

WISCONSIN DEPARTMENT OF HEALTH SERVICES
Division of Health Care Access and Accountability
1 West Wilson Street
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To: BadgerCare Plus Eligibility Handbook Users

From: Shawn Smith, Bureau Director
 Bureau of Enrollment Policy and Systems

RE: **BadgerCare Plus Release 12-02**

Release Date: 10/05/12

EFFECTIVE DATE

The following policy additions or changes are effective **07/01/12** unless otherwise noted. **Yellow text** denotes new text. Text with a strike through it denotes deleted text.

All References to 150% of the Federal Poverty Level (FPL) throughout the handbook have been replaced with 133% of the FPL where appropriate.

Non-Financial Requirements (Chapters 2-15) > 2 BC+ Group > 2.4 BC+ Assistance Groups>

BCPM was added as a new AG in CARES and BCPT was deleted.

Old Text:

BCPE	Adults and children in Earned Income and Child Support Extensions
BCPT	Transitionally grandfathered parents

New Text:

AG	Description
BCPY:	Youth exiting out of home care
BCPP:	Pregnant women, including those who become eligible by meeting a <i>deductible</i> , or who are eligible for the BC+ Prenatal Program.
BCPB	Continuously Eligible Newborns
BCPM	Non-pregnant, non-disabled adults in extensions who owe a premium.
BCPN	Persons who are caretakers relatives, or the spouses of caretakers relatives in the home, and includes Child Welfare caretakers
BCPL	Children living with caretaker relatives
BCPC	Children under age 19, living alone or with a parent or parents
BCPA	Persons age 19 or older who are parents, or stepparents of a child in the home, including Child Welfare parents
BCPD	Children who are eligible through meeting a deductible
BCPE	Adults and children in Earned Income and Child Support Extensions who do not owe a premium

Non-Financial Requirements (Chapters 2-15) > 4 Citizenship and Immigration Status > 4.3

A typo was fixed and a column was renamed to "Arrived Before 08/22/96."

Immigrants> 4.3.4
Immigration Status Chart

Non-Financial
Requirements (Chapters
2-15) > 7 Health Insurance
Access and Coverage
Requirements > 7.1
Health Insurance
Conditions of Eligibility

Old Text:

To prevent the crowd out of private insurance, BadgerCare Plus (BC+) benefits may be denied or terminated for individuals who have access to certain employer sponsored health insurance policies when those individuals:

1. ~~Have countable household income that exceeds 150 percent of the FPL; or are eligible under the BC+ Prenatal Program at any income level and,~~
2. ~~Are not in an exempt category (pregnant women, continuously eligible newborns and youths exiting out of home care); and,~~
3. Do not have a " *good cause* " reason for failure to enroll in an employer sponsored health insurance plan.

New Text:

To prevent the crowd out of private insurance, BadgerCare Plus (BC+) benefits may be denied or terminated for individuals who have access to certain employer sponsored health insurance policies when those individuals:

1. Are adult parents and caretaker relatives with household income above 133% of the FPL.

Note: The new income limit of 133% FPL for adults will be applied on or after July 1, 2012, but only when:

- A new application or program request is submitted,
- New employment is reported,
- The next review/renewal is completed, or
- A parent or caretaker with employment is added to the assistance group.

Until one of the above circumstances occurs, apply the access and coverage policies to parents and caretakers with household incomes over 150% of the FPL who are not in an Extension.

2. Are infants under age 1 with household incomes over 300% of the FPL, children ages 1 through 5 with household incomes over 185% of the FPL and children ages 6 through 18 with household incomes over 150% of the FPL,
3. Are pregnant women eligible under the BC+ Prenatal Program at any income level,
4. Are not in an exempt category (see list below) **and**,
5. Do not have a good cause reason for failure to enroll in an employer sponsored health insurance plan.

Individuals exempt from the policies related to health insurance access and coverage are:

1. Continuously Eligible Newborns,
2. Children under age 19 who have met a *deductible* (exempt only during the deductible period),
3. Infants less than 1 year old with household income up to 300% of the FPL,
4. Children ages 1 through 5 (up to age 6) with household income up to 185% of the FPL,
5. Children ages 6 to 18 with household income up to 150% of the FPL,
6. Youths who Exited Out-of-Home Care,
7. Pregnant women, other than those in BC+ Prenatal Program,
8. Parents and caretakers who are blind or disabled (including MAPP Disabled), as determined by the DDB, or through the Presumptive Disability process ([MEH 5.9](#)), or
9. Parents, caretaker relatives, and children who are in an Extension..

This section was entirely rewritten.

New Text:

[7.2.1 Introduction](#)

[7.2.1.1 The 80% Past Access Test](#)

[7.2.1.2 The 9.5% Past Access Test](#)

[7.2.2 Good Cause for "Past Access"](#)

7.2.1 Introduction

Beginning July 1, 2012, there are two Past Access policies in effect:

- The 80% Past Access Test.
- The 9.5% Past Access Test.

The 9.5% Past Access Test policy will be applied on or after July 1, 2012, but only to adult parents and caretakers and only when:

- A new application or program request is submitted,
- New employment is reported,
- The next review/renewal is completed, or
- A parent or caretaker with employment is added to the assistance group.

Until one of the above circumstances occurs, the 80% Past Access Test policies will continue to apply to all non-pregnant, non-disabled parents and caretakers with household income above 150% of the FPL.

The 80% Past Access Test policies will continue to apply to non-exempt (See [7.1](#)) children.

7.2.1.1 The 80 % Past Access Test

Individuals who had access to health insurance, including access due to a qualifying event, in the twelve months prior to the application or review date are not eligible for BC+ benefits if the access was through the current employer of an adult family member who is currently living in the household and,

1. The access was to a HIPAA health insurance plan through a current employer for which the employer paid at least 80% of the premium, or through the State of Wisconsin's health care plan (regardless of plan type, or premium amount contributed by the employer); and
2. The applicant is a caretaker relative or child under age 19 and the caretaker relative or child is not exempt; **and**
3. There is no good cause reason for not signing up for the coverage.

The employed BC+ applicant/member and anyone else in the household that could have been covered by the health insurance are ineligible for BC+ for twelve calendar months from the date the health insurance would have begun.

Example 1: Marilyn applied for BC+ in January 2012 for herself and her children, ages 10 and 8; they have family income that exceeds 150% of the FPL. She could have enrolled in a health insurance plan through her current employer in July 2011, and her employer pays 80% of the premium. Marilyn didn't sign up because she felt the premiums, co-payments and deductibles would be unaffordable. If she had signed up, coverage would have begun in September 2011.

Since Marilyn did not sign up for employer-provided coverage within the last twelve months when it was available, and she does not have good cause, she and her children are ineligible for BC + through August 2012, 12 months from the date the coverage would have begun, unless they become exempt during that time.

7.2.1.2 The 9.5% Past Access Test

Non-exempt parents and caretakers over age 18 with household incomes over 133% of the FPL who had access to health insurance, including access due to a qualifying event, in the twelve months prior to the application or review date, are not eligible for BC+ benefits if the access was through the current employer of an adult family member who is currently living in the household and,

- The individual could have enrolled in the employer's plan under the current coverage period at any time in the past 12 months prior to the application or review date,
- The cost of coverage for an employee-only plan does not exceed 9.5% of the monthly household income, and
- There is no good cause reason for not signing up for the coverage.

When an employed parent or caretaker has been determined to have had past access, the individual's spouse will also be considered to have past access if the employer offers a plan that would provide coverage to the spouse, such as employee + spouse or employee + family coverage.

Non-pregnant, non-disabled parents and caretaker relatives with household income above 150% of the FPL will not be eligible for BadgerCare Plus benefits if they had past access to a State Employee's health care plan, regardless of the amount of the premium. Non-pregnant, non-disabled parents and caretakers with access to state employee health insurance, who have household income between 133% and 150% FPL, are only ineligible for BadgerCare Plus if the employee-only premiums are not more than 9.5% of household income.

Example 2: Joe and his wife, Mary, apply for BadgerCare Plus for themselves and their 3 children on July 2, 2012. Their income is 145% of the FPL. Joe works for ABC Company. ABC Company offers an employee-only plan as well as a family plan. Joe's cost for the employee-only plan is less than 9.5% of the household's countable income. The last open enrollment period to sign up for the employer sponsored insurance was October 1, 2011 through October 31, 2011. The plan coverage period is January 1, 2012 through December 31, 2012.

Since Joe could have enrolled in the past 12 months and could have had coverage under the current coverage period, and the premiums would have been less than 9.5% of the family's income, he is ineligible. Since the employer offers a family plan that would cover Mary, she is also ineligible. Children under age 19 are not subject to the 9.5% access tests so the children's eligibility is not affected.

7.2.2 Good Cause for 80% and 9.5% "Past Access Test"

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 household income above 150% of the FPL,
 - If the failure to enroll occurred on or after July 1, 2012, BC+ with household income above 133% of the FPL,
 - BC+ Extension, **or**
 - BC+ as a Pregnant Woman (not including BC+ Prenatal Care).
3. The employment ended, **or**
 4. Any other reason determined by DHS as a good cause reason. Local agencies must contact the DHS Call Center for approval before granting good cause for any reason not stated above.

Example 3: Olivia applied for BC+ in January 2012 for herself and her children. Although it was determined that she had access to employer sponsored health insurance in August of 2011 (past access), she has a good cause exemption because she and her children were enrolled in BadgerCare Plus from July 2011 through November 2011 and the family income at that time was only 120% of the FPL.

This section was entirely rewritten.

Non-Financial Requirements (Chapters 2-15) > 7 Health Insurance Access and Coverage Requirements > 7.3 Current Access to Health Insurance

New Text:

7.3.1 Introduction

Beginning July 1, 2012, there are two Current Access policies in effect:

- The 80% Current Access Test.
- The 9.5% Current Access Test.

The 9.5% Current Access Test will be applied on or after July 1, 2012, but only to adult parents and caretakers and only when:

- A new application or program request is submitted,
- New employment is reported,
- The next review/renewal is completed, or
- A parent or caretaker with employment is added to the assistance group.

Until one of the above circumstances occurs, the 80% Current Access Test will continue to apply to all non-pregnant, non-disabled parents and caretakers. The 80% Current Access Test will continue to apply to non-exempt (See 7.1) children.

7.3.2 The 80% Current Access Test

Individuals with access to health insurance, including access due to a qualifying event, through an employed family member who is currently living in the household are not eligible for BC+ benefits if:

1. The access is to a HIPAA health insurance plan through a current employer for which the employer pays at least 80% of the premium or the State of Wisconsin's health care plan (regardless of plan type, or premium amount

contributed by state or local government); **and**

2. The applicant /member is a caretaker relative or child under age 19 and the caretaker relative or child is not exempt; **and**
3. The coverage would begin within three calendar months following:
 - a. The month of BC+ application filing date; **or**
 - b. Annual review month; **or**
 - c. Employment start date

The employed BC+ member and anyone else who could have been covered by the health insurance plan are ineligible for BC+ benefits. Children under 19 years of age can become eligible by meeting a deductible . (See [Ch. 17](#))

There are no good cause reasons for not enrolling in a health insurance plan when an individual has current access.

Example 1: Janelle applies for BC+ in January for herself and her child. She can enroll in a health insurance plan through her employer in March and her employer pays 80% of the premium. However, since coverage would not begin until May, Janelle does not have "current access" so she and her child are eligible for BC + until the next eligibility review (assuming there are no other changes that resulted in ineligibility). If Janelle's circumstances remain unchanged, she will be disenrolled at her next review because she had "past access".

Example 2: Bill applies for BC+ in January for himself and his family. He can enroll in family health insurance through his employer and the employer pays 80% of the premium. Coverage would start in April. Bill chooses not to sign up because he thinks he will be eligible for BC+. Bill and his family are not eligible for BC+ because Bill can sign up in this month and coverage would begin within the next three calendar months.

7.3.3.The 9.5 % Current Access Test

For parents and caretakers who are not exempt (See [7.1](#)), an individual with current access to employer sponsored health insurance is not eligible for BadgerCare Plus. An individual has current access to employer sponsored insurance if:

- the individual could enroll in and be covered under the plan in the month for which eligibility is being determined, **and**
- the cost of coverage for the employee-only plan does not exceed 9.5% of the monthly household income.

When an employed parent or caretaker has been determined to have current access, the individual's spouse will also be considered to have current access if the employer offers a plan that provides coverage to the spouse, such as employee + spouse or employee + family coverage.

Non-pregnant, non-disabled parents and caretaker relatives with household income above 150% of the FPL will not be eligible for BadgerCare Plus benefits if they have current access or will have access in the next three months to a State Employee's health care plan, regardless of the amount of the premium. Non-pregnant, non-disabled parents and caretaker relatives with access to state employee health insurance, who have income between 133% and 150% FPL, are only ineligible for

BadgerCare Plus if the employee-only premiums are not more than 9.5% of household income.

There are no good cause reasons for not enrolling in a health insurance plan when an individual has current access.

Non-Financial Requirements (Chapters 2-15) > 7 Health Insurance Access and Coverage Requirements > 7.4 Current Health Insurance Coverage

This section was entirely rewritten.

New Text:

[7.4.1 Introduction](#)

[7.4.2 The 80% Coverage Test](#)

[7.4.3 The 9.5% Current Coverage Test](#)

[7.4.4 Current Coverage for BC+ Prenatal Program](#)

7.4.1 Introduction

Beginning July 1, 2012, there are two Current Coverage policies in effect:

- The 80% Current Coverage Test.
- The 9.5% Current Coverage Test.

The 9.5% Current Coverage Test will be applied on or after July 1, 2012, but only to non-exempt adult parents and caretakers and only when:

- A new application or program request is submitted,
- New employment is reported,
- The next review/renewal is completed, or
- A parent or caretaker with employment is added to the assistance group.

Until one of the above circumstances occurs, the 80% Current Coverage Test will continue to apply to all non-pregnant, non-disabled parents and caretakers. The 80% Current Coverage Test will continue to apply to non-exempt (See [7.1](#)) children.

7.4.2 The 80% Coverage Test

An individual who currently has individual or family health insurance coverage through an employed family member who is currently living in the household AND meets the following criteria is not eligible for BadgerCare Plus:

1. The person is not exempt from access and coverage policies (See [7.1](#)); and
2. Coverage is provided by an employer; and the employer pays at least 80% of the premium or
3. Coverage is available under the State of Wisconsin employee health plan (regardless of plan type, or premium amount contributed by state or local government or the insurance).

Example 1: Dave applies for BC+ in March for himself and his family. They have income that exceeds 150% of the federal poverty level. He is currently covered by family health insurance through his employer and the employer pays 80% of the premium. Dave and his family are not eligible for BC+ because they are currently covered.

Children under 19 years of age who are ineligible due to current coverage can become eligible by meeting a deductible . (See Chapter 17)

7.4.3 The 9.5% Current Coverage Test

For parents and caretakers who are not exempt (See 7.1), an individual with current coverage to employer sponsored health insurance is not eligible for BadgerCare Plus.

An individual has current coverage to employer sponsored insurance if:

- The individual is covered under the plan in the month for which eligibility is being determined, **and**
- The cost of coverage for the employee-only plan does not exceed 9.5% of the monthly household income,

or

- Household income is above 150% of the FPL and the coverage is under a State Employee's health care plan, regardless of the amount of the premium.

Note: Non-pregnant, non-disabled parents and caretaker relatives with state employee health insurance coverage, who have household income between 133% and 150% FPL, are only ineligible for BadgerCare Plus if the employee-only premiums are not more than 9.5% of household income.

7.4.4 Current Coverage for BC+ Prenatal Program

Pregnant women who are otherwise eligible only for the BC+ Prenatal Program because of their inmate or immigration status are not eligible for the BC+ Prenatal program if covered by any HIPAA health insurance policy. The plan does not have to be employer sponsored.

This section was entirely rewritten.

Non-Financial Requirements (Chapters 2-15) > 7 Health Insurance Access and Coverage Requirements > 7.5 Dropped Health Insurance Coverage

New Text:

- 7.5.1 Introduction
- 7.5.2 The 80% Dropped Coverage Test
- 7.5.3 The 9.5% Dropped Coverage Test
- 7.5.4 Dropped coverage policy for BadgerCare Plus Prenatal Program

7.5.1 Introduction

Beginning July 1, 2012, there are two Dropped Health Insurance Coverage policies in effect:

- The 80% Dropped Coverage Test.
- The 9.5% Dropped Coverage Test.

The 9.5% Dropped Coverage Test will be applied on or after July 1, 2012, but only to non-exempt adult parents and caretakers and only when:

- A new application or program request is submitted,
- New employment is reported,
- The next review/renewal is completed, or
- A parent or caretaker with employment is added to the assistance group.

Until one of the above circumstances occurs, the 80% Dropped Coverage policies will continue to apply to all non-pregnant, non-disabled parents and caretakers. The 80% Dropped Coverage policies will continue to apply to non-exempt (7.1) children.

7.5.2 The 80% Dropped Coverage Test

With policy exceptions for pregnant women, (7.5.1) individuals are ineligible for BadgerCare Plus (BC+) benefits for three calendar months following the month in which coverage through an employer-provided health insurance plan, which meets the standards of a HIPAA standard plan, ended if:

- The employer paid 80% or more of the premium or the insurance was part of the Wisconsin state employees' health insurance plan; and,
- The applicant is a caretaker relative or child under age 19 and the caretaker relative or child is not exempt; **and**
- The individual did not have good cause for dropping the coverage (See 7.6).

Example 1: Joanne is employed and has access to employer sponsored health insurance in which the employer pays 80% of the premium. Joanne's family income exceeds 150% of the federal poverty level. In May 2012, she dropped their family health insurance coverage through her employer. In June, Joanne applies for BC+ for herself and her family. Because Joanne still has access to health insurance in which the employer pays at least 80% of the premium, Joanne and her family are not eligible for BC+. Since Joanne applied prior to July 1, 2012, she is subject to the 80% Past Access Test.

Example 2: Joanne was employed with income that exceeded 150% of the federal poverty and had coverage under employer sponsored health insurance in which the employer paid 80% of the premium. In May 2012, Joanne voluntarily quit her job. In June, Joanne applies for BC+ for herself and her family. Because Joanne had health insurance coverage in which the employer paid at least 80% of the premium, and she voluntarily quit her job, Joanne and her family are not eligible for BC+ in June, July and August because they dropped coverage. The family's past access to employer sponsored insurance is not affecting eligibility because the loss of employment is a good cause reason for access. Since Joanne applied prior to July 1, 2012, she is subject to the 80% Dropped Coverage Test.

7.5.3 The 9.5% Dropped Coverage Test

Parents and caretakers are ineligible for BadgerCare Plus (BC+) benefits for three calendar months following the month in which coverage through an employer-sponsored health insurance plan, which meets the standards of a HIPAA standard plan, ended if:

1. The cost of premiums for the health plan was less than 9.5% of their countable household income, or if the individual was covered by a Wisconsin state employee's health insurance plan, regardless of the cost of the premiums, and their income is at least 150 % of the FPL, and
2. The person is not exempt from access and coverage policies (See 7.1), **and**
3. The individual did not have good cause for dropping the coverage (See 7.6).

Note: Non-pregnant, non-disabled parents and caretaker relatives with state employee health insurance coverage, who have household income between 133% and 150% FPL, are only ineligible for BadgerCare Plus if the employee-only premiums were not more than 9.5% of household income.

Example 1: Joanne is employed and has access to employer-sponsored health insurance through which her premiums are less than 9.5% of her income for her health insurance. Joanne's family income is 160% of the federal poverty level. In July, Joanne voluntarily quit her job. In August, Joanne applies for BC+. Since

Joanne had health insurance coverage that met the access requirements for herself and she voluntarily quit her job, Joanne is not eligible for BC+ in August, September and October.

7.5.4 Dropped coverage policy for BadgerCare Plus Prenatal Program

If a pregnant woman applying for the BC+ Prenatal Program has dropped insurance coverage she is ineligible for three calendar months following the month the insurance coverage ended, unless she has good cause for dropping the insurance. The "dropped coverage" policy applies, regardless of the amount of the person or employer's share of the premium:

If the coverage is under a major medical health insurance plan which meets the standards of a HIPAA standard plan. The insurance plan:

- Can be individual or family coverage and
- Does not have to be employer based and
- Is not BadgerCare, BadgerCare Plus, Medicaid, Medicare Managed Care (aka Medicare Choice Plus), Medicare, Medicare Supplemental policies, HIRSP, General Relief, General Assistance, or Family Health Plan (Marshfield clinics).

Non-Financial Requirements (Chapters 2-15) > 7 Health Insurance Access and Coverage Requirements > 7.8 Access/Coverage Overview

New Text:

This entire section was rewritten. The changes are too numerous to list.

Non-Financial Requirements (Chapters 2-15) > 9 Verification > 9.9 Mandatory Verification Items

New Text:

The following items must be verified for BC+:

1. SSN Social Security Number (9.9.1)
2. Citizenship and Identity (Chapter 4.2)
3. Immigrant Status (9.9.2)
4. Pregnancy, if eligibility is based on the pregnancy (9.9.3)
5. Medical Expenses (for deductibles only) (9.9.4)
6. Documentation for Power of Attorney and Guardianship (9.9.5)
7. Migrant worker's (eligibility in another state) (12.3)
8. Income
9. Health Insurance Access (9.9.6)
10. Health Insurance Coverage (Chapter 7)
11. Family Re-unification plan for Child Welfare Parents (Chapter 10)
12. The placement status of a YEOHC (Chapter 11) on his/her 18th birthday
13. Tribal membership or Native American descent (9.9.7)

Unless determined questionable, self declaration is acceptable for all other items.

Non-Financial Requirements (Chapters 2-15) > 9 Verification > 9.9 Mandatory Verification Items > 9.9.6 Access To Employer Provided Health Insurance

Old Text:

Verification of access to health insurance is required at the following times, unless the individual has already verified health insurance access within the last 12 months with the same employer:

1. BC+ Application and Review.
2. Person Add - if adult (age 18 or over) is employed and part of the *BC+ test group*.
3. When an adult (age 18 or over) in the BC+ test group gets a new job.
4. ~~When a change is processed causing total income to exceed 150% FPL (generating a request for premium payment) for the BC+ assistance group.~~

New Text:

1. When a change is processed causing total household income to exceed the following FPL thresholds:
 - Infants less than 1 year old, 300% of the FPL,
 - Children ages 1 through 5 (up to age 6), 185% of the FPL,
 - Children ages 6 to 18, 150% of the FPL,
 - Parents and caretakers, 133% of the FPL, **and**
 - Parents and caretakers with access to a Wisconsin state employee's health insurance plan, 150 % of the FPL

Note: Verification of access to insurance when parents' and caretakers' household income exceeds 133% is applied beginning July 1, 2012, when one of the following occurs:

- A new application or program request is submitted,
- New employment is reported,
- The next review/renewal is completed, or
- A parent or caretaker with employment is added to the assistance group.

Non-Financial Requirements (Chapters 2-15) > 9 Verification > 9.9 Mandatory Verification Items > 9.9.7 Tribal Membership

New Text:

9.9.7 Tribal Membership

Tribal members are exempt from paying BC+ premiums and may be exempt for certain benefit copayments. To receive these exemptions, verification of tribal membership or descent from a tribal member is required. Verification may be done with a:

- Tribal Enrollment Card
- Written verification or a document issued by the tribe indicating tribal affiliation
- Certificate of degree of Indian blood issue by BIA
- Tribal census document
- Medical record card or similar documentation that specifies an individual is an Indian that is issued by an Indian Health Care provider.

Financial Requirements (Chapters 16-24) > 18 BC+ Extensions > 18.1 BC+ Extensions > 18.1.1 BC+ Extensions Introduction

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 reapplies, 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. **For example, having access to employer health insurance when the family income increases from 80% to 175% FPL will not make them ineligible for the extension. Access is not an eligibility factor for anyone under 100% of the FPL. Parents and caretakers who are not pregnant or disabled and have household income in excess of 133% of the FPL are required to pay a premium (See 19.1). Failure to pay a premium will result in a 12-month restrictive reenrollment period for those adults required to pay. (See 19.11)**

Youths exiting out of home care are eligible for a BC+ extension when they have a natural or adoptive child in the household and that child meets the criteria for an extension. The Youth would be included in the extension when they turn 21 and are no longer eligible as a **Youth Exiting Out of Home Care.**

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

New Text:

A BC+ member loses an extension if one or more of following happens:

Extensions > 18.5 Losing an Extension > 18.5.1 Introduction

1. S/he fails to cooperate in providing third party health insurance coverage ([TPL](#)). Children under 19 are exempt from any penalty for not cooperating with this requirement.
2. S/he loses employment when the extension requires that someone in the group remain employed.
3. All children under the parent's or caretaker relative's care have either left the household or turned 19.
4. S/he fails to provide verification of income and at least one parent/caretaker in the extension AG is not disabled or pregnant. Only the non-disabled, non-pregnant parents/caretakers are ineligible for failure to provide verification. The other members of the family in the extension remain eligible for the duration of the extension.
5. S/he fails to pay a premium or quits BC+ (See [19.11.3](#)). Only the parents/caretakers that owed the premium (those in the BCPM AG) are put into a restrictive reenrollment period. The other members of the family in the extension remain eligible for the duration of the extension.

If a condition necessary for an extension is lost, the extension is not regained solely by recovering the lost condition.

Example 1: A group has an extension that requires someone in the group to remain employed. Since no one in the group is currently employed, the extension is lost. The group does not regain the extension if someone goes back to work.

Example 2: A group has an extension and the parent fails to provide verification of earnings. The parent loses eligibility for BadgerCare Plus. The children in the extension remain eligible for the duration of the extension. The parent does not regain the extension if she later provides verification of income.

Financial Requirements (Chapters 16-24) > 18 BC+ Extensions > 18.6 Transitional Grandfathered Individuals

This section was deleted from the handbook.

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

Old Text:

The following individuals must pay a premium to become or remain eligible for BC+:

1. Children in families with income over 200% of the Federal Poverty Level (FPL).
2. ~~Parents, stepparents and caretaker relatives with income from 150% through 200% of the FPL; and~~
3. ~~Self-employed parents, stepparents and caretaker relatives with income over 200% of the FPL.~~
4. ~~Former BadgerCare recipient parents who were paying premiums in December 2007 and are eligible for BC+ as transitional grandfathered.~~

The following individuals are not required to pay a premium:

1. ~~Children who are verified members of an American Indian tribe or an Alaskan Native with family income at or below 300% of the FPL,~~
2. ~~Pregnant women age 19 and above,~~
3. ~~Pregnant women under age 19 with income at or below 300% of the FPL,~~
4. Youths exiting out of home care. (Chapter 11),
5. Children who have met a BC+ *deductible* , during the remainder of the deductible period,

6. Children and caretaker relatives in a BC+ Extension,
7. Parents during the one year of Transitional coverage and who did not owe a premium in December 2007,
8. Continuously Eligible Newborn (Chapter 8.2) ,
9. 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
10. Children who are tribal members or who are the son or daughter of a tribal member and eligible for Title 21-funded (separate CHIP program) BadgerCare Plus. The following table outlines which populations are exempt from premiums:

New Text:

Note: Premium policies for BadgerCare Plus Core members are found in [Chapter 43](#).

Unless exempt, the following individuals must pay a premium to become or remain eligible for BC+:

1. Children in families with income over 200% of the Federal Poverty Level (FPL),
2. Parents, stepparents and caretaker relatives with income over 133% through 200% of the FPL,
3. Parents, stepparents and caretaker relatives with income over 133% in a BC+ Extension, **and**
4. Self-employed parents, stepparents and caretaker relatives with income above 200% of the FPL before subtracting the depreciation but below 200% of the FPL after subtracting the depreciation

The following individuals are **exempt from the requirement** to pay a premium:

1. Pregnant women age 19 and above,
2. Pregnant women under age 19 with income at or below 300% of the FPL,
3. Youths exiting out of home care. ([Chapter 11](#)),
4. Children who have met a BC+ *deductible* , during the remainder of the deductible period,
5. Children in a BC+ Extension,
6. Children with income over 200% of the FPL who are not in an Extension but whose parents are in an Extension and paying a premium,
7. Adult parents and caretakers who are blind or disabled or MAPP Disabled, as determined by the Disability Determination Bureau (DDB) or through the presumptive disability process ([MEH, 5.9](#)),
8. Continuously Eligible Newborn ([Chapter 8.2](#)) ,
9. American Indian or Alaskan Native 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. The following table outlines which populations of adults and children are exempt from premiums due to their Tribal status:

**Financial Requirements
(Chapters 16-24) > 19
Premiums > 19.2
Premium Calculations**

Old Text:

Under BC+, premiums are initially calculated on an individual basis and then a total for the case is determined. *CARES* will calculate the premium for each case. The general rules for calculating the premium amounts are as follows:

1. The minimum monthly premium amount is \$10 per person.
2. For children with a family income above 300% of the FPL, the individual premium shall not exceed the full per member per month cost of coverage for a child.

3. For parents, stepparents and caretaker relatives, with a family income above 150% and not exceeding 200% of the FPL, the individual premium shall not exceed the full per member per month cost of coverage for an adult.
4. For self-employed parents, stepparents and caretaker relatives, with incomes above 200% of the FPL before subtracting the *depreciation* but below 200% of the FPL after subtracting the depreciation, the caretaker relative's share of the premium shall be 5% of the family's net income, before subtracting depreciation from the self-employment income.
5. For families with income between 150%-300% of the FPL, the combined total of all family members' premiums may not exceed 5% of the family's countable income. One exception is for families that include a child living with a *caretaker relative*. The 5% cap will apply to each child living with a caretaker relative separately as well as to the caretaker relative, his or her spouse and children.

New Text:

Under BC+, premiums for children are initially calculated on an individual basis and then a total for the case is determined. Premiums for adults are based on a percentage of the household income and the amount is the same regardless of the number of adults covered by the premium. CARES will calculate the premium for each case. The general rules for calculating the premium amounts are as follows:

1. The minimum monthly premium amount for children is \$10 per person.
2. For children with a family income above 300% of the FPL, the individual premium shall not exceed the full per member per month cost of coverage for a child.
3. For non-pregnant, non-disabled parents and caretaker relatives, including those in BadgerCare Plus Extensions with a family income above 133% of the FPL, premiums will be calculated based on a sliding scale, ranging from 3% of countable household income for individuals above 133% of the FPL to 9.5% of household countable income for individuals at or above 300% of the FPL. Premiums for adults will be calculated based on actual household income and rounded to the nearest dollar. See 48.1 for premium ranges based on family size and income.
4. For self-employed parents, stepparents and caretaker relatives, with incomes above 200% of the FPL before subtracting the *depreciation* but below 200% of the FPL after subtracting the depreciation, the caretaker relative's share of the premium shall be 5% of the family's net income, before subtracting depreciation from the self-employment income.
5. For families with income over 300% of the FPL, if at least one member of the case is eligible for BC+ as a self-employed adult or as a grandfathered individual, the combined total of all family members' premiums will be either the total of all children's premiums, or 5% of the family's income, whichever amount is greater. One exception is for families that include a child living with a caretaker relative. If the only BC+ eligible members are children under 19, the 5% cap does not apply and the family owes the per member per month premiums for the children.
6. For families with income below 300% of the FPL, where only children owe a premium or self-employed parents/caretakers owe the 5% premiums, the combined total of all family members' premiums will be rounded down to the nearest whole dollar amount.
7. For families with income at or above 300% of the FPL, premium amounts for cases where only children owe a premium and the 5% premiums for self-employed parents/caretakers will not be rounded.
8. For pregnant women under age 19 with income over 300% of the FPL, the individual premium shall not exceed the full per member per month cost of coverage for a child with a family income of 300% of the FPL.

Pregnant women may sometimes fall into one of the other premium groups. In those

cases, the following rules apply:

1. Pregnant minors with income between 200% and 300% of the FPL are not charged a premium.
2. Pregnant minors with income over 300% of the FPL are charged the child's premium rate.
3. Pregnant parents, stepparents or caretaker relatives with income between 133% and 200% of the FPL are not charged a premium.
4. Pregnant self-employed parents, stepparents or caretaker relatives with income between 200% and 300 % of the FPL are not charged a premium.
5. Pregnant parents, stepparents or caretaker relatives with self-employment income above 300% FPL are not charged a premium and do not have to meet a *deductible* .

The premium for the BC+ group is the total of the individually calculated premiums for the children included in the group. For example, a household with three children and family income between 200% and 210% of the FPL will owe \$30, or \$10 per eligible child in the family.

Premiums for adults with household income less than or equal to 200% of FPL or in an extension are based on a percentage of the household income and the amount is the same regardless of the number of adults covered by the premium.

Financial Requirements (Chapters 16-24) > 19 Premiums > 19.3 Premium Limits

Old Text:

With ~~three~~ exceptions (listed below), families with incomes at or below 300% of the FPL will never have to pay in excess of 5% of the family income for their total premiums.

The 5% caps will be calculated for income ranges of 10% of the FPL. For example, the 5% cap would be the same for a family with income at ~~454%~~ of the FPL as it would be for a family with an income at ~~458%~~ of the FPL.

1. Children living with caretaker relatives exception: Unlike children living with their parents, eligibility for children living with caretaker relatives is determined separately from their caretaker relatives and from other children living with the *caretaker relative* . The amount of their premium is based solely on their income. The 5% cap on the child living with a caretaker relative premium is calculated separately from the caps on the premiums for other children living with caretaker relative in the household and from the cap on the premium for the caretaker relative and the caretaker relative's immediate family.
2. Exception for children and self-employed parents with incomes over 300% of the FPL: Usually the 5% premium owed for self-employed parents will not exceed the amount of the per member per month (PMPM) cost of the children's premiums. However, some larger families with more than five children will have PMPM costs greater than 5% of the family's income. For those families, collect the full PMPM per cost for those children even though it exceeds the 5% limit. For those families, no additional premium amount will be owed for the self-employed parents.
3. ~~Exception for cases with adults in a transitional grandfather group that includes children. The total per member per month premiums for the children and the premium for the transitional grandfathered individual(s) will never exceed 5% of the family income or the total of the children's per member per month cost, whichever is greater.~~

New Text:

With **four** exceptions (listed below), families with incomes at or below 300% of the FPL will never have to pay in excess of 5% of the family income for their total premiums.

The 5% caps will be calculated for income ranges of 10% of the FPL. For example, the 5% cap would be the same for a family with income at 211% of the FPL as it would be for a family with an income at 218% of the FPL.

1. Children living with caretaker relatives exception: Unlike children living with their parents, eligibility for children living with caretaker relatives is determined separately from their caretaker relatives and from other children living with the *caretaker relative*. The amount of their premium is based solely on their income. The 5% cap on the child living with a caretaker relative premium is calculated separately from the caps on the premiums for other children living with caretaker relative in the household and from the cap on the premium for the caretaker relative and the caretaker relative's immediate family.
2. Exception for children and self-employed parents with incomes over 300% of the FPL: Usually the 5% premium owed for self-employed parents will not exceed the amount of the per member per month (PMPM) cost of the children's premiums. However, some larger families with more than five children will have PMPM costs greater than 5% of the family's income. For those families, collect the full PMPM per cost for those children even though it exceeds the 5% limit. For those families, no additional premium amount will be owed for the self-employed parents.
3. Adults with incomes over 180% of the FPL in a BC+ Extension.
4. Adults with incomes over 180% of the FPL up to 200% of the FPL.

Financial Requirements (Chapters 16-24) > 19 Premiums > 19.8 Non- Payment

New Text:

The failure to pay a premium does not affect the eligibility of any person in the household who does not have a premium obligation. If an individual or family with a premium obligation fails to pay the premium by *adverse action* of the benefit month, BC + will close for those individuals who owed a premium. If those individual(s) are children under age 19, they are not eligible for six calendar months following the date on which their coverage terminated, unless there was *good cause*. If those individuals are adults age 19 and older, they are not eligible for 12 calendar months following the date on which their coverage terminated, unless there was good cause.

Financial Requirements (Chapters 16-24) > 19 Premiums > 19.10 Premium Changes> 19.10.2 Increased premium amount> 19.10.2.3 Effective dates of premium increase (other than person adds)

Effective 03-16-09

New Text:

A delay in the effective date of premium increases must also be done in certain ongoing cases that may or may not include a person add. These are cases where a change results in an assistance group opening up and has new or increased premiums for a month (or months) that cannot be confirmed in CARES. In these situations, the member is not responsible for a premium payment (or a premium increase) for the month or months that cannot be confirmed in CARES. The first premium (or increased premium) for which the family must pay is the one for the month for which eligibility can be confirmed.

The following situations qualify for this treatment:

- A case reports a decrease in income from above 200% to below 200% FPL and the parents are now eligible with a premium.
- A person is added to a case that has not paid the premium for another member.
- A person becomes eligible for BC+ for any non-financial reason except late payment of the previous month's premium.
- Cases where the Call Center is unable to get premiums adjusted on the interChange system.

In a situation where other members in the AG or in another BC+ AG may owe a

premium, treat their premium separately from the newly eligible members and/or AG. For example, a family that owes a small premium for the children but then has an income decrease to below 200% of the Federal Poverty Level (FPL) that causes the parents to be eligible for a larger premium. With the income change, the children no longer owe a premium. If the premium was already paid for the children, that amount must be refunded. If the premium was not paid, the children should not be sanctioned for non-payment since they no longer owe a premium.

Example 4: June and Ward Cleaver are receiving BC+ for their two sons, Wally and Theodore. The family income is 205% of the Federal Poverty Level (FPL), and they are paying \$20 in monthly premiums for the boys. On March 25, Ward reports a decrease in wages and the family's income is now 191% of the FPL. This makes June and Ward eligible for BC+ with a premium. When the IM worker runs eligibility for May, the new BC+ premium amount is \$213. CARES will not allow the worker to confirm eligibility for March or April because their premium is higher than the \$20 amount that had already been confirmed for the children. The worker needs to:

1. Confirm BC+ eligibility in CARES for May,
2. Do an online or manual certification of BC+ eligibility for Mr. and Mrs. Cleaver for the months of March and April. No premium is owed for the parents for those months, and
3. Issue a manual Positive Notice of Decision to the family for those two months.

In addition, since the sons are no longer required to pay a premium and are now eligible for the Standard Plan, the worker must also update their medical status code using the online or manual [F-10110](#). Once the medical status is updated in iC to a non-premium status, HP will automatically refund the \$20.00 premium that was paid.

Financial Requirements (Chapters 16-24) > 19 Premiums > 19.11 BadgerCare+ Restrictive Re-enrollment Period (RRP)

New Text:

A member for whom a premium is owed for the current month who leaves BC+ by quitting or not paying a premium may be subject to a restrictive re-enrollment period. A restrictive re-enrollment period (RRP) means the member cannot re-enroll in BC+ for a certain number of months from the termination date while their income remains high enough to owe a premium, unless they meet a good cause exemption. For adult BadgerCare Plus members aged 19 and older, the RRP is 12 months; for children under age 19 the RRP lasts 6 months.

One member in a household may be in an RRP while other members in the same household are still eligible for BC+ or ineligible under a separate RRP. For example, children in the same household as a member on RRP may remain eligible for BC+ if no premium obligation was owed for the children.

Example 1: Jack, Jill and their three children are open for BC+. Jack and Jill have a premium. The children are eligible without a premium. They fail to pay the December premium so Jack and Jill are in a RRP from January through December. The children are still eligible. In March, Jack reports an increase in income and the children now each have a \$10.00 (\$30.00 total) premium, beginning in April. They also fail to pay the premium for the children, so the children are put in an RRP, from May through October.

19.11.1 Household Changes

End the RRP when an adult member of the former BC+ group leaves the home during the RRP for one full calendar month. BC+ eligibility may begin the first of the month after the month the adult left or the BC+ group has paid any arrears still owed,

whichever is later. The individual does not have to make payments for months they were ineligible.

Example: Dad leaves the home on May 20th. On June 20th, he has been out of the home a full calendar month. Mom may be BC+ eligible starting July 1st, if she pays the arrears owed.

19.11.2 Reapplying

An individual who applies for BC+ before the end of the RRP is ineligible, as long as their income is high enough to require a premium. If the family's income drops to the point where the individuals in an RRP no longer owe BC+ premiums, they may again become eligible for BC+. If the income rises and the members again owe premiums, the individuals are still in the RRP and they are ineligible for BC+.

RRPs are tracked separately for BadgerCare Plus for Families and the Core Plan. If an individual who is under an RRP due to non-payment of premiums for Core Plan becomes eligible for BadgerCare Plus for Families, the Core Plan RRP does not affect eligibility for BadgerCare Plus.

Example 3: Jackie, John and their three children are open for BC+. Jackie and John have a premium. The children are eligible without a premium. They fail to pay the June premium so Jackie and John are in a RRP from July through the following June. The children are still eligible. In September, Jackie reports a decrease in income and the family's net income is now at 120% of the FPL. The change was effective in September. Beginning September 1, Jackie and John are again eligible for BC+ without a premium. In addition, because their income is below the premium threshold (133% of FPL), they are not required to pay their arrears first.

Children under age 19

The individual must serve the full **six** month penalty period. Eligibility may begin again in month seven provided the arrears are paid in full. The arrears must be paid for all months s/he was eligible with a premium. In addition, if another group in the case has unpaid premiums and are in a different RRP, no one is eligible after the RRP until all the arrears for the case are paid.

Adults

The individual must serve the full **12** month penalty period. Eligibility may begin again in month 13. Arrears are forgiven, that is they no longer have to be paid, after the member has not been required to pay BC+ premiums for 12 months. For example, in a family where the parents failed to pay premiums and were in an RRP for a year after the failure to pay, the parents could again be eligible when they owe a premium and will not have to pay the old arrears.

Example 4: Same example as the last one, except Jackie reports in May that the family's income in April increased back up to 155% of the FPL. Since the RRP lasted until June 30, Jackie and John are ineligible for BC+ for the month of June. Their three children remain open for BC+. If their income remains above 133%, they are not eligible until the end of the RRP on July 1. They do not have to pay any arrears to become eligible in July because they have not owed a BC+ premium for the last 12 months.

19.11.3 Quitting BC+

In order for BC+ to be cost-effective, premium-paying members will not be able to pick and choose when they want to pay premiums and receive BC+ benefits. Therefore, if a premium-paying BC+ member decides to quit the program, they will remain ineligible for:

- **6 months if they are a child under age 19,**
- **12 months if they are an adult age 19 or older, or**

- until their income drops below the premium threshold,
whichever happens first.

**Program Administration
(Chapters 25-37) > 25
Application > 25.8 Begin
Dates > 25.8.1 Backdated
Eligibility**

New Text:

All pregnant women, except those eligible under the BC+ Prenatal program, may have their eligibility backdated to the first of the month, up to three calendar months prior to the month of application.

All youth exiting out of home care that meet the criteria in [Chapter 11](#) may have their eligibility backdated to the first of the month, up to three calendar months prior to the month of application.

All disabled adults may have their eligibility backdated to the first of the month, up to three calendar months prior to the month of application.

Children determined eligible for BadgerCare Plus are eligible for the following periods of backdated eligibility:

- Infants less than 1 year old may have their eligibility backdated up to the first of the month, three calendar months prior to the month of application for any of the months in which their family income was at or below 300% of the FPL,
- Children ages 1 through 5 may have their eligibility backdated up to the first of the month, three calendar months prior to the month of application for any of the months in which their family income was at or below 185% of the FPL, and
- Children ages 6 through 18 may have their eligibility backdated up to the first of the month, three calendar months prior to the month of application for any of the months in which their family income was at or below 150% of the FPL.

All non-pregnant, non-disabled parents and caretakers may have their eligibility backdated up to the first of the month, three calendar months prior to the month of application for any of the months in which their family income was at or below 133% of the FPL.

If certifying for retroactive BC+, do not go back further than the first of the month, three months prior to the application month. Certify the person for any backdate month in which s/he would have been eligible had s/he applied in that month. In the case of children, parents and caretakers, certify the person for any backdate month in which s/he would have been eligible had s/he applied in that month and in addition, family income was at or below the appropriate FPL level for their age group.

**Program Administration
(Chapters 25-37) > 27
Change Reporting > 27.3
Income Change
Reporting Requirements**

New Text:

BadgerCare Plus members must report income changes when their total monthly gross income exceeds the following percentages of the Federal Poverty Level (FPL) for their group size.

- 100% FPL
- 133% FPL
- 150% FPL
- 185% FPL
- 200% FPL
- 250% FPL
- 300% FPL
- 350% FPL
- 400% FPL

The income change must be reported by the 10th of the month following the month in which the total income exceeded its previous threshold.

Adults in a BadgerCare Plus Extension who are required to pay a premium must also report and verify income changes during the extension certification period. Eligibility for adult members who would be required to pay premiums will be terminated for failure to submit requested verification.

**Program Administration
(Chapters 25-37) > 28
Corrective Action > 28.2
Recoverable
Overpayments**

Old Text:

~~**Note:** When a member with health insurance access or coverage fails to report an increase in household income that would put the household's countable income over 150% of the FPL, the change in income results in ineligibility due to insurance access or coverage, not just an increase in the premium or a change in the benefit plan.~~

~~**Example 3:** Shana was determined eligible for Well Woman Services (WWS) in February. She had private insurance, but due to a waiting period for pre-existing conditions, her treatments weren't covered. The waiting period ended July 31st, and the private insurance began to cover Shana's treatment effective August 1st. Shana did not report this to her worker so WWS continued to pay some service costs for Shana until the worker closed the case effective November 30. Since her case would have closed August 31st, if she had reported the change timely, Shana has an overpayment for September through November. What can now be recovered?~~

~~Giving AA notice, WWS would have closed August 31, 2008. The Fee-For-Service claims paid for September, October and November are recoverable, unless her private insurance covers the costs.~~

**Program Coverage
(Chapters 38-47) > 41 BC+
Prenatal Services > 41.5
BC+ Prenatal Program
Eligibility Begin Date**

New Text:

Example: An application for **BC+PP** is received on January 20. The agency does not receive a verification of the pregnancy until February 5. BC+PP is denied for January due to lack of pregnancy verification in that month. If the woman is otherwise eligible for BC+PP, eligibility may begin on **February 1.**

**Program Coverage
(Chapters 38-47) > 43
Core Plan > 43.1
Introduction**

Old Text:

~~The BadgerCare Plus Core Plan (for adults without dependent children) expansion of the BadgerCare Plus program is the second step in a comprehensive strategy to ensure access to affordable health insurance for virtually all Wisconsin residents. The Core Plan provides basic health care coverage to adults who do not otherwise qualify for Medicaid or the BadgerCare Plus Standard or Benchmark Plans.~~

43.1.1 Key Program Goals

- ~~- Expanding BadgerCare Plus to childless adults and together with Medicaid, State Children's Health Insurance Program (SCHIP), Medicare and, and employer-sponsored insurance, Wisconsin will be able to provide access to insurance to 98% of residents in the most cost-effective manner;~~
- ~~- Effectiveness in meeting the health care needs of the uninsured childless adults population through flexible benefit package using evidence-based medicine and advice from the medical community via the Clinical Advisory Committee on Health and Emerging Technology (CACHET);~~
- ~~- Encouraging quality health care outcomes from private health plans utilized by the BadgerCare Plus childless adults population through the use of a new health plan selection tool and the tiering of the health plans (and differing enrolment fee amount) based upon quality measures;~~
- ~~- Reduction in emergency room usage and uncompensated care by encouraging use of preventative primary care for this population; and~~
- ~~- Improved health outcomes for this population in the areas of prevention and successful management of chronic diseases such as diabetes and asthma.~~

New Text:

The BadgerCare Plus Core Plan provides limited healthcare benefits to certain adults without dependent children. The adults without dependent children population consists of individuals and married couples who are:

- Between the ages of 19 and 64
- Not pregnant, or qualified for any other Medicaid, Medicare or SCHIP program
- May have children, but either their minor children are not currently living with them (40 percent of the time) or those children living with them are 19 years of age or older

**Program Coverage
(Chapters 38-47) > 43
Core Plan > 43.2 BC+
Core Plan Eligibility
Criteria**

New Text:

Application requirements

- Must complete a health needs assessment at application and annual renewal;
- Must pay a non-refundable, annual application fee. The fee is waived for homeless individuals. "Homeless" is defined according to HUD standards (See [43.4.2.1 Waiver of Application Fee](#))
- To remain enrolled in the Core Plan, individuals must obtain a comprehensive physical exam within the first 12 month certification period, unless there is a good cause reason for not doing so.
- Must pay required monthly premiums (see [43.7.3](#))

**Program Coverage
(Chapters 38-47) > 43
BadgerCare Plus Core
Plan > 43.3 Reserved**

This section is now marked as reserved.

**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, in person, or by phone.~~

~~To enroll in the BadgerCare Plus Core Plan, applicants will be asked to complete these steps:~~

- ~~1. Complete the request online at <https://access.wisconsin.gov/> or by phone at 1-800-291-2002,~~
- ~~2. Take a short survey about their health,~~
- ~~3. Pay a \$60 non-refundable ~~application~~ processing fee, and~~
- ~~4. Mail or fax proof of income and other information provided to:~~

~~Enrollment Services Center
P.O. Box 7190
Madison, WI 53707-7190
Fax number: (888) 409-1982 (toll free)~~

~~**NOTE:** This PO Box is only for verification and other correspondence. Application fees should be sent to:~~

~~Enrollment Services Center
PO Box 93735
Milwaukee, WI 53293-0735~~

New Text:

BadgerCare Plus Core Plan applications can be submitted online, in person, or by phone.

To enroll in the BadgerCare Plus Core Plan, applicants will be asked to complete these steps:

1. Complete the request online at access.wisconsin.gov , by phone or in person.
2. Take a short survey about their health,
3. Pay a \$60 non-refundable processing fee, and
4. Mail or fax proof of income and other information provided to:

Milwaukee County:

MDPU
PO Box 05676
Milwaukee WI 53205
Fax: 1-888-409-1979

Balance of State:

CDPU
PO Box 5234
Janesville, WI 53547-5234
Fax: 1-855-293-1822

NOTE: This PO Box is only for verification and other correspondence. Application fees should be sent to:

DHS
PO Box 93735
Milwaukee, WI 53293-0735

There is no mail-in application option for Core Plan applicants.

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

New Text:

The changes are too numerous to list.

**Program Coverage
(Chapters 38-47) > 43
BadgerCare Plus Core
Plan > 43.5 BC+ Core
Plan Enrollment Begin
Dates> 43.5.2 Enrollment
Date**

New Text:

43.5.2.1 Retroactive Eligibility/Backdating

There is no retroactive eligibility or backdating allowed in the Core Plan, unless an agency delay in application processing would otherwise result in a loss of coverage, or a member with income below 133% of the FPL was disenrolled for failure to verify income and later verifies the income for the back months was below 133% of the FPL. (See 43.11.3)

43.5.2.2 Late Processing

Core Plan enrollment will never occur retroactively. Coverage will be granted retroactively when:

- Solely due to agency delay, enrollment in the Core Plan is confirmed after the 30 day application processing period; and
- The enrollment date was actually impacted by the agency delay.

Example 4: Dawn applied for Core Plan on June 10th and due to agency delay, her eligibility was confirmed on July 28th. Enrollment begins August 1st. If the

application had been processed timely, her enrollment would have begun on July 15th. Retroactive coverage will be granted from July 15th through July 31st.

Example 5: Phil applied for Core Plan on June 15th and his eligibility was confirmed on July 28th. Enrollment begins August 1st. Although there was an agency delay, had the agency confirmed the case timely by July 14, enrollment would have begun on August 1st. Retroactive coverage is not granted

**Program Coverage
(Chapters 38-47) > 43
BadgerCare Plus Core
Plan > 43.5 BC+ Core
Plan Enrollment Begin
Dates> 43.5.4 Re-
enrollment**

This section was moved to 43.11.

**Program Coverage
(Chapters 38-47) > 43
BadgerCare Plus Core
Plan > 43.6 BC+ Core
Plan Non-financial> 43.6.7
Verification**

This section was moved from 43.10 to 43.6.7.

New Text:

Income Changes

Core Plan members are required to report and verify income changes during the 12 month certification period. Increases in income over 200% of the FPL do not affect a Core Plan member's eligibility during the certification period, but changes may increase or decrease the premium amount. Core members who fail to verify income changes during the 12 month certification period will be disenrolled (See [43.8.1.1](#)) if requested verification is not submitted

**Program Coverage
(Chapters 38-47) > 43
BadgerCare Plus Core
Plan > 43.7 BC+ Core
Plan Financial**

This entire section was rewritten. The changes are too numerous to list.

**Program Coverage
(Chapters 38-47) > 43
BadgerCare Plus Core
Plan > 43.8 BC+ Core
Plan Disenrollment>
43.8.1 Change Reporting
Requirements**

New Text:

Changes in income that occur after enrollment do not impact Core Plan eligibility but may cause a change in the premium status of the case or the amount of a current premium.

Core Plan members who are not exempt from premiums must report income changes when the total monthly gross income for the household exceeds the following percentages of the Federal Poverty Level (FPL) for their group size.

- 133% FPL
- 150% FPL
- 185% FPL
- 200% FPL
- 250% FPL
- 300% FPL
- 350% FPL
- 400% FPL

The income change must be reported by the 10th of the month following the month in which the total household income exceeded its previous threshold.

Core Plan members are required to verify income changes during the 12 month certification period. Core members who fail to verify income changes

during the 12 month certification period will be disenrolled.

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

New Text:

A complete renewal consists of:

- Providing updated information by phone, in person, or through ACCESS
- Processing fee (to be applied to the Core member's premiums if above 133% of the FPL at the time of renewal)
- Health needs assessment

**Program Coverage
(Chapters 38-47) > 43
BadgerCare Plus Core
Plan > 43.10 Core Plan
Enrollment Cap (Waitlist)**

This section was moved from 43.12 to 43.10

Old Text:

~~Any person who is enrolled in the BadgerCare Plus Basic Plan and is confirmed by a physician to have a diagnosis of any cancer type, excluding non-melanoma skin cancers, will not be subject to the Core Plan enrollment cap. These individuals are eligible to be removed from the waitlist and apply for the Core Plan. If the member is eligible for the Core Plan, s/he will be enrolled on the next first or fifteen of the month. The member must be currently enrolled in the Basic Plan before s/he can be approved to bypass the waitlist and apply for the Core Plan. [See chapter 45.2.](#)~~

~~Members Removed From The Core Plan Waitlist Due To Eligibility For Medicaid/BadgerCare Plus or Health Insurance Access or Coverage~~

~~If a person is removed from the Core Plan Waitlist because he or she:~~

- ~~- became eligible for Medicaid or BadgerCare Plus Standard or Benchmark Plan,~~
- ~~- gained coverage under a private health insurance plan, or~~
- ~~- gained access to private health insurance,~~

~~he or she can be added back to the waitlist, in the same position he or she was in prior to being removed, if the eligibility for Medicaid or BadgerCare Plus is terminated or the insurance access/coverage is lost due to a *good cause* reason.~~

**Program Coverage
(Chapters 38-47) > 43
BadgerCare Plus Core
Plan > 43.11 Core Plan
Re-Enrollment**

This section was moved from 43.13 to 43.11

This entire section was rewritten. The changes are too numerous to list.

**Program Coverage
(Chapters 38-47) > 43
BadgerCare Plus Core
Plan > 43.12 BC+ Core
Plan Covered Services**

This section was moved from 43.11 to 43.12

**Tables (Chapters 48-52) >
48 Premiums > 48.1
Premiums > 48.1.1
Premiums for Groups
With Earned Income**

This entire section was rewritten. The changes are too numerous to list.

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
BM	Caretakers	>100 - 133%	Standard	Yes	No	T19
8B	Caretakers	>133 - 150%	Standard	Yes	Yes	T19
7L	Caretakers	>150 - 200%	Standard	Yes	Yes	T19
8H	Disabled Caretakers	>133%	Standard	Yes	No	T19
1B	Parents	>100 - 133%	Standard	Yes	No	T19
8A	Parents	>133 - 150%	Standard	Yes	Yes	T19
8G	Disabled Parents	>133%	Standard	Yes	No	T19
7B	Parents	>150 - 200%	Standard	Yes	Yes	T19
8B	Parents/Caretakers/Eligible for Community Waivers	>150 - 200%	Standard	Yes	Yes	T19
CU	Childless Adults CORE Plan	> 100-133%	CORE Benefit Plan	Yes	No	T19
8D	Childless Adults CORE Plan	> 133-200%	CORE Benefit Plan	Yes	Yes	T19
8L	Childless Adults CORE Plan - Disabled Adults	>133%	CORE Benefit Plan	Yes	No	T19
XA	Childless Adults Basic Plan	0 - 200%	Basic Benefit Plan	Yes	Yes	State Funded
X6	Earnings Extension - 12 Mo	> 100 - 133%	Standard	Yes	No	T19
8E	Earnings Extension - 12 Mo (Adults)	> 133%	Standard	Yes	Yes	T19
8J	Earnings Extension - 12 Mo (Adults)	> 133%	Standard	Yes	No	T19
X7	Child Support Extension - 4 Mo	> 100 - 133%	Standard	Yes	No	T19
8F	Child Support Extension - 4 Mo (Adults)	> 133%	Standard	Yes	Yes	T19
8K	Child Support Extension - 4 Mo (Adults)	> 133%	Standard	Yes	No	T19
X8	Earnings extension - 12 mo, child under 19	>100%	Standard	No	No	T19
X9	Earnings extension - 4 mo	>100%	Standard	No	No	T19