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TO: **Income Maintenance Supervisors**
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Income Maintenance Staff
W-2 Agencies
Workforce Development Boards
Job Center Leads and Managers
Training Staff
Child Care Coordinators

FROM: Amy Mendel-Clemens
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Section
Bureau of Eligibility Management
Division of Health Care Financing

BEM/DWS OPERATIONS MEMO					
No:	07-70				
DATE:	12/20/2007				
FS	<input type="checkbox"/>	MA	<input checked="" type="checkbox"/>	SC	<input type="checkbox"/>
CTS	<input type="checkbox"/>	CC	<input type="checkbox"/>	W-2	<input type="checkbox"/>
FSET	<input type="checkbox"/>	EA	<input type="checkbox"/>	CF	<input type="checkbox"/>
JAL	<input type="checkbox"/>	JC	<input type="checkbox"/>	RAP	<input type="checkbox"/>
WIA	<input type="checkbox"/>	Other	EP	<input type="checkbox"/>	★
PRIORITY: HIGH					

SUBJECT: BadgerCare Plus Implementation and Automated Eligibility Determination

CROSS REFERENCE Operations Memo [07-60](#), Administrators Memo [07-09](#)

EFFECTIVE DATE: Immediately

PURPOSE:

This memo is being released to assist agencies in preparing for the implementation of BadgerCare Plus.

BACKGROUND

As of February 1, 2008, the Family Medicaid (AFDC and AFDC-related Medicaid), Healthy Start (HS) and BadgerCare (BC) programs will be replaced with the new BadgerCare Plus (BC+) program.

BC+ AUTOMATED ELIGIBILITY DETERMINATION PROCESS

A one time BC+ automated eligibility determination process will be initiated the weekend of January 11, 2008. This automated process will end Family Medicaid, HS and BC and:

- Build and confirm BC+ AGs that replace Family MA, HS or BC;
- Build and confirm BC+ AGs from any EBD MA cases that have a potential BC+ member; and,
- Build and pend any BC+ AGs that have outstanding items that require verification.

No other AG's will be impacted by this determination process.

Not all cases impacted by this automated eligibility determination process will receive a CARES generated notice.

- Members eligible for BC+ Standard plan (the BC+ Standard plan represents "no change" in benefits) will not receive a notice.
- Members eligible for BC+ Benchmark plan or who have any change in premium will receive a notice letting them know of the change.
- Family MA, HS, or BC cases in pending status will receive a closure notice for those programs. BC+ will build but the case will be in pending status; no verification request for BC+ will be automatically generated. This may also occur if an individual with pending verifications who was not included in the Family MA, HS or BC AGs is now pulled into the BC+ AG. A new BC+ verification request must be generated by the worker and sent to the member. Refer to the Post Automated Eligibility Determination Tasks later in this memo for more information.

PRE BC+ AUTOMATED ELIGIBILITY DETERMINATION TASKS

We have outlined the following pre- and post- implementation activities workers should complete to help reduce or eliminate customer inquiries:

- 1) In order to have BC+ successfully confirmed for the greatest number of AGs as a result of the automated eligibility determination process:
 - A. Process any submitted verification prior to January 11, 2008. Any case that is pending for verification at the time of the automated eligibility determination will appear on the BC+ Pending AGs report and workers will be required to generate a request for verification. Refer to the Post Automated Eligibility Determination section later in this memo.
 - B. Complete any Overdue Verification alerts prior to January 11, 2008. Any case that is pending for overdue verification at the time of the automated eligibility determination will appear on the BC+ Pending AGs report and worker action will be necessary to close the case. Refer to the Post Automated Eligibility Determination section later in this memo.
- 2) Because BC+ covers caretaker relatives (previously known as NLRs) with income at or below 200% of the FPL, many more caretaker relatives may be eligible for BC+ than were eligible under the AFDC MA policy. When processing a review or application for a child with a caretaker relative prior to January 11, 2008, request income and employment information for the caretaker relative and indicate a request for health care. The caretaker relative will

then be tested for BC+ during the initial automated eligibility determination process using the correct income and employment information.

- 3) Enter all bills submitted for unmet deductible cases into CARES prior to January 11, 2008 and if a deductible is met, confirm the case. This will ensure that the correct BC+ AG is built when the automated determination is conducted.

POST BC+ AUTOMATED ELIGIBILITY DETERMINATION TASKS

REPORTS

Special reports will be generated after January 11, 2008 listing cases that require worker action resulting from the BC+ automated eligibility determination process.

- **BC+ Pending AGs** – As stated, no verification request will be automatically generated for BC+ AGs pending for verification (including those with overdue verifications). For this reason, a BC+ Pending AGs report will be sent to local agencies listing cases that need a verification request sent. Workers must initiate eligibility to generate and send a new verification request to these members.
- **Health Care Choice** – Individuals eligible for both BC+ and EBD MA will automatically be put into the category which offers the best benefit and the lowest cost share. However there will be some instances where CARES will not be able to determine the best option and the member will have to make the choice; this choice is referred to as a "Health Care Choice". A report will be generated listing cases where a Health Care Choice will need to be made as a result of the initial BC+ automated eligibility determination process. Workers must initiate eligibility on these cases to generate a notice requesting that the individual make the choice between BC+ and EBD MA. Refer to Process Help Chapter 83.4 on how to process cases with a Health Care Choice.

The Department will generate and send these reports by the end of the week following the initial automated eligibility determination process to the CARES/Policy Coordinator of each agency. Instructions on how to process the cases on the reports will be included.

OTHER IMPORTANT INFORMATION

SP/NV Verification Codes

For BC+ (unlike Family MA) all income is required to be verified. Because the policy is changing, the <SP>, <NV>, <Q?>, and <?> codes previously entered on the employment page for Family MA, HS or BC cases will fail or pend BC+ for income information. To prevent an increase in workload and ensure individuals have no gap in eligibility, the BC+ automated eligibility determination process will automatically change any <SP>, <NV>, <Q?>, or <?> code entered on an employment page to a code that will allow the BC+ AG to pass even though income was not verified. The new codes are:

- <CS> will replace <SP>
- <CN> will replace <NV>
- <CQ> will replace <QV>
- <CT> will replace <?>
- <CX> will replace <Q?>

These codes will be treated as an <NV>, <QV>, <Q?>, or <?> for all other AGs. These codes are not worker enterable and will be retained in the field until the next review or the verification code is updated as a result of a reported change.

BC+ REVIEW DATES

- Current Family MA, HS, or BC review dates will be retained when the BC+ automated eligibility determination process runs.
- For current cases with more than one open category of Family MA, HS or BC, the review dates will be aligned whenever possible and the new BC+ review date will be the latest of all review dates.
- Review dates for children on cases with more than one met deductible AG will be aligned and set at the latest review date.
- Review dates for pregnant women, continually eligible newborns and extension AGs will not change to align with other review dates. The original review date will be carried forward as the new BC+ review date.

The review date for Family MA, HS or BC AGs will not be carried forward for cases that require worker action to determine BC+ eligibility (i.e. those cases in pending status). The review date for these cases must be reset manually once BC+ eligibility is confirmed. Set the BC+ review date to be the latest Family MA, HS or BC review date already listed for the case (see CARES Mainframe screen AGOR).

ALERTS

No new alerts will be generated from the automated eligibility determination process. Workers should continue to work any alerts generated for cases that have been opened for BC+.

TRANSITIONAL GRANDFATHERING

Any individual eligible for Family MA, HS or BC in January 2008, who, at the time of the automated eligibility determination for BC+, fails BC+ solely due to excess income, will be eligible for BC+ under the Transitional Grandfathered (BCPT) program. (BCPH18.6)

Contact the CARES Call Center if you identify an individual who should have been picked up as a transitionally grandfathered case during the automated eligibility determination but was not.

OTHER CUSTOMER COMMUNICATION

The Department will be notifying all Family MA, HS or BC members of the change in programs through a Recipient Update and through the new BC+ Eligibility and Benefits brochure.

CONTACTS

BEM CARES Information & Problem Resolution Center

★Program Categories – FS – FoodShare, MA – Medicaid, SC – Senior Care, CTS – Caretaker Supplement, CC – Child Care, W-2 – Wisconsin Works, FSET – Food Stamp Employment and Training, CF – Children First, EA – Emergency Assistance, JAL – Job Access Loan, JC - Job Center Programs, RAP – Refugee Assistance Program, WIA – Workforce Investment Act, Other EP – Other Employment Programs.
DHFS/DHCF/BEM/JE