



Date: June 6, 2025

DMS Operations Memo 25-07

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

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 | |

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Maintaining Coverage During Redeterminations of Health Care Eligibility

CROSS REFERENCE

- BadgerCare Plus Handbook, [Section 26.1 Renewals](#)
- Medicaid Eligibility Handbook, [Section 3.1 Renewals](#)
- 42 CFR [§ 435.916\(d\)\(1\)](#)
- 42 CFR [§ 435.919\(b\)\(5\)](#)

EFFECTIVE DATE

July 1, 2025

PURPOSE

This memo announces changes to ensure Medicaid and BadgerCare Plus members' existing coverage is maintained while the agency is redetermining their eligibility at renewal or due to a change in their circumstances.

BACKGROUND

Federal rules require states to maintain coverage while completing regularly scheduled renewals as long as the renewal is received before the end of the month the renewal is due. Prior to the changes announced in this memo, coverage was only maintained during renewal processing if the renewal was

received by the due date on their renewal letter, which is the adverse action date of the month the renewal was due.

When a member experiences a change in circumstances and no longer meets the eligibility requirements of their current health care category, federal rules require states to maintain their existing coverage until it is determined if they are eligible for a different health care category.

Effective July 1, 2025, coverage will be maintained when eligibility is being redetermined for members enrolled in health care programs administered by income maintenance (IM) agencies in CARES Worker Web (CWW). IM-administered health care programs include BadgerCare Plus, Family Planning Only Services (FPOS), SSI-Related Medicaid, Medicaid Purchase Plan (MAPP), Institutional Medicaid, Waiver Medicaid, and Medicare Savings Programs.

DHS is implementing changes to support these requirements in phases. In the current phase of these changes, coverage for these health care programs will be maintained during regularly scheduled renewals and most redeterminations of eligibility following a change in the member's circumstances.

In a future phase, DHS will implement changes to maintain coverage during renewals for members enrolled in Katie Beckett Medicaid, Wisconsin Well Woman Medicaid (WWWMA), and SeniorCare. Future phases of the project will also include maintenance of coverage for members moving to a disability-based health care category while their disability determination is pending, and for young adults aging out of BadgerCare Plus children's eligibility categories while their adult eligibility is being determined.

POLICY

MAINTAINING COVERAGE DURING RENEWALS

Effective July 1, 2025, the following renewal policy will be implemented for members enrolled in BadgerCare Plus, Family Planning Only Services (FPOS), SSI-Related Medicaid, Medicaid Purchase Plan, Institutional Medicaid, Waiver Medicaid, and Medicare Savings Programs.

The member's existing health care coverage must be maintained while their renewal is being processed by the IM agency. This requirement applies to all renewals received during the renewal month, including renewals received after adverse action but on or before the last business day of the renewal month.

Members whose eligibility cannot be administratively renewed, and who do not submit their renewal by adverse action of the renewal month, will be notified that their coverage is ending at the end of the renewal month. They will be sent a notice of decision explaining that they are being disenrolled for failure to complete their renewal, in accordance with timely notice requirements.

However, if the member's renewal is received after adverse action but by the end of the renewal month during business hours, their current coverage will be reinstated for the following month and will be maintained until the IM agency finishes processing the renewal. The member will be notified of the reinstatement.

Example 1: Marta is enrolled in MAPP. July is the last month of her certification period, and her renewal is due on July 17. Marta does not submit her renewal by the due date. On July 18, a notice is sent to inform Marta that her coverage will end July 31 because she did not complete her renewal. Marta's renewal is received on July 31 during business hours. Marta's MAPP coverage is reinstated for the month of August, and she is sent a notice that she is enrolled in MAPP effective August 1 and will remain enrolled while the agency processes her renewal. On August 19 (after August adverse action), the renewal process was completed, and Marta is no longer eligible for any category of health care. Marta receives a notice that her MAPP coverage will end September 30, in accordance with timely notice requirements.

MAINTAINING COVERAGE WHILE CONSIDERING OTHER BASES OF ELIGIBILITY

Effective July 1, 2025, the following policies related to changes in circumstance will be implemented for BadgerCare Plus, FPOS, SSI-Related Medicaid, MAPP, Institutional Medicaid, Waiver Medicaid, and Medicare Savings Program members.

When a member no longer meets the eligibility requirements of their current health care category due to a change in their circumstances, the IM agency must determine whether the member qualifies for a different health care category. The member's existing coverage must be maintained while eligibility for all other health care programs is being determined.

Example 2: Anders is enrolled in SSI-Related Medicaid and Qualified Medicare Beneficiary (QMB). On July 13, the Social Security Administration reports new Social Security income, bringing his countable income to 115% FPL. He is now over the income limit for both SSI-Related Medicaid and QMB. While the income increase is verified and eligibility for other benefits is being determined, Anders's existing benefits are maintained. On July 22, Anders is determined eligible for an unmet Medicaid deductible and SLMB. To ensure advance notice is provided, Anders' SSI-Related Medicaid and QMB end August 31, and the Medicaid deductible and SLMB begin September 1.

Example 3: Ella is enrolled in IRIS as a "Group A" participant based on her eligibility for MAPP. On November 2, she reports that she is over the \$15,000 asset limit for MAPP. Because she is enrolled in IRIS, eligibility will be tested for Waiver Medicaid. Ella is married, and spousal impoverishment policies apply to the Waiver Medicaid determination. Verification is requested for the additional financial information (and spousal signature) needed to determine if Ella is eligible for Waiver Medicaid under spousal impoverishment rules. Ella's MAPP coverage is maintained while eligibility for Waiver Medicaid is determined. On November 23, the worker determines Ella eligible for Waiver Medicaid. Ella's MAPP coverage ends December 31, and Waiver Medicaid begins January 1.

Example 4: Martin is enrolled in BadgerCare Plus. Martin is turning 65 in February. The month before his 65th birthday, Martin will be asked to verify asset information so the IM agency can determine if he is eligible for Medicaid and Medicare Savings Programs. Martin's BadgerCare Plus benefits will be maintained until the eligibility determination for EBD Medicaid and Medicare Savings Programs has been completed. On January 13, a verification request is sent to Martin. Martin's verifications are processed, but more information is needed about a trust that Martin holds. On February 3, another verification request is sent to Martin. On February 22, Martin is determined eligible for Medicaid and QMB. Martin's BadgerCare Plus coverage ends March 31, QMB begins March 1 and Medicaid begins April 1.

Example 5: Tanika is enrolled in BadgerCare Plus. On April 1, she starts receiving Social Security Disability Insurance (SSDI) and is no longer financially eligible for BadgerCare Plus due to the new income. Before BadgerCare Plus enrollment ends, eligibility will be tested for all relevant health care categories, including MAPP when applicable. This will require the collection of asset information from Tanika. BadgerCare Plus benefits will be maintained until eligibility has been determined on all bases. On April 2, Tanika is asked to verify her assets and work activity. On April 23, Tanika is determined eligible for MAPP. Tanika's BadgerCare Plus coverage ends May 31, and MAPP begins June 1.

ELIGIBILITY FOR SLMB+ FOR MONTHS WHEN COVERAGE WAS MAINTAINED

If a member enrolled in full-benefit Medicaid has their coverage maintained while a renewal or change is being processed but is determined no longer eligible for full-benefit Medicaid but is eligible for SLMB+, SLMB+ eligibility must be determined for the months when full-benefit coverage was maintained. Normally, an individual cannot be enrolled in both SLMB+ and full-benefit Medicaid, but in this circumstance, overlap is allowed.

Example 6: Tom is enrolled in MAPP and receives Medicare. The only Medicare Savings Program he qualifies for financially is SLMB+, but he is not enrolled because he has full-benefit Medicaid. His health care renewal is due in February. He submits the renewal on February 3. Verification is requested with a due date of February 23. Because his renewal is still in progress on the adverse action date, his MAPP coverage is maintained for March. The requested verification is received on February 19 along with a report that Tom is no longer meeting the MAPP work requirement. MAPP is terminated as of March 31 and Tom's eligibility for SLMB+ begins on March 1.

CONTACTS

DHS CARES Problem Resolution Team

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