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**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: Deborah Waite, Deputy Bureau Director
Bureau of Enrollment Policy & Systems
Division of Health Care Access and Accountability**

BEPS/DFS OPERATIONS MEMO					
No: 12-05					
DATE: 1/31/2012					
FS <input type="checkbox"/>	MA <input checked="" type="checkbox"/>	BC+ <input checked="" type="checkbox"/>			
SC <input checked="" 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: 2012 Federal Poverty Level Changes for ForwardHealth Programs

CROSS REFERENCE: BadgerCare Plus Handbook (BCPH), 48.1 & 50.1
Medicaid Eligibility Handbook (MEH), 39.5, 39.10 & 39.11

EFFECTIVE DATE: See specific dates below.

PURPOSE:

This memo provides local agencies with information about how to implement the 2012 Federal Poverty Level (FPL) Income Guidelines for the BadgerCare Plus (BC+) and Medicaid (MA) Programs. Below are the updated tables, effective dates and cross references for these programs.

BACKGROUND

The U.S. Department of Health and Human Services (DHHS) published its annual update of the Poverty Income Guidelines (aka Federal Poverty Level, or FPL) in the Federal Register on January 26, 2012. These FPL guidelines are available at the following website:
<http://aspe.dhhs.gov/poverty/index.shtml>.

Income limits and other amounts used in eligibility determinations for BC+ and certain categories of MA are based on the FPL. The increase in the Federal FPL will result in changes to the MA and BC+ income limits as specified in this Operations Memo.

Under section 49.471(10)(b) of the Wisconsin Statutes, BC+ premiums are never to exceed 5% of the family's countable income, nor exceed the "full per member per month cost of coverage". The BC+ individual premiums for 2012 are not changing; however, due to the income limits increasing, almost all of the 5% caps on BC+ premiums will be going up.

POLICY

Income limits and other amounts based on the FPL will be effective on the dates provided below. The changes will be provided in future MEH and BCPH releases. When ongoing cases are updated in CARES with the new income limits, the first affected benefit month will be March 2012. As you become aware of cases that could have benefited from the higher limits in February, re-determine eligibility with the 2012 FPL limits listed below.

The 2012 BC+ 5% premium caps will be effective February 1, 2012, for newly eligible individuals who owe premiums and are confirmed on or after February 1, 2012. For ongoing cases, the 2012 premium caps will not take effect until March 1, 2012, in order to meet notice requirements.

CARES

CARES eligibility re-determinations will occur automatically as part of the annual FPL mass change on the weekend of February 11, 2012 affecting the March benefit month. CARES tables TBCS, TBPI, TFPL, TMEP, TMST and TSFL will be updated February 1, 2012, immediately affecting eligibility for the month of February when eligibility is being determined. If the case exceptions out during the batch run, alert 349 will be generated.

Alert

349 ELIG NOT DET AT MC/AA RUN SFEX

This alert indicates that the case did not go through mass change or adverse action because it exceptioned off. These are the cases that appear on the EOS Exception report C306. This report includes cases with overrides, cases with person add/deletes that have not been confirmed, and assistance groups in pending status. These cases are also listed on the monthly mass change report C307. For these cases, you must run eligibility and confirm benefits when you get the correct determination. If you do not run eligibility and confirm the benefits before Adverse Action (AA), you must run eligibility with the recurring month's date.

The new FPL limits will be used for applications or person adds when eligibility is determined in CARES on or after February 1, 2012. For ongoing cases, the new FPL limits will be used when eligibility is determined retroactively for the month of February 2012.

BadgerCare Plus and Premiums

The new BC+ income limits (based on the 2012 FPL guidelines) are effective on February 1, 2012.

Ongoing Cases

Any ongoing cases with adult parents/caretakers who were previously determined ineligible solely because income was above the 200% FPL income limit may now be eligible due to the income limit increases.

Effective March 1st, eligibility will be automatically re-determined for children in these cases using the new limits, and if family income is now below 200% of the FPL, enrollment will be updated from the Benchmark to Standard Plan and a premium will no longer be required.

Enrollment will not automatically occur for adult parents/caretakers during the batch run if the BCPA assistance group has been closed for a calendar month or more. If a request for health care is registered in CARES for the adult and other changes are not reported, the BCPA will open with a premium the next time the worker determines eligibility.

In an attempt to avoid confusion for the member and prevent Restrictive Re-enrollment Periods (RRPs) for these adults, we have added a standard letter in CNSL in the CARES mainframe. This letter (attached) lets these adults know they could be enrolled in BadgerCare Plus with a premium if they contact their agency. We will send out a list of affected cases to the local Income Maintenance agencies. Workers must use the CNSL letter NBPR to send letters to these households by February 20th. Workers must enter the due date of March 5th on page one of the letter.

If you are interested in paying a monthly premium to receive BadgerCare Plus benefits, fill out page two of this letter and return it to your agency by _____ (date) at the address listed at the top of this letter.

If the parent contacts the agency, follow the process outlined below to process the enrollment.

Process to enroll a parent in BC+

If the member calls to request the benefit prior to March 5, determine eligibility for the recurring month (March if prior to February adverse action, April if after February adverse action) and confirm eligibility. Certify eligibility for the months prior to the recurring month using the online manual certification or form F-10110. The member is not responsible for a premium payment for any months that cannot be confirmed in CARES. The first premium for which the adult must pay is the one for the recurring month when eligibility was confirmed.

BADGERCARE PLUS CORE PLAN

BC+ Core Plan members with incomes at or below 100% of the FPL pay different copay amounts than those with incomes above 100%. Core Plan members will be included in the FPL mass change so those whose income is below 100% of the new FPL will qualify for the lower copayments.

MEDICARE SAVINGS PROGRAMS, MEDICAID PURCHASE PLAN (MAPP) & COLA DISREGARD**Ongoing Cases**

For Medicare Savings Programs (MSP) categories and MAPP, the new income limits based on the 2012 FPL guidelines are effective on February 1, 2012. Social Security benefit increases that occurred in January due to the Cost of Living Adjustment (COLA) are disregarded for MSP and MAPP cases until the month after the FPL change is announced. This is done to prevent these cases from closing due to the COLA increases before the higher FPL limits are effective.

In December 2011, the CARES COLA mass change stored the COLA increase on the (CWW) Unearned Income page as "CURRENT DISREGARD" field. For MSP and MAPP cases for which eligibility has been determined between January 1, 2012 and January 31, 2012, CARES automatically subtracted the COLA increase from the member's income before comparing it to the eligibility income limits. In addition, CARES subtracted the "CURRENT DISREGARD" from the member's income before comparing it to the income limits for MAPP premiums.

Because the FPL limits are being updated February 1, 2012, CARES will no longer subtract the COLA increase from total income when determining eligibility for February through December 2012.

Some Specified Low-Income Medicare Beneficiaries (SLMB) may become eligible as Qualified Medicare Beneficiaries (QMB) due to the increase in the income limits, but will not have their eligibility updated during the mass change. We will send local agencies a report listing the persons who need to have their eligibility run on line and new benefits confirmed.

New Applications

The 2012 COLA amount entered in the "Current Disregard" on the unearned income page will be disregarded automatically for MSP categories and MAPP applications processed between January 1, 2011 and January 31, 2011.

For applications processed between January 1, 2011 and January 31, 2011 that did not have the "CURRENT DISREGARD" and were denied for excess income, re-determine eligibility with the new 2012 FPL limits upon the member's request.

SPOUSAL IMPOVERISHMENT AND COMMUNITY SPOUSE INCOME ALLOWANCE AND SPOUSAL IMPOVERISHMENT FAMILY MEMBER INCOME ALLOWANCE.

Changes to the Spousal Impoverishment Community Spouse Income Allowance minimum allocation, Shelter Base Amount, and Spousal Impoverishment Family Member Income Allowance are effective July 1, 2012. A separate Operations Memo will be issued in May 2012 with information about the changed amounts. This memo will also describe the mass change which will affect July benefits.

NEW INCOME LIMITS

The following tables show the new income limits for specific MA categories and BC+.

QUALIFIED MEDICARE BENEFICIARY (QMB)

Effective Date:02/01/2012

Cross Reference: MEH (Chapter 39.5)

Group Size	OLD Limit (100%)	NEW Limit (100%)
1	\$907.50	\$930.83
2	\$1,225.83	\$1,260.83

QUALIFIED DISABLED & WORKING INDIVIDUAL (QDWI)

Effective Date:02/01/2012

Cross Reference: MEH (Chapter 39.5)

Group Size	OLD Limit (200%)	NEW Limit (200%)
1	\$1,815.00	\$1,861.67
2	\$2,451.67	\$2,521.67

SPECIFIED LOW-INCOME MEDICARE BENEFICIARY (SLMB)

Effective Date:02/01/2012

Cross Reference: MEH (Chapter 39.5)

Group Size	OLD Limit (120%)	NEW Limit (120%)
1	\$1,089.00	\$1,117.00
2	\$1,471.00	\$1,513.00

SPECIFIED LOW-INCOME MEDICARE BENEFICIARY PLUS (SLMB +)

Effective Date:02/01/2012

Cross Reference: MEH (Chapter 39.5)

Group Size	OLD Limit (135%)	NEW Limit (135%)
1	\$1,225.13	\$1,256.63
2	\$1,654.88	\$1,702.13

MAPP

Effective Date:02/01/2012

Cross Reference: MEH (Chapter 39.5)

Income limits for MAPP are based on 250% of the FPL for applicants and members. Individuals above 150% of FPL may need to pay a premium in order to participate in the MAPP program.

Group Size	OLD Limit (250%)	NEW Limit (250%)	OLD MAPP Cutoff Premium Payment (150%)	NEW MAPP Cutoff Premium Payment (150%)
1	\$2,268.75	\$2,327.08	\$1,361.25	\$1,396.25
2	\$3,064.58	\$3,152.08	\$1,838.75	\$1,891.25
3	\$3,860.42	\$3,977.08	\$2,316.25	\$2,386.25
4	\$4,656.25	\$4,802.08	\$2,793.75	\$2,881.25
5	\$5,452.08	\$5,627.08	\$3,271.25	\$3,376.25
6	\$6,247.92	\$6,452.08	\$3,748.75	\$3,871.25
7	\$7,043.75	\$7,277.08	\$4,226.25	\$4,366.25
8	\$7,839.58	\$8,102.08	\$4,703.75	\$4,861.25
9	\$8,635.42	\$8,927.08	\$5,181.25	\$5,356.25
10	\$9,431.25	\$9,752.08	\$5,658.75	\$5,851.25
For each additional person	+795.83	+ \$825.00	+ \$477.50	+ \$495.00

FAMILY PLANNING ONLY SERVICES (FPOS) AND FPOS PRESUMPTIVE / TEMPORARY ELIGIBILITY (TE)

Effective Date:02/01/2012

Cross Reference: BC+ (Chapter 50.1)

Group Size	NEW Limit FPOS/FPOS TE (300%)	Group Size	NEW Limit FPOS/FPOS TE (300%)
1	\$2,792.50	6	\$7,742.50
2	\$3,782.50	7	\$8,732.50
3	\$4,772.50	8	\$9,722.50
4	\$5,762.50	9	\$10,712.50
5	\$6,752.50	10	\$11,702.50
		each person over 10	\$990.00

BADGERCARE PLUS

Effective Date:02/01/2012

Cross Reference: BC+ (Chapter 50.1)

Group Size	100%	150%	200%	300%
1	\$930.83	\$1,396.25	\$1,861.67	\$2,792.50
2	\$1,260.83	\$1,891.25	\$2,521.67	\$3,782.50
3	\$1,590.83	\$2,386.25	\$3,181.67	\$4,772.50
4	\$1,920.83	\$2,881.25	\$3,841.67	\$5,762.50
5	\$2,250.83	\$3,376.25	\$4,501.67	\$6,752.50
6	\$2,580.83	\$3,871.25	\$5,161.67	\$7,742.50
7	\$2,910.83	\$4,366.25	\$5,821.67	\$8,732.50
8	\$3,240.83	\$4,861.25	\$6,481.67	\$9,722.50
Each additional person add:	\$330.00	\$495.00	\$660.00	\$990.00

SENIORCARE

Effective Date:02/01/2012

Cross Reference: MEH (Chapter 39.11)

Level 1 Annual income no greater than 160% of the FPL

Group Size	2011 160%	2012 160%
1	\$17,424	\$17,872
2	\$23,536	\$24,208

Level 2a Annual income above 160% but no greater than 200% of the FPL

Group Size	2011 160% - 200%	2012 160% - 200%
1	\$17,425 to \$21,780	\$17,873 to \$22,340
2	\$23,537 to \$29,420	\$24,209 to \$30,260

Level 2b Annual income above 200% but no greater than 240% of the FPL

Group Size	2011 200% - 240%	2012 200% - 240%
1	\$21,781 to \$26,136	\$22,341 to \$26,808
2	\$29,421 to \$35,304	\$30,261 to \$36,312

Level 3 Annual income above 240% of the FPL

Group Size	2011 > 240%	2012 > 240%
1	\$26,137 or greater	\$26,809 or greater
2	\$35,305 or greater	\$36,313 or greater

BADGERCARE PLUS PREMIUMS**Ongoing cases**

The increase in the premium caps is effective 3/1/2012 to allow a negative notice to be sent. If eligibility needs to be determined for a case for February benefits, confirmation for BCP in CARES is not possible and a manual certification is needed for newly added individuals.

New applications

Effective 2/1/2012, the new FPL will be used to determine February benefits and forward.

Self-Employed Premiums (5% Premium Caps)

Effective: 02/01/2012

Cross Reference: BC+ (Chapter 48.1.3)

(Premiums for families with incomes below 300% are rounded down to the nearest dollar.)

Group Size	200-210%	210-220%	220-230%	230-240%	240-250%	250-260%	260-270%	270-280%	280-290%	290-300%	300%
1	\$93	\$97	\$102	\$107	\$111	\$116	\$121	\$125	\$130	\$134	\$139.6 3
2	\$126	\$132	\$138	\$144	\$151	\$157	\$163	\$170	\$176	\$182	\$189.1 3
3	\$159	\$167	\$174	\$182	\$190	\$198	\$206	\$214	\$222	\$230	\$238.6 3
4	\$192	\$201	\$211	\$220	\$230	\$240	\$249	\$259	\$268	\$278	\$288.1 3
5	\$225	\$236	\$247	\$258	\$270	\$281	\$292	\$303	\$315	\$326	\$337.6 3
6	\$258	\$270	\$283	\$296	\$309	\$322	\$335	\$348	\$361	\$374	\$387.1 3
7	\$291	\$305	\$320	\$334	\$349	\$363	\$378	\$392	\$407	\$422	\$436.6 3
8	\$324	\$340	\$356	\$372	\$388	\$405	\$421	\$437	\$453	\$469	\$486.1 3
9	\$357	\$374	\$392	\$410	\$428	\$446	\$464	\$482	\$499	\$517	\$535.6 3
10	\$390	\$409	\$429	\$448	\$468	\$487	\$507	\$526	\$546	\$565	\$585.1 3

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/JL;LT