



## 12-Month Continuous Health Care Coverage for Children

IMAC Presentation

October 2023

# Consolidated Appropriations Act, 2023

Section 5112 of the Consolidated Appropriations Act, 2023, (CAA, 2023) made it mandatory for states to provide 12 months of continuous coverage for children under age 19 in Medicaid and CHIP, with some limited exceptions, effective January 1, 2024.

Prior to the CAA, it was a state option to provide continuous coverage for children, and Wisconsin had not adopted the option.

The provision applies to most, but not all, subprograms of Medicaid.

# Qualifying Children's Groups

- BadgerCare Plus including Extensions, pregnant minors, and Former Foster Care Youth
- SSI-Related Medicaid (except Deductibles)
- Medicaid Purchase Plan (MAPP)
- Special Status Medicaid (503s)
- Institutional Medicaid, including children in an institution for mental disease (IMD)
- Children's Long-Term Support (CLTS) Waiver
- Family Planning Only Services
- SSI Medicaid
- Foster Care, Subsidized Guardianship, and Adoption Assistance Medicaid
- Wisconsin Well Woman Medicaid
- Emergency Services Medicaid
- Tuberculosis-Related Medicaid
- Katie Beckett Medicaid
- Medicare Savings Programs

# Non-Qualifying Children's Groups

Continuous coverage does not apply to children who are:

- Enrolled temporarily under presumptive eligibility.
- Required to meet deductibles.
- Unverified for citizenship, identity, or immigration status after an ROP.

# Continuous Coverage Period and Exceptions

Children shall remain eligible until any of the following occurs:

- The end of their 12-month certification period.
- The end of the month in which they turn age 19.
- They are no longer a resident of Wisconsin.
- They de-request.
- They pass away.
- They fail to pay their CHIP premiums (premiums for BadgerCare Plus children).

# The Continuous Coverage Period

12-month continuous coverage periods will be established for eligible children:

- The month the application was submitted, regardless of backdated eligibility.
- The month a child becomes eligible under a qualifying group (if they move from a non-qualifying group or are added to a case).
- If they are eligible at renewal.
- In January 2024, based on their last application or renewal date.

# Effective Date for Applicants

Children applying for health care on or after January 1, 2024, who are determined eligible in a qualifying Medicaid or CHIP category will get 12 months of continuous coverage.

## **Example**

Jane applies for health care for her and her son Sam on January 17, 2024, and they are determined eligible for BadgerCare Plus as of January 1. Sam will have continuous coverage from January 1 – December 31, 2024. Even if the household has a change in circumstances during the certification period, Sam will remain eligible through December 31, 2024.

# Effective Date for Existing Members

Children enrolled in a qualifying category as of January 1, 2024, will have 12 months of continuous coverage as of January 1, 2024, based on their application or renewal date.

They will have continuous coverage from January 1, 2024, until their renewal date.

## **Example**

Juan (age 15) enrolled in BadgerCare Plus in May 2023. He is still enrolled as of January 1, 2024, so he will have continuous coverage from January 1, 2024, to his renewal date of April 30, 2024. Even if his counted income goes above the program income limit, he will remain eligible through April 30, 2024.



# Continuous Coverage and Unwinding

- Children with continuous coverage under the Families First Coronavirus Response Act (FFCRA) maintained coverage until their next renewal during the Unwinding period.
- If the household completed a renewal prior to January 2024, their continuous coverage under the FFCRA would end. If still enrolled as of January 1, 2024, any children will have continuous coverage under the CAA until their renewal.
- If they have not completed a renewal prior to January 2024, and are enrolled January 1, 2024, the household would have continuous coverage through the FFCRA and the child would also have continuous coverage under the CAA, 2023, until their next renewal.
- At renewal, the child needs to be eligible to get a new 12-month continuous coverage period under the CAA.

# Continuous Coverage and Unwinding

## **Example 1**

Adam, Susan, and their children Emma and Oliver have been open for BadgerCare Plus since June 2020. They complete a renewal in November 2023, and no longer meet program rules. Their eligibility ends November 30, 2023. Continuous coverage under the FFCRA ended at renewal and because they are not enrolled as of January 1, 2024, 12-month continuous coverage for children under the CAA, 2023 does not apply.

# Continuous Coverage and Unwinding

## Example 2

Jeff, Amelia, and their son Elijah have been open for BadgerCare Plus since February 2020. They completed a renewal in July 2023, and remain eligible for BadgerCare Plus. They get a new certification period from August 2023 – July 2024. Once their renewal was completed, they no longer have continuous coverage under the FFCRA. The household experiences a change that makes them ineligible in October, and their health care benefits end October 31, 2023. Continuous coverage under the FFCRA ended at renewal and because they are not enrolled as of January 1, 2024, 12-month continuous coverage for children under the CAA, 2023 does not apply.

# Continuous Coverage and Unwinding

## **Example 3**

Monique and her son Terrance have been open for BadgerCare Plus since February 2019. Their household's renewal is due in February 2024. They have continuous coverage under the FFCRA through February 2024. Because Terrance is enrolled as of January 1, 2024, he also has continuous coverage under the CAA, 2023, until his renewal. When the household completes their renewal, they remain eligible. Monique no longer has continuous coverage protection. Terrance gets a new 12-month continuous coverage period from March 1, 2024 through February 28, 2025, under the CAA.

# Continuous Coverage and Unwinding

## **Example 4**

Gino is 16 and has been eligible for Medicaid since May 2020. Gino's renewal is due in March 2024. He has continuous coverage under the FFCRA through March 31, 2024. Because Gino is enrolled as of January 1, 2024, he also has continuous coverage under the CAA, 2023, until his renewal. At renewal, Gino no longer meets program rules, so his health care benefits end March 31, 2024. He does not qualify for a new 12-month continuous coverage period.

# Medicaid and CHIP Transitions

Children should move from CHIP to Medicaid if they become eligible for Medicaid, and they will remain in Medicaid for the duration of their 12-month period.

Children cannot move from Medicaid to CHIP during their 12-month period.

# Premiums

Individual children cannot be charged a new or higher premium during their 12-month period.

Premiums can be reduced. The new lower premium becomes their premium cap, and their premium cannot increase again during the 12-month period.

# Incarceration

When a child is suspended due to incarceration, their 12-month period will continue to run so that if they are released within their 12-month period, they will go back to the remainder of the continuous coverage period.

When a child's sole parent or caretaker becomes suspended due to incarceration, the child may remain open for the duration of their 12-month continuous coverage period instead of closing after three months.



# Institutionalized Children

When a child is discharged from an institution or IMD:

- They will get a new 12-month period if they are eligible for a new category of health care.
- They must remain open under their current 12-month period if they are not eligible for a new category of health care.

# Pregnant Minors

Pregnant minors' continuous coverage period will end at the end of 12 months, not the end of the 60-day post-partum period.

# Changing Households

When a child moves to another case during the 12-month continuous coverage period (for example, they move from their mom's household to their dad's household):

- If they are eligible on that case, they will get a new 12-month period on the new case.
- If they are not eligible on that case, they will remain eligible for the duration of their existing 12-month period from the old case. The remainder of the 12-month period will be established on the new case.

# Changing Households

## **Example**

Maria applied for health care for her son Xavier, and he was enrolled in BadgerCare Plus effective October 1, 2023. As of January 1, 2024, Xavier has continuous coverage established through September 30, 2024. In March 2024, Xavier leaves his mother's household and moves in with his father, Carlos. Xavier does not meet program rules on his father's case. However, because he has continuous coverage on Maria's case, he will be enrolled in BadgerCare Plus from April 1, 2024, to September 30, 2024, on his father's case.

# Early Renewals

When a child completes an early renewal:

- If they are eligible, they will get a new 12-month period.
- If they no longer meet program rules, they will remain eligible for the duration of their existing 12-month period.

# SSI Medicaid

Continuous coverage periods will be based on the month a child's SSI Medicaid began.

For children newly enrolled in SSI Medicaid on or after January 1, 2024, their SSI Medicaid begin date will be used to calculate their 12-month continuous coverage period.

## **Example 1**

Jill is enrolled in SSI Medicaid as of February 1, 2024. Her continuous coverage period ends January 31, 2025.

# SSI Medicaid

Continuous coverage periods will be based on the month a child's SSI Medicaid began.

For children enrolled as of January 1, 2024, who had an SSI Medicaid begin date prior to January 2024, the end of their continuous coverage period will be determined based on their original begin month.

## **Example 2**

Abdul has been enrolled in SSI Medicaid since May 1, 2021. In February 2024, Abdul loses his SSI payments. However, he will keep his SSI Medicaid through April 30, 2024.

# SSI Medicaid

Correspondence changes are being made to notices that are sent when SSI ends.

Children will be informed they will stay eligible for SSI Medicaid until the end of their 12-month continuous coverage period when they lose their SSI.

Letters will be sent approximately 45 days before the end of the continuous coverage period with information about what will happen when their Medicaid ends:

- If known to CARES, their agency will see if they qualify for other health care.
- If not known to CARES, they will need to apply for health care.



# Foster Care Medicaid

Children in Foster Care, Subsidized Guardianship, or Adoption Assistance Medicaid who have lost their placement will keep coverage until:

- The end of their 12-month period, or
- 3 months after they lose placement.

Whichever comes later.

# Wisconsin Well Woman Medicaid

Individuals enrolled in Wisconsin Well Woman Medicaid (WWWMA) currently lose coverage during their certification period if they no longer require treatment or obtain health insurance that covers their treatment.

Effective January 1, 2024, these will no longer be valid reasons for children to lose coverage during their 12-month continuous coverage period.

# Changes in CARES

# Budget Pages



The new “12-month Continuous Coverage” section will be added to all health care assistance group budget pages.

After implementation, these budget pages will auto-populate when a person under age 19 is eligible for continuous coverage under the new rules.

The screenshot shows a web interface for a budget page. At the top, there is a dark blue header bar with the text "12-Month Continuous Coverage" on the left and two buttons, "Expand All" and "Collapse All", on the right. Below the header, there is a light beige section. On the left side of this section, there is a dropdown menu with a downward arrow and a text input field containing "(EC - ELIGIBLE CHILD)". To the right of this, the text "12-Month Continuous Coverage from another case:" is followed by the word "No". Further to the right, the text "12-Month Continuous Coverage End Date:" is followed by the date "05/31/2025". Below this, there is another light beige section with a right-pointing arrow and a text input field containing "(EC - ELIGIBLE CHILD)". At the bottom right of the interface, there are four circular navigation buttons: a double left arrow, a single left arrow, a single right arrow, and a double right arrow.

# Premiums




Because individual premiums cannot be increased for children during their continuous coverage period, the BadgerCare Plus Premium Summary page will be enhanced to include a Premium Change field, which informs workers of the impact of continuous coverage to the premium.

<b>BadgerCare Plus Premium Summary</b>		
<b>BadgerCare Plus Premium Information Month: 01/2024</b>		
<b>Case Level Information</b>		
Premium Group Eligibility Status:	OPEN	
Premium Change:	Continuous Coverage Premium 	
Last Updated:	12/01/2023	
<b>▼ Family</b>		
Countable Income for Premium:	\$ 3,520.00	<b>Individual</b>
Max Premium:	172.00	
Total Calculated Premium:	10.00 	
Family Premium Amount:	<u>\$ 10.00</u>	

# Reason Codes

Two reason codes will be added to CARES to support 12-month continuous coverage: **814** - Eligibility maintained through continuous coverage period will be set when MAGC remains open on the case due to continuous coverage.

## Eligibility Run Results

Health Care / CTS Program Results								
Run	Assistance Group	Sequence	Benefit Begin Date	Benefit End Date	AG Status	Eligibility Status	Reasons	
1	MAGA - BCP - ADULTS	1	03/01/2024		DENIED	FAIL	<a href="#">809 714</a>	
			02/01/2024	02/29/2024	OPEN	PASS		
	MAGC - BCP - CHILDREN < 19	1	03/01/2024		OPEN	PASS	<a href="#">814</a>	
			02/01/2024	02/29/2024	OPEN	PASS		
	CTSZ - CARETAKER SUPPLEMENT - DID NOT APPLY	1	03/01/2024		DENIED	FAIL	<a href="#">054</a>	
			02/01/2024	02/29/2024	DENIED	FAIL	<a href="#">054</a>	

# Reason Codes

And **815** – Manually keep the child open under continuous coverage from the first case is set when a child moves to their parent's case when they are discharged from an Institute for Mental Disease (IMD) and either found ineligible on the parent's case or eligible with a premium. The alert directs the worker to manually keep the child open under continuous coverage from the first (Institutional Medicaid) case.

**Non-Financial Summary** Cancel Reset

**Assistance Group Overview**

Assistance Group: **MAGC - BCP - CHILDREN < 19** Sequence: **1**

Benefit Begin Date: **08/01/2023** Benefit End Date:

Determination Date: **07/07/2023**

**Results**


Assistance Group Status: **C - CLOSED** Eligibility Status: **FAIL**

**Individual Details**


Individual	Result	Non-Financial Eligibility Reasons
LIANA GOODING 36FPP	FAIL	<a href="#">570</a> - Individual BC+ eligibility explored in other type of BCP AG
MASON GOODING 41M	FAIL	<a href="#">084</a> - Is not in a qualifying living arrangement.
JACK GOODING 16M	FAIL	<a href="#">815</a> - Manually keep the child open under continuous coverage from the first case.

# Banner Message – Override Review

To ensure continuous coverage is maintained, a yellow banner message will be displayed on the Override AG Renewal / Review Dates page when a renewal override date is entered that would result in the child getting less than 12 months of continuous coverage.

 **Override AG Renewal / Review Dates** Cancel ☐ Reset

**The following events have occurred:**

 **XE193:** Continuous Coverage for the child is being reduced to less than 12 months. Review for accuracy prior to confirmation.

**Open Programs**

Program	Sequence	Eligibility Renewal / Review Date	Override Eligibility Renewal / Review Month
MAGA - BCP - ADULTS	1	06/30/2024	04 / 2024
MAGC - BCP - CHILDREN < 19	1	06/30/2024	



# Banner Message – Eligibility Run Results

The Eligibility Run Results page will also display a yellow banner message when workers need to take manual action if a child moves to a parents' case after being discharged from an institution/IMD and are found ineligible or eligible under BC+ with premiums.

Eligibility Run Results

The following event has occurred:

XE194: Certify the child's eligibility manually under Institutional Medicaid Benefit.

Health Care / CTS Program Results

Run	Assistance Group	Sequence	Benefit Begin Date	Benefit End Date	AG Status	Eligibility Status	Reasons	
1	MAGA - BCP - ADULTS	1	05/01/2024		OPEN	PASS	<a href="#">810</a>	
			04/01/2024	04/30/2024	OPEN	PASS	<a href="#">810</a>	
	MAGC - BCP - CHILDREN < 19	1	05/01/2024		DENIED	FAIL	<a href="#">014 714</a>	
			04/01/2024	04/30/2024	DENIED	FAIL	<a href="#">014</a>	
	CTSZ - CARETAKER SUPPLEMENT - DID NOT APPLY	1	05/01/2024		DENIED	FAIL	<a href="#">054</a>	
			04/01/2024	04/30/2024	DENIED	FAIL	<a href="#">054</a>	

Other Program Results

Run	Assistance Group	Sequence	Benefit Begin Date	Benefit End Date	AG Status	Eligibility Status	Reasons	
1	FS Z - FOODSHARE - DID NOT APPLY	1	05/01/2024		DENIED	FAIL	<a href="#">054</a>	
			04/01/2024	04/30/2024	DENIED	FAIL	<a href="#">054</a>	
	CC Z - CHILD CARE-DID NOT APPLY	1	05/01/2024		DENIED	FAIL	<a href="#">054</a>	
			04/01/2024	04/30/2024	DENIED	FAIL	<a href="#">054</a>	
	WW Z - W-2 DID NOT APPLY	1	05/01/2024		DENIED	FAIL	<a href="#">054</a>	
			04/01/2024	04/30/2024	DENIED	FAIL	<a href="#">054</a>	

# Manual Worker Processes

To ensure children remain eligible under continuous coverage, manual worker processes may be required in certain situations. These include:

- The primary person on the child's case moves out of state or is deceased and child's whereabouts are unknown.
- A child is discharged from an institution or an institution for mental disease (IMD) and determined ineligible or determined eligible with a premium on their parent's case.
- An 18-year-old qualifies for MAPP with a premium
- The child's disability ends during the 12-month continuous coverage period and the child is ineligible for BadgerCare Plus

See Process Help Section 3.20, 12-Month Continuous Health Care Coverage for Children for additional information and instructions.

# Questions?