

**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 14-03**

Release Date: September 5, 2014

Effective Date: September 5, 2014

**EFFECTIVE DATE** The following policy additions or changes are effective 09/05/14 unless otherwise noted. Grey highlighted denotes new text. Text with a strike through it denotes deleted text.

**5.1.2 Referral to CSA** The IM agency provides the CSA with information vital to opening medical support cases. The IM agency also supplies continuing information, which assists the CSA in providing medical support services. At confirmation, CARES automatically sends a referral to the CSA for all BC+ applications and person adds that include minors eligible under a Medicaid (T19) Medical Status Code, unless the referral field on the Absent Parent Page is answered 'No'. The information on the Absent Parent Page must be filled out completely and accurately and to the best of the worker's ability, given that detailed questions about absent parents cannot be asked during the application process for health care-only applications. The referral will still be sent to the CSA, even if the absent parent's name is unknown.

**9.10 Questionable Items** *Effective September 28, 2014*

4. The member has been convicted of Medicaid or BC+ fraud or has legally acknowledged his/her guilt of member fraud. ~~Do not require a member to provide verification for the sole reason that they have acknowledged or been convicted of fraud in any other public assistance or employment program.~~

7. CARES Worker Web (CWW) determines the case meets an automated Error Prone Profile.

**9.10.1 Front End Verification** Front-End verification (FEV) is intensive verification of a case by a special unit or worker. Refer a group for FEV only when its characteristics meet a designated profile. See ~~3.2 Fraud Prevention/ Front End Verification~~ **12.3 FEV Case Application** of the Income Maintenance Manual.

**11.2 Former Foster Care Youth** Youths who were in foster care, subsidized guardianships or court-ordered Kinship Care on their 18th birthday, qualify for a special status under BC+ when they leave out of home care if all the following conditions are met:

3. The youth meets the following BC+ eligibility criteria:
  - i. ~~Cooperates with HIPP requirements (7.7).~~

There is no income or resource test for these youths while they are eligible

under this status; therefore, they are not required to provide any income tax filing information in order for their BC+ eligibility to be determined.

**Note:** If a FFCY is included in another household member's assistance group, his or her tax filing information may be needed to determine eligibility for those household members.

#### 16.1.4 Gap Filling

*This section is new with this release.*

Due to differences between the eligibility rules used by the Marketplace for Advanced Premium Tax Credits (APTC) and the eligibility rules used when counting income for BC+, a situation may occur in which an assistance group's annual income is too low to qualify for an APTC but their monthly income is above the income limit for BC+.

Federal regulations require states to enroll such individuals in Medicaid under a policy called "gap filling." Local agencies should contact the DHS CARES Call Center if a member is ineligible for APTCs based on his or her annual income, but ineligible for BC+ based on current monthly income.

#### 16.2 Income Types Not Counted

The following income types have been updated or are new with release:

- 14. Payments to Native Americans
- 41. Gifts
- 42. Money from Another Person

#### 16.5 Other Income

The following income types have been updated or are new with release:

- 6. Money from Another Person (same as 16.2)
- 16. Student Financial Aids (same as 16.2)

#### 17.2 Pregnant Women

Through March 31, 2014, a self-employed pregnant woman with assistance group income over 300% FPL, who is also the parent or caretaker relative of a child, does not have to meet a deductible. She is eligible with no premium under the Benchmark plan. If she is not the parent or caretaker relative of a born child, she would have to meet a deductible to become eligible for BC+.

Beginning April 1, 2014, a pregnant woman with assistance group income over 300% FPL must meet a deductible to become eligible for BC+, regardless of if she is self-employed or a parent or caretaker of born children. She will be eligible for coverage under the Standard Plan once she meets the deductible.

#### 19.1 BC+ Premiums

**Note:** Effective with BC+ Extensions that begin on or after April 1, 2014, parents, stepparents and caretaker relatives with income between 100% and 133% FPL in a BC+ Extension will be subject to premiums starting in the seventh calendar month of their Extension. October 2014 is the first month for which premiums will be charged for non-exempt adults in an Extension with income at or below 133% FPL.

If a member's income changes during their Extension, s/he will only be exempt from premiums if s/he is in the first six calendar months of that Extension, and if his/her income is at or below 133% FPL.

- If the member's income drops below 100% FPL, s/he will be enrolled in regular BC+ and is no longer subject to a premium.
- If the member's income drops below 100% FPL, then later increases and the member qualifies for a new Extension, a new six-month premium exemption will begin with the new Extension.
- If the member's income drops below 100% FPL, then later increases and the member does not qualify for a new Extension, the member will be re-enrolled in the previous Extension and the original six-month time frame for exempting premiums will apply.

*Examples 1 – 4 are new with this release.*

**32 Presumptive Eligibility; 40.2 FPOS Presumptive Eligibility (PE)**

**Note:** Wisconsin's presumptive eligibility programs are known by multiple terms: Express Enrollment, Temporary Enrollment, and Presumptive Eligibility. Express Enrollment (EE) is the **online application** in ACCESS for making PE determinations. Presumptive Eligibility (PE) is the **determination** of whether an applicant is eligible to temporarily enroll in BadgerCare Plus (BC+) or Family Planning Only Services (FPOS). Temporary Enrollment (TE) is when an applicant has been found **eligible to temporarily enroll** in BC+ or FPOS. All such policy in this handbook will be collectively referred to as Presumptive Eligibility.

**32.1 Presumptive Eligibility (PE) for Children**

*This section has been split into two subsections.*

**32.1.1 Eligible Children for PE  
32.1.2 Qualified Entities**

**32.1.1 Eligible Children under PE**

PE can begin on the day on which a qualified ~~provider~~ **entity** determines that the child meets the criteria listed above by completing an application for a PE determination through ACCESS for Partners and Providers (APP).

**32.1.2 Qualified Entities**

~~Qualified certifying agencies who can~~ **entities that can be certified by ForwardHealth to temporarily enroll children in BC+ through the Express Enrollment program include:**

Once certified by the fiscal agent to enroll children through the PE category, the ~~PE certifying agencies~~ **qualified entity** will:

5. Stress the importance of applying through the local agency for ~~continued~~ **ongoing** BC+ eligibility. In addition, they will advise applicants that they may apply for BC+ via the Internet through the ACCESS web site, over the telephone, through the mail or in person.

~~Once a certifying agency determines a child presumptively eligible, the child will remain enrolled until the last day of the calendar month after the month in which the presumptive eligibility is granted.~~

If a **full** BC+ application is not submitted by the end of the month following the month in which the child was temporarily enrolled, the PE period ends the last day of the month following the month in which the child was enrolled.

**32.2 Presumptive Eligibility (PE) for Pregnant Women**

*This section has been split into two subsections.*

**32.2.1 Eligible Pregnant Women for PE  
32.2.2 Qualified Entities**

**32.2.1 Eligible Pregnant Women for PE**

~~A Medicaid Qualified Provider certified under contract with the Division of Health Care Access and Accountability (DHCAA) can temporarily enroll a pregnant woman in BC+ through the Express Enrollment program. A Medicaid qualified entity certified by ForwardHealth can temporarily enroll a pregnant woman in BC+ through the Express Enrollment program.~~

**32.2.2 Qualified Entities**

The provider **qualified entity** will:

- 6. Stress the importance of applying through the local county/tribal agency for **continued ongoing** BC+ eligibility. In addition, they will advise applicants that they may apply for BC+ via the Internet through the ACCESS web site, over the telephone, through the mail or in person.

~~**Note:** Non-citizens will be referred to the IM agency for a BC+PP eligibility determination.~~

If she applies for **ongoing** BC+ by the end of the month following the month in which she was found presumptively eligible, the enrollment period ends the day on which the agency determines her eligibility, regardless of the result of the determination.

If she does not apply by the end of the month following the month in which she was enrolled through PE for pregnant women, the PE period ends the last day of the month following the month in which she was determined eligible for PE for pregnant women. ~~If she is found ineligible for BC+, her enrollment will end following adverse action notice.~~

**32.3 Presumptive Eligibility for Adults**

*This section has been split into two subsections.*

**32.3.1 Eligible Adults for PE  
32.3.2 Qualified Entities**

**32.3.1 Eligible Adults for PE**

~~Effective April 1, 2014, qualified hospitals can make presumptive eligibility determinations for Adults (parents, caretakers and childless adults) for the BC+ Standard Plan can be found presumptively eligible for BC+ if they meet the following financial and non-financial criteria:~~

**32.3.2 Qualified Entities**

**Qualified hospitals certified by ForwardHealth can make presumptive eligibility determinations for adults.**

~~Once a qualified hospital determines the parent, caretaker or childless adult presumptively eligible, the individual will remain enrolled until the last day of the calendar month after the month in which the presumptive eligibility is granted.~~

**32.5 Qualified hospitals for presumptive eligibility (PE)**

**Qualified hospitals are certified by ForwardHealth to make PE determinations. Qualified hospitals can make PE determinations for the following populations:**

**32.6 Express Enrollment Process in ACCESS**

**Refer to ACCESS Handbook Chapter 12 for more information on determining presumptive eligibility for BC+ using the Express Enrollment process in ACCESS.**

**39.1 Emergency Services Income Limits**

**Prior to April 2014, an immigrant who only ~~meets~~ met the eligibility criteria for the BadgerCare Plus Core Plan ~~is~~ was not eligible for Emergency Services. Starting April 2014, immigrants who meet the criteria for BadgerCare Plus under**

the childless adults' coverage group under MAGI rules will also be ineligible for Emergency Services.

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

*Effective October 1, 2014,*

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:

1. Of child bearing or reproductive age (~~defined as 15 years or older~~), and

**40.2.2 Qualified Providers Entities**

Qualified ~~providers~~ entities are certified by the ~~Division of Health Care Access and Accountability (DHCAA)~~ ForwardHealth to make PE determinations. A qualified ~~provider~~ entity determines if an individual is eligible to temporarily enroll in FPOS. If the individual is eligible, the qualified ~~provider~~ entity will:

1. Complete and sign the Temporary Enrollment for FPOS form (F-10119). ~~Beginning September 28, 2014, qualified entities will be able to make PE determinations for FPOS using the Express Enrollment process in ACCESS. See ACCESS Handbook Chapter 12."~~

**40.2.4 Express Enrollment Process in ACCESS**

Refer to ACCESS Handbook Chapter 12 for more information on determining presumptive eligibility for BC+ using the Express Enrollment process in ACCESS.

**48.1.2 Premiums for Adults**

*Premium amounts for assistance groups in extensions with income between 100% - 133% of the FPL have been added.*

**51.1 BadgerCare Plus Medical Status Codes**

The table of Medical Status Codes has been updated.