

**DEPARTMENT OF HEALTH SERVICES
DIVISION OF HEALTH CARE ACCESS AND
ACCOUNTABILITY ADMINISTRATOR'S MEMO
SERIES**

NOTICE: 09-01

DATE: May 29, 2009

DISPOSAL DATE: Ongoing

**RE: Implementation of the
BadgerCare Plus Core Plan for
Adults without Dependent Children
and the Enrollment Services Center**

To: County Departments of Human Services Directors
County Departments of Social Services Directors
Tribal Chairpersons/Human Services Facilitators
Tribal Economic Support Directors

From: Jason Helgerson
Administrator
Division of Health Care Access and Accountability

PURPOSE

This memo describes the implementation of the BadgerCare Plus Core Plan and the Enrollment Services Center.

BACKGROUND

Effective January 1, 2009, individuals who were enrolled in the Milwaukee County General Assistance Medical Program (GAMP) and several other counties' general assistance programs in December 2008 were transitioned into the BadgerCare Plus Core Plan for Adults without Dependent Children (Core Plan).

The Department will begin accepting new applications for the Core Plan starting June 15, 2009, with benefits beginning no earlier than July 15, 2009.

BADGERCARE PLUS CORE PLAN

The Core Plan will provide access to basic health care services, including primary and preventive care and generic drugs to low-income adults with no dependent children. To enroll in the core plan, individuals must meet the following eligibility criteria:

- Wisconsin resident;
- U.S. citizen or qualifying immigrant;
- At least age 19 but not more than 64 years of age;
- Not caring for a child under age 19 who is living with him/her;
- Not pregnant;

- Gross family income that does not exceed 200% of the federal poverty level guidelines (\$1,805 for a single person and \$2,428.33 for a married couple*);
- Does not have private health insurance coverage at the time of request for Core Plan coverage or in the 12 months before that date, unless a good cause reason for losing the coverage exists;
- Does not have access to health insurance through a current employer in the month of application or subsequent three months;
- Did not have access to health insurance through a current employer in the past 12 months, unless a good cause reason existed for not signing up;
- Not eligible for or receiving BadgerCare Plus, Medicaid or Medicare. (Note: enrollees may be eligible for Family Planning Services and Tuberculosis (TB) Medicaid along with the BadgerCare Plus Core Plan);
- Pay the annual non-refundable application processing fee;
- Complete a health needs assessment;
- Complete a physical exam within the first 12 month enrollment period.

The Core Plan will be administered by the State's Enrollment Services Center (ESC). All applications, renewals, and case management for households with a Core Plan member will be assigned to the ESC. In addition, applications for other programs (Food Share and Family Planning Waiver) for this population will be processed by the new ESC. The ESC will also be responsible for processing Medicaid and/or BC+ for the spouse of an adult without dependent children in some situations. (See BC+ Handbook Chapter 43.1.1)

CORE PLAN ENROLLMENT PROCESS

Applicants will be able to request BadgerCare Plus Core Plan online or by phone.

To enroll in the BadgerCare Plus Core Plan, applicants will be asked to complete these steps:

1. Complete the request online at access.wi.gov or by phone at 1-800-291-2002,
2. Take a short survey about their health,
3. Pay a \$60 non-refundable application processing fee, and
4. Mail or fax proof of income and other information provided.

Once all required steps are completed and enrollment is confirmed, coverage will begin on first day of the next available enrollment period (1st or 15th of the next month). Enrollment in this plan will not be backdated.

ACCESS.WI.GOV AND CARES/CARES WORKER WEB

ACCESS, CARES and CARES Worker Web have been modified to capture and display information relevant to Core Plan eligibility determination and enrollment, as well as for ESC processing. Operations Memos 09-30 through 09-34 will detail these enhancements and note the relevance of many of them to local agency processing, as well as to ESC processing of programs for the adults without dependent children population.

HEALTH SURVEY

Currently, ACCESS has a voluntary "Health Needs Assessment" that appears at the end of the online application process. As part of the application process for the BC+ Core Plan, this process has been

renamed a “health survey”, and is a mandatory part of the application process for those applying for this program online or by phone.

In the survey, applicants will be asked about certain health conditions that are common among people ages 19 through 64, as well as about health care providers (doctor, clinic or hospital) they have used.

Answers from the survey will eventually be used to:

- Help the applicant choose a Health Maintenance Organization (HMO) that best meets his/her health needs
- Let the applicant know which HMOs his/her doctor, clinic or hospital may belong to, and
- Let HMOs know about the members’ health needs.

For more information about the health survey, see

<http://dhs.wisconsin.gov/badgercareplus/core/healthsurvey.htm>

SERVICE DELIVERY/HMO ENROLLMENT

- Beginning July 1, 2009, members who enroll in the Core plan program will be Fee-For-Service (FFS).
- Starting October 1, 2009 and continuing until February 1, 2010 Core Plan members will transition from FFS to HMOs on a phased-in basis by county.
- During the transition period, members will be able to select the HMO they wish to be assigned to. Those who do not select an HMO will be automatically assigned to an HMO.
- Beginning January 1, 2010, new members who sign up for the Core Plan will be directly enrolled in HMOs using an online selection tool as part of the application process.

COST SHARING AND FEE PAYMENT

Cost sharing for this program will consist of co-payments for certain services (based on income level), as well as an annual non-refundable application processing fee of \$60. There will be screening procedures in place as part of the application process, so that individuals can make an informed decision about whether to pay the non-refundable application fee.

COVERED SERVICES

For information about covered services and co-payments under the BC+ Core Plan, see [BadgerCare Plus Handbook Chapter 43](#) or <http://dhs.wisconsin.gov/badgercareplus/core/coveredservices.htm>

PHYSICAL EXAM

As a condition of continued eligibility, each member is required to have a physical exam within the first 12 month period of enrollment in the Core Plan. Failure to obtain a physical exam will result in a restrictive reenrollment period for 6 months (note: there are some good cause exemption reasons).

THE ENROLLMENT SERVICES CENTER

Effective June 15, 2009 the State’s Enrollment Services Center (ESC) will be the point of delivery for services for adults without dependent children. In general, applications accepted by the ESC for this population will include the BC+ Core Plan, FoodShare, and Family Planning Waiver. If a Core Plan member has a spouse applying for another health care program (Medicaid or BC+ for families), ESC application processing will include that health care program. The ESC will also handle all Family Planning Waiver only cases – regardless of age of the member – unless other members of the household are eligible for BadgerCare Plus Standard/Benchmark Plans or Medicaid.

The Enrollment Services Center will accept applications from this population online at ACCESS.wi.gov or by phone.

The ESC will be comprised of a combination of state and vendor staff. The vendor is Automated Health Services (AHS). AHS will retain responsibility for HMO Enrollment Broker services for the all BC+ (including families) and the Medicaid population under the ESC umbrella.

The Enrollment Services Center will include these functions, managed in conjunction with the vendor:

- Mailroom and scanning services
- Application and renewal services
- Eligibility processing services
- HMO Enrollment services
- Member services
- Fiscal services
- Other services, including benefit recovery, fair hearing and grievances, outreach and field representatives.

Operations Memos will provide details about when and how local agencies should transfer appropriate cases to the ESC.

At some point in the future, the Well Woman Medicaid program will be administered centrally by DHS as well. More information on that transition will be forthcoming.

LOCAL AGENCY ROLES AND RESPONSIBILITIES

Local IM agencies will continue to serve families, pregnant women, and the elderly and/or disabled for BadgerCare Plus (for families), Medicaid, including Long Term Care/institutions and MAPP, Medicare Premium Assistance, FoodShare (for families), and the SSI Caretaker Supplement. Functions that local agencies perform for these programs remain unchanged.

Local agencies may continue to interact with adults without dependent children, however the services for that population will be offered via the ESC and individuals should be referred there as appropriate.

Considerations for local agencies as the Core Plan and the ESC are implemented include:

- New applicants will be screened by the local agency and directed to the ESC and/or a Request for Assistance (RFA) processed and transferred to the ESC as appropriate.
- Local agencies should have a phone and a computer available to refer people directly to the ESC if appropriate. If no computer or phones are available at the local IM agency, customers can be referred to local Community Access Points in the area or other community based organizations which may have phones or computers available for customers to use to apply.
- Agencies should fax documents to the ESC as appropriate (e.g. submitted to the local agency instead of the ESC).
- Appropriate existing cases should be transferred by the local agency per procedures which will be communicated in a future Operations Memo. No cases should be transferred until that process is communicated.
- Local agencies and the Enrollment Services Center will need to transfer cases back and forth and communicate effectively.
- CWW/CARES changes made for the ESC to manage these cases will benefit local agencies as well, and are detailed in [Operations Memos 09-30 through 09-34](#).

Other impacts on local agencies include:

- The Federal Food Stamp project area will change from a county project area to one statewide project area. See [Operations Memo 09-31](#).

- Agencies will need to serve as mailing address for homeless participants whose cases are managed by the ESC. (More information will be made available in [Operations Memo 09-38](#).)
- Agencies will need to serve as the pick up point for Food Share vault cards for members whose cases are managed by the ESC. (More information will be made available in [Operations Memo 09-38](#).)
- Agencies will provide FSET services for customers of the ESC (unless an organization other than the local agency has been awarded the FSET contract).
- Agencies will pay for drug testing for FS drug felons from June 15, 2009 through December 31, 2009. DHS will take over this process for ESC customers effective January 1, 2010. (More information will be made available in [Operations Memo 09-38](#).)

Note: Agencies planning to do outreach to their customers who are potentially eligible for Core Plan, should encourage customers to go to [BadgerCarePlus.org](#) or [ACCESS.wi.gov](#) to apply.

TRAINING AND COMMUNICATION

Local IM agencies will receive more detailed information in a series of Operations Memos ([O.M. 09-30 – 09-34](#)), online training materials, the BadgerCare Plus policy handbook and a follow up web cast.

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