

BadgerCare Plus Review
Health Insurance Access Verification Summary
EPIC Meeting
June 26, 2007

Requirement

All BadgerCare Plus (BC+) applicants/recipients who have income over 150% of federal poverty level (FPL) and all BadgerCare Prenatal applicants/recipients (regardless of income level) will need to have their Health Insurance Access verified as a condition of eligibility.

Exceptions:

-Pregnant women

However if a pregnant woman has income over 200% of FPL and has insurance coverage she must keep it to remain eligible for BC+

-Continuously Eligible Newborns

-Youths Exiting Out of Home Care

This is a new population being added to BC+. Youths between 18-21 yrs old who are leaving foster care or another out of home care arrangement will be eligible for BC+ until they turn 21.

Definitions

Health Insurance Access means:

-an employed adult has current insurance, or

-an employed adult can sign up for insurance in month of BC+ application and be covered by the insurance within the next 3 calendar months, or

-an employed adult could have signed up for insurance at his/her current job in the last 12 months.

For each situation above, the insurance offered must be a major medical, HIPAA standard plan and the employer must pay 80% or more of the premium. For instance, if an employer offers a restrictive plan, such as catastrophic coverage only, or only pays 50% of the premium, then the individual does not have insurance access for BC+ purposes.

For each situation above, consider any family member who could have/would be covered by the insurance plan offered to have access. Therefore, if an employer offers an individual level plan to the employee only, then the other family members would not have access and could possibly be eligible for BC+.

Draft Process

For those subject to the verification requirement, the process is as follows:

- 1) Applicants/Recipients will be notified of the Health Insurance Access Verification requirement and when it applies.
- 2) Applicant/Recipient will not be required to provide proof or bring forms to employer to determine Health Insurance Access.
- 3) Applicant/Recipient information will be checked against an employer insurance database to determine if there's Health Insurance Access.
- 4) DHFS (or contractor) is creating the employer insurance database which will contain details on employers' insurance plans.
- 5) If the employer is not in the database, the Department will make an individual request to the employer for the necessary insurance information.
- 6) BC+ will not be terminated or denied due to an employer failure to respond to a request for verification of health insurance access.
- 7) If employer does not respond within 30 days, the applicant/recipient becomes eligible for BC+. If information comes in after 30 days that shows applicant/recipient has insurance access, that will impact the case accordingly.
- 8) The Health Insurance Access information obtained from the database or directly from an employer will impact BC+ eligibility accordingly.
- 9) Good Cause provisions will apply in situations where employer information conflicts with applicant/recipient information.
- 10) Applicant/Recipient is subject to verification at the following times:
application, review, employed person added to case, new job reported by employed person, income increase to over 150% of FPL.