

BadgerCare Plus Core Plan for Childless Adults: CARES and ACCESS Changes - Summary

ACCESS: BC+ CLA changes to ACCESS Am I Eligible (AIE)

- New health insurance coverage and access questions will be added.
- Eligibility logic will be updated to support BC+ CLA and display the appropriate results.
- Users will be provided appropriate ESC or county contact information based on their circumstances.

ACCESS: BC+ CLA changes to ACCESS Apply for Benefits (AFB)

- New text will be added throughout the application about the BC+ CLA program.
- New questions will be added regarding non-US citizens and health insurance coverage and access.
- A new process will be added to check and prevent current full benefit Medicaid members from applying.
- A new potential eligibility page will be added check to see if individuals are potentially eligible for BC+ CLA. The page will perform all the non-financial and financial eligibility rules for BC+ CLA and display the reasons and provide options to continue or stop with the application.
- A new quick submit page will be displayed to the clients if they choose to submit the application prior to relevance. This page will ask some questions to determine if the application should be routed to the ESC or the county.

Health Needs Assessment (HNA)

- A new health needs assessment survey will be developed for Childless Adults.
- A new process will be developed to transfer the assessment to iC so that it can be distributed to the appropriate HMOs.
- A new high risk identification process will be developed to flag individuals who have high health risk. This health risk indicator will be sent to HMOs with the HNA information provided in the survey.
- A new web service will be developed for the iC physical exam tool to extract HNA data real-time from ACCESS.

HMO Selection

- A new HMO Summary ranking page will be developed to display the available HMOs in a customer's service area ranked using a ranking algorithm and prompt the customer to select an HMO.
- Information will be provided to a customer to help them select their HMO, such as a side-by-side comparison, an explanation of the #1 recommendation, specific HMO details, and provider and clinic/hospital searches.
- A new page will be developed to prompt Native Americans and individuals living in voluntary HMO service areas to decide between HMO enrollment and fee-for-service.
- New features will be provided for the ESC, including overrides for open enrollment, service area, HMO capacity restrictions, and individual-level selections.
- A new process will be developed to receive HMO listing information from iC.
- A new process will be developed to receive HMO network information (providers and facilities) from HMOs.

Fiscal Services

- ACCESS will be modified to interface with the e-Payment Gateway to collect online payments of the application fee for BC+ CLA applications. The accepted methods of online payments will be credit cards, debit cards and e-checks.
- ACCESS will provide information about the application fee and payment options and confirmation of payment.
- New features will be provided for workers collect payments, process refunds, and see the summary of transactions.
- New letters will be created to inform applicants when an application was submitted without a full or with only a partial fee.

ACCESS: Rebranding and BC+ CLA Implementation

- The ACCESS home page and header will be redesigned and restructured.
- The account creation process will be modified so that it becomes mandatory for all applicants. New functionality will be developed to prevent duplicate account creation by users and improve the account recovery process.
- The following components will be translated to Spanish: Apply for Benefits, Report my Changes, Check my Benefits, Health Survey, Childless Adult Health Needs Assessment, HMO Selection, Online Payment, and ACCESS for Partners and Providers.
- The Access for Partners and Providers (APP) module will be expanded to include registered community access points and provide new search and tracking capabilities for community access points.
- The Common Questions page will be transferred to <http://dhs.wisconsin.gov/ForwardHealth>, where program and policy information can be updated without requiring system downtime.

Eligibility Processing Services

- A new Application Services Tool (AST) has been added to support phone intake of applications and provide a worker view of ACCESS. This process enables completion of HNA, HMO, and fee payments at various points in the application process. It also enables workers and customers to take ownership from each other of in progress applications.
- The CWW Inbox will be enhanced to include new CLA-specific search criteria and new workflow options.
- The search processes will be enhanced to include searching by Primary Person spouse and searching against Inbox applications and in-progress applications.
- A new screening process will be added to determine if an applicant should be handled by the county or by the ESC. A case transfer process will also be added to identify if cases need to be transferred between ESC and counties.
- Application Entry will be enhanced to collect new information related to physical exam details and county of residence.
- New functionality has been added to allow BC+ Core Plan to be added to an existing case, including a potential eligibility page that allows workers to screen to see if an individual would be potentially eligible for Core Plan.
- New BC+ Core Plan Details and HMO Summary pages provide additional details and workflow options for managing this new program.

- New telephonic signature support will be added to help summarize information, mail customers a written summary, and support storage / retrieval of audio recording of the phone signature.
- A 30 day application clock batch process will be created to see if applications are past the fee due date.
- Security functionality will be defined to restrict private workers from certain functions and support the new ESC structure.

Eligibility and Enrollment

- New BC+ Core Plan eligibility rules will be automated including rules related to application processing fee, non-financial, income and certification period.
- A separate CLA AG will be built for each individual (Primary Person & Primary Person Spouse).
- Individuals CLA eligibility will be frozen for the duration of the certification period after they are determined eligible at application/review.
- CLA HMO enrollment will start on next 1st or 15th after the confirmation based on the HMO cut-off rules.
- The following 2 med stat codes will be set for CLA individuals:
 - CU – Household Income between 0 – 100% FPL
 - CO – Household Income between 100 – 200% FPL
- Completion of physical examination is required per person by the first renewal after minimum of 12 months of BC+ CLA eligibility. Failure to complete the physical exam will result in a 6 months restrictive re-enrollment plan.
- Members can be eligible for CLA and FPW simultaneously. Members eligible for full benefit Medicaid will not be eligible for CLA.
- Only ESC can confirm CLA benefits. Confirmation of CLA benefits will initiate sending CLA eligibility and HMO enrollment, if any, to interChange (iC). Appropriate correspondence will be mailed out to CLA applicants/recipients.

Correspondence

- The following letters / notices will be automated:
 - Fee Request letter when an applicant does not pay or does not pay the full application fee.
 - Review Due letter 45 days prior to certification date.
 - Eligibility correspondence when someone is determined newly eligible for CLA, someone is determined newly closed or denied for CLA, and when someone changes plans.
 - Physical Exam Reminder at 6 month and 9 month of certification if an exam is not recorded.
 - Preliminary Denial when an individual is found ineligible for CLA during potential eligibility in AFB.
 - Phone Application Summary Letter to summarize application completed over the phone.

Eligibility and Enrollment – iC interface

- The current MA eligibility referral process will be enhanced to include CLA referrals for iC.
- HMO enrollment periods for CLA members will be determined and sent to iC.
- CARES / ACCESS will send HNA and HMO selection details to iC.

- CARES will receive information regarding the completion of the physical exam from iC.
- CARES will create a monthly extract for all CLA recipients who have not met Physical Exam requirements for iC. This extract will then used by iC to create reports for HMOs.

ACCESS: BC+ CLA changes to ACCESS Check My Benefits (CMB)

- The MyACCESS page and Health Care Details page will be modified to display health care details and enrollment information for the BC+ Core Plan.
- MyACCESS has been redesigned to have a new look & feel with a new navigation menu.
- The MyACCESS page will be modified to link to the HMO Selection tool where customers may view/change their HMO.

ACCESS: BC+ CLA changes to ACCESS Report My Changes (RMC)

- The 'may' and 'must' reporting rules in RMC will be changed for BC+ CLA
- Address changes in RMC will trigger CLA recipients to change their HMO through the HMO tool
- A new past coverage question will be collected for Person Adds
- Change in Residence County can be reported in RMC

Other CARES Changes Moving with BC+ CLA

- BadgerCare Plus Premium Redesign
- Eligibility Enhancements
- Fatals and Abends
- E&B Automation
- Client Eligibility Notices enhancements
- CARES verification process enhancements to reduce FS Error rate
- FS Project Area from local agency to Statewide
- VQT Sanction related changes
- EVF-E Employer Signature
- WHEAP Response
- Census Enumerator income budgeting
- SWICA Process threshold limit changes
- Interview Details page fixes