

WISCONSIN DEPARTMENT OF HEALTH SERVICES

Division of Medicaid Services

1 W. Wilson St.

Madison WI 53703

To: BadgerCare Plus Users
From: Bureau of Eligibility and Enrollment Policy
Re: **BadgerCare Plus Release 24-01**
Release Date: 04/03/2024
Effective Date: 04/03/2024

EFFECTIVE DATE	The following policy additions or changes are effective 04/03/2024 unless otherwise noted. Underlined text denotes new text. Text with a strike through it denotes deleted text.
POLICY UPDATES	
2.8 Modified Adjusted Gross Income Counting Rules	Updated gross income amounts. Effective 01/01/2024.
4.3.3.1 Qualifying Immigrants	Clarified information regarding the length of the stay of a paroled immigrant.
4.3.3.5 Ukrainian Parolees	Added primary care-giver to Ukrainian parolees to be treated as refugees. Effective 02/24/2022.
4.3.8 Immigration Status Chart	Updated information regarding the length of stay to a paroled immigrant.
8.1 Pregnant Members	Added information regarding pregnant children. Effective 01/01/2024.
9.9.5 Power of Attorney, Guardianship, or Conservator	Clarified information regarding who can be the durable power of attorney.
9.9.6.2 Live-in Care Providers	New section.
9.12.2 Reasonable Compatibility Thresholds	Updated example to align with the new FPL amounts.
9.12.3 Reasonable Compatibility	Updated example to align with the new FPL amounts.

Test	
16.2.47 Live-In Care Providers	Added information regarding live-in care providers.
16.3.3.2 Higher education expenses	Deleted section. Effective 01/01/2024.
16.3.3.4 Spousal support, alimony, or maintenance	Added information regarding payment deduction criteria. Effective 01/01/2024.
16.3.3.5 Self-employed Simplified Employee Pension (SEP) and simple or qualified plan contributions	Clarified information regarding retirement contributions and self-employed persons.
16.3.3.9 Out-of-pocket moving expenses for military members	Updated title and information on allowable deducted moving expenses. Effective 01/01/2024.
16.3.3.11 Individual Retirement Account (IRA) contributions	Clarified information regarding retirement contributions and self-employed persons.
16.4.1.2 Housing Allowances for Members of the Clergy	Clarified countable income for members of the clergy, per IRS guidelines.
16.4.3.2.2 By IRS Tax Form	Added and removed IRS tax forms needed for reporting self-employment income.
16.4.3.4.1 IRS Tax Forms and Worksheet	Removed references to IRS Schedule C-EZ form.
16.4.3.4.2 Depreciation, Depletion, and Disallowed Expenses	Clarified personal retirement contributions and expenses for self-employed persons.
16.4.4.1 Self-Employment Hours	Clarified verification policy.
16.5.11 Sick Pay	Clarified short term and long term disability policies.
16.5.28 Strike Benefits	New section.
16.9.5 Premiums	Deleted section. Effective 01/01/2024.
19.1 BadgerCare Plus Premiums for Children	Updated information due to the reinstatement of CHIP premiums. Effective 04/01/2024.
19.2.1 Premium Calculations	Updated information due to the reinstatement of CHIP premiums. Effective 04/01/2024.
19.3 Premium Limits	Updated the assistance group income amount and FPL numbers due to the reinstatement of CHIP premiums and the FPL update. Effective 04/01/2024.
19.4 Premium Payment Methods	Updated information due to the reinstatement of CHIP premiums. Effective 04/01/2024.
19.5 Initial Payments	Updated information due to the reinstatement of CHIP

		premiums. Removed outdated information. Effective 04/01/2024.
19.8	Non-Payment	Updated information due to the reinstatement of CHIP premiums. Effective 04/01/2024.
19.8.1	Non-Payment Introduction	Deleted section. Effective 04/01/2024.
19.8.2	Insufficient Funds	Deleted section. Effective 04/01/2024.
19.8.3	Good Cause for Non-Payment	Deleted section. Effective 04/01/2024.
19.9	Late Payments	Updated information due to the reinstatement of CHIP premium eligibility. Removed outdated information. Effective 04/01/2024.
19.10.1	Decreased Premium Amount	Updated grammar. Effective 04/01/2024.
19.10.2	Increased Premium Amount	Updated information due to the reinstatement of CHIP premium eligibility. Removed outdated information. Effective 04/01/2024.
19.10.2.1	Person Adds	Deleted section. Effective 04/01/2024.
19.10.2.2	Effective Dates of Premium Increase (Person Add)	Deleted section. Effective 04/01/2024.
19.10.2.3	Effective Dates of Premium Increase (Other Than Person Adds)	Deleted section. Effective 04/01/2024.
19.11.1	Restrictive Re-Enrollment Period Introduction	Deleted section. Effective 04/01/2024.
19.11.2	Reinstatement	Deleted section. Effective 04/01/2024.
19.11.3	Reapplying	Deleted section. Effective 04/01/2024.
19.11.4	De-requesting BadgerCare Plus	Deleted section. Effective 04/01/2024.
25.5.1.1	Signatures from Representatives	Clarified information in regards to who can be the durable power of attorney.
26.1.2.2	Gaps in Coverage	Updated information due to the reinstatement of CHIP premium eligibility. Removed outdated information.
26.1.3.1	Administrative Renewals Introduction	Removed outdated information.
34.3	Power of Attorney	Update to power of attorney information to coincide with OLC Guidance.
35.1	Restoration of Benefits	Updated information due to the reinstatement of CHIP premium eligibility. Removed outdated information.

38.4.5	Enrollment Exemptions	Removed outdated information in regards to transplants due to the HMO contract change.
38.8.3.1	Premiums	Updated information due to the reinstatement of CHIP premium eligibility.
39.1	Emergency Services Introduction	Added a link to Process Help for manually processing renewals.
42.1.1	Long-Term Care Eligibility Requirements for Childless Adults Eligible for BadgerCare Plus	Removed note on premium or treatment needs question requirements for institutionalized childless adults due to an amendment of BC+ 1115 Demonstration Waiver.
43.2	Financial Tests	Updated information regarding modified gross income changes.
44.1	Introduction to BadgerCare Plus Childless Adults	Deleted section.
44.2	Premiums for Childless Adults	Deleted section.
44.3	Treatment Needs Question for Childless Adults	Deleted section.
44.4	BadgerCare Plus Health Survey for Childless Adults	Deleted section.
45.8.2	Childless Adults	Deleted section.
45.8.2	Pregnant Women	Removed gendered language.
48.1.1	Premiums for Children	Updated information due to the reinstatement of CHIP premium eligibility. Removed outdated information.
48.1.3	Five Percent Premium Caps for Children	Updated information regarding the FPL update.
50.1	Federal Poverty Level Table	Updated information regarding the FPL update.
51.1	BadgerCare Plus Categories	Removed 'childless adult' and 'transitional childless adult' from BadgerCare Plus Categories table due to amendment to the BC+ 1115 Demonstration Waiver.
53.1	Five Percent Copay Limit Tiers	Updated Per Member Copay Limits table to 2024.

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2.8 Modified Adjusted Gross Income Counting Rules

[...]

The following amounts are effective January 1, ~~2023~~2024:

- \$1,~~250~~300 per year in taxable unearned income*
- \$~~13,850~~14,600 per year in taxable earned income

*For expected unearned income, do not count Child Support, Social Security, ~~SSI~~Supplemental Security Income (SSI), Workers' Compensation, Veteran's Benefits, money from another person, or educational aid.

These income counting rules apply regardless of whether the assistance group was formed based on MAGI Tax Filing Rules or MAGI Relationship Rules.

The income of household members who are currently out of the home due to military activity will still be counted according to MAGI rules, even though the person will not be eligible on the case.

<p>Example 1</p>	<p>Jack and Jill are married and will be filing a joint tax return. They have two children, Mickey (16) and Minnie (12), whom they will claim as tax dependents. Minnie has no income, but Mickey works at McDonald's earning approximately \$100 per month. Mickey's annual earned income is expected to be \$1,200; he is not expected to be required to file a tax return at the end of the year. Mickey's income is not counted.</p>
<p>Example 2</p>	<p>Daisy plans to file taxes this year. She has one tax dependent, her son Donald (16), who works part-time at a grocery store. He earns \$1,200300 per month; with an annual income of \$14,40015,600. Based on this income, Donald will be expected to be required to file a tax return. Donald's income is counted.</p>
<p>Example 3</p>	<p>Kelly and Zack are non-married co-parents and have two children, Jessie (17) and Albert (14). Albert mows lawns in the summer and makes around \$300 for the year. The only other income in the household is Zack's unemployment payment in the amount of \$400 per month (\$4,800 per year). Kelly and Zack do not plan to file taxes. Albert is not expected to be required to file taxes. The assistance groups for this case will be based on non-MAGI relationship rules since there is no tax filer in the household. Zack's UI payment will be counted, but Albert's self-employment income is not counted because he is not expected to be required to file.</p>
<p>Example 4</p>	<p>Michael (16) and his sister Janet (17) live with their aunt Barb and her two children. Barb applies for BadgerCare Plus for herself, her two children, and her niece and nephew. Barb states she plans to file taxes and will be claiming Michael, Janet, and her two children as tax dependents. Barb is self-employed earning about \$800 per month. Michael is working part-time at Dairy Queen earning approximately \$150 per month. Michael is not expected to be required to file taxes. Janet works part-time at Copps and makes \$1,200300 per month. She will be expected to be required to file taxes.</p>

	<p><i>Outcome for Barb</i></p> <p>Barb's assistance group will consist of herself and all four children since she will be claiming them as tax dependents. Michael's income will not be counted in Barb's assistance group because he is not expected to be required to file taxes, but Janet's income will be counted in Barb's group because Janet is expected to be required to file taxes. Barb's children's assistance groups will be the same as Barb's assistance group.</p> <p><i>Outcome for Michael and Janet</i></p> <p>Michael and Janet will both have an assistance group of two (MAGL) since they are siblings being claimed as tax dependents by someone living in the home who is not their parent. Michael and Janet's groups are built using MAGI relationship rules. All of Michael's and Janet's earned income will be countable when determining their eligibility because they are not the children or tax dependents of someone in their group.</p>
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[...]

4.3 Immigrants

4.3.3 Immigrants Eligible for BadgerCare Plus

4.3.3.1 Qualifying Immigrants

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

1. A refugee admitted under Immigration and Nationality Act (INA) Section 207. A refugee is a person who flees 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 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](#)).
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)* [for at least one year.*](#)
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
- Be a certain Amerasian immigrant 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](#))

4.3.3.5 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, or primary care-giver(s) 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:

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

4.3.8 Immigration Status Chart

See Process Help, [Section 82.6 SAVE Responses mapping to CARES immigration Status Codes Chart](#) for a list of [SAVE Systematic Alien Verification for Entitlement \(SAVE\)](#) Responses and the appropriate Registration Status Code in CWW to apply.

CARES Registration Status Code	Immigration Status	Arrived Before August 22, 1996	Veteran* Arrived before August 22, 1996	Arrived on or after August 22, 1996	Veteran* Arrived on or after August 22, 1996	Children under age 19 and pregnant women; Arrived on or after August 22, 1996
01	Lawfully admitted for permanent residence	Eligible	Eligible	Ineligible for 5 years	Eligible	Effective October 1, 2009 Eligible
02	Permanent resident under color of law (PRUCOL)	Ineligible	Ineligible	Ineligible	Ineligible	Ineligible
03	Lawfully present under Section 203(a)(7)	Eligible	Eligible	Ineligible for 5 years	Eligible	Effective October 1, 2009 Eligible
04	Lawfully present under Section 207(c)	Eligible	Eligible	Eligible	Eligible	Eligible
05	Lawfully present under Section 208	Eligible	Eligible	Eligible	Eligible	Eligible
06	Lawfully present under Section 212(d)(5) <u>and paroled for at least</u>	Eligible	Eligible	Ineligible for 5 years	Eligible	Effective October 1, 2009 Eligible

	<u>one year</u>					
07	IRCA (No longer valid)	N/A	N/A	N/A	N/A	N/A
08	Lawfully admitted - temporary	Ineligible	Ineligible	Ineligible	Ineligible	Ineligible
09	Undocumented Immigrant	Ineligible	Ineligible	Ineligible	Ineligible	Ineligible
10	Illegal Immigrant	Ineligible	Ineligible	Ineligible	Ineligible	Ineligible
11	Cuban/Haitian Entrant	Eligible	Eligible	Eligible	Eligible	Eligible
12	Considered a Permanent Resident by USCIS	Ineligible	Ineligible	Ineligible	Ineligible	Eligible
13	Special agricultural worker under Section 210(A)	Ineligible	Ineligible	Ineligible	Ineligible	Eligible
14	Additional special agricultural worker under Section 210(A)	Ineligible	Ineligible	Ineligible	Ineligible	Eligible
15	Withheld deportation - Section 243(h)	Eligible	Eligible	Eligible	Eligible	Eligible
16	Battered Immigrant	Eligible	Eligible	Ineligible for 5 years	Eligible	Effective October 1, 2009 Eligible
17	Amerasian	Eligible	Eligible	Eligible	Eligible	Eligible
18	Foreign Born Native American	Eligible	Eligible	Eligible	Eligible	Eligible
19	Victims of Trafficking**	Eligible	Eligible	Eligible	Eligible	Eligible
20	Lawfully Residing	Ineligible	Ineligible	Ineligible	Ineligible	Eligible

21	Victims of Trafficking Subject to 5 Year Bar	Eligible	Eligible	Ineligible for 5 years	Eligible	Eligible
22	Citizen of Compacts of Free Assoc (COFA)	Eligible	Eligible	Eligible	Eligible	Eligible

* "Veteran" includes certain veterans and active duty servicemen and women, their spouses, dependent children, or certain surviving spouses.

**_Some victims of trafficking may need to provide certain verification to be exempt from the five-year bar (see [SECTION 4.3.11 VICTIMS OF TRAFFICKING](#)).

8.1 Pregnant Members

Note	This chapter does not apply to pregnant members in the BadgerCare Plus Prenatal Program.
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A pregnant member who is enrolled in BadgerCare Plus stays eligible for both:

- Through the end of the pregnancy.
- An additional 60 days after the last day of pregnancy through the end of the month in which the 60th day occurs.

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

A pregnant member with income over 306% of the Federal Poverty Level (FPL) at the time of application when eligibility is first determined can become eligible for BadgerCare Plus by meeting a deductible (see Section 17.2 Pregnant Members).

There are no premiums for pregnant members (see [SECTION 19.1 BADGERCARE PLUS PREMIUMS](#)).

All pregnant 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 person is determined to be eligible as a pregnant member for a backdated month, they remain eligible, even if they are over the income limit for any subsequent months, as long as 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 member 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 the 60th day after the last day of pregnancy occurs.
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Pregnant Children

When a pregnancy is reported for a child under age 19 on a case, they will have continuous coverage through at least the end of the postpartum period or the end of their 12-month continuous coverage period, whichever is later.

Example 2	<u>Marita and her 16-year-old daughter Lupita have been enrolled in BadgerCare Plus since January 2024. In April 2024, they report that Lupita is pregnant with a due date of January 25, 2025. Lupita moves from MAGC to MAGP effective May 1, 2024. Lupita's continuous coverage end date is updated to March 31, 2025, the end of the postpartum period. In December 2024, Marita completes a renewal and has a new certification period established from January 1, 2025, to December 31, 2025. Lupita delivers a baby January 13, 2025. The baby is enrolled in BadgerCare Plus as a continuously eligible newborn (MAGB) through January 31, 2026. Lupita</u>
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	remains enrolled in MAGP until the end of the postpartum period. In response to a worker alert, the IM agency determines eligibility for Lupita and transitions her from MAGP to MAGC from April 1, 2025, until Marita's renewal date of December 31, 2025.
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If a child under age 19 applies as a pregnant minor on their own case, and they are initially enrolled in BadgerCare Plus as a pregnant individual (MAGP), they will get their 12-month continuous coverage period as a pregnant individual. It will not end when their postpartum period ends. When the pregnancy ends, they will be tested for other benefits (for example, they may transition to coverage as a child or a parent/caretaker), but if they do not qualify for another category of health care, they will remain enrolled in BadgerCare Plus as a pregnant individual for the rest of their 12-month continuous coverage period for children.

Example 3	Jordan is 17, pregnant, lives on their own, and is not claimed as a tax dependent. Jordan applied for BadgerCare Plus in May. Jordan is due in November. Jordan is determined eligible for BadgerCare Plus as a pregnant individual. Because they are under age 19 and are applying on their own case, they will be enrolled in BadgerCare Plus for a 12-month certification and continuous coverage period from May 1 to April 30. When Jordan's pregnancy ends, they can transition to other benefits if they meet program rules, but otherwise, they will remain enrolled in MAGP through April 30.
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If the pregnant child turns 19 during the pregnancy or postpartum period, they remain entitled to their continuous coverage as a pregnant person.

Example 4	Lynn and her children, Bailey and Taylor, are open for BadgerCare Plus. A pregnancy is reported for Taylor, and they are transitioned to BadgerCare Plus for a pregnant individual as of September. The pregnancy ends due to miscarriage on December 5. Taylor turns 19 on January 2. They remain eligible for the rest of the postpartum period.
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9.9 Mandatory Verification Items

9.9.5 Power of Attorney, Guardianship, or Conservator

If the applicant or member states they have an agent with power of attorney, documentation of the power of attorney appointment is required. Only an agent with durable power of attorney for finances is considered to ~~be the~~have 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 conservatorship is required.

If verification is not provided, do not grant the claimed agent with power of attorney, 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.

9.9.6 Income

9.9.6.2 Live-In Care Providers

If an applicant or member claims to be a live-in care provider with tax-exempt income, workers must provide the applicant or member with a Verifying Tax-Exempt Income for Live-in Care Providers form (F-02193) and ask them to complete it to attest to meeting the criteria that makes this income exempt. If there is a reason to question some or all of the information provided on the form, workers may seek additional verification.

9.12 Reasonable Compatibility for Health Care

9.12.2 Reasonable Compatibility Thresholds

The reasonable compatibility test will apply to each assistance group (AG) for which earned income is reported, has not already been verified, and for which SWICA ~~and~~ or Equifax data is available. Because different AGs are subject to different income thresholds, the following thresholds will be used by population as the first step in determining whether reported information is reasonably compatible. In some cases, the threshold will be an FPL percent, while in others it will be a fixed dollar amount.

Population	Threshold(s)
Adults (MAGS, MAGA and MAGN)	100% FPL
Children – under age 1	306% FPL
Children – ages 1 through 5	191% FPL Premium thresholds (unless the child is exempt): 201, 231, 241, 251, 261, 271, 281, 291, and 301% FPL 306% FPL
Children – ages 6 through 18	133% FPL 156% FPL Premium thresholds (unless the child is exempt): 201, 231, 241, 251, 261, 271, 281, 291, and 301% FPL 306% FPL
Pregnant women	306% FPL
FPOS	306% FPL

If both the total countable income using information reported by the applicant or member and the total countable income using information from the electronic data source are equal to or less than the threshold, the reasonable compatibility standard is met, and no further verification is required.

If the total countable income using information reported by the applicant or member is equal to or less than the threshold and the total countable income using information from the electronic data source is greater than the threshold, a second step occurs.

In this second step, the total countable income using information from the electronic data source is compared to a threshold that is equal to 120% of the total countable income using information reported by the applicant or member. If the total countable income using information from the electronic data source is equal to or less than 120% of the total countable income using information reported by the applicant or member, the reasonable compatibility standard is met, and no further verification is required.

For populations with multiple thresholds, the lowest threshold that is higher than the reported income is used.

Note	Because different thresholds are used for different populations, individual members of a household or a given AG may pass the reasonable compatibility test while others do not.
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Example 1	<p>Marty and Jen have two sons, Alex (age 9) and Warren (age 4). They apply for BadgerCare Plus and report that Marty has earnings of \$4,725.914 per month. Equifax data is not available. SWICA reports that Marty has earnings of \$4,975.174 per month. For a group size of four, the reported household income is 189% FPL, while the household income based on SWICA data is 199% FPL. As parents, Marty and Jen are ineligible for BadgerCare Plus based on their reported income of 189% FPL. Each child is subject to a reasonable compatibility test based on the next highest relevant threshold for his age group.</p> <p>For Alex, the reasonable compatibility threshold is 201% FPL. The household's income based on both the reported income and SWICA is below this threshold, so the reasonable compatibility standard is met, and no further verification is required for Alex.</p> <p>For Warren, the reasonable compatibility threshold is 191% FPL (the threshold for T19 vs. T21 funding of BadgerCare Plus benefits). The household's income based on reported income is below this threshold, while the household's income based on SWICA is above this threshold. Therefore, the 20% threshold test is applied. The 20% threshold is \$5,670.897 (the reported income of \$4,725.914 multiplied by 120%, or 1.2). The income based on SWICA data (\$4,975.174) is less than the 20% threshold (\$5,670.897), so the reasonable compatibility standard is met, and no further verification is required for Warren.</p>
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9.12.3 Reasonable Compatibility Test

Reasonable compatibility will first be tested based on the household's total countable income as reported to the agency or verified through other sources. This test will determine whether the member is required to provide verification of earnings.

If the member-reported earnings amount is not reasonably compatible (based on the household's total reported income), verification of earnings will be required at the same time verification is required for unearned income, self-employment, ~~and~~/or tax deductions.

A second verification request will be required if the initial test leads to a determination of reasonable compatibility, but the earnings are no longer reasonably compatible after other income types or deductions have been verified.

If earnings are determined to be reasonably compatible, the amount reported by the member should be used to determine eligibility and premium amounts for health care.

If the earnings are later verified (for example, because verification is required for another program), the verified earnings must be used to determine eligibility and premium amounts for health care.

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.

Note	For simplicity, the examples below include households with earned income as the only source of income. It is important to remember that reasonable compatibility is based on the individual's total countable income, not just their earned income amount.
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Example 1	Joe is a single childless adult with an income limit of \$1, 215 <u>255</u> for BadgerCare Plus. He reports that his earnings are \$500 per month. Equifax is not available for his employment. SWICA reports that his quarterly earnings are \$2,700, for a monthly amount of \$830.77. Because his income is below the income threshold using either amount, his reported information is considered reasonably compatible with the SWICA reported income, and the agency must use the \$500 amount he reported without requesting additional verification.
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Example 2	Lon is a single childless adult with an income limit of \$1, 215 <u>255</u> for BadgerCare Plus. He reports that his earnings are \$900 per month. Equifax reports that he is paid twice a month at \$ 625 <u>650</u> per paycheck, for a monthly amount of \$1, 250 <u>300</u> . Lon's reported income is below the income threshold and the Equifax reported income is above the income threshold, so the 20% threshold test is applied. The income reported by Equifax (\$1, 250 <u>300</u>) is greater than the 20% threshold amount (120% of \$900, or \$1,080). Therefore, his reported information is not considered to be reasonably compatible, and the agency must request additional verification.
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Example 3	Melanie is a single childless adult with an income limit of \$1, 215 <u>255</u> for BadgerCare Plus. She reports that her earnings are \$1,300 per month. CARES will base the denial on this reported income amount, regardless of the income amount from SWICA or Equifax.
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Example 4	Michelle applies for BadgerCare Plus for herself and her two children. She reports that she started a job last month and is earning \$1,400 per month. Because the job is new, neither SWICA nor Equifax data is available. Since these data exchanges are not available, the reasonable compatibility test will not be performed, and Michelle will be required to verify her earnings using paystubs, an EVF-E form, or other documentation.
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Example 5	<p>Katie is a single childless adult with an income limit of \$1,215<u>255</u> for BadgerCare Plus. She applies for FoodShare and BadgerCare Plus. She reports that her earnings are \$800 per month. Equifax data is not available. SWICA reports that her quarterly earnings are \$2,550, for a monthly amount of \$784.62. Because she is eligible for BadgerCare Plus using either amount, her reported information is considered reasonably compatible. The agency must use her reported income for BadgerCare Plus, and based on this amount, she would be made eligible for BadgerCare Plus.</p> <p>Her FoodShare eligibility, however, will pend for verification of her earnings. If she returns her paystubs and they show income of \$1,250<u>300</u> per month, this information will replace the member-reported information and her health care benefits would be terminated. If she failed to provide the requested verification, her FoodShare benefits would be denied but she would continue to remain eligible for BadgerCare Plus.</p>
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16.2 Income Types Not Counted

47. Live-In Care Providers

Certain payments received by live-in care providers who provide care to someone enrolled in an HCBW program are not counted for BadgerCare Plus under MAGI budgeting rules. A live-in care provider lives in the same home as the person for whom they are providing care. This means the same house, apartment, duplex unit, or other residential unit. A provider who lives in a separate unit from the person receiving care within a multi-unit building is not a live-in care provider.

Example 11	<u>Ameera provides care to her father, Raheem. Ameera lives in one unit of a duplex. Raheem lives in the other unit of the duplex. Ameera is not a live-in care provider because they do not live together in the same unit.</u>
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Live-in care providers are typically paid as employees, but some may be self-employed. They may be related to or not related to the person receiving care. In order to not be counted, payments to live-in care providers must meet all of the following criteria:

- The payments are for HCBW services provided to a member enrolled in one of the following HCBW programs:
 - CLTS Children's Long-Term Support (CLTS) waiver programs
 - Community Integration Program I (CIP 1A and CIP 1B)
 - Community Integration Program II (CIP II)
 - Community Options Program Waiver (COP-W)
 - Family Care
 - Family Care Partnership
 - IRIS
 - PACE
- The payments are made to a live-in care provider for services provided to an HCBW member under the member's written HCBW plan of care. Payments made for skilled services that only a nurse or other health professional may perform are not eligible for this exemption.
- The payments are made to a live-in care provider for services provided while the care provider and the HCBW member are living in the same home. The live-in care provider may be related to or not be related to the HCBW member.
- The live-in care provider is not providing care to more than 10 people younger than age 19 at the same time or five people aged 19 or older at the same time.

If the payments received by the live-in care provider meet all of these criteria, they are not counted when determining eligibility for BadgerCare Plus. If the payments received by the live-in care provider do not meet all of these criteria, the payments must be treated like other countable earnings or self-employment income. (See Section 16.4.4.2 Live-In Care Providers for verification of payments to live-in care providers).

16.3 Income Deductions

16.3.3 Tax Deductions

~~2. Higher education expenses~~

~~Includes tuition and amounts paid for books or fees, but only if those amounts are required to be paid to the institution as a condition of enrollment or attendance. This deduction may not be claimed for expenses that were paid with tax-free educational assistance. Grants and scholarships used for tuition and fees are generally non-taxable, therefore this deduction cannot be claimed for the portion of tuition and fees that were paid for with grants and scholarships. This is capped at a monthly amount of \$333.~~

43. Spousal support, alimony, or maintenance

The amount paid for court ordered spousal support, alimony or maintenance or payments under Internal Revenue Code Section 71 for a current or prior spouse as a result of a legal separation or divorce can be deducted if the payments are paid under a separation or divorce agreement finalized on or before December 31, 2018 ~~Do not deduct more than the court ordered amount. Do not allow any deduction if the court order designates the payments as being non-taxable.~~

Payments cannot be deducted if they meet one of the following criteria:

- The payment was received under a separation or divorce agreement finalized on or after January 1, 2019.
- The payment was received under a separation or divorce agreement finalized on or before December 31, 2018, but modified on or after January 1, 2019, and provides that Section 11051 of Pub. L. 115-97 applies to the modification which makes the alimony/spousal support non-taxable.

Do not deduct more than the court ordered amount. Do not allow any deduction if the separation or divorce agreement designates the payments as being non-taxable or the date that the separation or divorce agreement was finalized or modified cannot be verified.

65. Self-employed Simplified Employee Pension (SEP) and simple or qualified plan contributions

Examples of these plans include:

- Simplified Employee Pension (SEP) Plan
- Savings Incentive Match Plan For Employees (SIMPLE)
- ~~Qualified Plan Contributions~~

Note	<u>The person's personal contributions to these plans can be counted for BadgerCare Plus as tax deductions, but they are not counted as business expenses when calculating the self-employment income.</u>
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10-9. Out-of-pocket ~~costs for a job-related move~~ moving expenses for military members

~~Applies to individuals who paid out~~ Out-of-pocket moving expenses can be deducted if the person is an active duty member of the military who is ordered to move and that move is a permanent change of station as determined by the military. ~~for a job-related move and who meet both of the following criteria.~~

- ~~• The move must be for a job-related reason, such as starting a new job.~~
- ~~• The new job must be at least 50 miles farther from the individual's old home than the old home was from the individual's old job or must be at least 50 miles from the old home if the individual did not have a job before.~~

1211. Individual Retirement Account (IRA) contributions

Applies to individuals who had income from a job and made contributions to an IRA. Also applies to self-employed individuals who made contributions to an IRA they set up themselves.

Note	<u>The person's personal IRA contributions can be counted for BadgerCare Plus as tax deductions, but they are not counted as business expenses when calculating the self-employment income.</u>
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16.4 Earned Income

16.4.1 Specially Treated Wages

2. Housing Allowances for Members of the Clergy.

~~Do not count any housing or housing utility allowances that are received as compensation for services as~~ if an ordained, licensed, or commissioned minister receives a housing or housing utility allowance, do not count as income the portion of the allowance that is used for housing. The unused portion of the allowance must be counted as income.

If an ordained, licensed, or commissioned minister receives as part of their salary an amount officially designated in advance of payment as a housing allowance, and the amount is not more than reasonable pay for the minister's services, do not count as income the lesser of any of the following amounts.

- The amount officially designated in advance of payments as a housing allowance
- The amount actually used to provide or rent a home
- The fair market rental value of the home (including furnishings, utilities, garage, etc.)

16.4.3 Self-Employment Income

16.4.3.2 Identifying Farms and Other Businesses

16.4.3.2.2 By IRS Tax Forms

A self-employed person who earns more than \$400 net income must file an end-of-year return. A person who will owe more than \$400 in taxes at the end of the year must file quarterly estimates.

IRS tax forms for reporting self-employment income are listed below.

- Form 1065—Partnership
 - Schedule K-1 (Form 1065)—Partner's Share of Income, Deductions, Credits, etc.
- ~~Form 1120—Corporation~~
- Form 1120S—S Corporation
 - Schedule K-1 (Form 1120S)—Shareholder's Share of Income, Deduction, Credits, etc.
- ~~Form 1040—Sole Proprietorship~~ ~~Form 4562—Depreciation and Amortization~~
- ~~Form 1040—Sole Proprietorship or single member LLC~~
 - Form 4797—Sales of Business Property
 - ~~Schedule C (-Form 1040)—Business (non-farm)~~
 - ~~Schedule E (Form 1040)—Rental and Royalty~~
 - ~~Schedule F (Form 1040)—Farm Income~~
- Other Forms
 - Schedule D (Form 1040)—Capital Gains and Losses
 - ~~Schedule E (-Form 1040)—Rental and Royalty~~
 - ~~Schedule F (-Form 1040)—Farm Income~~
 - Schedule SE (-Form 1040)—Social Security Self-Employment
 - Schedule 1 (Form 1040)—Additional Income and Adjustments to Income
 - Form 1040—U.S. Individual Income Tax Return

16.4.3.4 Calculating BadgerCare Plus Self-Employment Income

16.4.3.4.1 IRS Tax Forms and Worksheets

IM workers do not fill out any IRS tax forms on an applicant's or member's behalf. It is the responsibility of the applicant or member to complete IRS tax forms.

Workers should consult IRS tax forms only if all of the following conditions are met:

- The business was in operation at least one full month during the previous tax year.
- The business has been in operation six or more months at the time of the application.
- The person does not claim a change in circumstances since the previous year.

If all three conditions are not met or if IRS tax forms were not filed and are not available, use anticipated earnings (see [SECTION 16.4.3.4.3 ANTICIPATED EARNINGS](#)).

If you decide to use IRS tax forms, use them together with the chart in Process Help, [Section 16.2 Self-Employment Income](#) or the self-employment income worksheets, which identify which income and expenses must be entered onto the Self-Employment page by line on the IRS tax forms.

For each operation, select the worksheet you need (if applicable) and, using the provided tax forms and/or schedule, complete the worksheet (if applicable) and enter the income and expenses onto the Self-Employment page.

1. Sole Proprietor. There is no worksheet for Sole Proprietor. See Process Help, [Section 16.2.2.3.2 Entering Information for a Sole Proprietorship](#) to identify which lines must be entered in CWW for each of the following IRS tax forms:
 1. IRS Form 4797—Capital & Ordinary Gains
 1. IRS Schedule C ~~or C-EZ~~ (Form 1040)—Profit or Loss From Business
 1. IRS Schedule E (Form 1040)—Rental and Royalty Income
 1. IRS Schedule F (Form 1040)—Farm Income
2. Partnership ([F-16036](#))
 1. IRS Form 1065—Partnership Income
 1. IRS Schedule K-1 (Form 1065)—Partner's Share of Income
3. Subchapter S Corporation ([F-16035](#))
 1. IRS Form 1120S—Small Business Corporation Income
 1. IRS Schedule K-1 (Form 1120S)—Shareholder's Share of Income

CWW will calculate the monthly countable income for each self-employment business, which will be added to the fiscal test group's other earned and unearned income. If monthly income is a loss, the loss will be subtracted from the non-self-employment income.

When a household has more than one self-employment operation, the losses of one may be used to offset the profits of another. Losses from self-employment can be used to offset other income types. In situations where an individual is planning to file a joint tax return with their spouse, losses from self-employment may offset the spouse's income.

Each self-employment operation (Sole Proprietor, Partnership, S Corporation) requires its own Self-Employment page in CWW.

Remember that while a salary or wage paid to a test group member is an allowable business expense, you must count it as earned income to the payee. Similarly, dividends or other types of passive income (as defined by the IRS) must be counted as unearned income.

Even though IRS Schedule D (Form 1040) – Personal Capital Gains and Losses is associated with sole proprietorships, it is not considered self-employment income. If

someone reports personal capital gains or losses, it is counted as unearned income (see Section 16.5 Other Income).

16.4.3.4.2 Depreciation, Depletion, and Disallowed Expenses

Countable self-employment income will be the same as the net self-employment taxable income.

Depreciation and depletion expenses are allowable expenses.

The following expenses are disallowed expenses for BadgerCare Plus:

- Charitable donations
- Work-related personal expenses, such as transportation to and from work
- Employer work-related personal expenses, such as pensions, employee benefit and retirement programs, **and/or** profit-sharing expenses (Business expenses for employees' pensions, benefits, retirement programs, and profit-sharing expenses are allowable, but the work-related personal expenses of the employer are not.)

Note The self-employed person's personal contributions to pensions and retirement programs can be counted for BadgerCare Plus as tax deductions, but they are not counted as business expenses when calculating the self-employment income. See Section 16.3.3 Tax Deductions.

- Principal payments on loans for the purchase price of income-producing real estate, capital assets and equipment, and durable goods. (An example is the principal portion of mortgage payments. Only the interest portion of business loan payments is an allowable expense.)

Note Disallowed expenses are added back into an individual's gross income on the BadgerCare Plus Budget page.

16.4.4 Verification

16.4.4.1 Self-Employment Hours

Count the time a self-employed person spends on business-related activities involving planning, selling, advertising, and management, along with time spent on the production of goods and services provided as hours of work. Do not request verification of self-reported monthly hours worked unless questionable (see Section 9.10 Questionable Items).

16.5 Other Income

11. Sick Pay

Sick pay refers to any amounts paid to an employee for any period during which the employee is temporarily absent from work because of injury, sickness, or disability. ~~Sick pay does not include~~ This includes short-term disability retirement payments or and long-term disability payments. Sick pay does not include payments for medical and hospitalization expenses. It also does not include retirement benefits for someone who has retired because of a disability.

The pay a person receives from an employer while the person is sick or injured is counted as income.

If a person receives sick pay benefits from an insurance policy and the person paid the premiums on the insurance policy, the benefits the individual receives are not counted as income.

[...]

28. Strike Benefits

Count benefits paid by a union, such as a strike or lockout benefits as income.

Note	<u>Strike benefits are usually taxable compensation, even if taxes are not withheld from the payments upfront. Strike benefits can only be disregarded for BadgerCare Plus if it is clear that the union intended them as gifts.</u>
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16.9 Gap Filling

16.9.5 Premiums

~~Childless adults eligible for BadgerCare Plus under gap filling rules do not have a premium.~~

~~If a childless adult becomes eligible for BadgerCare Plus based on monthly income, they may have a premium (see SECTION 44.2 PREMIUMS FOR CHLDLESS ADULTS).~~

19.1 BadgerCare Plus Premiums for Children

~~Children~~ Effective April 1, 2024, children in families with income over 201% of the FPL ~~must pay~~ are charged a premium for BadgerCare Plus unless the child is exempt. However, payment of a premium is not a condition of eligibility for BadgerCare Plus. If the premium ~~to become~~ is not paid, the child will remain eligible for BadgerCare Plus ~~unless exempt. This includes children who are open for regular BadgerCare Plus (not an extension) but whose parents, caretakers, or siblings are in a BadgerCare Plus extension.~~

New members with an application filing date on or after April 1, 2024, will be charged premiums.

Example 1	<p>Roger lives with his son, Sam, and they are open for BadgerCare Plus under an extension. Neither of them have a premium since they are both in an extension. In October, Roger's other son, Justin, moves into the household. Justin is determined eligible for regular BadgerCare Plus as a child because he does not meet the requirements to be eligible under the extension with Roger and Sam. Roger and Sam continue to be eligible under the extension and do not have a premium. The household income is 230% of the FPL. Justin has a premium of \$10.</p> <p>If Justin's premium is not paid, he will go into an RRP. Roger and Sam continue to be eligible under the extension. Mary applies for BadgerCare Plus for her son, Jack, on April 4, 2024. The household's income is 215% FPL. The application is processed and confirmed on April 5, 2024. Jack is eligible for BadgerCare Plus as of April 1 and a premium will be charged.</p>
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Members enrolled prior to April 1, 2024, will not be charged premiums until after their next scheduled renewal for a new certification period beginning May 1, 2024, or later.

Example 2	<p>Aarav's daughter Divya has been open for BadgerCare Plus since August 2023. The household's income is 220% FPL. Because Divya has continuous coverage through July 2024, a premium cannot be charged until her renewal due in July 2024 is completed. Aarav completes the renewal on July 8, 2024, and Divya is determined eligible with household income above 201% of the FPL. A premium will be charged for Divya beginning with the month of August 2024. A premium statement will be sent to Aarav at the end of July for the August premium.</p>
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If an individual applies with a filing date before April 1, 2024, the individual will not be charged premiums during the initial certification period, even if the application is processed on or after April 1, 2024. The individual will be charged premiums after they complete their next scheduled renewal.

Example 3	<p>Fatima applies for health care for her daughters, Amina and Aisha, with a filing date of March 25, 2024. The application is processed and confirmed on April 8, 2024, and Amina and Aisha are eligible for BadgerCare Plus with household income at 230% of the FPL. Because they applied before April 1, 2024, premiums will not be charged during the initial certification period. They are eligible for BadgerCare Plus with no premium from March 1, 2024, through February 28, 2025. If their household income remains above 201% of the FPL after they complete their scheduled renewal, a premium will be charged for them at that time.</p>
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If a member has a renewal scheduled after April 2024, but completes an early renewal, premiums cannot be charged at that time because the member is still in their 12-month continuous coverage period. Premiums may be charged at the member's next renewal.

Example 4	Maya's son Nathaniel has been open for BadgerCare Plus since November 2023. The household's income is 250% of the FPL. Because Nathaniel has continuous coverage through October 2024, a premium cannot be charged until after his renewal due in October 2024 is completed. Maya calls the agency to renew Nathaniel's BadgerCare Plus in July 2024. This is during Nathaniel's continuous coverage period, so premiums cannot be charged. Premiums may be charged when the household completes their renewal in July 2025.
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If a member was disenrolled from BadgerCare Plus before April 2024 because they did not complete their renewal, and they complete a late renewal on or after April 1, 2024, they will be subject to premiums after completing the late renewal.

Example 5	Choua did not complete the renewal for his son Chue's BadgerCare Plus that was due in February 2024, so Chue's BadgerCare Plus ended February 29, 2024. Choua completes a late renewal, the renewal was processed April 2, 2024, and Chue is determined eligible with household income of 228% of the FPL. A premium will be charged for Chue beginning with the month of May 2024. A premium statement will be sent to Choua at the end of April for the May premium.
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Payment of a premium is not a condition of eligibility for BadgerCare Plus. If no payment is made, their eligibility for BadgerCare Plus will not be impacted.

Example 6	Mary is charged a premium for her son, Jack, beginning May 2024. A statement is sent to Mary at the end of April, with a due date of May 10. Mary is not able to pay the premium. Jack remains eligible for BadgerCare Plus. Mary will be sent a premium statement for June at the end of May.
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The following children are exempt from ~~the requirement to pay~~ being charged a premium for BadgerCare Plus:

1. Pregnant minors,
2. Former Foster Care Youth (see Chapter 11 Foster Care Medicaid),
3. Children who have met a BadgerCare Plus deductible, during the remainder of the deductible period,
4. Children in a BadgerCare Plus extension,
5. All children under age 1 including Continuously Eligible Newborns (see Section 8.2 Continuously Eligible Newborns),
6. American Indian or Alaskan Native Tribal members, the son or daughter of a tribal member, the grandson or granddaughter of a tribal member, or anyone otherwise eligible to receive Indian Health Services,
7. Children whose BadgerCare Plus is suspended due to being incarcerated in jail or prison.

Note	Persons who are members of families receiving BadgerCare Plus benefits, but who are individually certified for EBD <u>Elderly, Blind or Disabled (EBD)</u> Medicaid, Well Woman Care, Family Planning Only Services or Emergency Services, are not charged a BadgerCare Plus premium.
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~~Information about premiums and restrictive re-enrollment periods (RRP) for childless adults can be found in~~ SECTION 44.2 PREMIUMS FOR CHILDLESS ADULTS.

19.2 Premium Calculations

19.2.1 Premium Calculations

Premiums are initially calculated on an individual basis and then a total for the case is determined. The general rules for calculating the premium amounts are explained below.

1. The minimum monthly premium amount is \$10 per child.
2. The maximum monthly premium for a child with income above 301% up to 306% Federal Poverty Level (FPL) is \$97.53.
3. Each child's premium amount will be based on their assistance group's (AG) size and income. Under Modified Adjusted Gross Income (MAGI) rules, it is possible for different children within the same household to have different amounts of income counted and to have different AG sizes. For this reason, each child's AG is evaluated separately to determine that AG's income and group size, which is the basis for determining the FPL percentage of that child's income. That FPL percentage, in turn, will determine whether a child potentially owes a premium and the amount of the premium.
4. The premium for the BadgerCare Plus group is the total of the individually-calculated premiums combined, not to exceed 5% cap.
5. The cap will be 5% of the income of the AG with the highest income (in terms of dollar amount) in the case (see [SECTION 19.3 PREMIUM LIMITS](#)).

~~Effective January 1, 2024, a~~ child cannot be charged a new or increased premium during their 12-month continuous coverage period, but their premium may be reduced, if applicable. If the premium is lowered, that new amount becomes their premium cap for the rest of the 12-month period.

19.3 Premium Limits

Children in an assistance group with income above 201% of the Federal Poverty Level (FPL) ~~are required to pay~~ will be charged premiums. The total premium for the household is the total of the individual premiums for all children in the household, not to exceed a 5% cap. The cap is 5% of the income of the assistance group (AG) with the highest income (in terms of dollar amount) in the case.

Example 1	Susan and Alan are non-marital co-parents caring for four children: Susan's son, Aaron (15); Alan's daughters Rachel (12) and Hannah (11); and Susan and Alan's son Jacob (9). Alan claims Rachel and Hannah as his two tax dependents, while Susan claims Aaron and Jacob. Susan earns \$2,500 per month as a waitress, and Alan earns \$4,500 <u>600</u> per month as a computer analyst. None of the children have income. All four children are eligible for BadgerCare Plus.				
	Child	MAGI Group Formation	Assistance Group Income Amount	FPL	Premium Amount
	Aaron	Susan, Aaron, and Jacob	\$2,500	121 <u>116</u> %	\$0
	Rachel	Alan, Rachel, and Hannah	\$4,500 <u>600</u>	217 <u>214</u> %	\$10
	Hannah	Alan, Rachel, and Hannah	\$4,500 <u>600</u>	217 <u>214</u> %	\$10
Jacob	Susan, Alan, Aaron, Rachel, Hannah, and Jacob	\$7,000 <u>100</u>	209 <u>203</u> %	\$10	
<p>Aaron does not have a premium. Rachel, Hannah, and Jacob each have a \$10 premium. Jacob's <u>Modified Gross Income</u> (MAGI) group has the greatest income, so this group determines the 5% cap. The maximum premium for this group is 5% of \$7,000<u>100</u> per month, or \$350<u>355</u> per month. Altogether, the household's monthly premiums are \$30. The household will pay <u>be charged</u> \$30 in premiums for their children's coverage.</p>					

~~Effective January 1, 2024, a~~ A child cannot be charged a new or increased premium during their 12-month continuous coverage period, so if an AG's income increases from at or below 201% to above 201% FPL during their 12-month continuous coverage period, they will not be ~~required to pay~~ charged a premium.

19.4 Premium Payment Methods

~~Initial premium payments must be paid by check or money order and are collected by the IM agency.~~

~~For ongoing premium payments, premium~~ Premium statements will be sent monthly. The statement will provide the amount ~~due~~ charged and how to pay the premium.

Members have several options to pay their ongoing monthly premiums, including:

- Check
- Money order
- Electronic Funds Transfer (EFT)
- Wage withholding
- Credit or debit card

Members can make one-time payments using a credit or debit card, or EFT from a checking or savings account, through the ACCESS website.

~~For~~ if they want to make recurring EFT payments, members must submit a complete BadgerCare Plus Premium Member/Employer Electronic Funds Transfer form ([F-13026](#)). ~~For~~ if they want to have premiums taken out of a paycheck, the BadgerCare Plus Premium Employer Wage Withholding form ([F-13025](#)) must be submitted by an employer. Members ~~must~~ have the option to submit payments through one of the other methods until they get confirmation that their recurring EFT or wage withholding request has been processed.

19.5 Initial Payments

Payment of the BadgerCare Plus premium is a non-financial condition of eligibility. Initial premium payments must be made before eligibility is confirmed and the members are enrolled. The first month is free if no one in the BadgerCare Plus group was eligible for BadgerCare Plus or Medicaid in the previous month, and the BadgerCare Plus assistance group (AG) has not received a free month in the previous 12 months. Consider someone with an unmet deductible as not being eligible for BadgerCare Plus. Free months occur at application and when members reopen after serving a Restrictive Re-enrollment Period (RRP) (and not reinstating during the RRP) and no one was on BadgerCare Plus in the previous month or received a free month in the last 12 months.

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

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

Payment of premiums is not a condition of eligibility for BadgerCare Plus. An initial premium will not be charged for a current or past month at application or renewal. Premiums will be charged only for future months after advance notice is provided, following adverse action logic.

If eligibility is determined prior to adverse action, the child will be charged a premium starting the following month.

Example 1	Lisa and her family applied <u>Roberto applies</u> for BadgerCare Plus on January 25. On January 31, the worker <u>for himself and his son Jorge on July 2, 2024. The application is processed on July 8, and Jorge is determined that the family met eligibility requirements</u> eligible effective January <u>July 1. Since the family had not been previously eligible for BadgerCare Plus, a</u> with household income at 215% of the FPL. A premium is not charged for January was not assessed since they were eligible for the free month. However, Lisa had to pay the February <u>July. A premium for her family before their eligibility could</u> will be confirmed <u>charged for Jorge beginning with the month of August. A statement will be sent to Roberto at the end of July.</u>
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Example 2	<u>Melissa's daughter Beth has been open for BadgerCare Plus since August 2023. Beth completes a renewal on July 1, 2024. On July 5, 2024, Beth is determined eligible effective August 1 with household income above 201% of the FPL. A premium will be charged for Beth beginning with the month of August. A premium statement will be sent to Melissa at the end of July.</u>
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- ~~2. Eligibility begins in the month of application. Confirmation occurs in a future month. When an application is not processed within the 30-day application processing period and the family is eligible for a free month, the family must pay both the second and third months' premium before enrollment. CARES requires that premiums for both the second and third months be paid before confirmation when eligibility is processed any time in the third month.~~

If eligibility is determined after adverse action, the child will be charged a premium the month after the following month.

<p>Example 23</p>	<p>Cheryl Lisa and her family applied apply for BadgerCare Plus on March July 25. No one in her family was eligible for BadgerCare Plus in the previous month. At Cheryl's request, the IM worker extended the 30-day processing time period by 10 days for additional verification., 2024. The application for BadgerCare Plus was is processed on May 2, but July 31, and the family was is determined eligible effective March July 1, with the household income above 201% of the FPL. A premium is not due for March because it is a free month. However, Cheryl had to pay the charged for July or August. A premium amount for April and May before BadgerCare Plus eligibility could will be confirmed charged for each child beginning with the month of September. A premium statement will be sent to Lisa at the end of August.</p>
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<p>Example 4</p>	<p>Cua applies for BadgerCare Plus for her son Blong on August 31, 2024. The application is processed on September 27, and Blong is determined eligible effective August 1 with a household income at 225% of the FPL. A premium is not charged for August, September, or October. A premium will be charged for Blong beginning with the month of November. A premium will be sent to Cua at the end of October.</p>
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<p>Example 5</p>	<p>Julio's daughter Mia has been open for BadgerCare Plus since September 2023. Julio completes a renewal on August 23, 2024. On August 29, 2024, Mia is determined eligible effective September 1 with household income above 201% of the FPL. A premium is not charged for September. A premium will be charged for Mia beginning with the month of October. A premium will be sent to Julio at the end of September.</p>
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<p>Example 6</p>	<p>Carly's son Jasper has been open for BadgerCare Plus since October 2023. Carly completes a renewal on September 30, 2024. Jasper is determined eligible effective October 1 with household income above 201% of the FPL. A premium will not be charged for October or November. A premium will be charged for Jasper beginning with the month of December. A premium statement will be sent to Carly at the end of November.</p>
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2. — Eligibility begins in a future month, but application is processed in the month of application.

When an application is processed within 30 days but eligibility does not begin until a future month, the free month is the first future month of eligibility. The family will receive an invoice for the premium amount through the mail. They must pay the premium due for the second month by the 10th of the benefit month to remain eligible for BadgerCare Plus.

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

Payment of a premium is not a condition of eligibility for BadgerCare Plus. Non-payment of BadgerCare Plus premiums will not result in a loss of coverage for BadgerCare Plus.

19.8.1 Non-Payment Introduction

The failure to pay a premium does not affect the eligibility of any person in the household who does not have a premium obligation. If an individual or family with a premium obligation fails to pay the premium by adverse action of the benefit month, BadgerCare Plus will close for those individuals who owed a premium. They will not be eligible for BadgerCare Plus for three calendar months, called an RRP, unless there is good cause (see SECTION 19.8.3 GOOD CAUSE FOR NON-PAYMENT) or they pay the late premiums (see SECTION 19.11 BADGERCARE PLUS RESTRICTIVE RE-ENROLLMENT PERIOD).

The total premium amount for a case must be paid to avoid being considered late or unpaid. No partial premium payments will be accepted.

19.8.2 Insufficient Funds

If a BadgerCare Plus member pays the monthly premium through EFT or direct payment by check, and the payment is rejected for insufficient funds it is considered a non-payment and the BadgerCare Plus eligibility will terminate. A restrictive re-enrollment (see SECTION 19.11 BADGERCARE PLUS RESTRICTIVE RE-ENROLLMENT PERIOD) will be applied unless there is good cause (see SECTION 19.8.2 INSUFFICIENT FUNDS). The RRP begins with the first month after closure. If an overpayment occurred, a benefit recovery claim should be established.

19.8.3 Good Cause for Non-Payment

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

- 1.—Problems with the financial institution.
- 2.—CARES problem.
- 2.—Local agency problem.
- 2.—Wage withholding problem.
- 2.—Fair hearing decision.

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

19.9 Late Payments

The case will remain open for the benefit month even if no payment is received by the due date. It will close at the end of the benefit month if no payment is received by adverse action in the benefit month.

If the member pays between adverse action of the benefit month and the last day of the benefit month, eligibility can be restored applied to the next month's premium.

Example 1	<p>Adverse action is September 16. Jim's September premium was due September 10. Jim has not paid his September premium by September 16. He pays on September 26. The case closed effective September 30. Eligibility for October will be restored. He is not required to pay the October premium until October 10. Alan's daughter Victoria is eligible for BadgerCare Plus and a \$15 premium is charged beginning August 2024. A premium statement is sent to Alan at the end of July with a due date of August 10. Alan does not make a payment by adverse action of August. Victoria remains eligible for BadgerCare Plus. Alan submits the \$15 payment on August 21. The payment is applied to the premium for September that is due on September 10.</p>
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If there is no premium for the next benefit month, a payment made after adverse action of the benefit month will be refunded. If the premium for the next benefit month is lower than what is paid, the excess amount will be refunded.

Note	<p>An individual's BadgerCare Plus eligibility can be reinstated during an RRP if the individual pays the owed premiums before the end of the RRP. For information about payments made during the RRP, see SECTION 19.11 BADGERCARE PLUS RESTRICTIVE RE-ENROLLMENT PERIOD.</p>
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Example 2	<p>Angel's son Felix is receiving BadgerCare Plus and is due for renewal in March 2025. A \$15 premium has been charged for Felix during the certification period that ends in March 2025. Angel completes the renewal on March 5, 2025, and Felix is determined eligible for a new certification period starting in April 2025 with a new premium amount of \$10. Angel submits a \$15 payment on April 1, 2025. This payment exceeds the premium due amount for April by \$5, so \$10 is applied to the April premium and \$5 is refunded to Angel.</p>
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19.10 Premium Changes

19.10.1 Decreased Premium Amount

If ~~the~~a change is reported within 10 days of when the change occurred, the lower or \$0 premium amount is effective during the month in which the change occurred. If ~~the~~a change is not reported within 10 days of when the change occurred, the lower or \$0 premium amount is effective during the month in which it was reported. The fiscal agent will refund any excess premium that was paid.

19.10.2 Increased Premium Amount

~~Effective January 1, 2024, a~~A child cannot be charged a new or increased premium during their 12-month continuous coverage period, but their premium may be reduced, if applicable. If the premium is lowered, that new amount becomes their premium cap for the rest of the 12-month period.

If a new child with a premium is added to a case, a household may have an increase in its total premium amount, but an individual child cannot have an increase in premium during the 12-month period.

19.10.2.1 Person Adds

~~If the person add will cause an increase in the premium, CARES will not allow eligibility confirmation if the notice requirement cannot be met.~~

~~See also Process Help, Chapter 81 ForwardHealth iChange.~~

19.10.2.2 Effective Dates of Premium Increase (Person Add)

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

Example 2	Rachel's husband Mike moved back into the home on June 1. She reported the change on June 6 and the agency processed the change on June 10 (before adverse action). Inclusion of Mike's income resulted in a premium increase. The increase is effective July 1. Mike's BadgerCare Plus eligibility must be manually certified for the dates between June 6 and June 30.
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Example 3	Ann moved back to her parent's home on December 12 and reported it on December 22 (after adverse action). The agency acted to process the change on the same day. Inclusion of Ann's income resulted in a premium increase. The premium increase is not effective until February 1. Ann's BadgerCare Plus eligibility must be manually certified for the dates between December 22 and January 31.
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19.10.2.3 Effective Dates of Premium Increase (Other Than Person Adds)

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

The following situations qualify for this treatment:

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

Example 4	Mary and Tom apply for BadgerCare Plus on May 1 for their son, Sam, and Mary's daughter, Sara. Mary and Tom are not married and both plan to file taxes. Mary claims Sara as a dependent and Tom claims Sam. Sara's AG income is 208%, so she has a \$10 premium. Sam's AG income is at 310%, so he is not eligible for BadgerCare Plus. The case is confirmed on May 15 with Sara's eligibility beginning May 1. On June 1, Tom reports his income decreased in late March, resulting in Sam's AG income to decrease to 265%. Sam would now be eligible with a \$44 premium. Because CWW will not allow the worker to confirm the increase in premium for June, Sam will not be required to pay a premium until July 1, although he will be eligible as of June 1. Sara is still required to pay her \$10 June premium, and the combined premium of \$54 will be effective July 1.
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19.11 ~~BadgerCare Plus Restrictive Re-Enrollment Period (RRP)~~ Reserved

19.11.1 ~~Restrictive Re-Enrollment Period Introduction~~

A member for whom a premium is owed for the current month who leaves BadgerCare Plus by not paying a premium may be subject to a restrictive re-enrollment period. An RRP means the member cannot re-enroll in BadgerCare Plus for a certain number of months from the termination date while their income remains high enough to owe a premium, unless they pay the premiums owed, meet a good cause exemption or the RRP is lifted. Members can make late premium payments at any time during their three-month RRP.

Members must pay the overdue payment(s) that resulted in case closure, but do not have to pay the premium owed for the following month, unless the late payment is made after the benefit month.

Example 1	If a premium was owed for September, but is not paid until November, the premiums for September, October and November must be paid in order for eligibility to be restored for those months.
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If the member owes a premium for a month during the RRP, they must pay all owed premiums before CARES will restore eligibility for BadgerCare Plus. The member must pay the IM agency directly (not the Fiscal Agent). You can check with the Fiscal Agent to see if a premium has already been collected for that month.

Example 2	Jim's son, Chad, is open for BadgerCare Plus with a premium. Adverse action is September 16. Jim has not paid his son's September premium by September 16. He pays on October 26. Chad's BadgerCare Plus closed on September 30 due to not paying the premium. Jim must pay both of Chad's premiums for September and October before Chad's eligibility can be restored. The November premium is not due until November 10 and does not have to be paid in advance.
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Members whose income decreases to an amount that would not require a premium will be removed from the RRP and re-enrolled in BadgerCare Plus.

19.11.2 Reinstatement

RRPs are set for three months.

The child can become eligible for BadgerCare Plus again at any time during the three-month RRP if all owed premiums are paid by the last day of the RRP. The child's eligibility will be restored back to the beginning of the RRP. If the person serves the full three-month penalty period, they may be eligible to re-enroll for the remainder of the BadgerCare Plus certification again (without paying any owed premiums) on the first of the following month after the RRP ends, if they continue to meet the program eligibility criteria.

Example 1	Kayla, age 10, had a premium of \$10 and failed to pay her May premium. Her BadgerCare Plus benefits ended May 31 and she was put into a three-month RRP from June 1 to August 31. Eligibility can be re-determined in September OR Kayla could re-enroll prior to September 1, but only if she pays all owed premiums by August 31.
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Exception: If a child becomes a member of a different case during an RRP, discontinue the RRP for that child.

Example 2	Josh was on his mom's case in November when she failed to pay the premium. His RRP started December 1. In January, Josh's grandmother applied for BadgerCare Plus for Josh, reporting that Josh is now living with her as of January 5. Josh's RRP from his mother's case does not extend to his grandmother's case, so Josh is eligible for BadgerCare Plus beginning with the month of January.
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19.11.3 Reapplying

A child included on an application for BadgerCare Plus before the end of the RRP and whose assistance group's income is still above the premium threshold may be eligible for BadgerCare Plus if their owed premiums are paid.

If the individual's assistance group's income is now below the premium threshold, they can become eligible for BadgerCare Plus without paying owed premiums.

19.11.4 De-requesting BadgerCare Plus

If a member de-requests BadgerCare Plus prior to adverse action, the member's BadgerCare Plus enrollment ends at the end of that month.

Example 1	Ben, age nine, is open for BadgerCare Plus. Due to an increase in his parent's income, Ben will owe a premium starting in October. On September 9, his parent contacts the IM agency to de-request BadgerCare for Ben. The IM agency processes this de-request and ends Ben's BadgerCare Plus as of September 30. Ben will not enter an RRP due to not paying the October premium since he is not enrolled in BadgerCare Plus in October.
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If a member de-requests BadgerCare Plus after adverse action, the member's BadgerCare Plus enrollment ends the end of the following month in order to provide timely negative notice. If a premium is owed for the month and is not paid, the member will enter into an RRP.

Example 2	Susan, age 14, is open for BadgerCare Plus. Due to an increase in her parent's income, Susan will owe a premium starting in October. On September 25, her parent contacts the IM agency to de-request BadgerCare for Susan. The IM agency processes this de-request and ends Susan's BadgerCare Plus as of October 31. If Susan's premium for October is not paid, she will enter into an RRP starting November 1. She will not be able to re-enroll in BadgerCare Plus prior to February 1 unless she pays her owed premiums.
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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, the IM agency must 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 of the person and the court document appointing the legal guardian of the person specifically grants the guardian the authority to enroll their ward in BadgerCare Plus, Medicaid, or public assistance programs.

If the applicant only has a **guardian of the person**, and the applicant's guardian does not have the authority to enroll the person in BadgerCare Plus, Medicaid, or public assistance programs, the guardian may sign the application since they are acting responsibly for an incompetent or incapacitated person. However, a guardian of the person who does not have the authority to enroll the person in BadgerCare Plus, Medicaid, or public assistance programs cannot 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-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. Agent with Durable Power of Attorney for Finances (Wis. Stat. ch. 244)

An agent with durable power of attorney for finances 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 an agent with activated 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~~ have power of attorney for the purposes of providing a valid signature on the application. An agent with power of attorney for health care is not considered to have power of attorney for the purpose of providing a valid signature on the application.

When a submitted application is signed by someone claiming to be the applicant's agent with activated 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~~ an agent with 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 agent with activated durable power of attorney for finances may appoint an authorized representative for purposes of making a health care application if authorized on the Durable Power of Attorney for Finances form ([F-00036](#)).

The Durable Power of Attorney for Finances form will specify what authority is granted. The appointment of an agent with durable power of attorney for finances does not prevent an applicant from filing their own application for BadgerCare Plus, nor does it

prevent the 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
4

~~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.~~

65. A superintendent of a state mental health institute or center for the developmentally disabled

76. 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.

87. 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.

26.1 Renewals

26.1.2 Late Renewals

26.1.2.2 Gaps in Coverage

If a member has a gap in coverage because of 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. They will not be charged premiums for the past months.

26.1.3 Administrative Renewals

26.1.3.1 Administrative Renewals Introduction

Based on federal requirements, health care eligibility must be redetermined once every 12 months based on information available to an agency. Agencies cannot require information from health care members during an annual renewal unless the information cannot be obtained through an electronic data exchange or the information from the electronic data exchange is not reasonably compatible with the information on file. The process of using electronic data exchanges for renewals is referred to as the administrative renewal process.

If information from electronic data exchanges validated information about a member's income as currently recorded in CARES, additional information about income cannot be requested from the member at renewal. This includes member-reported information about earned income that is found to be reasonably compatible with earned income information obtained from the State Wage Information Collection Agency (SWICA) and Federal Data Services Hub (FDSH) data exchanges, as well as any information about unearned income verified through the Social Security Administration (SSA) or Unemployment Insurance Benefits (UIB) data exchanges. Unless reported otherwise, it is assumed during the administrative renewal process that household composition and tax filing status have not changed.

Note ~~Information on administrative renewals that is specific to childless adults is described in SECTION 44.3.4 REAL TIME ELIGIBILITY AND ADMINISTRATIVE RENEWALS).~~

34.3 Power of Attorney

A person may ~~appoint a grant~~ power of attorney to an agent. An agent with power of attorney may act within the scope of authority granted in the power of attorney appointment.

An agent with durable power of attorney for finances 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 an agent with activated 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~~have power of attorney for BadgerCare Plus purposes.

If a person has an agent with ~~activated~~-durable power of attorney for finances, the applicant or member does not need to separately appoint them as an authorized representative. The durable power of attorney for finances appointment grants them the powers that an authorized representative would have on the BadgerCare Plus case.

The agent with durable power of attorney for finances should be familiar with the applicant or member's household situation and is expected to fulfill their responsibilities to the same extent as the person being represented. The agent with durable power of attorney for finances can take any action on the application or case on behalf of the applicant or member unless the power of attorney appointment limits their powers.

See SECTION 9.9.5 POWER OF ATTORNEY, GUARDIANSHIP, OR CONSERVATOR for information on verification requirements. See SECTION 25.5 VALID SIGNATURE for information on valid application signatures by an agent with power of attorney.

35.1 Restoration of Benefits

If it is determined that a member's benefits have been incorrectly denied or terminated, their BadgerCare Plus should be restored from the date of the incorrect denial or termination through the time period that they would have remained eligible.

If the member was incorrectly denied or terminated for BadgerCare Plus with a premium obligation, the member ~~should be allowed to choose which months they would like to receive benefits. All premiums owed for the months for which the member would like to receive benefits must be paid before the member is enrolled for those months~~ can be enrolled without a premium for past months. They will only be charged a premium for future months after advance notice can be provided based on adverse action logic.

If a member already paid for a BadgerCare Plus covered service, the member must contact their provider to bill BadgerCare Plus for services provided during that time. A BadgerCare Plus provider must refund the amount that BadgerCare Plus will reimburse for the service. The provider may choose to refund up to the full amount billed to the member, but that decision is entirely optional.

If it is determined that a premium amount was incorrectly calculated for BadgerCare Plus and would result in a refund for the member, the correct premium amount for each month in which it was incorrect needs to be determined and reported to the fiscal agent's BadgerCare Plus Unit. The fiscal agent will refund the amount of the premium the member overpaid.

Occasionally, a BadgerCare Plus member is certified for retroactive Katie Beckett Medicaid or Supplemental Security Income (SSI) Medicaid eligibility for a period of time in which they were also certified for BadgerCare Plus. If the BadgerCare Plus member paid a premium during this time frame, they are entitled to a refund of any BadgerCare Plus premiums that they paid during the retroactive Katie Beckett Medicaid or SSI Medicaid certification period.

38.4 HMO Enrollment

38.4.5 Enrollment Exemptions

Members with specific needs can disenroll or opt out of HMO enrollment and receive their health care under fee-for-service if they meet the rules for an enrollment exemption. Most exemption requests must come from the member, the member's family, or the member's legal guardian. They may need to be approved by either the HMO Enrollment Specialist, an HMO Ombuds, or state Nurse Consultant. Exemptions apply to individuals, not households.

Exemptions will generally be effective the first day of the next month after the month in which the exemption was requested, unless otherwise specified. Exemption requests will not be backdated unless an exception is granted by the Department. The duration of the exemption may vary depending on the type of exemption. Members should be directed to the HMO Enrollment Specialist for assistance in requesting an exemption ~~and~~/or choice counseling.

Note The state Nurse Consultant provides consultation and technical assistance on topics related to health needs and complex care. The Nurse Consultant may need to make decisions on enrollment exemptions related to complex health care needs.

Types of Enrollment Exemptions

Exemption	Description
Admission or Enrollment in the Birth to 3 Program (BadgerCare Plus only)	The head of the household or the county Birth to 3 Program may request an exemption on behalf of the child when the child is enrolled in the Birth to 3 Program. Birth to 3 Program providers are encouraged to work with the member's HMO before requesting the enrollment exemption. This exemption can be backdated up to two months from the month the request is received.
Commercial Insurance or Commercial HMO Enrollment	The member is enrolled in a commercial insurance plan or commercial HMO that limits them to a restricted private network and does not align with the BadgerCare Plus provider network.
Continuity of Care	A one- to two-month continuity of care exemption may be granted when a member is newly enrolled or about to be enrolled in an HMO and has an upcoming appointment (within the next two months) with a provider with whom they have a previously established-relationship and that provider is not part of the HMO's network. If the member has more complex medical needs

	<p>and requires an exemption longer than two months, the HMO Enrollment Specialist will refer the member to the State Nurse Consultant.</p> <p>In addition, a longer continuity of care exemption can be granted for a pregnant member who wants to see a nurse midwife/practitioner of their choosing who is not part of a BadgerCare Plus HMO's provider network. For a pregnant member, the exemption can be applied at any time starting from the month of request through two months after the estimated due date.</p>
Distance	This exemption may be granted for a one-to-two-month period when a member has moved out of an HMO's service area while their eligibility has not yet been updated to reflect the change in address AND the member needs immediate care in the area that is not covered by their current HMO.
HIPP Determination in progress or enrollment in the HIPP program	This exemption may be granted if the member is pending an eligibility determination for the HIPP program or is enrolled in the HIPP program, and the employer-sponsored insurance plan limits the member to a restricted provider network that does not align with the BadgerCare Plus HMO's provider network.
Long Term Complex Care	The state Nursing Consultant may apply this exemption for up to 12 months for individuals who have complex needs and may need specialized care outside of a member's HMO network.
Low Birth Weight	The state Nurse Consultant may apply this exemption to newborns with a low birth weight (birth weight less than 2,500 grams or 5 lbs. 8 oz.).
Native American, American Indian, Alaskan Native or member of a federally recognized Tribe	<p>If the member attests they are a Native American, American Indian, Alaskan Native, or a member of a federally recognized tribe, they are not required to enroll in an HMO.</p> <p>The member can choose to remove this exemption at any time to enroll into an HMO.</p>
Care4Kids Extension	This exemption applies to children in BadgerCare Plus who are still receiving services under the

	<p>Care4Kids 12-month extension after being discharged from out-of-home care.</p> <p>Care4Kids is a specialized managed care program for children in out-of-home care in Kenosha, Ozaukee, Milwaukee, Racine, Washington, and Waukesha counties.</p>
Transplants	<p>The member had a transplant that is considered experimental such as liver, heart, lung, heart-lung, pancreas, pancreas-kidney. <u>The member had a stem cell or bone marrow transplant.</u> The member will be permanently exempted from HMO enrollment effective the first of the month in which the surgery is performed.</p> <p>Transplant exemption requests may be made by the HMO and directed to the state Nurse Consultant.</p>

38.8 Five Percent Cost Share Limit

38.8.3 Determining the Copay Limit

38.8.3.1 Premiums

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

Example 4	Mark is a CLA with income that falls in the >50-100% of FPL income tier. He is enrolled in BadgerCare Plus and pays an \$8 monthly premium. His copay limit is calculated as \$26 minus the \$8 premium. Mark's monthly copay limit, after his premium has been deducted, is \$18.
Example 5	Alice and Barry are married and both eligible for BadgerCare Plus as childless adults with income at 85% of the FPL. They have a household premium of \$6 because Alice completed a health survey and reported healthy habits while Barry did not. Their copay limit would be prorated at the >50-100% FPL tier and the \$6 premium would be split evenly and deducted from their prorated copay limit (subtract \$3 from both). Alice and Barry would each have a \$10 copay limit. Alice suffers injuries from a car accident. She is verified as disabled and becomes eligible for SSI-Related Medicaid. Because Alice is no longer a childless adult, her health survey response does not result in a premium reduction for the household. Barry's household premium will increase to \$8. The \$8 premium would be split evenly and deducted from both Alice and Barry's copay limits (if they continue to have income greater than 50% of the FPL).

39.1 Emergency Services Introduction

BadgerCare Plus Emergency Services is a limited BadgerCare Plus benefit for documented immigrants who have not been in the U.S. for five years or more and for undocumented immigrants.

An immigrant who is ineligible for BadgerCare Plus because of their immigration status is eligible for BadgerCare Plus Emergency Services coverage if they:

1. Meet the income limits listed in [SECTION 39.1.1 EMERGENCY SERVICES INCOME LIMITS](#).
2. Meet all other BadgerCare Plus eligibility requirements, except having or applying for a ~~SSN~~ [Social Security Number \(SSN\)](#).
3. Qualify for coverage under a BadgerCare Plus category other than that for childless adults (see [SECTION 39.1.2 EMERGENCY SERVICES SPECIAL RULES](#))

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

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

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

BadgerCare Plus Emergency Services covers:

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

For information on manually processing applications, see Process Help, [Section 9.3 BC+ Emergency Services Manual Application Processing](#). [For information on manually processing renewals for members who have an ongoing emergency condition, see Process Help, Section 26.1 Manual Renewal Report.](#)

42.1 Long-term Care Eligibility Requirements for Childless Adults Eligible for BadgerCare Plus

42.1.1 Long-Term Care Eligibility Requirements for Childless Adults Eligible for BadgerCare Plus

In order to be eligible to have their LTC services covered by BadgerCare Plus while they are institutionalized, childless adults must meet the following requirements:

- They do not meet the eligibility criteria for EBD Medicaid. This includes any of the following:
 - They do not meet the asset test for EBD Medicaid.
 - They do not meet the income test for EBD Medicaid.
 - They fail to provide or verify asset information or any other information needed to determine EBD Medicaid eligibility.
 - They have not yet been determined disabled.
 - They have not yet been determined presumptively disabled.
- They are eligible for BadgerCare Plus as a childless adult.
- They have not divested in order to qualify for receipt of LTC services (see Medicaid Eligibility Handbook, [Chapter 17 Divestment](#)). Institutionalized childless adults who divest are not eligible for LTC services although they remain eligible for Medicaid services.
- They disclose information about any annuities purchased on or after January 1, 2009, in which they or their community spouse have an interest.
- They designate the state of Wisconsin as the remainder beneficiary of any annuities purchased or created on or after January 1, 2009.
- If they own their own home, the equity interest in the home must not exceed \$750,000 (see Medicaid Eligibility Handbook, [Section 16.8.1.4 Home Equity over \\$750,000.00](#)) in order to receive LTC services.
- They assign to the state of Wisconsin their rights to payments from a nursing home, hospital, or LTC insurance policy and send any payments to the state of Wisconsin that they received from a nursing home, hospital, or LTC insurance carrier while receiving BadgerCare Plus.

Note Institutionalized childless adults are not subject to the premium or treatment needs question requirements described in [SECTION 44.2 PREMIUMS FOR CHILDLESS ADULTS](#) and [SECTION 44.3 TREATMENT NEEDS QUESTION FOR CHILDLESS ADULTS](#).

43.2 Financial Tests

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

The income limit for one adult is \$1,913,971. For a married couple, the limit is \$2,827,915. A person's income is determined using Modified Adjusted Gross Income (MAGI) budgeting rules (see Section 2.3 Modified Adjusted Gross Income Test Group, SECTION 2.8 MODIFIED ADJUSTED GROSS INCOME COUNTING RULES, and Section 16 Income).

For children infected with TB, income must be budgeted using MAGI rules, the same way it is for children applying for BadgerCare Plus (see Section 2.3 Modified Adjusted Gross Income Test Group). If a child is determined ineligible for BadgerCare Plus, the countable MAGI income for the child is tested against the TB-related Medicaid individual monthly income limit of \$1,913,971. If the countable monthly MAGI income for the child is at or less than \$1,913,971 and the child meets all other TB-related Medicaid eligibility criteria, the child is eligible for TB-Related Medicaid. This income limit applies to each child no matter how many persons are in the assistance group.

Example 1	Mary and her spouse George are both applying for TB-related Medicaid. Test Mary and George as one MAGI Test Group. Test their MAGI income against the income limit for a married couple.
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Example 2	Greg is a 20-year-old with TB and is applying for BadgerCare Plus. Greg lives with his dad, Barry, and is Barry's tax dependent. Under MAGI budgeting rules, Barry and Greg are one MAGI Test Group and we must count Barry's MAGI income (which includes Greg's income if he is required to file taxes). The monthly MAGI income for Barry and Greg is \$1,725,800, which is 105 106% of the FPL for a group of two. This makes Greg ineligible for BadgerCare Plus as a childless adult. However, that same MAGI income amount is less than the \$1,913,971 TB income limit for an unmarried individual, which makes Greg eligible for TB-Related Medicaid.
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44. BadgerCare Plus Childless AdultReserved

44.1 Introduction to BadgerCare Plus Childless AdultsReserved

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

- Is not receiving Medicare, 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.

44.2 Premiums for Childless Adults Reserved

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.
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- Childless adults are subject to a household premium of \$8 a month unless they are exempt for any of the following reasons:
- Has a household income at or below 50% of the FPL
- Has verified status as a tribal member, child or grandchild of a tribal member, or individual who is eligible to get Indian Health Services
- Has a verified disability
- A childless adult is considered to have a verified disability only if they have been determined by the Wisconsin Disability Determination Bureau (DDB) to be disabled, MAPP disabled, or by the DDB or the IM agency as presumptively disabled.
- Has resided in or is expected to be residing in an institution for at least 30 days
- Is homeless or has been homeless in the last twelve months
- The definition of homeless is someone who lacks a fixed and regular nighttime residence or someone whose primary nighttime residence is one of the following:
- A supervised shelter designed to provide temporary accommodations
- A halfway house or similar institution that provides temporary residence for individuals intended to be institutionalized
- A temporary accommodation for not more than 90 days in the residence of another individual
- A place not designed for, or ordinarily used as a regular sleeping accommodation for human beings
- Is deceased
- Is incarcerated in jail or prison
- Members will not be subject to premiums for backdated months.
- Childless adults may qualify for a premium-free month under both of the following conditions:
- No one in the BadgerCare Plus group was eligible for BadgerCare Plus or Medicaid in the previous month.
- No one in the group received a free month in the previous 12 months.

44.2.1 Premium Policy Effective Date

- ~~The premium requirement will apply for new applications with a filing date on or after the policy effective date.~~
- For renewals, when the premium requirement will apply depends on the status of the renewal:
- If it is a renewal either submitted early or late, the requirement applies as the policy effective date.
- If it is a timely renewal, the requirement applies to renewals due on or after the end of the next calendar month after the policy effective date (impacting benefits starting in the first month of the new certification period).

Example 1

This example assumes a February 1 policy effective date.

Jane was a childless adult enrolled in BadgerCare Plus with a renewal due December 31. Jane did not renew her benefits on time, so her BadgerCare Plus closed. On February 20, Jane submits a late health care renewal to regain eligibility as of January 1. Because Jane is submitting a late renewal after the policy effective date, she will be subject to the new premium requirement. However, because the requirement did not go into effect until February 1, Jane will not owe a premium for the month of January. Jane will begin to owe monthly premiums as of February, unless she qualifies for any exemption.

Example 2

Mary is a childless adult currently enrolled in BadgerCare Plus. Her certification period began in October. Mary will not be subject to the new premium requirement until she renews her health care benefits after the policy effective date and her new certification period starts, if she remains a childless adult and does not qualify for any exemption.

The premium requirement will apply if a health care member becomes a childless adult during a certification period that starts after the policy effective date. This includes the member joining an existing childless adult assistance group.

Example 3

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

44.2.2 Increase or Decrease in Household Income During the Certification Period

If the household income rises above 50% of the FPL due to a change in income or household composition, the premium payment requirement will apply the following month (subject to timely notice requirements).

If the household income drops to 50% of the FPL or less, then the premium payment requirement will no longer apply as of the same month in which the change in income was reported.

44.2.3 Premium Payment Amount

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

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

Example 1

There are two childless adults in the household: Alice and Barry. The household pays a \$6 monthly premium because Alice took the health survey and reported healthy habits, but Barry did not. Their certification period began in April.

Alice suffers injuries in a car accident in June. Subsequently, she is verified disabled effective July and becomes eligible for EBD Medicaid.

Because Alice is no longer a childless adult, her health survey response does not result in a premium reduction for the household. Barry's household premiums will increase to \$8 but he could reduce that amount to \$4 if he completes the health survey and shows that he has healthy habits.

- Reductions based on the health survey or treatment needs question apply as of the month the health survey or treatment needs question was received. However, if a health survey is submitted within the first two months of the certification period, any premium reductions will be retroactively applied back to the beginning of the certification period.

44.2.4 Premium Due Dates

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

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

Example 1

Aaron applies for BadgerCare Plus in March. He is a childless adult with no applicable exemption and an income over 50% of the FPL. This is the first time he has applied for a health care benefit. He does not receive a reduction for the monthly premium amount.

The month of March is premium free for Aaron. Over the next 10 months, he does not pay any premiums.

In January, Aaron submits an early renewal for BadgerCare Plus. He must pay his entire \$80 arrears (\$8 monthly premium x 10 months (April – January)) to remain eligible for BadgerCare Plus as of February.

Members cannot pre-pay monthly premiums. They can pay each month, pay multiple owed months, or wait until the end of the certification period to pay. For example, if the certification period is February through January, the member cannot pay in advance for future months on February 15. Instead, the member can:

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

44.2.5 Premium Payment Methods

Premium statements will be sent to childless adults monthly. The statement will display the following information:

- 1.—Amount due for the current month
- 1.—Amounts due for past months (if applicable)
- 2.—Total amount due (arrears for the certification period)
- 3.—Statement informing the childless adult that the premiums for the entire certification period must be paid upon renewal
- 4.—How to pay their premiums

A mail-in section will be provided for members to include with their check or money order.

Childless adults will have several options to pay the monthly premiums:

- Check
- Money order
- Electronic Funds Transfer (EFT)
- Credit or debit card

Childless adults will be able to pay using a credit or debit card, or pay by EFT from a checking or savings account, through the ACCESS website or MyACCESS mobile app. One-time EFT payments for childless adults can only be made through ACCESS and MyACCESS. Childless adults are not eligible for auto-withdrawal from their accounts. The BadgerCare Plus Premium Employer Wage Withholding ([F-13025](#)) and BadgerCare Plus Premium Member/Employer Electronic Funds Transfer ([F-13026](#)) forms used for children cannot be used for childless adults.

Members may mail in a check or money order as payment, but only when the premium payment is a condition of eligibility (for example, at renewal) can the member submit a check or money order directly to the IM agency.

44.2.6 Restrictive Re-enrollment Period

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

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

Example 1	<p>Kim applies for BadgerCare Plus in January and has a monthly premium set at \$8. She is enrolled but does not pay the premiums for January, February, March, April, and May.</p> <p>Kim reports that she has moved to Minnesota on May 9. Her benefits end May 31, and a six-month RRP is established for June through November.</p> <p>Kim moves back to Wisconsin in July of the same year (during the RRP). She reapplies for BadgerCare Plus and the worker pends eligibility to obtain the outstanding premiums. If Kim chooses not to pay the premiums by the due date, her application will be denied due to the existing RRP. She decides to pay the arrears incurred earlier in the year and her application is approved. However, she could have chosen to forgo coverage until December, when she could reapply and enroll in BadgerCare Plus without paying the arrears.</p>
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Example 2	<p>Ben applies for BadgerCare Plus in January and has a monthly premium set at \$4. He is enrolled but does not pay the premiums for January, February, March, and April.</p> <p>Ben enters a nursing home in May. He stays more than 30 days and qualifies for Institutional Medicaid. His BadgerCare Plus certification period ends and his Institutional Medicaid certification begins on May 1. Because Ben's BadgerCare Plus certification ended, and he had unpaid premiums, a six-month (May to October) RRP will be established and run in the background.</p> <p>Ben reports that he returned home on July 8. The worker updates the case and BadgerCare Plus pends eligibility to obtain the outstanding premiums. If he pays the arrears, he would become eligible for a new certification period as a childless adult as of August. However, if he chooses not to pay the arrears, he will fail due to an RRP until he pays his premiums from the previous BadgerCare Plus certification period (January-April), or until the RRP expires.</p>
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Example 3	<p>Aaron applies for BadgerCare Plus in March and has a monthly premium set at \$8.</p> <p>The month of March is premium free for Aaron. Over the next 10 months, he does not pay any premiums. On January 10, Aaron submits an early renewal for BadgerCare Plus, during which he reports his income is less than 50% of the FPL.</p> <p>Aaron is not required to pay monthly premiums for the certification period beginning in February, and he would remain enrolled in BadgerCare Plus. However, he would have an RRP in the background for payment on his \$80 arrears (\$8 monthly premium x 10 months). If his income increased to more than 50% of the FPL during the RRP, he would no longer be eligible for BadgerCare Plus until he pays all of his arrears, or until the RRP expired.</p>
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Note

Childless adults will not be notified or automatically re-enrolled in health care at the end of the RRP. Instead, the notice that informs the member that they have entered an RRP will state the length of the RRP.

44.2.7 Refunds

Refunds of childless adult premiums are based on the current policy regarding refunding BadgerCare Plus premiums:

- ~~1. If a premium is paid for a month in which a childless adult household was ineligible for BadgerCare Plus, the premium will be refunded.~~
- ~~1. If the premium is paid for a month in which the household's income decreased and they no longer owe a premium, the premium will be refunded.~~
- ~~2. If the premium is paid for a month in which the household qualifies for a premium reduction, the excess premium paid will be refunded as of the month that the reduction applied (for example, if the member paid \$8 and later that month they qualified for a reduction to \$4 based on their health survey, the extra \$4 will be refunded).~~

~~The refund will always be paid to the member regardless of who paid the premium. Refunds will always be paid in the form of a check.~~

44.2.8 Premium Notification

~~Information on the required premium payments for childless adults will be included in the Notice of Decision. The Notice of Decision will also include information on an RRP if applicable.~~

44.3 Treatment Needs Question for Childless Adults Reserved

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

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

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

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

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

Example 1	<p>Note: This example assumes a February 1 policy effective date.</p> <p>Anna is a childless adult currently enrolled in BadgerCare Plus. Her certification period began in August. On February 18, Anna submits an early health care renewal. Because Anna is submitting an early renewal after the policy effective date, she will be subject to the new policies and must answer the treatment needs question as part of her renewal for health care.</p>
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Example 2	<p>Edith is a childless adult currently enrolled in BadgerCare Plus. Her certification period began prior to the policy effective date. Edith must answer the treatment needs question as part of her next renewal for health care after the policy effective date.</p>
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Example 3	<p>Note: This example assumes a February 1 policy effective date.</p> <p>Brad is currently enrolled in BadgerCare Plus as a parent, along with his son Oliver. Brad completes a renewal for him and Oliver in April. Because he is a parent, the childless adult policies do not apply. Brad reports that Oliver has left the household in July, so Brad becomes a childless adult. Brad must answer the treatment needs question to remain eligible for BadgerCare Plus.</p>
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The childless adult will not need to answer a treatment needs question or affirm an existing response if they fall under any of the following:

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

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

44.3.1 Answering the Treatment Needs Question

The treatment needs question will collect a self-attested answer to a question about substance abuse and desire for treatment.

If the treatment needs question is not answered (either answered “Yes” or “No”) the response does not meet the requirement for BadgerCare Plus eligibility. Health care eligibility cannot be denied or terminated for failure to sign the treatment needs question.

Whether the person responds Yes or No to the treatment needs question does not affect their eligibility for health care. But the response will be used to determine whether a referral should be made to a provider for substance use disorder (SUD) treatment:

4. If the answer is NO, the childless adult has met the treatment needs question requirement and no further action is taken.
5. If the answer is YES, the childless adult has met the treatment needs question requirement.
 1. If they are enrolled in a health maintenance organization (HMO) or managed care organization (MCO), the HMO or MCO will be notified of their response to help them get into treatment.

2. If they are exempt from HMO or MCO enrollment, they will be provided information about accessing treatment.

The treatment needs question response will also be used to determine whether the member qualifies for a reduction in the monthly premium. If the member answers “Yes” to the question, they will receive a premium reduction.

44.3.2 Who Can Answer the Treatment Needs Question

Each childless adult must answer a treatment needs question. In addition to the childless adult, any of the following may answer the treatment needs question on behalf of all childless adults in the household:

- Primary person
- Spouse
- Authorized representative
- Financial power of attorney
- Legal guardian over the estate
- Someone authorized by the individual

44.3.3 Submitting the Treatment Needs Question

Childless adults will have several different ways to submit a response to the treatment needs question:

- Online as part of ACCESS and MyACCESS
- Phone or in person through the IM worker
- The Treatment Needs Question paper form (F-02547) (available through the Department of Health Services’ Forms Library or attached to the Verification Checklist)

Childless adults will be able to answer a new treatment needs question at any time.

44.3.4 Real-Time Eligibility and Administrative Renewals

Childless adults who answer the treatment needs question as part of the ACCESS application can have their eligibility determined through Real-Time Eligibility (RTE).

For the first administrative renewal after implementation, childless adults may be administratively renewed, but will be asked to answer the treatment needs question separately in order to keep their eligibility. For subsequent administrative renewals, where a treatment needs question response is on file, the childless adult will be asked to report if their treatment needs question response has changed.

44.3.5 Treatment Needs Question Notification

The Case Summary will identify whether each childless adult has answered the required treatment needs question. However, each childless adult's response to the treatment needs question will not be printed on the Case Summary in order to protect this sensitive information. Instead, a PIN-based summary will be mailed to each childless adult with their own treatment needs question response. This summary will be sent any time a Case Summary (including an Administrative Renewal Case Summary) is generated.

44.4 ~~BadgerCare Plus Health Survey for Childless Adults Reserved~~

The ~~BadgerCare Plus Health Survey (health survey)~~ is available to all childless adults. It is optional. The survey will collect self-attested answers to questions about healthy habits and any health conditions that prevent healthy habits. Healthy habits include such things as wearing a seatbelt, exercising, or not smoking.

The response of the health survey will be used to determine premium reductions for childless adults. A premium reduction is granted when any one of the following is true:

- ~~The childless adult reports at least one healthy habit.~~
- ~~The childless adult reports having a health condition that prevents their ability to engage in a healthy habit.~~
- ~~The childless adult reports managing their health risks.~~

The results of the health survey will be valid for the certification period. When completing a new application or renewal, childless adults can complete a new health survey to determine if they qualify for a premium reduction. Also, to account for renewal processing timeframes, a health survey completed in the previous 45 days will be valid at renewal.

The health survey is self-attested. The IM agency will not audit responses, nor will it pursue overpayments based on a reduction in the premium.

The health survey responses will be shared with the childless adult's HMO or MCO.

44.4.1 ~~Completing the Health Survey~~

Each childless adult can complete the health survey. However, one of the following may complete the health survey on behalf of a childless adult:

- ~~Authorized representative~~
- ~~Financial power of attorney~~
- ~~Legal guardian over the estate~~
- ~~Someone authorized by the individual~~

Childless adults will have several different ways to complete the health survey:

5. ~~Online as part of ACCESS and MyACCESS~~
6. ~~Phone or in person by speaking with the Enrollment Broker~~
7. ~~The BadgerCare Plus Health Survey paper form (F-02548) (available through the Department of Health Services' Forms Library) processed by the Enrollment Broker~~

The health survey is not a condition of eligibility and is not part of the application or renewal. It is offered to childless adults as an optional action only after they submit an application or renewal.

Childless adults may complete a health survey at any time and there is no restriction on how often they may do so. The ability to complete the survey at any time will permit childless adults to provide an update for any change to a health risk behavior or condition. Only the results of the most recent survey will provide the basis for calculating the premium and will be shared with the HMO or MCO.

45.8 Special Policy Considerations

~~45.8.2 Childless Adults~~

~~Childless adults who are suspended are not required to pay premiums or answer the Treatment Needs Question.~~

45.8.3-2 Pregnant ~~Women~~ Members

Pregnant ~~women~~people who are incarcerated will have their eligibility determined under the BadgerCare Plus Prenatal Program (see Section 41.1 BadgerCare Plus Prenatal Program). An incarcerated ~~woman~~person in a suspension who later reports a pregnancy must have her eligibility redetermined under the BadgerCare Plus Prenatal Program and be enrolled if eligible.

When the pregnancy ends, BadgerCare Plus Prenatal Program members must have their health care eligibility redetermined for the next month. If determined eligible for BadgerCare Plus while still incarcerated, the member will open for suspended BadgerCare Plus.

48.1 BadgerCare Plus Children's Premium Tables

48.1.1 Premiums for Children

Non-exempt children with an assistance group income above 201% of the Federal Poverty Level (FPL) will be ~~required to pay~~ charged premiums. Each child's premium will be based on their own assistance group's (AG) size and income. The 5% cap for the cost of total household premiums for children will continue to apply. The cap will be 5% of the income of the premium-~~paying~~ assistance group with the highest countable income amount. The total household's premiums will be determined based on the combined amount of all children's premiums or the 5% cap, whichever amount is less. See [SECTION 19.2 PREMIUM CALCULATIONS](#) and [SECTION 19.3 PREMIUM LIMITS](#) for more information on premium caps.

The below table outlines the premium amounts for children.

FPL Income Range	Above 201% to 210.99%	211% to 220.99%	221% to 230.99%	231% to 240.99%	241% to 250.99%	251% to 260.99%	261% to 270.99%	271% to 280.99%	281% to 290.99%	291% to 300.99%	301% to 306.00%
Premium Amounts	\$10	\$10	\$10	\$15	\$23	\$34	\$44	\$55	\$68	\$82	\$97.53

Not e	Children in extensions are not required to pay <u>charged</u> premiums (see SECTION 19.1 BADGERCARE PLUS PREMIUMS). If a parent in the household is in an extension, the children are exempt from paying premiums regardless of their income.
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~~Effective January 1, 2024, a~~ A child cannot be charged a new or increased premium during their 12-month continuous coverage period, but their premium may be reduced, if applicable. If the premium is lowered, that new amount becomes their premium cap for the rest of the 12-month period. If the AG's size and income changes during the 12-month period, the child's premium amount may not align with the FPL percentage of the AG's income, as shown in the table above.

48.1.3 Five Percent Premium Caps for Children

The table below displays the 5% caps of BadgerCare Plus premiums for children in certain households with incomes above 201% and at or below 306% of the FPL. Families ~~pay~~are charged the combined premiums for the children but no more than 5% of the family's countable income.

Example 1 A family with ~~10~~11 children and an income of 295% of the FPL would ordinarily owe premiums amounting to ~~10~~11 times \$82, which equals ~~\$820~~\$902. However, if the children's assistance group size, including the parent, is 11, the 5% cap found in the table below is ~~\$800~~\$34. That is the maximum premium amount that the family should be charged for that month.

Group Size	201 - 211%	211% - 221%	221 - 231%	231 - 241%	241 - 251%	251 - 261%	261 - 271%	271 - 281%	281 - 291%	291 - 301%	301% - 306%
1	\$122 <u>6.00</u> ₁₂	\$128 <u>2.00</u> ₁₃	\$134 <u>8.00</u> ₁₃	\$140 <u>4.00</u> ₁₄	\$146 <u>1.00</u> ₁₅	\$152 <u>7.00</u> ₁₅	\$158 <u>3.00</u> ₁₆	\$164 <u>0.00</u> ₁₇	\$170 <u>00</u> _{176.}	\$176 <u>2.00</u> ₁₈	\$182 <u>00</u> _{188.}
2	\$165 <u>1.00</u> ₁₇	\$173 <u>9.00</u> ₁₇	\$181 <u>8.00</u> ₁₈	\$189 <u>6.00</u> ₁₉	\$198 <u>5.00</u> ₂₀	\$206 <u>3.00</u> ₂₁	\$214 <u>2.00</u> ₂₂	\$222 <u>0.00</u> ₂₃	\$230 <u>00</u> _{239.}	\$239 <u>7.00</u> ₂₄	\$247 <u>00</u> _{256.}
3	\$208 <u>6.00</u> ₂₁	\$218 <u>7.00</u> ₂₂	\$228 <u>7.00</u> ₂₃	\$239 <u>8.00</u> ₂₄	\$249 <u>9.00</u> ₂₅	\$259 <u>0.00</u> ₂₇	\$270 <u>0.00</u> ₂₈	\$280 <u>1.00</u> ₂₉	\$291 <u>00</u> _{302.}	\$301 <u>3.00</u> ₃₁	\$311 <u>00</u> _{323.}
4	\$251 <u>1.00</u> ₂₆	\$263 <u>4.00</u> ₂₇	\$276 <u>7.00</u> ₂₈	\$288 <u>0.00</u> ₃₀	\$301 <u>3.00</u> ₃₁	\$313 <u>6.00</u> ₃₂	\$326 <u>9.00</u> ₃₃	\$338 <u>2.00</u> ₃₅	\$351 <u>00</u> _{365.}	\$363 <u>8.00</u> ₃₇	\$376 <u>00</u> _{391.}
5	\$294 <u>6.00</u> ₃₀	\$308 <u>1.00</u> ₃₂	\$323 <u>6.00</u> ₃₃	\$338 <u>2.00</u> ₃₅	\$352 <u>7.00</u> ₃₆	\$367 <u>2.00</u> ₃₈	\$382 <u>7.00</u> ₃₉	\$396 <u>3.00</u> ₄₁	\$411 <u>00</u> _{428.}	\$426 <u>3.00</u> ₄₄	\$440 <u>00</u> _{458.}
6	\$337 <u>1.00</u> ₃₅	\$354 <u>8.00</u> ₃₆	\$370 <u>6.00</u> ₃₈	\$387 <u>3.00</u> ₄₀	\$404 <u>1.00</u> ₄₂	\$421 <u>8.00</u> ₄₃	\$438 <u>6.00</u> ₄₅	\$454 <u>3.00</u> ₄₇	\$471 <u>00</u> _{491.}	\$488 <u>8.00</u> ₅₀	\$505 <u>00</u> _{526.}
7	\$380 <u>6.00</u> ₃₉	\$399 <u>6.00</u> ₄₁	\$418 <u>5.00</u> ₄₃	\$437 <u>5.00</u> ₄₅	\$456 <u>5.00</u> ₄₇	\$475 <u>5.00</u> ₄₉	\$493 <u>4.00</u> ₅₁	\$512 <u>4.00</u> ₅₃	\$531 <u>00</u> _{554.}	\$550 <u>3.00</u> ₅₇	\$569 <u>00</u> _{593.}
8	\$423 <u>1.00</u> ₄₄	\$444 <u>3.00</u> ₄₆	\$465 <u>5.00</u> ₄₈	\$486 <u>7.00</u> ₅₀	\$507 <u>9.00</u> ₅₂	\$528 <u>1.00</u> ₅₅	\$549 <u>3.00</u> ₅₇	\$570 <u>5.00</u> ₅₉	\$591 <u>00</u> _{617.}	\$613 <u>9.00</u> ₆₃	\$634 <u>00</u> _{661.}

9	\$466 <u>48</u> 6.00	\$489 <u>51</u> 0.00	\$512 <u>53</u> 5.00	\$536 <u>55</u> 9.00	\$559 <u>58</u> 3.00	\$582 <u>60</u> 7.00	\$605 <u>63</u> 1.00	\$628 <u>65</u> 6.00	\$652 <u>680</u> . 00	\$675 <u>70</u> 4.00	\$698 <u>728</u> . 00
10	\$509 <u>53</u> 1.00	\$534 <u>55</u> 8.00	\$560 <u>58</u> 4.00	\$585 <u>61</u> 0.00	\$610 <u>63</u> 7.00	\$636 <u>66</u> 3.00	\$661 <u>69</u> 0.00	\$686 <u>71</u> 6.00	\$712 <u>743</u> . 00	\$737 <u>76</u> 9.00	\$763 <u>796</u> . 00
11	\$552 <u>57</u> 6.00	\$580 <u>60</u> 5.00	\$607 <u>63</u> 4.00	\$635 <u>66</u> 2.00	\$662 <u>69</u> 1.00	\$690 <u>72</u> 0.00	\$717 <u>74</u> 8.00	\$745 <u>77</u> 7.00	\$772 <u>806</u> . 00	\$800 <u>83</u> 4.00	\$827 <u>863</u> . 00
12	\$595 <u>62</u> 1.00	\$625 <u>65</u> 2.00	\$654 <u>68</u> 3.00	\$684 <u>71</u> 4.00	\$714 <u>74</u> 5.00	\$743 <u>77</u> 6.00	\$773 <u>80</u> 7.00	\$803 <u>83</u> 8.00	\$832 <u>869</u> . 00	\$862 <u>90</u> 0.00	\$891 <u>931</u> . 00
13	\$638 <u>66</u> 6.00	\$670 <u>69</u> 9.00	\$702 <u>73</u> 3.00	\$734 <u>76</u> 6.00	\$765 <u>79</u> 9.00	\$797 <u>83</u> 2.00	\$829 <u>86</u> 5.00	\$861 <u>89</u> 9.00	\$892 <u>932</u> . 00	\$924 <u>96</u> 5.00	\$956 <u>998</u> . 00
14	\$681 <u>71</u> 1.00	\$715 <u>74</u> 7.00	\$749 <u>78</u> 2.00	\$783 <u>81</u> 8.00	\$817 <u>85</u> 3.00	\$851 <u>88</u> 8.00	\$885 <u>92</u> 4.00	\$919 <u>95</u> 9.00	\$953 <u>995</u> . 00	\$986 <u>1,0</u> 30.00	\$1,020 <u>06</u> 6.00

50.1 Federal Poverty Level Table

Group Size	Annual FPL	100% FPL	133% FPL	150% FPL	156% FPL	191% FPL	201% FPL	300% FPL	306% FPL
1	\$ <u>14,580</u> <u>15,060</u>	\$ <u>1,215</u> <u>255.00</u>	\$ <u>1,615.95</u> <u>669.15</u>	\$ <u>1,822</u> <u>882.50</u>	\$ <u>1,895.40</u> <u>957.80</u>	\$ <u>2,320.65</u> <u>397.05</u>	\$ <u>2,442.15</u> <u>2,522.55</u>	\$ <u>3,645</u> <u>765.00</u>	\$ <u>3,717.90</u> <u>840.30</u>
2	\$ <u>19,720</u> <u>20,440</u>	\$ <u>1,643</u> <u>703.33</u>	\$ <u>2,185.63</u> <u>265.43</u>	\$ <u>2,465</u> <u>555.00</u>	\$ <u>2,563.59</u> <u>657.19</u>	\$ <u>3,138.76</u> <u>253.36</u>	\$ <u>3,303.09</u> <u>423.69</u>	\$ <u>4,929</u> <u>5,109.99</u>	\$ <u>5,028.59</u> <u>212.19</u>
3	\$ <u>24,860</u> <u>25,820</u>	\$ <u>2,071</u> <u>151.67</u>	\$ <u>2,755.32</u> <u>861.72</u>	\$ <u>3,107</u> <u>227.51</u>	\$ <u>3,231.81</u> <u>356.61</u>	\$ <u>3,956.89</u> <u>4,109.69</u>	\$ <u>4,164.06</u> <u>324.86</u>	\$ <u>6,215</u> <u>455.01</u>	\$ <u>6,339.31</u> <u>584.11</u>
4	\$ <u>30,000</u> <u>31,200</u>	\$ <u>2,500</u> <u>600.00</u>	\$ <u>3,325</u> <u>458.00</u>	\$ <u>3,750</u> <u>900.00</u>	\$ <u>3,900</u> <u>4,056.00</u>	\$ <u>4,775</u> <u>966.00</u>	\$ <u>5,025</u> <u>226.00</u>	\$ <u>7,500</u> <u>800.00</u>	\$ <u>7,650</u> <u>956.00</u>
5	\$ <u>35,140</u> <u>36,580</u>	\$ <u>2,928</u> <u>3,048.33</u>	\$ <u>3,894.68</u> <u>4,054.28</u>	\$ <u>4,392</u> <u>572.50</u>	\$ <u>4,568.19</u> <u>755.39</u>	\$ <u>5,593.11</u> <u>822.31</u>	\$ <u>5,885.94</u> <u>6,127.14</u>	\$ <u>8,784</u> <u>9,144.99</u>	\$ <u>8,960.69</u> <u>9,327.89</u>
6	\$ <u>40,280</u> <u>41,960</u>	\$ <u>3,356</u> <u>496.67</u>	\$ <u>4,464.37</u> <u>650.57</u>	\$ <u>5,035</u> <u>245.01</u>	\$ <u>5,236.41</u> <u>454.81</u>	\$ <u>6,411.24</u> <u>678.64</u>	\$ <u>6,746.91</u> <u>7,028.31</u>	\$ <u>10,070</u> <u>490.01</u>	\$ <u>10,271.41</u> <u>699.81</u>
7	\$ <u>45,420</u> <u>47,340</u>	\$ <u>3,785</u> <u>945.00</u>	\$ <u>5,034.05</u> <u>246.85</u>	\$ <u>5,677</u> <u>917.50</u>	\$ <u>5,904.60</u> <u>6,154.20</u>	\$ <u>7,229.35</u> <u>534.95</u>	\$ <u>7,607.85</u> <u>929.45</u>	\$ <u>11,355</u> <u>835.00</u>	\$ <u>11,582.10</u> <u>1,2071.70</u>
8	\$ <u>50,560</u> <u>52,720</u>	\$ <u>4,213</u> <u>393.33</u>	\$ <u>5,603.73</u> <u>843.13</u>	\$ <u>6,320</u> <u>590.00</u>	\$ <u>6,572.79</u> <u>853.59</u>	\$ <u>8,047.46</u> <u>391.26</u>	\$ <u>8,468.79</u> <u>830.59</u>	\$ <u>12,639</u> <u>13,179.99</u>	\$ <u>12,892.79</u> <u>1,3443.59</u>
9	\$ <u>55,700</u> <u>58,100</u>	\$ <u>4,641</u> <u>841.67</u>	\$ <u>6,173</u> <u>439.42</u>	\$ <u>6,962</u> <u>7,262.51</u>	\$ <u>7,241</u> <u>553.01</u>	\$ <u>8,865</u> <u>9,247.59</u>	\$ <u>9,329</u> <u>731.76</u>	\$ <u>13,925</u> <u>14,525.01</u>	\$ <u>14,203</u> <u>815.51</u>
10	\$ <u>60,840</u> <u>63,480</u>	\$ <u>5,070</u> <u>290.00</u>	\$ <u>6,743.10</u> <u>7,035.70</u>	\$ <u>7,605</u> <u>935.00</u>	\$ <u>7,909.20</u> <u>8,252.40</u>	\$ <u>9,683.70</u> <u>10,103.90</u>	\$ <u>10,190.70</u> <u>0,632.90</u>	\$ <u>15,210</u> <u>870.00</u>	\$ <u>15,514.20</u> <u>1,6187.40</u>
11	\$ <u>65,980</u> <u>68,860</u>	\$ <u>5,498</u> <u>738.33</u>	\$ <u>7,312.78</u> <u>631.98</u>	\$ <u>8,247</u> <u>607.50</u>	\$ <u>8,577.39</u> <u>951.79</u>	\$ <u>10,501.80</u> <u>1,960.21</u>	\$ <u>11,051.60</u> <u>4,534.04</u>	\$ <u>16,494</u> <u>17,214.99</u>	\$ <u>16,824.89</u> <u>1,7559.29</u>

12	\$ <u>71,120</u> 74, <u>240</u>	\$ <u>5,926</u> 6,186. 67	\$ <u>7,882.47</u> 8,2 <u>28.27</u>	\$ <u>8,890</u> 9,28 0.01	\$ <u>9,245.61</u> 65 <u>1.21</u>	\$ <u>11,319.9</u> <u>4816.54</u>	\$ <u>11,912.6</u> 112,435.2 <u>1</u>	\$ <u>17,780</u> 18, <u>560.01</u>	\$ <u>18,135.61</u> 9 <u>31.21</u>
13	\$ <u>76,260</u> 79, <u>620</u>	\$ <u>6,355</u> 635.0 0	\$ <u>8,452.15</u> 82 <u>4.55</u>	\$ <u>9,532</u> 952. 50	\$ <u>9,913.80</u> 10, <u>350.60</u>	\$ <u>12,138.0</u> <u>5672.85</u>	\$ <u>12,773.5</u> 513,336.3 <u>5</u>	\$ <u>19,065</u> 90 <u>5.00</u>	\$ <u>19,446.30</u> 2 <u>0,303.10</u>
14	\$ <u>81,400</u> 85, <u>000</u>	\$ <u>6,783</u> 7,083. 33	\$ <u>9,021</u> 420.8 3	\$ <u>10,175</u> 625 .00	\$ <u>10,581</u> 11,0 <u>49.99</u>	\$ <u>12,956</u> 13 <u>529.16</u>	\$ <u>13,634</u> 14 <u>237.49</u>	\$ <u>20,349</u> 21,2 <u>49.99</u>	\$ <u>20,756</u> 21,6 <u>74.99</u>
15	\$ <u>86,540</u> 90, <u>380</u>	\$ <u>7,211</u> 531.6 7	\$ <u>9,591.52</u> 10, <u>017.12</u>	\$ <u>10,817</u> 11, <u>297.51</u>	\$ <u>11,250.21</u> 7 <u>49.41</u>	\$ <u>13,774.2</u> <u>914,385.4</u> <u>9</u>	\$ <u>14,495.4</u> 615,138.6 <u>6</u>	\$ <u>21,635</u> 22, <u>595.01</u>	\$ <u>22,067.71</u> 2 <u>3,046.91</u>
16	\$ <u>91,680</u> 95, <u>760</u>	\$ <u>7,640</u> 980.0 0	\$ <u>10,161.20</u> 6 <u>13.40</u>	\$ <u>11,460</u> 970 .00	\$ <u>11,918.40</u> 1 <u>2,448.80</u>	\$ <u>14,592.4</u> 015,241.8 <u>0</u>	\$ <u>15,356.4</u> 016,039.8 <u>0</u>	\$ <u>22,920</u> 23, <u>940.00</u>	\$ <u>23,378.40</u> 2 <u>4,418.80</u>
17	\$ <u>96,820</u> 101 <u>,140</u>	\$ <u>8,068</u> 428.3 3	\$ <u>10,730.88</u> 1 <u>1,209.68</u>	\$ <u>12,102</u> 642 .50	\$ <u>12,586.59</u> 1 <u>3,148.19</u>	\$ <u>15,410.5</u> 116,098.1 <u>1</u>	\$ <u>16,217.3</u> <u>4940.94</u>	\$ <u>24,204</u> 25, <u>284.99</u>	\$ <u>24,689.09</u> 2 <u>5,790.69</u>
18	\$ <u>101,960</u> 10 <u>6,520</u>	\$ <u>8,496</u> 876.6 7	\$ <u>11,300.57</u> 8 <u>05.97</u>	\$ <u>12,745</u> 13, <u>315.01</u>	\$ <u>13,254.81</u> 8 <u>47.61</u>	\$ <u>16,228.6</u> <u>4954.44</u>	\$ <u>17,078.3</u> 1842.11	\$ <u>25,490</u> 26, <u>630.01</u>	\$ <u>25,999.81</u> 2 <u>7,162.61</u>
19	\$ <u>107,100</u> 11 <u>1.90</u>	\$ <u>8,925</u> 9,325. 00	\$ <u>11,870</u> 12,4 <u>02.25</u>	\$ <u>13,387</u> 987 .50	\$ <u>13,923</u> 14,5 <u>47.00</u>	\$ <u>17,046</u> 81 <u>0.75</u>	\$ <u>17,939</u> 18 <u>,743.25</u>	\$ <u>26,775</u> 27, <u>975.00</u>	\$ <u>27,310</u> 28,5 <u>34.50</u>
20	\$ <u>112,240</u> 11 <u>7,280</u>	\$ <u>9,353</u> 773.3 3	\$ <u>12,439.93</u> 9 <u>98.53</u>	\$ <u>14,030</u> 660 .00	\$ <u>14,591.19</u> 1 <u>5,246.39</u>	\$ <u>17,864.8</u> 618,667.0 <u>6</u>	\$ <u>18,800.1</u> <u>9,644.39</u>	\$ <u>28,059</u> 29, <u>319.99</u>	\$ <u>28,621.19</u> 2 <u>9,906.39</u>
21	\$ <u>117,380</u> 12 <u>2,660</u>	\$ <u>9,781</u> 10,22 <u>1.67</u>	\$ <u>13,009.62</u> 5 <u>94.82</u>	\$ <u>14,672</u> 15, <u>332.51</u>	\$ <u>15,259.41</u> 9 <u>45.81</u>	\$ <u>18,682.9</u> <u>919,523.3</u> <u>9</u>	\$ <u>19,661.1</u> 620,545.5 <u>6</u>	\$ <u>29,345</u> 30, <u>665.01</u>	\$ <u>29,931.91</u> 3 <u>1,278.31</u>

22	\$122,520 <u>128,040</u>	\$10,210 <u>670.00</u>	\$13,579.30 <u>14,191.10</u>	\$15,315 <u>16,005.00</u>	\$15,927.60 <u>16,645.20</u>	\$19,501.10 <u>20,379.70</u>	\$20,522.10 <u>21,446.70</u>	\$30,630 <u>32,010.00</u>	\$31,242.60 <u>32,650.20</u>
23	\$127,660 <u>133,420</u>	\$10,638 <u>11,118.33</u>	\$14,148.98 <u>14,87.38</u>	\$15,957 <u>16,677.50</u>	\$16,595.79 <u>17,344.59</u>	\$20,319.20 <u>21,236.01</u>	\$21,383.04 <u>22,347.84</u>	\$31,914 <u>33,354.99</u>	\$32,553.29 <u>33,402.09</u>
24	\$132,138,800	\$11,066 <u>566.67</u>	\$14,718 <u>15,383.67</u>	\$16,600 <u>17,350.01</u>	\$17,264 <u>18,044.01</u>	\$21,137 <u>22,092.34</u>	\$22,244 <u>23,249.01</u>	\$33,200 <u>34,700.01</u>	\$33,864 <u>35,394.01</u>
each additional person	\$5,140 <u>380</u>	\$428 <u>448.33</u>	\$596 <u>69.68</u>	\$642 <u>672.50</u>	\$668.19 <u>699.39</u>	\$818.11 <u>856.31</u>	\$860.94 <u>901.14</u>	\$1,284 <u>344.99</u>	\$1,310.69 <u>371.89</u>
		BadgerCare Plus Extensions trigger limit, BadgerCare Plus adults limit		BadgerCare Plus child deductible limit	BadgerCare Plus limit for children 6-18 years old subject to access, backdating, and presumptive eligibility	BadgerCare Plus limit for children 1-5 years old subject to access, backdating, and presumptive eligibility	BadgerCare Plus children premium limit	BadgerCare Plus pregnant women deductible limit	BadgerCare Plus pregnant women, children, and Family Planning Only Services limit

51.1 BadgerCare Plus Categories

For a list of medical status codes, see Process Help, [Chapter 81 Forward Health iChange](#).

The following table identifies the copays or premiums for which BadgerCare Plus members may be responsible. The table also provides information on the federal program under which members are eligible, if applicable.

Description	Income (FPL)	Subject to Copays	Premium	Funding
Pregnant woman	>0 - 306%	No	No	T19
Pregnant woman deductible	>300%	No	No	T19
Pregnant minor under age 19	>0 - 306%	No	No	T19
Pregnant non-qualifying immigrant	>0 - 306%	No	No	T21 Separate CHIP
Pregnant inmate	0 - 306%	No	No	State-Funded
CEN	0 - 156%	No	No	T19
CEN—Mom on T19 on DOB	>156%	No	No	T19
Child under age 19	0 - 100%	No	No	T19
Child under age 6	>100 - 156%	No	No	T19
Child < age 1	>156 - 306%	No	No	T19
Child age 1 through 5	>156 - 191%	No	No	T19
Child age 1 through 5	>191 - 201%	No	No	T21 Separate CHIP
Child age 1 through 5 who is a tribal member	>191% - 201%	No	No	T21 Separate CHIP
Child age 6 through 18	>100 - 133%	No	No	T19
Child age 6 through 18	>133 - 156%	No	No	T19
Child age 6 through 18	>156 - 201%	No	No	T21 Separate CHIP

Child age 6 through 18 who is a tribal member	>156% - 201%	No	No	T21 Separate CHIP
Child age 1 through 18	>201 - 306%	No	Yes	T21 Separate CHIP
Child age 1 through 18 who is a tribal member	>201 - 306%	No	No	T21 Separate CHIP
Child, under age 19 deductible	>150%	No	No	T19
Adult Parent/Caretaker	0%	No	No	T19
Adult Parent/Caretaker	>0 - 100%	Yes	No	T19
Youth exiting out-of-home care up to age 21	N/A	No	No	T19
Former Foster Care Youth up to age 26	N/A	No	No	T19
Childless Adult	0%	No	No	T19
Childless Adult	>0 - 100%	Yes (if >50% FPL)	No	T19
Childless Adult	>0 - 50%	No	No	T19
Childless Adult	>50 - 100%	Yes	No	T19
Childless Adult	>50 - 100%	Yes	Yes	T19
Transitional Childless Adult	>0 - 50%	No	No	T19
Transitional Childless Adult	>50 - 100%	Yes	No	T19
Transitional Childless Adult	>50 - 100%	Yes	Yes	T19
Transitional Childless Adult	0%	No	No	T19
Transitional Childless Adult	>0 - 100%	Yes (if >50% FPL)	No	T19
12-Month BadgerCare Plus Extension Benefit Adult	>100 - 133%	Yes	No	T19
12-Month BadgerCare Plus Extension Benefit Adult	>133%	Yes	No	T19
12-Month BadgerCare Plus Extension Benefit Disabled Adult	>100%	Yes	No	T19
4-Month BadgerCare Plus Extension Benefit, Adult	>100 - 133%	Yes	No	T19

4-Month BadgerCare Plus Extension Benefit, Adult	>133%	Yes	No	T19
4-Month BadgerCare Plus Extension Benefit, Disabled Adult	>100%	Yes	No	T19
12-Month BadgerCare Plus Extension Benefit, Child Under 19	>100%	No	No	T19
4-Month BadgerCare Plus Extension Benefit, Child Under 19	>100%	No	No	T19
Presumptive eligibility for a child under 1	0 - 306%	No	No	T19
Presumptive eligibility for a child >1, <6	>0 - 191%	No	No	T19
Presumptive eligibility for a child >5, <19	0 - 156%	No	No	T19
Presumptive eligibility for a pregnant woman	0 - 306%	No	No	T19
Presumptive eligibility for parent/caretaker	0 - 100%	No	No	T19
Presumptive eligibility for childless adult	0 - 100%	No	No	T19
Emergency Services for Non-Qualifying Immigrants**	<306%	N/A	No	T19
Family Planning Only Services	<306%	N/A	No	T19

**See Section 39.1 Emergency Services Income Limits.

All of the categories listed in the table have BadgerCare Plus Standard Plan coverage, except the following:

- People enrolled in Emergency Services for Non-Qualifying Immigrants only have emergency services coverage.
- People enrolled in Family Planning Only Services only have family planning services coverage.

53.1 Five Percent Copay Limit Tiers

2023 2024 Per-Member Copay Limits											
Status	Assistance Group Income Tier as Percentage of the Federal Poverty Level										
	0-50%	>50-100%	>100-150%	>150-200%	>200-250%	>250-300%	>300-350%	>350-400%	>400-450%	>450-500%	>500%
Individual	\$0	\$26	\$53	\$79	\$106	\$132	\$159	\$186	\$212	\$239	\$265
Prorated (split between counted spouses)	\$0	\$13	\$26.50	\$39.50	\$53	\$66	\$79.50	\$93	\$106	\$119.50	\$132.50