

WISCONSIN DEPARTMENT OF HEALTH SERVICES
Division of Health Care Access and Accountability
1 W. Wilson St.
Madison WI 53703

To: Medicaid Eligibility Handbook (MEH) Users

From: Shawn Smith, Bureau Director
Bureau of Enrollment Policy and Systems

Re: **Medicaid Eligibility Handbook Release 12-02**

Release Date: 06/15/12
Effective Date: 06/15/12

EFFECTIVE DATE The following policy additions or changes are effective 06/15/12, unless otherwise noted. **Yellow text denotes new text. Text with a strike through it in the old policy section denotes deleted text.**

CHANGES

All Effective April 16, 2012, the mailing address for HP has changed from
~~6406 Bridge Road~~
~~Madison, WI 53784-6220~~ to

313 Blettner Blvd
Madison WI 53714-2405

The changes were made in the following sections:
9.2.2
9.2.3
22.1.5.8
24.7.3
36.2.3.1

Apps and Reviews (Chs. 2-3) >
2 Applications > 2.7
Timeframes > 2.7.1 Timeframes
Introduction

Old Text:

Example 1: A signed application was received on March 15. The worker processed the application on April 7 and requested verification. Verification was due April 17, but was not received by that date. Even though the end of the 30-day application processing period was ~~April 13~~, the application should not have been denied until ~~April 18~~ to allow at least 10 days to provide verification.

New Text:

Example 1: A signed application was received on March 15. The worker processed the application on April 7 and requested verification. Verification was due April 17, but was not received by that date. Even though the end of the 30-day application processing period was **April 14**, the application should not have been denied until **April 17** to allow at least 10 days to provide verification.

Nonfinancial (Chs. 4 - 14) > 5
Elderly, Blind, or Disabled
(EBD) > 5.7 Redetermination

The address for the DDB was added to this section.

New Text:

Disability Determination Bureau
P.O. Box 7886
Madison, WI 53707-7886

Nonfinancial (Chs. 4 - 14) > 9
Third Party Liability (TPL) >
9.3 Health Insurance Risk

Old Text:

Advise Medicaid members who are covered by HIRSP that they must let ~~Blue Cross/Blue Shield~~ know immediately when they begin Medicaid eligibility. To do

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Sharing Plan (HIRSP)

this, contact:
Plan Administrator
Wisconsin Health Insurance Risk
Sharing Plan
6406 Bridge Road, Suite 18
Madison, WI 53784-0018

New Text:

Advise Medicaid members who are covered by HIRSP that they must let the HIRSP Authority know immediately when they begin Medicaid eligibility. To do this, contact:

HIRSP Authority
Customer Service
1751 W. Broadway
P.O. Box 8961
Madison, WI 53708-8961

**Financial (Chs. 15 - 19) > 18
Spousal Impoverishment >
18.6 Spousal Impoverishment
Income Allocation> 18.6.2
Worksheet 7 Section A --
Community Spouse Income
Allocation**

Effective July 1, 2012

Old Text:

- b. \$2,451.67 plus excess shelter allowance. (See [39.4.2](#))
“Excess shelter allowance” means shelter expenses above \$735.50. Subtract \$735.50 from the community spouse’s shelter costs. If there is a remainder, add the remainder to \$2,451.67. (See [39.4.2](#))

New Text:

- b. \$2,521.67 plus excess shelter allowance. (See [39.4.2](#))
“Excess shelter allowance” means shelter expenses above \$756.50. Subtract \$756.50 from the community spouse’s shelter costs. If there is a remainder, add the remainder to \$2,521.67. (See [39.4.2](#))

**Financial (Chs. 15 - 19) > 18
Spousal Impoverishment >
18.6 Spousal Impoverishment
Income Allocation> 18.6.3
Worksheet 7 Section B --
Family Member Income
Allowance**

Effective July 1, 2012

Old Text:

Enter \$642.92 on Line 1 under the name of each dependent family member who lives with the community spouse.

New Text:

Enter \$630.42 on Line 1 under the name of each dependent family member who lives with the community spouse.

**Financial (Chs. 15 - 19) > 18
Spousal Impoverishment >
18.6 Spousal Impoverishment
Income Allocation> 18.6.4
Section C -- Cost of Care**

Effective July 1, 2012

The values in example 1 were updated with the new spousal impoverishment deductions and allowances.

**Program Admin. (Chs. 20 - 23)
> 21 Benefits > 21.6 HMO
Enrollment> 21.6.1 HMO
Enrollment Introduction**

Old Text:

- 4. S/he will then receive a notice confirming enrollment in the assigned or chosen HMO for the following month. The member has up to three months to change HMOs, once enrolled. This is the open enrollment period. After the initial three months, the member is locked into the HMO and cannot change for nine months. If your member has questions about HMO enrollment, s/he should contact the Enrollment Specialist at 1-800-291-2402.

New Text:

4. S/he will then receive a notice confirming enrollment in the assigned or chosen HMO for the following month. The member has up to three months to change HMOs, once enrolled. This is the open enrollment period. After the initial three months, the member is locked into the HMO and cannot change for nine months. If your member has questions about HMO enrollment, s/he should contact the Enrollment Specialist at 1-800-291-2002.

Program Admin. (Chs. 20 - 23)
 > 21 Benefits > 21.6 HMO
 Enrollment > 21.6.2
 Exemptions

Old Text:

If the member believes s/he has a valid reason for exemption, s/he should call the HMO Enrollment Specialist at 1-800-291-2402. The number is also in the enrollment materials they receive.

New Text:

If the member believes s/he has a valid reason for exemption, s/he should call the HMO Enrollment Specialist at 1-800-291-2002. The number is also in the enrollment materials they receive

Subprograms (Chs. 24- 38) >
 29 Family Care Long Term
 Care (FCLTC) > 29.5 FCLTC
 Enrollment/ Disenrollment and
 Intercounty Moves > 29.5.2
 Disenrollment > 29.5.2.2
 Adverse Action Disenrollment

New Text:

CARES populates the date when there is ineligibility for Family Care. It is not worker enterable. The date will be an end of month date according to *adverse action* logic, except when the member dies. In this case, the disenrollment date **the worker should enter** is the date of death.

Appendix (Chs. 39-40) > 39
 Tables > 39.4 EBD Assets and
 Income Tables > 39.4.2 EBD
 Deductions and Allowances

Effective July 1, 2012

Old Text:

7	Community Spouse Lower Income Allocation Limit	\$2,451.67
8	Community <i>Spouse</i> Excess Shelter Cost Limit	\$735.50
9	Family <i>Member</i> Income Allowance	\$612.92

New Text:

7	Community Spouse Lower Income Allocation Limit	\$2,521.67
8	Community <i>Spouse</i> Excess Shelter Cost Limit	\$756.50
9	Family <i>Member</i> Income Allowance	\$630.42