



Medicaid Redetermination Compliance

IMAC Presentation

April 2025

Background

Federal Medicaid rules mandate that states must:

- Consider all bases of eligibility prior to making a determination of ineligibility for health care.
- Continue to provide health care coverage to all eligible individuals until they are found to be ineligible.
- Maintain coverage while completing renewals as long as the renewal is received before the end of the current certification period.

DHS is making changes to come into full compliance with these requirements in two phases.

➤ Please note, the enhancements identified in this presentation are focused on the Phase One for the June Release.

Implementation Phases

Phase One – July 1 st 2025	Phase Two – November 1 st 2025
<ul style="list-style-type: none">• BadgerCare Plus (BC+) (Limited)• Family Planning Only Services (FPOS)• SSI-Related Medicaid• Medicaid Purchase Plan (MAPP)• Institutional Medicaid• Waiver Medicaid• Medicare Savings Programs (MSP)	<ul style="list-style-type: none">• Katie Beckett Medicaid• Wisconsin Well Woman Medicaid (WWWMA)• SeniorCare• BadgerCare Plus members with household income up to 156% FPL who are turning 19• Members who are transitioning from non-disability-based health care categories to disability-based health care categories but are pending a disability determination

Phase One

Effective July 1, 2025

Phase One will ensure that coverage is maintained when eligibility is being redetermined for members enrolled in health care programs administered in CWW by income maintenance (IM) agencies (BadgerCare Plus, FPOS, SSI-Related Medicaid, MAPP, Institutional Medicaid, Waiver Medicaid, and MSP).

Coverage for IM-administered health care programs will be maintained during regularly scheduled renewals and **most** redeterminations of eligibility following a change in the member's circumstances.

Phase Two

Effective November 1, 2025

Phase Two will ensure that coverage is maintained when eligibility is being redetermined for members enrolled in Katie Beckett Medicaid, WWWMA, and SeniorCare.

Phase Two will also ensure that existing health care coverage is maintained for:

1. Young adults who are aging out of BadgerCare Plus children's eligibility groups and have submitted an adult application.
2. Members transitioning from BadgerCare Plus to EBD (Elderly, Blind, or Disabled) Medicaid pending a disability determination.

Post Adverse Action Renewals

Health care benefits will be temporarily extended for individuals due for renewal when the renewal is received after Adverse Action, but on or before the last business day of the renewal month.

- This enhancement will be effective from the day after July 2025 Adverse Action, 7/18/2025.

Example

Rishad is eligible for MAGS from 1/1/2025 through 12/31/2025. He does not submit his renewal by Adverse Action in December and his case closes for lack of renewal. On 12/19/2025, Rishad submits a renewal via ACCESS. His eligibility for MAGS is systematically extended to 1/31/2026. The worker processes the renewal the next day and determines Rishad remains eligible for MAGS. A new certification period is granted from 2/1/2026 to 1/31/2027.

Change in Circumstance

Health care terminations will be prevented for members who may qualify under different Medicaid categories.

- This enhancement will be effective June 21, 2025.

Example

Elena is eligible for MS from 4/1/2025 and QMB from 5/1/2025. She reports an increase in income over 120% FPL on 10/6/2025 . The worker processes the change report and Elena is now tested under NS deductible and SLB. On the confirmation page, closure of MS and QMB is prevented while NS and SLB are pending. MS and QMB coverage are maintained until NS and SLB are no longer pending.

Changes to CWW to Maintain Coverage at Renewal

Maintaining Coverage at Renewals

For members who do not meet the requirements for administrative renewal, renewal due dates will continue to be set for the Adverse Action date of the renewal month.

Members who do not submit their renewal by Adverse Action of the renewal month will continue to have their coverage terminated 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.

However, if the member's renewal is received by the last day of their current certification period during business hours:

- Their current coverage will be reinstated systematically for the following month and will be maintained until the IM agency finishes processing the renewal.
- A new reason code 959 will display on the Confirmed Assistance Group Summary.
- An automated case comment will be added.
- Member correspondence will reflect the reinstatement of benefits because the renewal was received.

Case Comment

The following system generated case comment will be added to notify the worker that benefits were extended during the renewal process.







“The health care benefit for one or more members due for renewal was extended by one month because the renewal was received after Adverse Action”

Reason Code 959

A new reason code 959 will display on the Confirmed Assistance Group Summary page when coverage is extended.

- Short Text → Renewal received after AA – one-month extension applied.
- Long Text → The health care renewal was received after Adverse Action. A one-month extension was provided to allow time for the renewal to be processed.

Confirmed Assistance Group Summary

CARES Assistance Group Eligibility							
Assistance Group	Sequence	Status	Reasons	Eligibility Begin Date	Eligibility End Date	AG Renewal / Review Date	
MAGS	1	OPEN	959	05/01/2024		05/31/2025	
MS	1	OPEN		05/01/2024		04/30/2026	
CC Z	1	DENIED	054				
CTSZ	1	DENIED	054				
FS Z	1	DENIED	054				
WW Z	1	DENIED	054				

Action Item

If health care eligibility cannot be systematically extended, an action item will be generated to notify the worker that the benefit was not temporarily extended. The worker must then run eligibility on the case to explore the member's eligibility under other health care programs before confirming the closure online. If the case is pended for additional information, the worker may have to override or manually certify the benefits for the closure month.

**Changes to CWW to Maintain
Coverage While Considering
Other Bases of Eligibility**

Maintaining Coverage While Considering Other Bases of Eligibility

When a member is losing eligibility in 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 until this determination is made.

This policy will be enforced by:

- No longer allowing certain batch closures.
- Preventing workers from confirming health care closure for an individual if a different health care category is still pending for the same individual.

Confirm Eligibility Page

To ensure benefits are not terminated for members who may qualify under different health care categories, the confirmation field on the Confirm Eligibility page will be disabled if the member is pending for another Full benefit Medicaid (MA) category.

A warning message will also display.

Confirm Eligibility

Cancel ☐
Reset

The following events have occurred:

⚠️ AEXXX: You cannot confirm a health care closure when another health care AG is pending for the same member.

Health Care / CTS Results								
Program	Sequence	Benefit Begin Date	Benefit End Date	Benefit Amount	AG Status	Eligibility Status	Reasons	Confirm?
MAGA - BCP - ADULTS	1	04/01/2025		N/A	DENIED	FAIL	014 046	No <input type="button"/>
MAGC - BCP - CHILDREN < 19	1	04/01/2025		N/A	OPEN	PASS		<input type="button"/>
MAP - MEDICAID PURCHASE PLAN	1	04/01/2025		N/A	PEND	PENDING	465	No <input type="button"/>

Katie Beckett Medicaid Results

Program	Sequence	Benefit Begin Date	Benefit End Date	Benefit Amount	AG Status	Eligibility Status	Reasons	Confirm?
Program either not requested or already confirmed.								


Confirm Eligibility Page

The worker will be prevented from confirming only the closing health care assistance group (AG) when another health care AG is passing; both must be confirmed.

Confirm Eligibility

Cancel ☐ Reset

The following events have occurred:

 XEXXX: You must confirm the passing health care AG at the same time as the closing AG.

Health Care / CTS Results

Program	Sequence	Benefit Begin Date	Benefit End Date	Benefit Amount	AG Status	Eligibility Status	Reasons	Confirm?
MAGS - BCP - CHILDLESS ADULT	1	04/01/2025		N/A	DENIED	FAIL	046	Yes <input type="button" value="v"/>
		03/01/2025	03/31/2025	N/A	DENIED	FAIL	066 046	
MS - SSI RELATED MA FOR AGED, BLIND AND DISABLED (CAT NDY)	1	04/01/2025		N/A	OPEN	PASS	591	No <input type="button" value="v"/>
		03/01/2025	03/31/2025	N/A	OPEN	PASS	591	

Action Item

An action item will be created if during a batch processing there is at least one AG closure due to reasons other than the following:

- Death
- De-request
- Moving out of state
- Lack of renewal
- Member is receiving SSI Medicaid
- Member has failed to pay required MAPP premium for two consecutive months.

The worker will take required action to explore the member's eligibility for health care programs they may qualify for, and the previous category of Medicaid will be maintained until eligibility for the new category of Medicaid is determined.



Changes to Correspondence

Notice of Decision

The Important Information section of the Notice of Decision will be enhanced to inform the member that their prior health care coverage is being maintained until the renewal is processed.


Your Health Care Benefits

Who is enrolled in health care benefits


When	Who	Plan	Monthly Premium
As of May 1, 2025		Medicaid Purchase Plan (MAPP)	Yes - see below
 : You will get the health care benefits shown above until there is a change in your case.			

If you need a new ForwardHealth card, call 800-362-3002.

Important information

Who	Plan	Why
	Medicaid Purchase Plan (MAPP)	We have restored your health care coverage while your renewal is being processed. You'll get an updated notice about your benefits when we're done.

Who has a premium

When	Who	Monthly Amount
As of May 1, 2025		\$45.00

Questions?