



Date: August 23, 2016

DHCAA Operations Memo 16-24

To: Income Maintenance Supervisors  
Income Maintenance Lead Workers  
Income Maintenance Staff

<b>Affected Programs:</b>	
<input checked="" type="checkbox"/> BadgerCare Plus	<input type="checkbox"/> Caretaker Supplement
<input type="checkbox"/> FoodShare	<input type="checkbox"/> FoodShare Employment and Training
<input checked="" type="checkbox"/> Medicaid	
<input type="checkbox"/> SeniorCare	

From: Rebecca McAtee, Bureau Director  
Bureau of Enrollment Policy and Systems  
Division of Health Care Access and Accountability

**Enhancements to ACCESS for Partners and Providers and to CARES**

**CROSS REFERENCE**

- BadgerCare Plus Eligibility Handbook, [Chapter 32 Presumptive Eligibility](#)
- ACCESS Handbook, [Chapter 12 ACCESS for Partners and Providers](#)
- Operations Memos [14-09](#) and [14-33](#)

**EFFECTIVE DATE**

September 24, 2016

**PURPOSE**

The purpose of this Operations Memo is to announce system enhancements to ACCESS for Partners and Providers (APP), the web-based Express Enrollment application tool in ACCESS, as well as to CARES. These enhancements will ensure compliance with federal laws and regulations, improve the accuracy of Express Enrollment applications, and provide better communication to applicants and members.

**BACKGROUND**

In accordance with the Patient Protection and Affordable Care Act of 2010, the Wisconsin Department of Health Services (DHS) expanded APP in 2014 to allow qualified hospitals to make presumptive eligibility determinations. As part of this effort, DHS enhanced APP to support Express Enrollment applications for adults younger than 65 years old and for people requesting Family Planning Only Services (FPOS). On September 24, 2016, DHS will make additional enhancements to APP and CARES:

- APP will systematically check interChange prior to a presumptive eligibility determination being made.
- The temporary enrollment period will be systematically terminated when a person's eligibility for ongoing full-benefit health care or FPOS coverage is determined.

- The temporary enrollment period will be systematically extended if a person has applied for ongoing full-benefit health care or FPOS coverage prior to the end of the temporary enrollment period but his or her eligibility has not yet been determined.

Temporary enrollment for Wisconsin Well Woman Medicaid is not changing. In addition, the paper application forms and the procedures used for processing paper applications for temporary enrollment in FPOS and temporary enrollment in BadgerCare Plus for pregnant women are not changing.

**Note:** As a reminder, the following terms are used in reference to the temporary enrollment process:

- Express Enrollment: The online application in ACCESS for making presumptive eligibility determinations
- Presumptive eligibility: The determination of whether or not an applicant is eligible to temporarily enroll in BadgerCare Plus or FPOS
- Temporary enrollment: Short-term eligibility for BadgerCare Plus or FPOS benefits

## **POLICY**

There are no policy or process changes associated with this Memo. Per current policy, presumptive eligibility determinations are based on preliminary household and financial information provided by the applicant. This process allows the applicant to receive immediate health care coverage for a short period of time while his or her application for ongoing full-benefit BadgerCare Plus, Medicaid, or FPOS coverage is completed and processed.

The temporary enrollment period begins on the date that a qualified entity determines the person to be presumptively eligible. The following are qualified entities and the people for which they can make presumptive eligibility determinations:

- Partners are able to make presumptive eligibility determinations for children.
- Providers are able to make presumptive eligibility determinations for children, pregnant women, and people requesting FPOS.
- Qualified hospitals are able to make presumptive eligibility determinations for children, pregnant women, parents and caretakers, adults younger than 65 years old, and people requesting FPOS.

The end date of the temporary enrollment period is the end of the month following the month in which the person was determined presumptively eligible or, if the person applied for ongoing benefits, the date on which the person's eligibility for ongoing benefits is determined. If a person's application for ongoing benefits has not been completed and processed before the end of the temporary enrollment period, the temporary enrollment period will automatically be extended two months. Once the person's eligibility is determined, the temporary enrollment period will end.

## **ACCESS**

### ***ACCESS FOR PARTNERS AND PROVIDERS WILL SYSTEMATICALLY CHECK INTERCHANGE PRIOR TO A PRESUMPTIVE ELIGIBILITY DETERMINATION***

Starting September 24, 2016, a presumptive eligibility determination will be based on both the applicant's self-reported information and information on file in interChange. After a partner, provider, or qualified hospital staff person submits an Express Enrollment application, APP will check interChange to see if any of the following apply:

- The applicant is currently enrolled in ongoing full-benefit health care or FPOS coverage.
- The applicant received temporary enrollment benefits in the last 12 months. (This does not apply to applicants applying for temporary enrollment in BadgerCare Plus for pregnant women.)
- The applicant is currently enrolled in Medicare Part A or Part B. Adults younger than 65 years old without dependent children will be denied temporary enrollment in BadgerCare Plus if they are currently enrolled in Medicare Part A or Part B.

The following tables detail how a presumptive eligibility determination will be made if information is on file in interChange:

<b>Table 1: Current Enrollment in Ongoing Full-Benefit Health Care or FPOS Coverage</b>		
<b>Applicant is currently enrolled in:</b>	<b>Applicant is applying for temporary enrollment in BadgerCare Plus:</b>	<b>Applicant is applying for temporary enrollment in FPOS:</b>
BadgerCare Plus or other ongoing full-benefit Medicaid coverage	Deny temporary enrollment	Deny temporary enrollment
FPOS	Allow temporary enrollment*	Deny temporary enrollment

\*If all other temporary enrollment criteria are met

<b>Table 2: Temporary Enrollment Within the Last 12 Months</b>			
<b>Applicant was temporarily enrolled in:</b>	<b>Applicant is applying for temporary enrollment in BadgerCare Plus (non-pregnant woman):</b>	<b>Applicant is applying for temporary enrollment in BadgerCare Plus (pregnant woman):</b>	<b>Applicant is applying for temporary enrollment in FPOS</b>
BadgerCare Plus (non-pregnant woman)	Deny temporary enrollment	Allow temporary enrollment*	Allow temporary enrollment*
BadgerCare Plus (pregnant woman)	Deny temporary enrollment	Allow temporary enrollment* as long as the previous temporary enrollment was not for the same pregnancy	Allow temporary enrollment*
FPOS	Allow temporary enrollment*	Allow temporary enrollment*	Deny temporary enrollment
No programs	Allow temporary enrollment*	Allow temporary enrollment*	Allow temporary enrollment*

\*If all other temporary enrollment criteria are met

If unable to successfully connect with interChange, APP will use the information from the Express Enrollment application to make the presumptive eligibility determination. (Applicants will still be required to answer questions about current full-benefit health care or FPOS enrollment, previous

temporary enrollment, and current Medicare Part A or Part B enrollment on the Individual Information page in APP.)

Eligibility results will be displayed on the Results page in APP and on the Eligibility Notice, which is available on the Results page.

### ***ACCESS CHECK MY BENEFITS WILL CONTINUE TO DISPLAY ANY TEMPORARY ENROLLMENT BENEFITS FOR THE CURRENT MONTH***

ACCESS Check My Benefits will continue to show if a member has any temporary enrollment benefits for the current month. If a person's temporary enrollment period ends prior to the end of the month, ACCESS Check My Benefits will continue to display the end date of the temporary enrollment period until the end of that month.

**Example 1:** Andre's temporary enrollment period for BadgerCare Plus is February 5 through March 31. On February 20, Andre logs into his MyACCESS account to check his benefits. ACCESS Check My Benefits shows that Andre is temporarily enrolled in BadgerCare Plus for the month of February. On March 2, Andre again logs into his MyACCESS account to check his benefits. ACCESS Check My Benefits shows that Andre is temporarily enrolled in BadgerCare Plus for the month of March.

On March 5, Andre submits an application for BadgerCare Plus. On March 18, the income maintenance (IM) agency determines that Andre is not eligible for ongoing BadgerCare Plus coverage, and his temporary enrollment benefits end early as a result.

On March 22, Andre logs into his MyACCESS account. ACCESS Check My Benefits shows that Andre's temporary enrollment benefits ended on March 18. This end date continues to be displayed in ACCESS Check My Benefits through the end of March. On April 10, when Andre logs back into his MyACCESS account, ACCESS Check My Benefits does not display any information about temporary enrollment since Andre is not receiving temporary enrollment benefits in April.

### **CARES**

On September 24, 2016, CARES will be enhanced to receive, process, and store a daily presumptive eligibility enrollment file from interChange. This file will include enrollment information for members who are currently temporarily enrolled, regardless of whether they applied using the Express Enrollment online application or a temporary enrollment paper application. Presumptive eligibility enrollment information will not be displayed in CARES Worker Web (CWW) but will be stored and used to systematically terminate or extend temporary enrollment benefits, per current policy.

### **TEMPORARY ENROLLMENT TERMINATIONS**

If a person applies for ongoing full-benefit health care or FPOS coverage and the IM agency makes an eligibility determination in CWW prior to the end date of the temporary enrollment period, per current policy, the temporary enrollment period must end on the date the IM agency completes processing the application for ongoing full-benefit health care or FPOS coverage, regardless of the result of the eligibility determination. The early termination of temporary enrollment will be applied systematically. Workers will not need to take any action.

After a worker confirms eligibility for a person who is receiving temporary enrollment benefits, CARES will send the new end date of the temporary enrollment period to interChange. The following table further explains when eligibility for ongoing full-benefit health care or FPOS coverage will affect temporary enrollment.

<b>Table 3: Systematic Early Termination of Temporary Enrollment— Applicant Applied for One Program</b>		
<b>Applicant is confirmed in CARES as:</b>	<b>Applicant is currently receiving temporary enrollment benefits for BadgerCare Plus:</b>	<b>Applicant is currently receiving temporary enrollment benefits for FPOS:</b>
Eligible for BadgerCare Plus or other ongoing full-benefit Medicaid coverage	End temporary enrollment	End temporary enrollment
Eligible for FPOS	No change to temporary enrollment	End temporary enrollment
Not eligible for BadgerCare Plus or other ongoing full-benefit Medicaid coverage	End temporary enrollment	No change to temporary enrollment
Not eligible for FPOS	No change to temporary enrollment	End temporary enrollment

<b>Table 4: Systematic Early Termination of Temporary Enrollment— Applicant Applied for Multiple Programs</b>		
<b>Applicant is confirmed in CARES as:</b>	<b>Applicant is currently receiving temporary enrollment benefits for BadgerCare Plus:</b>	<b>Applicant is currently receiving temporary enrollment benefits for FPOS:</b>
Eligible for BadgerCare Plus or other ongoing full-benefit Medicaid coverage but not for FPOS	End temporary enrollment	End temporary enrollment
Eligible for FPOS but not for BadgerCare Plus	End temporary enrollment	End temporary enrollment
Not eligible for BadgerCare Plus or FPOS	End temporary enrollment	End temporary enrollment

Applicants will receive a Notice of Decision when an eligibility determination is made for ongoing full-benefit health care or FPOS coverage. If their temporary enrollment benefits end early as a result of their being determined ineligible for ongoing full-benefit health care or FPOS coverage, applicants will also receive a system-generated [letter indicating their temporary enrollment has ended](#). This letter is informational only; it is not a Notice of Decision that is subject to timely notice requirements.

**Note:** Applicants will initially receive an eligibility notice when an eligibility determination is made for temporary enrollment benefits. This letter contains information indicating that an applicant’s temporary enrollment benefits may end early if he or she applied for ongoing full-benefit health care or FPOS coverage and the IM agency made an eligibility determination prior to the temporary enrollment end date.

**Example 2:** Brenda has a doctor’s appointment on September 14. During her appointment, the doctor’s office staff completes an Express Enrollment application with Brenda. Brenda is determined eligible for temporary enrollment in BadgerCare Plus from September 14 through October 31.

On September 28, Brenda submits an application for BadgerCare Plus. On October 15, the IM agency processes her application and confirms that she is not eligible for BadgerCare Plus. Brenda’s temporary enrollment period ends on October 15. She receives a Notice of Decision with the eligibility determination for ongoing BadgerCare Plus coverage as well as a letter stating that the end date of her temporary enrollment period is October 15.

**TEMPORARY ENROLLMENT EXTENSIONS**

If a person applies for ongoing full-benefit health care or FPOS coverage and the IM agency is not able to make an eligibility determination in CWW prior to the end date of the temporary enrollment period, per current policy, the temporary enrollment period must be extended. The extension of temporary enrollment will be applied systematically if a person’s application for ongoing full-benefit health care or FPOS coverage has been processed to a CARES case and the person has passed clearance in CWW. The person’s demographics pages in CWW must also be completed.

On the last business day of the month, CARES will check to see if any people who are currently receiving temporary enrollment benefits with an end date that matches the end of the current month have an application for ongoing full-benefit health care or FPOS coverage that has not been completely processed and confirmed.

The following tables further explain when extensions are applied if eligibility has not been determined for full-benefit health care or FPOS coverage.

<b>Table 5: Systematic Extension of Temporary Enrollment—Applicant Applied for One Program</b>		
<b>Applicant has applied for one program and eligibility has not been confirmed:</b>	<b>Applicant is currently receiving temporary enrollment benefits for BadgerCare Plus:</b>	<b>Applicant is currently receiving temporary enrollment benefits for FPOS:</b>
BadgerCare Plus or other ongoing full-benefit Medicaid coverage	Extend temporary enrollment for BadgerCare Plus	Do not extend temporary enrollment for FPOS
FPOS	Do not extend temporary enrollment for BadgerCare Plus	Extend temporary enrollment for FPOS

<b>Table 6: Systematic Extension of Temporary Enrollment— Applicant Applied for Multiple Programs</b>		
<b>Applicant has applied for multiple programs but eligibility has not been confirmed for all programs:</b>	<b>Applicant is currently receiving temporary enrollment benefits for BadgerCare Plus:</b>	<b>Applicant is currently receiving temporary enrollment benefits for FPOS:</b>
Eligibility has been confirmed for BadgerCare Plus or other ongoing full-benefit Medicaid coverage but not for FPOS	Do not extend temporary enrollment for BadgerCare Plus	<ul style="list-style-type: none"> <li>Do not extend temporary enrollment for FPOS if the applicant is eligible for BadgerCare Plus or other ongoing full-benefit Medicaid coverage</li> <li>Extend temporary enrollment for FPOS if the applicant is not eligible for BadgerCare Plus or other ongoing full-benefit Medicaid coverage</li> </ul>
Eligibility has been confirmed for FPOS but not for BadgerCare Plus or other ongoing full-benefit Medicaid coverage	Extend temporary enrollment for BadgerCare Plus	Do not extend temporary enrollment for FPOS

If an extension applies to a person, CARES will systematically extend the person’s temporary enrollment period for two months and send the new end date of the temporary enrollment period to interChange. The applicant will receive a system-generated [letter indicating that his or her temporary enrollment has been extended](#) and the new date on which his or her temporary enrollment benefits will end. This letter is informational only; it is not a Notice of Decision that is subject to timely notice requirements.

Once a person’s eligibility for full-benefit health care or FPOS has been determined, his or her temporary enrollment benefits will end.

**Example 3:** Trent goes to the emergency room on October 3. Emergency room staff completes an Express Enrollment application with Trent, and he is determined eligible for temporary enrollment in BadgerCare Plus from October 3 through November 30.

Trent submits an application for BadgerCare Plus on November 20. On November 29, the IM agency processes his application and pends the case for income verification. On November 30, CARES finds that Trent's temporary enrollment period should end at the end of November; however, his BadgerCare Plus eligibility has not been confirmed. As a result, CARES sends interChange a new temporary enrollment end date of January 31, and Trent receives a letter stating that the end date of his temporary enrollment period changed to January 31.

On December 15, the IM agency confirms that Trent is not eligible for BadgerCare Plus. Trent's temporary enrollment period ends on December 15. He receives a Notice of Decision with the eligibility determination as well as a letter stating that the end date of his temporary enrollment period is December 15.

## **CONTACTS**

BEPS CARES Information and Problem Resolution Center

DHS/DHCAA/BEPS/RW