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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: Shawn Smith, Bureau Director  
Bureau of Enrollment Policy & Systems  
Division of Health Care Access and Accountability**

<b>BEPS/DFS OPERATIONS MEMO</b>					
<b>No: DHS 14-02 Amended</b>					
<b>DATE: 01/16/2014</b>					
<b>FS</b>	<input type="checkbox"/>	<b>MA</b>	<input type="checkbox"/>	<b>BC+</b>	<input checked="" type="checkbox"/>
<b>SC</b>	<input type="checkbox"/>	<b>CTS</b>	<input type="checkbox"/>	<b>FSET</b>	<input type="checkbox"/>
<b>BC+ Basic</b>	<input type="checkbox"/>	<b>BC+ CORE</b>	<input type="checkbox"/>		
<b>CC</b>	<input type="checkbox"/>	<b>W-2</b>	<input type="checkbox"/>	<b>EA</b>	<input type="checkbox"/>
<b>CF</b>	<input type="checkbox"/>	<b>JAL</b>	<input type="checkbox"/>	<b>JC</b>	<input type="checkbox"/>
<b>RAP</b>	<input type="checkbox"/>	<b>WIA</b>	<input type="checkbox"/>	<b>Other</b>	<input type="checkbox"/> *
					<b>EP</b>

**SUBJECT: BadgerCare Plus Applications Received From and Sent to the Federally Facilitated Marketplace**

**CROSS REFERENCE:** Operations Memos [13-28](#), [13-32](#), [13-43](#)

**EFFECTIVE DATE:** February 3, 2014.

**PURPOSE:**

The purpose of this Operations Memo is to provide information to Income Maintenance (IM) workers on how to process a BadgerCare Plus (BC+) application that has been received from the Federally Facilitated Marketplace (FFM).

**BACKGROUND:**

The federal Patient Protection and Affordable Care Act (PPACA) established the Federally Facilitated Marketplace (FFM). The FFM allows individuals to shop for affordable private health insurance and apply for Advanced Premium Tax Credits (APTC) and reduced cost sharing.

Under federal regulations that mandate a no wrong door application approach, when an individual or family requests assistance with health care coverage through the FFM, that application is also considered an application for BC+ and will be assessed for BC+ eligibility.

FFM applicants who appear to be eligible for BC+ will be submitted to the IM agency inbox for processing. Although they are submitted via the FFM, they are transformed and submitted to the inbox via the same mechanism used for ACCESS applications. IM agencies will then be

responsible for processing these applications for BadgerCare Plus and/or EBD Medicaid through CARES Worker Web (CWW).

In general, applications from the FFM are subject to the same rules for processing and eligibility policies as applications that are submitted directly to IM consortia. This is referred to as the “assessment state model.” Under this model, the FFM will only assess an individual’s potential eligibility for state programs. However, FFM applications with a filing date from October 1 through December 31, 2013 will be processed under a “determination state model.” Due to delays in Wisconsin’s implementation of FFM transfers and MAGI rules, CMS has required Wisconsin to accept the FFM “determination” of BC+ eligibility for these FFM applications. The difference between the assessment state model and the determination state model is discussed in detail below.

Just like an application submitted directly to the FFM is considered an application for BC+, an application for health care benefits submitted to IM consortia is considered an application for private health insurance and APTCs. Effective February 1, 2014, when an individual is determined in CARES to be ineligible for BadgerCare Plus based on MAGI rules, the application, in some cases, will be transferred to the Marketplace. After the application is transferred, the Marketplace will contact the member to complete the application process.

## **CARES/CWW**

### **Identifying an Application Received from the FFM**

Applications received from the FFM will be transformed into an ACCESS application and submitted to the agency’s inbox for processing. These applications will be identified in the Inbox Listing page with an ‘Item Type’ of ‘FFM’ and on the Application Summary page with a ‘Data Collection Method’ of ‘Federally Facilitated Marketplace.’ (Please refer to [Operations Memo 13-28](#) for more detailed information) The application will be stored in the ECF but will not be viewable by the applicant through their ACCESS account.

The FFM tracks the processing status of all applications that are transferred. In order to send an accurate response to the FFM, all FFM applications must be processed in CARES Worker Web (CWW) through confirmation. These applications should not be withdrawn even if the household is already open for BC+ benefits. The application must be linked to the open case and processed.

Based on the outcome of the eligibility determination, the following reason codes will be used to determine which outcome (eligible or ineligible) is sent to the FFM. These reason codes will not generate any language that is included in the notice of decision but will be used to inform the FFM of the results of the eligibility determination.

- Reason Code 711: Indicates to the FFM that the FFM referred individual was found eligible in CARES.  
Reason Code 712: Indicates to the FFM that the FFM referred individual was found ineligible in CARES

The filing date for the health care request will be the date the application was received by the FFM. Agencies will have 30 days from the day the application is submitted to the inbox to process the application timely. The applications referred from the FFM will display in the Workload Dashboard and will be identified as an FFM application. See [Operations Memo 13-28](#) for more detailed information on the changes to the Dashboard, the Inbox Search and Listing pages and the Application Summary pages related to the FFM applications.

When a household or member open for BC+ or Medicaid reports a change to the FFM, the FFM will encourage the member to report the change to their IM agency. However, the member has the right to report the change to the FFM. If the member prefers to report the change to the FFM, the change report will be transferred to Wisconsin as an application and must be processed as an application.

Because the Wisconsin BC+ specific “Rights and Responsibilities” information is not provided when a person applies for health care through the FFM, a summary must be sent to the applicant once the application is processed. No additional signature is required.

➤ **NOTE:** Referrals from the FFM may include households with individuals whose eligibility may not be able to be determined on one case. For example, one referral may include an application for a man, his wife, their minor child and their 24 year old child who is also their tax dependent. Although the 24 year old is included in the request, his eligibility cannot be determined on his parent’s case. A separate case should be set up for the 24 year old. No additional signature is required for that request. Tax dependents living outside the home will not be included in the health care request for their tax filer’s household. A separate application would be required to determine eligibility for the tax dependent living outside the home.

Individuals and families cannot apply for other programs of assistance such as FoodShare, Wisconsin Works (W-2), and Child Care (CC) through the FFM. This includes Family Planning Only Services (FPOS). If a case already includes an FPOS request or FPOS is open for an individual the FPOS request should be retained on the case.

#### Information Not Provided by the FFM

Because the FFM does not base its determinations and assessments on all of the policies used to determine BC+ eligibility, not all information required in CWW will be available on the FFM application. The following items have been identified as information that will not be included in the FFM applications.

**Month(s) of Backdate Request:** The FFM application will gather whether or not the applicant is requesting backdated coverage, but it does not gather information on the number of months for a backdate request. If a backdate request is indicated, workers should always assume the backdate request is for 3 months.

**Immigration Status:** Information on immigration status reported to the FFM will not update on the ACCESS application. As a result, if someone reports on their FFM application that they are not a citizen, the ACCESS application will only include the “no” response for citizenship. Workers will have to follow up with the applicant to obtain and verify the immigration status and entry date. When processing an application for an individual determined eligible by the FFM under the Determination State model, the FFM has determined the individual meets the criteria of a qualifying immigrant, even though the specific immigration status and entry date will not be transferred on the FFM application. For these applications (FFM applications with filing dates from October 1 through December 31, 2013) workers should enter the “01” status code and an entry date earlier than 5 years from the filing date. This will allow BC+ to pass for the month(s) the individual is categorically eligible. The correct immigration status and entry date must be updated at the time the individual is tested under regular rules. Case comments must be entered at the time the FFM application is processed to indicate the actual immigration status and entry date is unknown and the information must be gathered prior to determining eligibility under the regular rules.

**Marital Status:** The FFM will only send “Married” or “Not Married”. The application will not indicate if the individual is divorced, widowed or separated. Workers should use the best information available to determine the actual marital status of someone who indicates he or she is “Not Married”. This information may be included in a past application or in history in CWW. If the FFM application indicates an individual is “Not Married” and no past information is available, workers should enter a marital status of ‘SI – Single-Never Married’ with a verification code of ‘NQ’.

**Disability:** The FFM application will collect an individual’s disability status but will not collect verification of the disability. Workers should access the SOLQ information to verify disability status. If disability information is not available through SOLQ a “?” should be entered on the disability page and a request for verification generated. BadgerCare Plus will not pend for the disability determination but if the individual is denied or terminated from BadgerCare Plus the eligibility determination for EBD Medicaid will pend.

**Authorized Representative:** The name of the representative will be available on the application but the FFM collects a more limited number of representative types than the ones available in CWW. The worker may have to follow up with the representative to gather the additional information. The address for the representative will not be available through the FFM application. To continue processing the application, workers should enter the applicant’s address for the authorized representative with a “?” in the verification field to generate a verification request for the information.

**Tax Filing Details Page:** If there is an existing health care request on the page, this information will not update to CWW from the ACCESS application. A message will display on the page to let the worker know there is information on the PDF. Workers will have to enter the information from the PDF on the page. If there is no existing health care request on the case the tax filing status and information on tax dependents will pre-populate from the ACCESS Application. However, even in this situation, the information from the “Income of Children and Tax Dependents” section will not pre-populate. Workers will have to refer to the PDF for this information.

**Household Relationships:** The household relationships in CWW do not correlate with the questions asked on the FFM application. The FFM application does not distinguish between siblings and half siblings or step siblings or between a parent and a step parent. Workers should access resources such as KIDS, historical entries in CWW and the ECF, etc. to determine the relationship code to enter in CWW.

**Current Demographics:** Workers can assume “Yes” for SSN Cooperation. The SSN verification will continue to be completed through the SOLQI process. Workers should also assume “No” for the Migrant Worker question unless the individual has been open in CARES in the past as a migrant worker or the worker has other information that deems this questionable.

**Gatepost Pages:** If a question on a gatepost page is unanswered, workers can assume a “No” for those questions.

**Absent Parent Information:** Information related to absent parents is not collected by the FFM. Workers should access other resources such as KIDS, historical entries in CWW, the ECF and Birth Queries to find information on the absent parent.

**Pregnancy Due Date:** An FFM application that includes a pregnant woman will not include a ‘Due Date’. Workers should enter a due date that is nine months from the filing date.

**Employment Begin Date:** An FFM application that includes employment will not include the 'Begin Date' of employment. Workers should use the Employment Query to try to obtain the hire date, when available. When the hire date is not available, workers should enter a 'Begin Date' that is the same as the filing date of the application and 'NQ' in the verification field.

Workload Dashboard, Inbox Search and Income Maintenance Management Reports

[Operations Memo 13-28](#) outlines in detail the changes made to the Workload Dashboard, the Inbox Search criteria and display as well as changes to the IMMR.

FFM Referral Page

A new CWW page has been created to display referral information about each individual who has been referred from the FFM. The page will be added to the navigation menu under the "Query" section but will not be included in any driver flows. The information on the page will be automatically populated when the application is processed. The referral pages for each individual will be updated after each referred individual passes clearance or is matched to an existing CARES individual during the clearance process. The page will contain the historical information for all referrals from the FFM for each individual on the case.

IM workers will not have access to update the information on the page. The DHS CARES Call Center staff will have update access to the page to adjust incorrect information.

**CARES Worker Web** User ID: XCTH06 User Name: K SHANMUGARA Quick Select: CASE/RFA Help Logout

Primary Person: MARCUS MARTINEZ 38M PP Case: 2002352429 Status: Pending Mode: Intake 3.5 09/26/2013

Navigation Menu: Search, CARES Home, Search, Inbox Search, Unlinked Documents, RFA / Case, Client Registration (0), Case Summary, Case Comments, Application Entry (2), Generate Summary, Initiate Eligibility Determination, Eligibility, Post Eligibility, Confirmation Access, Query, Confirmed Assistance Group Summary, Case Member History, Change / SMRF / Renewal Details, **FFM Referral**, Benefit Issuance, Worker Tools, IMQA 2nd Party, SSI-MA Administration, TCLA Administration, Client Scheduling

**FFM Referral** Cancel Reset

Effective Period  
 Begin Month: 01 / 2014 Last Updated: 09/26/2013  
 Delete Reason:

Referral Information  
 Individual: JEFFREY MARTINEZ 8M SON FFM Filing Date: 01 / 01 / 2014  
 Income: \$ 150 . 00 FFM Income FPL %: 15.2  
 FFM Group Size: 1 Referral Activity Reason: FD - FULL DETERMINATION

Referral Program Information  
 MAGI Eligibility: Yes Non-MAGI (EBD MA): No  
 CHIP Eligibility: No LTC: Yes  
 Emergency Medicaid: No  
 Refugee Medicaid: No

Tracking Information  
 FFM Application ID: W156275883477663 FFM Referral Individual ID: IN456239745  
 Transfer ID: FFM-837-5476 ACCESS Tracking Number: 347656786

Enter New Begin Month MM YYYY Go

Individual: JEFFREY MARTINEZ 8M Updated on or before MM / DD / YYYY Go

Add Case Comment Cancel Update

*Effective Period*

**Begin Month:** Month and year of the referral filing date. CARES will use this information to determine if the application should be processed under the Determination or Assessment State model.

**Last Updated:** The date the referral information was updated.

**Delete Reason:** The reason the individual referral information was deleted from the page.

*Referral Information*

**Individual:** Person who was referred from the FFM because they were assessed or determined eligible or requested a full health care determination.

**FFM Filing Date:** This is the date the application was received by the FFM. This date is also the filing date for the Health Care Request.

**Income:** Combined monthly income for the Medicaid Group as defined by the FFM. This is the income that will be used for establishing BC+ eligibility under the Determination State model.

**FFM Income FPL%:** The FPL amount based on the group size and monthly income amount reported to the FFM. This FPL amount will be used for establishing BC+ eligibility and calculating premiums under the Determination State model.

**FFM Group Size:** The Medicaid Group Size as determined by the FFM. This group size will be used for establishing BC+ eligibility under the Determination State model.

**Referral Activity Reason:** The reason the individual was referred by the FFM. The reasons codes are:

- FD-Full Determination – Populated for individuals that did not appear to be MAGI or CHIP eligible but requested a full determination of health care benefits.
- GF-Gap Filling – Created for future use
- PD-Procedural Denial – Created for future use
- WP-Waiting Period Exception – Created for future use

*Referral Program Information*

**MAGI Eligibility:** Indicates whether or not the individual may be eligible under MAGI rules. This indicator refers only to BC+ populations.

**Non-MAGI (EBD MA):** Indicates whether or not the individual may be eligible under non-MAGI rules. This indicator refers to individuals who may be eligible for EBD, LTC, Refugee or Emergency MA.

**CHIP Eligibility:** Indicates eligibility for BC+ under CHIP funding.

**LTC:** Indicates potential eligibility for Long Term Care Services.

**Emergency Medicaid:** Indicates potential eligibility for coverage under Emergency Medicaid.

Refugee Medicaid: Indicates potential eligibility under the Refugee Medicaid program.

#### *Tracking Information*

FFM Application ID: The ID for the FFM application generated by the FFM. Individuals referred in the same application will have the same FFM application ID.

FFM Referral Individual ID: The referral ID for the specific individual generated by the FFM.

Transfer ID: The ID used for the transmission of data from the FFM generated by the FFM.

ACCESS Tracking Number: The ACCESS tracking number assigned to the FFM referral when the application is transformed to an ACCESS application.

### **Applications Processed under the Determination State Model**

Individuals determined eligible by the FFM on applications received from the FFM with a filing date between October 1 and December 31, 2013 will be made categorically eligible for at least one month in 2014. By “categorically eligible” we mean those individuals determined as having Medicaid or CHIP eligibility by the FFM will be made eligible for BC+, regardless of income or other eligibility criteria. CARES will use the “MAGI Eligibility” and “CHIP Eligibility” indicators from the FFM Referral page to identify which applications have been determined eligible through the FFM.

- For parents/caretakers, children and pregnant women determined eligible through the FFM with a filing date between October 1 and December 31, 2013, CARES will establish February as the month of categorical eligibility under MAGI rules.
- For childless adults determined eligible through the FFM with a filing date between October 1 and December 31, 2013, CARES will establish April as the month of categorical eligibility under MAGI rules.

Because families who applied through the FFM may be eligible for BC+ as early as October 1, 2013, these applications will be processed under old BC+ rules for the months of October, November, December and January, as applicable.

➤ **NOTE:** The financial and non-financial information provided by the FFM must also be used in the eligibility determinations for October through January without requesting additional verification even though eligibility is determined using the old BC+ rules for counting income and forming assistance groups and the old income limits.

When processing a new case or adding new income provided through the FFM to an existing case, workers should use the “NQ” code for verification from October through January and update the verification code with a February effective date to either “FP” or “FF,” whichever is appropriate.

Families who applied through the FFM starting in October may also have requested back dated eligibility. If eligible for backdated benefits, eligibility for July, August and/or September would have to be determined and certified manually.

Individuals eligible in January under the old rules would be considered an ongoing beneficiary if still eligible in February under the new income limits.

When processing an application with an October filing date after adverse action in February, workers may get the '9 month live' edit. To get around this, eligibility should be determined for the current and ongoing months and then re-run for the backdated months.

In the rare circumstance that a family who applied under the determination state model is not also found eligible under current BC+ rules for the month of January 2014, they must be manually certified as categorically eligible for January 2014 using the old BC+ medical status codes that are appropriate for their eligibility group and income.

**Example:** Hannah applied through the Marketplace on December 14, 2013, for herself and her two sons, Jack and Caleb. Hannah has earnings of \$1500/month, while Jack receives \$900/month in Child Support and Caleb receives \$900/month in child support. CARES will test the family for December and January under current BC+ rules and current BC+ income limits. Jack and Caleb will be found eligible, but at \$3300/month for a group size of 3, Hannah is over the 200% income limit and will be found ineligible for these months. In February, Hannah will be eligible because the child support income is no longer counted and her income will be under 100% FPL. Because this is an FFM application received between October 1, 2013 and December 31, 2013, and Hannah was found eligible for BC+ by the FFM effective January 1, 2014, Hannah should be manually certified for the month of January.

Under the Determination Model, Wisconsin will accept the information provided by the FFM as valid information for BC+ eligibility for any individuals determined eligible by the FFM. The only exceptions to this categorical eligibility are:

- Death
- Moving out of State
- Failure to pay a premium. BC+ members required to pay a premium must continue to do so to become or remain eligible. See [BC+ Eligibility Handbook Chapter 19.5](#) for the rules regarding the initial premium payment. If January certification is completed through a manual process, CARES will look at February as the free month. We will accept that determination and the first premium owed in that situation will be for March.

For childless adult applicants, CARES will establish April as the month of categorical eligibility.

Like all BC+ members, when an FFM-referred applicant becomes eligible, it will be for a 12 month certification period. However, if a person is already part of a case with an existing review date, the new person's review date would be aligned with the existing BC+ review.

After the initial month of categorical eligibility (February for families and April for childless adults), the FFM-referred member's BadgerCare Plus eligibility would be re-determined using regular, non-determination state rules whenever:

- The member reports a change or completes a review.
- New information becomes known to the agency via a data exchange.
- New information becomes known to the agency via another program (For example, through a six-month report for FoodShare or a review for Child Care).

Depending on the new information, the worker may request additional information or verification. However, the member would not be required to re-verify for BC+ purposes any information reported to Wisconsin via the FFM unless a change has been reported or discovered for that information.

➤ **NOTE:** A re-determination of eligibility will also take place during the 2014 FPL changes scheduled for March. If an income change was reported and verified but not acted upon because of the categorical eligibility granted in February, for example, it would be applied to BC+ eligibility during the FPL mass change

**Example:** John, his wife Jane, and their 2 children applied through the FFM on December 15, 2013 and were determined eligible for BC+ by the FFM. On his FFM application John reported earnings of \$1000 per month from his job at ACME Fireworks. The worker processed the application on February 5<sup>th</sup>. The family is eligible for December and January under old BC+ rules. Starting February 1st, the family is categorically eligible under the Determination State model. In April, the worker received a discrepancy indicating Jane was working at ABC Corporation making an average of \$2000 per month. The worker should request verification of Jane's earnings and eligibility should be re-determined using the new income information along with the income reported for John on the FFM referral. Because there was no change reported or discrepancy created for John's income, the income information reported for John on the FFM referral would continue to be considered valid and no further verification would be required.

If eligibility is terminated based on the new eligibility determination, a notice would be generated at least 10 days prior to the closure. The account will be transferred to the Marketplace on the same day the closure is confirmed.

Applications may include both individuals who were determined eligible by the FFM and individuals who were determined ineligible. On these cases, the BC+ AG's may pend for information for the individuals not determined eligible through the FFM. Once information and verification requested is submitted, the eligibility for all individuals on the case may be confirmed. If the verification or information requested is not returned timely, the individuals found ineligible by the FFM will be denied and the individuals found eligible by the FFM can be confirmed open.

#### *New Verification Codes for Applications Processed under the Determination State Model*

Because the income information gathered through the FFM must be verified for other programs of assistance, two new verification codes have been created that indicate the information is verified for BC+ but not for the other programs of assistance. These codes should only be entered on an application that was referred by the FFM with a filing date from October 1 through December 31, 2013. The new codes are:

- **FP:** This code is a valid verification code for BC+ but not for any other programs of assistance. Use of this code will cause all other programs of assistance, including Family Planning Only Services (FPOS) and EBD Medicaid, to **pend** if that program requires verification of the information. The FP code will also be considered valid verification for Tribal Status for all Health Care programs. The code should be entered to generate a verification request for the other program(s) of assistance.
- **FF:** This code is a valid verification code for BC+ but not for any other programs of assistance. Use of this code will cause all other programs of assistance, including EBD Medicaid and FPOS, to **fail** if that program requires verification of the information. The code should be entered when verification has been requested for the other program(s) of assistance and that verification has not been submitted.

When earned or unearned income is reported for an individual on an FFM application that is being merged to an existing, open case:

- If employment is already recorded in CWW and the reported wage information matches what was reported on the FFM application, workers should use the existing verification on file.
- If employment is already recorded in CWW and the reported wage information is different, workers should enter the BC+ income from the FFM application in the Override BC+ Taxable Amount field on the Employment page, using “FP” in the associated verification field. The existing amounts in the Detailed Wage Information section and verification fields should not be changed.
- If the unearned income type is already recorded in CWW for the individual and the amount is the same as the amount reported on the FFM application, workers should use the existing verification on file. No updates to the Unearned Income page are needed.
- If the unearned income type is already recorded in CWW for the individual with a different amount, workers should enter the amount reported on the FFM application in the Monthly MA Amount field, leave the original amount in the Gross Income Field and enter a verification code of “FP”.

A “Q?”, “?”, “QV” or “NV” entered for information necessary to determine BC+ eligibility will cause BC+ to pend or fail even when the application is being processed under the Determination State model. Workers should use the “FP” and “FF” codes for income verification when processing these applications.

#### *Other Processing Guidelines for the Determination State Applications*

The BadgerCare Plus MAGI Budget Page will be enhanced to include a new field “Determination” to indicate if the eligibility determination was done under the Assessment State Model (I-IM) or the Determination State Model (FFM).

Dependent 18 Year Old: The FFM application will not include the expected date of graduation. Workers should assume the 18 year old is in school and enter an expected date of graduation prior to the 18 year olds 19<sup>th</sup> birthday.

Tax Filing Details Page: If no information is provided to determine if a child or tax dependent is expected to be above the earned or unearned income thresholds to be required to file taxes, workers should assume the answers to those questions are “No”. The information should be updated at the next renewal.

Employment Page: Workers should click the verify button on the Family Major Medical insurance Access for BadgerCare Plus section, enter off the page and then go back and enter the “PO” code in the verification field in both the Current Access and Past Access sections. Workers should answer ‘No’ to the question, ‘Does this employee have access to the state employee health plan?’ This will pass the BC+ but continue the request for verification of insurance access appropriately.

#### Cross Program Impacts of the Determination Model

The following chart outlines the process and policy for using information provided on the FFM application for other programs of assistance that may be open on the case when the FFM application is processed. When a new program of assistance is added to a case open for BC+ under the determination model, any information reported for the new program of assistance should be verified using the rules for that program of assistance. If changes are reported to information that was verified for BC+ using the FP/FF code, verification should also be requested for that information for BC+ and eligibility for BC+ re-determined based on the new information.

Type of Information from the FFM application	Considered a Reported Change for FS?	Considered a Reported Change for W-2?	Considered a Reported Change for Child Care?	Worker Process
New non-financial information (for example, changes in household composition, pregnancy status or household relationships)	Yes	Yes	Yes	Non-financial information will be updated when the worker processes the FFM application. The worker should follow up with the applicant and request verification if needed. Changes made to the case will impact FS/W-2 and CC, as appropriate, when eligibility is run.
A new source of earned or unearned income	Yes	Yes	Yes	Use the "FP" code and run eligibility; if verification is needed for that income source, the appropriate program will pend. If verification is not returned, enter "FF" to fail for lack of verification for other programs.
A change in frequency or amount for unearned income.	Yes	Yes	Yes	<p>If the FFM-reported information is the same as the verified information in CARES, no action is needed. If there is a data exchange available for the unearned income type for which the change was reported, the worker should use the data exchange to verify the frequency or amount.</p> <p>If no data exchange is available, and the FFM-reported information is different from the verified information in CARES, the worker should use the "FP" code and run eligibility; if verification is needed for that income source, the case will pend. If verification is not returned, use "FF" to fail for lack of verification.</p>

Type of Information from the FFM application	Considered a Reported Change for FS?	Considered a Reported Change for W-2?	Considered a Reported Change for Child Care?	Worker Process
Taxable earnings amount	No	No	No	The FFM is collecting taxable earnings, which are often lower than the gross earnings amount used to determine FS, W-2 or CC eligibility. Given this discrepancy, do not use FFM-reported taxable earning amounts to override the already verified gross earnings amount on an existing FS, W-2 or CC case.
Self-employment information	No	Yes	Yes	<p>For FoodShare: The FFM self-employment amount includes disregards for depreciation and other business expenses that are not allowed for FoodShare. The amount from the FFM does not correspond directly to the FS self-employment amount. The difference between the countable income for FS and the amount counted on the FFM application should be entered as a BC+ tax deduction.</p> <p>For W-2 and Child Care: Changes in the frequency or amount of self-employment income should be treated as a reported change. Use the "FP" code and run eligibility; if verification is needed for that income source, the case will pend. If verification is not returned, use "FF" to fail for lack of verification. If verification is returned and the amounts used for W-2 and CC differ from the amount counted on the FFM application follow the process outlined above.</p>
Employment details (hours worked, pay period, etc.)	Yes	Yes	Yes	Use the "FP" code and run eligibility; if verification is needed for that income source, the case will pend. If verification is not returned, use "FF" to fail for lack of verification.

### Running eligibility for Childless Adults for Months Prior to April 2014

As described above, childless adults with filing dates from October 1, 2013 through December 31, 2013 are categorically eligible starting April 1, 2014 and must have their applications processed for eligibility starting in April under the Determination State model. Because Eligibility for this population does not start until April 1, 2014, these individuals will not be eligible in the backdated month(s) prior to April.

If such an application is processed and eligibility is being determined prior to adverse action in February 2014, eligibility for the childless adult for February and/or March will fail for reason code "698/699 – BC+ Program Not Available for Childless Adult". If, under the determination model, the individual's eligibility in MAGS assistance group (AG) should pass for April 2014, March eligibility will appear to pass with reason codes "708" and "698" to indicate categorical eligibility, but confirmation of MAGS AG for March will be prevented. These cases will appear on a report of cases that must have eligibility run after February adverse action to establish and confirm categorical eligibility for April.

If eligibility is run on these applications after February adverse action, February and March will fail due to no program being available. April will pass based on the applicant's categorical eligibility under the determination state model.

### Duplicate Applications

Individuals and families may submit an ACCESS application or paper application even though they have already applied through the FFM and were told they are eligible for BC+. If the filing date of an ACCESS or paper application is later than that of the FFM application, the information on these applications should be treated as change reports, even if the ACCESS or paper application is processed before the FFM application is processed.

If an ACCESS or paper application with a filing date later than the filing date on the FFM application is processed first and an individual has an FFM filing date between October 1, 2013 and December 31, 2013:

- The FFM application must still be processed and the individual(s) determined BC+ eligible through the FFM must be made categorically eligible for January and February 2014 (for families) or April 2014 (for childless adults) based on the information provided on the FFM application.
- The worker should then re-run eligibility for the month after the categorically eligible month(s) to re-determine eligibility based on the information from the ACCESS or paper application. Be sure the effective dates entered on the CWW pages correspond to the filing date on the applications.

If the FFM application is processed first, but the ACCESS or paper application has a later filing date, the information in the ACCESS application should be used to re-run eligibility for months after the categorical eligibility month(s), and workers should pend for appropriate verification.

Note that while eligibility for families can be re-run immediately, eligibility for Childless Adults must be run after March adverse action in order to terminate eligibility effective May 1. Workers may choose to re-run eligibility online, but the mass FPL update on March 22, 2014 will also pick up these cases.

**Example:** Joe, a childless adult, applied through the FFM on October 20th and was determined BC+ eligible by the FFM. He also submitted a paper application on November 30th.

**Scenario 1:** The paper application is processed February 3, 2014. The income reported on the paper application is over 100% of the FPL and he is not eligible for BC+. The FFM application is processed February 25th. Since the FFM determined him eligible, Joe must be made categorically eligible for April. The CWW effective dates for the FFM application information would be 10/2013. The CWW effective dates for the information included on the paper application would be 11/2013. After confirming April open, the worker can rerun eligibility after March adverse action for May, using the information from the paper application. Since Joe was over the income limit when that application was processed his eligibility will terminate April 30th, 2014 and he will be able to sign up for health insurance through the Marketplace.

**Scenario 2:** The FFM application is processed on February 5, 2014 and Joe is determined categorically eligible for April. When the paper application is processed on February 20th, the worker determines Joe is not eligible for BC+ based on the income reported on the paper application. In the FPL mass change on March 22, 2014, the eligibility run will use the information entered from the paper application, and Joe's BC+ will close effective April 30, 2014.

## Applications Processed under the Assessment State Model

Applications from the FFM with a filing date on or after January 1, 2014 should be processed using all the same rules for requesting verification and additional information as the rules used for processing any other BC+ application. Workers should not use the "FP" or "FF" codes when processing an application received from the FFM with a filing date on or after January 1, 2014. These codes will be valid only for BC+ applications from the FFM with filing dates from October 1 through December 31<sup>st</sup>, 2013. Please see the section above "Information not provided by the FFM" for instructions on the actions to take for missing information. All other information must be gathered and verified if appropriate.

## Account Transfers to the FFM

In some cases, when a BadgerCare Plus applicant is denied eligibility or a recipient's eligibility is terminated, CARES will transfer the application to the FFM so the individual can be considered for Advanced Premium Tax Credit (APTC) eligibility and sign up for a private insurance plan.

If a case closes or an application is denied due to procedural reasons such as failure to verify information, non-payment of premium, failure to cooperate with SSN requirements, etc., the account will not be automatically transferred to the FFM. This is because the reason for the termination or denial can be resolved and the individual may be made eligible for BC+. In this situation, the following language will appear on the notice of decision:

"You may be able to buy private health insurance through the federal Health Insurance Marketplace (Exchange). You also may be able to get help paying for it. To apply, go to HealthCare.gov, call 1-800-318-2596 (TTY 1-855-889-4325) or contact your agency for help."

Similar language will be included on notices of decision during the batch conversion on February 15<sup>th</sup> when BC+ is failing for a non-procedural reason and MAGI information was either not provided or eligibility was not run for March.

When BC+ is denied or terminated for a procedural reason the language below will appear on the notice of decision OR when a case closes for a non-procedural reason such as excess income, access to other insurance, etc., the account will be automatically transferred to the FFM. The Notice of Decision will inform the individual or household that their account has been sent to the FFM. (Please see below for a full list of “non-procedural” reasons.) Reason codes 713 (for an FFM referred individual) or 714 (for a CARES initiated individual) will be set and the Notice of Decision language will read:

“You may be able to buy and get help paying for private health insurance through the federal Health Insurance Marketplace (Exchange). Your application has been sent to the Marketplace. If you have questions, call the Marketplace at 1-800-318-2596 (TTY 1-855-889-4325).”

#### Non-Procedural Reason Codes

<b>CARES Reason Code #</b>	<b>Description</b>
014	Income exceeds the net income limit.
016	Income exceeds the gross income limit.
024	Countable assets are over program limits.
039	Is neither a citizen nor a qualifying alien
122	MA Extension requires employment of one group member.
123	Assets exceed Spousal Impoverishment limit
128	Is 21 years old or over, but not 65, and resides in an IMD.
280	Is covered by an insurance plan.
281	Had health plan coverage in the last 3 months.
309	Cost share exceeds Family Care cost of care plan.
318	No capacity in the Family Care Care Management organization
319	Is not functionally eligible
327	You are not in a valid Family Care county
329	There is no valid CMO enrollment period for Family Care
334	You must be at least 18 years of age to receive Family Care
336	Comm. Waiver program slots are not available at this time
342	Program recipient must be aged, blind, or disabled
343	You are not in a valid PACE/Partnership county.
347	Invalid SMCP code for this program of assistance
441	MAPP indiv not blind or disabled or MAPP disabled per DDB
473	Not enrolled in MAPP for 6 mos prior to exemption request
475	Two Work Exemptions have already been approved
476	No hospitalization or serious illness exists
482	Not expected to return to work within 6 months
566	The pregnancy is past due.
589	You were in an invalid placement when you left home care.
592	Child not in home (in Foster or court ordered kinship care)
593	Individual has access to 80% insurance now.
594	Individual had access to 80% insurance in the past 12 month.
595	Individual has access to state insurance.
615	Individual disenrolled from Pace/Partnership Program

CARES Reason Code #	Description
674	Individual has access to affordable employer's insurance plan
675	Individual has affordable employer's health coverage.
680	Individual had affordable health coverage in last 3 months.
682	This benefit is only for individuals 18 years old and older
683	This benefit is only for individuals less than 22 years old

**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.

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