

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 23-03**

Release Date: 08/14/2023

Effective Date: 08/14/2023

EFFECTIVE DATE	The following policy additions or changes are effective 08/14/2023 unless otherwise noted. Underlined text denotes new text. Text with a strike through it denotes deleted text.
POLICY UPDATES	
1.1.2 BadgerCare Plus Coverage Groups	Added information about Medicare Part B-ID benefit. Effective 01/01/2023.
2.1 BadgerCare Plus Nonfinancial Requirements	Added information about Medicare Part B-ID benefit. Effective 01/01/2023.
2.2.7 Childless Adults	Added information about Medicare Part B-ID benefit. Effective 01/01/2023.
4.3.3.1 Qualifying Immigrants	Added reference to new section on Cuban & Haitian Entrants.
4.3.3.6 Cuban & Haitian Entrants	New section.
5.1.2 Referral to Child Support Agencies	Updated to remove case processing instructions.
5.3.2 Notice	Clarified when Child Support Cooperation & Good Cause notice must be sent.
5.3.3 Good Cause Claim	Updated text and removed obsolete information.
5.5.4 Assignment Process	Updated text and removed obsolete information.
7.1 Health Insurance Conditions of Eligibility	Added information about Medicare Part B-ID benefit. Effective 01/01/2023.
9.8 General Rules	Removed reference to recovering benefits after verification.
25.1 Application Introduction	Clarified when the Notice of Assignment and Child Support Cooperation & Good Cause notice must be sent.
25.2 Application Methods	Added the option to fax to the list of application methods.
25.5.1 Valid Signature Introduction	Clarified policy about when two telephonic signatures are needed when there is an RFA and application.
25.8 Begin Dates	Removed outdated information about inmates and the BadgerCare Plus Prenatal Program.
25.8.1 Backdated Eligibility	Clarified reasonable compatibility test when determining backdated eligibility.
26.1.2 Late Renewals	Clarified policy on late renewals and renewal-related verifications.
27.4 Other Reported Changes	Clarified that the source of the change does not have to be a data exchange.

36.4	Access by Someone Else	Clarified policies on right of access to a case for an applicant's or member's attorney or another person or organization indicated on a release of information form.
38.4.1	BadgerCare Plus HMO Enrollment	Clarified who cannot enroll in a BadgerCare Plus HMO.
38.4.1.1	Voluntary HMO Enrollment	Removed reference to dual eligibility.
42.3	Institutionalized Individuals Determined Eligible for Elderly, Blind, or Disabled Medicaid	Added "Part A" of Medicare to example. Effective 01/01/2023.
44.1	Introduction to BadgerCare Plus Childless Adults	Added information about Medicare Part B-ID benefit. Effective 01/01/2023.

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1.1 Introduction to BadgerCare Plus

1.1.2 BadgerCare Plus Coverage Groups

Populations eligible for BadgerCare Plus include:

- Children younger than 19 years old
- Pregnant ~~women~~ persons
- Parents and caretakers of children younger than 18 years old and dependent 18-year-olds
- Parents and caretaker relatives whose children have been removed from the home and placed in out-of-home care
- Former Foster Care Youth younger than 26 years old who were in out-of-home care when they turned 18
- Adults ages 19–64 who are not receiving Medicare, except Medicare Part B Immunosuppressive Drug Benefit (Part B-ID), and do not have dependent children

For information on income limits, see Section 16.1 Income and Section 50.1 Federal Poverty Level Table.

All BadgerCare Plus members receive coverage under the Standard Plan. See Chapter 38 Covered Services for information on covered services.

BadgerCare Plus is funded by Medicaid and CHIP. CHIP, which is also known as State Children's Health Insurance Program (SCHIP) or Title 21, is primarily a program covering low-income children's health care needs. In Wisconsin, these low-income children include children with incomes above the Medicaid income limits up to 306% of the Federal Poverty Level (FPL). Children eligible for CHIP are covered under BadgerCare Plus. CHIP also covers pregnant ~~women~~ persons who are enrolled in the BadgerCare Plus Prenatal Program.

Note Receipt of Medicare Part B-ID has no effect on an individual's eligibility for BadgerCare Plus. This is a limited benefit that covers only immunosuppressive drugs. It is only available to beneficiaries who don't have comprehensive health coverage which pays for their immunosuppressive drugs, so if a member is enrolled in BadgerCare Plus, it is up to the member to disenroll from Medicare Part B-ID by contacting the Social Security Administration (SSA).

2.1 BadgerCare Plus Nonfinancial Requirements

Wisconsin residents in the following coverage groups may be non-financially eligible for BadgerCare Plus:

- Children younger than 19 years old
- Pregnant ~~women~~persons
- Parents and caretakers of children younger than 18 years old and dependent 18-year-olds
- Parents and caretaker relatives whose children have been removed from the home and placed in out-of-home care
- Former Foster Care Youth younger than 26 years old who were in out-of-home care when they turned 18
- Adults ages 19-64 who are not receiving Medicare-, except Medicare Part B Immunosuppressive Drug Benefit (Part B-ID), and who do not have dependent children who reside with them at least 40% of the time.

To be eligible for BadgerCare Plus, a person must meet the following criteria:

- Be a Wisconsin resident (see Chapter 3 Residence)
- Be a U.S. citizen or qualified immigrant (see Chapter 4 Citizen and Immigration Status)

Note A non-qualifying immigrant receiving BadgerCare Plus Emergency Services (see Chapter 39 Emergency Services) or a BadgerCare Plus Prenatal Program applicant (see Chapter 41 BadgerCare Plus Prenatal Program) is not required to be a U.S. citizen or qualified immigrant.

- Provide documentation of citizenship and identity or of immigration status (see Section 4.1 U.S. Citizens and Nationals)
- Cooperate with establishing medical support and Third Party Liability (TPL) (see CHAPTER 5 MEDICAL SUPPORT AND THIRD PARTY LIABILITY)
- Sign over to the state their rights to payments from a third party for medical expenses (see Section 5.2 Medical Support/CSA Cooperation)
- Meet BadgerCare Plus Social Security Number (SSN) requirements (see Chapter 6 Social Security Requirements)
- Cooperate with verification requests when information is mandatory or deemed questionable (see Chapter 9 Verification)
- Meet health insurance access and coverage requirements (see Chapter 7 Health Insurance Access and Coverage Requirements)

2.2 Coverage Group Definitions

2.2.7 Childless Adults

A childless adult is a person 19 to 64 years old who ~~is~~ meets both of the following criteria:

- Is not receiving Medicare ~~and does~~, except Medicare Part B Immunosuppressive Drug Benefit (Part B-ID).
- Does not have any dependent children younger than 19 years old who reside with them at least 40% of the time.

Marital status has no effect on a person being a childless adult.

4.3 Immigrants

4.3.3 Immigrants Eligible for BadgerCare Plus

4.3.3.1 Qualifying Immigrants

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

1. A refugee admitted under [Immigration and Nationality Act \(INA\) Section 207](#). A refugee is a person who flees ~~them~~their country due to persecution or a well-founded fear of persecution because of race, religion, nationality, political opinion, or membership in a social group. An immigrant admitted under this refugee status may be eligible for BadgerCare Plus even if their ~~Immigration Status~~immigration status later changes.
2. An asylee admitted under INA Section 208. Similar to a refugee, an asylee is a person who seeks asylum and is already present in the U.S. when they request permission to stay. An immigrant admitted under this asylee status may be eligible for BadgerCare Plus even if their immigration status later changes.
3. An immigrant whose deportation is withheld under INA Section 243(h) and such status was granted prior to April 1, 1997, or an immigrant whose removal is withheld under INA Section 241(b)(3) on or after April 1, 1997. An immigrant admitted under this status may be eligible for BadgerCare Plus even if their immigration status later changes.
4. A Cuban/Haitian entrant. An immigrant admitted under this Cuban/Haitian entrant status may be eligible for BadgerCare Plus even if their immigration status later changes. Haitians paroled into the U.S. through the Haitian Family Reunification Parole Program are considered Cuban/Haitian entrants ([see SECTION 4.3.3.6 CUBAN & HAITIAN ENTRANTS](#)).
- ~~4.~~
5. An American Indian born in Canada who is at least 50% American Indian by blood or an American Indian born outside the U.S. who is a member of a federally recognized Indian tribe.
6. Victims of a severe form of trafficking in accordance with 107(b)(1) of the Trafficking Victims Protection Act of 2000 (P.L. 106-386) ([see SECTION 4.3.11 VICTIMS OF TRAFFICKING](#)).
7. An immigrant lawfully admitted for permanent residence under INA 8 USC 1101 et seq.*
8. An immigrant paroled into the U.S. under INA Section 212(d)(5).*
9. An immigrant granted conditional entry under immigration law in effect before April 1, 1980 [INA Section 203(a)(7)].*
10. An immigrant who has been battered or subjected to extreme cruelty in the U.S. and meets certain other requirements.*
11. An immigrant whose child has been battered or subjected to extreme cruelty in the U.S. and meets certain other requirements.*

12. An immigrant child who resides with a parent who has been battered or subjected to extreme cruelty in the U.S. and meets certain other requirements.*
13. Citizens of the Compacts of Free Association (COFA) countries (see Section 4.1.2 Citizens of the Compacts of Free Association Countries).

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

- Be lawfully residing in Wisconsin and an honorably discharged veteran of the U.S. Armed Forces (see [SECTION 4.3.10 MILITARY SERVICE](#))
- Be lawfully residing in Wisconsin and on active duty (other than active duty for training) in the U.S. Armed Forces (see [SECTION 4.3.10 MILITARY SERVICE](#))
- Be lawfully residing in Wisconsin and the spouse, unmarried dependent child, or surviving spouse of either an honorably discharged veteran or a person on active duty in the U.S. Armed Forces
- ~~Certain~~ Be a certain Amerasian immigrants defined under §584 of the Foreign Operations, Export Financing and Related Programs Appropriations Act of 1988, with Class of Admission codes: AM1, AM2, AM3, AM6, AM7, or AM8
- Have resided in the U.S. for at least five years since their date of entry (see [SECTION 4.3.6 CONTINUOUS PRESENCE](#))

4.3.3.6 Cuban & Haitian Entrants

The term "Cuban-Haitian Entrant" (CHE) relates to benefit eligibility rather than an immigration status. Cuban-Haitian entrants are defined as certain nationals of Cuba or Haiti who have permission to reside in the U.S. based on humanitarian considerations or under Section 501(e) of the Refugee Education Assistance Act of 1980 (REAA). CHEs are qualified immigrants with no waiting period. The following individuals meet the definition of Cuban-Haitian Entrant:

- An individual granted parole as a Cuban-Haitian Entrant (Status Pending) or any other special status subsequently established under the immigration laws for nationals of Cuba or Haiti, regardless of the status of the individual at the time assistance or services are provided; or
- A national of Cuba or Haiti who is not subject to a final, non-appealable and legally enforceable removal order, and:
 - Was paroled into the United States and has not acquired any other status under the Immigration and Nationality Act; or
 - Is in removal proceedings under the Immigration and Nationality Act; or
 - Has an application for asylum pending with USCIS.

5.1 Medical Support

5.1.2 Referral to Child Support Agencies

The income maintenance (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 5.1.1 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~~

For health care applications, new health care requests on existing cases, and person add requests that include minor children who have an absent parent, a referral is systematically sent to the CSA at the time health care eligibility is confirmed, with the exception of the situations listed in Section 5.2.2 Exemptions from Cooperation.

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 (see Process Help, Section 65.1 Enter Parent Information-).

Note

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

While IM agencies are to continue referring the following individuals who are receiving BadgerCare Plus, the CSAs will be determining on their own, which cases will be provided child support services. Not all BadgerCare Plus members will qualify for free child support services 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 with the exceptions noted below:

1. Pregnant member who is unmarried or married and not living with their husband. However, pregnant members are not required to cooperate with the CSA during the pregnancy and for an additional 60 days after the last day of pregnancy and through the end of the month in which the 60th day occurs. The member's eligibility for BadgerCare Plus will continue during this period, regardless of the member's cooperation.
 - a. Exception: Pregnant members receiving the BadgerCare Plus Prenatal Benefit 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, 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. 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, biological parents in the home, but:
 - a. The child was born prior to their marriage, and
 - b. Paternity was not established by court action or established after their marriage.

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.
- 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

5.3.2 Notice

~~An applicant or member must receive a Good Cause Notice~~ At application or a new request for health care on an existing case, the income maintenance (IM) agency must provide a Child Support Cooperation & Good Cause notice ([DCF-P-5600](#)) whenever a child with an absent parent is part of the ~~BadgerCare Plus~~ health care application or case. The Child Support Cooperation & Good Cause notice describes the right to refuse to cooperate for good cause in establishing paternity and securing medical support from the absent parent.

Exception: The agency does not need to provide notice to applicants who apply via ACCESS since this information is included in the ACCESS application.

The IM agency must also provide this notice to the member in situations where a parent leaves the home, resulting in a child on the case now having an absent parent.

Applicants and members are not required to sign the Child Support Cooperation & Good Cause Notice notice in order to be eligible for ~~BadgerCare Plus~~ health care programs.

5.3.3 Good ~~Clause~~ Cause Claim

The Good Cause Claim form ([DCF-F-DWSP 2019](#)) must be provided to any ~~BadgerCare Plus parent~~ health care applicant or ~~caretaker~~ member 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 Good Cause Claim form in order to initiate the claim. The IM agency must send a copy of the submitted Good Cause Claim form to the parent or caretaker upon request.

~~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 the claim~~ child support agency (CSA) must be ~~sent to the Child Support Agency (CSA)~~ informed within two business days ~~of signing that~~ a good cause claim ~~has been filed~~. When the CSA is informed of a claim, they will immediately suspend all activities to establish paternity or secure medical support until notified of the final determination.

5.5 Third Party Liability

5.5.4 Assignment Process

At application or a new request for health care on an existing case, the IM agency must ~~give~~ provide a Notice of Assignment: Child Support, Family Support, Maintenance, and Medical Support (DCF-F-DWSP2477) (available in [English](#) and [Spanish](#)) to each applicant. ~~If the applicant refuses to sign this form, the IM agency must complete the lower portion of the form and file it in the case record. This must be done no later than at the time of the interview. The applicant must be given a copy of the notice. Processing a BadgerCare Plus application must not be delayed while waiting for the form to be signed. The member should not be penalized for not signing this form. The original copy must be filed in the case record.~~ Applicants and members are not required to sign this form in order to be eligible for health care programs.

Exception: The IM agency does not need to provide the Notice of Assignment to health care applicants who apply via ACCESS since this information is included in the ACCESS application.

7.1 Health Insurance Conditions of Eligibility

To prevent the crowd out of private insurance, BadgerCare Plus benefits may be denied or terminated for people who have current health insurance coverage or have access (or have had access) to certain employer-sponsored health insurance policies when those people:

- Are children ages one through five with household incomes over 191% of the FPL and children ages six through 18 with household incomes over 156% of the FPL,
- Are pregnant ~~women~~ persons eligible under the BadgerCare Plus Prenatal Program at any income level,
- Are not in an exempt category (see list below) and,
- Do not have a good cause reason for failure to enroll in an employer-sponsored health insurance plan

The following people are exempt from the policies related to employer-sponsored health insurance access and coverage:

- Infants younger than one year old
- Children younger than 19 years old who have met a deductible (exempt only during the deductible period)
- Children who are in an extension
- Children ages one through five (up to age six) with household income at or below 191% of the FPL
- Children ages six to 18 with household income at or below 156% of the FPL
- Former Foster Care Youth
- Pregnant ~~women~~ persons and pregnant minors, other than those in the BadgerCare Plus Prenatal Program
- All adults 19 years old or older

BadgerCare Plus Prenatal Program members are subject to different policies related to health insurance coverage. Refer to Section 7.4. Current Health Insurance Coverage for the policies regarding the rules for current coverage under the BadgerCare Plus Prenatal Program.

Health insurance conditions that impact eligibility include:

- Past access (see Section 7.2 Past Access to Health Insurance)
- Current access (see Section 7.3 Current Access to Health Insurance)
- Coverage (see Section 7.4 Current Health Insurance Coverage)

IM workers are not responsible for determining current or past access to health insurance. The process will be done through the Employer Verification of Health Insurance database (see Section 9.9.6.1 Employer Verification of Health Insurance [EVHI] Database).

Childless adults are not eligible for BadgerCare Plus if they are enrolled in any part of Medicare- except Medicare Part B Immunosuppressive Drug Benefit (Part B-ID).

9.8 General Rules

1. Over-verification, including requiring excessive pieces of evidence for any one item or requesting verification that is not needed to determine eligibility, is prohibited. Once the accuracy of a written or verbal statement has been established, additional verification can't be required. For example, once U.S. citizenship is verified, a member or applicant never has to verify it again (see Section 4.2 Citizenship Verification).
2. If information has already been verified, the applicant or member does not need to verify it again except in the following situations:
 - a. There is reason to believe the information is fraudulent or differs from more recent information. If fraud is suspected, the IM agency will determine if a referral for fraud or for front-end verification should be made (see Section 9.10 Questionable Items).
 - b. The member reported a change to information that is subject to mandatory verification rules or is questionable.
 - c. At renewal, information is subject to mandatory verification rules or is questionable.
3. One particular type of verification can't be exclusively required when various types are adequate and available.
4. Verification need not be presented in person. Verification may be submitted by mail, fax, e-mail, or through another electronic device or through an authorized representative.
5. Special groups or persons can't be targeted based on race, color, national origin, age, disability, sex, religion, or migrant status for special verification requirements.
6. The applicant or member can't be required to sign a release form (either blanket or specialized) when the applicant or member provides required verification.
7. Verification of information that is not used to determine eligibility can't be required.
8. During verification, the applicant or member can't be harassed or have their privacy, personal dignity, or constitutional rights violated.

Except for verification of access to employer-sponsored health insurance (see Section 9.9.7 Access to Employer-Sponsored Health Insurance), Child Welfare parent cooperation (see Section 10.1 Child Welfare Parent or Caretaker Relative), and former Foster Care status (see Section 11.2 Former Foster Care Youth), the applicant or member has primary responsibility for providing verification and resolving questionable information. However, the IM worker must use all available data exchanges to verify information rather than requiring the applicant to provide it, unless the information from the data source is not reasonably compatible with what the applicant or member has reported (see Section 9.12 Reasonable Compatibility for Health Care).

IM agencies must assist the applicant or member in obtaining verification if they request help or have difficulty in obtaining it.

The best information available should be used to process the application or change within the time limit when both of the following two conditions exist:

1. The applicant or member does not have the power to produce verification.
2. Information is not obtainable timely even with the IM worker's assistance.

Applicants meeting the health care program eligibility criteria based on this best available information are eligible for benefits. Even after the application or change is processed using best available information, the IM agency is required to continue in their attempts to obtain verification. When the verification is received, benefits may need to be adjusted ~~or recovered~~ based on the new information. The agency must explain this to the applicant or member when requesting verification.

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 their behalf unless they are 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 they choose in completing an application.

Anyone who expresses interest in applying should be encouraged to file an application as soon as possible (see [SECTION 25.2 APPLICATION METHODS](#)).

The [income maintenance \(IM\)](#) agency must provide [the following documents at application or a new request for health care on an existing case](#):

- Notice of Assignment: Child Support, Family Support, Maintenance and Medical Support form ([DWSP-2477](#)) ~~and Good Cause Notice (-) 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~~ [must be provided to all applicants.](#)
- [Child Support Cooperation & Good Cause notice \(DCF-P-5600\)](#) must be provided to all applicants with children applying for health care who have an absent parent. [The IM agency must also provide this notice to the member in situations where a parent leaves the home resulting in a child on the case now having an absent parent.](#)

[Exception: The IM agency does not need to provide these documents to applicants who apply via ACCESS, since this information is included in the ACCESS application.](#)

[The IM agency must also provide these documents to anyone who requests them.](#)

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 they~~ 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:	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. apply for health care. Carrie does not need to submit a new application or new signature. She can contact the IM agency to request BadgerCare Plus. health care.
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Note: An application can be filed on behalf of a deceased person. If the application is filed within the same calendar month as the date of death or within the three

months after the date of death, the application should be processed as if the applicant were alive. If the application is filed more than four months after the date of death, ~~they are not eligible.~~ the application must be denied.

25.2 Application Methods

BadgerCare Plus applicants have the choice of one of the following application methods:

- ACCESS-: access.wisconsin.gov
- Mail-~~In~~ in or fax using the BadgerCare Plus Application Packet (~~(F-10182)~~.)
- Telephone ~~Interview~~ interview
- Face-to-~~Face Interview~~ face interview
- Use of the paper or online application available through the Federally Facilitated Marketplace (FFM)
- Telephone application with the ~~Marketplace~~ FFM

25.5 Valid Signature

25.5.1 Valid Signature Introduction

The applicant, their representative (see below), or the applicant's caretaker relative must sign **one** of the following (using their own signature):

1. The paper application form
2. The signature page of the Application Summary, ~~either over the phone~~ (by telephone, electronically, or with a handwritten signature)
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 (FFM)

Note When an applicant calls to complete a Request for Assistance (RFA) but does not complete a full application on the same day, a telephonic signature must be collected for the RFA. Another telephonic signature will be required when the full application is completed. However, if the RFA and full application are completed on the same day, a telephonic signature only has to be collected once, and it is valid for both the RFA and the application.

25.8 Begin Dates

BadgerCare Plus eligibility begins the first day of the month in which the valid application is submitted and all eligibility requirements are met, with the following exceptions. For these exceptions, begin dates are the date a valid application is submitted, all [eligibility program](#) requirements are met, and:

1. Deductible—The date the deductible was met.
- ~~1. Inmates—The date the member is no longer an inmate of a public institution. See Section 3.6 Inmates for more information on exceptions.~~
2. Newborn—The date the child was born.
3. Person adds—The date the person moved into the household.
- ~~2. BadgerCare Plus Prenatal Program—The first of the month in which a valid application is received.~~
4. Recent moves—The date the member moved to Wisconsin.
5. Insurance coverage ends—The begin date for BadgerCare Plus is the date following the coverage end date.

25.8.1 Backdated Eligibility

All pregnant [women persons](#), except those eligible under the BadgerCare Plus Prenatal program, may have their eligibility backdated to the first of the month, up to three calendar months prior to the month of application.

All former foster care youth that meet the criteria in Chapter 11 Foster Care Medicaid may have their eligibility backdated to the first of the month, up to three calendar months prior to the month of application.

Children determined eligible for BadgerCare Plus are eligible for the following periods of backdated eligibility:

- Infants less than one-year old may have their eligibility backdated up to the first of the month, three calendar months prior to the month of application for any of the months in which their family income was at or below 306% FPL,
- Children ages one through five may have their eligibility backdated up to the first of the month, three calendar months prior to the month of application for any of the months in which their family income was at or below 191% FPL, and
- Children ages six through 18 may have their eligibility backdated up to the first of the month, three calendar months prior to the month of application for any of the months in which their family income was at or below 156% FPL.

All non-pregnant, non-disabled parents and caretakers may have their eligibility backdated up to the first of the month, three calendar months prior to the month of application for any of the months in which their family income was at or below 100% FPL.

Childless adults with assistance group income under 100% FPL are eligible for backdating.

See Section 16.4.3.4.4 Backdated Months for information on counting self-employment income for backdated months.

When backdating BadgerCare Plus, do not go back further than the first of the month, three months prior to the application month. Certify the person for any backdate month in which they would have been eligible had they applied in that month. In the case of children, certify the person for any backdate month in which they would have been eligible had they applied in that month and in which their assistance group income was at or below the appropriate FPL level for their age group.

When determining backdated eligibility, use actual nonfinancial information (for example, household composition) and actual income in the backdated months. When determining backdated eligibility under gap filling rules for months in a past calendar year, use actual income. When determining backdated eligibility under gap filling rules for months in the current calendar year, assess expected annual income using the same process for non-backdated months.

The reasonable compatibility test is used when determining backdated eligibility (see Section 9.12 Reasonable Compatibility for Health Care). If the reasonable compatibility test is passed, further verification of income may not be requested or required. If the reasonable compatibility test is not passed, further verification of income is required.

A backdate request can be made at any time, except in the case where the member is already enrolled and backdating the member's eligibility would result in a deductible for the backdated period.

Note Applicants are not eligible for backdated health care benefits while pending for citizenship and/or identity. Applicants who are otherwise eligible must be certified for health care benefits for the 95-day good-faith period within the normal application processing timeframe. Once verification is provided, the applicant's eligibility must then be determined for backdated health care benefits if they have been requested. See Section 4.2 Documenting Citizenship and Identity for more information.

If a member has incurred a bill from a BadgerCare Plus certified provider during a backdate period, instruct the member to contact the provider to inform them to bill BadgerCare Plus. The member may be eligible to receive a refund, up to the amount already paid to the provider.

Example 1	Mary, who is pregnant with an August due date, applied for BadgerCare Plus on April 6, and was found eligible. At the time of application, Mary did not request a backdate. In September, Mary is billed for a doctor's appointment she had at the end of February. Mary can ask to have her eligibility backdated through February. She meets all nonfinancial and financial eligibility criteria in the months of
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	<p>February and March. Her worker certifies her for BadgerCare Plus for both months.</p>
<p>Example 2</p>	<p>Crystal applied for and was determined eligible for BadgerCare Plus effective February 1, 2018. She contacts her IM agency in April 2018 to see if she is eligible for coverage back to December 1, 2017. Crystal had previously reported no income for the month of January 2018. The worker finds no information contrary to what Crystal reported. She is determined eligible for backdated benefits for the month of January 2018.</p> <p>However, Crystal reported that she received unemployment benefits in 2017 and had a seasonal job from November 1, 2017, through December 31, 2017, with her last paycheck received on December 31, 2017. Crystal reports she earned \$2,000 from the seasonal job and received a lump sum payment of \$500 for December. Based on her monthly income (\$2,500), she is not eligible for BadgerCare Plus for December 2017.</p> <p>The worker checks Crystal's annual income for 2017 to see if she may be eligible based on annual income. A SWICA match shows that she earned a total of \$3,995 during the fourth quarter of 2017. The unemployment compensation query shows that Crystal received a total of \$3,200 in unemployment benefits during 2017. Her annual income for 2017 is \$7,695 (\$3,995 from wages earned, \$3,200 from unemployment benefits, and a \$500 lump sum payment). Her annual income for 2017 is below 100% of the FPL. Crystal is eligible for backdated benefits under gap filling rules for the month of December 2017.</p>

26.1 Renewals

26.1.2 Late Renewals

Most health care renewals received within three months of the renewal month can be processed as a late renewal instead of requiring a new application. This policy applies to the following ~~subprograms~~health care programs:

- BadgerCare Plus
- FPOS
- EBD Medicaid
- HCBW
- Institutional Medicaid
- MAPP
- Medicare Savings Programs (QMB, SLMB, SLMB+, QDWI)

~~The~~This policy applies to members receiving health care benefits based on a met deductible, but not to members with an unmet deductible.

Late renewals are only permitted for people whose eligibility has ended because of lack of renewal, and not for other reasons. Late renewals and renewal-related verifications must be accepted for up to three calendar months after the renewal month. Members whose health care benefits are closed for more than three months because of lack of renewal must reapply.

Agencies ~~should~~must consider late submission of an online or paper renewal form or a late renewal request by phone or in person to be a valid request for health care. The new health care certification ~~period~~date should be set based on the receipt date of the signed renewal. If verification is required during the completion of a late renewal, the member has 20 days to provide it.

Example 1	Jenny's renewal is due on January 31. She submits an online renewal via ACCESS on March 10. If the renewal is processed on the same day and verification is requested, the verification would be due on March 30. If she provides verification on or before this due date and meets all other eligibility criteria for BadgerCare Plus, her eligibility and certification period would start on March 1. Her next renewal would be due February 28 of the following year.
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Note	The <u>late renewal</u> three-month period starts after the month the renewal was due. It does not restart when a late renewal has been submitted. If Jenny submits her renewal on March 15 but does not provide verification until May <u>20</u> , she will need to reapply <u>since she submitted her verification</u> after the three-month period that started with her January renewal date <u>and ended April 30</u> .
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26.1.2.1 Verification Requirements for Late Renewals

If the ~~BadgerCare Plus~~ health care renewal was completed timely, but requested verifications were not provided as part of the renewal, ~~BadgerCare Plus~~ the health care program can reopen without a new application if these verifications are submitted within three months of the renewal month. The submission of the renewal-related verifications is considered a request for health care. Only the missing verifications must be provided. However, the verifications must include information for ~~the current~~ any month(s) of the eligibility ~~if~~ determination. For example, if verification is submitted for a past month, ~~a new Verification Checklist~~ the agency must ~~be generated to~~ request the current verification, allowing the member 20 days to submit the verification.

Example 2

Jenny's renewal is due on January 31. She completes her renewal on January 5, and a Verification Checklist is generated requesting income verification for the previous 30 days. Jenny does not submit the requested verification, and her BadgerCare Plus eligibility is terminated as of January 31.

On April 27, she submits ~~her~~ paystubs for April 10 and April 24. If she meets the eligibility criteria for BadgerCare Plus, her certification period will start on April 1, and her next renewal will be due March 31 of the following year.

If she had submitted the verification of her income for January, a new Verification Checklist should be generated asking for verification of her current income for April.

26.1.2.2 Gaps in Coverage

If a member has a gap in coverage because of ~~their~~ a late renewal, they may request coverage of the past months in which the gap occurred. Backdated coverage under the late renewal policy is available to all BadgerCare Plus members who meet program rules, including children who would not otherwise qualify for backdated coverage because their income is too high (see [SECTION 25.8.1 BACKDATED ELIGIBILITY](#)). However, this does not change the rules for backdating at application.

If a member requests coverage for past months during a late renewal, they must provide all necessary information and verifications for those months (including verification of income for all months requested) and must pay any required premiums to be covered for those months.

27.4 Other Reported Changes

Any other change that is reported or becomes known to the agency (~~that is~~for example, through data exchange or another source) must be acted upon.

36.4 Access by Someone Else

An applicant or member may authorize ~~someone else~~ the income maintenance (IM) agency to act on their behalf in gaining grant access to their case record to another person or organization. This authorized entity has the same right of access to the case record as that of the applicant or member or to the extent that the applicant or member indicates on the release of information form, if applicable.

This authorized entity can be an attorney but does not need to be an attorney. ~~The applicant or member must complete a release of information form, such as , if the entity is not an attorney.~~ The applicant or member does not need to complete a release of information form to authorize their attorney to access their case record. The agency can request proof of the ~~attorney's~~ attorney's licensure if the ~~person's~~ person's statement that they are an attorney is questionable. If the entity is not an attorney, the applicant or member must complete a release of information form, such as [F-02340](#).

Note A person or entity who is already known on the BadgerCare Plus case as a legal guardian, conservator, power of attorney, or authorized representative can access the case record. They do not need additional authorization to access the case record (see Chapter 34 Legal Guardians, Conservators, Power of Attorney, and Other Representatives).

38.4 HMO Enrollment

38.4.1 BadgerCare Plus HMO Enrollment

BadgerCare Plus is a mandatory HMO enrollment program, meaning most BadgerCare Plus members are required to enroll in an HMO. All eligible BadgerCare Plus members in the same household must enroll in the same HMO. ~~Members who are eligible for suspended~~ However, the following persons cannot enroll in a BadgerCare Plus ~~or HMO:~~

- Members enrolled in a long-term care managed care organization (MCO) ~~cannot enroll~~
- Members who live in a nursing home or medical facility
- Members eligible for both BadgerCare Plus HMO and Medicare, often referred to as a dual eligible (see Section 38.7 Impact on Dual Eligible Individuals)
- Members who are eligible for suspended BadgerCare Plus (see Chapter 45 Inmates)

Certain members within a household may enroll in an HMO on a voluntary basis (see [SECTION 38.4.1.1 VOLUNTARY HMO ENROLLMENT](#)) or qualify for an exemption from HMO enrollment (see [SECTION 38.4.5 ENROLLMENT EXEMPTIONS](#)).

HMO enrollment always begins the 1st of a month. The month in which enrollment begins depends on the time of the month when eligibility was established or when the member's enrollment status changed:

- If eligibility was established prior to the 10th of the month, HMO enrollment will begin the 1st of the following month.
- If eligibility was established on the 10th of the month or later, HMO enrollment will begin the 1st of the month following the next month.

Until a member's HMO enrollment has started, the member will receive their services on a fee-for-service basis, which means they can receive covered services from any BadgerCare Plus-certified provider.

If the member's enrollment status changes during the month (for example, going from being exempt from HMO enrollment to no longer being exempt), the member will be enrolled in an HMO effective the 1st of the following month.

Retroactive enrollment (backdating HMO enrollment) may be allowed in some circumstances but may also require approval from the HMO. Members who would like to request backdated enrollment should contact the HMO Enrollment Specialist at 800-291-2002. The HMO Enrollment Specialist will review retroactive enrollment backdating requests and coordinate with the HMO if necessary.

The list of medical status codes under which a member is eligible for BadgerCare Plus HMO enrollment can be found on the [ForwardHealth Enrollment Information page](#). This list does not differentiate between voluntary or mandatory HMO enrollment ~~and~~. It is only a compilation of all Medical Status codes under which a member could be enrolled in an HMO.

38.4.1.1 Voluntary HMO Enrollment

Voluntary HMO enrollment means a member is not required to enroll in an HMO but can choose to enroll in an HMO if they want to. Someone is considered voluntary for BadgerCare Plus HMO enrollment if they meet any of the following criteria:

- The member is residing in a service area where there is only one HMO available.
- The member reports they are Native American, American Indian, an Alaskan Native, or a member of a federally recognized tribe, or has verified their tribal member status for eligibility purposes.
- ~~The member is eligible for both BadgerCare Plus and Medicare, often referred to as a dual eligible (see Section 38.7 Impact on Dual Eligible Individuals).~~

If anyone within the household meets the voluntary enrollment criteria listed above, everyone in the household who is enrolled in BadgerCare Plus is considered voluntary.

42.3 Institutionalized Individuals Determined Eligible for Elderly, Blind, or Disabled Medicaid

The conditions outlined in Section 42.2 Patient Liability, Estate Recovery, and Other Policies for Childless Adults Eligible for BadgerCare Plus While in Long-Term Care only apply to institutionalized individuals while they remain eligible for BadgerCare Plus as a childless adult. When an institutionalized individual has been determined eligible for EBD Medicaid, they are not eligible for BadgerCare Plus as a childless adult. When an individual becomes eligible for LTC under EBD Medicaid rules, they are subject to regular estate recovery rules and will have to pay the monthly nursing home patient liability. If the individual later becomes ineligible for EBD Medicaid, they may again become eligible for BadgerCare Plus.

Example 1	Andrew is institutionalized and is eligible for BadgerCare Plus as a childless adult. BadgerCare Plus covers his LTC services. Andrew starts receiving Medicare Part A on August 1, so he is no longer eligible for BadgerCare Plus as a childless adult as of August 1. To continue receiving coverage for LTC services, Andrew would have to meet all regular EBD Medicaid eligibility criteria. He would then be subject to regular estate recovery rules and patient liability.
Example 2	Jana is an institutionalized childless adult eligible for BadgerCare Plus and is waiting on a disability determination. She will receive coverage for LTC services under BadgerCare Plus until the agency receives and processes the disability determination. Once this happens, if she meets all other criteria for EBD Medicaid (including providing asset information and meeting the asset test), she will begin receiving coverage of LTC services under EBD Medicaid. However, if Jana still does not meet all of the eligibility criteria for EBD Medicaid (for example, because she fails to verify assets), she will continue to receive coverage for LTC services under BadgerCare Plus as long as she continues to meet all of the eligibility criteria for BadgerCare Plus.

44.1 Introduction to BadgerCare Plus 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.

A childless adult is a person 19 to 64 years old who is meets both of the following criteria:

- Is not receiving Medicare ~~and who does~~, except Medicare Part B Immunosuppressive Drug Benefit (Part B-ID).
- Does not have any dependent children younger than 19 years old who reside with them at least 40% of the time.

Marital status has no effect on a person being a childless adult.

In addition to all other eligibility requirements, childless adults without an exemption must meet two 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.