WISCONSIN DEPARTMENT OF HEALTH SERVICES
Division of Medicaid Services
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To:	BadgerCare Plus Eligibility Handbook Users
From:	Rebecca McAtee, Bureau Director Bureau of Enrollment Policy and Systems
Re:	**BadgerCare Plus Handbook Release 18-01**
Release Date:	04/13/2018
Effective Date:	04/13/2018

EFFECTIVE DATE

The following policy additions or changes are **effective 04/13/2018** 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

2.3.3 Modified Adjusted Gross Income Flowchart

The flowchart has been updated.

3.5 Absence From Wisconsin

Once established, Wisconsin residency is retained until:

- The person notifies ~~states~~ the IM agency that he or she no longer intends to reside in Wisconsin.

4.2 Documenting Citizenship and Identity

Applicants who are otherwise eligible and are only pending for verification of citizenship (and identity when needed) must be certified for health care benefits, within the normal application processing timeframe (30 days from the filing date~~), as long as the applicant has notified the worker that he or she is taking steps to obtain the necessary documentation or has asked for the worker's assistance to obtain it~~. Applicants are not eligible for backdated health care benefits while pending for citizenship and/or identity. Once verification is provided, the applicant's eligibility must then be determined for backdated health care benefits if they have been requested.

(This was effective March 3, 2018.)

4.2.7.1 Person Add

This section has been rewritten.

(This was effective April 1, 2018.)

6.1 Social Security Number Requirements

This section has been rewritten. This includes adding sections 6.1.1, 6.1.2, and 6.1.3.

7.7.4 Cooperation

~~To remain eligible for BadgerCare Plus, the adult whose employer can provide insurance must:~~
~~1. Cooperate in providing information necessary to assess cost-effectiveness, and~~
~~2. Agree to enroll and actually enroll in the employer's health care plan if the plan is determined to be cost-effective.~~

	Parents may not be sanctioned for failing to cooperate with the HIPP program. This policy applies to both current members and new applicants.
9.8 General Rules	Except for verification of access to employer-sponsored health insurance (see Section 9.9.6 Access to Employer-Sponsored Health Insurance), Child Welfare parent cooperation (see Section 10.1 Child Welfare Parent or Caretaker Relative), and former Foster Care status (see Section 11.2 Former Foster Care Youth), 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 Section 9.12 Reasonable Compatibility).
9.9.4 Medical Expenses	If verification is not provided, do not include the expense to determine when a deductible has been met. Do not deny or terminate eligibility for failure to provide the requested verification.
9.9.5 Power of Attorney and Guardianship	If verification is not provided, do not grant the claimed power of attorney or guardian access to case notices or follow any direction provided by that individual unless he or she is an authorized representative. Do not deny or terminate eligibility for failure to provide the requested verification.
9.9.7 Tribal Membership, Descent, or Eligible to Receive Indian Health Services	If verification is not provided, do not indicate in CARES that the person is a tribal member. Do not deny or terminate eligibility for failure to provide the requested verification.
9.9.8 Pretax Deductions	If verification is not provided, do not include the deductions when determining eligibility. Do not deny or terminate eligibility for failure to provide the requested verification.
9.9.9 MAGI Tax Deductions	If verification is not provided, do not include the deductions when determining eligibility. Do not deny or terminate eligibility for failure to provide the requested verification.
9.9.10 Former Foster Care Youth	This section is new.
9.11.4 Negative Actions	**Note:** Do not deny or terminate eligibility for failure to verify information that the member is not responsible to obtain, such as employer-sponsored health insurance (see Section 9.9.6 Access to Employer-Sponsored Health Insurance), Child Welfare parent cooperation (see Section 10.1 Child Welfare Parent or Caretaker Relative), and former Foster Care status (see Section 11.2 Former Foster Care Youth). Do not deny or terminate eligibility for failure to verify medical expenses (see Section 9.9.4 Medical Expenses) and deductions (see Section 9.9.8 Pretax Deductions and Section 9.9.9 MAGI Tax Deductions). The disallowance of unverified expenses and deductions is the only penalty to be imposed. Do not deny or terminate eligibility for failure to verify tribal member status (see Section 9.9.7 Tribal Membership, Descent, or Eligible to Receive Indian Health Services).
16.2 Income Types Not Counted	46. is new.

16.4.3.4.3 Depreciation, Depletion, and Disallowed Expenses

- Principal ~~portion of mortgage payment~~ payments on loans for the purchase price of income- producing real estate, capital assets and equipment, and durable goods. (An example is the principal portion of mortgage payments. Only the interest portion of business loan payments is an allowable expense.)

16.9.1 Processing Gap Filling Referrals and Requests

The IM agency must assess the referral or request to determine the following for each person in the household:

- If a person meets the BadgerCare Plus nonfinancial and financial eligibility rules based on his or her monthly prospective income, BadgerCare Plus should be certified with a 12-month certification period beginning from the first of the month of the Marketplace application date. There is no need to determine the person's eligibility under gap filling rules.
- If a person is found ineligible due to a nonfinancial reason, BadgerCare Plus should be denied for the nonfinancial reason for that person. There is no need to determine the person's eligibility under gap filling rules.
- If a person has a gap filling referral or request and is found ineligible for BadgerCare Plus solely due to excess monthly income, BadgerCare Plus eligibility must be assessed under gap filling rules (see Section 16.9.2 Determining Annual Income for Gap Filling Referrals). This includes eligibility determinations for backdated months.

(This was effective February 16, 2018.)

16.9.1.1 People Found Eligible Under Gap Filling Rules

When a person is found eligible under gap filling rules, the IM agency must document in case comments the income used to make the determination and how that amount was calculated. The worker must also clearly document the following information in the case comment:

- Name of the eligible person(s)
- Assistance group size
- Monthly income on which the original BadgerCare Plus denial was based
- Annual income
- Eligibility begin and end months (The end month will always be December of the calendar year in which the application was filed with the Marketplace.)
- Med stat code (The current med stat codes for adults with income between 0 and 100 percent of the FPL are "BL" for parents/caretakers and "9P" for childless adults.)

IM workers should work with their CARES coordinator who will email EM CAPO to indicate when a person has been found eligible as a gap filling referral. The email must include the following items:

- Case number
- Assistance group size
- Monthly income on which the original BadgerCare Plus denial was based
- Annual income
- Eligibility begin and end months
- Med stat code

(This was effective February 16, 2018.)

16.9.2 Determining Annual Income for Gap Filling Referrals and Requests

When determining annual income ~~for a gap filling referral~~ under gap filling rules, use the income reported on the application, income discovered or verified through data exchanges, and other income to determine annual income. This includes, but is not limited to, using wages earned for previous quarters verified through SWICA, wages verified through the FDSH wage match, wages verified through an Employer Verifications of Earnings form (EVFE), or other verification and data exchanges verifying unemployment and Social Security income. If the information reported on the application is not clear or the sources of income cannot be verified through

available data exchanges, the IM agency must send a verification request.

This method should be also used when determining eligibility under gap filling rules for backdated months (see Section 25.8.1 Backdated Eligibility) and when determining whether someone would have qualified under gap filling rules as part of reviewing a potential overpayment (see Section 28.3 Unrecoverable Overpayments).

When budgeting expected annual income for eligibility in the same calendar year, consider the person's employment history and pattern of employment to determine if he or she is reasonably expected to have a change in income that would impact eligibility. For example, if an applicant has been working a seasonal job, such as construction or farming, with wages in the second and third quarters and unemployment in the first and fourth quarters of the past several years, it would be reasonable to expect the person to continue that pattern of employment and unemployment unless the person reports a change that indicates he or she is not returning to that employment.

(This was effective February 16, 2018.)

16.9.3 Change Reporting for People Eligible Under Gap Filling Rules

When a person is no longer eligible for the reasons noted above, the IM agency should inform EM CAPO to end eligibility and send the termination notice. If the person has exceeded the annual income limit during the gap filling certification period, include the person's new reported annual income amount in any communication with EM CAPO when requesting the person's eligibility be terminated.

(This was effective February 16, 2018.)

18.1.2 Pregnant Women

A pregnant woman is able to enter an extension if she was eligible for BadgerCare Plus as a pregnant woman or a parent or caretaker relative at any time during the pregnancy with income at or below 100 percent of the FPL in three of the past six months. In most cases, her continuous eligibility as a pregnant woman will take precedence over the extension, but the extension will be maintained and will result in eligibility if the pregnancy and postpartum period end prior to the end of the extension. The pregnant woman will remain exempt from the premium requirements through the end of the extension certification period.

18.2 Increase in Earnings/Decrease in Group Size Extensions

18.2 Increase in Earnings~~/Decrease in Group Size Extensions~~

18.2.1 Earned Income Extensions

To receive a 12-month BadgerCare Plus extension due to an increase in earnings, a parent, caretaker, or pregnant woman must meet all of the following requirements:

18.2.2 Supplemental Security Income Exception

A person who was eligible for SSI benefits may be eligible for a 12-month BadgerCare Plus extension if he or she loses SSI and would have been eligible for BadgerCare Plus with countable income at or below 100 percent if he or she had not been an SSI recipient.

19.11.2.1 Children Under Age 19

Example 3

Exception: If a child becomes a member of a different case during an RRP, discontinue the RRP for that child.

Example 4 is new. (The subsequent examples have been renumbered.)

25.5 Valid Signature

Except when:

3. The applicant's durable power of attorney (~~§ 243.07, Wis. Stats.~~ Wis. Stat. ch. 244)

signs the application. A durable power of attorney is a person to whom the applicant has given power of attorney authority and agrees that the authority will continue even if the applicant later becomes disabled or otherwise incapacitated.

25.8.1 Backdated Eligibility

When determining backdated eligibility, use actual nonfinancial information (e.g., household composition) and actual income in the backdated months. When determining backdated eligibility under gap filling rules for months in a past calendar year, use actual income. When determining backdated eligibility under gap filling rules for months in the current calendar year, assess expected annual income using the same process for nonbackdated months.

Example 2 is new.

(This was effective February 16, 2018.)

26.1.3.2.1 Exclusions During the Administrative Renewal Process

- The case has or is any of the following:
  - o Income that cannot be verified or is not found reasonably compatible through a data exchange (such as self-employment or room and meals income)
  - o Tax deductions on file
  - o A calendar year tax dependent for a past year
  - o A pending health care assistance group (i.e., health care eligibility has not been confirmed for all people on the case)
  - o Related unprocessed ACCESS items, including applications, program adds, renewals, change reports, and SMRFs
  - o Related unprocessed PPRF or SMRF documents
  - o An unresolved EPP
  - o A met deductible
  - o A BadgerCare Plus extension assistance group due for renewal (**Note:** BadgerCare Plus extension assistance groups will not be administratively renewed, but other eligible health care categories on the same case may be selected for an administrative renewal as long as the extension is not due for renewal.)
  - o A reason for exclusion from batch eligibility processes (for example, an eligibility override)
  - o In review mode

This was effective January 28, 2017.

26.3.1 Signature at Renewal

This section is new.

28.1 Overpayments

An overpayment occurs when BadgerCare Plus benefits are paid for someone who was not eligible for them or when BadgerCare Plus ~~premium calculations are incorrect~~ payments are made in an incorrect amount (for example, incorrect premium calculations). The amount of recovery may not exceed the amount of the BadgerCare Plus benefits incorrectly provided. Some examples of how overpayments occur are:

- Concealing or not reporting income.
- Failure to report a change in income.
- Providing misinformation at the time of application or renewal regarding any information that would affect eligibility.

28.2 Recoverable Overpayments

1. Applicant or member error

Applicant or member error occurs when there is one of the following:

- Misstatement or omission of facts by an applicant, member, or any other person responsible for giving information on the applicant's or member's behalf at a BadgerCare Plus application or ~~review~~ renewal.
- Failure on the part of the member, or any person responsible for giving information

on the member's behalf, to report required changes in financial (see Section 27.3 Income Change Reporting Requirements) (income, expenses, etc.) or nonfinancial (Section 27.2 Nonfinancial Change Reporting) information that affects eligibility, premium, patient liability or cost share amounts.

Examples 1 and 2 have been updated.

2. Fraud

~~Fraud is also known as Intentional Program Violation (IPV).~~

3. Member loss of an appeal

Benefits a member receives as a result of a fair hearing request order can be recovered if the member loses the appeal.

A member may choose to continue to receive benefits pending an appeal decision. If the appeal decision is that the member was ineligible, the benefits received while awaiting the decision can be recovered. If an appeal results in an increased patient liability, cost share, or premium, recover the difference between the initial amount and the new amount or the amount of claims and any HMO capitation payments the state paid for each month, whichever is less.

Note: As of February 1, 2002, there should be no compromise of overpayment claims. If it is determined that a recoverable overpayment exists, recovery may not be waived.

28.3.1 Gap Filling Eligibility Considerations

This section is new.

(This was effective February 16, 2018).

28.4.1 Overpayment Period

Misstatement or Omission of Fact

If the overpayment is a result of a misstatement or omission of fact during an initial BadgerCare Plus application or ~~review~~ renewal, determine the period for which the benefits were determined incorrectly and determine the appropriate overpayment amount (see Section 28.4.2 Overpayment Amount). The ineligibility period could begin as early as the first month of eligibility, including any backdated benefits.

Failure to Report

For ineligible cases, if the overpayment is a result of failure to report a required change, calculate the date the change should have been reported and which month the case would have closed or been adversely affected if the change had been reported timely.

Fraud~~/IPV~~

For ineligible cases, if the overpayment was the result of fraud, determine the date the fraudulent act occurred. The period of ineligibility should begin the date the case would have closed or been adversely affected allowing for proper notice. If an overpayment exists, but the case is still being investigated for fraud, establish the claim so collection can begin promptly. Prosecution should not delay recovery of a claim.

~~The ineligible period should begin with the application month.~~

28.4.2 Overpayment Amount

This section has been rewritten.

28.4.3 Overpayments for Individuals Eligible for Family Planning Only Services	This section has been deleted.
28.4 4 Determining Liable Individual	**28.4.3 ~~4 Determining Liable Individual~~ Liability** This section has been rewritten.
32.2.3.2 Pregnant Women	A pregnant woman may get temporary enrollment for BadgerCare Plus if she meets all of the following financial and nonfinancial criteria: • Be pregnant. (Verification of pregnancy is not required.)
33.1 Estate Recovery Program Definition	The state seeks repayment of certain correctly paid ~~home~~ health and long-term care benefits received by BadgerCare Plus members through all the following: • Liens against property after the death of a member • Claims against estates • Affidavits
38.5.4 Pharmacy Services Lock-in Program	If a provider suspects that a member is abusing his or her benefits or misusing his or her ForwardHealth card, providers are required to notify ForwardHealth by calling Provider Services at (800) 947-9627 or by writing to the following: Division of Medicaid Services Bureau of ~~Program Integrity~~ Benefits Management P.O. Box 309 Madison, WI 53701-0309
48.1.2 Premiums for Adults	The tables have been updated. *(This was effective February 1, 2018.)*
48.1.3 Five Percent Premium Caps for Children	The table below displays the five percent caps of BadgerCare Plus premiums for children in certain households with incomes above 201 percent and below 306 percent of the FPL. Families will pay the combined premiums for the children or an amount equal to five percent of the family's countable income, whichever is less. For example, a family with five children and an income of 295 percent of the FPL would ordinarily owe premiums amounting to five times $82, which equals $410. However, if the children's AG size, including the parent, is six, the five percent cap found in the table below is $~~399~~402. That is the maximum premium amount that the family should be charged for that month. The table has been updated. *(This was effective February 1, 2018.)*
50.1 Federal Poverty Level Table	The table has been updated. *(This was effective February 1, 2018.)*

51.1 BadgerCare Plus Categories

12-Month BadgerCare Plus Extension Benefit Adult	>100~~%, <~~ - 133%	Yes	Yes*	T19
12-Month BadgerCare Plus Extension Benefit Adult	>133%	Yes	Yes	T19
12-Month BadgerCare Plus Extension Benefit Disabled Adult	>100%	Yes	No	T19
4-Month BadgerCare Plus Extension Benefit, Adult	>100~~%, <~~ - 133%	Yes	No	T19

*Premiums only for months 7 to 12 extension
**See Section 39.1 Emergency Services Income Limits.
~~**Premiums only for months 7 to 12 extension~~