



Continuous Coverage for Children – Round 3

IMAC Presentation

April 2025

Policy Changes

1. Children can lose health care coverage during their 12-month continuous coverage period if their eligibility determination was based on incorrect information which includes member or agency errors.
2. When a child enrolled in BadgerCare Plus in a Children's Health Insurance Program (CHIP) funded category becomes eligible for BadgerCare Plus in a Medicaid funded category due to a change in circumstance, they will receive a new 12-month certification period with continuous coverage.

Overview of Continuous Coverage Policy

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.

Children under 19 must remain eligible during their continuous coverage period unless and until any of the following occurs:

- The child turns 19
- The child is no longer a resident of Wisconsin
- The child passes away
- The child's citizenship, identity, or immigration status is not verified within their reasonable opportunity period
- The child was eligible as a pregnant minor, turns 19, and their postpartum period ends
- There is a voluntary request for disenrollment
- The child's eligibility was based on incorrect information, including member or agency error

Children cannot be charged a new or higher premium or move from Medicaid to CHIP during their 12-month continuous coverage period.

Children moving from BadgerCare Plus funded by CHIP to BadgerCare Plus funded by Medicaid will receive a new 12-month certification period with continuous coverage.

CWW Enhancements

On June 21, 2025, additional enhancements will be made to CWW to support the policy changes:

- Income Maintenance (IM) or Katie Becket (KB) workers can remove continuous coverage for children and redetermine eligibility if the previous eligibility determination was made based on incorrect information.
- Children will receive a new 12-month certification period with continuous coverage when moving from BadgerCare Plus CHIP funded category to a BadgerCare Plus Medicaid funded category.

Correcting an Incorrect Determination

If an IM or KB worker identifies that the previous eligibility determination was made based on incorrect information, they can take steps to correct the error by ending the current continuous coverage period, and redetermining eligibility. This includes incorrect information that was a member error or agency error.

Example of Correcting an Incorrect Determination

Example 1:

10-year-old Alejandro is certified for MAGC (Medicaid category at 40% FPL) with a 12-month certification period from July 1, 2025, to June 30, 2026.

On August 4, 2025, an IM worker discovered that additional household income, which existed at the time of application, had not been reported. Due to the incorrect information initially provided, the worker updated the case, ended the current continuous coverage, and redetermined eligibility.

Alejandro remains eligible for MAGC (Medicaid category at 100% FPL). A new 12-month certification period is established for Alejandro from September 1, 2025, to August 31, 2026, with a new continuous coverage .

Example of Correcting an Incorrect Determination Cont'd

Example 2:

Elizabeth, a disabled mom, and her 10-year-old son Justin requested health care on July 10, 2025. Elizabeth is certified under MS, and Justin is certified under the MAGC Medicaid category at 120% FPL. Their 12-month certification period is from July 1, 2025, to June 30, 2026.

On October 5, 2025, a worker discovered that additional household income, which existed at the time of application, had not been reported. Due to the incorrect information initially provided, the worker updated the case, ended Justin's continuous coverage, and redetermined eligibility.

Elizabeth remains eligible under MS. Justin continues to be eligible under MAGC but transitions to the BCP CHIP category at 205% FPL. A new 12-month certification period is established for both from November 1, 2025, to October 31, 2026, with continuous coverage for Justin. Elizabeth's certification period was aligned with Justin's.

New 12-Month Certification for Children Moving from CHIP to Medicaid

Children who transition from BadgerCare Plus CHIP funded category to BadgerCare Plus Medicaid funded category will receive a new 12-month certification period with continuous coverage.

Example of New 12-Month Certification for Children Moving from CHIP to Medicaid

Example 3:

10-year-old Jessica is certified for MAGC (CHIP category at 190% FPL) with a 12-month continuous coverage certification period from July 1, 2025, to June 30, 2026.

On September 1, 2025, the household reports a reduction in income to 100% of the FPL. The worker updates the case and redetermines eligibility. The worker does not end the continuous coverage certification period because this is a member reported change in circumstance, NOT the correction of an erroneous eligibility determination.

After redetermining eligibility, CWW transitions Jessica from a CHIP category to a Medicaid category effective October 1, 2025. Jessica receives a new 12-month certification period from October 1, 2025, through September 30, 2026, with continuous coverage.

Changes to CWW

Initiate Eligibility

On the Initiate Eligibility page, IM and KB workers can check the “Reevaluate continuous coverage” box if the previous determination was based on incorrect information or agency error.

The checkbox will be inactive if there is no child open on the case for BadgerCare Plus, FPOS, Medicaid, or KBM, or if the worker is running with dates.

Initiate Eligibility Cancel Reset

Page Completion Status: All pages are complete, you may proceed to eligibility by clicking the 'Next' button.

What would you like to do?

☒ Run Eligibility ☐ Ignore W-2 income and asset tests to allow CMF/+ Placements to begin

☐ Run Eligibility with Date ☐ Determine Potential FoodShare Supplement

Effective: MM/DD/YYYY ☐ **Reevaluate continuous coverage**

Add Case Comment Cancel Previous Next

Reason Codes

Reason code 853 Continuous Coverage reevaluation resulted in termination.

- When the health care benefit (including FPOS and KBM) is terminated by removing the existing continuous coverage.

Reason code 854 Continuous Coverage reevaluation resulted in open benefit.

- When a new health care benefit (including FPOS and KBM) is approved or existing benefit is re-approved by removing the current continuous coverage and a new 12-month continuous coverage period is established.

Reason code 855 Child moved from BCP CHIP to BCP Medicaid.

- When a child under BadgerCare Plus is changing from CHIP to Medicaid and a new 12-month continuous coverage period is established.

The reason codes are informational only and will not appear on member correspondence.

Questions?