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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

DHS OPERATIONS MEMO

No: DHS 14-36 **Amended**

DATE: 8/29/2014

FS	<input type="checkbox"/>	MA	<input type="checkbox"/>	BC+	<input checked="" type="checkbox"/>
SC	<input type="checkbox"/>	CTS	<input type="checkbox"/>	FSET	<input type="checkbox"/>

SUBJECT: Phase II Updates to the Single Streamlined Application for Health Care

CROSS REFERENCE: [Operations Memo 14-15](#)

EFFECTIVE DATE: September 28, 2014

PURPOSE:

The purpose of this Operations Memo is to announce the second phase of changes to CARES Worker Web (CWW) and ACCESS to support a “single streamlined application” process for BadgerCare Plus (BC+) and programs available through the Federally Facilitated Marketplace (FFM).

BACKGROUND:

Provisions in the Patient Protection and Affordable Care Act (PPACA) of 2010 require states to implement a single streamlined application for health care that includes all of the questions needed to determine eligibility for BC+, as well as for Advanced Premium Tax Credits (APTCs) and cost-sharing reductions available through the FFM. The addition of certain FFM-specific questions to the BC+ application will serve to expedite the application process if and when a member’s application is transferred from the state to the FFM.

To meet this federal requirement, Wisconsin's application process must include questions that are not used for BC+ eligibility determinations, but are required when determining eligibility for APTC through the FFM. The application process must also be updated to exclude questions not necessary for BC+ and/or APTC determinations, such as those related to income types not counted under Modified Adjusted Gross Income (MAGI) rules.

In April 2014, an initial set of changes were made to bring Wisconsin into compliance with these requirements. As outlined in [Operations Memo 14-15](#), these changes included the addition of APTC-related questions around tribal status, yearly income, and medical coverage. They also included the removal of questions about child support income, money from other person, Veteran Benefits, Workers Compensation, and Child Support payments to someone outside of the household, as these questions are no longer needed for BC+ or APTC determinations. Details about Supplemental Security Income payments were also removed, as well as questions regarding the disability status of anyone not requesting health care assistance on a health care-only application.

To achieve full compliance with federal requirements and receive approval of Wisconsin's version of the Single Streamlined Application, the second phase of this effort includes:

- Removal of detailed questions about absent parents on a health care-only and/or Family Planning Only Services (FPOS)-only application;
- Removal of questions about residency, citizenship and immigration status for people **not** requesting health care on a health care-only and/or FPOS-only application;
- Addition of a question about a contact person who can answer questions about the health insurance offered by the member's employer; and,
- Addition of detailed information about the applicant's **access** to employer-sponsored health insurance.

ACCESS and CWW will be updated to reflect these changes effective September 28, 2014. The paper BC+ application will not be updated until December 2014.

HEALTH CARE APPLICATION CHANGES:

REMOVAL OF DETAILED QUESTIONS ABOUT ABSENT PARENTS:

Detailed questions about absent parents will no longer be collected for health care-only and/or FPOS-only applications.

These questions will be removed in late September 2014 from ACCESS Apply for Benefits (AFB) for health care-only applications and in December 2014 from the paper BC+ application. No changes will be made to the Absent Parent page in CWW. However, effective September 29, 2014, workers should not ask detailed questions about absent parents during an in-person or phone application for health care-only and/or FPOS-only requests.

Detailed information about the absent parent will continue to be collected if there is a FoodShare (FS), Child Care (CC) or Wisconsin Works (W-2) request on the application.

Even when detailed information is not collected, both AFB and CWW will continue to identify whether an application has a child with an absent parent. Because of this, the Absent Parent page in CWW will still be scheduled and a referral will still be sent to child support.

Although we recognize that the collection of absent parent information at application is an important step in establishing paternity and enforcing child support orders, the federal government no longer allows states to include detailed questions about absent parents for health care-only requests. For health care-only and/or FPOS-only applications where the absent parent is not already known to CARES, child support referrals will be sent with the parent's name listed as "Unknown". The child support agency will then take steps to identify the parent, establish paternity and enforce child support orders, as needed.

CWW:

For cases in which the absent parent is **not** already known to CWW and has not been provided for a health care-only request, the worker should leave "Unknown" as the values for the first and last name of the absent parent. The Search process should then be completed using the "Search" button on the Absent Parent page.

The remaining required fields on the Absent Parent page should be completed with the following information:

- **Absence Begin Date:** enter the current date.
- **Refer to IV-D?:** enter 'Yes'.
- **Absence Reason:** this value should be entered at the worker's discretion, based on other information provided. If no information is available, the worker should choose "Other" from the dropdown.
- **Paternity Indicator:** If no information is available, the worker should choose "N-Paternity Not Established for this Child".

If the worker has information that there is more than one absent father, separate Absent Parent pages should be created for each child as applicable. If this information is not known, the worker should create just one Absent Parent page for the children on the case.

➤**Note:** Per current process, if the mother is absent, the worker should enter 'Y – Paternity Established for this Child'.

For cases in which the absent parent is already known to CWW, the information should be kept the same, unless otherwise noted. Refer to Process Help Chapter 65 for more information.

Aside from an expected increased number of child support referrals in which the name of the absent parent is unknown, the child support referral process and the policies around child support and medical support liability cooperation for BC+ have not changed.

The following is an example of an application in which detailed absent parent information was not collected:

REMOVAL OF QUESTIONS ABOUT RESIDENCY, CITIZENSHIP AND IMMIGRATION FOR NON-APPLICANTS:

To comply with federal requirements for the single streamlined application, Wisconsin is no longer allowed to ask questions about residency, citizenship and immigration for individuals who are part of a health care- or FPOS-only application but are not requesting benefits. ACCESS AFB will be modified so that these questions are not asked for non-applicants. In December 2014, the BC+ paper application will also be modified. No questions have been added or removed from the Permanent Demographics page in CWW but the citizenship fields will be dynamically defaulted based on the scenarios listed below. Workers should no longer ask questions about residency, citizenship and immigration of non-applicants on a health care or FPOS only application during a phone or in-person application process.

PERMANENT DEMOGRAPHICS:

Since the Permanent Demographics page in CWW has not changed and we need to preserve information for non-applicants that may already be known to CWW, CWW will continue to require questions related to U.S. citizenship for all individuals. Citizenship questions will be scheduled in the following way:

INDIVIDUAL ALREADY KNOWN TO CWW:

- If the individual is known to CWW AND either of the verification fields for “Are you a US Citizen:” have codes other than “Q?-Questionable Not Yet Verified” (Q?), the Permanent Demographics page will display with the existing information on file for that individual.

Example 1: Jane and her son Mark were enrolled in BC+ in 2013, but their case has been closed since then. In December 2014, Jane loses her job and applies for BC+. However, because Mark has health insurance through his father’s employer, she does not request benefits for him. When they applied for BC+ in 2013, they indicated that they were both U.S. Citizens and this information was verified. In December 2014, the application will not include questions about Mark’s citizenship because he is not requesting BC+ on a health care-only application, but the Permanent Demographics page for both Jane and Mark will display with the citizenship information that was previously collected and verified.

INDIVIDUAL NOT KNOWN TO CWW:

- If the individual is not known to CWW, but is either requesting health care/FPOS or is part of a case requesting a program other than health care/FPOS (such as FS, CC, etc.), the “Are you a US citizen:” field will display with a “Yes” and both verification fields will display according to existing logic in CWW. The worker should collect this information and update the fields accordingly.
- If the individual is not known to CWW AND not requesting health care/FPOS on a health care or FPOS only application, the page will now load with a “Yes” in the “Are you a U.S. citizen:” field and a “Q?” as the verification code for both the “Verification” and “US Citizenship MA Verification” fields.

Example 2: Kim and her daughter Miranda are applying for BC+ for the first time in December 2014. Because Kim has insurance through her job, she does not request benefits for herself. The application will not include questions about Kim’s citizenship because she is not requesting BC+ on a health care-only application. The application will include questions about Miranda’s citizenship because she is requesting health care on a health care-only application. As described above, the Permanent Demographics page for Kim will load with a “Yes” in the “Are you a U.S. citizen:” field and a “Q?” as the verification code for both the “Verification” and “US Citizenship MA Verification” fields. On the Permanent Demographics page for Miranda, the worker should use / enter her responses to the citizenship questions on her application.

The screenshot shows the 'Permanent Demographics' page in the CARES Worker Web. The page is titled 'Permanent Demographics' and includes a navigation menu on the left. The main content area is divided into sections: 'Individual Demographic Information', 'Effective Period', 'Last Updated', 'Individual Details', and 'Individual'. The 'Individual' section contains the following fields:

- Language: E - ENGLISH
- Are you a US citizen: Yes
- Verification: Q? - QUESTIONABLE NOT YET VERIFIED
- US Citizenship MA Verification: Q? - QUESTIONABLE NOT YET VERIFIED
- Birth Place: (blank)
- Date Of Death: MM / DD / YYYY
- SSN Application Date: MM / DD / YYYY
- Alert Flag 1: (blank)
- Alert Flag 2: (blank)

- If the individual later requests health care / FPOS, AND the previous response to the “Are you a US Citizen:” question was “Yes” AND both of the verification fields were “Q?”, the Permanent Demographics page will be scheduled with “US Citizen” and “Verification” displayed as blank. The “US Citizenship MA Verification” field will display as “GF”.

Example 3: As in Example 2, when Kim and her daughter Miranda first applied for BC+ in December 2014, Kim did not request benefits. In March 2015, Kim’s employer stops offering health insurance, so she contacts the agency to request BC+. The Permanent Demographics page for Kim will be scheduled and will display as blank for the “Are you a U.S. citizen” and “Verification” fields, and a “GF” in the “US Citizenship MA Verification” field.

- If a program other than health care/FPOS is added later AND the individual is still not requesting health care AND the previous response to the “Are you a US Citizen:” question was “Yes” AND both of the verification fields were “Q?”, the Permanent Demographics page will be scheduled with "US Citizen", “Verification” and “US Citizenship MA Verification” fields displayed as blank.

Example 4: As in Example 2, when Kim and her daughter Miranda first applied for BC+ in December 2014, it was a health care only application. In March 2015, Kim contacts the agency to request FoodShare for the household. The Permanent Demographics page for Kim will be scheduled and will display as blank for the “Are you a U.S. citizen”, “Verification”, and “US Citizenship MA Verification” fields.

These processes are intended to ensure that a request for verification is not automatically sent to someone who is now requesting health care/FPOS but for whom we have never asked citizenship questions. If the fields are blank, workers should update the fields per the current process.

Because this information will no longer be collected for non-applicants on a health care or FPOS only application in AFB, workers will **not** see a conflict panel when merging to an existing case in CWW for these individuals.

As is currently the case, a “No” response to the Citizenship question will schedule the Immigration Details page.

CURRENT DEMOGRAPHICS:

Residency questions on the Current Demographics page will be scheduled and should be completed in the following way:

INDIVIDUAL ALREADY KNOWN TO CWW

If the individual is known to CWW, the Residency fields will display with existing information on file for the individual.

INDIVIDUAL NOT KNOWN TO CWW:

The following process will be used for individuals who are not requesting benefits on a health care/FPOS application:

The “Resides in Wisconsin”, and “Intent to Reside” fields will be defaulted to “Yes” on load of the page for individuals on a health care or FPOS only application who are not requesting benefits. The “Resides in WI” verification field will be defaulted to “NQ-Not Questionable”.

The screenshot shows the 'Current Demographics' section of the CARES Worker Web interface. The 'Resides In WI' field is highlighted with a red box. The field contains 'Yes' for the question and 'NQ - NOT QUESTIONABLE' for the verification field. Other fields include 'Resides In WI: Yes', 'Intent To Reside In WI: Yes', 'Migrant Farm Worker', 'Special Needs Child', 'Fleeing Felon Or In Violation Of Probation / Parole', 'Physical Exam Completed?', 'Physical Exam Date', 'Offender Working Without Pay', and 'Verification' fields for various categories. The interface includes a navigation menu on the left and a top header with user information and case details.

This is consistent with the current logic for individuals requesting health care/FPOS on a health care or FPOS only application which defaults the Resides in WI verification field to NQ for all individuals, including the Primary Person. It is also consistent with current logic to default the “Resides in WI” question to “Yes” for all programs.

For FS, W-2, and CC, the Resides in WI verification field for everyone other than primary person will continue to be defaulted to ‘NQ’ for the first time. This verification is made blank and mandatory for the Primary Person.

The Identification Verification field on this page will remain required based on the logic currently in CWW. Workers should enter 'NV-Not Verified' in this field for individuals who are not requesting health care or FPOS on a health care or FPOS only application. This will prevent CWW from completing the Social Security Administration (SSA) match process for the non-requesting individual. If the individual requests health care at a later point, or if another program request is added to the case, this page will be re-scheduled and the worker should update the response.

Because this information will no longer be collected for non-applicants on a health care only application in AFB, workers will **not** see a conflict panel when merging to an existing case in CARES for these individuals.

MEDICAL COVERAGE PAGE:

A new question will be added to the Medical Coverage page to collect the name, phone number and email address for a contact person at the member’s employer who can answer questions about the health insurance that the employer offers. This is only collected to provide information to the FFM for APTCs when and if the member’s application is transferred from the state to the FFM. Note that this information is collected for coverage provided through current employers, as well as for coverage through a past employer, retiree plan, COBRA.

In most cases, this contact person will be a human resources or benefits specialist who can provide more detailed information about the plans that are offered. If the member does not have a contact person for questions about health insurance offered by the employer, these fields should be left blank.

The screenshot displays the 'Medical Coverage' page in the CARES Worker Web system. The top navigation bar includes the user ID, name, and case details (Case: 5002630855, Status: Pending, Mode: Intake). The left sidebar contains a 'Navigation Menu' with various options like 'Client Registration', 'Case Summary', and 'Medical Coverage'. The main form area is divided into several sections:

- Effective Period:** Fields for 'Begin Month' (02 / 2014) and 'End Month' (MM / YYYY).
- Details:** Fields for 'Policy Holder' and 'Sequence: 0'.
- Coverage:** A question 'Is this coverage through a current employer?' with a 'Yes' dropdown, and a 'Coverage type' dropdown.
- Employer Information:** Fields for 'Employer Name' (DELL), 'FEIN' (3453534), 'Verification' (Self Declared), 'Employee Only Plan Premium', 'Employer Address' (433 W WASHINGTON AVE), 'Employer City' (MADISON), 'Employer State' (WI - WISCONSIN), and 'Employer Phone' (654 654 9684).
- Contact Information:** Fields for 'Contact Name', 'Contact Email', and 'Contact Phone' (with separate fields for area code, number, and extension). This section is highlighted with a red box.

ACCESS TO EMPLOYER MEDICAL COVERAGE:

The Access to Employer Medical Coverage page is a new page in CWW that will collect information about **access** to employer-sponsored medical coverage for the case. This is only collected to provide information to FFM for APTCs determination. Like questions about yearly income, this information will not be used for BC+ eligibility, but is gathered as part of the Single Streamlined Application to expedite the application process if and when a member’s application is transferred from the state to the FFM. Questions about access to insurance are used by the FFM to determine if the applicant meets federal rules regarding crowd-out. If an applicant’s account is transferred to the FFM without this information, the applicant will need to provide it to the FFM before s/he can receive a final decision about APTC eligibility.

➤ **Note:** For BC+ eligibility, CWW will continue to use Employer Verified Health Insurance (EVHI) database on the Employment page as the definitive source of information about access to employer-sponsored health insurance. Even if a member reports for APTC purposes that they have access to employer-sponsored health insurance, workers should only use data from EVHI as the basis for completing any applicable crowd-out tests.

There are two scenarios in which the Access to Employer Medical page will be scheduled:

First, the member may have the option of enrolling in medical coverage through his or her employer, but is not signed up for the coverage. This means they have access to health insurance but no insurance coverage. In this scenario, the worker should answer “Yes” to the following new question on the Medical Gatepost page:

Does anyone have access to a health insurance policy through his or her employer which does not cover anyone in the household but could cover one or more individuals in the household?

Medical Gatepost Cancel Reset

Effective Period

Last Updated: 09/12/2014

Additional Information

* Are any of the following true? Y - Yes

- Does anyone in the household have health care coverage now or in the past three months?
- Is there anyone in the household who will not cooperate with obtaining medical support coverage?

Does anyone have access to a health insurance policy through his or her employer which does not cover anyone in the household but could cover someone in the household? Y - Yes

- Note: If the person also has coverage (either currently or in the past three months), do not answer "Yes" to this question unless they also have access to health insurance through a different employer.

* Is anyone in the household entitled to Medicare part A or part B benefits? N - No

* Is there anyone in your household who has been involved in an accident within the last three months? OR Does anyone in the household have court ordered or pending insurance settlements? N - No

Based on client's response, populate blank fields as N

Add Case Comment Cancel Previous Next

The second scenario is when the member is signed up for medical coverage through an employer. By definition, someone with *coverage* through an employer must have *access* to employer medical coverage. In this scenario, the Access to Employer Medical Coverage page will be created to automatically capture additional information about the medical coverage available through the employer. In this scenario, if the member only has medical coverage and only corresponding access due to coverage, then the gatepost response will be ‘No’ for the Access to coverage question.

If the page was created from the Medical Gatepost page and no Medical Coverage page exists on the case, then the Access to Employer Medical Coverage page will be scheduled with the fields as blank.

If a Medical Coverage page that has coverage through an employer has been created, the Access to Employer Medical Coverage page will be scheduled with a “To Do List” on top. The list contains each Medical Coverage record that does not yet have an access to coverage record associated with it. The list will display the name of the policy holder as well as the name of the employer. Only Employer-Sponsored Medical Coverage will appear on the list.

Workers will need to create an Access to Employer Medical Coverage page for each employer listed on the "To Do List". Workers should not create Access pages for medical coverage from sources other than employers.

The Access to Employer Medical Coverage page will only be scheduled for Medical Coverage records with a begin month of October 2014 or later.

The new page contains the following sections: Effective Period, Details, Employer, Plan Details, Individuals Who Have Current Access, Upcoming Changes and Plans to Enroll.

➤**Note:** As with other pages created to collect information for the FFM, the questions on this page are not required (with the exception of the Begin Month, Employee Name, and Medical Coverage record and/or Employer Name fields) and CWW will not pend the case for the information on this page. While members may not have answers to the detailed questions about their access to insurance, workers should attempt to collect this information.

EFFECTIVE PERIOD:

This section collects the Begin Month, End Month, and Delete Reason for the page.

DETAILS:

The Details section of the page gathers the employee name and date of birth. Workers can select an individual that is listed on the case (including policy holders who are outside the home but were added on the Medical Coverage page) or "Other". When selecting an individual on the case, the section will prefill with information previously entered on the case.

If "Other" is selected, the First Name, Last Name and Date of Birth fields will become enabled. The "Other" selection should be used for an individual who has access to employer-sponsored insurance, but is not in the home. For example, an absent parent may have access to insurance for the child(ren) in the home.

EMPLOYER INFORMATION

The Employer Information section collects information about the employer, including the name, phone number and email address of a contact person at the employer who can answer questions about the health insurance offered by the employer. As noted above, this could be a human resources or benefits specialist who can provide more detailed information about the plans that are offered. If the member does not have a contact person for questions about health insurance offered by the employer, these fields should be left blank.

When the page loads, all fields in the Employer Information section will be read only. The fields will become enabled depending on the information that was selected in the Details section and if the Employee selected has any existing Medical Coverage records. Below are the different scenarios that can occur and how the section should be completed, depending on what is selected:

- a. If the individual is the policy holder on one or more Medical Coverage pages in CWW, the Medical Coverage Record dropdown will become enabled.

The Medical Coverage Record dropdown will list the Medical Coverage records listed by employer name and sequence.

When a Medical Coverage record from the Medical Coverage Record dropdown is selected, all fields in the Employment Information section will be prefilled with the information that was previously entered on the Medical Coverage page. Since the information is being pulled from the Medical Coverage page, the fields will be read only.

As described above, if there are multiple Medical Coverage records with a Begin Month of October 2014 or later for individuals that are listed on the case, a "To-Do List" will display at the top of the page that will list all of the records for which an Access to Employer Medical Coverage page needs to be created.

In the following example, there is an employer who provides Medical Coverage in the "To-Do List", and the worker has selected this employer in the Medical Coverage dropdown.

Example: Andy applies for BC+ and reports that he is enrolled in a health insurance plan offered through his employment at McDonald's. The worker entered this coverage information on the Medical Coverage page, indicating that the insurance was through McDonald's. The Access to Employer Medical Coverage page then displayed with a McDonalds "To Do List" at the top. The worker should then complete the Access to Employer Medical Coverage by selecting McDonald's from the Medical Coverage Record field and completing the page using any additional information that Andy is able to provide.

CARES Worker Web | User ID: [] | User Name: [] | Quick Select: CASE/RFA | Help | Logout

Primary Person: [] | Case: 4002337049 | Status: Open | Mode: Review | 3.5 04/15/2014

Navigation Menu: Search, CARES Home, Search, Inbox Search, Unlinked Documents, RFA / Case, Client Registration (0), Case Summary, Case Comments, Expected Changes, Application Entry (6), Case Information, Individual Demographics, Benefits/School, Individual Non Financial, Other Health Care Programs, Asset Information, Employment Queues, Employment, Unearned Income, BC+ Tax Deductions, Expenses, Medical, Summary, Gatepost, Medical Coverage, **Employer Medical**, Medicare, Tax Filing Information, Yearly Income, W/CHM Case

Access to Employer Medical Coverage

Access to Employer Medical Coverage information is required for the following employers:

ANDY 24M HUS - MCDONALD'S

Effective Period
 * Begin Month: MM / YYYY | End Month: MM / YYYY | Last Updated: []
 Delete Reason: []

Details
 * Employee: **ANDY** 24M HUS | Sequence: 2
 First Name: [] MI: [] Last Name: []
 Date Of Birth: 12 / 12 / 1989

Employer Information
 * Medical Coverage Record: MCDONALD'S - 1 | * Employer Name: MCDONALD'S
 Is this a State Employee Health Plan? YES
 FEIN: 24764223
 Employer Address: 1010 NORTH LADALLE
 Employer City: MILWAUKEE | Employer State: WI - WISCONSIN
 Employer Zip: 53703 - 957 | Employer Phone: 313 444 5665
 Contact Name: Cindy Gonzalez | Contact Phone: 222 114 1232 Ext: []
 Contact Email: humanresources@mcdonalds.com

Plan Details
 Does this employer offer a plan which meets the minimum value standard? []
 Name of Lowest Cost Plan: []
 Lowest Cost Plan Premium Amount: \$ [] | Frequency: []

Individuals Who Have Current Access
 SARI | ANDY | BEA
 JAMES

Upcoming Changes
 Will the employer continue to offer coverage in the new plan year? [] | When will this employer stop offering this coverage? MM / DD / YYYY
 Will the premium amount change in the new plan year? [] | Date of Change: MM / DD / YYYY
 New Premium Amount: \$ [] | Frequency: []

Plans to Enroll
 Plans to Enroll? [] | Plans to Enroll Date: MM / DD / YYYY
 Is this individual in a waiting or probationary period? [] | Waiting or Probationary Period End Date: MM / DD / YYYY

Sequence: [] | Updated on or before: MM / DD / YYYY | Go

Add Case Comment | Cancel | Previous | Next

b. If the individual is NOT the policy holder on any Medical Coverage pages in CWW for which an Access to Employer Medical Coverage record has not yet been created, but has one or more current Employment pages in CWW, the Employer Name dropdown will be enabled.

The Employer Name dropdown field will list any employers that have been created or "Other". When an employer is selected from the dropdown, the Employer Name text box, Federal Employer Identification Number (FEIN), and Employee Address and Phone Number fields will prefill with the information that was previously entered on the Employment page. This information can be edited as needed. However, editing the information on this page will NOT update the Employment page.

If “Other” is selected from the Employer Name dropdown, the Employer Name text box, State Employee Benefit Plan and Employer Address and Employer Contact fields will become enabled for entry. The fields are not required to be completed, but should be completed as much as possible.

- Note that if an employer is providing access to medical coverage but is not listed as an employer in the dropdown, the worker may need to instead go back to the Employment page to add the employer. For example, if the individual just became employed by Target and just recently began receiving insurance through Target, then the worker should go back to the Employment page to enter information about the employment at Target. In other cases, such as an employer for someone who is not living in the home, entering the employer on the Employment page is not needed.

The Change Employer link will also display below the Employer Name. This will allow workers to change the employer if needed, and will clear out any responses that have been entered in this section.

In the following example, the member does not have any Medical Coverage records without a corresponding Access to Employer Medical Coverage record, and so the “To-Do List” does not display. Because the member has at least one employer on file, the employer dropdown is enabled, and when the worker chooses the employer’s name, the employer’s details are pre-populated.

Example: Sari applies for BC+ and is employed at William Sonoma. She also reports that William Sonoma offers health insurance. However, Sari states that the insurance is very expensive and she did not enroll. Since Sari is currently employed, the worker added the employment at William Sonoma on the Employment page. Even though Sari does not have medical coverage, she does have access to health insurance through William Sonoma. On the Access to Employer Medical Coverage page, the worker should select William Sonoma from Employer Name dropdown field and complete the page using any additional information that Sari is able to provide.

The screenshot shows the 'Access to Employer Medical Coverage' page in the CARES Worker Web. The interface includes a navigation menu on the left and a main form area. The form is titled 'Access to Employer Medical Coverage' and contains several sections:

- Effective Period:** Fields for Begin Month (MM/YYYY) and End Month (MM/YYYY), with a Last Updated timestamp.
- Details:** Employee name (SARI) and Sequence (2).
- Employer Information:** Medical Coverage Record (dropdown), Employer Name (WILLIAM SONOMA), FEIN (1231231), Employer Address (111 S WACKER DR, MILWAUKEE, WI), and Contact Information.
- Plan Details:** Questions about whether the employer offers a plan meeting minimum value standards, including Name of Lowest Cost Plan, Premium Amount, and Frequency.
- Individuals Who Have Current Access:** Checkboxes for MOLLIE, JOSEPH, BEN, and HENRY.
- Upcoming Changes:** Fields for when the employer will stop offering coverage, date of change, and new premium amount.
- Plans to Enroll:** Fields for Plans to Enroll?, Plans to Enroll Date, and Waiting or Probationary Period End Date.

At the bottom of the form, there is a navigation bar with a 'Sequence' field, an 'Updated on or before' field (MM/DD/YYYY), and 'Go', 'Previous', and 'Next' buttons. An 'Add Case Comment' button is also visible.

- c. If the individual is NOT the policy holder on any Medical Coverage pages in CWW for which an Access to Employer Medical Coverage record has not yet been created, and does NOT have any current Employment pages in CWW, the Employer Name field will be a text box.

The Employer Name text box will be a required field. The State Employee Benefit Plan, Employer Address and Employer Contact fields will also become enabled, but are not required. Workers can enter the employer information or use the FEIN lookup to populate the employer name on the page.

Example: Melly applies for BC+ and reports that although she does not have medical coverage, she does have access to insurance through her mother, who is not listed on the case. On the Access to Employer Medical Coverage page, the worker can select "Other" from the Employee dropdown field. Since her mother's employer/income is not listed on the case and there are no Medical Coverage records for this case, the worker should enter the employer information in the Employer Name field and complete the rest of the information on the page based on the information that Melly provides.

CARES Worker Web User ID: [] User Name: [] Quick Select: CASE/RFA [Go] Help Logout

Primary Person: [] Case: 4002672042 Status: Open Mode: Ongoing 3.5 08/15/2014

Navigation Menu: CARES Home, Search, Inbox Search, Unlinked Documents, RFA / Case, Client Registration (0), Case Summary, Case Comments, Expected Changes, Application Entry (1), Case Information, Individual Demographics, Benefits/School, Individual Non Financial, Other Health Care Programs, Asset Information, Employment Queries, Employment, Unearned Income, BC+ Tax Deductions, Expenses, Medical, Summary, Gatepost, Medical Coverage, **Employer Medical**, Medicare, Tax Filing Information, Yearly Income

Access to Employer Medical Coverage

Cancel [] Reset

Effective Period

* Begin Month: 08 / 2014 End Month: MM / YYYY Last Updated: []

Delete Reason: []

Details

* Employee: OTHER Sequence: 0

First Name MI Last Name
Sandra [] [] []

Date Of Birth: MM / DD / YYYY []

Employer Information

* Medical Coverage Record: [] * Employer Name: Wilson's Deli
FEIN: 324234 [] []

Is this a State Employee Health Plan? No []

Employer Address: 123 W Wilson
Employer City: Milwaukee Employer State: WI - WISCONSIN []

Employer Zip: 92384 - 9024 Employer Phone: 928 490 8239
Contact Name: Jason Marks Contact Phone: 290 809 9023 Ext: 289348
Contact Email: jmarks@gmail.com

Plan Details

Does this employer offer a plan which meets the minimum value standard? []

Name of Lowest Cost Plan: []

Premium Amount: \$ [] . [] Frequency: []

Individuals Who Have Current Access

MELLY

Upcoming Changes

Will the employer continue to offer coverage in the new plan year? [] When will this employer stop offering this coverage?: MM / DD / YYYY []

Will the premium amount change in the new plan year? [] Date of Change: MM / DD / YYYY []

New Premium Amount: \$ [] . [] Frequency: []

Plans to Enroll

Plans to Enroll? [] Plans to Enroll Date: MM / DD / YYYY []

Is this individual in a waiting or probationary period? [] Waiting or Probationary Period End Date: MM / DD / YYYY []

Sequence [] Updated on or before MM / DD / YYYY [Go] [] []

Add Case Comment [] Cancel [] Previous Next []

PLAN DETAILS

This section is used to gather details about the Lowest-Cost Plan (LCP) employee-only offered by the employer.

Plan Details	
Does this employer offer a plan which meets the minimum value standard?	Yes
Name of Lowest Cost Plan:	Basic Plan
Premium Amount:	\$ 20 .
Frequency:	M - MONTHLY

The “Does this employer offer a plan which meets the minimum value standard?” has Yes/No in the dropdown field. “Minimum Value Standard” is a standard used by the FFM and means that the plan pays at least 60 percent of the total benefit costs allowed by the plan.

If “Yes” is selected, the LCP related fields will become enabled. The name, premium amount and frequency of the LCP can be entered.

This information should only be provided for the lowest-cost employee only plan that meets the minimum value standard. If the member is enrolled in a higher-cost plan, including one that covers his or her family; do not enter the premium amount and frequency for this higher-cost plan.

Although most employers should be able to provide this information, and some are required to notify their employees about whether their insurance meets the minimum value standard, many applicants/members will not know this information. While workers should enter any information that the member has about the minimum value standard, as noted above, these fields are not required.

INDIVIDUALS WHO HAVE CURRENT ACCESS

This section is used to identify which individuals in the household could be covered by the LCP. This section will be enabled when an employer is selected above. All relevant individuals will display in this section with a checkbox. Workers will be able to indicate the household members by checking the box next to their name.

Individuals Who Have Current Access		
<input type="checkbox"/> SARI	<input type="checkbox"/> ANDY	<input type="checkbox"/> BEA
<input type="checkbox"/> JAMES		

UPCOMING CHANGES

This section gathers details if the LCP offered by the employer will change in the new plan year.

Upcoming Changes	
Will the employer continue to offer coverage in the new plan year?	Yes
Will the premium amount change in the new plan year?	Yes
New Premium Amount:	\$ 25 .
When will this employer stop offering this coverage?:	MM / DD / YYYY
Date of Change:	11 / 11 / 2014
Frequency:	M - MONTHLY

Workers will be able to indicate if the employer will continue to offer coverage in the new plan year by using the Yes/No dropdown field.

If “Yes” is selected for the “Will the employer continue to offer coverage in the new plan year?” the “Will the premium amount change in the new plan year?” field will become enabled.

If “Yes” is selected to the “Will the premium amount change in the new plan year” field, the Date of Change, New Premium Amount and Frequency will become enabled.

If “No” is selected for the “Will the employer continue to offer coverage in the new plan year?” the “When will this employer stop offering this coverage?” date field will be enabled.

PLANS TO ENROLL

This section collects information about why the individuals in the household are not enrolled in coverage through this employer, when there is no related Medical Coverage record in CWW.

Plans to Enroll			
Plans to Enroll?	Yes	Plans to Enroll Date:	11 / 11 / 2014
Is this individual in a waiting or probationary period?	Yes	Waiting or Probationary Period End Date:	11 / 12 / 014

Workers are able to indicate if the individual plans to enroll in this coverage and the date they plan on enrolling. Workers are also able to indicate if the individual is in a waiting or probationary period and if so, the date that the waiting or probationary period is scheduled to end.

ENDING ACCESS TO MEDICAL COVERAGE

If a Medical Coverage page is deleted, the associated Access to Employer Medical Coverage page will NOT be deleted. This is because an individual can no longer have that medical coverage, but still have access to it. For example, an individual may end their coverage, even though they still have access to that medical coverage. When a member reports that their coverage is ending, workers should ask if their access to coverage is also ending.

If a member reports that an employment is ending and the member has access but not coverage through that employer, workers should end date the access record that corresponds to that employment. If the member had coverage through that employer, workers should ask if the coverage will continue.

Note that if a Medical Coverage record with a corresponding Access to Employer Medical Coverage record is end dated or deleted, the Access to Employer Medical Coverage gatepost question will be updated to Yes (if it was No) as the corresponding Access to Employer Medical Coverage record is now access only.

MEDICAL SUMMARY PAGE

The Medical Summary page will be updated to include records associated with Access to Medical Insurance, including those which are linked to a Medical Insurance Coverage record.

During an AFB case merge, this summary table will allow workers to match Access to Medical Insurance records in CWW with those reported as part of the ACCESS application. In addition, if an employer-sponsored Medical Insurance Coverage record is added or merged to an existing record, the corresponding Access to Medical Insurance record will be automatically added or merged to the appropriate Access to Medical Coverage record.

Medical Insurance Coverage (contains only open ended records)								
Case Information								
Row : A	Policy Holder : ANNE BOLEYN	Sequence : 2	Insurance Carrier :					
Premium Amount : \$0.00	Begin Month : 07/2014	End Month :	Delete Reason :					
Individual	Last Updated	Delete Reason	Coverage Begin Date	Coverage End Date	Relationship	Major Medical	Good Cause	
ANNE BOLEYN 23F PP	07/30/2014		07/30/2013		SELF	Yes		
Row : B	Policy Holder : ANNE BOLEYN	Sequence : 1	Insurance Carrier :					
Premium Amount : \$0.00	Begin Month : 07/2014	End Month :	Delete Reason :					
Individual	Last Updated	Delete Reason	Coverage Begin Date	Coverage End Date	Relationship	Major Medical	Good Cause	
ANNE BOLEYN 23F PP	07/30/2014		11/11/2013		SELF	Yes		
Client Reported Information								
	Policy Holder	Insurance Carrier	Individuals Covered	Coverage Begin Date	What would you like to do?			
*	ANNE BOLEYN 23F PP		ANNE BOLEYN 23F PP	11/11/2015	Add this information			
*	HENRY TUDOR 23M PPS		ANNE BOLEYN 23F PP	11/11/2013	Add this information			

Access to Medical Insurance (Contains only open ended records)							
Case Information							
Row	Individual	Employer	Begin Month	End Month	Last Updated	Delete Reason	
A	ANNE BOLEYN 23F PP	BEADS GALORE	07/2014		07/30/2014		
B	HENRY TUDOR 23M PPS	MCDONALDS	07/2014		07/22/2014		
Client Reported Information							
	Individual	Employer	What would you like to do?				
*	ANNE BOLEYN 23F PP	THE NEEDLEPOINT COMPANY					
*	ANNE BOLEYN 23F PP	LEISURE LIFE	Add this information				
*	HENRY TUDOR 23M HUS (OTX)	ENGLAND	Match with B				
*	LORD BOLEYN	THE ROYAL COURT	Add this information				

ACCESS CHANGES:

As described above, changes have been made to the ACCESS Apply for Benefits. The following questions will be removed from AFB for health care only and/or FPOS only applications:

1. Absent parent details
 - The name of the absent parent
 - When the parent left the home
 - The reason that the parent left the home
 - Whether paternity has been established for an absent parent

For health care only applications, AFB will collect whether the parent in the home intends to claim good cause for not cooperating with child support.

2. Residency, Citizenship and Immigration questions for people on a health care only and/or FPOS only application who are not requesting health care. These include:

- Whether the non-applicant is a U.S. citizen
 - Because this question is not asked, AFB will not ask detailed immigration questions that would have been scheduled if the person had indicated they were not a U.S. citizen.
- Whether the non-applicant resides in Wisconsin.
- Whether the non-applicant intends to reside in Wisconsin.

As noted above, these questions will continue to be asked of anyone who is requesting health care, in addition to being asked of anyone who is part of an application in which FoodShare or Child Care is requested.

The following questions about access to employer-sponsored health insurance coverage will be added to AFB for health care only applications:

- Information about the employer providing access to health insurance coverage, including the employer name, FEIN, employer address, and phone number.
- Contact information for someone at the employer who can speak to the health insurance coverage options offered by the employer.
- Whether the insurance offered to the employee meets the minimum value standard, and if so, the premium amount and frequency for the lowest-cost employee-only plan that meets the minimum value standard.
- Information about access to Lowest Cost Plan, any changes in coverage or premiums that the employer may be planning for the next coverage year, and when those changes may occur.
- If the member is not currently signed up for coverage, whether the individual is in a waiting or probationary period and when the individual plans to enroll.

CONTACTS:

BEPS CARES Information & Problem Resolution Center

*Program Categories – FS – FoodShare, MA – Medicaid, BC+ – BadgerCare Plus, SC – SeniorCare, CTS – Caretaker Supplement, FSET – FoodShare Employment and Training.

DHS/DHCAA/BEPS/CW