

**WISCONSIN DEPARTMENT OF HEALTH SERVICES**  
**Division of Medicaid Services**  
**1 W. Wilson St.**  
**Madison WI 53703**

---

To: Process Help Users

From: Rebecca McAtee, Bureau Director  
Bureau of Enrollment Policy and Systems

Re: **Process Help Release 17-01**

Release Date: 02/20/2017

Effective Date: 02/20/2017

**EFFECTIVE DATE** The following policy additions or changes are **effective 02/20/2017** unless otherwise noted. **Grey highlighted text denotes new text. Text with a strike through it in the old policy section denotes deleted text.**

**POLICY UPDATES**  
**1.9.3 How to complete follow-up actions**

Follow-up Action	What Happened to Create this Follow-up Action?	Worker Action
New disability information. Process from Disability page.	The ACP process stopped because SOLQI returned information on SSDI payments that were not reported on the application. SOLQI created a Disability page.	Continue processing from the Disability page by completing the page.

**3.1.2 Adding a Newborn to a Case**

**Process at a Glance:**  
10. Check eligibility results pages. (BCP MAGB for CEN's)

---

**US Citizenship MA Verification**

This field on the Permanent Demographics page is important for MA and must be properly coded. A CEN is not required to verify citizenship ~~until the next review~~; they are considered a U.S. citizen who has met the citizenship documentation requirement for his/her lifetime. You may use the <NB> code for citizenship verification. However, if a birth query is available enter the <BQ> verification code. Not all newborns that were born to a mother that was eligible for BC + are CEN's. See BC+HB for CEN policy.

**Note:** ~~The <NB> code will clear out at the first review when citizenship is required to be verified. If the birth query is available that code is preferred because it is a permanent verification.~~

---

15. Run eligibility with dates beginning with the month of the baby's birth. When you are certain that the eligibility determination is correct (BCPB MAGB for a CEN eligible newborn) confirm on the Confirm Eligibility page in CWW. Refer to the appropriate handbook for policy.

16. Return to CWW and Initiate Eligibility for recurring months of eligibility. When you are certain that the eligibility is correct (**BCPB MAGB** for a CEN eligible newborn), confirm on the Confirm Eligibility page in CWW.

### 3.1.2.1 Newborn Add and Additional Considerations

#### Health Care

To avoid eligibility gaps for the newborn, workers must always run with dates when adding a newborn to a case.

CEN's (Continuously Eligible Newborns) are automatically eligible for **BCPB MAGB**. CEN's should be processed within CARES immediately and not pending for anything. All newborns are not CEN eligible. See BC+HB 8.2 for CEN policy.

### 3.1.2.2.1 Removing a CEN From The Mothers CWW Case And Maintain CEN Eligibility Manually

2. Code the last question on the Newborn page for baby as no long living with natural mother, run eligibility and confirmed the failed **BCPB MAGB**.
3. Go to the Household Member to delete the baby from the mother's CWW case by following steps in 3.3.1 Delete a Person From a Case, run eligibility and confirm all AG's on Confirm Eligibility page to get the baby completely off the mother's case. This closure will end the **BCPB MAGB** eligibility in interChange.
4. Wait for the **BCPB MAGB** closure to interface and appear in interChange (this process takes about three days)

### 3.1.2.2.2 Processing a Request That Includes A CEN That Has Been Removed From The Mothers Case

If you receive an application or a change report indicating that the CEN is living with another relative who is applying as the Caretaker relative for **BCPN/BCPL MAGN/MAGL**, CARES will determine the **BCPL MAGL** correctly for the child. However if the baby is a CEN eligible newborn, the CEN eligibility medical status code must also remain in interChange for the CEN's first year. In this situation:

1. You must query interChange to verify that the CEN medical status code is still on file.
2. If there is not a CEN medical status code on file, the worker will need to manually certify the newborn for the remaining first year of birth as a CEN using the same medical status code from birth. The newborn can have more than one medical status code on file during this first year, from the **BCPB/BCPN MAGB/MAGN** or other type of Medicaid (foster care, adoption assistance and etc.).

## 4.3 Renewal Notices

### Manual Renewals

**Note:** CARES does not generate an alert and member does not automatically receive a renewal notice for Specified Low Income Medicaid Beneficiary Plus (SLMB+), Wisconsin Well Woman Medicaid (WWWMA), Tuberculosis (TB-related) Medicaid and Emergency Services as these programs are not systematically processed nor certified.

Case processing and certification for these programs will continue to be manual. DHS will provide agencies with a monthly report to identify members who are due for a review for these manually certified programs. A monthly report will be sent to the CARES and Policy Coordinators during the second week of each month that contains a list of members whose eligibility review is due in the following month.

A manual standard "review due" notice has been developed for workers to use when notifying the member of the requirement to complete a review for WWWMA, TB-related MA and Emergency Services. The notice text should be put onto agency letterhead and the text should not be altered. Continue to use the standard letter NC SL 0099 01 SLMB PLUS REVIEW LETTER to notify SLMB+ members their review is due. These manual review due notices should be sent approximately 45 prior to the end of the certification period.

#### 4.6 Late Renewals

A renewal for CC and W-2 may be completed after the original renewal due date has passed if the renewal is completed prior to the case being closed for more than one calendar month.

~~A renewal for Medicaid/ BC + may be completed after the original renewal due date has passed if the renewal is completed prior to the case being closed for more than one calendar month.~~

Most health care renewals received within three months of the renewal month can be processed as a late renewal instead of requiring a new application. This policy applies to the following subprograms:

- BadgerCare Plus.
- 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).

#### 9.1.3 Reviews And Recertifications

Reviews/recertifications are required every 12 months after the initial eligibility determination at the WWWWMA enrollment date. Because this is a manual process, each agency must establish their own procedure for scheduling and tracking reviews ~~using the process and model letter referenced in Ops 09-24~~. Include a clean copy of the F-10075 with the recertification notice.

#### 10.1 TBMA (Tuberculosis) Manual Application Processing

4. If the person is not eligible for any Medicaid subprograms, including TB-related Medicaid, confirm all denials in CARES and allow the CARES generated notices to be sent. However, you must send the individual a manual Negative Notice (F16001 or F16001S) indicating that s/he is not eligible for TB-related Medicaid.

**Note:** CARES does not generate an alert and member does not automatically receive a renewal notice for Tuberculosis (TB-related) Medicaid and Emergency Services as these programs are not systematically processed nor certified.

DHS will provide agencies with a monthly report to identify members who are due for a review for these manually certified programs. A monthly report will be sent to the CARES and Policy Coordinators during the second week of each month that contains a list of members whose eligibility review is due in the following month.

#### 11.1.2 Manual BC+ Emergency Services Certification Process

##### Manual Renewal

CARES does not generate an alert and member does not automatically receive a renewal notice for Tuberculosis (TB-related) Medicaid and Emergency Services as these programs are not systematically processed nor certified.

DHS will provide agencies with a monthly report to identify members who are due for a review for these manually certified programs. A monthly report will be sent to the CARES and Policy Coordinators during the second week of each month that contains a list of members whose eligibility review is due in the following month.

#### 13.3.2.1 W-2 Payments in CARES and FoodShare Budgets 13.3.5.4 Reasonable Compatibility

*This section is new.*

*This section was rewritten.*

## Results

### 16.2.6 Self-employment Worksheets

Self Employment Income Worksheet - Sole Proprietor Farm and Other Business  
<http://dhs.wisconsin.gov/forms/F1/F16037.pdf>

- [Self-Employment Income Worksheet Business Capital Gains or Losses \(Form 4797\)](#)
- [Self-Employment Income Worksheet Sole Proprietorship \(Schedule C or Schedule C-EZ\)](#)
- [Self-Employment Income Worksheet Personal Capital Gains or Losses \(Schedule D\)](#)
- [Self-Employment Income Worksheet Sole Proprietorship \(Schedule E\)](#)
- [Self-Employment Income Worksheet Sole Proprietorship \(Schedule F\)](#)

### 16.2.8 Processing Tips

*This section has new content and was reorganized.*

#### 31.3.1 BV

##### Introduction

The Benefit Recovery (BV ) subsystem in CARES mainframe is used to ~~help make referrals for fraud investigations or front end verifications (FEV s), track benefit recovery referrals,~~ establish benefit recovery claims, enter repayment agreements on existing Benefit Recovery Claims, and enter repayments on existing Benefit Recovery Claims. This section is intended to provide the typical steps associated with ~~system entry of referrals for fraud investigation and benefit recovery referrals along with the~~ establishment of benefit recovery claims.

The fraud investigation and tracking screens (FITS) have been moved from CARES mainframe to Benefit Recovery Investigation Tracking System (BRITS). The BRITS user guide can be found within BRITS upon logging in.

#### 31.3.2 BV Process At A Glance

*This section has multiple updates.*

#### 44.2.2.3 Wage Match State Wage Record (SWICA) and New Hire Query

*This section has a large amount of new content.*

#### 44.2.2.10 Wisconsin Home Energy Assistance Program (WHEAP)

In some situations, verification not available via the data exchange in CARES. In situations where a FS applicant/member is claiming a WHEAP payment and it isn't found, other verification will need to be completed.

#### 44.2.2.12 Citizenship and ID Search

*This section is new.*

#### 44.3.5 Citizenship/Identity (Batch Process)

##### 44.3.5 Citizenship/Identity (Real-time and Batch Process)

*This section has multiple updates.*

#### 44.3.8 FNDQ Disqualified Recipient Information (DRS)

*This section was rewritten.*

#### 44.3.9 Immigrant/Refugee Information Page

*This section is new.*

#### 44.4.2.2 SWICA (Effective January 2012)

*This section has multiple updates.*

#### 45.4.5 Information Bar And Document Panel

**Note:** CWW will generate action item 447 Link Aging Unlinked Documents. Worker must search the Unlinked Document Inbox to link and process the documents.

#### 63.1.1 System Error Format

*This section is new.*

**63.1.2 Reporting  
System Errors  
63.2 System Error  
Within a page**

*This section is new.*

Sometimes a System Error occurs somewhere within a page. This is slightly different than a System Error that occurs and but it brings you to the a similar System Error page. You will know when this happens because a System Error will be displayed, however, the Navigation Menu and standard Case or RFA Header may also be displayed. Please follow the same procedures in reporting this type of error.

<new screenshot>

<current screenshot>

~~However, once you have reported this event, and printed the page using the Print icon at the very top of the page, please click the Logout button, then re-open CWW from the Gateway page.~~

**63.7 Reporting  
System Errors To  
The State  
68.2.2 Reference  
Table Values**

*This section was deleted.*

NB - Newborn. When a newborn is being added to a case no verification is necessary until the next review is performed on the case. If verification is presented for another program of assistance, enter that verification code in the Verification field and if that code is not valid for Medicaid/BadgerCare Plus, enter <NB> <MB> in the Medicaid/BadgerCare Plus Verification field. If no verification is presented, enter <Q?> in the Verification field and <NB> <MB> in the Medicaid/BadgerCare Plus Verification field. This will allow the worker to confirm eligibility for the newborn. The <NB> code will be removed from the field (by the system) at review or intake when the individual is subject to the new requirement.

**75 FFM Applications  
and CARES  
Processing  
80.12.1 Vault Card  
Inventory Procedure  
and Security  
80.16.7 Voluntary  
Return of Benefits**

*This chapter is new.*

~~Order a three-month supply of cards in advance and allow two weeks for delivery. A replacement quantity will be made in two weeks.~~

**Note:** There may be instances where there is no overpayment claim established, but benefits are being returned voluntarily. Example: FS benefits were issued on the wrong case, and no one on that case signed an application. Those benefits can be returned voluntarily without establishing an overpayment claim.