# Applying for Public Assistance Health Care Programs in Wisconsin – Part One

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# Goals

**The goal of this training is to provide Navigators, Certified Application Counselors (CACs), Partners, Agents, and Brokers:**

- An overview of public assistance health care coverage program eligibility requirements with a focus on BadgerCare Plus and Medicaid.

- Information about the methods of applying for public health care programs in Wisconsin and what to expect throughout the application process.

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# Purpose

After completing this training, you should have a basic understanding of:

- Methods through which an applicant may apply for public health care assistance in Wisconsin and what agencies make the determinations and

- What the applicant can expect throughout the process.

**Note**: Policy and processes are subject to change. For updated information about public assistance health care coverage benefits, go to: http://www.dhs.wisconsin.gov/forwardhealth/.

# Purpose

- This training is a high level overview of BadgerCare Plus and Medicaid eligibility requirements.

- **This is NOT a training on determining eligibility because only Income Maintenance (IM) agencies can determine eligibility**.

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# IM Agencies

Throughout Wisconsin there are 10 Consortia, 9 tribal agencies and Milwaukee Enrollment Services (MilES). View the link below to view a map and contact information for each consortia and tribal agency.

**dhs.wisconsin.gov/forwardhealth/imagency/index.htm**

**Note:** These agencies are known as IM agencies and process applications and determine eligibility for BadgerCare Plus and Medicaid. ADRCs are the access point for Family Care and related Long-Term Care application submission.

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# Key Information to Keep in Mind

An individual's eligibility will be determined by the IM agency for the appropriate program based on his/her circumstance.

An individual does not need to specify if they are applying for BadgerCare Plus or Medicaid because one application is used to determine the individual's eligibility for the appropriate program.

The application will ask questions to allow the necessary information to be provided to the Marketplace should that be the appropriate health care coverage enrollment option. The applicant's information will be electronically transferred to the Marketplace.

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# **Wisconsin's Health Care Coverage Programs**

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# Basic Eligibility Requirements

- Wisconsin resident.
    - Physically present with an intent to reside in Wisconsin.
- US Citizen or qualifying immigrant.
- Provide social security number (with some exceptions).
- Supply required information and verification documentation within the required timeframe.
- Monthly income must be below program limits.
- When applicable:
    - Payment of premium or deductible, and/or
    - Assets below program limits for  Medicaid.

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# **BadgerCare Plus**

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# BadgerCare Plus

BadgerCare Plus is a State of Wisconsin program that provides health coverage for:

- ○ Children
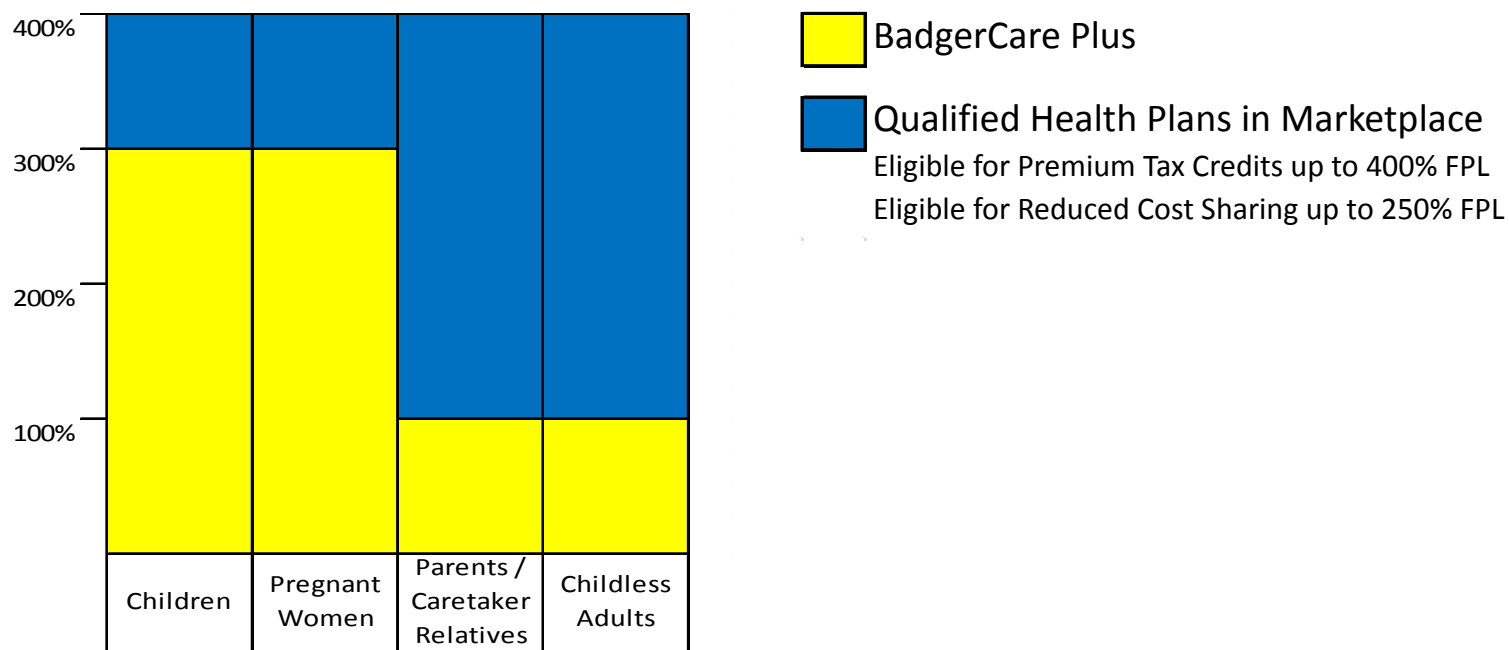- ○  Adults (Parents, Caretakers, Childless Adults)
- ○ Pregnant women

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# BadgerCare Plus Populations

**dhs.wisconsin.gov/badgercareplus/fpl.htm**

| Adults | Children | Pregnant Women |
|---|---|---|
| • Ages 19-64*<br>• Non-disabled/Non-Pregnant<br>• Household income at or below 100% of the FPL<br>• Includes parents, caretakers, and adults without dependent children<br><br>*Note: age limit only applies to adults without dependent children* | • Children under 19 years old<br>• Household income at or below 300% of the FPL<br>• Children with household income over 200% will be required to pay a premium | • Household income at or below 300% of the FPL |

# BadgerCare Plus Financial Eligibility Summary Chart

The following chart displays the income limits (by percentage of the federal poverty level) for potential BadgerCare Plus members as well as for the Qualified Health Plans in the Marketplace:



Legend:
- BadgerCare Plus
- Qualified Health Plans in Marketplace
  Eligible for Premium Tax Credits up to 400% FPL
  Eligible for Reduced Cost Sharing up to 250% FPL

# BadgerCare Plus Groups

- BadgerCare Plus financial eligibility determinations are based on the household's current monthly income.
    - For BadgerCare Plus assets are not taken into consideration, only income is counted.

- Within a BadgerCare Plus group ALL members' income is counted, with one exception:
    - If a group member is a child or tax dependent of another group member, his or her income is only counted if he/she is 'expected to be required' to file a tax return for the current year.

- **IM agencies will determine the BadgerCare Plus group size, income, and household member eligibility.**

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# BadgerCare Plus Financial Eligibility

- Modified Adjusted Gross Income (MAGI) methodology is used.

- This methodology refers to the household composition and budgeting rules.

- Applicants will be asked questions about their tax status, tax dependents, and tax deductions.

- The MAGI methodology is also used when determinations are made through the Federal Marketplace.

# MAGI Rules

MAGI rules take into consideration:

- Income,
- Tax Deductions,
- Tax Relationships, and
- Household Composition.

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# BadgerCare Plus Income

Some common income types that will **NOT** be counted for BadgerCare Plus eligibility include:

- Child Support,
- Supplemental Security Income (SSI),
- Money from Another Person
- Worker's Compensation, and
- Veteran's Benefits.

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# BadgerCare Plus Income

Countable income for BadgerCare Plus will consist of taxable income. Some types of countable income under MAGI methodology for BadgerCare Plus will include:

- Taxable Gross Earned Income,
- Taxable Self-Employment Income,
- Unemployment Compensation,
- Alimony/Spousal Maintenance,
- Social Security Income,
- Financial aid, if used for living expenses,
- Tribal per capita payments from gaming revenue,
- AmeriCorps income,
- Taxable retirement, pension and annuities,
- Interest & dividends, and
- Lump sum income counted in month received.

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# Tax Deductions

- Pre-tax deductions are allowed as deductions.
  - For example: 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.
  - Please note: Itemized deductions are not allowed.

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# BadgerCare Plus MAGI Group

- Determining a BadgerCare Plus MAGI group size is complex. A single BadgerCare Plus application may result in one open BadgerCare Plus case, with several different group sizes.

- BadgerCare Plus MAGI groups will be person specific; therefore, IM agencies will have to determine group size one person at a time.

- Each group will be formed around an individual who is requesting assistance. The individual's group will be based on the:

  - Age,
  - Marital status,
  - Tax filing status, and
  - Tax relationships and/or family relationships.

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# BadgerCare Plus MAGI Group

- Using MAGI methodology, each group will be formed using either tax rules or relationship rules.

- If the applicant is a tax filer and NOT also a tax dependent, the group will be formed using tax rules.

- Relationship rules will be used if no one in the home will be filing taxes, and in other situations in which tax filing rules cannot be used.

# BadgerCare Plus MAGI Group – Tax Filing Households

- For tax filing households, most rules are based on "what the household expects to do" with regard to filing taxes for the given year, with groups generally formed based on tax filing relationships.

- IM agencies determining MAGI groups will look at:
    - Who is filing taxes,
    - If the tax filer is being claimed as a tax dependent, and
    - If applicable, who the tax filer's tax dependents are.

**Note**: In order for a parent to become eligible for BadgerCare Plus *as a parent*, they must have physical placement of their child(ren) at least 40% of time each month.

# BadgerCare Plus MAGI Group – Tax Filing Households

If the applicant is a tax filer and NOT also a tax dependent, the applicant's group will be made up of:

- The applicant,
- The applicant's spouse (included if they are living in the home and filing separately or if they're filing jointly and living separately), and
- Any tax dependents the applicant expects to claim, including deceased individuals and individuals living outside of the home.

# BadgerCare Plus MAGI Group – Non-Tax Filing Households

If no one in the home will file taxes (and in certain other exception situations), IM agencies will use Relationship Rules to determine an individual's group size.

- If the applicant is age 19 or older and relationship rules are being used, the group size will include:
  - Applicant,
  - Applicant's spouse, and
  - Applicant's children under age 19.

- If the applicant is under age 19 and relationship rules are being used, the group size will include:
  - Applicant,
  - Applicant's spouse,
  - Applicant's children under age 19,
  - Applicant's parents, and
  - Applicant's siblings (including half- and step-siblings) under age 19.

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# Exceptions and Other Situations

There are many factors IM agencies consider when building household composition, as well as many special rules and exceptions under MAGI rules.

Individuals with the following complex household compositions should discuss their individual situation with their IM agency:

- Situations of non-marital co-parents,
- Married parents who file taxes separately, or
- Situations where a child is being claimed as a tax dependent by a non-custodial parent.

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# BadgerCare Plus MAGI Group – Divorced

**When parents are divorced:**

- Only one parent can claim the child as their tax dependent in a given year.

**If both parents are filing taxes:**

- Only one parent will have the child included in his/her MAGI group.

**If only one parent is filing taxes or if no parent is filing taxes:**

- It is possible that both parents will have the child in their MAGI group.

**\*\*Note\*\*:** If neither parent is filing taxes, and the child lives with both parents at least 40% of the time, the child may be put into both parents' MAGI groups due to relationship rules.

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# BadgerCare Plus Former Foster Care Youth

- Any youth who was in foster care when he/she turned 18.
- Are eligible for BadgerCare Plus up to age 26
- No income limits for this population.

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# **Medicaid for the Elderly, Blind, or Disabled**

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# Medicaid Introduction

- Medicaid is a state/federal program that provides health coverage for Wisconsin residents that are <u>elderly</u>, <u>blind</u>, or <u>disabled</u>.

- Medicaid is commonly referred to as "Medical Assistance," "MA," and/or "Title 19."

**NOTE**:  Medicaid does not use MAGI rules.

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# Medicaid Subprograms

Subprograms of Medicaid, include but are not limited to:

- Supplemental Security Income (SSI) Medicaid:
  - IM agencies do not determine Medicaid eligibility for SSI recipients; eligibility is determined by the federal Social Security Administration.

- SSI-Related Medicaid:
  - IM agencies determine eligibility for applicants.

- Medicaid Purchase Plan (MAPP).

- Medicare Premium Assistance (Medicare Savings Programs).

- Long Term Care Programs, including but not limited to:
  - Institutional Medicaid and
  - Family Care.

# Federal Poverty Level Chart

The Federal Poverty Level (FPL) Chart for Medicaid, including the Medicaid Subprograms can be found at:

**https://www.dhs.wisconsin.gov/medicaid/fpl.htm**

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# General Medicaid Eligibility Criteria

- To be <u>non-financially eligible</u> for Medicaid, the applicant must be:
    - Elderly (65 years or older), or
    - Determined blind, and/or
    - Determined disabled.
- The applicant must also meet the other general eligibility requirements, including:
    - Wisconsin resident.
        - Physically present with an intent to reside in Wisconsin.
    - US Citizen or qualifying immigrant.
    - Provide social security number (with some exceptions).
    - Supply required information and verification (proof) on time.
    - Pay any premiums or cost-sharing, if required.

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# Medicaid Groups

- Generally, a Medicaid group includes the individual who is non-financially eligible for Medicaid and anyone who lives with them, and is legally responsible for them.
    - This means that the income and assets of both spouses are counted when determining Medicaid eligibility for either or both spouses (this would be a group size of two).
    - There are some exceptions to this general rule, for example a blind or disabled minor living with their parents would be a group size of one.

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# Medicaid Program Eligibility

- An individual may fit into one (or more) subprogram(s).
  - A person is eligible if she or he meets all program non-financial and financial requirements.

- Individuals who are not elderly or determined blind or disabled may be eligible for BadgerCare Plus.

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# SSI Medicaid Eligibility

- Supplemental Security Income (SSI) recipients are generally eligible for SSI Medicaid.

- Federal eligibility for SSI cash payment = eligibility for Wisconsin Medicaid and state supplemental payments.

# SSI-Related Medicaid Financial Criteria

- Individuals who are elderly, blind, and/or disabled may be eligible for SSI-<u>Related</u> Medicaid. **Note**: SSI payments are not required for this type of Medicaid.

- Unlike BadgerCare Plus, Medicaid and subprograms generally include both income **and** asset tests.

- Income limit is up to $816.78 (single) and up to $1,232.05 (married couple) per month. (**Note** that this income limit is not based on FPL).

  – The individual must have a monthly income that is not more than the applicable Federal maximum SSI payment level, plus $20.

  – The income limit may change slightly each year.

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# SSI-Related Medicaid Financial Criteria

- There are some common income disregards, including but not limited to:
  - Court ordered support payments such as child support or court ordered guardian fees.

- Countable assets below $2000 for a single individual, and $3000 for a married couple.
  - Common assets include cash, checking/savings accounts, some vehicles, non-home real property, some life insurance policies, burial assets, among others.

# SSI-Related Medicaid Deductibles

- If household income exceeds the limit, a spend down is calculated. (Spend down amounts 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 spend down. Proof is required.

  - Once the spend down is met, Medicaid pays for covered services until the end of the six month period.

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# Medicaid Purchase Plan (MAPP)

- Medicaid Purchase Plan (MAPP) is for disabled individuals who are working or enrolled in a Health and Employment Counseling program.

- The program allows disabled people (who are working or want to work) to become or remain Medicaid eligible, even if employed, since MAPP has a higher income and asset limits.

  - Income limit is 250% FPL
    - There is a premium requirement if income exceeds 150% FPL
  - Asset limit is $15,000

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# Medicare Premium Assistance (MSP)

- Medicare Premium Assistance is also commonly referred to as the Medicare Savings Program (MSP).

- Medicare generally charges beneficiaries coinsurance, deductibles, and monthly premiums, referred to as "Medicare cost-sharing."

- For certain Medicare beneficiaries, participating in a Medicare Premium Assistance program helps pay some of or all Medicare cost-sharing.

# Medicare Premium Assistance Programs

**The following Medicare beneficiaries may be eligible for Medicare Premium Assistance:**

- Qualified Medicare Beneficiary (QMB):
  - Medicaid pays Medicare Part A & B premiums and Medicare deductibles and coinsurance.
- Specified Low-Income Medicare Beneficiary (SLMB):
  - Medicaid pays Medicare Part B premiums.
- Specified Low-Income Medicare Beneficiary Plus (SLMB+):
  - Medicaid pays Medicare Part B premiums.
- Qualified Disabled and Working Adults (QDWI):
  - Medicaid pays Medicare Part A premiums.

# Medicare Premium Assistance Income and Asset Limits

- QMB - 100% FPL
- SLMB - 120% FPL
- SLMB+ - 135% FPL
- QDWI - 200% FPL

Asset limits for QMB, SLMB, and SLMB+ are $7,160 (single) and $10,750 (married couple).

The asset limit for QDWI is $4,000 (single) and $6,000 (married couple).

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# Long-Term Care (LTC) Medicaid

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# Long-Term Care (LTC) Medicaid

Long-Term Care (LTC) Medicaid includes services and support that a person needs due to:

- Age,
- Disability, and/or
- Chronic illness which limits his/her ability to perform everyday tasks.

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# Common LTC Programs

- Institutional LTC Medicaid – for individuals residing in a nursing home, hospital, or other medical institution.

- Family Care – enables persons to live in community settings rather than nursing homes or medical institutions.

- Include, Respect, I Self-Direct (IRIS) – offered to individuals as an alternative to Family Care.

**Note**: Aging and Disability Resource Centers (ADRCs) serve as the access point for Family Care, IRIS, and other publicly funded long-term care programs and applications.  However, persons interested in Institutional LTC Medicaid can apply on their own.

# Institutional LTC Medicaid

- An "institutionalized person" means someone who:
  - Has resided in 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 to by the medical institution.

- An "institution" means medical institution, including but not limited to hospitals, skilled nursing facilities, intermediate care facilities, and institutions for mental disease.

# Family Care

- Family Care is a comprehensive and flexible LTC Medicaid program supporting adults with physical and developmental disabilities and frail elders.

- Family Care's goals:
  - Choice – give people better choices about the services and supports available to meet their needs.
  - Access – improve access to services.
  - Quality – improve quality through a focus on health and social outcomes.
  - Cost-effectiveness – create a cost-effective LTC system for the future.

# Family Care Funding

- Managed Care Organizations (MCOs) get a payment for every member enrolled.

- MCOs provide members with:
  - The right service,
  - In the right amount,
  - At the right time, and
  - In the right setting.

- There is no set budget for each member.

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# Include, Respect, I Self-Direct (IRIS)

- IRIS serves same target groups as Family Care: adults with physical or developmental/intellectual disabilities and frail elders.

- IRS participants receive an individual budget to pay for needed services.

- Participants get support, as needed, from the IRIS Consultant Agency and Financial Services Agency.

- Encourages individualized and creative support opportunities.

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# IRIS

- IRIS is offered to individuals as an alternative to Family Care.

- Grounded in the principles of self-determination:

  – Freedom to decide how you want to live your life.

  – Authority over a determined budget amount.

  – Support to meaningfully organize and direct services.

  – Responsibility to use your public dollars wisely.

  – Confirmation of the individual's role in affecting change.

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# Aging and Disability Resource Centers (ADRCs)

- ADRCs serve as a single access point for publicly funded LTC Medicaid programs (i.e. Family Care, IRIS), and provide eligibility determination and enrollment counseling.

- ADRCs are statewide and are a public service that anyone can use. Services are available regardless of income or eligibility for programs. Families, friends, caregivers, physicians, hospitals, and others use ADRCs.

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# ADRCs

- ADRCs provide:
    - Community Outreach,
    - Information and Assistance,
    - Long-Term Care Options Counseling,
    - Benefits Counseling,
    - Pre-Admission Consultation/Nursing Home Relocations,
    - Community Needs Identification,
    - Access to Publically Funded Long-Term Care Programs,
    - Short-Term Service Coordination,
    - Transitional Services for Students and Youth,
    - Prevention and Early Intervention Services, and
    - Client Advocacy.

# ADRCs

- Are welcoming and accessible places where older people and people with disabilities and their families can obtain information, advice, and help in locating services or applying for benefits.

- Serve as a central source of reliable and objective information about a broad range programs and services.

- Help people learn how to conserve their personal resources, maintain self-sufficiency and delay or prevent the need for potentially expensive long-term care.

- To find an ADRC in your area, click here: **https://www.dhs.wisconsin.gov/adrc/consumer/index.htm**.

# Guide to Applying

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# Guide to Applying

The Guide to Applying is a helpful resource that can be given to applicants or members. Click the link below to view:

**http://www.dhs.wisconsin.gov/publications/p1/p16091.pdf**

# Guide to Applying

## The Guide to Applying provides information on:

- Who can Enroll.
- How to Apply.
- What Information Needs to be Provided.
- What Information Needs to be Proved and How to Provide Proof.

- Benefits and Services Available.
- Rights and Program Rules.
- Fair Hearing Information.

# Enrollment and Benefits Handbook

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# Enrollment and Benefits Handbook

The Enrollment and Benefits Handbook is a helpful resource that can be given to applicants or members. Everyone that applies for BadgerCare Plus or  Medicaid will get a copy:

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

# Enrollment and Benefits Handbook

## The Enrollment and Benefits Handbook provides information on:

- Benefits and Services Available.

- Program Rules.

- What Information Needs to be Proved and How Provide Proof.

- Reporting Changes.
- Covered Benefits.
- Prior Authorizations.
- Rights and Program Rules.
- Fair Hearing Information.

# Applying for Public Assistance Health Care Programs in Wisconsin – Part Two

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# **How To Apply**

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# How to Apply

- Individuals can request benefits and complete an application using a variety of methods.

  - The resulting business flow for each method varies from IM agency to IM agency.

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# How to Apply

A customer may use the following methods to contact or initiate an application:

Online through
ACCESS.wi.gov

Walk-In
(Face to Face)

Phone
Call

Mail-In
Application

# **ACCESS**

# ACCESS

- The ACCESS website is a fast, easy-to-use benefits application and maintenance tool. Potential and existing members can use it to perform a variety of functions anywhere at anytime.

- The ACCESS website can be accessed at **www.ACCESS.wi.gov**.

# ACCESS

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# ACCESS

- The ACCESS Home Page contains four buttons that you can click to use ACCESS:

  - **Am I Eligible** – find out what Wisconsin public assistance benefits you might be able to get (no login needed).

  - **Apply For Benefits** – apply for Child Care, FoodShare, or Health Care Coverage (login needed).

  - **Login to Account** – check benefits, renew benefits, report changes, and perform other functions.

  - **Create an Account** – link to create a new ACCESS account.

- When using ACCESS to perform benefit maintenance, members must input their case number, social security number, and birth date to link their case information to the myACCESS account.

# ACCESS

All of the customer tools and ACCESS pages are available in Spanish by clicking the "Español" link at the top of each page.

Whenever using ACCESS, you can get help by clicking on the "Help" button in the upper right of your screen.  This will explain more about what we are asking and how a customer should answer questions.

# ACCESS Training Environment

The ACCESS Training Environment is also available where you can test drive the site without actually creating a valid application. It is a mock environment of the "live" ACCESS website.

# ACCESS Training Environment

The ACCESS Training Environment does **NOT** create a valid application.

The ACCESS Training Environment can be accessed at **https://trn.access.wisconsin.gov/**.

**Note:** This Website should only be used for testing and training.

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# Walk-In (Face To Face)

# Walk-In (Face-To-Face)

A customer has the option to apply face-to-face at their local county agency office. To view the local county agency office locations, click the link below:

**dhs.wi.gov/forwardhealth/imagency/index.htm**

# **Telephone**

# Telephone

Each consortium in Wisconsin has a Call Center available as one point of contact. The Call Center is the number a customer would call if they choose to apply by phone. To view the Call Center Information for each Consortium, click the link below:

**dhs.wi.gov/forwardhealth/imagency/index.htm**

# **Mail-In Application**

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# Mail-In Application

A customer can choose to submit an application via mail. The application must be signed and dated. Click the link below to view a BadgerCare Plus Application Packet.

**http://www.dhs.wisconsin.gov/forms/F1/F10182.pdf**

# **Covered Services**

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# Covered Services

- The current listing of covered services is listed in the Enrollment and Benefits Handbook, available at the link below.

- The covered services listed on the following slides are subject to change. To see if a service needed is covered, members should ask their health care provider.

- **http://www.dhs.wisconsin.gov/publications/p0/p00079.pdf**

# Covered Services

## Services NOT Covered Under Any Plan

Services or items not covered include (but are not limited to):

- Items such as televisions, radios, lift chairs, air conditioners, and exercise equipment (even if prescribed by a physician),

- Procedures considered experimental or cosmetic in nature, and

- Services that need approval (prior authorization) before a member gets them.

  - Please note: If prior authorization is given, the services will be able to be provided.

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# Copays and Premiums

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# Copays and Premiums

## Copays:

Some services require members to pay a part of the cost of that service. This is called a copayment or copay. Co-pays range from $0.50 to $3.00. Providers are required to make a reasonable effort to collect the co-pays, but may not refuse services to a member who fails to make that payment. For more information about copays, go to the Enrollment and Benefits Handbook:

**http://www.dhs.wisconsin.gov/publications/p0/p00079.pdf.**

# Copays and Premiums

## Premiums:

Some members may have to pay a monthly premium to enroll in or stay enrolled in BadgerCare Plus. The first monthly premium payment(s) must be paid to the local Income Maintenance agency before members can enroll. For more information on premiums, go to the Enrollment and Benefits Handbook:

**http://www.dhs.wisconsin.gov/publications/p0/p00079.pdf**

# **What to Expect after an Application is Filed**

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# Verification Requirements

- Verification is part of determining eligibility for public assistance health care programs in Wisconsin.  To verify means to establish the accuracy of verbal or written statements made about an individual's circumstances.

- **Submitting proof is a method by which applicants and members accomplish verification.**

- The items required for verification will depend on the applicant's situation.  The different mandatory verification items and sources of verification can be found in the respective program's handbook (BadgerCare Plus Handbook or Medicaid Eligibility Handbook), found by clicking on "*Handbooks and Manuals*" at the website below:

- **http://www.dhs.wisconsin.gov/em/index.htm**

# Data Exchange

Data Exchanges can be used to verify information. If the worker is able to verify information through the Data Exchange, the customer does not have to provide proof. See below for information verified through Data Exchange:

- Wisconsin Unemployment Benefits,

- Social Security, and

- Supplement Security Income.

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# Verification Checklist

- If information is not able to be verified through data exchanges, the agency will issue the applicant a Verification Checklist.

- When the applicant or member gets the Verification Check List in the mail, it will say Notice of Proof Needed.

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# Verification Checklist

A verification checklist is sent to the applicant/ member when a assistance program application is pending verification or other information.

# Verification Checklist

The Notice of Proof Needed:

- Includes verification requirements for BadgerCare Plus and/or Medicaid, as applicable.

- Provides the correct due dates according to program policy.

- Is divided into different sections based on what is pending on a particular case.

- Contains relevant, specific examples of documents that are needed.

- Includes a Document Tracking Sheet, which provides details on how the customer/member can submit their verifications.

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# Verification Checklist: Example

The next two slides will show a sample of a Verification Checklist.

## 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** <br> Worker: <br> Phone #: <br> Fax #: <br> Use fax # to send verification. |

# Verification Checklist: 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

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# Notices and Checklists

- After an applicant submits an application he/she will receive a letter (Notice of Decision and/or Verification Checklist) from the local agency to inform him/her of the status of their request and/or benefits.

- **It's important that customers read the letter they receive in a timely manner as it will contain important information with possible deadlines.**

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# Notices and Checklists

These letters will inform customers if:

- Their benefits are being approved or denied, or

- The local agency needs additional information (or proof) from them in order to finish processing their request.

# Positive Notice of Decision

If benefits are approved, the customer will receive a positive notice of decision. The following information will be on this notice:

- **Summary:** This page gives a short review of the case as well as what benefits are approved and the contact information for the local agency.

- **Benefit Details:** This page will give details about benefits such as:
  - Who is enrolled,
  - Dates enrolled,
  - Who is not enrolled, and
  - If not enrolled, the reason(s) why.

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# Positive Notice of Decision

- **Household Income:** This section has a list of the income on file for the household. Members should check their letters to make sure all income information is correct.

- **Household Deductions:** This section has a list of deductions on file for the household.

- **How We Counted the Income:** This section has the amounts and limits that were used to decide whether the member is eligible.

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# Positive Notice of Decision

- **Reporting Rules:** This page has the reporting rules, which tell members what changes need to be reported to the local agency, and the timeframe.

- **Key Contacts:** This page has key contacts. The key contacts give information about who members should contact with questions.

- **Fair Hearing:** The last page of the letter has information about fair hearings. The date by which a hearing must be requested and how to ask for a fair hearing.

# Fair Hearing

- If benefits are denied, reduced or ended and the customer believes the agency made a mistake, they should contact the agency.
  - The applicant can ask the agency worker to help in requesting a Fair Hearing.
  - In addition, the notice the member receives will contain information about how to request a Fair Hearing.
- A Fair Hearing gives the applicant a chance to tell a hearing officer why they think the decision about their application or benefits was wrong.
  - At the hearing, a hearing officer will hear from the customer and the agency to find out if the decision was right or wrong, and inform the agency to take action as appropriate.

# ForwardHealth Card

## ForwardHealth Cards:

- Each person enrolled in BadgerCare Plus or Medicaid will receive a ForwardHealth Card which should be shared with providers when services are requested.

- The ForwardHealth card does not show the dates that members are enrolled, but does have the customers name and ID number.

- Members will get an Enrollment Letter in the mail from the agency with the dates of enrollment.

ForwardHealth
Wisconsin serving you

0000  0000  0000  0000

ID No. 0000000000
Ima Recipient

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# The Right to Apply and Rights and Responsibilities

# Right to Apply

- All applicants have the right to file an application on the day of their first contact with a local IM agency.

- Local IM agencies may not refuse anyone the right or the opportunity to apply if s/he chooses to do so.

- S/he must be allowed to apply and set the filing date whether or not the person is in the correct office or region.

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# Rights and Responsibilities

- Wisconsin Statute 49.81 is called the "Public Assistance Recipients' Bill of Rights."
  - This statute mandates that "…all public and relief granting agencies shall respect the rights for recipients of public assistance."

- These rights apply to anyone applying for or receiving BadgerCare Plus or Medicaid.

# Applicant/Member Rights

Everyone applying for or getting BadgerCare Plus and/or Medicaid has the right to:

- Be treated with respect by 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,

- Have an application accepted right away by the agency, and

- Get a decision about their application within 30 days of the day the agency gets the application.

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# Applicant/Member Responsibilities

Everyone applying and/or receiving BadgerCare Plus and/or Medicaid has the responsibility to provide accurate answers as well as proof of their answers for BadgerCare Plus and Medicaid, when applying for benefits, renewing benefits or reporting changes.

For more information on customer rights and responsibilities, go to the Enrollment and Benefits Brochure, website below:

**http://www.dhs.wisconsin.gov/publications/p0/p00079.pdf**

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# Additional Resources

Additional Resources about Wisconsin's Public Assistance Programs, including Member Fact Sheets, can be found at:

**http://dhs.wisconsin.gov/forwardhealth**

Additional Online Resources, including Policy Manuals, Operations Memos, fact sheets, directories, etc. can be found at the website below:

**http://dhs.wisconsin.gov/em/index.htm**

# Questions?

**Please direct all questions related to Medicaid/ BadgerCare Plus and this training to:**

**DHSForwardHealthPartners@wi.gov**

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# Review Questions

- Applications for BadgerCare Plus and Medicaid are different so the applicant must specify which program they want to be considered for ?
    - TRUE
    - FALSE

# Review Questions

- The final determination of eligibility for an applicant is done by …
- OCI
- CMS
- IM Consortia
- DNR

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# Review Questions

- Assets are taken into consideration for all programs so an applicant should always submit proof of income and assets with each application.
  - TRUE
  - FALSE

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