

Applying for Wisconsin's Health Care Programs

Overview for Navigators, Certified Application
Counselors, Partners, Agents, and Brokers

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Wisconsin Department of Health Services
Division of Medicaid Services

Today's Agenda

- Purpose
- Program basics
- Module 1: How to apply for Wisconsin's health care programs
- Module 2: Eligibility for BadgerCare Plus
- Module 3: Eligibility for Medicaid for the Elderly, Blind, or Disabled
- Review questions

Purpose

The purpose of this training is to provide navigators, Certified Application Counselors (CACs), partners, agents, and brokers with:

- A basic understanding about how to apply for Wisconsin's health care coverage programs and what to expect throughout the application process.
- An overview of the eligibility rules for these programs.

Program Basics

Available Programs

BadgerCare Plus covers:

- Children ages 0 through 18.
- Parents / caretaker relatives of children ages 0 through 18.
- Pregnant women.
- Childless adults ages 19 through 64.

Available Programs, con't

- Medicaid for the Elderly, Blind, or Disabled (EBD Medicaid) covers:
 - Adults age 65 and older
 - Individuals who are blind
 - Individuals who are disabled

Income Maintenance

- Most of Wisconsin's health care programs are administered by a network of county and tribal income maintenance (IM) agencies.
- IM agencies process applications, make eligibility decisions, and issue benefits.
 - All IM agencies use the CARES eligibility system to administer benefits.
 - All program rules are the same statewide.
 - Applications are assigned based on where the applicant lives.

Income Maintenance, con't

- Most county IM agencies are organized into 10 regional consortia:
dhs.wisconsin.gov/forwardhealth/imagency/index.htm
- Milwaukee County IM is administered by the Wisconsin Department of Health Services (DHS) through the Milwaukee Enrollment Services (MILES).
- Menominee County IM is administered by the Menominee Indian Tribe of Wisconsin.

Eligibility Determinations

- When someone applies for health care coverage, the IM agency considers:
 - Whether the person meets all of the *nonfinancial* rules for health care programs.
For example, is the person a U.S. citizen or does the person have a qualifying immigration status?
 - Whether the person meets all of the *financial* rules for health care programs.
For example, does a 67-year-old applicant have assets below the EBD Medicaid asset limit?

Eligibility Determinations, con't

- Based on the individual's situation, which specific health care category is the most appropriate?
 - For example, does the person qualify for BadgerCare Plus or for a type of EBD Medicaid?
 - When someone applies for full-benefit health coverage in Wisconsin, they do not have to specify which program they are applying for.

Eligibility Determinations, con't

- If someone is not eligible for BadgerCare Plus or EBD Medicaid but might be eligible to enroll in a qualified health plan (QHP) at the Marketplace, their application will be transferred automatically to the Marketplace.

Applying for Wisconsin's Health Care Programs

Filing an Application

A person may use any of the following methods to complete and submit an application:



Online at
ACCESS.wi.gov



In-person
(face-to-face)



Phone



Paper
application

Filing Date

- The filing date is the day a signed health care application is submitted to the IM agency.
- In most cases, eligibility starts as of the first day of the month in which the application was filed.
- Applicants can also request up to three months of backdating for most programs.
 - Note: Some pregnant women who are immigrants or inmates, as well as children with higher incomes, do not qualify for backdated coverage.
- IM agencies have 30 days from when they receive the application to determine eligibility.

Rights

Everyone applying for or receiving Medicaid has the right to:

- Be treated with respect by IM agency staff.
- Have their civil rights upheld.
- Have their private information kept private.
- Get an application or have the application mailed on the same day it is asked for.
- File an application right away, even if they are not in the correct office.
- Get a decision about their application within 30 days of the day the agency receives it.

Responsibilities

Everyone applying for or receiving Medicaid is responsible for:

- Providing accurate information.
- Providing proof of information when requested.
- Reporting changes as required by the agency.
- For more information on rights and responsibilities, see the Enrollment and Benefits Handbook:
- <http://www.dhs.wisconsin.gov/publications/p0/p00079.pdf>

Methods of Applying

ACCESS



<https://access.wi.gov>

ACCESS




ACCESS

Your Connection to Programs for Health, Nutrition and Child Care

[Español](#)



Before you go to the next page:

 ACCESS will work best with Internet Explorer version 8 and 9. You may experience problems if you are using other browsers such as Firefox, Safari, or Chrome. If you have questions or need help with your application, please call Member Services at 1-800-362-3002.



Am I Eligible?

- > Nutrition, Health & Child Care
- > Prescription Drug Plans
- > Energy Assistance
- > Tax Credits

Apply for Benefits!

- > FoodShare
- > Health Care
- > Family Planning Waiver
- > Child Care

Login to Account

- > Check your benefits
- > Report changes
- > Renew your benefits
- > Manage health care

OR

Create an Account

ACCESS Functions

- Am I Eligible – a short screening tool to find out which benefits you might be able to get (no login needed).
- Apply For Benefits – apply online for health care, FoodShare, and/or Child Care.
 - In some cases, applicants may be able to get an immediate eligibility decision for health care.


ACCESS Functions, continued

- MyACCESS – check benefits, renew benefits, report changes, view notices, and perform other benefit management functions.
 - To perform these benefit management functions, members need to create, authenticate, and use a MyACCESS account.

ACCESS Features

- All ACCESS pages are available in Spanish by clicking the Español link.
- Detailed help text is available through the Help button on each page.
- Partners can test drive ACCESS by using the ACCESS training site at <https://trn.access.wisconsin.gov/>.
 - This is a mock version of the live ACCESS website.
 - The training site does **not** create a valid application.
 - It should only be used for testing and training.

ACCESS Training Site

 ** THIS WEBSITE SHOULD ONLY BE USED FOR TESTING AND TRAINING **




ACCESS

Your Connection to Programs for Health, Nutrition and Child Care

[Español](#)



Before you go to the next page:

 This website can only be used to test ACCESS and teach people how to use ACCESS. **You cannot use this website to apply for benefits.** To use the ACCESS website to apply for benefits, please go to <http://access.wisconsin.gov>.



Am I Eligible?

- > Nutrition, Health & Child Care
- > Prescription Drug Plans
- > Energy Assistance
- > Tax Credits

Apply for Benefits!

- > FoodShare
- > Health Care
- > Family Planning Waiver
- > Child Care

Login to Account

- > Check your benefits
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OR

Create an Account

Walk-In and Telephone



Walk-In and Phone

- Individuals have the option to apply in person at their county or tribal IM agency.
- They may also apply by phone. Each consortium has a central phone number for taking applications and other customer services.
- For phone numbers and office locations:
<http://www.dhs.wisconsin.gov/forwardhealth/imagency/index.htm>

Mail-In



Mail-In

- Individuals can also apply by mail.
- Because they have different eligibility rules, BadgerCare Plus and EBD Medicaid have different application forms:
 - BadgerCare Plus
<http://www.dhs.wisconsin.gov/forms/F1/F10182.pdf>
 - EBD Medicaid
<https://www.dhs.wisconsin.gov/forms/f1/f10101.pdf>
- However, either application can be used to make a request for full-benefit health coverage.

What to Expect After Filing an Application

Verification

- Before making a decision about eligibility, IM agencies must verify the information the applicant has reported.
- In many cases, IM agencies can use data exchanges to verify information.
- In other cases, applicants will be asked to submit proof of what they have reported.

Data Exchanges

In many cases, IM agencies can use data exchanges to verify the following information:

- Citizenship.
- Immigration status.
- Earnings from a job.
- Wisconsin unemployment benefits.
- Social Security.
- Supplemental Security Income.
- Child support payments.

Verification Checklist

- If information cannot be verified through a data exchange, the IM agency will ask the member to provide proof of that information.
 - The agency will send a verification checklist (VCL), called a Notice of Proof Needed, listing the items that are needed.
 - A VCL will also be sent if the agency is missing information needed to make a decision.
 - If an applicant does not provide requested verification, the application will be denied.

Verification Checklist, con't

- Lists verification requirements for Medicaid and/or FoodShare.
- Provides the due date(s) for providing the information requested.
- Contains specific examples of documents that are needed.
- Includes a document tracking sheet, which can be used to submit documents.

VCL Example

Notice of Proof Needed

To get or keep **BadgerCare Plus** benefits you need to provide proof of items and provide information by the due date listed below. The items that need proof we need you to provide are listed on the next few pages along with examples and instructions. If you do not provide the proof by the due date, benefits will be denied, decreased, or ended.

To make sure your benefits get processed as quickly as possible, use the **Document Tracking Sheet** at the end of this notice.



| Program(s) | Due Date | Contact Information |
|-----------------|---------------|---|
| BadgerCare Plus | Apr. 15, 2014 | Southern Consortium Worker: [REDACTED] Phone #: [REDACTED] Fax #: [REDACTED] Use fax # to send verification. |

VCL Example



Proof Needed

This section lists items that we need proof of by the due date listed below. Contact us right away if you have questions or problems getting the proof and we will help you.

| What? | Who? | Examples | Program(s) | Due Date |
|---|---|---|-----------------|---------------|
| Employment at WALMART including : Expected monthly income before taxes or deductions and number of hours worked per pay period |  | Pay Stubs from the last 30 days; enclosed Employer Verification of Earnings Form filled out and signed by your employer; or Statement from your employer with the same information. | BadgerCare Plus | Apr. 15, 2014 |
| Self-employment: MICHAEL - BAKERY Including : Expected monthly business income |  | Enclosed Self-Employment Income Report Form | BadgerCare Plus | Apr. 15, 2014 |

Possible Outcomes

Notices of Decision

- After the IM agency has verified the information reported on the application, the agency will make a decision about eligibility.
- The applicant will receive a letter telling them if the benefits are approved or denied.
- This is called a Notice of Decision.

Notice of Decision, con't

The Notice of Decision includes the following information:

- Summary – This section lists the benefits that have been approved and denied, as well as contact information for the IM agency.
- Benefit Details
 - Who is enrolled,
 - Dates enrolled,
 - Who is not enrolled, and
 - If not enrolled, the reason(s) why.

Notice of Decision, con't

- Household Income and Deductions – These sections list the income and deductions on file for the household. Members should check to make sure this information is correct.
- How We Counted the Income – This section lists the amounts and limits that were used to decide whether the member is eligible.
- Reporting Rules – If benefits have been approved, this section tells members what changes need to be reported to the local agency and when.

Notice of Decision, con't

- Key Contacts – This section provides information about who members should contact with questions.
- Fair Hearing – The last page of the notice provides information about fair hearings, including the date by which a hearing must be requested and how to ask for a fair hearing.

Fair Hearings

- If benefits are denied, reduced, or ended and the member believes the IM agency made a mistake, contact the IM agency.
- The member can ask the agency for help in requesting a fair hearing.
- At the hearing, a hearing officer will hear from the individual and the agency to find out if the decision was right or wrong, and require the agency to take action as appropriate.

Receiving Services

ForwardHealth Card

- Each eligible person will receive a ForwardHealth Card, which should be shared with providers when services are requested.
- If someone has received a ForwardHealth card in the past, they will not get a new one unless they request it by calling Member Services at 1-800-362-3002.



Covered Services

- Covered services are listed in the Enrollment and Benefits Handbook:
<http://www.dhs.wisconsin.gov/publications/p0/p00079.pdf>
- Some services may require prior authorization. The provider will request authorization on the member's behalf.

Covered Services, con't

- For some services, members may be required to pay a co-payment, or co-pay.
 - Co-pays range from \$0.50 to \$3.00.
 - Providers may make a reasonable effort to collect the co-pay, but may not refuse services if the member does not pay.
- For questions about covered services and for help with finding a BadgerCare Plus or Medicaid provider, contact Member Services at 1-800-362-3002.

Renewals

Renewals

- Members must renew their eligibility every year.
- The renewal process can be completed online, by phone, in person or by mail.
- Members will receive a letter with instructions for completing the renewal 45 days prior to the end of their 12-month certification period.
- In some cases, eligibility can be renewed through an administrative renewal.
 - This occurs when the IM agency is able to verify all information through data exchanges.
 - Members must review a summary of the information used to renew benefits and report any changes to the agency within 30 days.

Additional Resources

Resources for Members

- Guide to Applying includes information about:
 - Who can enroll.
 - How to apply.
 - Required verification.
 - Benefits and services available.
 - Rights and program rules.
 - Fair hearings.

www.dhs.wisconsin.gov/publications/p1/p16091.pdf

Resources for Members, con't

- Enrollment and Benefits Handbook is sent to all applicants and members. It includes information about:
 - Benefits and services available.
 - Program rules.
 - Required verification.
 - Change reporting requirements .
 - Covered services and prior authorizations.
 - Rights and program rules.
 - Fair hearings.

www.dhs.wisconsin.gov/publications/p0/p00079.pdf

Contact Information

- IM Agencies
 - Eligibility determinations for BadgerCare Plus and Medicaid
 - www.dhs.wisconsin.gov/forwardhealth/imagency/index.htm
- Aging and Disability Resource Centers
 - Enrollment counseling for Home and Community-Based Waiver Programs
 - www.dhs.wisconsin.gov/LTCare/adrc/customer/map/index.htm.

Contact Information, con't

- Member Services
 - General member questions, information about covered services, and help with finding a local IM agency.
 - 1-800-362-3002

Resources for Partners

Information about Wisconsin's health care programs, including member fact sheets, can be found at:

www.dhs.wisconsin.gov/forwardhealth/index.htm.

Resources for Partners, con't

Online policy resources, such as policy manuals, handbooks, forms, and directories, can be found at:

www.dhs.wisconsin.gov/em/index.htm.

- The BadgerCare Plus Eligibility Handbook can be found at:

www.emhandbooks.wisconsin.gov/bcplus/bcplus.htm.

- The Medicaid Eligibility Handbook can be found at:

www.emhandbooks.wisconsin.gov/meh-ebd/meh.htm.

Resources for Partners, con't

- Information for partners in Southeast Wisconsin:
www.dhs.wisconsin.gov/publications/p01725.pdf

Questions

Please direct all questions related to Medicaid or BadgerCare Plus to:

dhshealthcare@dhs.wisconsin.gov.

Overview of BadgerCare Plus Eligibility Rules

Keep in Mind

This training provides an overview of the eligibility rules for BadgerCare Plus.

- It is not intended as a training on how to determine eligibility.
- Only IM agencies can determine eligibility.

The policies described in this training are subject to change. Updates are available at:

www.dhs.wisconsin.gov/forwardhealth/index.htm
and www.dhs.wisconsin.gov/alerts.htm.

Nonfinancial Rules for BadgerCare Plus

Nonfinancial Rules

- Must be one of the following to qualify for BadgerCare Plus:
 - Child age 0 through 18 years old
 - A parent or caretaker relative (no age limit) who lives with and cares for a child age 0 through 18 years old
 - Pregnant woman (no age limit)
 - Childless adult age 19 through 64 years old

Nonfinancial Rules, con't

- Benefits for some children with higher household incomes are funded through the Children's Health Insurance Program (CHIP).
 - This includes children ages 1 to 5 with income above 156% of the Federal Poverty Level and ages 6 to 18 with income above 191% FPL.
 - As a result, they are subject to different rules regarding backdated coverage and crowd-out policies.

Nonfinancial Rules, con't

- To qualify for BadgerCare Plus, you must:
 - Be a Wisconsin resident physically present with an intent to reside in Wisconsin.
 - Be a U.S. citizen or qualifying immigrant.
 - Provide Social Security number (with some exceptions).
 - Supply required information and verification within the required time frame.

Nonfinancial Rules, con't

- Pay premiums if they are required.
- Meet crowd-out rules when they apply.
 - Children with higher incomes may not qualify if they have access to or coverage through certain employer-sponsored health insurance.
 - Some pregnant women who are immigrants or inmates may not qualify if they have other health insurance or have access to employer-sponsored health insurance.

Financial Rules for BadgerCare Plus

Financial Rules

- Financial eligibility is based on the household's expected monthly income. In some circumstances annual income may also be considered.
- Assets are not considered when determining eligibility for BadgerCare Plus.

Income Limits

| Adults | Children | Pregnant Women |
|--|---|---|
| Household income at or below 100% of the federal poverty level* | Household income at or below 306% of the federal poverty level | Household income at or below 306% of the federal poverty level |

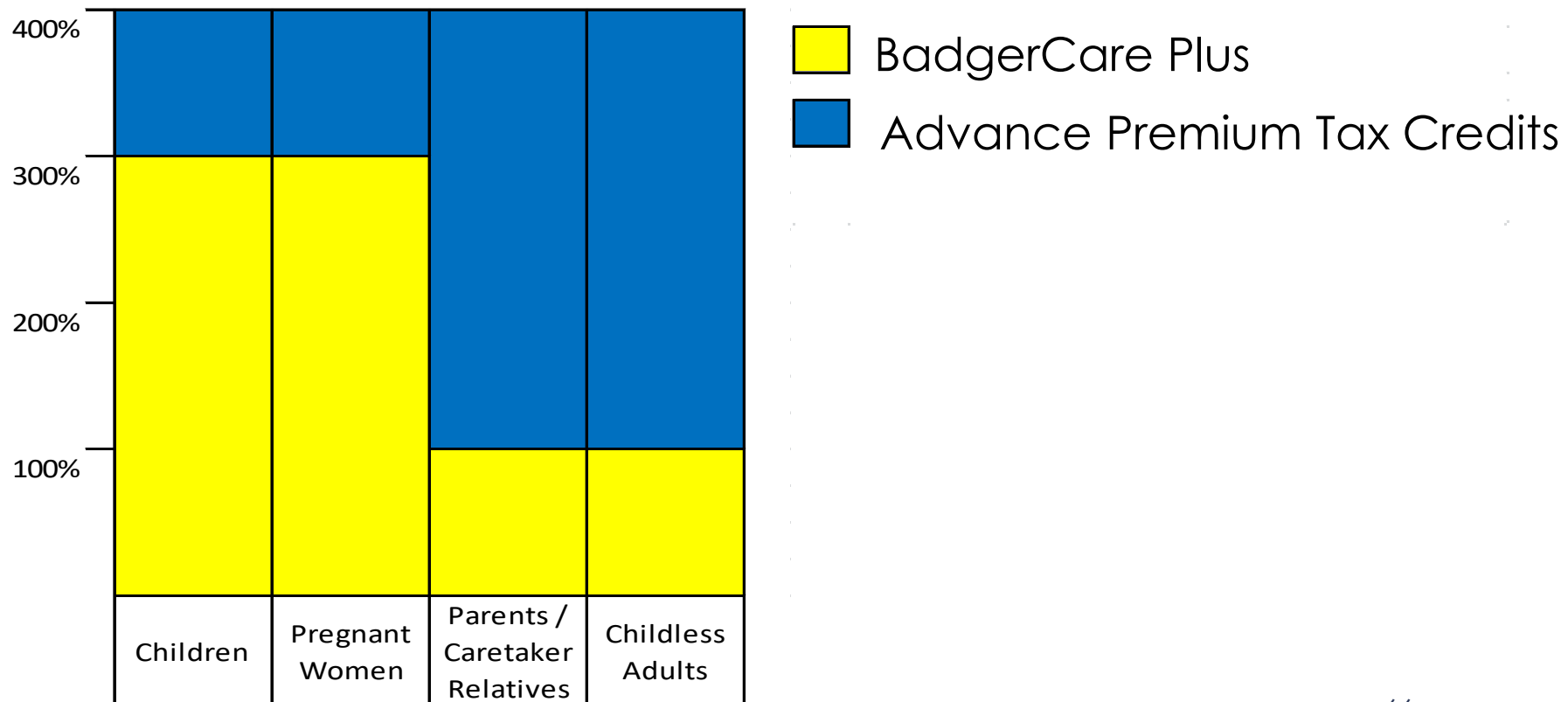
*Federal poverty level (FPL) is a federally determined income amount that is scaled based on household size and is usually adjusted every year. Current FPL amounts can be found here:

<http://www.dhs.wisconsin.gov/badgercareplus/fpl.htm>.

| For a household of... | 100% FPL | 306% FPL |
|-----------------------|------------------|-------------------|
| 1 | \$1,011.67/month | \$3,095.71/month |
| 2 | \$1,371.67/month | \$4,197.31/month |
| 3 | \$1,731.67/month | \$5,298.91/month |
| 4 | \$2,091.67/month | \$6,400.51 /month |
| 5 | \$2,451.67/month | \$7,502.11/month |

Income Limits, con't

The following chart displays the income limits for BadgerCare Plus and for Advance Premium Tax Credits through the Marketplace:



How is Income Counted?

- Modified adjusted gross income (MAGI) rules are used to determine household size and household income for Badger Care Plus.
- MAGI rules are also used when determining eligibility for advance premium tax credits (APTCs) at the Marketplace.
- Using MAGI rules, IM agencies determine:
 - How big is the household?
 - Which household members' income is counted?
 - What types of income and deductions are counted?

How Big is the Household?

Determining household size using MAGI rules can be complex.

- Tax rules: In some cases, household size is based on who plans to file taxes and whom they plan to claim as tax dependents.
- Relationship rules: In other cases, household size is based only on how household members are related to each other.
- As a result of these rules, different household members can have different household sizes.

Pregnant Women

- For any pregnant woman included in a given household, the household size is increased by the number of babies she is expecting.
- Verification of pregnancy is not required unless the IM agency has information that contradicts the person's statement.

Tax Rules

In most cases, if an adult in the household is planning to file taxes (and is not being claimed as a tax dependent), the household includes the tax filer, spouse and tax dependents.

- Example 1: Joe and Liz are married and have two young sons, Matt and Leo. Liz is pregnant. Joe and Liz plan to file taxes jointly and claim both children as tax dependents. The family's household size is 5: Joe, Liz, the expected baby, Matt, and Leo.
- Example 2: Rich is a single adult who lives with and provides financial support to his elderly mother, Maggie. He plans to claim her as a tax dependent. Rich's household size is 2: Rich and Maggie.

Relationship Rules

In most cases, if an adult in the household is not planning to file taxes, the household includes the adult, spouse, and their children under age 19 who are living with them.

- Example 3: Mike and Kelly are married and have a young daughter, Fiona. Mike and Kelly do not plan to file taxes. Each person's household size is 3: Mike, Kelly, and Fiona.
- Example 4: Lars and Laura are childless adults who live together but are not married. Laura is pregnant. Lars' household size is 1 and Laura's household size is 2.

Relationship Rules, con't

Relationship rules are also used for:

- Children who are claimed as a tax dependent by someone other than their parent.
- Children who are claimed as a tax dependent by a parent who lives outside of the home.
- Children who live with both parents but those parents are not filing jointly.

Note: when relationship rules are used for children under age 19, their household includes parents who are living with them and siblings under age 19 who are living with them.

More Examples

- Example 5: Jayden, Rylen, and Warren are teenage brothers who live with their aunt, Sarah. Sarah plans to file taxes and claim all three brothers as tax dependents this year.
 - Using tax rules, Sarah's household size is 4 because she is a tax filer with 3 tax dependents.
 - Because the brothers are being claimed by someone who is not their parent, relationship rules are used. Each brother has a household size of 3: himself and his two brothers.

More Examples, con't

- Example 6: Jocelyn is divorced and lives with her 17-year-old daughter, Maisie. Jocelyn plans to file taxes, but Maisie's father, Chris, plans to claim Maisie as a tax dependent this year.
 - Using tax rules, **Jocelyn's household size is 1** because she is a tax filer with no tax dependents.
 - Because Chris is a parent who lives outside of the household and is claiming Maisie, relationship rules are used for Maisie. **Maisie's household size is 2**: herself and her mother.

More Examples, con't

- Example 7: Dan and Jackie live together but are not married. They have 10-year-old twins, Sadie and Lily. Dan plans to file taxes and claim both children as dependents. Jackie also plans to file taxes.
 - Using tax rules, Dan's household size is 3 because he is a tax filer with 2 tax dependents.
 - Under tax rules, Jackie's household size is 1 because she is a tax filer with no dependents.
 - For the twins, relationship rules are used because their parents are living together but not filing jointly. Each child's household size is 4 because it includes the child, her sister, and their two parents.

More About Household Size

- Tax dependents can be included in someone's household size even if they are living outside of the home or are deceased.
- Spouses must always be included unless they are living separately and filing taxes separately.
- To be considered to be living with a parent, a child under age 19 must be in the parent's home at least 40 percent of the time.
- If parents are divorced, only one parent can claim the child as a tax dependent each year.
- Tax rules are based on how the person plans to file taxes for the current tax year.

For More About Households

- See the BadgerCare Plus Eligibility Handbook, Chapter 2.3:
www.emhandbooks.wisconsin.gov/bcplus/bcplus.htm
- See the flowchart, “Four Steps to Forming a MAGI group,” Chapter 2.3.3.

Whose Income is Counted?

In general, all household members' income is counted.

- However, if a household member is a child or tax dependent of another household member, his or her income is only counted if he or she is 'expected to be required' to file a tax return for the current year.
- This includes children or tax dependents who expect to have more than **\$12,000** in earned income or more than \$1,050 in other income for the tax year.
 - For this rule, other income does not include child support, Social Security, Supplemental Security Income, workers compensation, veterans benefits, money from another person, or educational aid.
 - These thresholds are updated annually.

Example

Example 5: Jayden, Rylan, and Warren are teenage brothers who live with their aunt, Sarah. Sarah plans to file taxes and claim all three brothers as tax dependents this year.

- Using tax rules, Sarah's household size is 4 because she is a tax filer with 3 tax dependents.
- Because the brothers are being claimed by someone who is not their parent, relationship rules are used. Each brother has a household size of 3: himself and his two brothers.
- Jayden, the oldest brother, works part-time at Target and earns \$300/month.

Example, continued

- For Sarah's eligibility, Jayden's is the tax dependent of another household member (Sarah) so his income is only counted if he is expected to be required to file.
 - Jayden expects to earn \$3,600 this year from his job, so he is below the "expected to be required to file" threshold and his income is not counted.
 - Only Sarah's income will be counted for her eligibility.
- For Jayden's, Rylen's, and Warren's eligibility, Jayden is not the child or tax dependent of anyone else in the household. As a result, his income is counted, even though it is under the "expected to be required" threshold.

Example

Example 6: Jocelyn is divorced and lives with her 17-year-old daughter, Maisie. Jocelyn plans to file taxes, but Maisie's father, Chris, plans to claim Maisie as a tax dependent this year.

- Using tax rules, Jocelyn's household size is 1 because she is a tax filer with no tax dependents.
- Because Chris is a parent who lives outside of the household and is claiming Maisie, relationship rules are used for Maisie. Maisie's household size is 2: herself and her mother.
- **Maisie has a part-time job at McDonald's and is earning approximately \$400/month.**

Example, con't

- For Jocelyn's eligibility, Jocelyn is the only household member, so only her income is counted.
- For Maisie's eligibility, she is the child of another household member (Jocelyn), so Maisie's income is only counted if she is expected to be required to file.
 - Maisie expects to earn \$4,800 this year from her job, so she is below the "expected to be required to file" threshold and her income is not counted.
 - Only Jocelyn's income will be counted for Maisie's eligibility.
 - If Maisie were to earn \$1200/month, or \$14,400/year, she would be above the threshold and this income would be counted in addition to Jocelyn's for Maisie's eligibility.

What income is counted?

Most taxable income is counted for BadgerCare Plus. This includes (but is not limited to):

- Taxable gross earnings from a job,
- Taxable earnings from self-employment,
- Unemployment compensation,
- Financial aid, if used for living expenses,
- Taxable retirement, pension, and annuities, and
- Interest and dividends.

Note that Social Security income is usually not taxable, but is counted for BadgerCare Plus.

What income is not counted?

Examples of common types of income that are not counted for BadgerCare Plus include:

- Child support,
- Supplemental Security Income (SSI),
- Gifts or other money from another person,
- Worker's compensation, and
- Veteran's benefits.

Deductions

- Pretax paycheck deductions are allowed as BadgerCare Plus income deductions.
For example: Pretax contributions to health savings accounts.
- Tax deductions listed on page 1 of Tax Form 1040 are also allowed. Examples include:
 - Student loan interest paid,
 - Higher education expenses, and
 - Self-employment tax.
- Itemized deductions – like mortgage interest and charitable contributions – are not allowed.

Special Situations

- Presumptive eligibility (Express Enrollment)
- Gap filling
- Former foster care youth
- Income extensions
- Continuous eligibility for pregnant women
- Continuous eligibility for newborns
- BadgerCare Plus Prenatal Program
- Family Planning Only Services
- Premiums

Presumptive eligibility (PE)

- Also known as Express Enrollment (EE) or temporary enrollment (TE).
- Available to children, pregnant women, and adults under age 65.
- Facilitated through partners, providers and/or qualified hospitals.
- Streamlined online application for BadgerCare Plus or Family Planning Only Services.
- Provides up to 60 days of benefits before applying for ongoing benefits through the Income Maintenance agency.

Gap Filling

- In most cases, eligibility for BadgerCare Plus is based on monthly income.
- At the Marketplace, eligibility for APTCs is based on expected annual income. Only people with household income above 100 percent of the FPL are eligible for APTCs.
- Someone can be ineligible for BadgerCare Plus because of high monthly income and ineligible for APTCs because of low annual income.

Gap Filling, con't

- For example, James is unemployed for most of 2017 but starts a job in October earning \$3,000/month.

As a single adult, he is well above the monthly income limit of \$1,050 for BadgerCare Plus. But his annual income is only \$9,000, which is below 100 percent FPL and makes him ineligible for APTCs.

- In situations like these, individuals can enroll in BadgerCare Plus through the end of the calendar year based on their annual income.
 - This type of enrollment is called gap filling.
 - Gap filling is only used for people otherwise ineligible for BadgerCare Plus.

Gap Filling, con't

- Gap filling enrollment can happen when:
 - The Marketplace sends an application to Wisconsin that has been identified as a possible gap filling situation.
 - The applicant has a letter from the Marketplace stating that they may be eligible under gap filling rules.
 - An IM agency identifies that an applicant or member appears to be eligible under gap filling rules.
 - An applicant or member requests a determination based on gap filling rules.

Gap Filling, con't

- Even if a person is tested under gap filling rules, they may not be eligible for BadgerCare Plus.
 - In most cases, this is because they did not report all of their income when applying at the Marketplace.
 - Someone denied for gap filling can provide updated income information to the Marketplace or appeal their Marketplace decision.

Former Foster Care Youth

- Anyone who was in foster care, subsidized guardianship, or court-ordered kinship care **when he or she turned 18.**
- No income limit is applied to this population until age 26.

Income Extensions

When a parent or caretaker relative's income goes above 100 percent FPL due to increased earnings, their eligibility (and their children's eligibility) is extended by 12 months.

- The extension continues as long as the household continues to meet basic nonfinancial rules.
- There is no income limit during the extension.
- However, if the household's income goes below 100 percent FPL during the extension, the household will go back to normal BadgerCare Plus.
- This is also known as Transitional Medical Assistance.

Continuous Eligibility

Pregnant women who become eligible for BadgerCare Plus stay eligible through the end of the pregnancy.

- They are also eligible during a post-partum period that lasts until the end of the month in which the 60th day after the pregnancy occurs.

Continuous Eligibility, con't

- Babies who are born to a mother enrolled in BadgerCare Plus or Medicaid stay eligible for BadgerCare Plus until they turn 13 months old.
- These eligibility periods for pregnant women and newborns continue even if the household's income goes over the program's income limit.

BadgerCare Plus Prenatal

- Available to pregnant women who meet all other rules for BadgerCare Plus but do not qualify because they do not have qualifying immigration status or are inmates of a public institution.

BadgerCare Plus Prenatal, con't

- Women are not eligible for BadgerCare Plus Prenatal if they are currently covered by any HIPAA health insurance policy.
- They may not have current or past access to an employer-sponsored health insurance plan in which the employer pays at least 80 percent of the premium.
- Women enrolled in Badger Care Plus Prenatal do not qualify for backdated eligibility.
- Continuous eligibility for pregnant women does not apply to women enrolled in BadgerCare Plus Prenatal.

Family Planning Only Services

- Limited benefit plan for woman and men of childbearing or reproductive age.
- Covers certain services and supplies related to family planning.
- Income limit is 306 percent of the FPL.
- The household size is always one and only the individual's own income is counted.

Premiums

- Some BadgerCare Plus members must pay premiums:
 - Children with household income above 201% of the FPL.
 - Adults in an extension.

With household income at or below 133% of the FPL, an adult is exempt from premiums for the first six months of the extension.

Premiums, con't

- There are some exceptions to premium requirements.

For example, all tribal members are exempt from premiums.

- Failure to pay required premiums results in a 3-month restrictive re-enrollment period (RRP).
- Individuals can re-enroll during the RRP by paying owed premiums.

Overview of EBD Medicaid Eligibility Rules

Keep in Mind

- This training provides an overview of the eligibility factors that will be considered for EBD Medicaid.
 - It is not intended as a training on how to determine eligibility.
 - Only IM agencies can determine eligibility.
- More information about specific programs and policies can be found in the Medicaid Eligibility Handbook:
www.emhandbooks.wisconsin.gov/meh-ebd/meh.htm
- The policies described in this training are subject to change. Updates are available through:
www.dhs.wisconsin.gov/forwardhealth/index.htm
and www.dhs.wisconsin.gov/alerts.htm.

Full-benefit EBD Medicaid

- Supplemental Security Income (SSI) Medicaid – for people who are getting federal Supplemental Security Income (SSI) payments.
- SSI-Related Medicaid
 - The basic EBD Medicaid program for people who are age 65 or older, blind, or disabled (but who are not getting SSI).
 - Medicaid deductible allows people who are above the income limit for SSI-related Medicaid to become eligible after they have met a deductible.

Long-term Care

- Institutional Medicaid – for elderly, blind, or disabled people who are living in a nursing home, hospital, or other institution.
- Home and Community-Based Waivers – helps elderly, blind, or disabled people live in their own homes or in the community, rather than an institution.

Other Full-benefit Medicaid

- Medicaid Purchase Plan (MAPP) – for individuals with a disability who are working.
- Well Woman Medicaid – for women under age 65 who need treatment for breast or cervical cancer, or certain pre-cancerous conditions.
- Katie Beckett – for children with disabilities who require an institutional level of care.

Limited-benefit Programs

- Medicare Savings Program – helps individuals enrolled in Medicare pay their premiums, deductibles, co-pays, and/or co-insurance.
- Emergency Services – for some groups, covers services needed for the treatment of an emergency medical condition if the individuals meets all program rules *except* for qualifying immigration status.

Limited-benefit Programs, con't

- Tuberculosis Medicaid – tuberculosis-related health care services for individuals with tuberculosis.
- SeniorCare – prescription drug assistance for individuals who are age 65 and older.

Basic Nonfinancial and Financial Rules for EBD Medicaid

Basic Nonfinancial Rules

- Elderly, blind, or disabled:
 - Age 65 years or older, or
 - Determined blind, and/or
 - Determined disabled.
- Wisconsin resident.
 - Physically present with an intent to reside in Wisconsin.
- U.S. citizen or qualifying immigrant.
- Provide Social Security number (with some exceptions).
- Supply required information and verification within the required time frame.
- Pay premiums or cost sharing, if required.

Basic Financial Rules

- Most EBD Medicaid subprograms have an income limit and an asset limit, but these vary by program.
- Some income limits are fixed amounts while others are based on the FPL.

FPL is a federally determined income amount that is scaled based on household size and is usually adjusted every year. Current FPL amounts for EBD Medicaid can be found here:
www.dhs.wisconsin.gov/medicaid/fpl.htm
- Most subprograms count the income and assets of the applicant and his or her spouse.

Special Rules for Children

Some exceptions apply to children with disabilities.

- Children are not subject to an asset test.
- In some cases, parents' income is not counted or is only partially counted.

What Income is Counted?

Countable income for EBD Medicaid includes (but is not limited to):

- Gross earned income,
- Self-employment earnings,
- Social Security income,
- Retirement benefits,
- Unemployment insurance,
- Income from trusts,
- Interest and dividends,
- Child support, and
- Alimony.

What Assets are Counted?

Countable assets for EBD Medicaid include (but are not limited to):

- Cash, checking and savings accounts,
- Stocks, bonds, and CDs,
- Non-home real property,
- Some vehicles,
- Some life insurance policies,
- Some burial assets,
- Some annuities,
- Some loans, and
- Some reverse mortgages.

Deductions for EBD Medicaid

- Allowable deductions vary by subprogram.
- All EBD Medicaid programs allow:
 - A \$20 standard deduction.
 - A \$65 and $\frac{1}{2}$ earned income deduction.
 - This means that \$65 is deducted from the household's earned income, then half of what is left.
 - For example, if someone has \$1,065/month in earnings, deduct \$65 and then \$500 for countable earnings of \$500.
- Examples of subprogram-specific deductions:
 - Support payments.
 - Court-ordered attorney or guardian fees.
 - Impairment-related work expenses.

EBD Medicaid Subprograms

SSI Medicaid

- The federal SSI program provides cash benefits to people who are 65 or older, blind, or disabled.
- SSI has income and asset limits similar to those used for EBD Medicaid.
- If someone is getting SSI, they automatically qualify for Medicaid.
- They do not have to apply separately for Medicaid, and their eligibility is not determined by the IM agency.

SSI-Related Medicaid, con't

SSI-related Medicaid is the basic EBD Medicaid program for people who are elderly, blind, or disabled (but who are not getting SSI).

- Income after deductions for a single individual can be up to \$833.78/month.
- Income after deductions for a married couple can be up to \$1,257.05/month.
- The income limit for SSI-related Medicaid is not based on the FPL. It may change slightly each year. See the Medicaid Eligibility Handbook Chapter 39.4.

www.emhandbooks.wisconsin.gov/meh-ebd/meh.htm

SSI-Related Medicaid, con't

SSI-Related Medicaid asset limits:

- Countable assets for a single individual must be below \$2,000.
- Countable assets for a married couple must be below \$3,000.

Medicaid Deductibles

- If someone is over the income limit for SSI-Related Medicaid, they can become eligible by meeting a deductible.
- Deductibles are calculated for a six-month period by comparing the total countable monthly income to \$591.67 and multiplying the difference by six.
 - Unpaid and recently paid medical bills are used to meet the deductible. Proof is required.
 - After the deductible is met, Medicaid pays for covered services until the end of the six-month period.
 - Someone can also choose to pre-pay the deductible in order to obtain coverage.

Example

- Bobbie is a single 68-year-old with total countable income of \$900/month.
- She applies in July and is over the income limit for SSI-related Medicaid, so the IM agency calculates a deductible for July to December.
 - $\$900 - \$591.67 = 308.33$
 - $308.33 \times 6 \text{ months} = \text{a deductible of } \$1,849.98.$

Example, con't

- On July 6, Bobbie has outpatient surgery and has unpaid medical bills totaling \$3,500 from the procedure.
- She submits proof of these bills to meet the deductible.
- By meeting the deductible, she becomes eligible for Medicaid from July 6 until the end of December.
- She is responsible for the portion of the bill used to meet the deductible, but Medicaid will cover the rest.

Long-term Care (LTC)

- Institutional Medicaid
- Home and Community-Based Waivers (HCBW)
 - Family Care
 - Family Care Partnership
 - Include, Respect, I Self-Direct (IRIS)
 - Program of All-Inclusive Care for the Elderly (PACE) (Milwaukee and Waukesha counties)
 - Children's Long-Term Support Waiver Program (CLTS)

Institutional Medicaid

- For elderly, blind, or disabled people who are living in a nursing home, hospital, or other medical institution.
 - Must have resided in a medical institution for 30 or more consecutive days, or
 - Is likely to reside in a medical institution for 30 or more consecutive days, as attested by the medical institution.
- Medical institution includes but is not limited to hospitals, skilled nursing facilities, intermediate care facilities, and in some cases, institutions for mental disease.

Institutional Medicaid, con't

- When someone applies for health care and indicates that they are in an institution or need institutional care, this is considered an application for Institutional Medicaid.

HCBWs

HCBWs help elderly, blind, or disabled people live in their own homes or in the community, rather than an institution. Enrolling in an HCBW program is a two-step process:

- In most cases, individuals must apply for and be found eligible for health care through their IM agency.
- They must contact the Aging and Disability Resource Center (ADRC) for enrollment counseling.
 - The ADRC will help to identify and enroll in the most appropriate waiver program.
 - The ADRC also determines whether the person meets the requirements for a nursing home level of care.
 - To find an ADRC in your area, visit:
www.dhs.wisconsin.gov/adrc/consumer/index.htm.

Financial Rules for LTC

- Eligibility and cost sharing are determined based on income, assets, the cost of care, and other qualifying expenses.
- For a single individual, the monthly income limit is \$2,250, but they may also qualify if their income is less than their cost of care plus other expenses.
- For a single individual, the asset limit is \$2,000.
- Some income and assets may be allocated to the applicant's spouse and/or minor children.
- Divestment penalties may apply to people who sell or give away income or assets for less than their fair market value.

Medicaid Purchase Plan

- Medicaid Purchase Plan (MAPP) is for individuals with a disability who are working or enrolled in a health and employment counseling program.
- The program has higher income and asset limits to allow members to get health care coverage while they are employed.

Financial Rules for MAPP

- The income limit for MAPP is 250 percent of the FPL, based on a household that includes the member, the member's spouse, and the member's minor dependent children.

| For a household of... | 150% FPL | 250% FPL |
|-----------------------|------------------|------------------|
| 1 | \$1,517.51/month | \$2,529.18/month |
| 2 | \$2,057.51/month | \$3,429.18/month |
| 3 | \$2,597.51/month | \$4,329.18/month |
| 4 | \$3,137.51/month | \$5,229.18/month |

- Premiums are charged if the applicant's own income exceeds 150 percent of the FPL.

Financial Rules for MAPP, con't

- The asset limit for MAPP is \$15,000, but only the member's assets are counted.

Medicare Savings Program

- Medicare Savings Program (MSP) helps individuals who are enrolled in Medicare pay their Medicare premiums, deductibles, co-pays, and/or co-insurance.
- Also known as Medicare Premium Assistance.

Types of MSP

- Qualified Medicare Beneficiary (QMB)
 - The individual must be entitled to Medicare Part A.
 - Income limit is 100 percent of the FPL.
 - Asset limit is \$7,560 for a single individual and \$11,340 for a married couple.
 - Medicaid pays Medicare Part A and B premiums and Medicare deductibles and coinsurance.

Types of MSP, con't

- Specified Low-Income Medicare Beneficiary (SLMB)
 - The individual must be currently getting Medicare Part A.
 - Income limit is 120 percent of the FPL.
 - Asset limit is \$7,560 for a single individual and \$11,340 for a married couple.
 - Medicaid pays Medicare Part B premiums.

Types of MSP, con't

- Specified Low-Income Medicare Beneficiary Plus (SLMB+)
 - The individual must be currently getting Medicare Part A.
 - The individual is not enrolled in Medicaid.
 - Income limit is 135 percent of the FPL.
 - Asset limit is \$7,560 for a single individual and \$11,340 for a married couple.
 - Medicaid pays Medicare Part B premiums.

Types of MSP, con't

- Qualified Disabled and Working Individual (QDWI)
 - The individual must have a disability.
 - The individual must be employed.
 - The individual must be entitled to Medicare Part A.
 - Income limit is 200 percent of the FPL.
 - Asset limit is \$4,000 for a single individual and \$6,000 for a married couple.
 - Medicaid pays Medicare Part A premiums.

Other Subprograms

- Well Woman Medicaid.
 - For women under age 65 who need treatment for breast or cervical cancer, or certain pre-cancerous conditions.
 - Eligibility is based on enrollment in the Well Woman Screening program or Family Planning Only Services, so no separate income or asset test applies.
 - Applications are processed by DHS.
 - For more information:
www.dhs.wisconsin.gov/medicaid/publications/p10065.htm.

Other Subprograms, con't

- Katie Beckett.
 - For children with disabilities who are living at home and require an institutional level of care.
 - Applications are processed by DHS.
 - For more information, see www.dhs.wisconsin.gov/kbp/index.htm.

Other Subprograms, con't

- Emergency Services
 - Covers services needed for the treatment of an emergency medical condition when someone meets all program rules except qualifying immigration status.
 - Not available for:
 - Childless Adults (adults ages 19 through 64 who are not living with and caring for a child under age 19).
 - Children with higher incomes.
 - Women enrolled in the BadgerCare Plus Prenatal Program.
 - Applications are processed by IM agencies.
 - For more information:
www.dhs.wisconsin.gov/publications/p1/p10072.pdf

Other Subprograms, con't

- Tuberculosis Medicaid
 - Tuberculosis-related health care services for individuals with tuberculosis.
 - Applications are processed by IM agencies.
 - For more information:
www.dhs.wisconsin.gov/publications/p1/p10022.pdf

Other Subprograms, con't

- SeniorCare
 - Prescription drug assistance for individuals who are age 65 and older.
 - Applications are processed by DHS.
 - For more information:
www.dhs.wisconsin.gov/seniorcare/index.htm.

Review Questions

Review Questions

1. Income maintenance agencies have _____ days from when they receive an application to make a decision.
2. The asset limit for BadgerCare Plus is \$_____.
3. In most cases, health care benefits must be renewed every _____ months.