



STATE OF WISCONSIN

Date: January 5, 2017

DHCAA and DECE Operations Memo 17-J1

Amendment 1 February 10, 2017

Amendment 2 March 30, 2017

Amendment 3 November 20, 2017

To: Income Maintenance Supervisors
Income Maintenance Lead Workers
Income Maintenance Staff
Child Care Coordinators

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

David Timmerman, Bureau Director
Bureau of Operations and Planning
Division of Early Care and Education
Department of Children and Families

Affected Programs:

- BadgerCare Plus
- Caretaker Supplement
- Child Care
- Children First
- Emergency Assistance
- FoodShare
- FoodShare Employment and Training
- Job Access Loan
- Job Center Programs
- Medicaid
- Other Employment Programs
- Refugee Assistance Program
- SeniorCare
- Wisconsin Works
- Workforce Innovation and Opportunity Act

New Health Care Administrative Renewal Process

CROSS REFERENCE

- BadgerCare Plus Eligibility Handbook, [Section 26 Renewal](#) and [Section 9.12 Reasonable Compatibility for Health Care](#)
- Medicaid Eligibility Handbook, [Section 3 Renewals](#)
- Operations Memos [16-17](#) and [16-J6](#)

EFFECTIVE DATE

January 21, 2017 **January 28, 2017**

PURPOSE

This Operations Memo describes a change to the annual renewal process for health care and Family Planning Only Services (FPOS) cases that meet certain prescreening criteria. During the revised renewal process, data exchanges will be used to renew benefits when possible. The process of using data exchanges for renewals is referred to as the administrative renewal process. It replaces the existing administrative renewal process.

BACKGROUND

Provisions in the Patient Protection and Affordable Care Act of 2010 (PPACA or ACA) require states to primarily rely on electronic data sources to verify or validate information on file for health care members. Federal regulations restrict states from requesting information from health care members during an annual renewal unless the information cannot be obtained through an electronic data source or the information from the data source is not reasonably compatible with the information on file.

To meet these federal requirements, the Department of Health Services (DHS) has developed a revised administrative renewal process for certain BadgerCare Plus, FPOS, and Elderly, Blind or Disabled (EBD) Medicaid members who meet prescreening criteria. When electronic data sources are used to complete a renewal without additional information from the member, it is referred to as a successful administrative renewal.

Beginning on ~~January 21, 2017~~ **January 28, 2017**, CARES will be updated to support the new administrative renewal process. Beginning in May 2017, the administrative renewal process will be implemented statewide for renewals due on June 30, 2017. Starting in February 2017, Central Consortium will pilot the administrative renewals process for renewals due on March 31, 2017.

The existing administrative renewal process, which currently only applies to a limited number of low-risk EBD Medicaid cases in alternate years, will be discontinued statewide as of February 2017. This means that no administrative renewals will occur for cases outside of Central Consortium after the January 2017 administrative renewal process runs for renewals due in February 2017.

The goals of the revised administrative renewal process are to comply with federal requirements, alleviate Income Maintenance (IM) workload by reducing the number of health care renewals that need to be manually completed, and reduce health care churning for members who continue to meet the eligibility requirements for BadgerCare Plus, FPOS, and EBD Medicaid.

POLICY

OVERVIEW OF ADMINISTRATIVE RENEWALS

New federal guidelines require that health care eligibility be re-determined once every 12 months based on information available to the agency. Eligibility must be re-determined without requiring information from the member if the agency is able to do so based on reliable information in the member's case or other more current information available to the agency, including data exchanges.

If data exchanges are available to validate member information, additional information cannot be requested from the member. This includes earned income information that is found to be reasonably compatible with member-reported information. Unearned income verified through Social Security Administration (SSA) or Unemployment Compensation (UC) data exchanges will be auto-populated and used in the eligibility determination. As a reminder, information from a data source is reasonably compatible if it results in the same eligibility outcome as member-reported information. Agencies are expected to assume that household composition and tax filing status have not changed.

If eligibility can be renewed based on the available information, the administrative renewal is successful and the member will receive an eligibility renewal notice for health care and/or FPOS. The member

must be notified of the eligibility determination and how the determination was made. Members must report if any of the information used to renew their eligibility is incorrect.

If benefits cannot be continued through the administrative renewal process, the member will be sent a Pre-Printed Renewal Form (PPRF). The PPRF will be attached to the 45-day renewal letter. Members have at least 30 days to complete, sign, and return the PPRF, or complete their renewal by phone, in-person, or ACCESS. Failure to complete a renewal by the end of the certification period will result in the termination of benefits, similar to current policy and process.

Benefits may not be terminated or reduced during the administrative renewal process based solely on information obtained from a data exchange. This includes information obtained from Social Security Administration (SSA), Unemployment Compensation (UC), Federal Data Services Hub (FDSH) wages, or State Wage Information Collection Agency (SWICA) data exchanges. If a member's benefits would be terminated or reduced (for example, being charged a greater premium amount) as a result of information obtained from a data exchange, the member will be sent a 45-day renewal letter and PPRF.

ADMINISTRATIVE RENEWAL SELECTION CRITERIA

ELIGIBLE HEALTH CARE CATEGORIES

To be selected for an administrative renewal, a case must be due for renewal in the following month and have one or more assistance groups (AG) in a qualifying health care benefit open, including:

- BadgerCare Plus
- FPOS
- EBD Medicaid
- Long Term Care Medicaid

Cases receiving the following benefits must meet all of the detailed selection criteria specified for the affected program in order to be selected for administrative renewal:

- BadgerCare Plus
 - The case only has income that can be verified through a data exchange, for example, income from Social Security and/or Unemployment Compensation (UC), or employment income with an FDSH or SWICA match
 - Does not have income that cannot be verified through a data exchange (such as self-employment or room and meals income)
 - No tax deductions on file
 - Does not have a calendar year tax dependent for a past year
 - The case does not include any Former Foster Care Youth turning 26 (because their income information has not been previously collected)
 - The case does not include any pregnant women whose due date is in or before the renewal month (because there is an upcoming change in household composition)
 - The case does not include any persons turning 19 or 65 years old, or Continuously Eligible Newborns (CENs) turning 13 months old (because they are aging out of their current AG and may either lose eligibility or become eligible under a new AG)
- Family Planning Only Services
 - The case only has income that can be verified through a data exchange, for example, income from Social Security and/or Unemployment Compensation (UC), or employment income with an FDSH or SWICA match

- o Does not have income that cannot be verified through a data exchange
- o No tax deductions on file
- SSI-Related Medicaid
 - o The case only has income that can be verified through a data exchange, for example, income from Social Security and/or Unemployment Compensation (UC), or employment income with an FDSH or SWICA match
 - o Does not have income that cannot be verified through a data exchange
 - o Countable assets at or below 50% of the asset limit
 - o None of the following expenses on file: excess self-employment, child support/maintenance, or impairment-related work expenses (IRWEs)
- Medicaid Purchase Plan (MAPP)
 - o The case only has income that can be verified through a data exchange, for example, income from Social Security and/or Unemployment Compensation (UC), or employment income with an FDSH or SWICA match
 - o Does not have income that cannot be verified through a data exchange
 - o Gross income at or below 150% FPL, so they don't owe a premium
 - o Countable assets at or below 50% of the asset limit
 - o None of the following expenses on file: excess self-employment, child support/maintenance, IRWEs, special exempt income, or medical/remedial expenses
- Medicare Savings Program
 - o The case only has income that can be verified through a data exchange, for example, income from Social Security and/or Unemployment Compensation (UC), or employment income with an FDSH or SWICA match
 - o Does not have income that cannot be verified through a data exchange
 - o Countable assets at or below 50% of the asset limit
 - o None of the following expenses on file: excess self-employment, child support/maintenance, or IRWEs

Effective April 22, 2017,

- Group A Community Waivers
 - o Group A eligible based on SSI eligibility
 - o Not Group A eligible based on 1619(b), EBD Medicaid, BadgerCare Plus, or Adoption Assistance

INELIGIBLE HEALTH CARE CATEGORIES

Administrative renewals will not be completed for cases receiving benefits under the following health care categories:

- BadgerCare Plus Extension

Note: BadgerCare Plus Extension cases will not be administratively renewed, but other eligible health care categories on the same case may be selected for an administrative renewal as long as the Extension is not due for renewal.
- BadgerCare Plus with met deductible
- SSI-related Medically Needy Medicaid with met or unmet deductibles
- Medicaid Purchase Plan (MAPP) with premium
- Institutional Medicaid
- Group B and B+ Community Waivers

- Group A Community Waivers with eligibility based on 1619(b), EBD Medicaid, BadgerCare Plus, or Adoption Assistance
- ~~Group A Community Waivers with eligibility based on SSI~~

These programs are excluded because of program integrity risks and because they require verification of information that is not available through a data exchange. For example, medical expense verification is required for deductibles.

CASE LEVEL SCREENING

Cases will be excluded from an administrative renewal if they meet any of the following criteria:

- The case is in review mode
Note: Cases that are open only for Group A Community Waivers and/or QMB based on SSI eligibility will only be excluded from an administrative renewal if the case is in review mode. The remaining screening criteria do not apply to these Group A cases.
- The case has a pending health care AG, i.e., health care eligibility has not been confirmed for all persons in this case
- There are related unprocessed ACCESS items, including applications, program adds, renewals, change reports, and Six-Month Report forms (SMRFs)
- There are related unprocessed PPRF or SMRF documents for the case
- The case has an unresolved Error Prone Profile (EPP)
- The case has calendar year tax dependent(s)
- The case is excluded from batch eligibility processes (for example, due to an eligibility override)
- Any AG or individual on the case is found to meet the exclusion criteria
- The case includes a BadgerCare Plus Extension AG that is due for renewal

INDIVIDUAL LEVEL SCREENING

Individuals will be excluded from an administrative renewal if they meet any of the following criteria:

- Unverified or missing Social Security Number (SSN)
- Unresolved Prisoner, Unemployment Insurance Benefit (UIB), or State Online Query Internet (SOLQ-I) discrepancies
- New discrepancies found through a data exchange during the administrative renewal process
- Expired immigration status
- Expired disability diary date
- MAPP with a work requirement waiver or Health and Employment Counseling (HEC) enrollment
- Presumptive disability

If a case includes an individual that meets one of these exclusion criteria, the case will be excluded from the administrative renewal process because worker action is needed.

ELIGIBILITY EXCLUSIONS

Cases will also be excluded from an administrative renewal if they meet any of the following criteria when the system is running eligibility:

- A new EPP is generated as a result of a data exchange during the administrative renewal
- Health care or FPOS benefits pend
- Health care or FPOS benefits would be terminated for any individual on the case

- Premium is now required, or premium amount increased

If the eligibility run results in one of the above, the case will be excluded from the administrative renewal process because worker action is needed. In instances when one health care category meets the above criteria, other categories will also be excluded from the administrative renewal process.

NOTICE OF DECISION

Federal guidelines require a notice of decision be sent to members upon the completion of a health care renewal. For both successful administrative renewals and all regular health care renewals that occur after ~~January 21, 2017~~ **January 28, 2017**, a Notice of Decision will be sent to members with the message “Your health care renewal has been completed,” similar to existing language used for a FoodShare renewal.

About Your Benefits

This letter tells you about your benefits. If you have a question, please call the agency above. If you would like to get letters like this online instead of by regular mail, please see the Key Contacts at the end of this letter.

Which benefit?	Status of your benefits?
 Health Care	Your health care renewal has been completed. Please see Your Health Care Benefits page for the status of your benefits.

If you don't agree with this decision, you have the right to a Fair Hearing. Please see the last page of this letter to learn more. You may also talk with the agency above.

Figure 1 Notice of Decision With Health Care Benefits Renewed

CHANGE REPORTING

Cases that have a successful administrative renewal remain subject to change reporting requirements. The administrative renewal letter ([Attachment 1](#)) instructs the member to review and report any changes to the case summary and informs them of the potential consequences for not reporting those changes. If a member does not correct information that is wrong and gets benefits that they should not get, the member would be liable for any resulting overpayments. The member is not required to sign and return the summary if the information is accurate.

In addition, administrative renewal cases will receive a Notice of Decision that identifies program specific change reporting requirements, as well as the potential consequences for not reporting changes timely. Changes reported for a case that has undergone an administrative renewal should be processed under existing policy.

ONGOING CASE MAINTENANCE

Income Maintenance (IM) consortia and tribal IM agencies will continue to be responsible for ongoing maintenance of cases that go through an administrative renewal. They will also be responsible for any follow-up actions that may be needed, including, but not limited to, processing changes reported after an

administrative renewal, processing renewals for FoodShare, Caretaker Supplement, or Wisconsin Shares Child Care when a renewal is due for multiple programs, and processing renewals for health care and/or FPOS cases that do not go through the administrative renewal process.

NON-HEALTH CARE PROGRAMS

Administrative renewals apply to health care and FPOS renewals only. If a case is eligible for an administrative renewal and other programs are open on the case, any Social Security and UI updates will be applied to the case, and will be treated like a change report for the non-health care program. Although information obtained through the FDSH or the SWICA data exchanges will be tested for reasonable compatibility for health care and FPOS, the member's employment information will not be updated in CWW. CWW will automatically re-determine eligibility for all programs. This could result in a change in benefit amount or termination of benefits. The certification period of non-health care programs will not be extended as part of the administrative renewal process.

If child care, FoodShare, or Caretaker Supplement are also due for renewal, the worker should continue to follow current policy and process regarding renewal submissions, interviews, and program-specific verification requirements.

If health care and/or FPOS are renewed through an administrative renewal and another program is also due for a renewal, the member would receive an administrative renewal letter and **an attached** case summary **(when appropriate)**, for health care and/or FPOS, and a separate 45-day renewal letter for the other program(s). If health care and/or FPOS do not get administratively renewed and FoodShare or Caretaker Supplement is also due for a renewal, the member will receive a 45-day renewal letter with an attached PPRF for all programs due ([Attachment 2](#)). Child Care will continue to receive a separate 45-day renewal letter.

Changes reported as part of a renewal for another program should also be applied to health care. The other program may require the individual to verify his or her information. Once verification is received for the other program, the information should also be used for ongoing health care eligibility.

CARES

CARES Worker Web (CWW) will be enhanced for the new administrative renewal process on ~~January 21, 2017~~ **January 28, 2017**, for the pilot region, Central Consortium. Beginning in May 2017, administrative renewals will be implemented statewide for renewals due on June 30, 2017.

During the administrative renewal process, CWW will automatically:

- Select cases subject to administrative renewal
- Verify information through data exchanges
- Determine the new 12-month certification period for health care
- Notify the member of the administrative renewal
- Notify the member of their eligibility determination

The administrative renewal process will occur in the eleventh month of a member's certification period, prior to sending out 45-day renewal letters. On the first Saturday of the eleventh month, CARES will determine who qualifies for an administrative renewal, and initiate a batch request through the Renewal and Redetermination Verification (RRV) service through the Federal Data Services Hub (FDSH) to request Equifax data.

On the second Saturday of the eleventh month, CARES will determine who qualifies for an administrative renewal, data exchange updates will occur for SWICA, New Hire, and Employer Verification of Health Insurance (EVHI), the existing batch process will update SSA and UIB data, the RRV response with Equifax data will be processed, reasonable compatibility will be tested as applicable, and the administrative renewal process will run through a batch eligibility cycle to determine if the administrative renewal is successful or unsuccessful.

SUCCESSFUL ADMINISTRATIVE RENEWALS

Cases selected for an administrative renewal will run through a batch eligibility process. Cases that pass the administrative renewal criteria after the eligibility batch run will go through the administrative renewal confirmation process. During the confirmation process:

- Case level review dates will be set
- A case comment will be added indicating that the case has gone through an administrative renewal
- The Interview Details page will display “Admin Renewal” as the interview type for health care and/or FPOS
- The Generate Summary Page will display “Admin Renewal” as the signature type
- The appropriate administrative renewal letter, with or without a case summary, will be generated and mailed. The letter will be stored in the Electronic Case File (ECF)
- The Enrollment and Benefits handbook will be sent to the member

Most categories of health care will be renewed during the administrative renewal. For example, if a case is open for both BadgerCare Plus and MAPP without a premium, and the programs had different renewal dates, both programs would be renewed and their renewal dates would be synced. This does not apply to time-limited health care benefits (such as pregnancy-related BadgerCare Plus), because these benefits are not renewed for additional months. In addition, FPOS benefits will be renewed separately from other categories of health care and the renewal date will not be synced, unless it is due for renewal at the same time as the other health care program(s).

Cases will run through a second batch run on the second Saturday of the twelfth month of the certification period, approximately 30 days after the administrative renewal. This batch run will generate a Notice of Decision unless one has already been sent following the processing of a change or renewal for another program(s).

CASE COMMENT

If an administrative renewal is successfully completed, a case comment will be added in the eleventh month. The “Renewal/Review/SMRF” comment type will be entered by CARES, and will state “Administrative Renewal completed.”

Case Comments Cancel Reset

Add/Edit Comments

Date Entered: 12/29/2016 Entered By: XCTX17 Comment Type: G - General Flag as Important?

Comment:

 Current Size = 0 characters (1000 characters max.) Add

Review Comments (Past 90 Days)

Flag	Date Entered	Entered Time	Entered By	Type	Comments
	12/10/2016	3:45 PM	CARES	Renewal/Review/SMRF	Administrative Renewal completed.

From Date: MM/DD/YYYY To Date: MM/DD/YYYY

Cancel

Figure 2 Case Comment for Successful Administrative Renewal

INTERVIEW DETAILS PAGE

For cases that successfully go through the administrative renewal process, the Interview Details page will display “S - Admin Renewal” as the Interview Type for health care and/or FPOS. Other programs such as FoodShare or Child Care will default to “No Renewal / Review.”

Interview Details Cancel Reset

Viewing historical information updated on or before 12/31/2016

Request / Renewal / Review Date	Program	Mode	*Interview Type	Last Updated
12/23/2016	CC - CHILD CARE	Renewal / Review	N - No Renewal / Review	12/23/2016
12/23/2016	MA - HEALTH CARE	Renewal / Review	S - Admin Renewal	12/23/2016

From Date: 12/01/2016 To Date: 12/31/2016

Cancel

Figure 3 Interview Details Page With Successful Administrative Renewal

GENERATE SUMMARY PAGE

For cases that successfully go through the administrative renewal process, the Generate Summary page will be updated with a Signature Type of “A – Admin Renewal.”

Generate Summary Cancel Reset

Effective Period

Effective Date: **12/23/2016** Worker: **CARES**

Summary

FoodShare/HealthCare Signature: **A - Admin Renewal**

* View Summary: **E - English**

* What would you like to do? **MS - Mail Summary**

Figure 4 Generate Summary Page With Successful Administrative Renewal

DATA EXCHANGE RESULTS

Cases that go through administrative renewals will be updated with new income information from SSA or UI that is identified during the administrative renewal process. Information obtained through data exchanges will be tested for reasonable compatibility.

For health care and/or FPOS only cases that successfully go through the administrative renewal process where an individual in the household has current employment, the Begin Month on the Employment page will be updated to the current month. In addition, the wage verification code on the Employment page will be set to “Q?” if the existing verification code is not “?”, “QV,” “NV,” “Q?,” “?O,” “WN,” or “SP.” This update will allow the system to test wages for reasonable compatibility. The income types and amounts will not be systematically updated. For cases that include programs other than health care and/or FPOS, or for cases for which the administrative renewal is unsuccessful, the original wage verification code will be retained. Keeping the original verification code will ensure that other programs only have to verify wages when appropriate for their program rules.

Detailed Wage Information

Pay Frequency

* Pay Frequency: **M - MONTHLY**

Detailed Wage Information

Rate Per Hour: \$. Wage Type:

Average Hours Per Pay Period: Verification:

Total Amount Per Pay Period: \$. Delete:

Rate Per Hour	Wage Type	Average Hours Per Pay Period	Verification	Total Amount Per Pay Period	Delete		
	SAL - SALARY	50.00	Q? - QUESTIONABLE NOT YET VERIFIED	1000.00	<input type="checkbox"/>		

Figure 5 Employment Page With Q? Verification Code

ADMINISTRATIVE RENEWAL LETTER AND CASE SUMMARY

If health care and/or FPOS can be successfully recertified through an administrative renewal (except for cases open only for Group A Community Waivers and/or a Medicare Savings Program (QMB) based on SSI eligibility), the member will be sent an administrative renewal letter with an attached case summary. The letter tells members to review the information on the case summary and report if any of the information is incorrect within 30 days from the mailing date.

If any information on the case summary is incorrect, members have the option to make changes on the summary and mail or fax it to the agency, or they can call the agency to report changes. When changes are applied to the case, a Notice of Decision will be sent per current rules, including the message “Your health care renewal has been completed.”

If all of the information on the case summary is correct, the member does not need to take any other action. After approximately 30 days, he or she will be sent a Notice of Decision to confirm their health care was renewed, unless a notice was already sent (for example, if a FoodShare renewal was processed in the meantime).

The administrative renewal letter and case summary will be stored in Correspondence History Search Result and the Electronic Case File (ECF) as “CMAD – ADMIN RENEWAL.” Workers cannot suppress this notice, but can view or send duplicates.

The case summary will have the document code “CHG” in the upper right-hand corner of each page. If a member returns the case summary to report changes, all pages of the document should be scanned.

Member correspondence related to administrative renewals requiring member action (for example, reviewing a case summary) will be mailed and will also be available in ACCESS.

ADMINISTRATIVE RENEWAL LETTER FOR GROUP A COMMUNITY WAIVERS AND/OR QMB CASES ELIGIBLE BASED ON SSI

Cases with individuals eligible only for Group A Community Waivers and/or QMB through SSI that are successfully recertified through an administrative renewal will be sent a unique administrative renewal letter without a case summary (Attachment 3). Because these individuals are categorically eligible based on their SSI eligibility, the letter informs them that their benefits have been recertified because they continue to receive SSI Medicaid. These members do not need to review a case summary and do not need to take any other action. After approximately 30 days, he or she will be sent a Notice of Decision to confirm their health care was renewed, unless a notice was already sent (for example, if a FoodShare renewal was processed in the meantime).

This administrative renewal letter will be stored in the Electronic Case File (ECF) as “Correspondence Document.” It will be stored in CWW Correspondence History as “CMAS - SSI ADM RNWL- _____NOPPRF.” Workers cannot suppress this notice, but can view and/or send duplicates. If a member has opted to receive paperless correspondence, this letter will not be mailed but will be available in ACCESS.

If the case is open for Group A Community Waivers and/or QMB through SSI and other health care, the regular administrative renewal letter (CMAD) will be generated for the case, or the 45-day renewal letter with PPRF, depending on whether the case is successfully recertified.

WORKER ALERT AND ACTION FOR FAILED ADMINISTRATIVE RENEWAL LETTER AND CASE SUMMARY

There may be certain scenarios, such as a system error or the case being left in the middle of the CWW driver flow before the administrative renewal was initiated, that will prevent the case summary from generating with the administrative renewal letter during a successful administrative renewal. In these scenarios, workers will receive a high-priority alert that states “ADMIN RNWL CASE SUMM FAILED.” Consortia will be able to access this alert from screen CMWA in CARES mainframe. The alert number is 530. Help text will be available for this alert on CUAH. In addition, this alert will display as an Action Item in CWW.

The worker will need to go to the Correspondence History Search Results page and find the letter titled “CMAN – ADMIN RENEWAL NOPPRF.” The worker needs to click on the magnifying glass to view the administrative renewal letter, and then print the letter. Then, the worker needs to go to the Generate Summary page to generate and print a case summary. The worker should select the signature type of “R-Worker Generated PPRF” and select the “PS-Print Summary” option.

If the worker is not able to generate the case summary, they should review the case and take any action that would resolve the error. For example, the worker may receive a message that there are one or more required pages before the Generate Summary page if the case is in the middle of the driver flow. In that case, the worker should determine if they can complete the driver flow. If still unable to generate a summary, the worker should follow their current agency process for contacting the CARES Call Center.

Once able to generate the PPRF, the worker needs to go to the Correspondence History Search Results page and find the letter titled “CMAN – ADMIN RENEWAL-NOPPRF.” The worker needs to click on the magnifying glass to view the administrative renewal letter and then print the letter. The worker then needs to mail both items together to the member. The worker should document this action in case comments. To ensure members are given adequate notice and time to report changes, it is important for workers to act on this alert in a timely manner.

Note: The PPRF will include a signature page. A signature is not required for the health care or FPOS administrative renewal. If the case was only due for a health care and/or FPOS renewal, the signature page of the PPRF does not need to be mailed to the member, and it does not need to be returned with a signature from the member. Workers should not take negative action on health care or FPOS for failure to sign the PPRF after an administrative renewal has been completed. This is because any corrections made following an administrative renewal will be treated as a change report. However, if the PPRF is also being used for a FoodShare renewal, the signature page is required.

Generate Summary Cancel **Reset**

Effective Period

Effective Date: **01/27/2017** Worker:

Summary

FoodShare/HealthCare Signature: R - Worker Generated

* View Summary: **E - English** **View**

* What would you like to do? PS - Print Summary

Figure 6 Generate Summary Page

Navigation Menu

- Search
- CARES Home
- Search
- Inbox Search
- Unlinked Documents
- RFA / Case
 - Client Registration (0)
 - Case Summary
 - Case Comments
 - Expected Changes
 - Application Entry (5)
 - Case Information

Action Items (1) Documents (0) Discrepancies (0) Work Items (0)

November 8, 2016

XCTA2H - ADMIN RNWL CASE SUMM FAILED

Clear Checked Action Item(s)

Office: worker information

Eligibility Office: **ROCK CO HSD (5053)** W-2 Work Program Office:

County / Tribe: **53 - ROCK COUNTY**

Figure 7 Alert for Administrative Renewal Case Summary Failing to Generate

Correspondence History Search Results							
Correspondence History Search Criteria							
Case / RFA:		Correspondence Mailing Date: Last 60 Days					
Correspondence Programs:		All programs					
Correspondence Listing							
Mailing Date	Description	Distributed By	Duplicate	Language	Suppressed By	Send Duplicate	View
12/27/2016	02/2017: MS - SSI RELATED MA FOR AGED, BLIND AND DISABLED (CAT NDY) - OPEN 03/2016: MS - SSI RELATED MA FOR AGED, BLIND AND DISABLED (CAT NDY) - OPEN 02/2016: MS - SSI RELATED MA FOR AGED, BLIND AND DISABLED (CAT NDY) - OPEN 01/2016: MS - SSI RELATED MA FOR AGED, BLIND AND DISABLED (CAT NDY) - OPEN 12/2015: MS - SSI RELATED MA FOR AGED, BLIND AND DISABLED (CAT NDY) - OPEN 11/2015: MS - SSI RELATED MA FOR AGED, BLIND AND DISABLED (CAT NDY) - OPEN	MAIL		English			
2/12/2016	12/2016: CMAN - ADMIN RENEWAL-NOPPRF	MAIL		English			

Figure 8 Correspondence History Search Result Page

UNSUCCESSFUL ADMINISTRATIVE RENEWALS

If a case is excluded from the administrative renewal process, a 45-day renewal letter with PPRF will be issued automatically.

If the administrative renewal process was initiated, but not completed, any updates made to the case, with the exclusion of data exchange updates, will be undone and the case will be returned to its original status. A 45-day renewal letter with an attached PPRF will be issued automatically.

Renewals will appear on the Dashboard when PPRFs or ACCESS renewals are received.

HMONG LANGUAGE ENHANCEMENTS

Whether worker or system-generated, the case summary, PPRF, administrative renewal letter, and case summary letter will be available in Hmong as of ~~January 21, 2017~~ **January 28, 2017**. Applicable correspondence will be sent in English, Spanish, or Hmong, depending on the preferred language indicated on the General Case Information page.

ACCESS

The following changes will be implemented on ~~January 21, 2017~~ **January 28, 2017**.

RENEW MY BENEFITS LANDING PAGE

The Renew My Benefits Landing Page will display programs the member can renew. Programs will continue to be pre-checked if it is within the program’s review window. The enhancements below are being made to further assist members in selecting which programs to renew.

BENEFITS TO RENEW NOW AND BENEFITS TO RENEW LATER

The programs a member may renew will be displayed in one of two sections, depending on the renewal due date.

Benefits to Renew Now will include any open benefits with a renewal due date in the current month or next month. It will also include any benefits that have recently closed, but are still within their review window. FoodShare renewals will be displayed through the end of the renewal month, Child Care renewals will be displayed one month following closure and health care renewals will display for three months following closure.

Benefits to Renew Later will include any open benefits that are not in their review window.

**** THIS WEBSITE SHOULD ONLY BE USED FOR TESTING AND TRAINING ****

ACCESS Hello, | [Español](#)

Your Connection to Programs for Health, Nutrition and Child Care **Print** **Help**

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 Now

The following benefits are due for renewal. Click Next below to begin your renewal.

Benefits	Renewal Date
<input checked="" type="checkbox"/> Health Care	01/31/2017

Benefits to Renew Later

The following benefits are not due for renewal until the date listed next to the benefit. If you want to renew these benefits now, check the box next to the benefit and click Next.

Benefits	Renewal Date
<input type="checkbox"/> FoodShare	11/30/2017

[Go to MyACCESS](#) [Next](#)

Figure 9 MyACCESS Renew My Benefits Landing Page With Benefits to Renew Now and Benefits to Renew Later

NEW MESSAGE GENERATED FOR RENEWED HEALTH CARE CASES

If a member tries to renew health care benefits in months 11 or 12 of their certification period, after they were already successfully renewed (whether through an administrative renewal or a client-initiated renewal), a warning message will be displayed on the Renew My Benefits Landing Page in ACCESS. The yellow attention banner will say “Your health care benefits have been renewed.”



Figure 10 Attention Banner on MyACCESS Renew My Benefits Landing Page With Health Care Benefits Have Been Renewed

However, if the case is also open for time-limited health care benefits that are expiring in month 11, 12, or 13 of the full-benefit health care and/or FPOS certification period, the health care benefit would display in the “Benefits to Renew Now” section and the warning message will not display.

ATTACHMENTS

- [Successful administrative renewal letter with case summary](#)
- [45-day renewal letter with an attached PPRF when health care and/or FPOS do not get administratively renewed and FoodShare or Caretaker Supplement is also due for a renewal](#)
- [Successful administrative renewal letter for Group A Community Waivers and/or QMB members eligible based on SSI](#)

CONTACTS

For CARES questions, contact the BEPS CARES Information and Problem Resolution Center.

For Child Care policy questions outside Milwaukee County: Bureau of Regional Operations, Child Care Coordinators at BROCCPolicyHelpDesk@wisconsin.gov

For Child Care CARES/CWW, CSAW, and CCPI IT systems processing questions statewide and policy questions in Milwaukee County: Child Care Subsidy and Technical Assistance Line at childcare@wisconsin.gov or 608-422-7200.

DHS/DHCAA/BEPS/NH
DCF/DECE/BPI/BOP/SV