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

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

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
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

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

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
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.

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.

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.
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

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)

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!**
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)

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.

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.
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.

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.

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.
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

- 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.

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.”
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.

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.

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).
How to Apply

Apply Online at 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
- To apply in person, visit your local IM agency

When Does Coverage Begin?

- Once enrolled in BC+, coverage begins the 1st 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.

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
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

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.

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

**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.

**BadgerCare Plus Prenatal**

- Pregnant women 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
BadgerCare Plus
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)

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
Proposed Changes to BadgerCare Plus in 2013-2015 Budget

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

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
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

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.

BadgerCare Plus CORE Plan
**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.
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”)

BadgerCare Plus Basic

- 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
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

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.

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
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)

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