitled to or more benefits than they are entitled to. This can include having lower premiums or other cost share amounts than the member should have had.

Applicant or member error also occurs when the member, or any person responsible for giving information on the member's behalf, fails to report required changes in financial (for example, income, expenses, etc.) (see SECTION 27.3 INCOME CHANGE REPORTING REQUIREMENTS) or nonfinancial (see SECTION 27.2 NONFINANCIAL CHANGE REPORTING) information that would have adversely affected eligibility, the benefit plan, or the premium amount.

See SECTION 28.3.5 ELIGIBILITY AND PREMIUM DETERMINATIONS BASED ON REASONABLE COMPATIBILITY for information about when members with eligibility or premium determinations based on income that was reasonably compatible can be subject to overpayments after failing to report required changes in financial information.

Example 1	<p>Joe and his daughter Olivia are on a case. Olivia is open for BadgerCare Plus with a monthly premium of \$10. Joe is not open for BadgerCare Plus. In November, Joe's worker learned that Joe had received a raise January 1 that Joe was required to report by February 10. Because of the new family income, Olivia's monthly premium increased to \$82. The worker entered the new income in CARES and confirmed the increase in the premium amount for December.</p> <p>Because Joe did not report the increase in income, the premium amount for March through November is incorrect. Following the overpayment calculation policies in SECTION 28.4 OVERPAYMENT CALCULATION, the worker determined that the overpayment amount is \$648, which is the difference between the correct premium for March through November (total of \$738) and the premium amount that was paid (total of \$90). This is a recoverable overpayment because it is within the 12-month look back period and is for an amount that is at least \$500.</p>
Example 2	<p>Susan was determined eligible for BadgerCare Plus in January. She was pregnant with a due date of August 15. On February 3, she miscarried but did not report this change to her worker. Her BadgerCare Plus eligibility continued until the worker closed the case effective October 31. Once she was no longer pregnant, she would only have remained eligible for an additional 60 days after the last day of pregnancy through the end of the month in which the 60th day occurs. Susan was not eligible May through October.</p>

	<p>The change should have been reported in February. Allowing for the two-month extension 60-day postpartum period, BadgerCare Plus should have closed April 30. The overpayment amount is the amount of the fee-for-service claims and the capitation payments made for her from May through October. This amount is \$750. This is a recoverable overpayment because it is within the 12-month look back period and is for an amount that is at least \$500.</p>
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- **Fraud**

Fraud exists when an applicant, member, or any other person responsible for giving information on the applicant's or member's behalf does any of the following:

- Intentionally makes or causes to be made a false statement or representation of fact in an application for a benefit or payment.
- Intentionally makes or causes to be made a false statement or representation of a fact for use in determining rights to benefits or payments.
- Having knowledge of an event affecting initial or continued right to a benefit or payment and intentionally failing to disclose such event.
- Having made application to receive a benefit or payment and intentionally uses any or all of the benefit or payment for something other than the intended use and benefit of such persons listed on the application.

If there is a suspicion that fraud has occurred, see Section 28.6 Refer to District Attorney for information about referral to the District Attorney (DA).

Overpayments based on fraud convictions have a look back period of six years preceding the date of discovery. The minimum threshold does not apply for these overpayments.

- **Member loss of an appeal**

Benefits a member receives as a result of a fair hearing request order can be recovered if the member loses the appeal.

A member may choose to continue to receive benefits pending an appeal decision. If the appeal decision is that the member was ineligible, the benefits received while awaiting the decision can be recovered. If an appeal results in an increased patient liability, cost share, or premium, recover the difference between the initial amount and the new amount or the amount of claims and any HMO capitation payments the state paid for each month, whichever is less.

28.4 Overpayment Calculation

28.4.2 Overpayment Amount

The actual income that was reported or required to be reported is used in determining if an overpayment has occurred. If the information needed to determine if an overpayment exists is incomplete, the best available information is used to determine the overpayment. The amount of recovery may not exceed the amount of the BadgerCare Plus benefits incorrectly provided.

Earned income information available through the State Wage Information Collection Agency (SWICA) or through Equifax from the Federal Data Services Hub (FDSH) can be used as best available information when determining if an overpayment has occurred. When using these data sources as best available information, Equifax information from the FDSH must be looked at first. If this information is reasonably compatible with what the member reported (see Section 9.12 Reasonable Compatibility for Health Care and Section 28.3.5 Eligibility and Premium Determinations Based on Reasonable Compatibility), there is no overpayment. If there is no Equifax information from the FDSH or it is incomplete, SWICA information can be used. If this information is reasonably compatible with what the member reported, there is no overpayment.

Example 1	Camila is enrolled in Badger Care Plus. On October 1, an IM worker discovers an unreported job for Camila through a SWICA wage match and requests verification of historical wages. The verification due date is October 30. Camila does not provide verification to IM by the due date of October 30. The worker must use the best available information to calculate the overpayment, which is the information from SWICA.
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In situations where all attempts to obtain verification are unsuccessful, information is not available in a data exchange, and it is not possible to determine the correct amount of benefits that should have been issued to the applicant or member, an overpayment must not be established.

If the case was ineligible for BadgerCare Plus, the overpayment amount is the amount of fee-for-service claims paid by the state and any HMO capitation payments the state paid, minus any premiums paid during the overpayment period.

If the case is still eligible for BadgerCare Plus for the time frame in question but there was an increase in the premium, the overpayment amount is the lesser of:

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

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

Example
2

Tom and his daughter Candice are on a case. Candice is enrolled in BadgerCare Plus with no premium. Tom is not enrolled in BadgerCare Plus. A renewal for Candice's BadgerCare Plus eligibility is due in June. At the renewal, Tom failed to disclose income from a new second job, which would have resulted in a \$55 monthly premium for Candice. This new information was discovered the following March.

Overpayment calculation:

10 months

x \$55 premium owed for each month (June - March)

\$550 total premium owed

- \$ 0 premium paid

\$550 overpayment

The state paid the HMO \$475 in capitation payments and \$50 in claims each month during that 10-month period for Tom's family for a total of \$5,250. Because the difference in premium amounts is less than the claims and HMO capitation payments, the overpayment is the \$550 difference in premiums.

32.2 Eligibility

32.2.2 Temporary Enrollment Within the Last 12 Months

An applicant may only be temporarily enrolled once in a rolling 12-month period, or once per pregnancy. Table 2 describes the situations where this applies.

Table 2: Temporary Enrollment Within the Last 12 Months			
Applicant was temporarily enrolled in:	Applicant is applying for temporary enrollment in BadgerCare Plus (non-pregnant woman members):	Applicant is applying for temporary enrollment in BadgerCare Plus (pregnant woman members):	Applicant is applying for temporary enrollment in Family Planning Only Services:
BadgerCare Plus (non-pregnant woman members)	Deny temporary enrollment	Allow temporary enrollment*	Allow temporary enrollment*
BadgerCare Plus (pregnant woman members)	Deny temporary enrollment	Allow temporary enrollment* as long as the previous temporary enrollment was not for the same pregnancy	Allow temporary enrollment*
Family Planning Only Services	Allow temporary enrollment*	Allow temporary enrollment*	Deny temporary enrollment
No programs	Allow temporary enrollment*	Allow temporary enrollment*	Allow temporary enrollment*

*If all other temporary enrollment criteria are met

32.2.3.2 Pregnant ~~Women~~Members

~~A pregnant woman~~An individual may get temporary enrollment for BadgerCare Plus as a pregnant member if ~~she~~they 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~~members only covers ambulatory pregnancy-related care. An application for ongoing health care benefits is required for inpatient services, including the delivery.

32.2.5 Household Size

For presumptive eligibility for BadgerCare Plus, the household size must include all members of the household, even if they are not requesting presumptive eligibility and are not listed on the application. Household members include:

- Children under age 19. If the child is married, their spouse should also be included.
- The ~~natural~~biological, adoptive, or ~~step-parents~~stepparents living with the children under age 19.
- Spouses.
- Caretaker relatives.
- For a pregnant ~~woman~~individual, the number of babies ~~she is expecting~~expected.

For presumptive eligibility for Family Planning Only Services, the household size can only be “1” regardless of whether the individual is under age 18, married and/or has children, so this field will be automatically filled with “1.”

38.5 BadgerCare Plus Cards

38.5.6. Lost-Stolen Cards

If a member needs a replacement card, they or an authorized representative, can request a replacement card by either:

1. ~~Going to~~ Using ACCESS.
 1. ~~Create a~~ an MyACCESS ACCESS Account, then
 - a. .
 - a.b. Go to your MyACCESS Page ACCESS Home Page and select a new ForwardHealth card, or (see ACCESS User Guide, Section 4.10 Get a New Card).
2. Contacting Member Services at 1-800-362-3002.

Workers may also log into the [ForwardHealth Partner Portal](#) and select "Replacement ID Card Request" under the Quick Links on the right side of the page.

If the member has multiple benefit ID cards, there will be a choice of which ID card to request. A new ForwardHealth card will be created the evening of the request and will be sent out the following business day. Replacement cards are issued automatically when the card has been returned as undeliverable and the member's address changes.

You cannot request replacement cards using a Medicaid/BadgerCare Plus Eligibility Certification form (F-10110) or CARES.

38.8 Five Percent Cost Share Limit

38.8.3 Determining the Copay Limit

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

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

Example 1	Jane and Benji are married with two children. The entire family is enrolled in BadgerCare Plus. The assistance group has counted income which puts their household income in the >50-100% of FPL income tier for an assistance group size of four. Since both parents are eligible and have to <u>must</u> pay copays, the \$26 copay limit for the household will be prorated between Jane and Benji. They will each have a monthly copay limit of \$13.
Example 2	Marianne, who is pregnant, and Joe are a married couple enrolled in BadgerCare Plus with income that falls in the >50-100% of FPL income tier for a group size of three. Marianne has a pregnancy due date of March 10. Marianne is exempt from copays beginning with the first month she is certified as a pregnant woman until May 31 (the end of the month in which her 60-day postpartum period ends). While Marianne is certified as a pregnant woman and exempt from copays, Joe's monthly copay limit is \$26. After the end of the postpartum period, eligibility and copay limits will be redetermined. Beginning June 1, the household's copay limit will be split between Marianne and Joe, and they will each have a \$13 copay limit.

If spouses are enrolled in two different health care programs (and both programs have a copay limit), the copay limit for the household will be calculated based on the assistance group with lower income and prorated between spouses. This will prevent the spouse with lower income from paying cost sharing expenses in excess of the ~~five percent~~ 5% limit.

Example 3	Dave, his wife Debbie, and their son Derek receive health care benefits. Dave is enrolled in SSI-Related Medicaid and Debbie and Derek are enrolled in BadgerCare Plus. Due to the different income budgeting rules for SSI-Related
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	<p>Medicaid and BadgerCare Plus:</p> <ul style="list-style-type: none"> • The countable income for SSI-Related Medicaid is 69% of the FPL for a group size of two. That puts the SSI-Related Medicaid assistance group income in the >50-100% of FPL income tier. • The countable income for BadgerCare Plus is 48% of the FPL for a group size of three. That puts the BadgerCare Plus assistance group income in the 0-50% of FPL income tier. <p><u>To determine the copay limit for the household, the lower BadgerCare Plus assistance group income tier of 0-50% of FPL will be used. Debbie, Dave, and Derek each have a \$0 copay limit, meaning they will not be charged any copays.</u></p>
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~~To determine the copay limit for the household, the lower BadgerCare Plus assistance group income tier of 0-50% of FPL will be used. Debbie, Dave, and Derek each have a \$0 copay limit, meaning they will not be charged any copays.~~ If a member who is enrolled in a health care program that has a copay limit is married to someone who is enrolled in a program that has no copay limit (MAPP or SeniorCare), the member will have the full individual copay limit for their income tier.

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

39.1 Emergency Services **Income**
Limits Introduction

39.3 Emergency for Pregnant Women Members

A pregnant non-qualifying immigrant may apply for BadgerCare Plus Emergency Services up to one calendar month before ~~her~~the due date. Certify an eligible pregnant non-qualifying immigrant from the date of application, if ~~she~~they apply~~ies~~ no more than one calendar month prior to ~~her~~the due date, through the end of the month in which the 60th day occurs following ~~her~~the due date. Adjust the certification period based on the actual pregnancy end date, once it is known.

Note	Pregnancy does not need to be verified (see <u>SECTION 9.9.3 PREGNANCY</u>).
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Example 1	Sara is a pregnant non-qualifying immigrant applying for BadgerCare Plus Emergency Services. Sara has two weeks until her due date, which is March 3. Certify Sara for BadgerCare Plus Emergency Services from the date of application through the end of May.
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Example 2	Erica applied for BadgerCare Plus Emergency Services because she was a pregnant non-qualifying immigrant on March 13. Her expected due date is April 5. Erica is certified for BadgerCare Plus Emergency Services from March 13 through the end of June. Erica delivers her son on March 15. Her certification period should be adjusted from March 13 through the end of May.
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If a pregnant non-qualifying immigrant applies for BadgerCare Plus Emergency Services prior to the calendar month, before ~~her~~the due date, and ~~she~~has~~they~~have not received a service, deny ~~her~~ BadgerCare Plus Emergency Services eligibility because ~~they~~she ~~have~~s not received a service.

If an individual~~woman~~ applies for BadgerCare Plus Emergency Services, within three months after ~~her~~the pregnancy has ended, certify ~~her~~ BadgerCare Plus Emergency Services from the pregnancy end date through the end of the month in which the 60th day occurs.

Example 3	Vienne miscarries on April 5, which is more than one month from her due date of July 15. Vienne applies on April 6 for BadgerCare Plus Emergency Services. Certify Vienne for BadgerCare Plus Emergency Services from April 5 through the end of June.
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Example 4	Guadeloupe was in a car accident and admitted to a Fort Atkinson Hospital <u>hospital</u> on February 18. On March 15, Guadeloupe applied for BadgerCare Plus Emergency Services for both the February hospital stay and her pregnancy, with a due date of April 15. Certify Guadeloupe for BadgerCare Plus Emergency Services from February 18 through the end of June.
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An immigrant who gives birth while enrolled in BadgerCare Plus Emergency Services remains eligible for emergency services for an additional 60 days after the last day of pregnancy through the end of the month in which the 60th day occurs. The emergency does not have to be related to the pregnancy.

41.2 Eligibility Requirements

Pregnant ~~women~~ members (or when applicable, their assistance group), must meet the following BadgerCare Plus eligibility requirements to qualify for the BadgerCare Plus Prenatal Program:

1. The applicant's net countable income must not exceed 306% of the FPL.
2. The applicant must not have current or past access to an employer's health insurance benefit where the employer pays 80% or more of the premium cost or to any State of Wisconsin health insurance plan.
3. The applicant must provide any required verifications. Note: Pregnancy will only be verified if the worker has information that contradicts the applicant's self-declared information (see [SECTION 9.9.3 PREGNANCY](#)).
4. The applicant must not have health insurance coverage ([CHAPTER 7](#)) through any HIPAA standard plan now or in the three calendar months prior to the BadgerCare Plus Prenatal request.

41.2.1 Unique Aspects of BadgerCare Plus Prenatal Program

1. Providing an SSN is not an eligibility requirement for either inmates or non-qualifying immigrants applying for the BadgerCare Plus Prenatal Program.
2. Cooperation with Child Support Enforcement is not an eligibility requirement for this program.
3. Unlike regular BadgerCare Plus which locks in eligibility throughout the pregnancy, BadgerCare Plus Prenatal Program eligibility may be terminated with timely notice for failure to meet any of the BadgerCare Plus eligibility requirements ~~listed in~~ (see Section 41.1 BadgerCare Plus Prenatal Program).
4. There is no Presumptive Eligibility for the BadgerCare Plus Prenatal Program. Eligibility for the BadgerCare Plus Prenatal Program may only be determined by the IM agencies.
5. There is no ~~3~~ three-month backdating option available for Prenatal Program members.
6. Unlike BadgerCare Plus for Pregnant ~~Women~~ Members, Prenatal Program members are not eligible for the 60-day pregnancy extension but are eligible for Emergency Services during that time.

41.6 Eligibility End Date

BadgerCare Plus Prenatal Program eligibility ends when the pregnancy ends. Benefits will continue through the end of the month following timely notice requirements.

Non-qualifying immigrants who lose eligibility for the BadgerCare Plus Prenatal Program when their pregnancy ends, for any reason other than moving out of state, are eligible for Emergency Services ~~(see Chapter 39 Emergency Services)~~ from the time they lose BadgerCare Plus Prenatal Program eligibility. (see Chapter 39.5 Non-Qualifying Immigrants No Longer Eligible for the BadgerCare Plus Prenatal Program).

When the pregnancy ends, CARES will automatically send ForwardHealth an emergency services certification through the end of the month in which the 60th day occurs.