

# Medicaid Madness BadgerCare +

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## What is Badger Care Plus?

- A Medical Assistance program for **children** up to age 19, **parents and caretaker relatives**, youth aging out of **foster care** under 21, and **pregnant women**.
- **May 2013** Statewide BC Enrollment Statistics:
  - **432,459** children ages 0-19
  - **226,974** parents/caretaker relatives
  - **18,491** pregnant women
  - **18,253** childless adults enrolled in Core Plan
  - **1,424** childless adults enrolled in Basic Plan

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## Source of Law for BadgerCare

**BadgerCare+ Eligibility Handbook**  
<http://www.emhandbooks.wisconsin.gov/bcplus/bcplus.htm>

See also:  
DHS Eligibility Management Ops-Memos (policy/eligibility updates)  
<http://www.dhs.wisconsin.gov/em/ops-memos/>

**BadgerCare+ CMS Waiver**  
<http://medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/wi/wi-badgercare-pa.pdf>

Wisconsin State Statutes, Chapter 49, Subchapter V  
<http://docs.legis.wisconsin.gov/statutes/statutes/49/V/665>

42 USC Chapter 7, Subchapter XIX "Title 19"  
<http://www.law.cornell.edu/uscode/text/42/chapter-7/subchapter-XIX>

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## Presentation Roadmap

- Overview of the **current** BadgerCare Plus program
- Proposed **changes** to BadgerCare Plus in 2013-2015 budget
- BadgerCare Plus Core Plan
- BadgerCare Plus Basic Plan
- Right to a Fair Hearing

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## BadgerCare Plus Roadmap

- BadgerCare Plus eligibility under current law
  - Who can get BC+?
  - Non-financial and Financial eligibility
  - Test Group
  - Access to Insurance Rules
  - Premiums
- Standard v. Benchmark
- How to apply
- When does coverage begin?
- Active sub-programs

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## Who Can get BC+?

- Children under 19
  - Youth between ages 18 to 19 may benefit from BC+ coverage while applying for other benefits
  - Children over age 18 can also apply on their own in their 18th year

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### Who can get BC+?

- **Parents** – defined as a natural or legally adoptive mother or father residing with a child under 19 or residing with spouse and his/her child (encompasses co-parents)
  - Practice Tip: query your client carefully about household make-up and relationships
    - For example, non-married partners who are not the natural or adoptive parent of the child will not qualify because they live in the same home as the child.

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### What happens with joint placement?

- A parent must have at least **40%** placement to qualify.
  - Practice Tip: The placement needs to be court-ordered placement.
- Otherwise, only the parent with the greater placement can be eligible.

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### Who can get BC +: Caretaker Relatives

- **Caretaker relatives** are those who, while not legally responsible for an unmarried child under his/her care, take responsibility for the child.
- They can be: stepparents, siblings, including step-siblings and half-siblings, grandparents, aunts, uncles, nephews, nieces, or any preceding generation, and spouses of any of the above after divorce, death or separation.
  - If a child lives with a parent, that parent is the caretaker relative unless legal custody has been given to the another caretaker relative by court order.

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## Who can get BC+: youth exiting foster care

- Youth exiting out-of-home care (**foster care**) who turn 18 while in out-of-home care
  - No income limit
  - Not subject to “access-to-insurance” rules
  - No premium
  - Could be covered until age 21
- The 2013-15 State Budget may expand eligibility to age 26, stay tuned

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## Who can get BC+?

- **Pregnant Women** Up to 300% FPL
  - \$34,470 yearly income limit for a single individual
  - Three month backdating available
  - No premium
- **Important:**
  - Pregnant women are **not** affected by the State Entitlement Reform Package in the 2013-15 State Budget
  - “Prenatal Program” for women who do not qualify due to immigration status has different rules (see: Chapter 41 MEH)

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## Non-Financial Eligibility

- Wisconsin residency
- Citizen or qualified immigrant
  - Except for specific programs
- Provide SSN, citizenship, and identity documentation
- Past and current health insurance access requirements (non-disabled individuals)
- Cooperate with establishing medical support from third parties
- **No disability determination necessary!**

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## Financial Eligibility

- **No asset test**
- No income test for youths exiting foster care
- Parents/caretakers have income limit of 200% FPL
- In general, self-employment income is determined after allowable business expenses
- Deductions limited to child support paid
- List of disregarded income see BC+ Handbook 16.2 (similar to EBD disregards)

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## Test Group

- The test group determines whose income must be counted toward income limits and/or the FPL used to determine eligibility.
- The test group can include individuals living in the household who are not eligible for a BC+ benefit.

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## Test group cont.

- Test group **may** include:
  - other children in the house;
  - co-parents & their children;
  - children of a spouse by a different parent;
  - certain relatives living with children under 19;
  - the other parent of a co-parent's child and certain other relatives who reside with the child;
  - or
  - youth exiting out of foster care.

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## Access to Employer-Sponsored Health Insurance – “Crowd out”

- You may be eligible for BC+ and **private insurance** at the same time.
- BC+ benefits **may** be denied, terminated, or delayed for individuals who have **current** access or **past** access to employer-sponsored health insurance, or who dropped employer-sponsored health insurance.
- **Note:** Access rules do not affect people with disability determinations or pregnant women

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## Access to Health Insurance, cont.

- Parents for whom access rules apply:
  - **Non-disabled, non-pregnant parents or caretakers** in households **above 133% FPL**
- The age of a child determines if access rules apply
- Access rules generally don't apply for **children** when the employer pays less than 80% of the premium.

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## Access to Health Insurance, cont.

- Access rules generally don't apply for **adults** when the employee premium contribution for **self-only** coverage exceeds **9.5%** of countable household income.
- If the denial or termination was for any number of reasons (good cause exceptions), the access rules don't apply.

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## Exemptions from Access to Insurance Rules

- Parents and adult caretakers under 133% FPL
- Disabled Individuals and pregnant women
  - Except those pregnant women enrolled in BC+ Prenatal &
    - Children under 1 year old under 300% FPL
    - Children aged 1 through 5 years old under 185% FPL
    - Children aged 6 through 18 years old under 150% FPL
    - Children who are eligible through a deductible

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## Exemptions from Access to Insurance Rules

- Continuously Eligible Newborns
- Parents and children who cannot access “affordable” employer sponsored insurance
- If the denial or termination was for any number of reasons (good cause exceptions), the access rules don’t apply.

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## When is Employer-Sponsored Insurance Affordable?

- For **children** – if employer pays **80%** or more of the premium, employer-sponsored insurance is affordable and children are “crowded out” if above FPL thresholds.
- For **adults** – if family premium contribution for **employee-only** coverage is **9.5%** of household income or less, employer-sponsored insurance is affordable
  - Note this test looks at cost of **employee-only** coverage for all adults that can access coverage through the employer
  - Meaning, if non-employee spouse can access coverage **and** cost for **employee-only** coverage meets 9.5% rule, non-employee spouse is “crowded out.”

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## Who Pays Premiums?

- Parents/caretaker relatives with income between 133% and 200% FPL.
- Self-employed parents/caretaker relatives with income over 200% FPL that use depreciation to bring income below 200% FPL
- Children in households with income over 200% FPL
- Premiums are calculated per person on a sliding scale with a cap per group
  - Minimum is \$10
  - Maximum is \$268
  - Cap at 5% of family's countable income

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## Who Is Exempt from Premiums?

- Youth exiting foster care.
- Tribal members, children and grandchildren of tribal members and anyone eligible to receive Indian Health Services.
- Pregnant women.
- Parents/caretaker relatives with a disability determination
  - However, other household members may be required to pay.
- **Note:** if a recipient has paid premiums and is later determined disabled retroactively, they can request a premium refund for months they were determined disabled and paid a premium.

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## Standard v. Benchmark Plans

- Two-Tiered Coverage for children
  - Standard - under 200% FPL
  - Benchmark - over 200% FPL
- For a comparison of covered services under Standard and Benchmark Plans see BC+ Manual 38.2
- Over 90% of enrollees in Standard Plan
- Those 21 and younger in Benchmark Plan can access medically-necessary treatment or diagnostic testing through HealthCheck "other services" (EPSDT in Wisconsin)

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## How to Apply

### Apply Online at [www.ACCESS.wi.gov](http://www.ACCESS.wi.gov)

- Click on "Apply for Benefits"
- Applicant will need to set up a MyACCESS account

### Apply by Mail, Phone or in-Person

- You can get a paper application, IM agency hotline, and mailing address or fax number by calling
- 1-800-326-3002 or visiting: [www.dhs.wi.gov/em/customerhelp](http://www.dhs.wi.gov/em/customerhelp)
- To apply in person, visit your local IM agency

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## When Does Coverage Begin?

- Once enrolled in BC+, coverage begins the 1<sup>st</sup> day of the month in which your application is received.
- Coverage **may be backdated up to three months prior** to the month of application for certain groups.
- You will be asked to show proof of income for backdated months and you can ask for backdated coverage at any time.

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## When Does Coverage Begin? cont.

- Coverage can be backdated up to three months for these groups:
  - Children under 1 year old under 300% FPL
  - Children ages 1 to 5 under 185% FPL
  - Children ages 6 to 18 under 150% FPL
  - Non-pregnant, non-disabled, adult parents and caretakers under 133% FPL
  - Pregnant women (except those eligible under BC+ Prenatal)
  - Adult parents and caretakers who have a formal disability determination
  - Youths exiting out-of-home care under BC+ Manual 11

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## ForwardHealth Card

Everyone in Wisconsin Medicaid programs is issued a ForwardHealth card:



If a card is lost, stolen or damaged, call Member Services:  
1-800-362-3002

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## BC+ and HMOs

- Members are asked to select a BC+ Health Management Organization (HMO)
- If a plan isn't selected in 30 days, members are auto-enrolled
  - Once enrolled, there is a 60 day window to change selection
- For help selecting, enrolling, or switching HMOs, call (800) 291-2002.

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## BC+ and HMOs, cont.

- Members may also choose a new HMO at re-certification time or at re-enrollment if member has been disenrolled.
- Some counties do not have BC+ HMOs. In those counties BC+ is strictly fee-for-service.
- If there is a single HMO option, a member can elect fee-for-service BC+.
- Medicare triggers disenrollment from an HMO.

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## BC+ Programs for Those Who do Not Qualify Due to Immigration or Inmate Status

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## Emergency Services

- Some individuals who are not BC+ eligible simply because they fail the SSN/Qualified Alien criteria **may** be eligible for limited emergency services.

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## BadgerCare Plus Prenatal

- Pregnant woman who are not eligible for BC+ due to immigration status, or because they are inmates of a public institution, may be eligible for BC+ Prenatal services.
  - Limited benefits related to prenatal services
  - Stricter rules related to access to insurance

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## BadgerCare Plus Family Planning Only Services

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## Family Planning Only Services

- Women and Men ages 15 and older
- Not in other full benefit-MA program
- Income below 300% FPL, no asset test, three-month backdate is possible
- For minors, an address other than residence may be used for written notifications. Agency will not contact parents and family income is not considered.
- 74,048 currently enrolled (May 2013)

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## Family Planning Only Services

### Limited covered services:

- Contraceptive services and supplies (such as birth control pills, condoms, etc.)
- Natural family planning supplies
- Family planning pharmacy visits
- Pap tests
- Tubal ligation
- Tests and treatment for Sexually Transmitted Diseases as well as certain other lab tests
- Routine preventive primary services only if related to family planning

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## Proposed Changes to BadgerCare Plus in 2013-2015 Budget

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### Changes to All BC+ Programs

- Income and family size would conform to modified-adjusted gross income (MAGI) rules
- Note:** many changes require approval from the Federal Department of Health and Human Services
  - e.g., premiums for children at lower FPL

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### Changes for Children

- Children over 300% FPL would be cut from the Benchmark Plan
- Addition of premiums for children over 150% FPL
- Expansion of restrictive reenrollment from 6 months to 12 months for children
- These changes would require approval from the Federal Department of Health and Human Services**

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### Changes for Parents/Adult caretakers

- Adult parents and caretakers over 100% FPL would be cut from BadgerCare Plus
  - They would be left to seek coverage in the Marketplace or other sources. Notices are anticipated to be mailed in November.
- Unclear what coverage would include for those under 100% FPL (Legislative Fiscal Bureau Memo suggests “Standard Plan Benefits”)
- **Coverage for childless adults under 100% FPL would require federal approval**

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### Changes for Pregnant Women

- Changes in **text** of budget would move pregnant women over 133% FPL to Prenatal program
- The Joint Committee on Finance decided changes for PW “should be deleted to reflect the Governor’s intent to maintain the program’s current coverage levels for pregnant women.”
- Thus, there are no eligibility changes for PW contained in the State Budget.

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### BadgerCare Plus CORE Plan

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## BC+ Core

- The BadgerCare Plus Core Plan is for **adults without dependent children** under 19 living in the home, under **200% FPL**, without access to insurance for the prior 12 months.
- Core enrollment was available for a limited period in 2009, there are no new slots available, as it was to be "budget neutral".
- Core Plan coverage does not include Medicaid entitlements, as it is not full Title 19.

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## BC+ Core

- DHS established a CORE Plan waitlist but there is no plan for new enrollments.
- As of May 2013, there are 158,000 individuals on the CORE Plan waitlist.
- Core Plan recipients must pay a \$60 fee annually (waived for the homeless).
- Non-disabled Core recipients above 133% FPL are required to pay premiums.
- Core Plan members must report and verify income changes and those who do not may have their eligibility terminated.

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## BC+ Core

- Changes in income do not affect a Core Plan member's eligibility during the 12 month certification period, but the change may increase or decrease the premium amount.
- Tip: If working with a Core recipient, confirm their annual recertification date to ensure eligibility is continued.

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## BC+ Core proposals in 2014-2015 budget

- Proposed changes include expansion of BC+ Core Plan for those under 100% FPL
  - This includes non-disabled, non-pregnant adults without minor dependants
- Those above 100% FPL would be cut from the Core Plan, left to purchase insurance on the Marketplace (aka "Exchange")

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## BadgerCare Plus Basic

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## BadgerCare Basic Plan

- The BadgerCare Basic Plan was created for childless adults on the Core waitlist, but DHS is no longer signing up new members
- Current Basic Plan members can stay enrolled in this plan as long as premiums are paid in full by due date
- Monthly premium for Basic Plan members is currently \$325

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## Covered Services under Core and Basic Plans

- The Core and Basic plans are limited benefits MA programs
- Covered services in Core and Basic are similar but costs sharing differs:
  - By co-pays, premiums, deductible
- Mental health visits are covered only if provided by physician (psychiatrist)
- Non-emergency transport is not covered
- See DHS website for information on Core/Basic covered services

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## BC+ Basic proposals in 2014-2015 budget

- The BC+ Basic plan is scheduled to terminate January 1, 2014.
- There are fewer than 1,424 individuals enrolled in the Basic Plan as of the end of May 2013.

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## Your Right to Fair Hearing

- BC+ applicants and recipients have the right to a fair hearing before the Division of Hearings and Appeals
- Hearing Requests must be filed within 45 days from effective date of adverse action
- There are no “good cause” for late filing exceptions
- File before “termination date” on notice in order to continue eligibility pending appeal

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## Your Right to Fair Hearing

- Appealable Actions Include:
  - Application denied
  - Application decision not provided within 30 days
  - Benefit ended
  - Prior authorization for service denied
  - Premiums instituted or increased
  - Recoupment of benefits (overpayment)

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## Thank You.

- **Be sure to pay attention to budget negotiations as many of the proposed changes could be altered in the coming months**
- **As noted before, many changes require Federal approval**

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