



DEPARTMENT OF CHILDREN
AND FAMILIES
Secretary Eloise Anderson
201 East Washington Avenue, Room G200
P.O. Box 8916
Madison, WI 53708-8916
Telephone: 608-266-8684
Fax: 608-261-6972
www.dcf.wisconsin.gov

DEPARTMENT OF HEALTH SERVICES
Secretary Dennis Smith
1 West Wilson Street
P.O. Box 7850
Madison, WI 53707-7850
Telephone: (608) 266-9622
FAX: (608) 266-7882
www.dhs.wisconsin.gov

**State of Wisconsin
Governor Scott Walker**

**TO: Income Maintenance Supervisors
Income Maintenance Lead Workers
Income Maintenance Staff
W-2 Agencies
Workforce Development Boards
Job Center Leads and Managers
Training Staff
Child Care Coordinators**

**FROM: Rich Albertoni, Bureau Director
Bureau of Enrollment Policy & Systems
Division of Health Care Access and Accountability**

BEPS/DFS OPERATIONS MEMO		
No: 11-15		
DATE: APRIL/07/2011		
FS <input type="checkbox"/>	MA <input checked="" type="checkbox"/>	BC+ <input checked="" type="checkbox"/>
SC <input type="checkbox"/>	CTS <input type="checkbox"/>	FSET <input type="checkbox"/>
BC+ Basic <input type="checkbox"/>	BC+ CORE <input checked="" type="checkbox"/>	
CC <input type="checkbox"/>	W-2 <input type="checkbox"/>	EA <input type="checkbox"/>
CF <input type="checkbox"/>	JAL <input type="checkbox"/>	JC <input type="checkbox"/>
RAP <input type="checkbox"/>	WIA <input type="checkbox"/>	Other <input type="checkbox"/> *
EP		

SUBJECT: Revised Medicaid/BadgerCare Plus Eligibility Certification Form

CROSS REFERENCE: Process Help Chapter 81.2

EFFECTIVE DATE: Immediately

PURPOSE:

This memo announces the revised Medicaid/BadgerCare Plus Eligibility Certification form (F-10110) used to manually send eligibility and updated cost share information for Medicaid and BadgerCare Plus to the ForwardHealth interChange system (iC).

BACKGROUND:

Eligibility for BadgerCare Plus (BCP) and Medicaid (MA) programs is sent to iC through an interface with CARES. The eligibility and cost share information must be confirmed in CARES to be sent through the interface to iC. The manual certification (F-10110) for BCP and MA has always been available for situations where the worker is unable to confirm BCP/MA eligibility or updated cost share amounts in CARES.

With the implementation of iC in November 2008 (Ops Memo 08-49), workers were able to manually certify applicants and members using the electronic 'BadgerCare Plus Manual Certification' process found in the iC Partner Portal for situations where the correct eligibility or demographic data could not be sent from CARES to iC. The eligibility sent through the new electronic process is updated in iC immediately after submitting the certification information. The availability of the electronic process has reduced the need to use the manual F-10110, but it is still needed in certain situations to manually certify new members and to update cost share information for Long Term Care Medicaid cases.

REVISED FORM:

The F-10110 has been revised to align with how member data is stored in iC and to include a means to request that a member's cost share, spenddown and/or patient liability be manually added or updated. Effective immediately the revised F-10110 is available in Process Help chapter 81.2. Use this form to submit manual eligibility and/or cost shares to iC by any **one** of the following methods:

- Email 3070s (e-3070s)
- Mail
- Fax

Use the F-10110 only when CARES cannot set the correct eligibility or cost share. Use the version of the form in Process Help when sending a completed form. For more information how to complete the F-10110 see Process Help chapter 81.2.

- **NOTE:** If workers are unable to access the form through Process Help, an electronic version can be requested by e-mail to: Carol.Cole@wi.gov.

PATIENT LIABILITY AND COST SHARE PROCESSING:

The F-10110 has been revised to include sections to send updates for Family Care (FC), PACE, Partnership, and Home and Community Based Waiver (HCBW) cost share as well as Institutional Medicaid patient liability information to iC. See [Operations Memo 10-31](#) for the policy on changing PACE and Partnership cost share amounts.

Waiver Cost Share

This section is used to update spenddown and cost share amounts for members eligible for HCBW but not enrolled in FC, PACE or Partnership.

These cost share amounts appear in iC as either WAIV Cost Share or WAIV Spenddown.

Cost Share for FC, PACE, Partnership

This section is used to update the following cost share amounts for members enrolled in FC, PACE or Partnership:

- Institutional Patient Liability
- Waiver Cost Share
- Group C Waiver Spenddown

These cost share amounts appear in iC as WAIV Cost Share or Group C Waiver Spenddown.

Reminder: When a nursing home resident leaves the nursing home mid month and enrolls in FC, PACE or Partnership, the MCD Cost Share amount should be zeroed out and the WAIV Cost Share or Group C Waiver Spenddown amount should be added to iC.

Institutional Medicaid Liability

This section is used to update the Patient Liability amount for members residing in a medical institution who are not enrolled in FC, PACE or Partnership.

- **Note:** Timely notice must be given to increase any cost share. Please do not send the F-10110 to increase a cost share retroactively.

CONTACTS:

BEPS CARES Information & Problem Resolution Center

*Program Categories – FS – FoodShare, MA – Medicaid, BC+ – BadgerCare Plus, SC – Senior Care, CTS – Caretaker Supplement, CC – Child Care, W-2 – Wisconsin Works, FSET – FoodShare Employment and Training, BC+ Core – BadgerCare Plus Core, CF – Children First, EA – Emergency Assistance, JAL – Job Access Loan, JC - Job Center Programs, RAP – Refugee Assistance Program, WIA – Workforce Investment Act, Other EP – Other Employment Programs.

DHS/DHCAA/BEPS/PH, HH, JC