

**Department of Health Services
Division of Mental Health and Substance Abuse Services
Community Recovery Services
Medicaid Member Eligibility Information**

Member Eligibility Information in interChange

Each member's Medicaid eligibility must be verified by using the ForwardHealth Partner Portal.* Since members can have multiple Benefit Plans and Medical Status Codes within each Benefit Plan, please verify the valid Medical Status Code for each Benefit Plan listed below if the member's requested start date falls within the Benefit Plan effective date, and the Benefit Plan end date.

If the member is not eligible for one of the Benefit Plans listed below, then the member is not Medicaid eligible for the application month. If the member has one of the Benefit Plans below, but does not have one of the specified medical status codes, then the member's monthly income may have to be verified to determine if s/he has income at or below 150% of the Federal Poverty Level.

Benefit Plan	Medical Status Code				
SSIMA	01	08	11	18	19
	20	21			
MCDW	WA	WB	WC	WI	WP
	WR	WW	W2	W3	W4
	W5	W6			
MCD	04	05	10	14	15
	22	23	30	33	37
	45	51	56	59	AD
	BD	CB	DC	DD	IC
	IM	KC	L1	L3	L5
	L7	5C	5D		
MAPW	M5	M8			
MAP	M4				
BCSP	AB	BA	BE	BF	BJ**
	BL	BM	BP	BQ	BS
	BU	BY	EC	N1	N4***
	X6	X7	X8	X9	1B
	2B	5B	7A	7D	7J
	7Q	7V	7W		

*Please see the "Eligibility Verification Guide for the Community Recovery Services Benefit for information on how to request access to the Forward Health Portal and instructions on how to determine the member's Medical Status Code

http://www.dhs.wisconsin.gov/MH_BCMH/docs/crs/eligibilityGuide.pdf

**Effective August 1, 2011, BJ changes from [child, <6, >100%-150% FPL, BC+ SP] to [child, <6, >100%-133% FPL, BC+ SP].

***Effective August 1, 2011, N4 changes from [CEN, >100%-200% FPL, BC+ SP] to [CEN, >100%-133% FPL, BC+ SP].