

WISCONSIN DEPARTMENT OF HEALTH SERVICES
Division of Medicaid Services
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To: BadgerCare Plus Handbook Users

From: Autumn Arnold, Bureau Director
Bureau of Eligibility and Enrollment Policy

Re: **BadgerCare Plus Handbook Release 25-03**

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Effective Date: 08/13/2025

EFFECTIVE DATE	The following policy additions or changes are effective 08/13/2025 unless otherwise noted. Underlined text denotes new text. Text with a strike through it denotes deleted text.	
POLICY UPDATES		
1.2.3	Termination of Coverage	Added information regarding incorrect information and agency error impacting eligibility.
1.2.3.1	When Eligibility was Based on Incorrect Information or Agency Error	Added information regarding incorrect information and agency error impacting eligibility.
1.2.6	Premiums	Added note.
1.2.9	Transitions Between CHIP and Medicaid	Added example.
2.7	Group Examples	Added example.
3.4.2	Foster Care Medicaid	Section renamed (previously "IV-E Children") and reorganized with a new introduction.
3.4.2.1	IV-E Children	Section renumbered and clarified federal financial participation availability under Title IV-E of the Social Security Act for Foster Care Medicaid.
3.4.2.2	Non IV-E Foster Children	Section renumbered and clarified Foster Care Medicaid eligibility terms.
3.4.3	Homeless Persons	Section renumbered.
4.3.9.2	Refugee Medical Assistance	Updated to reflect Department of Children and Families BRP Operations Memo 25-15 <i>Change in Eligibility Period for RCA and RMA</i>. Effective date 5/5/2025.
9.8	General Rules	Clarified verbiage and added an example.
9.9.7	Verification of Employer-Sponsored Health Insurance	Section renamed (previously Access to Employer-Sponsored Health Insurance) and updated verbiage to 'current coverage' to reflect that access to health insurance is no longer a condition of eligibility for some BC+ groups.
9.9.7.1	Employer Verification of Health Insurance Database	Updated verbiage to 'current coverage' to reflect that access to health insurance is no longer a condition of eligibility for some BC+ groups.

9.9.7.2	Other Forms of Health Insurance Verification	Section renamed (previously Other Forms of Health Insurance Access) and updated verbiage to 'current coverage' to reflect that access to health insurance is no longer a condition of eligibility for some BC+ groups.
9.12	Reasonable Compatibility for Health Care	Updated verification policy information to reflect Equifax providing unearned income data to Cares Worker Web (CWW).
16.2 #31	Workforce Innovation and Opportunity Act (WIOA) Unearned Income	Section renamed (previously Workforce Investment Act Unearned Income). Updated to align with current Workforce Innovation and Opportunity Act (WIOA) terminology.
16.2 #52	Guaranteed Income Payments	Updated to mention new guaranteed income program that was launched.
16.4.1 #2	Housing Allowances for Members of the Clergy	Section rewritten.
16.4.4	Verification	Added information about other sources of sufficient verification of self-employment income in addition to tax forms and SEIRFs.
18.5.2	Regaining Extensions	Clarified that a person can regain eligibility in an existing BC+ extension if they lose eligibility in another BC+ or EBD Medicaid category due to a reason that does not apply to BC+ extension eligibility.
26.1.3.3.1	Successful Administrative Renewals	Updated to reflect administrative renewals now occurring at individual level.
41.1	BadgerCare Plus Prenatal Program	Clarified that this policy applies to the immigration population and not the incarcerated population for BC+ Prenatal Program.
41.4	BadgerCare Plus Prenatal Program Policy for Inmates	Section renamed (previously BadgerCare Plus Program Policy for Inmates). Removed obsolete information.
45.2	Covered Services	Clarified difference between incarceration dates and suspension dates.
45.3	Suspension Start Date	Clarified difference between incarceration dates and suspension dates.
45.3.1	Applications	Updated examples.
45.3.2	Backdated Eligibility	Removed obsolete information.
45.3.3	Existing Members	Updated example.
45.3.4	Deductibles	Updated example.
45.4	Suspension End Date	Clarified difference between incarceration dates and suspension dates.

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1.2 Continuous Coverage for Qualifying Children

1.2.3 Termination of Coverage

Qualifying children under 19 will only lose health care coverage during their 12-month period for the following reasons:

- The child turns 19.
- The child is no longer a resident of Wisconsin.
- The child passes away.
- The child's citizenship or immigration status is not verified within the reasonable opportunity period.
- The child was eligible as a pregnant minor, turns 19, and their postpartum period ends.
- The child's eligibility was based on incorrect information or agency error.
- There is a voluntary request for disenrollment from BadgerCare Plus or Medicaid.

Example 4	Allison is 17 and enrolls in BadgerCare Plus February 1, 2024. On May 12, her household reports moving to Florida. Allison's BadgerCare Plus ends May 31, 2024.
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Example 5	Margaret applies for BadgerCare Plus for her son Ricardo. Ricardo is eligible, but verification of his citizenship is still needed. Ricardo is enrolled in BadgerCare Plus as of February 1, 2024, and is given a reasonable opportunity period to verify his citizenship. Ricardo's citizenship is not verified by the due date of May 10, 2024, so his BadgerCare Plus ends May 31, 2024.
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1.2.3.1 When Eligibility was Based on Incorrect Information or Agency Error

Children whose eligibility determination at application or renewal was made based on incorrect information or agency error will have their eligibility redetermined when the error is discovered. When eligibility is redetermined, depending on the circumstances of the case, the following may happen:

- The child's coverage will end if they are not eligible for any category of health care based on the corrected information (see Example 6).
- A new 12-month continuous coverage period will be established if the child remains eligible for their existing or a different category of health care coverage (see Example 7).
- If the child no longer meets eligibility rules due to a change in circumstances unrelated to the corrected information (and the change causing ineligibility is not one of the reasons that a continuous coverage period may end), the child will remain enrolled until the end of their existing continuous coverage period, but will

move to the benefit category that aligns with the corrected information for the remainder of that period, and may have a new or increased premium (see Example 8).

<u>Example 6</u>	<u>Maggie is 12 years old and enrolls in BadgerCare Plus on February 1. Maggie's continuous coverage period is set from February 1 through January 31 of the following year. On March 10, it is discovered that Maggie's eligibility determination was based on incorrect income information. When eligibility is redetermined with the corrected information, it is determined that Maggie would only be eligible by meeting a deductible. Maggie's BadgerCare Plus coverage ends effective April 1.</u>
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<u>Example 7</u>	<u>Henry is 3 years old and enrolls in BadgerCare Plus on January 1, with no monthly premium. Henry's continuous coverage period is set from January 1 through December 31. On March 12, it is discovered that Henry's eligibility determination was made based on incorrect income information. Henry's eligibility is redetermined based on accurate income information, and he is now eligible for BadgerCare Plus with a premium. Henry receives a new 12-month certification period with continuous coverage starting April 1 through March 31 of the following year.</u>
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<u>Example 8</u>	<u>Ethan is 10 years old and enrolls in BadgerCare Plus on July 10. His continuous coverage period is set from July 1 through June 30 of the following year. At the time of enrollment Ethan had no other health insurance coverage. Ethan obtained health insurance through his father's employer in December, which is not a reason a child's continuous coverage period can end. On January 1, it is discovered that Ethan's eligibility determination was based on incorrect income information. Ethan's eligibility is redetermined based on accurate income information and he is still under the income limit for BadgerCare Plus. Ethan is not eligible for a new 12-month certification period because at his family's income level, he would be ineligible due to health insurance crowd-out rules. However, his BadgerCare Plus will continue and he will be charged a monthly premium for the remainder of his existing continuous coverage period.</u>
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1.2.6 Premiums

A child can have a new premium obligation at application or renewal but cannot have a new premium once their 12-month continuous coverage period starts. Existing premiums for an individual child cannot increase during their 12-month continuous coverage period, but they 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.

Note The restriction against new or increased premiums during an established continuous coverage period does not apply if the child's eligibility determination at application or renewal was based on incorrect information or agency error (see SECTION 1.2.3.1 WHEN ELIGIBILITY WAS BASED ON INCORRECT INFORMATION OR AGENCY ERROR).

Example 9	Kiley and Korbin are enrolled in BadgerCare Plus as of July 1, 2024. They each owe a \$20 premium, for a total household premium of \$40. Their individual premiums of \$20 cannot increase during their 12-month period. The household has a reduction in income in December 2024, and their premiums lower to \$10 each. Their premiums now cannot go above \$10 for the rest of the 12-month period. If the household has an increase in income at any point in their remaining certification period, their premiums will not increase.
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Example 10	Ryan is enrolled in BadgerCare Plus with no premium. Ryan's continuous coverage period ends on October 31, 2024. In July, his family reports an increase in income that would result in a \$20 premium for Ryan. This premium will only take place in the new certification period, starting on November 1, 2024.
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Note While an individual child's premium cannot increase during their 12-month continuous coverage period, there may be instances where the household's total premium amount does increase, like when another child is added to the household and that new child owes a premium.

Example 11	Emily is enrolled in BadgerCare Plus as of June 1, 2024 with a premium of \$20 for a total household premium of \$20. The household reports another child, Kwan, has joined the household and he is added to the case. Kwan has a premium of \$20, which would bring the new household premium to \$40
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1.2.9 Transitions Between CHIP and Medicaid

BadgerCare Plus is funded by both Medicaid (Title 19) and CHIP (Title 21) (see SECTION 51.1 BADGERCARE PLUS CATEGORIES).

During ~~the~~a child's 12-month continuous coverage period, ~~a child~~they may not move from a Medicaid-funded ~~category of~~ health care category to a CHIP-funded category unless their eligibility determination was based on incorrect information or agency error (see SECTION 1.2.3.1 WHEN ELIGIBILITY WAS BASED ON INCORRECT INFORMATION OR AGENCY ERROR of BadgerCare Plus (see section 51.1 BadgerCare Plus Categories)).

However, a child may move from a CHIP-funded category of BadgerCare Plus to a full-benefit Medicaid program. One, with one exception to this is that a. A child may not move from a CHIP-funded BadgerCare Plus category of into a BadgerCare Plus into an earned income or spousal support extension. When a child moves from a CHIP-funded

category to a Medicaid-funded category, they will begin a new 12-month certification period with continuous coverage.

Example 14 Max is 10 years old and enrolls in a CHIP-funded category of BadgerCare Plus on January 1. The household's reported income at the time of enrollment is 175% of the FPL. Max's continuous coverage period is set from January 1 through December 31. On March 14, the household reports an income reduction. The new reported income is 110% of the FPL. The reduction in income results in Max being moved from a CHIP-funded category of BadgerCare Plus to a Medicaid-funded category of BadgerCare Plus. Max receives a new 12-month certification period with continuous coverage from April 1 through March 31 of the following year.

2.7 Group Examples

Example 1

Temperance (36) and Seeley (40) are married parents and are not filing taxes. They have one daughter, Christine (1).

Person	BC+ Category	Temperance	Seeley	Christine
Temperance	MAGA	EA	CA	CC
Seeley	MAGA	CA	EA	CC
Christine	MAGC	CA	CA	EC

Example 2

Mr. and Mrs. Bennett are married parents filing taxes separately but living together. They have two daughters, Jane (18) and Elizabeth (17). Jane's husband, Charles (20) also lives with them. Mr. Bennett is claiming Jane, Elizabeth, and Charles as his tax dependents.

Person	BC+ Category	Mr. Bennett	Mrs. Bennett	Jane	Elizabeth	Charles
Mr. Bennett	MAGA	EA	CA	CC	CC	CA
Mrs. Bennett	MAGA	CA	EA	XC	XC	XA
Jane	MAGC	CA	CA	EC	CC	CA
Elizabeth	MAGC	CA	CA	CC	EC	XA
Charles	MAGS	XA	XA	CC	XC	EA

Example 3

Evie (29) and Derrick (32) are divorced parents. Their son, Neal (8), lives with Evie 80% of the time and 20% of the time with Derrick. Per their divorce agreement, this is Derrick's year to claim Neal as his tax dependent. Evie also files taxes. Evie is pregnant with her second child. Evie, Derrick, and Neal are all applying for health care. Evie and Neal will be on their own application. Derrick will have to apply on a separate application.

Person	BC+ Category	Evie	Derrick	Neal
Evie	MAGA	EA (+1)	-	XC

Derrick	MAGS	-	EA	CC
Neal	MAGC	CA (+1)	-	EC

Example 4

Same as above, except Neal lives 60% of the time with Evie and 40% of the time with Derrick, and neither Evie nor Derrick file taxes.

Person	BC+ Category	Evie	Derrick	Neal
Evie	MAGA	EA (+1)	-	CC
Derrick	MAGA	-	EA	CC
Neal	MAGC	CA (+1)	-	EC

Example 5

George (50) and Lucille (40) are married tax filers and are filing jointly. They have three tax dependents: Michael (14), Lindsay (14), and Buster (6). Buster is Lucille's nephew who George and Lucille care for. Michael and Lindsay are George and Lucille's children. George and Lucille also care for George's nephew Tobias (17) but will not claim him as a tax dependent. All six individuals are requesting health care.

Person	BC+ Category	George	Lucille	Michael	Lindsay	Buster	Tobias
George	MAGA	EA	CA	CC	CC	CC	XC
Lucille	MAGA	CA	EA	CC	CC	CC	XC
Michael	MAGC	CA	CA	EC	CC	CC	XC
Lindsay	MAGC	CA	CA	CC	EC	CC	XC
Buster	MAGL	XA	XA	XC	XC	EC	XC
Tobias	MAGL	XA	XA	XC	XC	XC	CC

Example 6

Danny (45) and Vicki (40) are non-married co-parents. They submit a BadgerCare Plus application for themselves, Danny's daughter DJ (22), Vicki's daughter Stephanie (13) Danny and Vicki's daughter, Michelle (10) and Danny's brother, Uncle Jesse (40). Danny claims DJ and Jesse as his tax dependents, while Vicki claims Stephanie and Michelle as her tax dependents.

Person	BC+ Category	Danny	Vicki	DJ	Stephanie	Michelle	Jesse
Danny	MAGA	EA	XA	CA	XC	XC	CA
Vicki	MAGA	XA	EA	XA	CC	CC	XA
DJ	MAGS	CA	XA	EA	XC	XC	CA
Stephanie	MAGC	XA	CA	XA	EC	CC	XA
Michelle	MAGC	CA	CA	XA	CC	EC	XA
Jesse	MAGS	XA	XA	XA	XC	XC	EA

Uncle Jesse and DJ will need to file their own applications.

Example 7

Emily is a 52-year-old grandmother who cares for her daughter, Lorelai (18) and her granddaughter, Rory (2). Emily is the primary caretaker of Rory. Lorelai has graduated high school. Nobody files taxes.

Person	BC+ Category	Emily	Lorelai	Rory
Emily	MAGN	EA	XC	XC
Lorelai	MAGC	CA	EC	CC
Rory	MAGC	XA	CC	EC

Example 8

Same example as example 7, except Emily is claiming Lorelai and Rory as her tax dependents.

Person	BC+ Category	Emily	Lorelai	Rory
Emily	MAGN	EA	CC	CC
Lorelai	MAGC	CA	EC	CC
Rory	MAGC	XA	CC	EC

Example 9

Merida is 18 years old. She lives with her parents, Elinor and Fergus. Merida is filing taxes for herself. She is not claimed as a tax dependent by anyone. Elinor and Fergus are filing taxes as married, filing jointly. They are not claiming any tax dependents.

<u>Person</u>	<u>BC+ Category</u>	<u>Merida</u>	<u>Elinor</u>	<u>Fergus</u>
<u>Merida</u>	<u>MAGC</u>	<u>EC</u>	<u>XA</u>	<u>XA</u>
<u>Elinor</u>	<u>MAGA</u>	<u>XC</u>	<u>EA</u>	<u>CA</u>
<u>Fergus</u>	<u>MAGA</u>	<u>XC</u>	<u>CA</u>	<u>EA</u>

3.4 Special Situations

3.4.2 Foster Care Medicaid

Any child placed in or receiving foster care, adoption assistance, subsidized guardianship or court-order kinship care is eligible for Foster Care Medicaid in Wisconsin

3.4.2.1 IV-E Children

Federal financial participation is available under Title IV-E of the Social Security Act to pay for all or part of a ~~person's~~child's foster care ~~or~~, adoption assistance, subsidized adoption, guardianship or court-order kinship care. IV-E eligible children are categorically eligible for ~~BadgerCare Plus~~Foster Care Medicaid in the state where they reside.

~~It~~Foster Care Medicaid does not ~~affect any~~impact maintenance payments ~~for substitute care~~.

~~These cases are certified manually outside of CARES.~~

3.4.32.2 Non IV-E Foster Children

Wisconsin certifies ~~BadgerCare Plus~~Foster Care Medicaid eligibility for non IV-E foster children living in ~~another state~~Wisconsin and other states when Wisconsin or one of its county/tribal agencies has legal custody of the child or when the adoption assistance/subsidized guardianship agreement was established in the State of Wisconsin.

Non IV-E foster children are ~~automatically~~ eligible for ~~BadgerCare Plus~~Foster Care Medicaid.

~~These cases are certified for BadgerCare Plus manually outside of CARES.~~

3.4.43 Homeless Persons

4.3 Immigrants

4.3.9 Refugee Assistance Programs

4.3.9.2 Refugee Medical Assistance

If ~~an individual does~~ refugees, asylees, and certain other immigrants apply for BadgerCare Plus or Wisconsin Medicaid and do not meet the other eligibility requirements ~~for BadgerCare Plus~~, they may apply ~~be eligible~~ for Refugee Medical Assistance, ~~which is not funded by~~ (RMA). However, unlike BadgerCare Plus or and Wisconsin Medicaid, Refugee Medical Assistance is a separate time-limited benefit from BadgerCare Plus but and people must apply within a certain timeframe of receiving their refugee, asylee or other eligible immigration status.

RMA provides the same level of benefits. ~~Refugee Medical Assistance is available only in the first 12 months after a special immigrant's date of entry. If it is not applied for in that 12-month period, it cannot be applied for later~~ as BadgerCare Plus but is funded separately.

While W-2 agencies have contractual responsibility for providing Refugee Medical Assistance, they must coordinate with economic support income maintenance agencies to ensure eligibility for all regular BadgerCare Plus or Medicaid subprograms is tested first.

More information about this program is in the Wisconsin Works (W-2) Bureau of Refugee Programs Policy Manual, Section 18.3 Refugee Medical Assistance6.

Note ~~The federal Medicaid eligibility for all other refugees admitted under Registration Status Code 04 remains the same.~~

9.8 General Rules

1. Over-verification, including requiring excessive pieces of evidence for any one item or requesting verification that is not needed to determine eligibility, is prohibited. Once the accuracy of a written or verbal statement has been established, additional verification can't be required. For example, once U.S. citizenship is verified, a member or applicant never has to verify it again (see Section 4.2 Verifying U.S. Citizenship).
2. If information has already been verified, the applicant or member does not need to verify it again except in the following situations:
 - a) There is reason to believe the information is fraudulent or differs from more recent information. If fraud is suspected, the IM agency will determine if a referral for fraud or for front-end verification should be made (see Section 9.10 Questionable Items).
 - b) The member reported a change to information that is subject to mandatory verification rules or is questionable.
 - c) At renewal, information is subject to mandatory verification rules or is questionable.
3. One particular type of verification can't be exclusively required when various types are adequate and available.
4. Verification may be submitted in person, by mail, fax, e-mail, or electronically through ACCESS or the MyACCESS mobile app. Verification is not required to be presented in person.
5. ~~Special groups or persons can't~~ Applicants and members must not be targeted subject to different verification requirements solely based on race, color, national origin, age, disability, sex, religion, or migrant status ~~for special~~ when people in similar circumstances would not otherwise have the same verification requirements.

Example Marie reports on her application that she is a U.S. citizen. She also reports that the primary language spoken in her home is a language other than English, and it is her preferred language. Marie's U.S. citizenship was found questionable because she has a preferred language that is not English. A request was sent to Marie to specifically submit her birth certificate in order to verify her U.S. citizenship. This action is not allowed. Verification of U.S. citizenship must first be attempted through data exchange or other documentation as explained in Section 4.2 Verifying U.S. Citizenship.

6. The applicant or member can't be required to sign a release form (either blanket or specialized) when the applicant or member provides required verification.
7. Verification can't be required for information that is not used to determine eligibility.
8. During verification, the applicant or member can't be harassed or have their privacy, personal dignity, or constitutional rights violated.

Except for verification of access to employer-sponsored health insurance (see [SECTION 9.9.7 ACCESS TO EMPLOYER-SPONSORED HEALTH INSURANCE](#)), Child Welfare parent cooperation (see Section 10.1 Eligibility for Parent or Caretaker Relative of Child Removed from Home), and former Foster Care status (see Section 11.2 Former Foster

Care Youth), the applicant or member has primary responsibility for providing verification and resolving questionable information. However, the IM worker must use all available data exchanges to verify information rather than requiring the applicant to provide it, unless the information from the data source is not reasonably compatible with what the applicant or member has reported (see SECTION 9.12 REASONABLE COMPATIBILITY FOR HEALTH CARE).

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

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

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

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

9.9 Mandatory Verification Items

9.9.7 ~~Access to~~ Verification of Employer-Sponsored Health Insurance

Verification of ~~access to~~current health insurance coverage is required at the following times, unless the individual has already verified health insurance ~~access~~coverage with the same employer within the last 12 months ~~with the same employer~~:

1. BadgerCare Plus Application and Renewal
2. Person Add - if adult (age 18 or over) is employed and part of the BadgerCare Plus test group
3. When an adult (age 18 or over) in the BadgerCare Plus test group gets a new job
4. When a change is processed causing total household income to exceed the following FPL thresholds:
 - a. Children ages one through five (up to age six), 191% of the FPL
 - b. Children ages six to 18, 156% of the FPL

9.9.7.1 Employer Verification of Health Insurance Database

~~It~~Applicants must report when they are enrolled in other health insurance coverage, but it is not the client's applicant or member's responsibility to provide the details needed to verify access to whether or not employer-sponsored health insurance meets the criteria in Section 7.4 Current Health Insurance Coverage. For the majority of ~~BadgerCare Plus~~ applicants and members the EVHI database will be used to verify health insurance access coverage details. Information gathered from employers is stored in the database. The verification will be returned based on the employer details entered on the employment page. It ~~will be~~is critical for Income Maintenance workers to enter the correct FEIN number and all other employment details for each employment sequence so that all employers are correctly identified in the EVHI database.

If the details of the applicant or member's employment ~~details~~ are not complete ~~enough to verify access~~, the applicant or member will be sent a letter from the state requesting more information ~~and the case will pend~~.

Example 4	Mary is applying for BadgerCare Plus for herself and her two children. Mary's employer has verified that permanent full-time employees and their children have access to health insurance; however, temporary employees do not. Mary did not indicate whether she is a permanent or temporary employee. Since that information is necessary to verify access to health insurance using the database, she will be sent a letter requesting the information.
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If the employer has not provided information about the health insurance they offer to their employees, ~~the BadgerCare Plus eligibility will pend and~~ a request will be sent from the State to the employer requesting that the information be provided.

~~BadgerCare Plus eligibility can pend up to the end of the 30-day application processing period. At that point, regardless of whether the employer has responded or not, eligibility must be confirmed. If the employer has not responded assume there is not access to employer sponsored health insurance.~~

BadgerCare Plus will not be terminated or denied due to an employer failure to respond to a request for verification of health insurance ~~access.~~ coverage. If BadgerCare Plus eligibility begins and an employer later responds to the verification request indicating that the person has current health insurance ~~access is available to the~~ employee coverage, BadgerCare Plus eligibility will be terminated with adequate notice of adverse action, except for a child under a continuous coverage period. There will be no overpayment liability for the applicant.

9.9.7.2 Other Forms of Health Insurance **Access** Verification

Other types of verification can be used to document ~~access to~~ current employer sponsored health insurance. ~~If a BadgerCare Plus applicant or member needs medical services, agencies~~ coverage. Agencies may use other contacts with employers ~~in these situations to speed~~ to complete the verification process if needed. Other forms of verification include:

- EVF-H form
- Employer statement
- Collateral Contact with the employer

9.12 Reasonable Compatibility for Health Care

Agencies may not request verification from health care applicants and members unless the information cannot be obtained through an electronic data source, the income is jail or prison earnings of an inmate (see [SECTION 9.9.6.1 PRISON OR JAIL JOB](#)), or information from the data source is not “reasonably compatible” with what the applicant has reported. Information from a data source that supports an eligibility determination based on the attested information provided by an applicant or member is considered “reasonably compatible.”

The following list describes the potential scenarios and whether the scenario results in a determination of reasonable compatibility:

- If both the electronic data source and the member-reported information put the individual’s total countable income below a given income threshold, the two data sources are considered to be reasonably compatible, and further verification may not be requested or required.
- If the electronic data source puts the individual’s total countable income above a given income threshold, but the member-reported information puts the individual’s total countable income below that same threshold, an additional test that uses a 20% threshold occurs.
 - If the individual’s total countable income using information from the electronic data source is less than or equal to 120% of the individual’s total countable income using the member-reported information, the two data sources are considered to be reasonably compatible, and further verification may not be requested or required.
 - If the individual’s total countable income using information from the electronic data source is more than 120% of the individual’s total countable income using the member-reported information, the two data sources are not reasonably compatible and further verification is required as a condition of eligibility.
- If the member reports income that is above a given threshold, the member-reported income information is used to deny or terminate health care benefits, regardless of what the outcome would be using information from the electronic data source. In this scenario, verification is not required.

The reasonable compatibility test is only applied to job earnings that have not otherwise been verified (for example, as part of another program’s verification process). It can only be applied when earnings information is available through the State Wage Information Collection Agency (SWICA) or through Equifax from the Federal Data Services Hub (FDSH).

Unearned income (as defined in Section 16.5 Other Income) is verified as outlined in this chapter and in Process Help, [Chapter 44 Data Exchange](#). If there is an electronic data source available to use for verifying a type of unearned income, it should be used

as verification for that income. If no data source is available, the applicant or member must provide verification of the unearned income. If Equifax data is available for a type of unearned income, and the Equifax amount is the same as the amount reported by the member, the unearned income must be considered verified.

Self-employment and in-kind job income are verified as outlined in Process Help, [Section 16.2 Self-Employment Income](#), Process Help, [Section 16.6 In-Kind and Volunteer Hours](#), and [SECTION 16.4.3 SELF-EMPLOYMENT INCOME](#).

16.2 Income Types Not Counted

31. Workforce ~~Investment~~Innovation and Opportunity Act (WIOA) Unearned Income

Income paid to any adult or minor participating in the Workforce ~~Investment~~Innovation and Opportunity Act, (WIOA), including:

- "Need-~~based~~related payments" paid to persons as allowances to enable them to participate in a training program.
- "Compensation in lieu of wages" paid to persons in "~~tryout employment.~~"work experience" and/or "transitional jobs." This is arranged when private for-profit opportunities are not available ~~and is generally limited to persons younger than 22 years old. Ask any applicant younger than 23 years old, or the local Workforce Investment Act staff if they are participating in "tryout employment." If they are, count this as unearned income.~~
- "Payments for supportive services" ~~paid to persons in~~that enable participation in WIOA career and/or training programs who are not able to pay for training-related expensesservices (for example, transportation, health care, child care, meals).

52. Guaranteed Income Payments

A guaranteed income payment is excluded from income if both of the following apply:

- The payment itself is privately funded.
- The payment is administered by a non-profit organization.

Payments that are excluded from income include, but are not limited to, payments from the Madison Forward Fund, the Madison Forward Fund 2.0, and The Bridge Project in Milwaukee.

16.4 Earned Income

16.4.1 Specially Treated Wages

1. Income Received by Members of a Religious Order.

If a person is a member of a religious order and has taken a vow of poverty, do not count any compensation that a member of a religious order receives if the compensation is turned back over to the order.

2. Housing Allowances for Members of the Clergy.

If an ordained, licensed, or commissioned minister ~~receives a~~ renting housing or housing utility allowance, do not count as income ~~the portion of the~~ an amount officially designated as a housing allowance or rental allowance that is used for if the amount is used to pay for rent and pay for utilities and is not more than reasonable pay for services. The amount not counted as income cannot be more than the fair rental value of the home plus the cost of utilities. If the amount of the ~~housing.~~ allowance ~~is more than the cost of rent and the cost of utilities, the excess amount is~~ counted as income.

~~If an ordained, licensed,~~ If a church provides a house or commissioned parsonage for the minister to live in as part of the minister's earnings, do not count as income the fair rental value of the house or parsonage plus the cost of utilities. The amount not counted as income cannot be more than the reasonable pay for services.

If the minister owns their own home and receives as part of their salary an amount officially designated in advance of payment as a housing or rental allowance, and the amount is not more than reasonable pay for the minister's services, do not count as income the ~~lesser~~ smallest ~~of any of the following amounts:~~

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

If housing expenses are not verified, the entire housing allowance must be counted as income. Eligibility must not be denied or terminated for failure to provide the requested expense verification.

3. Jury Duty Payments.

Count all jury duty payments as earned income for the month in which it is received if the payments are not turned over to the individual's employer. Amounts received

separately as reimbursements or allowances for travel to and from the courthouse, meals, and lodging during jury duty are not countable.

4. AmeriCorps.

Earnings or cash benefits received through AmeriCorps will be counted as earned income. Educational awards received from AmeriCorps are not counted as income.

Note This does not include earnings or cash benefits received through VISTA (see [SECTION 16.2 INCOME TYPES NOT COUNTED, #22 SPECIAL PROGRAMS](#)).

5. Title V—Older Americans Act of 1965.

Count only wages and salaries paid to individuals as a result of their participation in a program funded under Title V of the Older Americans Act of 1965 as earned income. These programs include, but are not limited to the following:

- Green Thumb
- Experience Works
- The National Urban League
- National Senior Citizens Education and Research Center (Senior Aides)
- National Indian Council on Aging
- U.S.D.A. Forest Service
- WISE
- Community service employment programs, such as the Older Americans Community Service Program

Identify programs funded under Title V of the Older Americans Act using documents provided by the member, contacts with the provider, or a local council on aging.

Do not count reimbursements (see [SECTION 16.2 INCOME TYPES NOT COUNTED, #19 REIMBURSEMENTS](#)).

6. Live-in care providers.

Do not count any wages of a live-in care provider if those wages meet the required conditions listed in [SECTION 16.2 INCOME TYPES NOT COUNTED, #47 LIVE-IN CARE PROVIDERS](#). See [SECTION 16.4.4.2 LIVE-IN CARE PROVIDERS](#) for more information about verifying whether the wages should be counted.

7. Prison or Jail Job.

Count income that an inmate earns from a prison or jail job that pays less than minimum wage, such as jobs through Badger State Industries (BSI). This income does not need to be verified.

16.4.4 Verification

Self-employment income information is not available through data exchanges and therefore must be verified (see Section 9.10 Questionable Items).

Completed IRS tax forms (see [SECTION 16.4.3.4.1 IRS TAX FORMS AND WORKSHEETS](#)) are sufficient verification of farm and self-employment income. If tax forms are not available or cannot be used because of a significant change in circumstances, [other documents, such as a completed and signed Self-Employment Income Report form\(s\) is also \(SEIRF\) or bookkeeping records, are](#) sufficient verification.

Note It is not necessary to collect copies of supportive verification, such as receipts from sales and purchases. However, verification can be requested when the information given is in question (see Section 9.10 Questionable Items). If requesting verification, workers must document the reason for the request in case comments.

If a Program Add request is made on a case with self-employment income, use the existing [SEIRF previously verified](#) information, instead of re-verifying it, if all of the following are true:

- A recent determination was made.
- SEIRFs [or bookkeeping records](#) were used.
- No significant change has been reported by the individual.
- The business has not filed taxes in the meantime.

18.5 Losing an Extension

18.5.2 Regaining Extensions

If a condition necessary for an extension is lost and the extension is closed for a full calendar month, the extension is not regained solely by recovering the lost condition.

If an extension is terminated for failure to verify information, eligibility for the unexpired extension cannot be regained by later providing the verification if it is more than a month after closure.

If an earned income extension ends because all children have turned 19 years old or left the household, but the child(ren) return to the household within the calendar month after the closure, the child and any people who qualify again as a parent or caretaker of that child(ren) may reopen under an unexpired earned income extension.

Example 1	Bob, his wife Betty, and their only child Ben are open for an earned income extension until May 31. Their eligibility ended on January 31 because Ben left the household. It was reported that Ben returned to the household on February 13. Because it was reported that the child returned to the home within a calendar month, they may regain eligibility for their earned income extension until May 31.
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However, people would be able to regain eligibility for an unexpired extension, even after being closed for more than a calendar month, in the following scenarios:

- They move out of the state and return before the extension ends (see [SECTION 18.5.2.1 LEAVING WISCONSIN AND REGAINING EXTENSIONS](#)).
- They de-request BadgerCare Plus after their extension has started (that is, the extension has been built and confirmed) and later request to reinstate for the remaining months of an unexpired extension.
- They lose eligibility in another category of BadgerCare Plus or Medicaid solely due to a reason that is not applicable to extension eligibility.

Example 2	Bobby and his two children, Maria and David, are open for BadgerCare Plus (not in an extension). Bobby reports an increase in income on May 2. His increased earnings push the household income from 80% FPL to 160% FPL. The worker processes the change and confirms eligibility on May 8. Bobby and his family are determined eligible under a BadgerCare Plus extension starting June 1. However, Bobby changes his mind and de-requests BadgerCare Plus on May 12. Because it is before adverse action, their BadgerCare Plus will close effective May 31. Bobby contacts the agency on June 20, saying that he does want the coverage for his family under the extension. Even though he de-requested before June, the extension was built and confirmed, so Bobby's family can reinstate for the remainder of the unexpired extension. Gregory is open for BadgerCare Plus in an extension. His income drops below 100% FPL, and he is moved into regular BadgerCare
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	<p>Plus as a parent. He is required to cooperate with the Child Support Agency as a condition of his BadgerCare Plus eligibility as a parent, but he stops cooperating. He loses eligibility for BadgerCare Plus as a parent. Since parents and caretaker relatives in BadgerCare Plus extensions are exempt from the cooperation requirement (see Section 5.2.2 Exemptions from Cooperation), he regains eligibility in his unexpired BadgerCare Plus extension for the remaining months of the extension.</p>
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26.1 Renewals

26.1.3 Administrative Renewals

26.1.3.3 Administrative Renewal Process

26.1.3.3.1 Successful Administrative Renewals

Members who have a successful administrative renewal will have health care or FPOS eligibility redetermined ~~and~~ will be recertified for a new 12-month certification period, and will receive a Notice of Decision.

If ~~all~~any members in the household can be administratively renewed, ~~they~~the household will be sent a letter notifying them that their eligibility has been renewed, along with a case summary. The member(s) must review the information on the case summary and report if any of the information is incorrect within 30 days of the mailing date. The member(s) can make the changes on the summary and mail or fax it to their agency, or they can report their changes through ACCESS or by phone. If all of the information on the case summary is correct, the member(s) will not need to take any other action.

If any members of the household cannot be administratively renewed, the household will be sent an eligibility renewal letter and a Pre-Printed Renewal Form (PPRF). If the household does not complete this renewal process, then only the members who were administratively renewed will continue to be eligible in the next 12-month certification period.

41.1 BadgerCare Plus Prenatal Program

The BadgerCare Plus Prenatal Program provides coverage for pregnant people who apply for BadgerCare Plus and meet all financial and most nonfinancial eligibility requirements, ~~including~~. There are two groups of BadgerCare Plus Prenatal Program members:

- Pregnant people who are non-citizens and do not meet the BadgerCare Plus ~~citizenship or~~ immigration status requirements. A person who has declared U.S. citizenship is not eligible for BadgerCare Plus Prenatal Program under this group even when they cannot produce citizenship verification, identity verification, or both.
- Pregnant people who are inmates of a public institution (see SECTION 45.8.2 PREGNANT MEMBERS) and would otherwise be placed in suspended status for BadgerCare Plus or who are both an inmate of a public institution and a non-citizen who does not meet the BadgerCare Plus immigration status requirements.

~~A person who has declared U.S. citizenship is not eligible for even when they cannot produce citizenship verification, identity verification, or both.~~

41.4 BadgerCare Plus Prenatal Program Policy for Inmates

~~1. Inmates will always be considered to be residing in the county where the jail or prison facility is located.~~

An inmate who is released from jail or prison while receiving BadgerCare Plus Prenatal Program must have ~~her~~their eligibility re-determined based on ~~her~~their new circumstances. Once released from an institution, ~~she is~~they are no longer eligible for the BadgerCare Plus Prenatal Program.

When a BadgerCare Plus Prenatal Program member notifies the IM agency ~~that she has become a citizen or qualifying immigrant, or is released~~of their release from prison or jail, ~~CARES will redetermine~~their BadgerCare Plus eligibility must be redetermined based on the new information.

45.2 Covered Services

Individuals who are inmates of a public institution may be eligible for suspended BadgerCare Plus. ~~During the suspension~~When a member is incarcerated in a public institution, BadgerCare Plus will only cover inpatient services received while the member is outside of jail or prison for 24 hours or more.

While ~~enrolled in suspended BadgerCare Plus~~incarcerated, members are not eligible to enroll in an HMO.

Copay limits still apply to ~~suspended~~incarcerated members for any services they receive.

See Section 45.8.5 Services for Youth for information on coverage for certain pre-release and post-release services for youth.

45.3 Suspension Start Date

The suspension period will have a start date at the beginning of a benefit month due to notice requirements, but the restriction on covered services will begin the date the person becomes incarcerated. This means that the restriction on covered services may be effective for a date prior to the suspension start date displayed in the system. See Section 45.2 Covered Services.

45.3.1 Applications

If the applicant is already incarcerated and has been since at least the beginning of the application month, their suspension will start the first of the month of application.

Example 1	Mark is incarcerated on January 17, 2021 . He applies for BadgerCare Plus on April 20, 2021 , and is found eligible. Mark's suspension start date is April 1, 2021 .
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If the applicant was incarcerated after the first of the application month, the suspension will start the first of the month following the application month.

Example 2	Jane is incarcerated on April 15, 2021 . She applies for BadgerCare Plus on April 20, 2021 , and is found eligible. She is certified for full-benefit BadgerCare Plus from April 1, 2021 , until April 30, 2021 . Jane's suspension starts on May 1, 2021 . <u>However, the restriction on covered services will be effective April 15 (the date Jane became incarcerated).</u>
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45.3.2 Backdated Eligibility

If an applicant is determined eligible for a BadgerCare Plus backdate and was incarcerated during any of the backdated months, they ~~will open~~ be enrolled in a suspended status for any backdated months in which they were incarcerated for the entire month. For any backdated months in which the person was not incarcerated for the entire month, they will open for full-benefit BadgerCare Plus.

~~The earliest a suspension can start is October 1, 2020. If an applicant is requesting backdated benefits for month(s) prior to October 1, 2020, and they were incarcerated during the entire backdated month, they would not be eligible for suspended or full-benefit BadgerCare Plus during that month.~~

Example 1	Sophia is incarcerated on December 4, 2020. Her husband applies for BadgerCare Plus for their household on May 21, 2021, and requests three months of backdated benefits. They are found eligible for BadgerCare Plus. Sophia is open for suspended BadgerCare Plus starting February 1, 2021. Her husband is open for full-benefit BadgerCare Plus starting February 1, 2021.
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Example 2	Brady is incarcerated on February 9, 2021. He applies for BadgerCare Plus on April 20, 2021, and requests three months of backdated benefits. He is found eligible for BadgerCare Plus, and opens for full-benefit BadgerCare Plus from January 1, 2021, until February 28, 2021. He is open for suspended BadgerCare Plus starting March 1, 2021.
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45.3.3 Existing Members

Existing health care members who become incarcerated and are determined eligible for the health care suspension will be certified for the suspension from the first of the month after the incarceration is reported. This policy applies even when the incarceration is reported untimely.

Example 1	Olivia is open for full-benefit BadgerCare Plus. On December 23, 2020 , Olivia reports she is incarcerated as of December 20, 2020 . Olivia's BadgerCare Plus is suspended starting January 1, 2021 . <u>However, the restriction on covered services will be effective December 20 (the date Olivia became incarcerated).</u>
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45.3.4 Deductibles

Suspended members who met a deductible before being incarcerated will maintain their existing certification period and renewal date, which is the end of the six-month deductible period.

Example 1	Jordan has a BadgerCare Plus deductible period from April 1, 2021 , until September 30, 2021 . He meets his deductible on May 10, 2021 , and becomes eligible for full-benefit BadgerCare Plus. He is incarcerated on June 19, 2021 . His suspension starts July 1, 2021 , and his certification period goes to September 30, 2021 . <u>However, the restriction on covered services will be effective June 19 (the date Jordan became incarcerated).</u>
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45.4 Suspension End Date

A member's suspension is lifted and full-benefit BadgerCare Plus coverage will start on the first of the month in which the member is released from incarceration if the member continues to meet the all other eligibility criteria for BadgerCare Plus. A new application is not needed to lift the suspension and start full-benefit BadgerCare Plus.

The suspension period will have an end date at the end of a benefit month, but the restriction on covered services will end when the person is no longer incarcerated. This means that the restriction on covered services may end on a date after the suspension end date displayed in the system. See SECTION 45.2 COVERED SERVICES.

Members can report their expected release date to their IM agency prior to their release. If the expected release date is known, the IM agency will redetermine BadgerCare Plus eligibility prior to the release to lift the suspension and start full-benefit BadgerCare Plus, if eligible, on the first of the month in which the member is released.

Example 1	Dolores is incarcerated and enrolled in suspended BadgerCare Plus. On August 25, she reports to her IM agency that her expected release date is September 20. The IM agency redetermines her eligibility. Her suspension will be lifted and full-benefit BadgerCare Plus will be opened on September 1 . <u>effective September 1. The restriction on covered services will be lifted on September 20 (the date Dolores is released).</u>
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The suspension may be lifted effective for the first of the month when the person was released from prison or jail, even if the release was reported untimely. However, this retroactive lifting may only go as far back as the beginning of the current certification period.

Example 2	Risha is incarcerated and enrolled in suspended BadgerCare Plus. Her current certification period started January 1. She was released on April 3, but she doesn't inform the IM agency that she has been released. She continues to be enrolled in suspended BadgerCare Plus. On July 5, she reports to the IM agency that she was released from jail on April 3. The IM agency lifts her suspension and reinstates full-benefit BadgerCare Plus starting <u>is lifted April 1. The restriction on covered services will be lifted on April 3 (the date Risha was released).</u>
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The member's health care certification renewal date will not change.

Example 3	Cameron is incarcerated and enrolled in suspended BadgerCare Plus. His renewal date is June 30, 2021, of the following year. Cameron is released on December 15, 2020. Cameron opens for full-benefit BadgerCare Plus starting . <u>The suspension is lifted effective December 1, 2020. The restriction on covered services will be lifted on December 15 (the date Cameron is released).</u> His renewal date remains June 30, 2021 <u>of the following year.</u>
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