

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: Rich Albertoni, Director
Bureau of Enrollment Policy and Systems

RE: BadgerCare Plus Release 11-02

Release Date: 05/19/11

EFFECTIVE DATE

The following policy additions or changes are effective 05/19/11 unless otherwise noted. **Yellow text** denotes new text. Text with a strike through it denotes deleted text.

**Program Administration
(Chapters 25-37) > 26
Review > 26.1 Reviews>
26.1.2 Administrative
Renewals**

Information from Ops Memo 11-21 was added to this new subsection. The changes are too numerous to list. The changes are effective May 1, 2011.

**Program Administration
(Chapters 25-37) > 26
Review > 26.2 Choice of
Review**

New Text:

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.
4. ACCESS (<https://access.wisconsin.gov/access/>)

**Program Coverage
(Chapters 38-47) > 43
BadgerCare Plus Core
Plan > 43.9 BC+ Core
Plan Renewals**

New Text:

All Core Plan members must complete a renewal by the last day of the 12-month *certification period* in order to stay enrolled without any lapse in coverage. In order to avoid any lapse in enrollment, a complete renewal must be submitted by the 5th of the month. **If a renewal is submitted in the 13th month, the member can re-enroll as long as all requirements are met by the last day of the 13th month or 10 days after requesting verification and/or the fee payment whichever is later. When a renewal is submitted in the 13th month the member will have a gap in enrollment. The new enrollment date will be the next 1st or 15th of the month after all eligibility requirements are met and eligibility has been confirmed.**

Example 3: John's Core Plan Renewal was due on 4/30/11. On 5/7/11 he submitted an online renewal. He paid the application processing fee and completed his HNA on 5/10/11. Verification of income was requested on 5/11/11 and he submitted all verification on 5/17/11. The Core plan was confirmed on 5/27/11. His new enrollment date is 6/1/11. John has a gap in enrollment from 5/1/11 through 5/31/11.

Example 4: Margaret's Core Plan Renewal was due on 4/30/11. She submitted her online renewal on 5/30/11. A request for the fee payment was sent on 5/30 with a due date of 6/9/11. Margaret paid her fee and completed her HNA on 6/6/11. A request for verification of income was sent on 6/7/11. She submitted the verification on 6/16/11. Her Core plan enrollment was confirmed on 6/18/11. Her new enrollment date is 7/1/11. Margaret has a gap in coverage from 5/1/11

through 6/30/11.

**Program Coverage
(Chapters 38-47) > 45 BC+
Basic Plan > 45.1
BadgerCare Plus Basic
Introduction**

Information from Ops Memo 11-11 was added to Ch. 45.

New Text:

Effective March 19, 2011

45.1.1 Introduction

Wisconsin's BadgerCare Plus Basic Plan (Basic Plan) was implemented July 1, 2010 as a self-funded plan intended to provide BadgerCare Plus Core Plan Waitlist members with access to limited health care benefits until space became available in the Core Plan.

As a self-funded plan the administrative and benefit costs must be paid through premium collections from members.

45.1.2 BC+ Basic Enrollment Ending

Because revenue collected through premium payments were not sufficient to cover the cost of the program, effective March 19, 2011, new enrollment in the Basic Plan closed.

If a member loses Basic Plan coverage for any reason, such as non-payment of premium, eligibility for other health care coverage, failure to supply verification, etc., s/he will not be allowed to re-enroll.

**Program Coverage
(Chapters 38-47) > 45 BC+
Basic Plan > 45.2
Badgercare Plus Basic
Eligibility Ending**

New Text:

Effective March 19, 2011

45.2.1 BC+ Basic Eligibility Ending Introduction

Effective March 19, 2011, requests to enroll in the Basic Plan will be denied because new enrollment in the program has been closed. See [45.1.2 BC+ Basic Enrollment Ending](#).

45.2.2 Core Plan Waitlist Bypass Ending

Although DHS has federal authority to allow Basic Plan members with certain medical conditions to bypass the Core Plan waitlist and apply for coverage, the DHS is not required to do so. Enrollment in the Core Plan through the Waitlist Bypass program ended effective March 19, 2011.

**Program Coverage
(Chapters 38-47) > 45 BC+
Basic Plan > 45.3
BadgerCare Plus Basic
Enrollment Process**

New Text:

Effective March 19, 2011

45.3.1 Introduction and Premiums

New enrollment in the BC+ Basic program has ended effective March 19, 2011. See [45.1.2 Enrollment Ending](#).

The Enrollment Services Center (ESC) will be responsible for the administration of the Basic Plan. There is no *application* for the Basic Plan. Anyone who applies for

the Core Plan and is put on the Waitlist will receive instructions on how to enroll in the Basic Plan with an initial premium payment slip (See Notification to Waitlist Members). Once the \$200 initial premium is paid, s/he will be enrolled in the Basic Plan. Initial premium payments can be made by credit card, debit card, electronic check, personal check, cashier check, certified check or money order via:

1. Using ACCESS to pay online with a credit card, debit card or electronic check;
2. Calling the ESC to pay online with a credit card, debit card or electronic check; or
3. Mailing their \$200 premium payment with the payment slip to the address on the payment slip. (Please note: credit card or debit card information can also be provided on the payment slip. These payments will be made by the ESC fiscal staff using the ePayment Administrative Site.)

There is no other application process for the Basic Plan. No paper applications designed as applications for other BadgerCare Plus or Medicaid programs will be accepted and processed as a Basic Plan application. There is no signature required to enroll in the Basic Plan. An SSN is required before a Basic Plan enrollment request can be processed. If an individual on the Waitlist makes the initial premium payment online, s/he will not be able to complete the process without entering an SSN if one was not provided when the individual applied for the Core Plan.

45.3.2 Ongoing Coverage

In order to stay enrolled in the Basic Plan, members must submit a \$200 monthly premium payment by the 5th of each month for the next month's coverage. The premium increased from \$130 to \$200 effective with the premium due May 5th for June benefits. A payment slip will be mailed to the member on or around the 20th of the month before their next premium payment is due. The member can make their ongoing premium payment using the same methods as making their initial premium payment. If using ACCESS, the member will be able to pay from the 20th of the current month to the 10th of the next month. The payment must be received before *Adverse Action* in order to remain eligible for the next month.

45.3.3 Restrictive Re-Enrollment Period (RRP)

Effective March 19, 2011, there is no longer a Restrictive Re-Enrollment Period. If a member loses Basic Plan coverage for any reason, such as non-payment of premium, eligibility for other health care coverage, failure to supply verification, etc., s/he will not be allowed to re-enroll.

**Program Coverage
(Chapters 38-47) > 45 BC+
Basic Plan > 45.4
BadgerCare Plus Basic
Notification**

New Text:

Effective March 19, 2011

Effective March 19, 2011, requests to enroll in the Basic Plan will be denied because new enrollment in the program has been closed. See [45.1.2 Enrollment Ending](#).

**Program Coverage
(Chapters 38-47) > 45 BC+
Basic Plan > 45.5
BadgerCare Plus Basic
Enrollment Termination**

Old Text:

~~Enrollment in the Basic Plan is triggered by the initial premium payment. The date the initial premium payment is received determines when coverage will begin. Enrollment always begins on the first of the month.~~

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If payment is made between the 1st of the month and 4:30 p.m. on the 15th of the month, coverage starts on the first of the next month.
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If payment is made after 4:30 p.m. on the 15th and by the last day of the month, coverage is delayed by one month.

Example: If the Basic Plan initial premium payment is received between June 1st and June 15th at 4:30 p.m., coverage will begin on July 1st. If the initial premium is received between June 15th at 4:30 p.m. and June 30th at 4:30 p.m., coverage will begin on August 1st.

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

New Text:

TC	Child age 1 through 18 who is a tribal member	>200 - 250%	Benchmark	No	No	T21 Separate CHIP
EX	Temporary Enrollment for a Child ages 1 through 5	>150 - 185%	Standard	No	No	T19
EC	Temporary Enrollment for a Child <age 1	<200%	Standard	No	No	T19
EZ	Temporary Enrollment for a Child <age 1	>200 - 300%	Benchmark	No	No	T19
CU	Childless Adults CORE Plan	0 - 100%	CORE Benefit Plan	Yes	No	T19
CO	Childless Adults CORE Plan	>100 - 200%	CORE Benefit Plan	Yes	No	T19
XA	Childless Adults Basic Plan	0 - 200%	Basic Benefit Plan	Yes	Yes	State Funded