

**WISCONSIN DEPARTMENT OF HEALTH SERVICES**  
**Division of Health Care Access and Accountability**  
**1 W. Wilson St.**  
**Madison WI 53703**

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To: Process Help Users

From: Angela Dombrowicki, Director  
Bureau of Enrollment Management

Re: **Process Help Release 09-01**

Release Date: 02/17/09  
Effective Date: 02/17/09

**EFFECTIVE DATE**

The following policy additions or changes are effective 02/17/09, unless otherwise noted. **Bold text denotes new text. Text with a strikethrough it in the old process/policy section denotes deleted text.**

**CHANGES**

**1.1.1 Medicaid/BadgerCare Plus**

1.1.1 Medicaid/BadgerCare Plus  
If the customer wishes to apply for or indicates an interest in learning more about Medicaid the receptionist can give the following brochures on [Medicaid/BadgerCare Plus](#) Medical Assistance; Title XIX; Medicaid: A Guide to the Applying for Wisconsin's Health and Nutrition Programs  
Wisconsin Medicaid Enrollment and Benefits

~~If the customer wishes to continue with an application for Medicaid/BadgerCare Plus, an appointment should be scheduled. Give the customer the brochure, "What to Bring With You" (DWSW 2372) so they know what information to bring with them when they return for their appointment. If the customer wishes to continue with an application for Medicaid/BadgerCare Plus, encourage them to set their filing date and explain to them the application options that are available.~~

1.1.2 FoodShare (FS)  
If the customer indicates an interest in learning more about FoodShare give them the following brochures:

A Guide to the Applying for Wisconsin's Health and Nutrition Programs

~~If the customer wishes to apply for benefits, have them complete the following form to properly set the filing date: FoodShare Application Form (HFS 16019B)- Includes the Registration and Important Information to set filing date~~

~~Also, give the customer the brochure, "What to Bring With You" (DWSW 2372) so they know what information to bring with them when they return for their appointment.~~

If the customer wishes to apply for benefits, encourage them to set their filing date and explain to them their interview and application options. See PH 1.2 Requestfor Assistance. FoodShare Application Form (HFS 16019B)- Includes

**the Registration and important information about setting a file date**

**1.2.7 Extending an RFA**

**1.2.7 Extending an RFA**

Enter the RFA number into the Quick select field at the top of the CWW page. The RFA Summary page will display. Navigate to the Complete Request for Assistance page where you may extend the RFA. Although this may not be a standard practice, it is available when circumstances require that you extend an RFA/file date. Enter an Extension date and Extension Reason code. Enter RFA comments noting why the RFA was extended. Click Next to complete the RFA extension request. This process will generate a notice to the customer.

**1.4 Client Registration Instructions (CWW)**

This section on Client Registration has many updates. The changes are too numerous to list.

**1.6.5 Signature matching on ACCESS Applications for Medicaid/BadgerCare Plus and FoodShare**

A link was added to PH 1.6.5 to 1.4.9 "Special Attention Flags".

**1.7 Mail In Data Entry Pages**

A link to PH 2.3 has been added to PH 1.7.

**2.3 New Applications**

This section on New Applications for known individuals was updated. Changes are too numerous to list.

**2.5 Program Requests**

Title name was changed to **2.5 Adding a Program Request**.

**3.2 Person Add**

Chapter 3.2 on person add has been entirely rewritten. Updates too numerous to list.

**3.3 Person Delete**

~~Eligibility Access~~ **Initiate Eligibility** page. Other clarifications were made to PH 3.3, updates are too numerous to list.

**3.7 Running With Dates**

A link to 13.1 Initiate Eligibility was added to chapter 3.7 Running with Dates.

**3.10 Record a Marriage**

This section on Record a Marriage was entirely rewritten. The changes are too numerous to list.

**3.11 Enter Veteran Income**

~~3.11 Enter Veterans Income~~ Chapter title has been changed to **3.11 Veteran Income**.

**4.1 Review Driver Flow**

Many updates have been made to this Review Driver Flow chapter, changes too numerous to list.

**4.2 Interactive Interview (Reviews)**

~~4.2 Interactive Interview (Reviews)~~  
**4.2 Application/Review Interview details**

**4.6 Late Reviews**

Many updates have been made to this chapter on Late Reviews, changes too numerous to list.

**5.1 Medicaid Case Closure Process**

Many changes have been made to to 5.1 Medicaid Case Closure, updates are too numerous to list.

**5.1.1.2 Restrictive Re-enrollment Programs**

**5.1.1.2 Restrictive Re-enrollment Programs**  
~~BadgerCare (BC) and MAPP will close if a premium is owed and not paid by AA of the month the premium is due. A six month restrictive re-enrollment~~

~~penalty period will be imposed when BC or MAPP terminates for failure to pay a premium. If the premium is paid by the end of the month following the closure month or if good cause is determined for non-payment, the BC or MAPP should reopen. If the case remains closed, the AG can reopen after the six-month restrictive re-enrollment period ends. All unpaid premiums must be paid before the case can reopen. CARES will generate Notice of Decision when BC or MAPP closes due to failure to pay a premium.~~

~~A six-month restrictive re-enrollment will also be imposed if a BC AG quits BC without good cause. When the request for BC is changed to a "N" on the Application Entry screen, the 'quitting BC' screen (ANQB) will display. If no good cause for quitting BC is indicated, CARES will close the BC and impose a restrictive re-enrollment. A CARES generated Notice of Decision will be sent.~~

#### **5.1.1.2 Restrictive Re-enrollment Programs**

For BadgerCare Plus RRP policy see BC+ Handbook 19

For MAPP RRP policy see MEH 26.6

See PH 23.3 for processing of premiums and RRP.

### **6.1 Agency Transfer Process (Counties/Tribes)**

Chapter title has changed from **6.1 Agency Transfer Process (Counties/Tribes)** to **6.1 Interagency Case Transfer Process (Counties/Tribes)**

Several other updates that are too numerous to list.

### **11.1 BC+ Emergency Services Manual Application Processing**

All references to EDS/MMIS instructions have been replaced with iChange instructions.

Many other updates have been made to this chapter changes are too numerous to list.

### **13.2.5 Assets Determination Page**

**Clicking next will take you the any program budget pages selected for review. Refer to PH 13.3 Budgets to see examples of a FS, XX, SSI Related Medicaid and XX Institutional Medicaid budget pages. Also, refer to System Help for more information on Budget Pages.**

### **16.1 Earned Income**

Several updates have been made to this chapter, the changes are too numerous to list.

### **18.1 Shelter and Utilities**

Chapter 18.1 has been rewritten, the changes are too numerous to list.

### **23 BC+ premium Calculation and Processing through 23.3 Restrictive Re Enrollment Period (RRP)**

#### ~~**23 BC+ premium Calculation and Processing**~~

#### ~~**23.1 Processing a BC+ Application Requiring a Premium**~~

#### ~~**23.2 Premium payment for Second and Third Months**~~

#### ~~**23.3 Restrictive Re-Enrollment Period (RRP)**~~

#### **23 BC+ and Premiums**

#### **23.1 Processing a BC+ Application Requiring a Premium**

##### **23.1.1 Introduction**

##### **23.1.2 Processing a BC+ Application Requiring a Premium**

#### **23.2 Premium payment for Second and Third Months**

#### **23.3 Restrictive Re-Enrollment Period**

Chapter 23- 23.3 Chapter title change and organization of sub-chapters have changed. Content remains the same.

### **23.4 Re-opening BC+ When Premium Payment is Received Late> 23.4.1 Introduction> 23.4.2 Premium Paid Prior to the End of the Closure Month 23.4.3 Premium Paid After**

**23.4 Re-opening BC+ When Premium Payment is Received Late** is an entirely new chapter.

the Last Day of the Closure Month> 23.4.4 Late Premium Payment is Received at the Local Agency> 23.4.5 Late Premium Payment is Submitted to the Fiscal Agent

**31.1 Auxiliaries and Supplements**

**31. Auxiliaries and Supplements** is an entirely new chapter.

**31.3 Benefit Recovery**

All references to “client” have been replaced by “customer”. All references to EDS/MMIS have been replaced by ForwardHealth iChange. ForwardHealth iChange page references have replaced the MMIS screen shots. MMIS RE and RC screens have been replaced by the instructions for obtaining information via ForwardHealth.

**42 Simulation**

Many updates have been made to this chapter, and the changes are too numerous to list.

**44.1 Data Exchange**

This chapter on Data Exchanges has been entirely rewritten.

**50 Verification Codes**

This chapter on verification codes has many updates, the changes are too numerous to list.

**56.1 Employer Verification Of Earnings- EVF-E**

Updates have been made to the PH 56.1 table of contents.  
**56.1.1 Employer Verification Form - Employment (EVF-E)**  
**56.1.1.1 CARES / CWW Generated**  
**56.1.1.2 Access the Employment Verification Due Dates Page**  
**56.1.1.3 Manually Generated Outside of CWW**  
**56.1.2 Employer Verification Past Due**  
**56.1.2.1 Verification Type**  
**56.1.3 Employment Summary Page**  
**56.1.4 Information for the EVF-E**

**57 CWW Driver Flows**

This chapter title has been updated and broken links within this chapter have been fixed.

**60.1 Family Cascade**

60.1 Family **Medicaid** Cascade  
**Text added “This chart effective through 1/31/2008”**

**60.1.2 EBD Cascade**

60.1.2 EBD **Medicaid** Cascade (Title updated)

**61.1 MMIS ForwardHealth iChange Monthly Buyin Cycle**

Chapter title has been updated to ForwardHealth iChange rather than MMIS and “ForwardHealth iChange” has replaced all references to MMIS within chapter text.

**61.3 Verifying eligibility and buy in on ForwardHealth iChange MMIS**

Added links to chapter 61.3 to PH Chapter 81, the ForwardHealth iChange Chapter.

**61.4 Manual Updates to Buyin On ForwardHealth iChange MMIS**

All MMIS references have been replaced by “ForwardHealth iChange”.

**61.5 Completion of the HCF 10110 Or E-HCF-10110 (Formerly Form 3070)**

**A link was added to the instructions for electronic med cert via iChange.**

**61.6 SLMB+ Processing**

This chapter has many updates, and the changes are too numerous to list.

**62 Child Support**

Link to PH 16.2 has been removed, this information was incorrect.

**81 MMIS Guide**

This chapter has many changes, and the updates are too numerous to list. A new **Med Stat / CARES code chart** has been added.

**Entire Handbook**

Broken links to forms HCF replaced by F