

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

---

To: BadgerCare Plus Eligibility Handbook Users

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

RE: **BadgerCare Plus Release 14-01**

Release Date: February 7, 2014

Effective Date: February 1, 2014

**EFFECTIVE DATE**

The following policy additions or changes are effective 02/01/2014 unless otherwise noted. Grey highlighting denotes new text. Text with a strike through it denotes deleted text.

**General Updates**

Some of the following date changes may not be reflected on this cover sheet but have been updated throughout the BC Handbook.

- As a general rule for effective dates: (unless noted otherwise)
  - December 31, 2013 → March 31, 2014
  - January 1, 2014 → April 1, 2014
- Modified Adjusted Gross Income (MAGI) rules will be applied to new applications after February 1, 2014 and to existing BC+ members after April 1<sup>st</sup> or their first renewal, whichever is later.
- The BadgerCare Plus Core Plan and the BadgerCare Plus Basic Plan end on March 31, 2014.
- Coverage under the BadgerCare Plus Benchmark Plan ends on March 31, 2014.

**1.1 BC+ Introduction**

BadgerCare Plus (BC+) is a state/federal program that provides health coverage for Wisconsin families and individuals living in poverty. BC+ replaced the former AFDC-Medicaid, Healthy Start and BadgerCare programs.

~~Through December 31, 2013, potential BC+ members include:~~

- ~~• Children under 19 years of age,~~
- ~~• Pregnant women,~~
- ~~• Parents and caretakers of children under 19,~~
- ~~• Young adults under 21 leaving out of home care (such as foster care),~~
- ~~• Parents and caretaker relatives whose children have been removed from the home and placed in out of home care.~~

Effective January 1, 2014, potential BC+ members will include:

- Children under 19 years of age,
- Pregnant women,
- Parents and caretakers of children under 18 and dependent 18 year olds,

- Parents and caretaker relatives whose children have been removed from the home and placed in out of home care,
- Former foster care youth under age 26 who were in out-of-home care when they turned 18, and
- Effective April 1, 2014, adults ages 19-64 who are not receiving Medicare and do not have dependent children.

### 1.1.2 BadgerCare Plus Health Plans

Through ~~December 31, 2013~~ March 31, 2014, existing BC+ members will have one of two major health care plans: Standard Plan and Benchmark Plan.

See the chart below for BC+ benefit plans for existing BC+ members through ~~December 31, 2013~~ March 31, 2014. Beginning February 1, 2014, all new applicants found eligible for BC+ will be covered under the Standard Plan. Beginning ~~January 1, 2014~~ April 1, 2014, all BadgerCare Plus members will receive coverage under the Standard Plan.

### 1.1.3 Health Care Choice

Through ~~December 31, 2013~~, when a person is eligible for both BC+ and EBD MA, different rules apply based on whether the BC+ eligibility is determined under non-MAGI or MAGI rules.

When eligibility is determined for such an individual under non-MAGI rules, CARES will automatically enroll the individual in the program with the best benefit plan and lowest cost share. The individual has the right to request coverage under the program not chosen by CARES. See (49.1 Health Plan Choice). The change will be effective in the next possible payment following Adverse Action, unless the member requests the change be effective in the month the request to change the health plan was made.

~~Effective January 1, 2014~~, When eligibility is determined for such an individual under MAGI rules, federal law requires that once an individual has been determined eligible for EBD Medicaid, s/he must be enrolled in EBD MA, even if they are also eligible for BC+, unless they have a change in circumstances that results in ineligibility for EBD MA. The only exception to this policy is pregnant women who are eligible for both EBD MA and BC+. In these instances, the pregnant woman will be enrolled in the BadgerCare Plus program.

If someone is pending for EBD MA or if they have an unmet deductible for EBD MA, the individual is not considered eligible for EBD Medicaid and can enroll in BadgerCare Plus. Pending for EBD MA includes, but is not limited to, waiting for an official disability determination from DDB and being subject to the 24 month Medicare waiting period. If an individual enrolled in EBD MA is determined ineligible for EBD Medicaid for any reason, including going over the asset limit or failing to pay a MAPP premium, s/he can enroll in BC+ if s/he is still eligible to do so.

### 2.1 BC+ Non-Financial Program Requirements

Through ~~December 31, 2013~~, the following individuals are non-financially eligible for BC+:

- ~~1. Children under 19.~~
- ~~2. Pregnant Women.~~
- ~~3. Parents/Caretaker Relatives of children under 19 years of age, including some parents and caretaker relatives whose children have been removed from the home and are in the care of the child welfare system. (Chapter 10).~~
4. Young adults exiting out of home care (such as foster care) under age

~~Beginning January 1, 2014,~~ the following individuals are non-financially eligible for BC+:

1. Children under 19,
2. Pregnant Women,
3. Parents/Caretaker Relatives of children under 18 years of age or dependent 18 year olds, including some parents and caretaker relatives whose children have been removed from the home and are in the care of the child welfare system (Chapter 10),
4. Former foster care youth under age 26 who were in out-of-home care when they turned 18, and
5. ~~Effective April 1, 2014,~~ adults ages 19-64, not receiving Medicare, who do not meet any of the conditions listed above.

### **2.2.3 Child Welfare Parents/Caretakers**

For individuals whose eligibility is being determined under MAGI rules Parents and caretakers whose children have been placed in out of home care and who are having their eligibility determined or renewed will still be considered parents or caretakers, as the child will be considered temporarily absent. However, the inclusion of the child in the parent's group will be dependent upon MAGI budgeting rules. If the child has been placed with a caretaker relative, the relative will not be considered the primary caretaker of the child. If there are no other dependent children in the home with this relative would be considered a childless adult for purposes of BC+ eligibility. Inclusion of the child in the caretaker relative's group will also be dependent upon MAGI rules. See Chapter 10 for more information.

### **2.3.1 The non-MAGI Test Group**

The primary person who applies for BC+ must meet one of the following requirements in order to form a BC+ Test Group. The primary person must either be:

4. A Youth ~~either under age 21 prior to December 31, 2013 OR under age 26 after January 1, 2014~~ who was in out-of-home care (e.g., foster care) at age 18, or

### **2.3.1.3 Pregnant Women**

Also include in the BC+ Test Group size each fetus the pregnant woman is carrying. Verification of the number of fetuses is not required unless questionable. ~~If there is no verification on the number of fetus,~~ If the number of fetuses is unknown, add 1 to the group size. If verification is required but there is no verification on the number of fetuses, add 1 to the group size.

### **2.3.2 MAGI Test Group**

~~Beginning January 1, 2014~~ February 1, 2014, BC+ eligibility determinations will use Modified Adjusted Gross Income (MAGI) rules. MAGI rules are based on the concept of an individual's tax household, not necessarily on the physical household or family relationships.

~~All new applicants with a filing date on or after January 1, 2014 will be tested only using MAGI rules. Ongoing beneficiaries, with the exception of Core Plan members, will transition to MAGI rules at their next scheduled renewal or April 1, 2014, whichever is later.~~

All new applicants with a filing date on or after February 1, 2014 will be tested only using MAGI rules. Ongoing beneficiaries will transition to MAGI rules at their next scheduled renewal or April 1, 2014, whichever is later.

An ongoing beneficiary is someone who:

- Applied prior to ~~January 1, 2014~~ February 1, 2014,
- Was eligible for ~~December 2013~~ March 2014, and
- Remained eligible under the new income limits after April 1, 2014.

**Note:** Ongoing cases that had a renewal in January or February of 2014 will transition to MAGI rules the next time eligibility is run by the worker for the month of April 2014 or later.

#### 5.7.1 Policies Not to Report

The following policies should not be entered on the Medical Coverage Page in CWW or reported to the Fiscal Agency on the Health Insurance Information form (F-10115).

4. ~~General Assistance Medical Program (GAMP).~~

#### 7.2.1 Introduction; 7.3.1 Introduction; 7.4.1 Introduction; 7.5.1 Introduction

The following text has been updated for each section.

The 80% Current Access Test policies applies to non-exempt children (See 7.1). The 9.5% test applies to adult parents and caretakers until ~~December 31, 2013~~ March 31, 2014.

#### 7.1 Health Insurance Conditions of Eligibility

The subsections have been renamed.

**7.1.1 Health Insurance Conditions of Eligibility Under Non-MAGI Rules**  
**7.1.2 Health Insurance Conditions of Eligibility Under MAGI Rules**

#### 7.2 Past Access to Health Insurance

These subsections have been renamed.

**7.2.2 Good Cause for 80% and 9.5% "Past Access Test" under Non-MAGI Rules**  
**7.2.3 Good Cause for the 80% "Past Access Test" Under MAGI Rules**

#### 8.1 Pregnant Women

If a pregnant woman is covered under the Standard Plan at any time during her pregnancy she will remain in the Standard Plan while she is eligible as a pregnant woman, regardless of changes in income or other eligibility factors. As of ~~January 1, 2014~~ April 1, 2014, every pregnant woman BC+ will be enrolled in the Standard Plan, including someone who has become eligible by meeting a deductible. After February 1, 2014, any pregnant women will be enrolled in the Standard Plan once she has been found eligible for BadgerCare Plus. Pregnant women who are enrolled in the Benchmark Plan prior to February 1, 2014 transition to the Standard Plan on April 1, 2014 if they are still in their certification period.

#### 8.2 Continuously Eligible Newborns (CENs)

**Note:** Children born to incarcerated mothers will not be eligible as a CEN. In addition, ~~Through December 31, 2013~~, children born to pregnant minors with family income over 300% FPL who were eligible for BC+ are not eligible as CENs. This policy only applies through March 31, 2014 because children will no longer be eligible above 300% FPL as of April 1, 2014. The natural mother's eligibility could have been determined either prior to the date of delivery or retroactively to cover the date of delivery.

Through ~~December 31, 2013~~ March 31, 2014, the child will be covered under either the Standard or the Benchmark Plan, depending on the plan the mother was covered by at the time of the baby's birth. ~~Effective April 1, 2014~~, all infants

eligible for BadgerCare Plus as a CEN will be covered under the Standard Plan effective January 1, 2014. If the child is enrolled in BadgerCare Plus on or after February 1, 2014, the child will be covered under the Standard Plan upon enrollment. If the child is covered by the Benchmark plan prior to February 1, 2014, the child will transition to the Standard plan effective April 1, 2014.

## 9.9 Mandatory Verification Items

\*These mandatory verification requirements are effective for BadgerCare Plus determinations effective January 1, 2014 apply only to whose members eligibility is determined under MAGI rules.

### 9.9.6 Access to Employer-Sponsored Health Insurance

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:

4. 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.  
**Note:** The requirements for infants over 300% of the FPL and parents and caretakers are only effective until December 31, 2013.

**Note:** Because of changes in income limits, the reporting requirements listed above for infants and caretakers are only effective until March 31, 2014.

## 16.1 Income

This entire section has been rewritten with this release. The changes are too numerous to list.

## 16.2 Income Types Not Counted

32. **W2 Payments** for W-2 Transition (W-2 T), Custodial Parent of an Infant (CMC), At Risk Pregnancy (ARP), and Community Service Jobs (CSJ). Do not disregard payments for Trial Jobs Trial Employment Match Program or Transform Milwaukee Jobs.

## 17.1 Deductibles

**Note:** When determining the deductible amount under MAGI rules, only the income of the member, the member's spouse, and if the member is under age 19, the member's parents should be considered. If a sibling's or tax dependent's income has been counted as part of the applicant's regular MAGI assistance group, it should be excluded for purposes of calculating the deductible. Do not change the group size for the MAGI assistance group.

## 17.2 Pregnant Women

Dates updated.

Effective February 1, 2014, a pregnant minor applying for BC+ with family income over 300% FPL (under non-MAGI rules) or 306% FPL (under MAGI rules) has the option to either prepay the pregnancy deductible or to wait to meet the deductible.

### 17.2.3 Calculating the Deductible Amount (Pregnant Women)

To calculate the dollar amount of the BC+ deductible for a pregnant woman under MAGI rules:

1. Determine the BC+ deductible period
2. Find the pregnant woman's assistance group's total countable income for each month in the deductible period.
3. If the assistance group's total countable income includes the income of someone other than the pregnant woman, her spouse, or, if she is under age 19, her parents, subtract the income of that person, but do

not change the group size of the AG.

4. Compare the total income of each month with 300% FPL. If a month's income is less than or equal to 300% FPL, ignore it. If a month's income is more than the income limit, find the excess income by subtracting the income limit from the income of that month.
5. Add together the excess income of the months in the deductible period. The result is the pregnant woman's BC+ deductible amount.

When calculating a deductible amount for backdated months, use the actual, not prospective, income received in the backdated months.

### 17.3.2 Calculating the Deductible Amount (Children)

To calculate the dollar amount of the BC+ deductible for children under age 19 under non-MAGI rules:

3. Compare the total income of each month with 150% FPL. If a month's income is less than or equal to 150% FPL, ignore it. If a month's income is more than the income limit (150% FPL), find the excess income by subtracting the income limit from the income of that month. The child could choose to drop the deductible for months his/her income drops below 150% FPL and enroll in BC+ for those months decreases and the child is eligible to enroll in BC+.

To calculate the dollar amount of the BC+ deductible for a child under MAGI rules:

1. Determine the BC+ deductible period.
2. Find the child's assistance group's total countable income for each month in the deductible period.
3. If the assistance group's total countable income includes the income of someone other than the child, the child's parents, or, if married, the child's spouse, subtract the income of that person, but do not change the group size of the AG.
4. Compare the total income of each month with 150% FPL. If a month's income is less than or equal to 150% FPL, ignore it. If a month's income is more than the income limit (150% FPL), find the excess income by subtracting the income limit from the income of that month. The child could choose to drop the deductible for months his/her income decreases so that the child is eligible to enroll in BC+.
5. Add together the excess income of the months in the deductible period. The result is the child's BC+ deductible amount.

Example 2 is new with this release.

### 18.1.1 BC+ Extensions Introduction

**Note:** ~~Effective January 1, 2014, non-exempt adults in extensions with income above 100% FPL will be required to pay a premium (See Chapter 19).~~

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 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. Failure to pay a premium through **March 31, 2014** will result in a 12-month restrictive reenrollment period for those adults required to pay. **Starting April 1, 2014, the**

restrictive re-enrollment period for adults who fail to pay a premium will be 3 months (See 19.11).

Former Foster Care Youth (FFCY) under non-MAGI rules are eligible for a BC+ extension prior to December 31, 2013 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 an FFCY. Effective January 1, 2014, if the FFCY's eligibility is tested under MAGI rules, the FFCY will no longer be able to enter qualify for extensions.

Extensions that begin before December 31, 2013 last 12 months when the earned income increases and results in the household income exceeding 100% FPL. Earned income extensions beginning January 1, 2014 or after will be 4 months long under both non-MAGI and MAGI rules.

The BC+ extension lasts 4 months when the income goes above 100% FPL solely due to an increase in child support or spousal support. Child support extensions can occur for anyone under non-MAGI rules through 2014. Starting in 2014, the BC+ Extension occurs solely due to an increase in spousal support for assistance groups under MAGI rules. For members tested under MAGI rules, such extensions can only occur based on an increase in spousal support.

Note: Extensions will not be granted to anyone in the household if the household fails to verify the income that would trigger the extension and they would be required to pay a premium unless all parents/caretakers in the extension are exempt from paying premiums.

### 18.1.2 Pregnant Women

Through December 31, 2013, a Pregnant woman tested under non-MAGI rules who is not a parent or caretaker relative of a child during her pregnancy, can only become eligible for an extension if she was enrolled in BC+, with income at or below 100% of the FPL, for 3 months once her pregnancy reaches the 8th month. Look back 60 days from her due date or the date the pregnancy ended to determine the 8th month. If she was a parent or caretaker relative and enrolled with income at or below 100% FPL in 3 of the past 6 months she would be eligible for an extension.

Beginning January 1, 2014, a pregnant woman whose eligibility is tested under MAGI rules income increases to over 100% of the FPL will be able to enter an extension if she was eligible for BC+ as a pregnant woman, a parent or caretaker relative at any time during the pregnancy with income at or below 100% FPL in 3 of the past 6 months.

### 18.1.3 Children

Children who are eligible under non-MAGI rules may become eligible for an extension if their household meets the criteria described in Chapters 18.2.1 and 18.3.1 below.

Beginning January 1, 2014, all dependent children, stepchildren and NLRR children who are eligible under MAGI rules and whose parent or caretaker who becomes eligible for an extension under MAGI rules will be eligible for the same extension provided that they are eligible for BC+ in the month prior to the start of the extension and:

Conditions:

5. If a parent's income decreases below 100% FPL the child's extension

continues.

6. Once a child is in an extension, the child does not lose the extension for any reason except for death, moving out of Wisconsin, or turning 19 while in an earned income extension.

## 18.2 Increase in Earnings/Decrease in Group Size Extensions

The subsections have been renamed and rewritten. The text changes are too numerous to list.

### 18.2.1 Earned Income Extensions Under Non-MAGI Rules

### 18.2.2 Earned Income Extensions Under MAGI Rules

### 18.2.3 SSI Exception

## 18.3.1 Support Extensions prior to December 31, 2013 under Non-MAGI Rules

For AG's under non-MAGI rules, if a BC+ member's countable income increases above 100% FPL and all or part of the excess income consists of child support income, grant an extension of either 4 or 12 months depending on the case circumstances.

### 18.3.1.2 Twelve Month Extension under non-MAGI Rules

The 12 month BC+ extension applies only if:

5. S/he verified his or her income, unless s/he is exempt from paying a premium.

### 18.3.2 Support Extensions under MAGI Rules

~~For AGs using non-MAGI rules, if a BC+ member's child support income increases and the total countable income increases above 100% FPL and all or part of the excess income consists of child support income, grant an extension of either 4 months.~~

For AGs using MAGI rules, if a BC+ member's parent, caretaker, or pregnant woman's countable income increases above 100% FPL and all or part of the excess income consists of spousal support income, grant an extension of 4 months either 4 months or 12 months depending on the case circumstances.

### 18.3.2.1 Four Month Extensions under MAGI Rules

This subsection is new with this release.

### 18.3.2.2 Twelve Month Extensions Under MAGI Rules

This subsection is new with this release.

## 18.5.1 Introduction

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

- ~~2. S/he loses employment when the 12 month extension requires that someone in the group remain employed.~~
2. All children under the parent's or caretaker relative's care have either left the household or turned 19 and This does not apply to extensions that begin on or after January 1, 2014 the extension was based on an increase in earned income.
3. A child in an earned income extension turns 19.

**Note:** Under MAGI rules, children in a support extension who turn 19 do not lose the extension just for turning 19. Similarly a parent or caretaker relative in a

support extension just because all of the children under his or her care either left the home or turned 19.

## 19.1 BC+ Premiums

This section has been rewritten. The text changes are too numerous to list.

### 19.2.1 Premium Calculations Through December 31, 2013 for Non-MAGI Households

**Note:** The following policy applies to all BC+ members whose eligibility is determined under non-MAGI rules.

### 19.2.2 Premium Calculations Effective January 1, 2014 for MAGI Households

This section has been rewritten. The changes are too numerous to list.

Two new subsections have been added.

#### 19.2.2.1 Children's Premiums using MAGI Rules

#### 19.2.2.2 Adults' Premiums using MAGI Rules

## 19.3 Premium Limits

Through December 31, 2013, with four exceptions (listed below), For all BC+ members whose eligibility is determined under non-MAGI rules, 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.

Beginning January 1, 2014, For all BC+ members whose eligibility is determined under MAGI rules, children with assistance group income above 201.00% of the FPL will be required to pay premiums, which will be capped at 5%. Parents and caretakers in Extensions will pay premiums based on the sliding scale discussed above, without a 5% cap applied. Non-exempt children with incomes above 201% of the FPL will not be required to pay premiums when the adults in the household are paying premiums in an Extension. If the parents enter a restrictive re-enrollment period (RRP) for failure to pay a premium or are otherwise ineligible, non-exempt children with income above 201% will be required to pay a premium. The total premium amount for the household is the total of the individually calculated premiums, not to exceed a 5% cap. The cap will be 5% of the income of the assistance group with the highest income (in terms of dollar amount) in the case.)

The 5% cap methodology for children with premiums will be effective as soon as one child on the case who is subject to premiums has his or her eligibility determined using MAGI rules.

Parents and caretakers in Extensions will pay premiums based on the sliding scale discussed above, without a 5% cap applied. Non-exempt children with incomes above 201% of the FPL will not be required to pay premiums when the adults in the household are paying premiums in an Extension. If the parents enter a restrictive re-enrollment period (RRP) for failure to pay a premium or are otherwise ineligible, non-exempt children with income above 201% will be required to pay a premium.

### 19.11 BadgerCare Plus Restrictive Re-enrollment Period (RRP)

**Note:** An individual's RRP status for BC+ does not impact his or her eligibility to purchase health insurance through the Marketplace.

#### 19.11.2 Reapplying

Examples 6 & 7 updated.

#### 19.11.4 Good Cause for Quitting BC+

Do not apply the RRP when an individual who owes a premium for quitting BC+ in the current month voluntarily quits BC+ for these reasons:

6. The individual has enrolled in a Qualified Health Plan (QHP) through the Marketplace.

#### 25.7 Timeframes

Example 3 updated.

#### 26.1.1 Renewals Introduction

For MAGI based AGs, renewals received within 90 days of the renewal month can be processed as a late renewal instead of requiring a new application. The income that was required to have been reported had the renewal been timely is the income that is required to be budgeted unless the income has changed. If the income has significantly changed, use the actual income or the best available income for the previous months and prospective budgeting for the current and future months.

#### 27.3 Income Change Reporting Requirements

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. Effective ~~January 1, 2014~~ April 1, 2014, all non-exempt parents and caretakers in BC+ Extensions will be required to pay a premium. However, parents and caretakers with income between 100 and 133% FPL will not be subject to premiums until the seventh calendar month of their extension.

~~For members whose eligibility is determined under non-MAGI rules, the CARES notice will indicate the dollar amount associated with each FPL level, for the BC+ group size.~~

#### 32 Express Enrollment Presumptive Eligibility

Wisconsin's presumptive eligibility programs are known by multiple terms: express enrollment, temporary enrollment, and presumptive eligibility. In the BC+ handbook, all such policy will be collectively referred to as presumptive eligibility.

This entire chapter has been rewritten. The changes are too numerous to list.

#### 38.2.2 Copayment

**Effective January 1, 2014 April 1, 2014, the co-payment policy is as follows:**

Providers are prohibited from collecting co-payment from the following members:

- Children in a mandatory coverage category. In Wisconsin, this includes:
  - Children in foster care, regardless of age.
  - Children in adoption assistance, regardless of age.
  - ~~Children in the Katie Beckett program, regardless of age.~~
  - Children under age one with income up to 150 percent of the FPL.
  - Children ages 1 through 5 with income up to 185 percent of the FPL.
  - Children ages 6 through 18 years of age with incomes at or below 133 percent of the FPL.
- Children in the Katie Beckett program, regardless of age.
- Children under 18 eligible through Express Enrollment.
- Children who are American Indian or Alaska Natives who are enrolled in

- the state's CHIP.
- American Indians or Alaskan Natives, regardless of age or income level, when they receive items and services either directly from an Indian health care provider or through referral under contract health services.
- Terminally ill individuals receiving hospice care.
- Nursing home residents.
- Women enrolled in Wisconsin Well Woman Medicaid.

**38.5.1 BC+ Cards Introduction**

Through March 31, 2014, different ForwardHealth cards are issued to BC+, BC+ Core and BC+ Basic members. These cards are plastic and, depending on the benefit plan, display the words:

- ForwardHealth
- ForwardHealth Core Plan
- ForwardHealth Basic Plan

**Note:** The BadgerCare Core Plan and the BadgerCare Plus Basic Plan end on March 31, 2014.

**40.1 Family Planning Only Services Program; 40.4 FPOS Non-financial Requirements**

BC+ Family Planning Only Services program (FPOS) provides limited benefits for family planning services for women and men with income at or below 300% of the FPL (under non-MAGI rules) or 306% FPL (under MAGI rules) and who are:

- Of child bearing age (defined as 15 years or older), and

**40.2 FPOS Temporary Enrollment/ Presumptive Eligibility (PE)**

FPOS temporary enrollment through a presumptive eligibility determination provides family planning services beginning on the day that a qualified provider determines that the individual has income at or below 300% FPL (under non-MAGI rules) or 306% FPL (under MAGI rules), and is:

- Of Child bearing age (defined as 15 years or older), and
- A Wisconsin resident, and
- A citizen of the U.S., and Not enrolled in BC+ or receiving full benefit Medicaid
- One of the following:

*For individuals under 19:*

- U.S Citizen or
- Lawfully present in the United States (no requirement for the amount of time the person is lawfully present in the U.S.).

*For individuals age 19 and older:*

- U.S. Citizen;
- Lawfully residing in the United States under one of the eligible immigration statuses/situations listed in section 4.3.4.

**41.7.1 The BC+ Prenatal Group through December 31, 2013 January 31, 2014**

Through December 31, 2013 For individuals who applied prior to January 31, 2014, continue to form the BC+ Prenatal group according to the following rules:

**41.7.2 The BC+**

Effective January 1, 2014 February 1, 2014 for all women applying new

<b>Prenatal Group After January February 1, 2014</b>	applicants for the BC+ Prenatal Program will have their eligibility determined under MAGI rules. Follow the rules outlined in Chapter 2 in order to form group size.
<b>43.1 CORE PLAN Introduction</b>	The BC+ Core Plan will be ending on <del>December 31, 2013</del> <b>March 31, 2014</b> . Core Plan members with AG income at or below 100% FPL will be transitioned to the BC+ Childless Adults coverage group without have to reapply on <b>April 1, 2014</b> . Coverage for Core Plan members with AG income over 100% of the FPL will be terminated effective <del>December 31, 2013</del> <b>April 1, 2014</b> . These individuals may be eligible to receive advanced premium tax credits and cost-sharing reductions available through the Federally-facilitated Marketplace.
<b>43.2 Core Plan Eligibility Criteria</b>	<u>Health Insurance</u>  <b>Note:</b> During the transition period of January to March 2014, Core Plan members are permitted to maintain their Core Plan coverage even if they have enrolled in private health insurance.
<b>43.5.3 Certification Period</b>	Changes in income and/or marital status do not affect a member's eligibility during the 12 month certification period. This policy ends when the Core Plan ends on <del>December 31, 2013</del> <b>March 31, 2014</b> .
<b>43.7.3.10 Restrictive Re-enrollment Period (RRP)</b>	Core Plan RRP's do not affect eligibility for BC+ effective <del>January 1, 2014</del> <b>April 1, 2014</b> .
<b>43.8.3 Core Plan Ending</b>	The BC+ Core Plan is ending effective <del>December 31, 2013</del> <b>March 31, 2014</b> . Core Plan members at or below 100% FPL will be transitioned to the new BC+ childless adults category and those over 100% FPL will be referred to the Marketplace.
<b>48.1.2 Premiums for Adults</b>	Table values have changed. Effective 02/01/2014.  <del>Effective January 1, 2014, BC+ parents, caretakers and childless adults will not be subject to premiums unless they are in an extension. These premiums will be required of non-exempt adults in extensions regardless of the methodology used to determine their BC+ eligibility (non-MAGI or MAGI rules).</del>  BC+ parents, caretakers and childless adults with income at or below 100% FPL are not required to pay premiums. Non-exempt parents and caretakers in an extension with income above 133% FPL are required to pay premiums. Effective with extensions that begin on or after April 1, 2014, non-exempt parents and caretakers in an extension with income between 100 and 133% FPL are required to pay premiums starting in the seventh calendar month of their extension.
<b>48.1.3 Premiums for Adult Caretaker Families with Self Employment Income</b>	Table values have changed. Effective 02/01/2014.  <b>Note:</b> These amounts only apply to self-employed parents and caretakers who applied prior to February 1, 2014 and have their eligibility determined under non-MAGI rules. Self-employment parents and caretakers who apply on or after February 1, 2014 will have their eligibility determined under MAGI rules, which considers depreciation to be an allowable expense. Eligibility ends March 31, 2014, for self-employed parents and caretakers with incomes over 100% of the FPL.

**50.1 Federal Poverty Level (FPL) Table**

Table values have changed. Effective 02/01/2014.

**52.1 Core Plan Health Insurance**

**Note:** During the transition period of January to March 2014, Core Plan members are permitted to maintain their Core Plan coverage even if they have enrolled in private health insurance. This coverage should be treated in the same way as the State/Federal plans in the table below.