



State of Wisconsin
Governor Scott Walker

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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 14-51

DATE: 11/24/14

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

SUBJECT: Three-Month Late Renewal Policy for Health Care

CROSS REFERENCE: BadgerCare Plus Eligibility Handbook, [26.1.1](#)

EFFECTIVE DATE: December 22, 2014

PURPOSE:

The purpose of this memo is to announce a change in the policy and process for allowing health care renewals to be completed up to three calendar months after the renewal due date.

BACKGROUND:

Recent federal regulations require states to accept health care renewals or renewal-related verifications for individuals with eligibility based on modified adjusted gross income (MAGI) rules up to 90 days after the renewal due date without requiring a new application. The intent of the policy is to limit situations in which an individual must submit a new application when his or her eligibility ends due to lack of renewal or failure to verify information during a renewal.

The same regulations give states the option of allowing late renewals for other types of Medicaid. To try to ensure consistency within its health care programs, Wisconsin has opted to apply the same policy to most Medicaid and BadgerCare Plus eligibility categories. In addition, to align with our practice of determining eligibility on a monthly basis, we will allow late renewals within a three-month period instead of a 90-day period.

CARES systems changes to support this policy will be implemented effective December 22, 2014.

POLICY:

Effective December 22, 2014, agencies must accept and process health care renewals and renewal-related verifications up to three calendar months after the renewal due date. This new policy will apply to the following programs:

- BadgerCare Plus (BC+).
- Family Planning Only Services (FPOS).
- Elderly, Blind or Disabled Medicaid (EBD MA).
- Home and Community Based Waivers (HCBW).
- Institutional Medicaid.
- Medicaid Purchase Plan (MAPP).
- Medicare Savings Programs (QMB/SMLB/SLMB+/QDWI).

The policy will apply to members receiving health care benefits based on a met deductible, but not to members with an unmet deductible.

LATE RENEWALS:

Late renewals are only permitted for individuals whose eligibility has ended because of lack of renewal, and not for other reasons. Members whose health care benefits are closed for more than three months because of lack of renewal must reapply.

➤**NOTE:** when this policy is implemented on December 22, 2014, it will apply to cases that closed for lack of renewal starting September 30, 2014.

Under this new policy, agencies should consider late submission of an online or paper renewal form, or a late renewal request by phone or in person, to be a valid request for health care. The new certification period should be set based on the receipt date of the signed renewal. If verifications are required during the completion of a late renewal, the member will have 10 days to provide it.

Example 1: Jenny's renewal is due on January 31, 2015. She submits an online renewal via ACCESS on March 15, 2015. If the renewal is processed on the same day, and verification is requested, the verification will be due on March 25, 2015. If she provides verification on or before this due date and meets all other eligibility criteria for BC+, her eligibility and certification period will start on March 1, 2015. Her next renewal will be due February 28, 2016.

➤**NOTE:** The three-month period starts from the month the renewal was due. It does not restart when a late renewal has been submitted. In Example 1, if Jenny submits her renewal on March 15 but does not provide verification until May, she will need to reapply after the three-month period that started with her January renewal date.

LATE SUBMISSION OF RENEWAL-RELATED VERIFICATIONS:

If the BC+ renewal was completed timely, but requested verifications were not provided as part of the renewal, BC+ can reopen without a new application if these verifications are submitted within three months of the renewal month. The submission of the renewal-related verifications is considered a request for health care. Only the missing verifications must be provided. However, the verifications must include information for the current month of eligibility. If verification is submitted for a past month, a new Verification Checklist (VCL) must be generated to request the current verification, allowing 10 days to submit the verification.

For EBD MA, the member must provide the missing verification and verify assets for the current month if there was a gap in coverage.

Example 2: Jenny's renewal is due on January 31, 2015. She completes her renewal on January 20, 2015, and a VCL is generated requesting income verification for the 30 days prior to January 20. Jenny does not submit the requested verification, and her BC+ eligibility is terminated as of January 31, 2015. On April 27, 2015, she submits her paystubs for April 10 and April 24. If she meets the eligibility criteria for BC+, her certification period will start on April 1, 2015, and her next renewal will be due March 31, 2016. If she had submitted the verification of her income for January, a new VCL should be generated asking for verification of her current income for April.

If a member has a gap in coverage because of his or her late renewal, he or she may request coverage of the past months in which the gap occurred. Backdated coverage under the late renewal policy is available to all BC+ members who meet program rules, including children who would not otherwise qualify for backdated coverage because their income is too high (BCPH, [25.8.1](#)). However, the implementation of the late renewal policy does not change the rules for backdating at application.

If a member requests coverage for past months during a late renewal, he or she must provide all necessary information and verifications for those months (including verification of income for all months requested) and must pay any required premiums to be covered for those months. EBD members must also verify assets for those months.

➤ **NOTE:** Because QMB coverage is not retroactive, the ability to request coverage for past months does not apply for this program.

CARES:

On the Case Summary page, the "Reactivate Case" button will now be enabled for three calendar months after case closure, regardless of the closure reason. Reactivating the case will not change the status of program requests. The date on the Health Care Request page should be updated to reflect the date the late renewal or late renewal-related verifications were submitted.

➤ **NOTE:** The case reactivation function can also be used to update a health care case that closed for lack of premium payment, if premiums are paid prior to the end of the restrictive reenrollment period.

Case Summary
Reset

Summary Information

Primary Person: [REDACTED] 34M PP

Contact Information

County of Residence: 40 - MILWAUKEE COUNTY

Household Address: [REDACTED] Alternate Address:

Phone: [REDACTED] Phone:

Office / Worker Information

Office: MILWAUKEE ENROLLMENT SERVICES (5040)

County / Tribe: 40 - MILWAUKEE COUNTY

IM Consortium: STATE CONSORTIUM W-2 Geographical Area:

Assigned Worker: [REDACTED] FEP:

Caseload: [REDACTED] W-2 Participant:

Case Information

Language: E - ENGLISH

Last Review Date: Next Review Date:

Case Closed Date: 07/31/2014 Case Web Status: WEB

Associated RFA Information / ACCESS Application Information

Number	Agency	Contact Method	RFA Status	Contact Date	ACCESS App
[REDACTED]	40	Mail	INDIVIDUALS PROCESSED	08/01/2013	

What would you like to do?

Workflow Options	Case Maintenance
<input checked="" type="radio"/> Continue with Driver / Navigate Through Completed Pages	<input type="radio"/> Reactivate Case
<input type="radio"/> Add Person	<input type="radio"/> Transition Mainframe Case to Web Case
<input type="radio"/> Process Review or Renewal	<input type="radio"/> Initiate, Resume, or Terminate Simulation
<input type="radio"/> Record New Group Level Program Request	<input type="radio"/> Change Primary Person
<input type="radio"/> Process Group Level Program Request	<input type="radio"/> Make Case Confidential
<input type="radio"/> View / Record Six Month Report Actions	<input type="radio"/> Transfer Case
<input type="radio"/> Process linked ACCESS application	<input type="radio"/> Begin Intake Interview for Asset Assessment Case

Enter Begin Month for New Data:

Add Case Comment
Next

The Interview Details page will continue to create a health care or FPOS record when health care or FPOS has been closed within a calendar month. This page will now also create a health care or FPOS record when health care or FPOS closed for lack of renewal within the past three calendar months.

Application / Review Interview Details
Cancel Reset

Request / Review Date	Program	Mode	Interview Type	Last Updated
12/10/2014	FS - FOODSHARE	Review	<input type="text"/>	
12/10/2014	MA - HEALTH CARE	Review	<input type="text"/>	

From Date
MM / DD / YYYY

To Date
MM / DD / YYYY Go

Add Case Comment
Cancel Previous Next

The Change/SMRF/Renewal Summary page will now allow workers to process a health care renewal from the Inbox within three months of case closure.

Change / SMRF / Renewal Summary
Reset

Inbox Item Information

Inbox Item Number: ██████████

Item Type: **Renewal**

Due Date: **06/30/2010**

Received Date: **07/01/2010**

Assigned Worker: ██████████

Inbox Item Status: **In Progress**

Inbox Item Details: [View](#)

Case Information

IM Consortium: **STATE CONSORTIUM**

County / Tribe: **MILWAUKEE COUNTY**

Language: **ENGLISH**

Companion: **NO**

Office: **5605**

Supervisor Unit: **262**

Case Number: ██████████

Case Worker: ██████████

Secondary / Other Worker:

Primary Person Name: ██████████

Programs: **FS**

Related Submissions

Item Type	Number	Status	Filing Date/Received Date	Programs Requested
No data found.				

Worker Attention

Changes Reported	Changes Reported
No data found.	

Companion Case Information

Case Number:

Case Worker:

Primary Person Name:

What would you like to do?

Start/Continue Processing Inbox Item

No Action Required on Inbox Item Reason:

Cancel
[Previous](#)
[Next](#)

ACCESS:

Effective December 20, 2014, ACCESS will be updated to allow members to initiate a health care or FPOS renewal up to three calendar months after the renewal due date, if health care or FPOS has closed for lack of renewal.

Alerts related to health care renewals will now appear on the MyACCESS page until the second-to-last business day of the third month after the renewal due date, or until the member has initiated a renewal. The "Renew My Benefits" link will now display for three calendar months on cases with health care that have closed for lack of renewal.



ACCESS

Your Connection to Programs for Health, Nutrition and Child Care

Hello, Bob | [Logout](#) | [Español](#) | [Home](#)

Print
 Help

MyACCESS

ALERTS

Benefit Renewals due for :

- [Health Care](#)
- [FoodShare](#)

My Health Care

- [Request Explanation of Medical Benefits \(EOMB\)](#)

Get a New Card

- [ForwardHealth Card](#)

My Account

- [Manage My Account](#)

My Benefits

- [Report My Changes](#)
- [Apply For Benefits](#)
- [Renew My Benefits](#)

Learn More

- [Other Programs](#)

My Benefits

This information is current as of Monday July 21, 2014.

Benefits	Status	Details
 FoodShare	In July 2014, BOB, MARY and JANE are getting a total benefit of \$ 526.00 per month.	
 BadgerCare Plus Standard Plan	In July 2014, BOB, MARY and JANE are getting BadgerCare Plus Standard Plan benefits.	

ACCESS does not have any information about W-2 benefits at this time.

My Renewals/Six Month Report Forms

Benefits	Details
 FoodShare	You should receive a Six Month Report Form (SMRF) in the mail near the end of January 2014. You can submit your SMRF online after you have received the form in the mail or you may also choose to complete and return the form you received in the mail. To keep getting your FoodShare benefits and to avoid any delay, you will need to complete and submit your renewal online or by mail by the end of Wednesday February 5, 2014.
 FoodShare	In August 2014, you will need to provide the information your worker asks for to keep getting benefits.
 BadgerCare Plus Standard Plan	In August 2014, you will need to provide the information your worker asks for to keep getting benefits.

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For any case in which health care closed due to lack of renewal, the Renew My Benefits landing page will be updated to pre-check the health care renewal option and allow it to be initiated up to three months after the renewal due date.

Benefits Renewal Overview

Before you get started on your renewal, there are a few things you should know:

- ✓ The more complete your information is when you submit it, the less information a worker will have to ask you about later.
- ✓ We may contact you for proof of some of the answers you have given.
- ✓ If you submit your renewal after 4:30 p.m. or on a weekend or holiday, we will receive it on the next business day.
- ✓ If you have recently done a renewal, please do not submit another one.
- ✓ The whole renewal process must be completed in order for your benefits to continue.
- ✓ If you haven't used a computer very much and would like to practice before you get started, [click here](#).

Benefits to Renew

The following are the benefits that you can renew. If the benefit you would like to renew is not checked, please check the box next to the name of the benefit.

Benefits	Renewal Date
<input checked="" type="checkbox"/> Health Care	12/31/2014

If you renew your health care benefits online, and you meet the rules to keep getting these benefits, your enrollment will start as of the month you submit your renewal. If you need coverage for past months because you have medical bills from those months, please contact your agency.



The display logic in ACCESS for FoodShare and Child Care renewals will not change.

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/AA;LA