

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
Bureau of Enrollment Policy and Systems

RE: BadgerCare Plus Release 11-01

Release Date: 03/29/11

EFFECTIVE DATE

The following policy additions or changes are effective 03/29/11 unless otherwise noted. **Yellow text** denotes new text. Text with a strike through it denotes deleted text.

Non-Financial Requirements (Chapters 2-15) > 5 Medical Support and Third Party Liability > 5.2> 5.2.1 Introduction

An introduction subsection was added. The other subsection was renumbered.

Old Text:

Note: The applicant or member is only required to cooperate if the child under their care is eligible for benefits funded under Title XIX. ~~If the child's BC+ benefit is funded through any other source (Title XXI or GPR) the caretaker relative is not required to cooperate and can not be sanctioned for non cooperation. Check the Medical Status codes to determine funding source. The CSA will monitor the child's BC+ funding source.~~

New Text:

Note: The applicant or member is only required to cooperate if the child under their care is eligible for benefits funded under Title 19 or is eligible for the Medicaid expansion category of the Children's Health Insurance Program (CHIP). If the child's BC+ benefit is funded through any other source such as Title 21 Separate CHIP or GPR (i.e., state funds) the caretaker relative is not required to cooperate and can not be sanctioned for non cooperation. Check the Medical Status codes (See 51.1) to determine funding source. The CSA will monitor the child's BC+ funding source.

Non-Financial Requirements (Chapters 2-15) > 5 Medical Support and Third Party Liability > 5.2> 5.2.2 Failure to Cooperate

Old Text:

The following individuals are not sanctioned for non cooperation:

1. Pregnant women.
2. Minors.
3. ~~Caretaker relatives, while family income is over 150% of the FPL.~~
4. Caretaker relatives while the family is in a BC+ Extension.

Non-Financial Requirements (Chapters 2-15) > 7 Health Insurance Access and Coverage Requirements > 7.2 Past Access to Health Insurance> 7.2.2 Good Cause for "Past Access"

An introduction was added to this section and two new good cause reasons were added.

New Text:

Good cause reasons for failure to enroll in an employer sponsored health insurance plan in the 12 months prior to application or review are:

1. Discontinuation of health insurance benefits by the employer;
2. During the time period when the employee failed to enroll in the health insurance coverage, one or more members of the individual's family was covered through:

- a. A private health insurance policy; or
- b. Medicaid, or BC+;

And no one in the Test Group at that time was eligible for:

- BadgerCare,
- BC+ with a family income above 150% of the FPL,
- BC+ Extension, or
- BC+ as a Pregnant Woman (not including BC+ Prenatal Care).

**Financial Requirements
(Chapters 16-24) > 16
Income > 16.2 Income
Types Not Counted>
Bullet 31**

Old Text:

31. W2 Payments for Transitional Jobs and Community Service Jobs. Do not disregard payments for Trial Jobs.

New Text:

31. W2 Payments for W-2 Transition (W-2 T), Custodial Parent of an Infant (CMC), At Risk Pregnancy (ARP), and Community Service Jobs (CSJ). Do not disregard payments for Trial Jobs.

**Program Administration
(Chapters 25-37) > 25
Application > 25.8 Begin
Dates> 25.8.1 Backdated
Eligibility> 25.8.1.1 BC+
Family Planning Only
Services**

Old Text:

~~There is no backdating for BC+ Family Planning Only Services (Chapter 40).~~

New Text:

Eligibility for FPOS begins on the first of the month of application, if all non-financial (40.4) and financial (40.5) eligibility requirements are met. FPOS may be backdated up to three months from the month of application.

**Program Coverage
(Chapters 38-47) > 38
Covered Services > 38.5
BC+ Cards> 38.5.1 BC+
Cards Introduction**

A new introduction section was added. New ForwardHealth card images were added also.

Old Text:

~~ForwardHealth cards are issued to BC+ members. These cards are plastic and display the words "ForwardHealth" on them. Members use the same ForwardHealth card each month. Monthly cards are not issued.~~

~~Each person in the family who is eligible for BC+ receives his/her own card. The cards do not display eligibility dates. All BC+ services are paid for under the BC+ ID number on the card.~~

New Text:

Different ForwardHealth cards are issued to BC+, BC+ Core and BC+ Basic members. These cards are plastic and, depending on the benefit plan, display the words:

- ForwardHealth
- ForwardHealth Core Plan
- ForwardHealth Basic Plan

Members use the same ForwardHealth card each month to receive services on a fee for service basis and/or through a managed care organization, if enrolled. Monthly cards are not issued.

Each person in the family who is eligible receives his/her own card for the Benefit Plan for which they are eligible. Members may have multiple ID cards if they have been in one or more of the plans listed above.

The cards do not display eligibility dates. Health care providers use the ID number on the front of the card to bill for services provided to the member.

**Program Coverage
(Chapters 38-47) > 38
Covered Services > 38.5
BC+ Cards > 38.5.5
Temporary Cards**

Members will know if they are eligible, and for which Benefit Plan, based on positive and negative notices sent from the IM agency. **They will also receive separate notices if enrolled in a Managed Care Organization**

The old 38.5.4 Temporary Cards section was moved to 38.5.5 and rewritten.

Old Text:

The following cards are the only paper BC+ cards:

1. ~~Green Cards~~
2. ~~Temporary Enrollment Cards issued by the TE provider.~~

38.5.4.1 Green Cards

~~The fiscal agent does not issue temporary cards. The IM Agency issues them. Each agency must issue a temporary card if the member does not already have a Forward Health card and needs health care within the two to three days before s/he receives one in the mail. The green temporary card is the only way the member may be able to receive services without having to pay out-of-pocket, since eligibility is not on ForwardHealth interChange yet for the provider to verify.~~

~~Order the green temporary BC+ ID card stock from:~~

~~Medicaid Eligibility Maintenance
P.O. Box 7636
Madison, WI 53707-7636
Phone: (608) 221-4746
Fax: (608) 221-0885~~

~~When ordering, indicate the agency, contact person, and number of blank cards desired.~~

~~Include the following on each temporary ID card you issue:~~

1. ~~BC+ ID number.~~
2. ~~Agency code.~~
3. ~~Medical status code.~~
4. ~~Member's full name.~~
5. ~~Member's date of birth.~~
6. ~~Member's sex (M or F).~~
7. ~~Member's address.~~
8. ~~Valid dates: Do not use future dates beyond the current benefit month.~~
9. ~~Other insurance coverage. If private insurance, include the name. If Medicare, include the Medicare number as it appears on the member's Medicare card with "A" for Part A and/or "B" for Part B.~~

~~Do not issue a temporary card to members who would not normally receive a ForwardHealth card. Members in the following categories do not get a Forward Health card, so should not be issued temporary cards:~~

1. ~~AE - Immigrant Emergency services. No card is necessary because only services directly related to the emergency are reimbursable by BC+.~~
2. ~~Medicare Premium Assistance Programs (for members who are not eligible for Medicaid or BadgerCare+)~~
 - a. ~~SB - SLMB only~~
 - b. ~~SLMB+ - Qualified individual, group 1~~
 - c. ~~QW - QDWI~~

New Text:

**Program Coverage
(Chapters 38-47) > 38
Covered Services > 38.5
BC+ Cards > 38.5.6.
Lost/Stolen Cards**

With implementation of the ForwardHealth ID card, temporary ID cards are no longer used or available for ordering from HP.

The old 38.5.5 Lost/Stolen Cards section was moved to 38.5.6 and rewritten.

Old Text:

If a member needs a replacement card, s/he or an *authorized representative*, should call Member Services at 1-800-362-3002. A new ForwardHealth card will be issued and will be sent out the following business day. The 16-digit number on the card is unique to each card. If a new card is issued, it will have a new card number to help prevent fraud and monitor card stock.

Replacement cards are issued automatically when:

1. The member's name changes.
2. The card was returned as undeliverable and the member's address changes.

A replacement for any other reason must be requested through Member Services, 1-800-362-3002.

You cannot request replacement cards using a F-10110 (formerly DES 3070) or CARES.

New Text:

If a member needs a replacement card, s/he or an *authorized representative*, can request a replacement card by:

1. Going to [ACCESS](#)
 - Create a [MyACCESS Account](#), then
 - Go to your [MyACCESS Page](#) and select a new ForwardHealth Card, or
2. Contacting Member Services at 1-800-362-3002.

Workers may also log into the [Partner Portal](#) and select "Replacement ID Card Request" under the Quick Links on the right side of the page.

If the member has multiple benefit ID cards, there will be a choice of which ID card to request. A new ForwardHealth card will be created the evening of the request and will be sent out the following business day.

Replacement cards are issued automatically when the card has been returned as undeliverable and the member's address changes.

You cannot request replacement cards using a F-10110 (formerly DES 3070) or CARES.

**Program Coverage
(Chapters 38-47) > 38
Covered Services > 38.7
Impact on Dual Eligible
Individuals**

This new section was added.

New Text:

Individuals who are enrolled in Medicare (Part A and/or B) and are eligible for BadgerCare Plus under a Title 19 (Medicaid) funded Med Stat Code (51.1), are referred to as Dual Eligible individuals. Since January 1, 2006, Medicaid does not provide prescription drug coverage for these individuals. Instead these individuals receive prescription drug coverage through Medicare Part D.

These Dual Eligible individuals are deemed eligible for "Extra Help" from CMS to help pay for their Medicare Part D drug costs.

A Medicare Part D Preferred Drug Plan (PDP) card will be issued to them and it must be used for prescription drugs instead of their Forward Card.

For more information on Medicare Part D, see:

<http://www.medicare.gov/navigation/medicare-basics/medicare-benefits/part-d.aspx>

**Program Coverage
(Chapters 38-47) > 40
Family Planning Only
Services (FPOS) > BC+
40.9 BC+ FPOS Extension
Phase**

Old Text:

An FPOS member enters into a FPOS extension phase if any of the following occur:

1. A change is reported at any time during the 12-month certification period in income or household composition that results in income that exceeds the FPOS income limit.
2. If 60 days after the birth of a BC+ member's baby she is no longer eligible for BC+, she will be placed into a FPOS extension.

New Text:

An FPOS member enters into a FPOS extension phase if a change is reported at any time during the 12-month certification period in income or household composition that results in income that exceeds the FPOS income limit.

**Program Coverage
(Chapters 38-47) > 43
BadgerCare Plus Core
Plan > 43.3 BC+ Core
Plan Administration>
43.3.2 Agency
Responsibility - ESC and
County**

New Text:

This new subsection was added.

43.3.2 Agency Responsibility - ESC and County

Family Planning Only Services (FPOS) / FoodShare (FS)	ESC	County
FoodShare request for a FS case closed less than 30 days. Case had been open through the county.	No action	Case is reopened at the county.
Member is open for FS/FPW on a County case. Wants to be put on waitlist. (This includes situations where a child has aged out of BCPC and the parent is no longer BPCA eligible.)	Member to contact ESC or go to ACCESS AFB to be put on waitlist	Case remains with the County.
FoodShare closed less than 30 days and had been open at ESC.	Case is reopened at the ESC.	No action
Member is open for FoodShare in county and requests Family Planning Only Services.	Case pulled into the ESC and application processed at ESC.	No action
Member is on waitlist and enrolled in the Basic plan. A new FS application is submitted.	Application processed at ESC	No action
EBD/LTC Medicaid	ESC	County

New EBD MA application or MADA submitted to the county. Member is open for FS/FPW on an ESC case. No open Core Plan enrollment (may be on waitlist)	No action	Case pulled into county for processing EBD application or MADA.
New EBD application or MADA submitted to the county. Member is enrolled in Core.	EBD application/MADA processed by the ESC.	No action
Member on an unmet deductible, not eligible for Medicare, on a county case. Wants to be put on waitlist.	Member must contact the ESC or go to ACCESS to be put on the waitlist.	Case remains with the County.
Member is the primary person on an ESC case. Member and Spouse are open for Core and FS. Member is requesting LTC Medicaid.	ESC creates a companion case for the spouse's Core Plan enrollment.	Existing case is pulled into the county where LTC is processed for the PP.
Member's spouse is the PP on an ESC Case. Member and spouse are open for Core and FS. Member is requesting LTC Medicaid.	Existing case remains with the ESC.	County creates a companion case for the Member's LTC.
Member on the waitlist and enrolled in the Basic plan. Member is requesting Long Term Care Medicaid.	No action	Case pulled into county for processing the LTC case.
New health care application submitted through ACCESS, where applicant answered "No" to the "unable to work?" Question, and "No" to the "official determination of disability" question, and the application was routed to the county.	Note: Individual may contact ESC to enroll in Basic.	County will process the application along with the MADA, PD and/or MAPP disability application.
BadgerCare Plus		
	ESC	County
Reported change creates BC+ Premium due on case that formerly met ESC criteria.	Collect premium and determine eligibility/issue benefits.	No action (case will be transferred upon completion by ESC)
Reported change makes case eligible for BC+ standard or benchmark	Collect necessary verification and determine eligibility/issue benefits.	No action (case will be transferred upon completion by ESC)

Tables (Chapters 48-52) >
48.1 Premiums > 48.1.3
Premiums for groups with

The Self Employed Premiums table was updated with the new premiums first published in Ops Memo 11-04.

Self Employment Income

Tables (Chapters 48-52) >
51 BC+ Medical Status
Codes > 51.1 BadgerCare
Plus Medical Status
Codes

New Text:

Med Stat	Description	Income (FPL)	BC+ Plan	Subject to Co-Pay	Premium	Funding
BA	Pregnant Woman	0 - 100%	Standard	No	No	T19
AB	Pregnant Woman	>100 - 200%	Standard	No	No	T19
BB	Pregnant Woman	>200 - 250%	Benchmark	No	No	T19
AA	Pregnant Woman	>250 - 300%	Benchmark	No	No	T19
PS	Pregnant Woman <i>Deductible</i>	> 300%	Benchmark	No	No	State Funded
PM	Pregnant minor under age 19	>300%	Benchmark	Yes	Yes	State Funded
TP	Pregnant minor under age 19 who is a tribal member	>200 - 250%	Benchmark	No	No	T19
TB	Pregnant Minor under age 19 who is a tribal member	>250 - 300%	Benchmark	No	No	T19
PA	Non-qualifying pregnant alien	>250 - 300%	Benchmark	No	No	T21 Separate CHIP
BE	Child under age 19	0 - 100%	Standard	No	No	T19
BJ	Child under age 6	>100 - 150%	Standard	No	No	T19
BF	Child age 6 through 18	>100 - 150%	Standard	Yes	No	T21
C1	Child < age 1	>150 - 200%	Standard	Yes	No	T19
C2	Child < age 1	>200 - 250%	Benchmark	Yes	Yes	T19
BC	Child age 1 through 5	>150 - 185%	Standard	Yes	No	T19
C3	Child age 1 through 5	>185 - 200%	Standard	Yes	No	T21 Separate CHIP
BG	Child age 6 through 18	>150 - 200%	Standard	Yes	No	T21 Separate CHIP
BH	Child age 1 through 18	>200 - 250%	Benchmark	Yes	Yes	T21 Separate CHIP
TK	Child age 1 through 18 who is a tribal member	>250 - 300%	Benchmark	No	No	T21 Separate CHIP
TC	Child under age 19 who is a tribal member	>200 - 250%	Benchmark	No	No	T21 Separate CHIP

TF	Child age 1 through 5 who is a tribal member	>185% - 200%	Standard	No	No	T21 Separate CHIP
TG	Child age 6 through 18 who is a tribal member	>150% - 200%	Standard	No	No	T21 Separate CHIP
BI	Child under age 1	>250% - 300%	Benchmark	Yes	Yes	T19
BI	Child age 1 through 18	>250% - 300%	Benchmark	Yes	Yes	T21 Separate CHIP
BI	Child under age 19	> 300%	Benchmark	Yes	Yes	State Funded
BK	Child, under age 19 deductible	> 150%	Standard	Yes	No	State Funded
BL	Parents/Caretakers	0 - 100%	Standard	Yes	No	T19
BM	Caretakers	>100 - 130%	Standard	Yes	No	T19
5B	Caretakers	>130 - 150%	Standard	Yes	No	T19
BN	Caretakers	>150 - 200%	Standard	Yes	Yes	T19
1B	Parents	>100 - 130%	Standard	Yes	No	T19
2B	Parents	>130 - 150%	Standard	Yes	No	T19
3B	Parents	>150 - 200%	Standard	Yes	Yes	T19
B8	Parents/Caretakers/Eligible for Community Waivers	>150 - 200%	Standard	Yes	Yes	T19
BO	Caretakers (Self employed & Farmers)	>200%	Benchmark	Yes	Yes	T19
4B	Parents (Self employed & Farmers)	>200%	Benchmark	Yes	Yes	T19
BY	Youths exiting out of home care	N/A	Standard	Yes	No	T19
BP	Transitional Grandfathering (Prev. elig. under MA or BC up to 130%)	0 - 130%	Standard	Yes	No	T19
BQ	Transitional Grandfathering (Prev. elig. under BC with income >130 - 150%)	>130 - 150%	Standard	Yes	No	T19
BR	Transitional Grandfathering (Prev. elig. under BC with income >150% - 200%)	>150 - 200%	Standard	Yes	Yes	T19
B9	Transitional Grandfathering (Prev. elig. under BC with income >150% - 200%) Eligible for Community Waivers	>150 - 200%	Standard	Yes	Yes	T19
BS	Nonqualifying Pregnant Alien	0 - 200%	Standard	No	No	T21 Separate CHIP
BT	Nonqualifying Pregnant Alien	>200 - 250%	Benchmark	No	No	T21 Separate CHIP

BX	Pregnant Inmate	0 - 200%	Standard	No	No	State Funded
BZ	Pregnant Inmate	>200 - 300%	Benchmark	No	No	State Funded
BU	Temporary Enrollment for a Child	0 - 150%	Standard	No	No	T19
EC	Temporary Enrollment for a Child <age 1	<300%	Standard	No	No	T19
BV	Temporary Enrollment for a Pregnant Woman	0 - 200%	Standard	No	No	T19
BW	Temporary Enrollment for a Pregnant Woman	>200 - 250%	Benchmark	No	No	T19
EP	Temporary Enrollment for a Pregnant Woman	>250 - 300%	Benchmark	No	No	T19
N1	CEN - Mom in SP or MA on DOB	0 - 100%	Standard	No	No	T19
N4	CEN - Mom in SP or MA on DOB	>100 - 200%	Standard	Yes	No	T19
N3	CEN - mom in BMP on DOB	>200%	Benchmark	Yes	No	T19
NC	Child under age 19 Residing in a medical institution.	≤200%	Standard	No	No	T19
X6	Earnings Extension - 12 Mo	> 100%	Standard	Yes	No	T19
X7	Child Support Extension - 4 Mo	> 100%	Standard	Yes	No	T19
X8	Earnings extension - 12 mo, child under 19	>100%	Standard	No	No	T19
X9	Earnings extension - 4 mo, child under 19	>100%	Standard	No	No	T19
AE*	IRCA- Alien; Emergency-Services-Only	≤300%	Emergency-Service-Only	N/A	No	T19
FS	Family Planning Services	≤300%	FPS Services Only	N/A	No	T19