

ATTACHMENT
Medicaid for the Elderly, Blind or Disabled/BadgerCare Plus Core Plan
Frequently Asked Questions

- 1. *If an applicant, not yet eligible for Medicare, knows they are over the asset limit for EBD MA or knows they will be put on a deductible and wants to apply for the Core Plan, will they still need to apply for EBD Medicaid at the local agency before they can apply for the Core Plan? What would happen if they just applied for the Core Plan without an EBD denial?***

Applications in ACCESS can only be made for “health care” – individuals aren’t asked to choose the specific health care program they are requesting. Further, applications for the Core Plan can only be made through ACCESS online or by phone. If someone indicates through ACCESS that they have been determined disabled by SSA/DDB, the application will generally be routed to the local agency for an EBD Medicaid determination.

If the applicant indicates in ACCESS that s/he has already been determined disabled by the SSA/DDB, the local agency and/or ESC worker will process the EBD Medicaid application and discuss the applicant’s options for meeting the deductible or reducing their assets. The worker should also explore eligibility for the Medicaid Purchase Plan (MAPP).

After an EBD Medicaid deductible period is established or the denial for excess assets has been confirmed, the notice will contain language about the Core Plan and tell the applicant to call the ESC for more information, as long as the individual is not yet entitled to Medicare or eligible for BadgerCare Plus Standard or Benchmark Plans.

- 2. *If an applicant applying for the Core Plan checks ‘yes’ for disabled and ‘yes’ that the disability has been determined by Social Security will the ESC worker be able to see if a Medicaid deductible has been set up?***

Individuals with current EBD Medicaid denials for excess income or assets are asked to call the ESC, because if they indicate in ACCESS that they have been determined disabled, the application will again be routed to the local agency. Customer Service Representatives at the ESC have been trained to look for an unmet deductible or an excess asset failure code if the person indicates they have been determined disabled and have applied at their local agency. These applications will be directed to a State worker.

The State worker will discuss the options for meeting the deductible or reducing assets. If the person doesn’t have bills to meet the deductible and is unable to reduce assets the State worker will make sure the Core Plan application is processed.

Systems changes have been requested to have ACCESS check CARES during the application process to see if the person has a currently unmet deductible or recent EBD Medicaid denial due to excess assets. If so, the application would be routed to the ESC for a Core Plan determination. Currently, we instruct people in this situation to call the ESC instead of reapplying online because this functionality was considered out of scope for the initial implementation of the BC+ Core Plan.

Once these system changes are implemented, it will be important for eligibility workers to establish a deductible period in CARES, so that the application is routed correctly.

- 3. Joe is on SSDI and has not yet applied for MA. He wants to apply for the Core Plan first. He indicates in ACCESS that he is disabled and says a determination of disability has been made. Where will his application be sent? Also, is a filing date set for Core - or does Joe go through the county process (30 days or 60 days), then back to Core (30 days) thereby delaying coverage?**

Joe's application for health care will automatically be routed to the county for an EBD Medicaid determination. If he is ineligible for EBD Medicaid due to excess income or assets, he will be notified that he can apply for the Core Plan by calling the ESC. Individuals can't pick the health care program they are applying for in ACCESS.

Effective immediately, a filing date for EBD Medicaid can also establish a filing date for Core, as long as the Core Plan application is submitted (with the application fee) within 30 calendar days after an EBD Medicaid application is denied for excess income or assets, and all required verification is timely submitted.

- 4. Sally applies for MA with the county as a disabled person. She also has a disability application pending with SSA/DDB but a decision has not yet been made. She applies for the Core Plan while the county case is pending and is denied, she is then denied by the county. What should happen? Can she apply for Core while the disability is pending a decision? Does it matter if it's pending due to a Medicaid application or a Social Security application?**

Core Plan enrollment will not be denied solely because a disability application is pending, whether it is due to a Medicaid application or a Social Security application. Individuals who have not yet been determined disabled can enroll in Core. If a disability application is approved for a Core Plan member, the ESC will determine EBD Medicaid eligibility. If the person is eligible for EBD Medicaid and does not have a spouse who is considered a "childless adult", the case will be transferred to the county. If the person has a spouse enrolled in Core Plan, the ESC will retain the case. If the person is ineligible for EBD Medicaid due to excess assets or would need to meet a deductible, Core Plan enrollment will continue.

- 5. The ACCESS questions are – (1) unable to work? (2) determined disabled? If you say yes to (1) and waiting for a decision to (2) what happens?**

The application for health care will be routed to the local agency. The worker in the local agency will explore whether or not a presumptive disability has been requested and process both the PD application and the MADA. If a PD has been approved, the worker will determine if the person is eligible for EBD MA while waiting for the regular DDB decision. If the person is ineligible due to excess income or assets, s/he would be referred to the ESC to apply for the Core Plan. If there is no PD request, the worker will process the MADA. The member can then choose to apply for the Core Plan while waiting for the disability determination.

Since the EBD Medicaid can be backdated to the disability onset date or 3 months prior to the filing date and the Core Plan can only start with a future date, we want to be sure the applicant is given all the choices available to him or her prior to paying the \$60 fee and applying for the Core Plan.

6. Mary applies for health care online and indicates she is disabled. However, a finding of not disabled has been made by DDB and she is in the process of an appeal. What happens?

Mary can be enrolled in Core while she awaits the appeal decision. She needs to call the ESC to apply or indicate in ACCESS that she is not unable to work due to disability.

If she is enrolled in the Core Plan at the time a disability application is approved, ESC will determine EBD Medicaid eligibility. If Mary can be enrolled in EBD Medicaid, her case will be transferred to the local agency after eligibility is confirmed, unless she has a spouse enrolled in the Core Plan. If Mary's spouse is enrolled in the Core Plan, the case will remain assigned to the ESC.

7. Mary is approved for Core and later wins her hearing but is not yet eligible for Medicare - what happens? Does someone evaluate her for Medicaid and inform her of deductible and MAPP options? How does she get an evaluation of her Medicaid options without losing Core?

Yes, the ESC will determine EBD Medicaid eligibility for Core Plan members and will provide information so that she can effectively evaluate her options. Mary is also provided detailed information about all of the program rules in the written "Enrollment and Benefits" brochure which is sent to every applicant.

Core Plan enrollment will continue for Mary unless she is determined eligible for EBD Medicaid, or ineligible for EBD Medicaid for a reason other than excess income or assets.

8. Joe has an unmet deductible and decides to go with Core until he qualifies for Medicaid- but then discovers he meets his deductible & wants the better coverage of Medicaid. To whom should he submit his bills?

If Joe is enrolled in the Core Plan, he should submit his bills to the ESC. Once his deductible is met his case would be transferred to the local agency, unless he has a spouse enrolled in the Core Plan. When Joe becomes eligible for EBD Medicaid, his Core Plan enrollment will be terminated. If Joe is married to a Core Plan member, the case will remain at the ESC. If Joe is not married to a Core Plan member, the case will be transferred to the local agency.

There are batch processes in place to automatically end Core Plan enrollment if a member becomes eligible for any of the following:

- EBD Medicaid
- BadgerCare Plus Standard or Benchmark Plans
- Medicare

9. Sue and Stan are married - she is enrolled in the Core Plan and he is eligible for Medicaid through a deductible, and they are also eligible for FoodShare. Will the ESC handle enrollment for both members and all programs?

Yes.

10. Is there any policy regarding what state and county workers should tell a person that could be eligible for Medicaid by meeting the deductible or could apply for the Core Plan and to provide enough info so they make the best choice?

Yes, information is currently available in the Process Help manual about how to counsel people to make the best choice. The Process Help is written from both the ESC and local agency perspective. In addition, this has been a focus for training at the ESC.

11. If an individual does not indicate in ACCESS that s/he was is not disabled, the application is routed to the ESC for a Core Plan determination. Then the partner agency completes a paper application for EBD Medicaid and a Medicaid disability application and sends it to the county. What should the county do?

If the individual is enrolled in the Core Plan and then later requests a disability determination for EBD Medicaid, the ESC will submit the MADA to DDB. The ESC will determine EBD Medicaid eligibility when the disability decision is made.

12. Can an individual who has a MAPP premium choose not to pay it and enroll in the Core Plan instead?

No, since the person isn't ineligible for EBD Medicaid solely due to excess income or assets. However, if the person becomes ineligible for MAPP (e.g. fails to meet the work requirement or participate in the HEC program), it is likely that s/he will be ineligible for EBD Medicaid for excess income or assets so can therefore enroll in the Core Plan.

13. An individual whose Core Plan application is pending submitted a presumptive disability request to the local agency. What should the local agency do with it: fax it to the ESC or process the application for EBD Medicaid?

If the Core Plan application is pending, the local agency should process the request for presumptive disability and EBD Medicaid. If the person is enrolled in the Core Plan, the presumptive disability request should be faxed to the ESC.

If the person is enrolled in EBD Medicaid at the time of Core Plan eligibility determination, eligibility for the Core Plan will be denied. If the person is not enrolled in EBD Medicaid at the time of Core Plan eligibility determination, s/he will be enrolled in the Core Plan, assuming s/he meets all other program requirements. If disability is later approved, and the member is enrolled in Core Plan at the time, the ESC will determine eligibility for EBD Medicaid.