

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

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To: BadgerCare Plus Eligibility Handbook Users

From: Rich Albertoni, Director  
Bureau of Enrollment Policy and Systems

RE: BadgerCare Plus Release 11-03

Release Date: 11/29/11

**EFFECTIVE DATE**

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

**Non-Financial Requirements (Chapters 2-15) > 4 Citizenship and Immigration Status > 4.2 Documenting Citizenship and Identity > 4.2.2 Reasonable Opportunity Period**

This section was removed based on changes made in [Ops Memo 09-23](#).

**~~4.2.2 Reasonable Opportunity Period~~**

~~All applicants and members must be given a reasonable period of time to present documents establishing that they are a U.S. citizen or national, and their identity. This newly designated time frame for purposes of citizenship and identity documentation is called the "reasonable opportunity period."~~

~~4.2.2.1 Applicants~~

~~An individual applying for BC+ currently receives the 30-day application processing period as the reasonable opportunity period in which to provide valid citizenship and/or identification verification. However, the reasonable opportunity period can be extended if s/he is trying to provide the necessary documentation, or has requested assistance from the IM worker. His/her application filing date will be honored if the necessary documentation is ultimately obtained. Unlike the policy for members, eligibility for BC+ is not granted to applicants until the requirement is met.~~

~~4.2.2.2 Members~~

~~The "reasonable opportunity period" for members begins when they are notified of the new requirement. At or about the same time that they are notified of their upcoming review, they will receive the newly developed Citizenship Documentation Requirement letter (English), (Spanish). This reasonable opportunity period starts with the receipt of the letter and ends at the end of the review month. As such, the reasonable opportunity period for members will be about forty-five days. Members making a [good faith effort](#) to secure the necessary documentation, but who are unable to do so during the reasonable opportunity period, may have their BC+ eligibility extended, even though the documentation requirement has not been satisfied.~~

~~If the member requests it, the IM worker must provide assistance to secure the necessary documentation. BC+ eligibility may continue for as long as the member is deemed by the IM worker to be making a good faith effort to comply.~~

**Non-Financial Requirements (Chapters 2-15) > 4 Citizenship and Immigration Status > 4.2**

This section was removed based on changes made in [Ops Memo 09-23](#).

**~~4.2.3 Good Faith Effort~~**

## Documenting Citizenship and Identity> 4.2.3 Good Faith Effort

The "good faith effort" policy for the citizenship and identity documentation requirements provides more time during which the member can provide the necessary verification to meet this new requirement. This policy allows for the extension of the reasonable opportunity period without jeopardizing the original filing date or review date.

By "good faith effort" we mean the individual is taking steps to obtain the necessary documentation and has notified his/her worker of such efforts or has requested assistance from the worker to obtain the necessary documentation.

Utilizing the "good faith" policies for applicants and members does not impact an agency's timeliness performance that is reported to the state. Any cases that have a verification extension are not considered untimely until the extension date is past due with no final action taken by the worker. It is possible to provide several back to back extensions without a timeliness penalty as long as the worker takes action at the end of each extension period.

### 4.2.3.1 For New BC+ Applicants

The application processing period can be extended to allow an applicant who is making a good faith effort to supply the required documentation. The IM worker must provide assistance to secure the necessary documentation if the applicant requests it. When the applicant provides the documentation, the IM worker must run eligibility from the original application filing date.

**Example 1:** Mary applies for BC+ for herself and son on August 15, 2008. She has all of the necessary verification items for her son but does not have a copy of her Florida birth certificate. Her son's BC+ eligibility can be confirmed. Mary's worker enters the appropriate codes to pend BC+ eligibility for Mary. On September 5th, Mary informs her worker that she has contacted Florida and will receive a copy of her birth certificate in 3 to 4 weeks. Mary's worker extends the verification due date another 4 weeks to allow Mary to comply with the new requirement. Mary presents her worker with her birth certificate on September 29th. The worker enters <BC> in the MA Citizenship verification field, runs eligibility and confirms Mary's BC back to the original application date of August 15th.

Once an applicant supplies the documentation, certify his/her eligibility from the original filing date on the application. Under no circumstances, however, should applicants be certified as eligible for program benefits before the citizenship and identity documentation requirement is satisfied.

### 4.2.3.2 For Ongoing BC+ Members

Members making a good faith effort to secure the necessary documentation, but who are unable to do so during the reasonable opportunity period, may have their BC+ eligibility extended, even though the documentation requirement has not been satisfied. If the member requests it, the IM worker must provide assistance to secure the necessary documentation. BC+ eligibility may continue for as long as the member is deemed by the IM worker to be making a good faith effort to comply.

**Example 2:** Ben completes his BC+ review on September 5th. The only item he was not able to verify was his citizenship. He was born in Washington but does not have a copy of his birth certificate. Ben calls his worker Tom on September 15th and tells him that his father who still lives in Washington, will mail him his birth certificate. Because Ben has been communicating with Tom, Tom enters <GF> in the MA Citizenship verification field with <GF> for Good Faith effort, runs eligibility and confirms the case. Tom then goes back and pends the BC+ eligibility by entering a <?> in the MA Citizenship verification field to allow Ben

~~additional time to provide the necessary documentation. Ben presents the birth certificate to Tom on October 15th. Tom changes the <?> code to <BC>, runs eligibility and confirms Ben's BC+ eligibility.~~

~~**Note:** Presumptive Eligibility members are not considered members for purposes of citizenship verification. Therefore someone applying for ongoing BadgerCare Plus or Family Planning Services after a presumptive eligibility period must be treated as an applicant and cannot be made eligible until the documentation has been provided.~~

**Non-Financial Requirements (Chapters 2-15) > 5 Medical Support and Third Party Liability > 5.1 Medical Support > 5.1.2 Referral to CSA**

**Old Text:**

Child receiving SSI only if the caretaker relative requests child support services for the child. Do not sanction this caretaker relative if s/he does not cooperate with the CSA.

**New Text:**

Child receiving SSI only if the **parent or** caretaker relative requests child support services for the child. Do not sanction this **parent or** caretaker relative if s/he does not cooperate with the CSA.

**Non-Financial Requirements (Chapters 2-15) > 5 Medical Support and Third Party Liability > 5.6 Casualty Claim Process (Subrogation)**

**Old Text:**

Members must report any cash award or settlement due to an accident or injury if BadgerCare Plus paid for part or all of the care received as a result of the accident or injury. Members must also report if s/he has hired an attorney or is working with an insurance agency to settle an accident or injury claim.

1. If a member reports a claim and is:
  - a. getting Supplemental Security Income (SSI)  
or
  - b. lives in Clark, Douglas, Eau Claire, Fond du Lac, Green Lake, Juneau, LaCrosse, Lincoln, Marinette, Rock, Trempealeau, Vilas, Walworth, Waushara or Winnebago County,

s/he must report the accident or injury case to the Casualty Recovery Unit at :

~~Casualty Recovery  
— Bureau of Program Integrity  
— P.O. Box 6220  
— Madison WI 53716-0220~~

~~— Telephone: (608) 221-4746 ext. 80062  
— Fax: 608-221-4567~~

2. ~~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.~~

**New Text:**

Members must report any cash award or settlement due to an accident or injury if BadgerCare Plus paid for part or all of the care received as a result of the accident or injury. Members must also report if s/he has hired an attorney or is working with an insurance agency to settle an accident or injury claim.

1. If a member reports a claim and is:
  - a. getting Supplemental Security Income (SSI)
  - or
  - b. on the date of the accident or injury, lived in Clark, Douglas, Eau Claire, Fond du Lac, Green Lake, Juneau, La Crosse, Lincoln, Marinette, Milwaukee, Rock, Sheboygan, Trempealeau, Vilas, Walworth, Waushara or Winnebago County,

s/he must report the accident or injury case to the Casualty Recovery Unit at :

WI Casualty Recovery - HMS  
 5615 Highpoint Dr., Suite 100  
 Irving, TX 75038-9984

Telephone: (877)391-7471  
 Fax: (469)359-4319  
 e-mail: wicasualty@hms.com  
 Website: <http://www.wicasualty.com/wi/index.htm>

If the member is enrolled in an HMO or MCO they must also report the accident or injury to that organization.

2. All other Medicaid members should report in person or phone their local agency and any HMO or MCO that may have provided services, before the case is settled. Members should include the date of the accident and any insurance/attorney information.

**Non-Financial Requirements (Chapters 2-15) > 11 Youths Exiting Out of Home Care > 11.1 Out of Home Care**

**New Text:**

IM agencies must develop a procedure with their local Child Welfare agencies to ensure that whenever a child is losing Foster Care MA eligibility, a separate re-determination of MA eligibility is completed by the IM agency before Foster Care MA is terminated. The only exception to this requirement is when a child dies or leaves Wisconsin.

As part of the plan, it is expected that the Child Welfare agency will extend MA eligibility, using the Foster Care medical status code, until a re-determination of MA eligibility is done by the IM agency. A formal communication process must be established to assure IM agencies are made aware of all children leaving the Foster Care system, and provided with information necessary to re-determine eligibility.

If the IM agency does not have sufficient information to re-determine MA eligibility, the agency must request needed information from the individual or family. If the individual or family does not comply with a request for information after 30 days, MA can be terminated with adverse action notice, since the family has a responsibility to cooperate during a re-determination.

**Financial Requirements (Chapters 16-24) > 18 BC+ Extensions > 18.1 BC+ Extensions**

**Old Text:**

However, if a family is also moving out of the State of Wisconsin at the time of the income increase, they would not be eligible for the extension. While on the extension, the member is covered under the standard plan without a premium and is not subject to the insurance access and coverage requirements.

**New Text:**

However, if a family is also moving out of the State of Wisconsin at the time of the income increase, or if a case closes for lack of review or verification and then later re applies, they would not be eligible for the extension. While on the extension, the member is covered under the standard plan without a premium and is not subject to the insurance access and coverage requirements.

**Financial Requirements  
(Chapters 16-24) > 19  
Premiums > 19.1 BC+  
Premiums**

**New Text:**

1. Tribal members, the son or daughter of a tribal member, the grandson or granddaughter of a tribal member, or anyone otherwise eligible to receive Indian Health Services. (See [51.1 BC+ Med Stat Codes](#)), and
2. Children who are tribal members or who are the son or daughter of a tribal member and eligible for Title 21-funded (separate CHIP) BadgerCare Plus. The following table outlines which populations are exempt from premiums:

	<b>BC+ Premium Exemption</b>
<b>American Indian Groups</b>	
<b>Tribal Members eligible under Medicaid</b>  BC+ Adults >150% Federal Poverty Level (FPL)  BC+ age 0-1 >200 - 300% FPL	Yes
<b>Tribal Members eligible under CHIP</b>  BC+ age 1-18 >200 - 300% FPL	Yes
<b>Son or Daughter of a Tribal Member (Medicaid)</b>  BC+ Adults >150% FPL  BC+ age 0-1 >200 - 300% FPL	Yes
<b>Son or Daughter of a Tribal Member (CHIP)</b>  BC+ age 1-18 >200 - 300% FPL	Yes
<b>Grandchild of a Tribal Member and others eligible to use IHS (Medicaid)</b>  BC+ Adults >150% FPL  BC+ age 0-1 >200 - 300% FPL	Yes
<b>Grandchild of a Tribal Member and others eligible to use IHS (CHIP)</b>  BC+ age 1-18 >200 - 300% FPL	No

Financial Requirements  
(Chapters 16-24) > 19  
Premiums > 19.10  
Premium Changes>  
19.10.2 Increased  
premium amount>  
19.10.2.1 Person adds:

**Old Text:**

- Mail: HP Enterprise Services—  
P.O. Box 7636—  
Madison, WI 53707

**New Text:**

- Mail: ForwardHealth iChange  
P.O. Box 7636  
Madison, WI 53707-7636  
Fax: (608) 221-8815

Program Coverage  
(Chapters 38-47) > 38  
Covered Services > 38.6  
Good Faith Claims>  
38.6.4 Process

**Old Text:**

HP Enterprise Services  
Good Faith Unit  
P.O. Box 6215  
Madison, WI 53784

**New Text:**

Forward Health iChange  
P.O. Box 7636  
Madison, WI 53707-7636  
Fax: (608) 221-8815

Program Coverage  
(Chapters 38-47) > 39  
Emergency Services >  
39.2 Determining if an  
Emergency Exists> 39.2.1  
Determining eligibility

**Old Text:**

The F-10110 may be submitted to the fiscal agent in the following ways:

4. Mail: HP Enterprise Services  
P.O. Box 7636  
Madison, WI 53707

**New Text:**

The F-10110 may be submitted to the fiscal agent in the following ways:

1. Mail: Forward Health iChange  
P.O. Box 7636  
Madison, WI 53707-7636

Program Coverage  
(Chapters 38-47) > 43  
BadgerCare Plus Core  
Plan > 43.4 BC+ Core  
Plan Application> 43.4.1  
How to Apply

**Old Text:**

Applicants will be able to request BadgerCare Plus Core Plan online or by phone.

**New Text:**

Applicants will be able to request BadgerCare Plus Core Plan online, **in person**, or by phone.

Program Coverage  
(Chapters 38-47) > 43  
BadgerCare Plus Core  
Plan > 43.4 BC+ Core  
Plan Application> 43.4.2

**Old Text:**

The application processing fee is waived for applicants who are eligible for Indian Health Services.—

**New Text:**

**Application Processing Fee > 43.4.2.1 Waiver of Application Fee**

**Tribal Members**

The application processing fee is waived for tribal members, the son or daughter of a tribal member, the grandson or granddaughter of a tribal member, or anyone otherwise eligible to receive Indian Health Services.

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

**Old Text:**

A complete renewal consists of:

- Providing updated information by phone or through ACCESS

**New Text:**

A complete renewal consists of:

- Providing updated information by phone, **in person**, or through ACCESS

**Program Coverage (Chapters 38-47) > 45 BC+ Basic Plan > 45.3 BadgerCare Plus Basic Enrollment Process > 45.3.1 Introduction and Premiums**

**Old Text:**

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.)

**New Text:**

New enrollment in the BC+ Basic program has ended effective March 19, 2011. See [45.1.2 Enrollment Ending](#). **Effective August 5th 2011 (For September benefits), the premium was increased to \$250 from \$200.**

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 \$250 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 \$250 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.)

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

**Old Text:**

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.

**New Text:**

In order to stay enrolled in the Basic Plan, members must submit a \$250 monthly premium payment by the 5th of each month for the next month's coverage. The premium increased from \$200 to \$250 effective with the premium due August 5th for September benefits in 2011. 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 the 15th in order to remain eligible for the next month.

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

Changes from [Ops Memo 11-34](#) were added to this table of Medical Status Codes. Many codes were renamed.

**New Text:**

Effective 08-01-11

51.1 BADGERCARE PLUS MEDICAL STATUS CODES

For a complete list of Medical Status Codes see Process Help [Chapter 81 Forward Health Change](#)

Med Stat	Description	Income (FPL)	BC+ Plan	Subject to Co-Pay	Premium
BA	Pregnant Woman	0 - 100%	Standard	No	No
AB	Pregnant Woman	>100 - 200%	Standard	No	No
BB	Pregnant Woman	>200 - 250%	Benchmark	No	No
7E	Pregnant Woman	>250 - 300%	Benchmark	No	No
PS	Pregnant Woman Deductible	> 300%	Benchmark	No	No
PM	Pregnant minor under age 19	>300%	Benchmark	Yes	Yes
7P	Pregnant minor under age 19 who is a tribal member	>200 - 300%	Benchmark	No	No
7X	Non-qualifying pregnant alien	>250 - 300%	Benchmark	No	No
BE	Child under age 19	0 - 100%	Standard	No	No
6L	Child under age 6	>100 - 133%	Standard	No	No
BF	Child age 6 through 18	>100 - 150%	Standard	Yes	No
7H	Child < age 1	>150 - 200%	Standard	Yes	No
7P	Child < age 1	>200 - 250%	Benchmark	Yes	Yes
7I	Child age 1 through 5	>150 - 185%	Standard	No	No
CJ	Child age 1 through 5	>185 - 200%	Standard	Yes	No
7J	Child under age 6	>133 - 150%	Standard	No	No
6C	Child age 6 through 18	>150 - 200%	Standard	Yes	No
BH	Child age 1 through 18	>200 - 250%	Benchmark	Yes	Yes
7Z	Child age 1 through 18 who is a tribal member	>250 - 300%	Benchmark	No	No
7C	Child age 1 through 18 who is a tribal member	>200 - 250%	Benchmark	No	No
7F	Child age 1 through 5 who is a tribal member	>185% - 200%	Standard	No	No
7G	Child age 6 through 18 who is a tribal member	>150% - 200%	Standard	No	No
7H	Child under age 1	>250% - 300%	Benchmark	Yes	Yes
7G	Child age 1 through 18	>250% - 300%	Benchmark	Yes	Yes
7Y	Child under age 19	> 300%	Benchmark	Yes	Yes
7K	Child under age 19 deductible	> 150%	Standard	Yes	No
BL	Parents/Caretakers	0 - 100%	Standard	Yes	No
BM	Caretakers	>100 - 130%	Standard	Yes	No
7D	Caretakers	>130 - 150%	Standard	Yes	No
7L	Caretakers	>150 - 200%	Standard	Yes	Yes
1B	Parents	>100 - 130%	Standard	Yes	No
7A	Parents	>130 - 150%	Standard	Yes	No
7B	Parents	>150 - 200%	Standard	Yes	Yes
B8	Parents/Caretakers/Eligible for Community Waivers	>150 - 200%	Standard	Yes	Yes
7M	Caretakers (Self employed & Farmers)	>200%	Benchmark	Yes	Yes
7C	Parents (Self employed & Farmers)	>200%	Benchmark	Yes	Yes
BY	Youths exiting out of home care	N/A	Standard	Yes	No
BP	Transitional Grandfathering (Prev. elig. under MA or BC up to 130%)	0 - 130%	Standard	Yes	No
BQ	Transitional Grandfathering (Prev. elig. under BC with income >130 - 150%)	>130 - 150%	Standard	Yes	No
BR	Transitional Grandfathering (Prev. elig. under BC with income >150% - 200%)	>150 - 200%	Standard	Yes	Yes
B9	Transitional Grandfathering (Prev. elig. under BC with income >150% - 200%) Eligible for Community Waivers	>150 - 200%	Standard	Yes	Yes
B5	Nonqualifying Pregnant Alien	0 - 200%	Standard	No	No
BT	Nonqualifying Pregnant Alien	>200 - 250%	Benchmark	No	No
BX	Pregnant Immate	0 - 200%	Standard	No	No
BZ	Pregnant Immate	>200 - 300%	Benchmark	No	No
BU	Express Enrollment for a Child age 1-18	0 - 150%	Standard	No	No
7S	Express Enrollment for a Child ages 1 through 5	>150 - 185%	Standard	No	No
EC	Express Enrollment for a Child <age 1	0 - 133%	Standard	No	No
7Q	Express Enrollment for a Child <age 1	>133 - 200%	Standard	No	No
7T	Express Enrollment for a Child <age 1	>200 - 300%	Benchmark	No	No
CU	Childless Adults CORE Plan	0 - 100%	CORE Benefit Plan	Yes	No
CO	Childless Adults CORE Plan	>100 - 200%	CORE Benefit Plan	Yes	No
XA	Childless Adults Basic Plan	0 - 200%	Basic Benefit Plan	Yes	Yes
BV	Express Enrollment for a Pregnant Woman	0 - 200%	Standard	No	No
BW	Express Enrollment for a Pregnant Woman	>200 - 250%	Benchmark	No	No
7R	Express Enrollment for a Pregnant Woman	>250 - 300%	Benchmark	No	No
N1	CEN - Mom in SP or MA on DOB	0 - 100%	Standard	No	No
N4	CEN - Mom in SP or MA on DOB	>100 - 133%	Standard	No	No
7V	CEN - Mom in SP or MA on DOB	>133 - 150%	Standard	No	No
7W	CEN - Mom in SP or MA on DOB	>150 - 200%	Standard	Yes	No
7U	CEN - mom in BMP on DOB	>200%	Benchmark	Yes	No
NC	Child under age 19 Residing in a medical institution.	≤200%	Standard	No	No
X5	Earnings Extension - 12 Mo	> 100%	Standard	Yes	No
X7	Child Support Extension - 4 Mo	> 100%	Standard	Yes	No
X8	Earnings extension - 12 mo, child under 19	>100%	Standard	No	No
X9	Earnings extension - 4 mo, child under 19	>100%	Standard	No	No
AC	RCA - Alien, Emergency-Services-Only	≤300%	Emergency-Services-Only	N/A	No
FS	Family Planning Services	≤300%	FPS Services Only	N/A	No

