

**WISCONSIN DEPARTMENT OF HEALTH SERVICES**  
**Division of Health Care Access and Accountability**  
**1 West Wilson Street**  
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To: BadgerCare Plus Eligibility Handbook Users

From: Shawn Smith, Bureau Director  
Bureau of Enrollment Policy and Systems

RE: **BadgerCare Plus Release 15-01**

Release Date: 05/15/2015

Effective Date: 05/15/2015

**EFFECTIVE DATE** The following policy additions or changes are **effective 05/15/2015** unless otherwise noted. **Grey highlighted text denotes new text. Text with a strike through it in the old policy section denotes deleted text.**

**POLICY UPDATES**

**2.2.2 Caretaker Relative**

A caretaker relative is a non-legally responsible relative of the child under his/her care. Caretaker relatives and their spouses can be eligible for BadgerCare Plus as caretaker relatives. To be considered a caretaker relative of a child in the home, a person must first have a qualifying relationship to the child (under age 19) and the child must also be under the care of that relative.

Qualifying relationships for caretaker relatives consist of the following:

1. Stepfather or stepmother (when the parent is deceased or divorced/separated from the stepparent).
2. Natural full brother or sister, legally adopted, half- or stepbrother or sister.
3. Grandmother or grandfather, aunt or uncle, first cousin, nephew or niece, or any preceding generation denoted by the prefix grand-, great-, or great-great, and including those through adoption.
4. Spouse of any of the above, and the spouse of a child's parent, even after the marriage ends by death, divorce, or separation.

**2.8.2 MAGI Income Counting Rules**

Tax dependents are only required to file a tax return if they have more income than the filing thresholds set by the IRS each year. If the child or tax dependent of another member in the same AG expects to have less annual taxable income than the amounts below, his/her income is not included in the eligible determination for the AG.

Amounts effective January 1, 2015:

- ~~\$1,000~~ \$1,050 per year in taxable unearned income, or
- ~~\$6,200~~ \$6,300 per year in taxable earned income.

**9.8 General Rules**

Except for verification of access to employer sponsored health insurance (9.9.6), the member has primary responsibility for providing verification and resolving questionable information. However, the IM worker must use all available data exchanges to verify information rather than requiring the applicant to provide it, unless the information from the data source is not reasonably compatible with what the applicant or member has reported (see Chapter 9.12 Reasonable Compatibility).

## 9.9 Mandatory Verification Items

The following items must be verified for BadgerCare Plus:

1. SSN (9.9.1)
2. Citizenship and Identity (Chapter 4.2)
3. Immigrant Status (9.9.2)
4. Pregnancy, if eligibility is based on the pregnancy (9.9.3)  
**Note:** Effective January 1, 2014, pregnancy is no longer required to be verified.
5. Medical Expenses (for deductibles only) (9.9.4)
6. Documentation for Power of Attorney and Guardianship (9.9.5)
7. Migrant worker's (eligibility in another state) (12.3)
8. Income
9. Health Insurance Access (9.9.6)
10. Health Insurance Coverage (Chapter 7)
11. Family Re-unification plan for Child Welfare Parents (Chapter 10)
12. The placement status of a FFCY (Chapter 11) on his/her 18th birthday
13. Tribal membership or Native American Descent (9.9.7)
14. Pre-tax Deductions\* (9.9.8)
15. MAGI Tax Deductions\* (9.9.9)

Unless determined questionable, self-declaration is acceptable for all other items.

Do not request income verification from health care applicants and members unless the information cannot be obtained through an electronic data source, or information from the data source is not reasonably compatible with what the applicant or member has reported (see section 9.12 Reasonable Compatibility).

~~\*These mandatory verification requirements apply only to whose members eligibility is determined under MAGI rules.~~

### 9.9.2 Immigrant Status

An immigrant that presents documentation of his/her immigrant status and meets all other eligibility criteria is eligible while any secondary verification of immigrant status is taking place.

~~Verification of immigrant status is not needed if the person already provided proof when s/he applied for an SSN.~~

Do not re-verify immigrant status unless the member reports a change in citizenship or immigrant status.

## 9.12 Reasonable Compatibility for Health Care

This section is new.

### 16.1.4 Gap Filling

Due to differences between the eligibility rules used by the Marketplace for Advanced Premium Tax Credits (APTC) and the eligibility rules used when counting income for BadgerCare Plus, the Marketplace may find someone to be below 100% FPL based on their annual income, while BadgerCare Plus may find someone to be above 100% FPL based on their current monthly income. Because of this difference in eligibility rules, the individual is eligible for neither BadgerCare Plus nor APTCs. ~~For~~ **If applicants who fall into were left in this eligibility "gap", then the only option available is to pay for the full cost of private health insurance through the Marketplace. To prevent this from happening, we must enroll these individuals based on a monthly equivalent of their expected annual income under a process called "gap filling".**

#### **16.1.4.1 Processing Applications for Individuals Eligible Under Gap Filling Rules**

Federal regulations require states to enroll such individuals in Medicaid under a policy called “gap filling” based on a monthly equivalent of their expected annual income. Local agencies should contact the DHS CARES Call Center if a member is ineligible for APTCs based on his or her annual income, but ineligible for BadgerCare Plus based on current monthly income when an individual has applied at the Marketplace and has received a notice indicating that they can purchase health insurance but cannot get an APTC, and has been denied BadgerCare Plus because of monthly income above 100% FPL.

The CARES Call Center will confirm whether the individual meets the criteria for gap filling certification. If so, the CARES Call Center will add a case comment to CWW. EM CAPO will then manually certify the member, track his or her individual enrollment outside of CWW, and serve as the point of contact for that member’s eligibility under gap filling rules. The EM CAPO will send a notice of decision informing the individual of his or her eligibility and change reporting rules. Changes for that individual will be reported to and processed by the EM CAPO while s/he is eligible under gap filling rules.

The case itself will remain with the consortium, which will manage eligibility for other programs or individuals who may be open as part of that case.

#### **16.1.4.2 Processing Renewals for Individuals Eligible Under Gap Filling Rules**

Because the Marketplace considers annual income on a calendar-year basis, the manual gap-filling certification will last until the end of the calendar year. Approximately 45 days prior to the end of the year, members will receive a manual notice from EM CAPO advising them that their eligibility is ending and directing them to return to the Marketplace (or, if appropriate, reapply for BadgerCare Plus). A gap-filling member can also lose eligibility during the certification period if:

- He or she moves out of state; or,
- He or she has expected annual income of more than 100% FPL.

#### **16.1.4.3 Eligible Under Another Category of BadgerCare Plus or Medicaid**

~~In addition,~~ EM CAPO will end the gap-filling certification if the member has become eligible in another category of BadgerCare Plus or Medicaid.

#### **43. Worker’s Compensation**

~~Under non-MAGI rules, count Worker’s Compensation benefits as unearned income.~~

~~Under MAGI rules, do not count Worker’s Compensation benefits. This includes Worker’s Compensation benefits received as a settlement.~~

## **16.2 Income Types Not Counted**

### **26.1.1 Renewals Introduction**

~~For MAGI based AGs, renewals received within 90 days of the renewal month can be processed as a late renewal instead of requiring a new application. The income that was required to have been reported had the renewal been timely is the income that is required to be budgeted unless the income has changed. If the income has significantly changed, use the actual income or the best available income for the previous months and prospective budgeting for the current and future months.~~

<b>26.1.2 Three-Month Late Renewals</b>	This section is new.
<b>26.1.2.1 Verification Requirements for Late Renewals</b>	This section is new.
<b>26.1.2.2 Gaps in Coverage</b>	This section is new.
<b>26.1.2 Administrative Renewals</b>	<del>26.1.2</del> <b>26.1.3 Administrative Renewals</b>
<b>33.0 Estate Recovery</b>	This chapter is new.
<b>50.1 Federal Poverty Level (FPL) Table</b>	This table was updated with the February 1, 2015 income levels.
<b>51.1 BadgerCare Plus Medical Status Codes</b>	The table was updated.