



Date: November 10, 2023

DMS Operations Memo 23-40

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

Affected Programs:

- | | |
|-----------------------------------------------------|------------------------------------------------------------|
| <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: Jonelle Brom, Bureau Director
Bureau of Eligibility Operations & Training
Division of Medicaid Services

Jori Mundy, Bureau Director
Bureau of Enrollment & Eligibility Policy
Division of Medicaid Services

Changes to Health Care Administrative Renewals

CROSS REFERENCE

- BadgerCare Plus Eligibility Handbook, [Chapter 26 Renewal](#) and [Section 9.12 Reasonable Compatibility for Health Care](#)
- Medicaid Eligibility Handbook, [Chapter 3 Renewals](#)
- Operations Memos, [17-J1, “New Health Care Administrative Renewal Process”](#)

EFFECTIVE DATE

June 30, 2023

PURPOSE

This operations memo announces changes to the health care administrative renewals to comply with new federal requirements.

BACKGROUND

Provisions in the Patient Protection and Affordable Care Act of 2010 (PPACA or ACA) require states to rely on electronic data sources to verify or validate information on file for health care members whenever possible. 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.

As part of this expectation, states are required to try to use electronic data sources to renew members' eligibility on an annual basis. This process is often described at the federal level as an ex parte renewal, but in Wisconsin it's called an administrative renewal. If this type of automated renewal cannot be completed, only then may states ask members to complete a renewal online, by phone, in person or by mail.

Wisconsin has been conducting administrative renewals since 2017, and like many other states, sought to renew eligibility for the entire household as part of the administrative renewal process. If eligibility could be automatically extended using data sources for everyone in the household, then an administrative renewal was completed. If one or more household members could not be administratively renewed, then the household was asked to complete a regular renewal online, by phone, in person or by mail.

In August 2023, the Centers for Medicare and Medicaid Services (CMS) issued formal guidance requiring that states complete administrative renewals at an individual level rather than a household level. This means that if any one member can have their eligibility automatically extended using information from data sources, states must complete an administrative renewal for that individual. The rest of the household may then need to complete a regular renewal.

POLICY

At each household's annual renewal, DHS will attempt to complete administrative renewals for household members at an individual level rather than a household level. An individual member can be administratively renewed for health care if all the information necessary to determine that individual's eligibility is on file or can be verified through a data exchange. Some members in a household may have their health care eligibility administratively renewed while other members in the household must complete a regular renewal to continue their eligibility.

Until this process can be fully automated, DHS is following CMS guidance, manually maintaining coverage for people at an individual level for administrative renewal. DHS is also restoring Medicaid or BadgerCare Plus coverage for affected members who lost eligibility in June, July, or August 2023. If these affected members later have a change in circumstances and they no longer meet the rules to stay enrolled in health care benefits, their eligibility will end.

CONTACTS

DHS CARES Problem Resolution Team

DHS/DMS/BEEP/RW

DHS/DMS/BEOT/