



WISCONSIN DEPARTMENT
of HEALTH SERVICES

Medicaid Foundations

A presentation for the Bureau of Children's Services (BCS)
Statewide Conference

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Various health topics		+
Population surveys		+
Vital records data		+
Handbook updates		-
ACCESS Handbook	This handbook is used as a resource for using access.wi.gov	
BadgerCare Plus Handbook	This handbook provides policy for the BadgerCare Plus program	
Caretaker Supplement Handbook	To announce changes to the Caretaker Supplement Handbook	
Contact Center Anywhere Handbook	This handbook is for staff who use the Contact Center Anywhere telephone software	
Division of Medicaid Services Forms and Publications Updates	Receive updates regarding new or revised forms and publications from our Division of Medicaid Services	
Electronic Case File Handbook	This handbook is for staff who scan documents for CARES (Client Assistance for Reemployment and Economic Support) case files or view the scanned image in the electronic case file	
FoodShare Employment and Training Handbook	This handbook provides policy for the FoodShare and Employment Training program	
FoodShare Handbook	This handbook provides policy for the FoodShare program	
Income Maintenance Manual	This manual is for county and tribal income maintenance agencies	
Medicaid Eligibility Handbook	This handbook provides policy for Medicaid programs	
SSI Administration Handbook	This handbook provides policy for the SSI Exceptional Expense Handbook program	
SSI Expense Handbook	This handbook provides policy for the SSI-E program	





Disclaimer

Memo series

[Division of Care and Treatment Services: Action and Information Memos](#) 

Receive updates on policies, procedures, and funding opportunities regarding mental health and substance use services and programs.

[Division of Medicaid Services Administrators Memos](#) 

Announces administrative changes for county and tribal income maintenance agencies that determine eligibility for Medicaid and FoodShare programs.

[Division of Medicaid Services: Long-Term Care Numbered and Information Memo](#) 

Receive updates on notifications when an informational or numbered memo regarding long-term care is posted to the website.

[Division of Medicaid Services Operations Memo](#) 

Receive updates on operational changes for county and tribal income maintenance agencies that determine eligibility for Medicaid and FoodShare programs. 

[Division of Quality Assurance: Notifications and Updates](#) 

Receive information and updates for the health and residential care providers regulated by the Division of Quality Assurance.



Agenda

- Medicaid
 - What is it and where did it come from
 - Medicaid programs
- Applying for Medicaid
 - Ways to file an application
 - What is a filing date
- HealthCare application overview



Agenda

- Basic eligibility requirements
 - Non-financial
 - Financial
 - Continuous coverage for children
 - Special requirements per program
 - Eligible people
 - ForwardHealth card and covered services
 - Medicaid payer of last resort
 - Renewals
-



What is Medicaid?

- Federal and state-funded program that provides low or no-cost health care coverage.
 - We have ~1.3 million members covered under 15+ subprograms.
 - Wisconsin's coverage groups and program rules are based on federal requirements plus state options as selected in our State Plan, plus 1115 waivers that allow us to waive some federal policies to offer specific services to our members.
- Our largest program, BadgerCare Plus, is a combination of Medicaid and the Children's Health Insurance Program (CHIP).

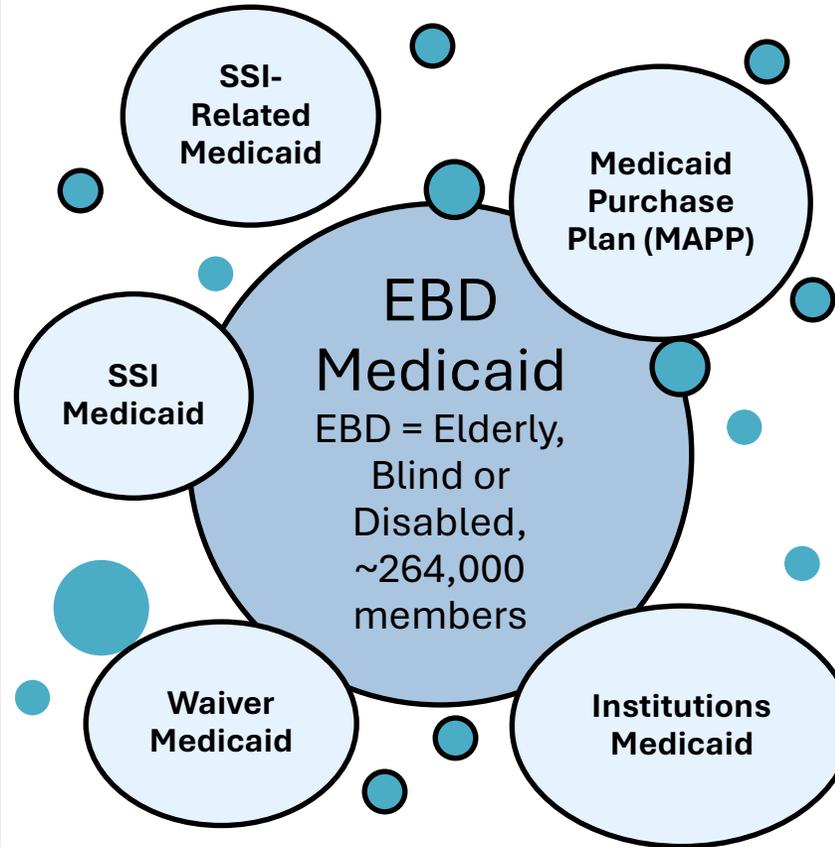
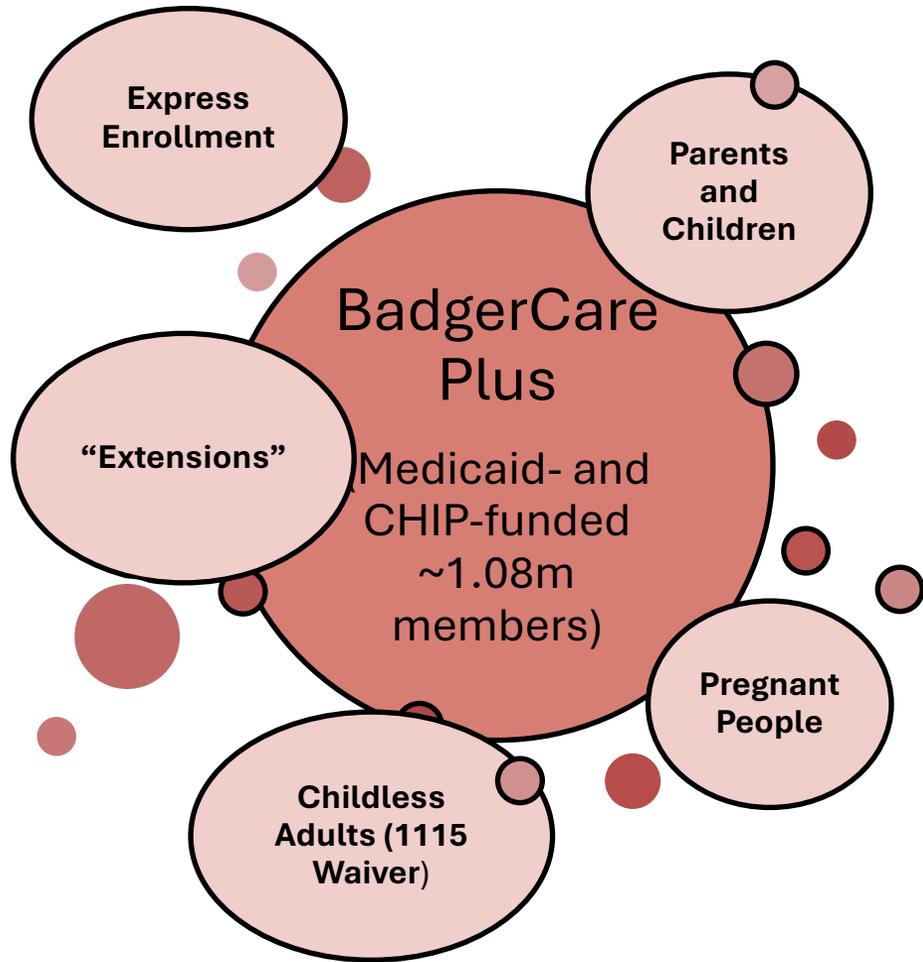


What is Medicaid?

- Rules are based on financial and non-financial considerations.
- Most programs are administered through county and tribal income maintenance (IM) agencies and DHS' Milwaukee Enrollment Services (MilES) agency.



What is Medicaid?

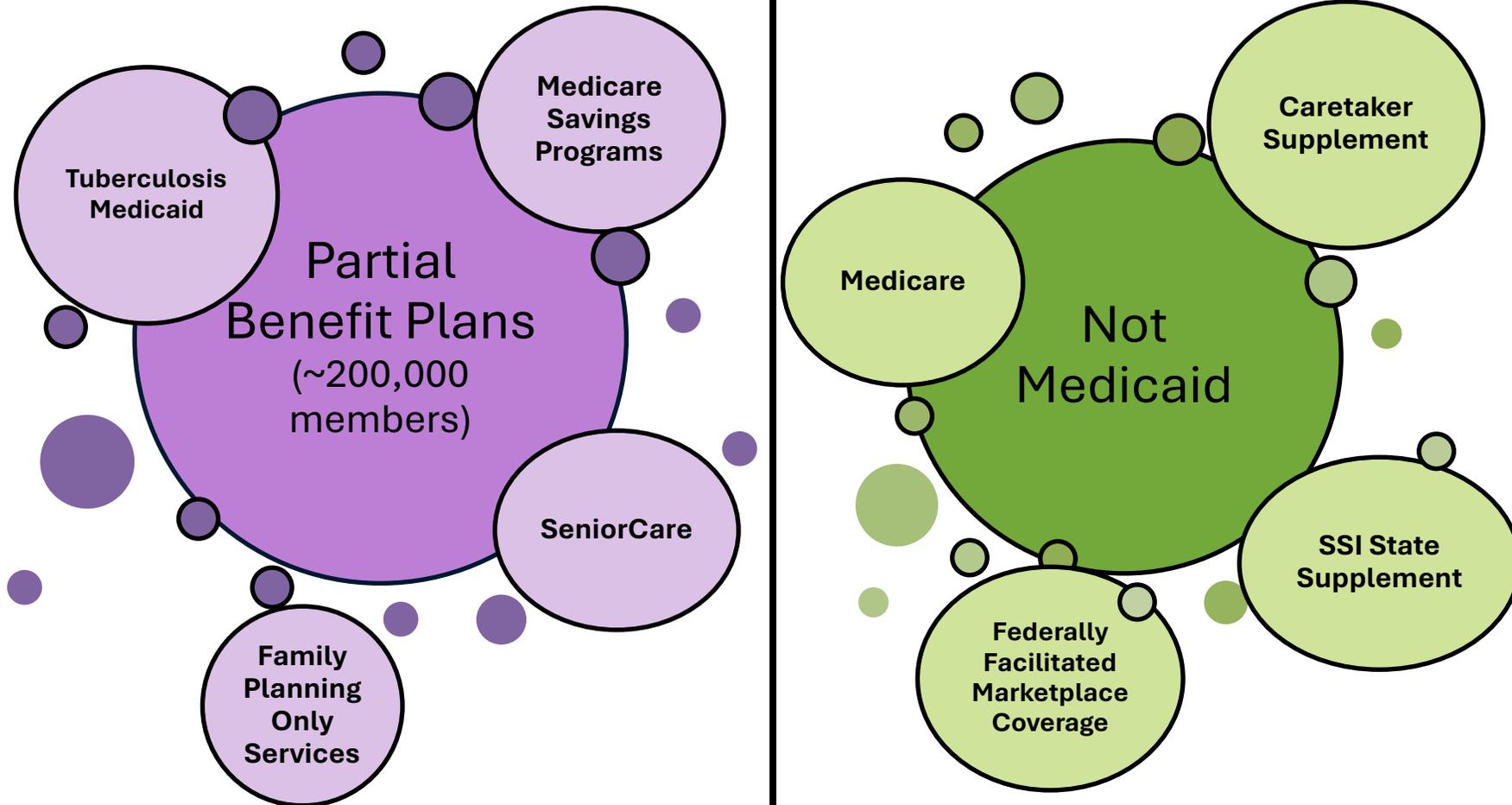


Plus:

- **Foster Care Medicaid**
- **Well Woman Medicaid**



What is Medicaid?





Where does Medicaid come from?

- There are 41 distinct federal eligibility groups under which Wisconsin Medicaid members may have coverage. Other policy and benefit distinctions have us cover them under 184 different med stat codes.
- Federal Medicaid law is 436 pages long.
- CHIP law is 85 pages, with just the eligibility regulations being 12 pages.
- Federal Medicaid regulations are over 500 pages, with just the eligibility regulations being 85 pages long.



Where does Medicaid come from?

- State Medicaid statutes are 65 pages long (not including Family Care and other Long-Term Care statutes).
- These numbers don't include all the pages of Supplemental Security Income (SSI) law and regulations behind our Elderly, Blind, and Disabled (EBD) income and asset rules, or the Internal Revenue Service (IRS) law and regulations behind our Modified Adjusted Gross Income (MAGI) budgeting rules, the State Medicaid Manual, State Plan guidance, Fair Hearing decisions, and a lot of Centers for Medicare & Medicaid Services (CMS) guidance letters going back to the 1990's.



Income Maintenance

- Most of Wisconsin's health care programs are administered by a network of county and tribal 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

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 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 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 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

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

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.



Full Benefit Medicaid Programs

BadgerCare Plus (BC+)

- Children ages 0-18
- Parents/caretaker relatives of children ages 0-18
- Pregnant people
- Childless adults ages 19-64 who don't receive Medicare

BadgerCare Plus

SSI-Related Medicaid

- Basic Medicaid program for individuals who are EBD and not receiving SSI
- Deductibles for individuals eligible except for being over the income limit

SSI-Related Medicaid

Children's Long-Term Support (CLTS) Waiver

Children and youth with developmental disabilities, physical disabilities, and severe emotional disturbance or mental health disabilities living at home

CLTS

Katie Beckett

Children with disabilities living at home, in a foster care setting, or in another eligible community-based setting, who require an institutional level of care

Katie Beckett



Full Benefit Medicaid Programs

Medicaid Purchase Plan (MAPP)

- Adults 18 years or older
- Determined disabled
- Meet a work requirement

MAPP

Wisconsin Well Woman Medicaid (WWWMA)

Women under age 65 who have been diagnosed with and need treatment for breast or cervical cancer, or certain pre-cancerous conditions of the breast or cervix

WWWMA

Adult Home and Community Based Waivers Long-Term Care (Family Care, Partnership, PACE, IRIS)

- Individuals eligible for some full benefit Medicaid who meet a certain level of care (LOC)
- Must contact Aging and Disability Resource Center (ADRC) for enrollment counseling and to have LOC determined

Family Care Partnership PACE IRIS

Institutional Medicaid

- EBD people who are living in (or expected to live in) a nursing home, hospital, or other institution for 30 or more consecutive days
- Institutionalized childless adults (not EBD) who are functionally eligible
- Institutionalized children without a disability determination, MAGI rules must be used.



Limited Benefit Medicaid Programs

Family Planning Only Services (FPOS)

- People of childbearing or reproductive age in need of low to no-cost sexual and reproductive health care
- Not enrolled in full benefit health care

FPOS

Wisconsin Well Woman Program (WWWP)

Provides screening for breast and cervical cancers for people between ages 40 and 64 who have little or no health insurance

WWWP

BadgerCare Plus Prenatal Program

Pregnant people not currently covered by any HIPAA health insurance policy, who meet all other rules for BadgerCare Plus but do not qualify because they do not have citizenship or qualifying immigration status, or they are inmates of a public institution

BadgerCare Plus Prenatal



Limited Benefit Medicaid Programs

Emergency Services

- People who meet all other rules for BadgerCare Plus but do not qualify because they do not have citizenship or qualifying immigration status
- Covers services needed for the treatment of an emergency medical condition
- Children enrolled in Emergency Services qualify for 12-months continuous coverage
- Not available for:
 - Childless adults (ages 19 through 64) who are not living with and caring for a child under age 19
 - Children with higher incomes
 - Members enrolled in the BadgerCare Plus Prenatal Program

Emergency Services

Medicare Savings Programs (MSPs)

Helps people enrolled in Medicare pay their Medicare premiums and, in some cases, deductibles, co-pays, and/or co-insurance

Medicare Savings Programs

SeniorCare

Prescription drug assistance for individuals who are age 65 and older

SeniorCare



Wisconsin Wayfinder supports families of children with delays, disabilities, special health care needs, and mental health conditions. Children's resource guides are helpers who assist families, caregivers, professionals, and organizations in finding a wide array of supports and services available through the Children's Resource Network. The services are free and confidential.

<https://www.dhs.wisconsin.gov/wiscway/index.htm>



A complete list of all Wisconsin Medicaid programs:

Medicaid in Wisconsin: A to Z





Applying for Medicaid

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 valid health care application is submitted to an 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 people who are immigrants or are incarcerated, as well as children with higher incomes, do not qualify for backdated coverage.
- IM agencies have 30 days from when they receive an application to determine eligibility.



Valid Application

A valid application for Medicaid must include the applicant's:

- Name
- Address
- Signature in the Rights and Responsibilities section of one of the following forms:
 - Wisconsin Medicaid for the Elderly, Blind, or Disabled Application Packet ([F-10101](#))
 - Wisconsin Medicaid, BadgerCare Plus and Family Planning Services Registration Application ([F-10129](#))
 - BadgerCare Plus Application Packet ([F-10182](#))
 - BadgerCare Plus Supplement to FoodShare Wisconsin Application ([F-10138](#))



Valid Application

- The application must also include the applicant's signature in the Rights and Responsibilities section of one of the following forms:
 - [Application for Health Coverage & Help Paying Costs](#) from the Marketplace
 - Telephonic signature in CARES Worker Web
 - Electronic signature in ACCESS
 - Electronic signature in an account transfer from the Marketplace
- Valid signature rules can be found in [BadgerCare Plus Handbook](#), chapter 25.5 and in [Medicaid Eligibility Handbook](#), chapter 2.5.



HealthCare Application Overview

Application Received

- Filing date is set
- Thirty-day processing time begins

Application Processing

- Data exchanges run
- Submitted verification is processed
- Verification Request may be sent

Notice of Decision (NOD)

- Benefit details
- Reporting rules
- Contact information
- Fair hearing rights



BadgerCare Plus Nonfinancial Rules

Must be one of the following to qualify for BadgerCare Plus:

- A 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
- A pregnant person (no age limit)
- A childless adult age 19 through 64 years old who is not receiving Medicare, except Medicare Part B-ID



BadgerCare Plus Nonfinancial Rules

Benefits for some children with higher household incomes are funded through CHIP.

- This includes children ages 1 to 5 with income above 191% of the Federal Poverty Level (FPL) and ages 6 to 18 with income above 156% FPL.
- As a result, they are subject to different rules regarding backdated coverage and crowd-out policies.



BadgerCare Plus Nonfinancial Rules

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



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.



BadgerCare Plus Income Limits

Adults	Children	Pregnant People
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	\$1,255.00/month	\$3,840.30/month
2	\$1,703.33/month	\$5,212.19/month
3	\$2,151.67/month	\$6,584.11/month
4	\$2,600.00/month	\$7,956.00 /month
5	\$3,048.33/month	\$9,327.89/month



BadgerCare Plus Income Limits

- People whose income is too high to be eligible for BadgerCare Plus may be eligible for advance premium tax credits (APTCs) through the Marketplace.
- APTCs can help lower monthly insurance payments when enrolling in a health insurance plan through the Marketplace.
- The American Rescue Plan Act expanded eligibility for APTCs beyond the original 400% FPL limit, and the Inflation Reduction Act extended this provision through 2025.



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 the household is (household size).
 - 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 People

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

BadgerCare Plus Handbook Chapter 2.3.3



Tax Filing 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.

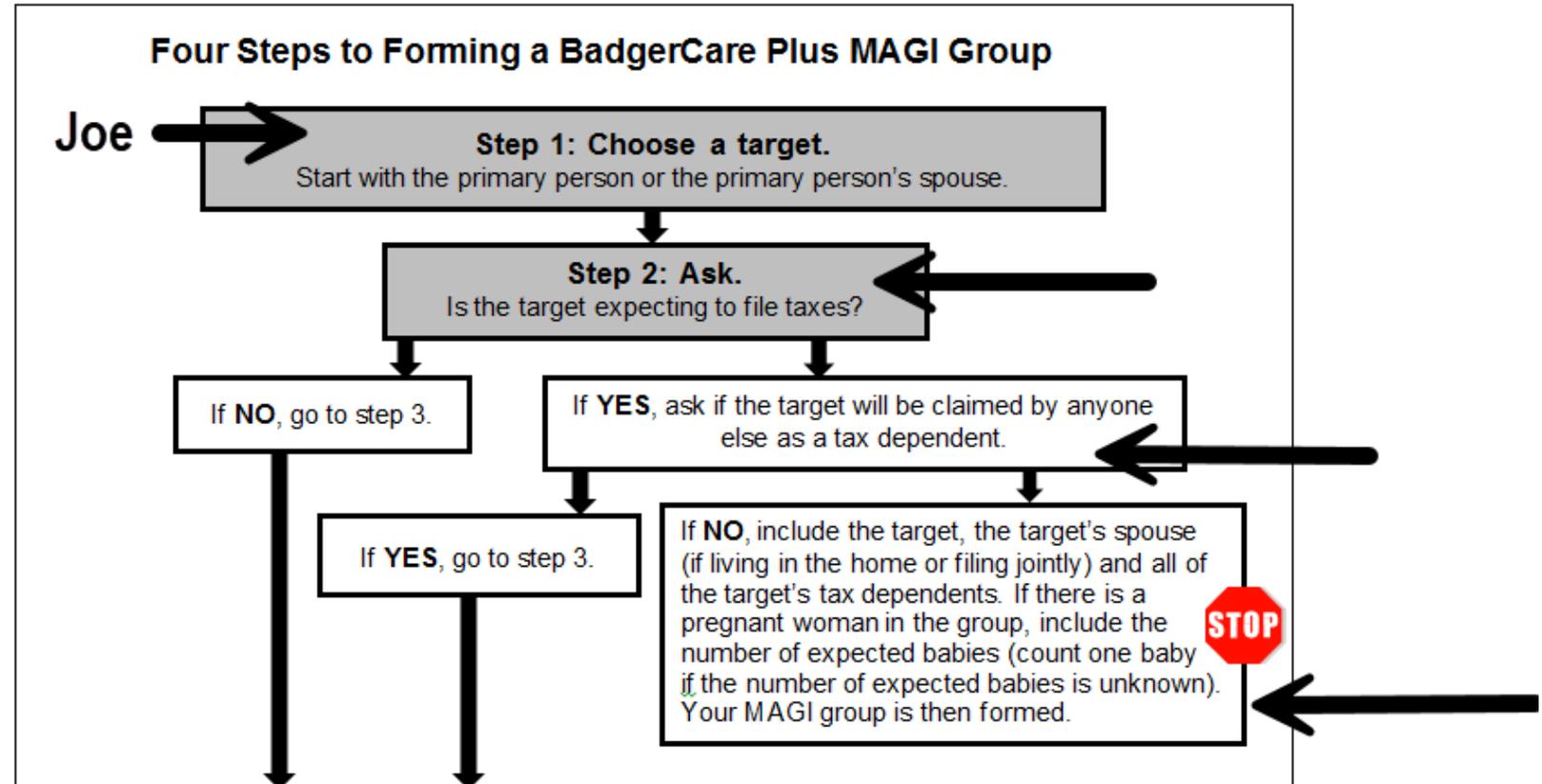
Scenario: Joe and Liz are married and have two young sons, Matt and Leo. Liz is pregnant. Joe and Liz plan to file taxes and claim both children as tax dependents.



Tax Filing Rules Example

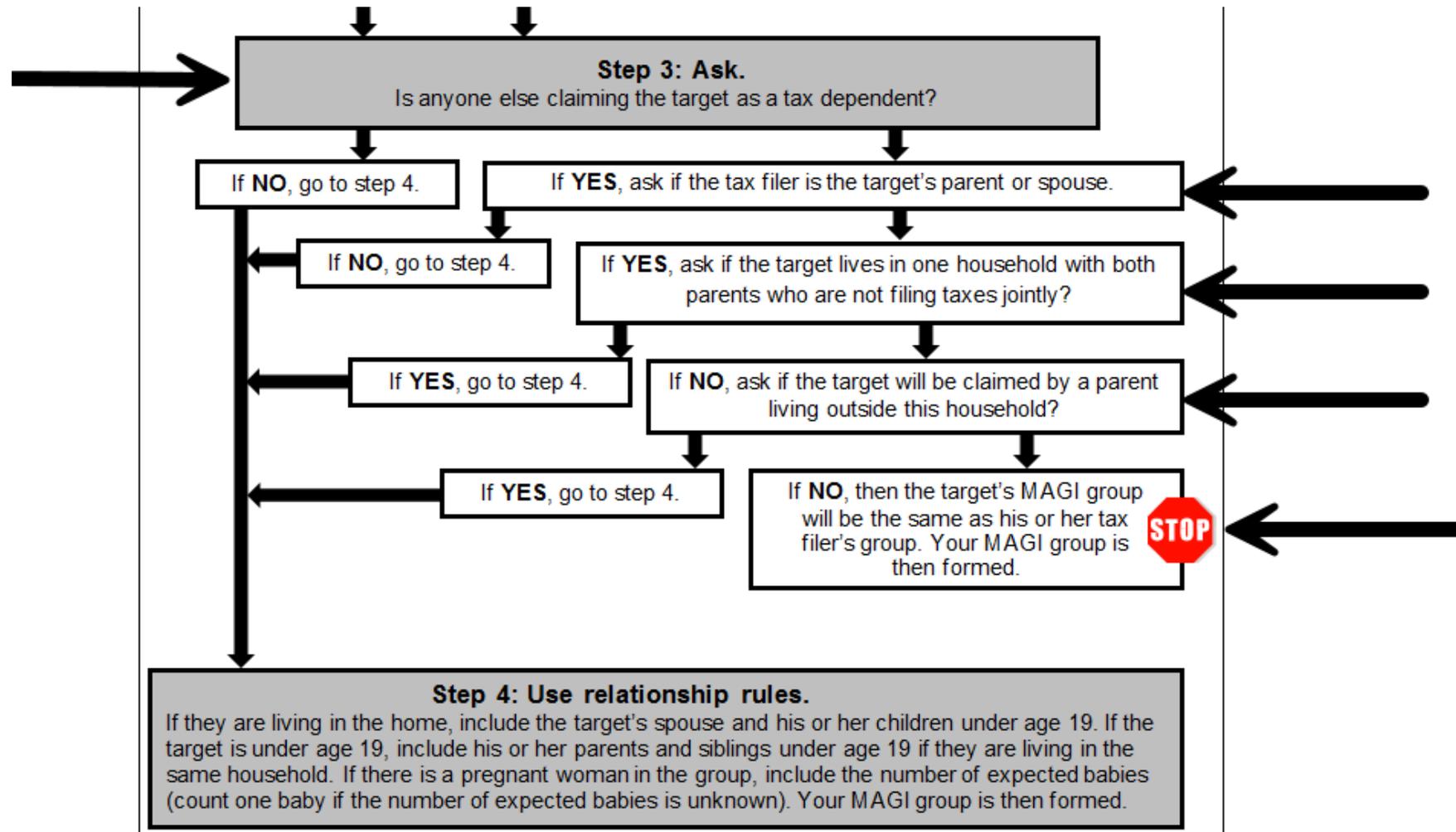
- Joe (1)
- Joe's wife, Liz (1)
- Joe's tax dependents:
 - Matt (1)
 - Leo (1)
- Liz's pregnancy (1)

Total household size: 5





Tax Filing Rules Example





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.

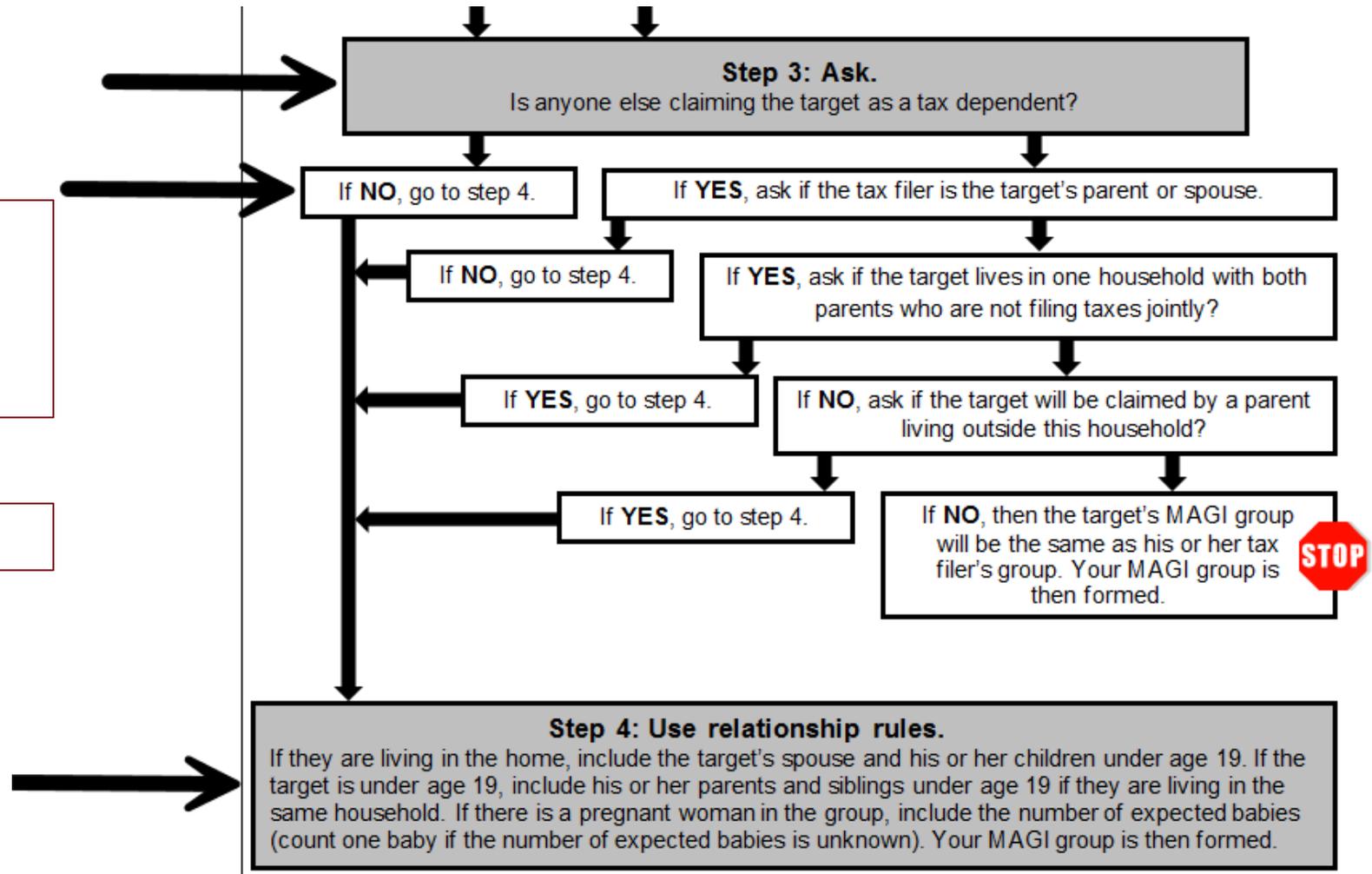
Scenario: Mike and Kelly are married and have a young daughter, Fiona. Mike and Kelly do not plan to file taxes.



Relationship Rules Example

- Mike (1)
- Mike's wife, Kelly (1)
- Mike's child:
Fiona (1)

Mike's household size: 3





Relationship Rules

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 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.



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, their income is only counted if they are “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 **\$14,600** in earned income or more than **\$1,300** 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.



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,
- Student 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
- Alimony, spousal support, or maintenance payments (received under separation or divorce agreement completed after January 1, 2019)
- SSI
- Gifts or other money from another person
- Worker's compensation
- 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 IRS Schedule 1 (Form 1040) are also allowed. Examples include:
 - Student loan interest paid
 - Self-employment tax
 - Itemized deductions – like mortgage interest and charitable contributions – are not allowed.
-



Special Situations

- 12-Month Continuous Health Care Coverage for Children **BCPH 1.2**
- Continuous eligibility for pregnant people **BCPH 8.1**
- Continuous eligibility for newborns **BCPH 8.2**
- Presumptive eligibility (Express Enrollment) **BCPH 32**
- Gap filling **BCPH 16.9**
- Former foster care youth **BCPH 11.2**
- Income extensions **BCPH 18.2**
- BadgerCare Plus Emergency Services **BCPH 39**
- BadgerCare Plus Prenatal Program **BCPH 41**
- Family Planning Only Services **BCPH 40**
- Premiums **BCPH 19**



12-Month Continuous Health Care Coverage for Children

- The Consolidated Appropriations Act, 2023 mandated that members who are under age 19 will keep their coverage until it has been 12 months since their last application or renewal (with some limited exceptions).
- Effective January 1, 2024, if a household has a change in income or other circumstances, children in the household will not lose their coverage because of that change. They will remain enrolled until their next renewal.



12-Month Continuous Health Care Coverage for Children

The 12-month continuous coverage period starts with:

- The month of the application.
- The new certification period at renewal.
- When the child otherwise becomes eligible under a qualifying group.



12-Month Continuous Health Care Coverage for Children

Backdated months at application and renewal do not count toward the 12-month continuous coverage period.

A child only eligible for one or more backdated months does not qualify for a 12-month continuous coverage period.



12-Month Continuous Health Care Coverage for Children

Children under age 19 in the following programs are eligible for 12 months of continuous coverage:

- BadgerCare Plus
- Emergency Services Medicaid
- Family Planning Only Services
- Foster Care Medicaid
- Home and Community-Based Waiver (HCBW) Medicaid
- Institutional Medicaid
- Katie Beckett Medicaid
- Medicaid Purchase Plan (MAPP)
- Medicare Savings Programs
- Special Status Medicaid
- SSI-Related Medicaid
- Supplemental Security Income (SSI) Medicaid
- Tuberculosis-Related Medicaid
- Wisconsin Well Woman Medicaid (WWWMA)



12-Month Continuous Health Care Coverage for Children

Continuous coverage does not apply to children who are:

- Enrolled under presumptive eligibility (also known as Express Enrollment).
- Required to meet a deductible to enroll in BadgerCare Plus or Medicaid.



12-Month Continuous Health Care Coverage for Children

A child could lose coverage during the 12-month period if:

- They turn 19.
- They move out of Wisconsin.
- Their citizenship or immigration status is not verified.
- The family asks to end their coverage.

<https://www.dhs.wisconsin.gov/publications/p03555.pdf>



Continuous Eligibility

Pregnant people 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 end of the pregnancy occurs.



Continuous Eligibility

- 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 people and newborns continue even if the household's income goes over the program's income limit.



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

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

As a single adult, he is well above the monthly income limit of \$1,255 for BadgerCare Plus. But his annual income is only \$9,000, which is below 100 percent of the FPL and makes him ineligible for APTCs.

- In situations like these, individuals can enroll in BadgerCare Plus based on their annual income.
- This type of enrollment is called gap filling.



Gap Filling

Applicants and members found eligible under gap filling rules are certified under a 12-month eligibility period, like other BadgerCare Plus members.

- This rolling 12-month certification period can start and end any month of the year.
- This allows members to keep their certification period even if they change from having their eligibility determined under monthly income rules to annual income rules when they report changes.
- Because 12-month certification periods often extend over two calendar years, the applicant or member's expected annual income will be collected at the beginning of a new year.
- Verification of the next year's expected annual income is not required.



Gap Filling

In some situations, the Marketplace tells a person their annual income is too low for APTCs, but after applying for BadgerCare Plus, their annual income is too high to be eligible for BadgerCare Plus under gap filling rules.

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



Earned Income Extensions

When a parent or caretaker relative's earned monthly income goes above 100 percent of the 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 verified income goes below 100 percent of the FPL during the extension, the household will go back to normal BadgerCare Plus.
- This is also known as Transitional Medical Assistance.



Children's Premiums

Children with household income above 201% of the FPL will be charged premiums, except for:

- Pregnant minors
- Former foster care youth
- Children already in their 12-month continuous eligibility period
- Children who have met a BadgerCare Plus deductible during the remainder of the deductible period
- Children in a BadgerCare Plus extension
- All children under age 1 including continuously eligible newborns
- American Indian or Alaskan Native Tribal members, the child of a tribal member, the grandchild of a tribal member, or anyone otherwise eligible to receive Indian Health Services



Children's Premiums

- Children in families with income over 201% of the FPL will be charged premiums beginning with new applications dated April 1, 2024.
Applications with filing dates prior to April 1, 2024, will not be charged premiums until after they complete their next scheduled timely renewal.
- Payment of a premium is not a condition of eligibility for BadgerCare Plus.
Failure to pay a premium will not result in eligibility ending.
- Premium payments made will not be refunded unless a change has occurred that has reduced or eliminated the premium amount.



EBD Medicaid Basic Nonfinancial Rules

- EBD
- Wisconsin resident
- 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



EBD Medicaid Basic Financial Rules

- Most EBD Medicaid subprograms have an income limit and an asset limit, but these vary by program.
 - Income limits for some EBD subprograms are based on the FPL, while others are based on the SSI federal benefit rate (FBR)
 - All limits are federally determined, and most are adjusted (usually increased) yearly.
 - 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 member and their 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.



Subsidized Health Insurance in Wisconsin

The insurance landscape for individuals and families - including information regarding whether there are premiums, federal tax credits & eligibility restrictions for people with offers of employer-sponsored insurance (ESI)

Income (% of the Federal Poverty Level (FPL))	Pregnant Women	Children (<19)	Parents & Caretakers	Childless Adults	Family Planning Only Services (15 or Older)	Elderly or Disabled
0-100% FPL	BadgerCare No Premium				Family Planning Waiver	Includes asset tests as well as income and other restrictions
100-201% FPL	BadgerCare No Premium (up to 306%)	BadgerCare No Premium	Marketplace with Tax Credit & Subsidy (up to 250% FPL)			
201-250% FPL		BadgerCare with Premium (up to 306% FPL)	Marketplace with Tax Credit			
250-306% FPL			Marketplace with Tax Credit			
306-400% FPL	Marketplace with Tax Credit					
400%+ FPL	Marketplace with Tax Credit through December 2025					

For the full, 2-page PDF:

https://kidsforward.org/assets/Crowd-Out-Matrix_WI-Health-Insurance-Eligibility-2024.pdf



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.
 - Requesting one through their authenticated ACCESS account.





Covered Services

- Covered services are listed in the Enrollment and Benefits Handbook, which can be accessed at the link shown on this slide (<https://www.dhs.wisconsin.gov/library/p-00079.htm>)
- Some services may require prior authorization. The provider will request authorization on the member's behalf.
- For some services, members may be required to pay a co-payment, or co-pay.
 - Most 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.



HMOs

- Most individuals eligible under the BadgerCare Plus program must join an HMO. Those enrolled in HMOs get most services through their HMO's network.
- There are some services HMOs do not provide. These services are instead provided through fee-for-service coverage.
- To access the Wisconsin BadgerCare Plus HMO Guide, follow this link:
<https://www.dhs.wisconsin.gov/publications/p1/p12020.pdf>
- For questions about covered services and for help with finding a BadgerCare Plus or Medicaid provider, contact Member Services at 1-800-362-3002.



Wisconsin Medicaid: Payer of Last Resort

- All other insurance plans pay claims first
- Medicaid will only pay claims that private insurance has formally denied
 - All services must be billed to private insurance first or Medicaid will not pay
- Medicaid can cover private insurance co-pays for Medicaid covered services
- Medicaid can cover additional therapies and services for children above those covered by a private health plan (for Medicaid covered services)



Wisconsin Medicaid: Payer of Last Resort Exceptions

Wisconsin Medicaid is the primary payer before certain governmental programs such as:

- Birth to 3
- The Crime Victim Compensation Fund
- General Assistance (GA)
- The Indian Health Service
- Individuals with Disabilities Education Act (IDEA)
- Title V of the Social Security Act, Maternal and Child Health Services
- The Wisconsin Adult Cystic Fibrosis Program
- The Wisconsin Chronic Renal Disease Program
- The Wisconsin Hemophilia Program



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 approximately 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. When an administrative renewal occurs, the member does not need to take action to complete the renewal.
 - Members must review a summary of the information used to renew benefits and report any changes to the agency within 30 days.



MyACCESS Mobile App

- Members with an authenticated ACCESS account can download the MyACCESS mobile app to do the following:
 - **Check your benefits:** See the programs the member is enrolled in (including HMO contact information), when the next renewal is due, and view digital ForwardHealth or SeniorCare cards.
 - **Get reminders:** Be reminded of actions the member needs to take or documents the member needs to submit.
 - **Submit documents:** Take photos of and submit proof at any time, then check its status in real time.
 - **Update address:** Update home address, mailing address, and phone numbers.
 - Download for free at the App Store or Google Play.
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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

<https://www.dhs.wisconsin.gov/library/p-16091.htm>



Contact Information

- IM Agencies
 - Eligibility determinations for BadgerCare Plus and Medicaid
 - www.dhs.wisconsin.gov/forwardhealth/imagency/index.htm

- Aging and Disability Resource Centers (ADRCs)
 - Enrollment counseling for home and community-based waiver programs
 - www.dhs.wisconsin.gov/LTCare/adrc/customer/map/index.htm





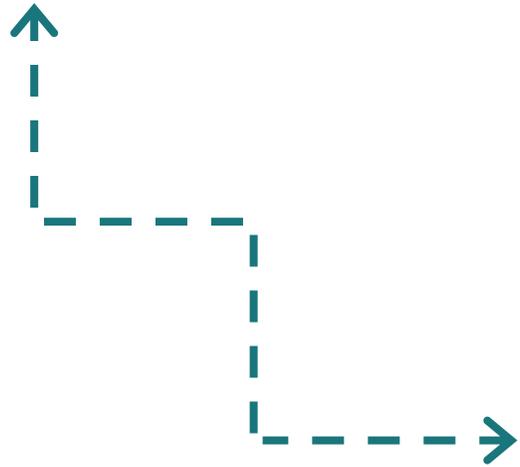
Contact Information

- Member Services
 - General member questions, information about covered services, and help with finding a local IM agency.
 - 1-800-362-3002
- Division of Hearings and Appeals
 - Request a fair hearing
 - (608) 266-7709
 - <https://doa.wi.gov/Pages/LicensesHearings/DHAWorkandFamilyServicesUnit.aspx>





Resources



- Information about Wisconsin's health care programs, including member fact sheets, can be found at: www.dhs.wisconsin.gov/forwardhealth/index.htm
- Information for partners in Southeast Wisconsin: www.dhs.wisconsin.gov/publications/p01725.pdf
- Partner demonstration videos can be accessed on the Wisconsin Medicaid and Foodshare Partner Resources for Eligibility and Enrollment Vimeo site: <https://vimeo.com/showcase/9037419>



Questions?

