

WISCONSIN DEPARTMENT OF HEALTH SERVICES
Division of Health Care Access and Accountability
1 West Wilson Street
Madison, WI 53703

To: BadgerCare Plus Eligibility Handbook Users

From: Vicki Jessup, Policy Section Chief

RE: **BadgerCare Plus Release 10-02**

Release Date: 08/05/10

EFFECTIVE DATE

The following policy additions or changes are effective 08/05/10 unless otherwise noted. **Bold text** denotes new text. Text with a strike through it denotes deleted text.

2.1 BC+ Non-Financial Program Requirements

Policy Clarification

3. Parents/Caretaker **Relatives** of children under 19 years of age, including some parents and caretaker **relatives** whose children have been removed from the home and are in the care of the child welfare system. (Chapter 10).

3.4.4 Homeless Persons

Added a chart – Definition of Homeless

4.2 Documenting Citizenship and Identity

Per Ops Memo 09-23

The applicant will have 90 days after the request for verification to provide the requested documentation. If the requested verification is not provided by the end of the 90 days, the eligibility will be terminated with Adverse Action notice. This 90 day period applies to applications, reviews and person adds.

Once the citizenship and identity requirement is met, it need not be applied again, even if the person loses Medicaid at some point and later re-applies. A person should ordinarily be required to submit evidence of citizenship and identification only once, unless other information is received causing the evidence to be questionable.

4.3.5 Iraqis & Afghans With Special Immigrant Status

Per Ops memo 10-15

Beginning December 19, 2009, Special Immigrants from Iraq or Afghanistan (Class of Admission Codes SI-1, 2, 3, 6, 7 and 8) are to be treated like they are refugees when determining their eligibility for BC+ for as long as they have this Special Immigration status. This policy applies to these immigrants regardless of when they received this status.

Class of Admission	Description	CARES Alien Registration
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code		Status Code
SI1	Nationals of Iraq or Afghanistan serving as interpreters with the U.S. Armed Forces	Code 04
SI2	Spouses of an SI1	Code 04
SI3	Children of an SI1	Code 04
SI6	Nationals of Iraq or Afghanistan serving as interpreters with the U.S. Armed Forces	Code 04
SI7	Spouses of an SI6	Code 04
SI8	Children of an SI6	Code 04

5.6 Casualty Claims

Policy Clarification

~~All other BadgerCare Plus members should report in person or by phone to his/her local agency before the case is settled. Refer these Casualty/Subrogation cases to the person in your county designated to work with attorneys, insurance companies, etc. to determine any BadgerCare Plus interest in the settlement.~~

All other BadgerCare Plus members should report in person or by phone to his/her local agency before the case is settled. Refer casualty claims for Non-SSI recipients and members of agencies not listed in 1b above to HP at 608-221-4567 or call at 608-221-4746 EXT 80062 with MA#, date of accident and insurance/attorney to bill.

7.8 Access/Coverage Overview

Policy Clarification

To determine whether an individual passes BC+ insurance access/coverage requirements answer the following questions for each individual within a BC+ group.

~~1. Is the applicant/member pregnant?~~

- ~~• If yes, continue to [question #2](#).~~
- ~~• If no, continue to [question #3](#).~~

~~2. Is her income at or below 200% of the FPL?~~

- ~~• If yes, the woman is exempt from the BC+ insurance access/coverage requirements.~~
- ~~• If no, continue to [question #17](#).~~

3. Is the applicant/**member pregnant**, a continuously eligible newborn or youth exiting out of home care?

~~17. Did she have any major medical insurance coverage which met the~~

~~—standards of a (HIPPA) standard plan after she was determined eligible as
—a pregnant woman?~~

- ~~• If yes, go to question #18.~~
- ~~• If no, she passes BC+ insurance access/coverage requirements. Inform the woman that in order to continue to meet BC+ insurance access/coverage requirements that she must not drop any medical health insurance plan which met the standards of a (HIPPA) standard plan, during her pregnancy, without good cause.~~

~~18. Has she dropped a major medical health insurance plan which met the
—standards of a (HIPPA) standard plan after being determined eligible for
—BC+?~~

- ~~• If yes, continue to question #19.~~
- ~~• If no, she passes BC+ insurance access/coverage requirements. Inform the woman that in order to continue to meet BC+ insurance access/coverage requirements that she must not drop any major medical health insurance plan which met the standards of a (HIPPA) standard plan, during her pregnancy, without good cause.~~

~~19. Did she have "good cause" for dropping a major medical health insurance
—plan which met the standards of a (HIPPA) standard plan (7.6)?~~

- ~~• If yes, she passes BC+ insurance access/coverage requirements.~~
- ~~• If no, she is not eligible for BC+ for three months following the month in which the major medical health insurance coverage ended.~~

8.2 Continuously Eligible Newborns

Ops Memo 09-23

Anyone who has ever been eligible as a Continuously Eligible Newborn (CEN) under Wisconsin Medicaid or BadgerCare Plus is exempt from the citizenship and identity documentation requirement.

~~Citizenship and identity documentation for a CEN does not have to be obtained until the next review of eligibility after the child turns one year of age.~~

16.4.3.2.3 Disallowed Expenses Self Employed Depreciation Calculation

Per Ops Memo 10-20

Generally, expenses that are allowed by the IRS on business tax forms are considered allowed expenses for BadgerCare Plus. However, some specific expenses allowed in the calculation of Self Employment Income on the IRS tax forms but are not allowed for BadgerCare Plus. These are:

- 1. Depreciation: Net self employment income for BC+ groups is first determined without allowing depreciation expenses. If the group's total countable IM income exceeds 200% of the Federal Poverty Level, the self employed group is allowed a second income test. For the second test, net self-employment income is redetermined, this time deducting depreciation expenses. If the total countable IM income minus the depreciation is less than 200% of the Federal Poverty Level,, the adults and children are eligible for the Benchmark Plan. The premium for the parents and children in the household is 5% of the household's total countable gross income including depreciation. (i.e., depreciation expenses are not deducted)**
- 2. Net loss carryover from previous periods (long term capital loss)**

3. Federal, State, and local income taxes
4. Charitable donations
5. Work-related personal expenses, such as transportation to and from work
6. Employer work-related personal expenses such as pensions, employee benefit and retirement programs and/or profit sharing expenses (Business expenses for employees' pensions, benefits, retirement programs, and profit sharing expenses are allowable, but the work-related personal expenses of the employer are not).
7. The purchase price of income producing real estate, capital assets/equipment, and durable goods or payments on the principal of loans for the purchase of these assets.
8. Guaranteed payments to partners

19.5 Initial Payments *Policy Clarification*

A BadgerCare Plus Premium **Information / Payment form (F-10139)** ~~coupon~~ must be sent to the fiscal agent along with the payment. The BC+ AG CARES case number must be included on the **form (F-10139)** ~~premium coupon~~ and on the check. **The BadgerCare Plus Premium Information/Payment form (F-10139) can be found at <http://dhs.wisconsin.gov/forms/F1/F10139.pdf>.** Mail the initial BC+ premium payment (check or money order) and completed ~~form BC+ premium coupon~~ directly to the BC+ lockbox at:

26.2 Choice of Review

Per Ops Memo 10-25

The member has the choice of the following methods for any BC + review:

1. Face-to-Face Interview.
2. Mail-In (**paper application or pre-printed renewal packet**).
3. Telephone Interview.

28.9.1

Policy Clarification

Occasionally, a BC+ member is certified for retroactive Katie Beckett or SSI eligibility for a period of time in which they were also certified for BC+. If the BC+ member paid a premium during this time frame, they are entitled to a refund of any BC+ premiums that they paid during the retroactive Katie Beckett or SSI certification period.

32.1 Express Enrollment (EE) For Children

Policy Clarification

Under age 19 and (**Minors must** applying with a parent/guardian).

- If the child is younger than age 1, the family's gross income must be at or below 250- 300% of the Federal Poverty Level.

~~Effective 04/01/2009, there is no asset limit for Express Enrollment.~~

38.5.3 Pharmacy Services Lock-in Program

Updated per Provider Update - May 2010 No. 2010-33

See actual chapter for new policy.

40.1 Family Planning Waiver Program

Per Ops memo 10-35

This chapter was updated to include male as well as female.

40.2.2 IM Agency

New Policy

Verify she is presumptively eligible by checking the temporary FPW ID card or checking ForwardHealth interChange for a medical status code of PF, ~~PQ, PT~~ or ~~PB~~.

43.5.4 Re-enrollment

Per Ops Memo 10-23

Created Chapters 43.5.4 – 43.5.4.1

Please see actual chapters for the updates.

43.6 Past Access

Policy Clarification

Past Access

An individual who had access to employer sponsored insurance through his/her current employer (or his/her spouse's current employer) in the past 12 months is ineligible, regardless of the amount of the employer contribution, unless there is a good cause reason for not signing up for the insurance. The good cause reason only applies at the time of **application**. **There will be no good cause reasons granted at renewal if the member did not sign up for the employer sponsored insurance while he/she was enrolled in the Core Plan.**

Good cause reasons for past access at application

The individual was enrolled in a public health care benefit at the time s/he could have signed up for the employer sponsored plan. Public health care benefit includes the Health Insurance Risk Sharing Plan (HIRSP) **(the temporary high risk pool is also considered HIRSP for purposes of the waiting period)**, BadgerCare Plus Standard or Benchmark Plan, Medicaid, the Veteran's Administration (VA) or other public health care program for the uninsured.

43.6.1 Non-Financial

Policy Clarification

Cooperation with child support requirement does not apply to Core Plan members.

43.12 Core Plan Cap (Waitlist)

Per Ops Memo 10-53

Added information about the Core Plan Waitlist Bypass for Basic Members Diagnosed with Cancer

45 BadgerCare Plus Basic Plan

New chapter regarding the Basic Plan