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TO: **Income Maintenance Supervisors**
Income Maintenance Lead Workers
Income Maintenance Staff
W-2 Agencies
Workforce Development Boards
Job Center Leads and Managers
Training Staff
Child Care Coordinators

FROM: Amy Mendel-Clemens, Chief
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BEM/DFES OPERATIONS MEMO

No: 09-15

DATE: 3/16/2009

FS ☐	MA ☐	BC+ ☒
SC ☐	CTS ☐	FSET ☐
CC ☐	W-2 ☐	EA ☐
CF ☐	JAL ☐	JC ☐
RAP ☐	WIA ☐	Other EP ☐*

PRIORITY: HIGH

SUBJECT: BadgerCare Plus Premiums – Policy and Process Clarifications

CROSS REFERENCE: BadgerCare Plus Eligibility Handbook, Section 19.10

EFFECTIVE DATE: Immediately

PURPOSE:

This memo communicates policy and procedure clarifications concerning certain BadgerCare Plus (BC+) cases which owe premiums. These clarifications are intended to simplify the premium process and thereby reduce the workload for local Income Maintenance (IM) agencies and speed up the eligibility determination process.

BACKGROUND

Since the start of the BC+ program, local IM agencies have reported numerous systems problems and concerns about the BC+ premium process for applicants and members. Department of Health Services (DHS) staff have met with local agency representatives and discussed these issues on several occasions. DHS is committed to addressing as many of these problems as we can and has formed a workgroup to work on solutions. Due to other DHS priorities, systems fixes will not be available in the immediate future. However, the workgroup has learned that there is some confusion over some of the premium policies and recommended

that we clarify those policies and procedures to help reduce the work needing to be done by IM agencies. Those reductions should save time and help get the BC+ benefits to the families sooner.

POLICY & PROCEDURE CLARIFICATIONS

EXEMPTING PREMIUM INCREASES FOR ONGOING CASES

Section 19.10.2 of the BC+ Eligibility Handbook states that you must give a 10-day notice to a member when the BC+ group is required to pay a premium for the first time, or is required to pay a higher premium. We also included directions for a person-add situation that results in a new or higher premium that can not be confirmed in CARES. In these cases, you should certify eligibility for any months prior to the recurring month (the month CARES is running eligibility for when you are not running with dates) using the online manual certification, or form F-10110. No additional premiums for the person you are adding would be collected for the months prior to the recurring month.

We are now clarifying that this procedure should be also be used in certain ongoing cases where a change results in an assistance group (AG) opening up and has new or increased premiums for a month (or months) that can not be confirmed in CARES. We also want to clarify that in these situations, the member is not responsible for a premium payment (or a premium increase) for the month or months that cannot be confirmed in CARES. The first premium (or increased premium) for which the family must pay is the one for the month for which eligibility can be confirmed.

At this time, the following situations qualify for this treatment:

- A case reports a decrease in income from above 200% to below 200% FPL and the parents are now eligible with a premium.
- A person is added to a case that has not paid the premium for another member.
- A person becomes eligible for BC+ for any non-financial reason except late payment of the previous month's premium.
- Cases where the Call Center is unable to get premiums adjusted on the interChange system.

In a situation where other members in the AG or in another BC+ AG may owe a premium, treat their premium separately from the newly eligible members and/or AG. For example, a family that owes a small premium for the children but then has an income decrease to below 200% of the Federal Poverty Level (FPL) that causes the parents to be eligible for a larger premium. With the income change, the children no longer owe a premium. If the premium was already paid for the children, that amount must be refunded. If the premium was not paid, the children should not be sanctioned for non-payment since they no longer owe a premium.

Example 1: June and Ward Cleaver are receiving BC+ for their two sons, Wally and Theodore. The family income is 205% of the Federal Poverty Level (FPL), and they are paying $20 in monthly premiums for the boys. On March 25, Ward reports a decrease in wages and the family's income is now 191% of the FPL. This makes June and Ward eligible for BC+ with a premium. When the IM worker runs eligibility for May, the new BC+ premium amount is $174. CARES will not allow the worker to confirm eligibility for March or April because their premium is higher than the $20 amount that had already been confirmed for the children. The worker needs to:

1. Confirm BC+ eligibility in CARES for May.
2. Do an online or manual certification of BC+ eligibility for Mr. and Mrs. Cleaver for the months of March and April. No premium is owed for the parents for those months. and:
3. Issue a manual Positive Notice of Decision to the family for those two months.

In addition, since the sons are no longer required to pay a premium and are now eligible for the Standard Plan, the worker must also update their medical status code using the online or manual F-10110. Once the medical status is updated in iC to a non premium status, EDS will automatically refund the $20.00 premium that was paid.

LATE PAY PROCESS CORRECTION

We have learned that the process outlined in Process Help (PH) Section 24.3.4.1, Premium Paid after the Last Day of the Closure Month in the Process Help Manual is not correct. The instructions below in Example 2 must be used to reopen a BC+ AG, when that AG has been closed for failure to pay the premium and the premium has been paid prior to the last day of the month following the benefit month (BCPH 19.9). We intend to update the Manual in the next release.

If the instructions below are not followed when reopening the BC+ AG, the worker will not be able to confirm the BC+ and will have to manually certify for the past and current months.

Example 2 Premium paid after the last day of the benefit month:
Two parents are eligible for BC+ with a premium and two children are eligible for BC+ with no premium. The parent's assistance group (AG) closed 4/30/2009 and a restrictive re-enrollment period (RRP) was imposed because the April premium was not paid. The children's AG remained open. The April premium was paid on May 20th. The worker is processing the late premium payment on May 27.

1. Navigate to the premium payment tracking page and mark the April premium as paid.
2. Navigate to the BC+ RRP screen and delete the RRP using the >LP< code and repeat for each individual.

If the May premium has not been collected, stop here. Do not run eligibility for any months. The BC+ should not reopen for May or for future months until the May premium is collected.

If the late April payment was paid after the last day of May, do not reopen the BC+. Follow step 1 above but do not remove the RRP.

Once the May premium is collected:

3. Initiate eligibility and run without dates for the recurring month (in Example 2, running for July), confirm eligibility on AGEC.
4. Initiate eligibility and run with a date for the first month prior to the recurring month. (in Example 2, run with a June date) Confirm BCP on AGEC.
5. Initiate eligibility and run with a date for the current month, (in Example 2, run with a May date). Confirm BCP on AGEC.
6. Navigate to the premium payment tracking page and mark premium (May in this example) as paid.
7. Initiate eligibility and run without dates, confirm eligibility on AGEC.
8. Add Case comments.
9. Check review dates to be sure certification period was not extended due to this reopening process.

Note: If all BC+ AG's close but there is another program of assistance open such as FS/CC the premium will be marked as paid via the intake and arrears page.

Reminder: When running with dates, it's not necessary to confirm everything on AGEC, only confirm those benefits you are trying to correct, change, etc. If you are only trying to re open medical or change a premium, etc. you only need to confirm the BCPA/MA Ags. Confirming other changes to other programs may send an incorrect notice of eligibility for other programs.

LATE APPLICATION WORK AROUND

A problem occurs on applications when eligibility is run for a BC+ AG more than 30 days after the filing date and another AG in the case has already been confirmed. CARES will test eligibility from the current month forward and not test eligibility back to the filing date. When this happens CARES does not set the correct free month. Other eligibility problems may also result when this situation occurs. When processing a BC+ application more than 30 days after the filing date, you must follow the process below to ensure CARES is testing BC+ back to the filing date.

1. Go to the CWW Health Care Request page
2. Change the drop down value of "How far back do you want Health Care?" to a different value than the original value and click NEXT
3. Then go back to the same page and change the value of "How far back do you want Health Care?" back to the original value and click NEXT.
4. These above changes will update the "Last Updated" date on the Health Care request page to the current date.
5. Initiate Eligibility

CARES should now run eligibility for the initial months of the BC+ application and correctly determine the premiums (if any) for the initial months.

NOTE: The above process will not work if a Medicaid or Medicare Premium Assistance AG was confirmed before the BC+ AG and that AG is either Open or an unmet Deductible.

CONTACTING THE CALL CENTER FOR PREMIUM-RELATED PROBLEMS

There are some situations where you will still be unable to confirm the BC+ AG. When this happens use your agency's process to contact the CARES Call Center for help. These situations include:

- When the work around (see above) for processing applications more than 30 days after the filing date can not be used. This situation usually results in the wrong month being designated as the Free Month by CARES.
- RRP's are not deleted for all individuals and BC+ was confirmed with too few members.
- A change, such as a person leaving the household should reduce the family's premium; however, CARES won't let you confirm the termination of eligibility for the absent person.

- Eligibility for a person changes from BC+ to Medicaid or another non-premium paying category, but CARES will not let you confirm the BC+ closure.
- In processing a Late Pay, the benefit months were confirmed in the wrong order and now you can't confirm eligibility for one of the months.

If the Call Center determines the premium will be adjusted manually by EDS, a manual notice which includes the correct premium amount must be issued. The premium tracking screen will continue to display the incorrect premium amount that was last confirmed in CARES. If the Call Center informs you that the premium amount can not be adjusted on interChange, follow the steps described above in the "Exempting Premium Increases" section.

NON-PAYMENT OF PREMIUM FOR APPLICATIONS

When an application includes a parent with a premium along with a child or children with no premium, the parent may decide they do not want to pay the premium. When this happens, the worker should enter a "No" for the payment on the Intake and Arrears Premium Information page in CWW and run eligibility. The parents will be denied BC+ for not paying the premium, while the children will be eligible without a premium. Because the action taken by not paying the premium is the same as changing their request, the parents are not subject to a 6-month RRP. If eligibility is run for a later month, CARES will determine that the parents are eligible with a premium. This can be confusing for the family since they have already been denied for not paying the premium.

To prevent this unintended "pop-open" situation from occurring, the worker should:

- Confirm the denial of eligibility for premium non-payment
- Go to the Health Care Request screen and change the health care requests for the parents to "No".
- To generate the appropriate denial notice, do not run eligibility again that same day.

CARES

We will let you know when changes in CARES processing to fix premium problems will be implemented.

CONTACTS

BEM CARES Information & Problem Resolution Center

*Program Categories – FS – FoodShare, MA – Medicaid, BC+ – BadgerCare Plus, SC – Senior Care, CTS – Caretaker Supplement, CC – Child Care, W-2 – Wisconsin Works, FSET – FoodShare Employment and Training, CF – Children First, EA – Emergency Assistance, JAL – Job Access Loan, JC - Job Center Programs, RAP – Refugee Assistance Program, WIA – Workforce Investment Act, Other EP – Other Employment Programs.

DHS/DHCAA/BEM/JL