

WISCONSIN DEPARTMENT OF HEALTH SERVICES
Division of Health Care Access and Accountability
1 W. Wilson St.
Madison WI 53703

To: Process Help Users

From: Angela Dombrowicki, Director
Bureau of Enrollment Management

Re: **Process Help Release 08-05**

Release Date: 09/08/08
Effective Date: 09/08/08

EFFECTIVE DATE The following policy additions or changes are effective 09/08/08, unless otherwise noted. **Bold text denotes new text. Text with a strike through it in the old policy section denotes deleted text.**

CHANGES

All The term “MA” was changed throughout the handbook to “Medicaid/BC+” when referring to all Medicaid programs in Wisconsin.

Case Processing (1-15) > 11 BC+ Emergency Services > 11 BC+ Emergency Services Manual Application Processing > 11.1 Introduction The term “Emergency Services” was inadvertently omitted from this table’s title.

Old Text:
BC+ Income Limits

New Text:
BC+ **Emergency Services** Income Limits

Benefits (31-40) > 31 Benefits > 31.3 Benefit Recovery (BV) > 31.3.4 Determining Overpayment Period And Amount > 31.3.4.2 BadgerCare Plus and Medicaid (EBD) **New Text:**
Note: Patient liability should not be subtracted from the claims paid by Medicaid when determining the overpayment amount.

Old text from example 6:
QA considers this a client error for failure to report all countable assets. Client errors are recoverable, and benefit recovery must be established. The error amount is determined to be the amount of claims that were paid (found in MMIS on the RC screen ~~minus the monthly patient liability that was paid~~, from the initial application until the eligibility could be discontinued.

New text from example 6:
QA considers this a client error for failure to report all countable assets. Client errors are recoverable, and benefit recovery must be established. **The error amount is determined to be the amount of claims that were paid (found in MMIS on the RC screen) from the initial application until the eligibility could be discontinued.**

Other (56-79) > Sanctions (Reserved) 59 > PH 59 Sanctions (Reserved) This section on FSET Sanctions was renamed to Sanctions (Reserved) since there are no more FSET Sanctions.

Other (56-79) > Buyin Desk Aid 61 > 61.5 Completion of the HCF-10110 OR E- The email address of EDS was updated in this section.

Old Text

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HCF-10110> 61.5.4 To correct SLMB+ When RE Shows A SeniorCare or Family Planning Waiver Medical Status Code

Send the completed HCF-10110 through Fax: (608) 221-8815 or E-mail: eds_3070@dhfs.state.wi.us

New Text

Send the completed HCF-10110 through Fax: (608) 221-8815 or E-mail: veds@wisconsin.gov .

Other (56-79) > Child Support 62 > 62.2 Child Support Income> 62.2.4 Budgeting Child Support Income> 62.2.4 Budgeting Child Support Income

New Text:

62.2.4.1 CS Payments to Disabled Children for EBD Medicaid (Exception)

For Child Support paid to or on behalf of a disabled child, see MEH 15.4.14.

The one third income exclusion described in MEH 15.4.14 only applies to EBD Medicaid eligibility determinations for disabled children. It does not apply to BC+ cases. CARES is not currently programmed to accommodate these different income budgeting policies for cases that have a mixture of EBD, BC+, and FoodShare eligibility determinations. A workaround may be necessary, depending upon the case configuration, to arrive at the correct eligibility decision for each specific program (EBD, BC+, and FoodShare).

Other (56-79) > Child Support 62 > 62.4 Child Support Expenses

This section on Child Support Expenses was added.

New Text

62.4.1 FoodShare

Effective 06-08-08, budget the obligated amount of Child Support (CS) for FoodShare. Update ongoing cases at their next review (recertification), SMRF, or reported change to reflect the new policy. Apply the new policy to all new FS applications that have someone claiming that expense.

See FSH 4.3.4.1, 4.6.5.1

There are still two fields in CWW that require separate entries for FS and Medicaid because some program policy differences remain.

Enter expenses that are allowable deductions for FS in the "Payment Amount" field on the Support Obligations/ Payments page in CWW. CARES allows the amount entered in this field as a FS deduction.

62.4.2 Medicaid

EBD Medicaid - MEH 15.4.14, MEH 15.7.2.1.1, MEH 15.7.2.1.2, BC+ - BC+ HB 16.3.1

Enter expenses that are allowable for Medicaid and BC+ in the "Obligation Amount" field on the Support Obligations/ Payments page in CWW. CARES allows the amount entered in this field as a Medicaid/BC+ deduction.

Other (56-79) > Citizenship and Identity Verification 68 > 68.1 General Citizenship And Identity Verification Requirement Information For Medicaid, BadgerCare Plus And Family Planning Waiver Program Benefits

The term "MA" was replaced with "Medicaid/BC+" throughout Chapter. Also, this language was changed in this subsection:

New Text:

68.1.3.1

Whenever the system generates a verification checklist letter for an assistance group member who is missing proof of citizenship or identity, an additional informational letter outlining the requirement will automatically be generated and sent to the applicant or recipient. Additionally a "Statement of Identity for Children Under 18 Years of Age" affidavit form will be sent automatically with the verification checklist if there is someone in the household under 16 years of age who needs to supply

identity verification. IM workers do not need to do anything to trigger the additional information; it is generated within the CARES/CWW system.

- **CMLX – Cases without children under age 16**
- **CMLZ – Included Statement of Identity for Children Under 16 Years of Age**

Note: The HCF 10154 was originally for children under 16 years of age and was then changed to be used for children under 18 years of age. However CARES has not been updated to attach the HCF 10154 to verification checklists going to households with a dependent aged 16 or 17. IM Workers may manually send the HCF 10154 to these households.

Other (56-79) > Citizenship and Identity Verification 68 > 68.2 Documentation and Verification Codes > 68.2.5 Agency Documentation Requests

The term “MA” was replaced with “Medicaid/BC+” throughout Chapter. Also, this language was added in this subsection:

68.2.5.1 Obtaining A Wisconsin State Identity Card
When an IM agency is paying for a WI State ID card for an applicant/recipient, follow the normal verification processing timeframe. Allow for either ten days or up to the end of the application processing period, whichever is later, before denying or terminating eligibility for the individual. Begin the “verification timeframe clock” from the day the applicant/recipient receives the agency check. An individual should be able to obtain a WI State ID card in this timeframe.

Other (56-79) > Citizenship and Identity Verification 68 > 68.3 Acceptable Citizenship and Identity Documentation

This new section contains the Acceptable Citizenship and Identity Documentation chart that was originally issued as an attachment to Ops Memo 06-32. The PDF version of that chart is obsolete with this PH handbook release.

Links to Systems Guides (80-82) > 81 MMIS > 81.3 Electronic HCF 10110 (formerly the 3070 and HCF-10110)

This text was added. Note that the HCF-10110 (formerly the 3070) is now being renamed the “F-10110”.

New Text

Note: Once an F-10110 reaches the EDS, they will assign an Internal Control Number (ICN) and it will be batched for processing. The F-10110 will be entered into MMIS within three working days from the day the form was received. Eligibility is not updated the same day that a F-10110 is emailed or faxed.

Please do not send multiple F-10110 forms for the same individual until you verify the information has not been updated on MMIS and it has been more than three days since you submitted the original form.

If the F-10110 is sent and the eligibility segment on the RE screen in MMIS is not updated, do not send an additional F-10110 without first contacting the EDS Eligibility Analyst assigned to your county (see MMIS guide page 10) to find out if there are other issues with updating the eligibility.

Remember, when Medicaid/BadgerCare Plus is certified manually, it's extremely important to document that action in case comments and to send out a manual notice for the eligibility.

Links to Systems Guides (80-82) > 81 MMIS > 81 MMIS > 81.4 EDS Contacts

This new section titled “EDS Contacts” lists the phone numbers ES workers should call based on their agency.

Links to Systems Guides (80-82) > 82 SAVE > 82

This section on the SAVE Manual was entirely rewritten to include information from Ops Memo 04-10. The changes are too numerous to list here.

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SAVE

**BC+ / Notices / Elig. on
CWW (83) > 83.3 Employer
Verification of Health
Insurance**

The html versions of these trainings were removed. Only the PDF versions should be used.

**BC+ / Notices / Elig. on
CWW (83) > 83.4 Health
Care Choice**

The html versions of these trainings were removed. Only the PDF versions should be used.

**BC+ / Notices / Elig. on
CWW (83) > 83.7 Client
Notice Re-Engineering**

The html versions of these trainings were removed. Only the PDF versions should be used.

**BC+ / Notices / Elig. on
CWW (83) > 83.8 Eligibility
on CWW**

The html versions of these trainings were removed. Only the PDF versions should be used.