



Date: March 17, 2023

DMS Operations Memo 23-08

To: Income Maintenance Supervisors
Income Maintenance Lead Workers
Income Maintenance Staff

Affected Programs:

- | | |
|-----------------------------------------------------|------------------------------------------------------------|
| <input checked="" type="checkbox"/> BadgerCare Plus | <input type="checkbox"/> Caretaker Supplement |
| <input type="checkbox"/> FoodShare | <input type="checkbox"/> FoodShare Employment and Training |
| <input checked="" type="checkbox"/> Medicaid | |
| <input checked="" type="checkbox"/> SeniorCare | |

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Ending of Temporary Health Care Policies Related to COVID-19

CROSS REFERENCE

- Process Help, [COVID-19 Information](#)
- Medicaid Handbook, [Section 26.5 MAPP Premiums](#), [Section 26.3.3 Work Requirement](#), [26.3.4 Work Requirement Exemption](#)
- BadgerCare Plus Handbook, [Chapter 19 Premiums](#)
- Operations Memo, [20-01 New Requirements for BadgerCare Plus Childless Adults](#)
- Operations Memo, [20-12 Changes to the Medicaid Purchase Plan](#)

EFFECTIVE DATE

Immediately

PURPOSE

The memo announces the ending of temporary health care policies related to COVID-19. It describes requirements around reinstatement of pre-COVID-19 program policies.

BACKGROUND

The Secretary of the Department of Health and Human Services declared a federal public health emergency on January 31, 2020, related to COVID-19 (previously called “2019 Novel Coronavirus” and “2019-nCoV”).

Based on related changes in federal and state law, Wisconsin implemented temporary program policies and processes to protect the health and safety of applicants and members during the pandemic.

On December 29, 2022, Congress passed the Fiscal Year 2023 Consolidated Appropriations Act (CAA, 2023) which ended some temporary policies that have been in place during the pandemic. Under this law, states must start reinstating certain health care policies as of April 1, 2023. This law also establishes certain requirements related to handling returned mail.

POLICY

Under the provisions of the 2023 Consolidated Appropriations Act, health care policies are reinstated or implemented as outlined below.

CONTINUOUS ELIGIBILITY

Under the federal Families First Coronavirus Response Act (FFCRA), states were granted increased federal funding to maintain Medicaid enrollment for any member enrolled on or after March 18, 2020, unless the member passed away, moved out of state, or asked to be disenrolled. The recent 2023 Consolidated Appropriations Act ends the connection between the continuous Medicaid enrollment requirement and the federal COVID-19 public health emergency as of March 31, 2023. Health care members enrolled in the programs listed below on or after March 18, 2020, through March 31, 2023, will maintain continuous health care eligibility until their next renewal. Continuous health care eligibility means they will keep their current level of health care coverage regardless of changes in circumstance or non-payment of cost share or patient liability, unless they pass away, move out of state, or ask to be disenrolled.

- BadgerCare Plus
- Supplemental Security Income (SSI) Medicaid
- SSI-Related Medicaid
- Medicaid Purchase Plan (MAPP)
- Waiver Medicaid
- Institutional Medicaid
- Medicare Savings Programs
- Family Planning Only Services
- SeniorCare
- Emergency Services
- Tuberculosis-Related Medicaid
- Katie Beckett Medicaid
- Foster Care/Adoption Assistance Medicaid
- Wisconsin Well Woman Medicaid

Continuous eligibility also applies to members determined eligible under a presumptive eligibility determination for the applicable programs listed above, as well as members who became eligible for Medicaid or BadgerCare Plus by meeting a deductible. Continuous eligibility does not apply to individuals with an unmet deductible who haven't become eligible for health care. It does not apply to any non-health care programs.

Example 1: Jane applied for MAPP on January 4, 2021, and is determined eligible as of January 1, 2021. On April 4, 2023, Jane reports that her assets now exceed the MAPP asset limit. Jane will remain eligible for MAPP until she completes her renewal, which is now due July 31, 2023. At that time, her eligibility will be redetermined. If she is still over the asset limit, her MAPP will close July 31, 2023.

RENEWALS

Health care renewals will resume for the month of June 2023 and will occur over a 12-month period through May 2024. Renewals due in June 2023 will be initiated in April 2023.

Renewals have been distributed to achieve an even distribution of renewals for a given consortium or tribal IM agency during this time.

Renewals were redistributed based on the following criteria:

- Alignment of all health care assistance groups' renewal dates on the case
- Ensuring that someone has gone at least 12 months since their last application or renewal (or in the case of individuals who gained eligibility by meeting a deductible, at least 6 months, as these members have a 6-month certification period.)
- Alignment with FoodShare renewal dates, if applicable
- Alignment with Wisconsin Shares Child Care renewal dates, if applicable
- Consideration of how long it has been since the member's last renewal or application

For most BadgerCare Plus and Medicaid members, eligibility is determined by IM agencies using the CARES integrated eligibility system. Members enrolled via CARES will be considered for an administrative renewal, and if they cannot be administratively renewed, they will receive a pre-printed renewal form and instructions on how to complete a renewal.

Some BadgerCare Plus or Medicaid members are enrolled in programs for which eligibility is determined outside of the CARES eligibility system. These programs include SSI Medicaid, Foster Care/Adoption Assistance Medicaid, Emergency Services, Katie Beckett Medicaid, Wisconsin Well Woman Medicaid, and Tuberculosis-Related Medicaid. After April 1, 2023, these members will be asked to complete renewals using the pre-pandemic processes for redetermining eligibility for these programs. This group also includes members whose eligibility is determined manually using gap filling rules as well as members who gained eligibility by meeting a deductible. These renewals will occur during the 12-month unwinding period from June 2023 through May 2024. Their existing certification periods may not be shortened when these renewal dates are set. Members will receive letters in advance of when their renewal is due.

For SSI Medicaid and Foster Care/Adoption Assistance Medicaid, normal processes will be reinstated as of April 1, 2023, so changes that occur on or after April 1, 2023, will be acted upon. This means:

- If someone is disenrolled from the SSI cash benefit on or after April 1, 2023, they will no longer qualify for SSI Medicaid as of the end of the month after their SSI cash benefit ends. When this happens, the agency will complete a redetermination of Medicaid eligibility based on the information on file for that member. If the agency does not have information to complete a redetermination, the agency will request information from the member.
- If someone is no longer in a valid out-of-home placement or no longer has an Adoption Assistance or Subsidized Guardianship Agreement on or after April 1, 2023, they will no longer qualify for Foster Care Medicaid. However, DHS will follow its routine process for this type of change, which is to extend coverage for three months to give the individual enough time to provide information to the agency for a determination of eligibility for other types of Medicaid coverage.

However, if someone was enrolled in one of these programs and had continuous eligibility before April 1 (for example, they had lost SSI before April 1, 2023, but have been manually extended for SSI Medicaid) they will remain continuously eligible until their scheduled renewal.

Some members will not be subject to renewal and must reapply or take other actions to remain eligible:

- Members who no longer have an open case for health care benefits in the CARES eligibility system. These members must reapply because IM agencies do not have enough information to allow for a renewal.
- Members who were continuously eligible under presumptive eligibility must apply for BadgerCare Plus or Medicaid benefits.
- Members who did not verify their citizenship, identity, or immigration status, were certified, and made continuously eligible based on federal rules and have exhausted the reasonable opportunity period to provide that verification. These members must furnish the required citizenship, identity, or immigration status verification.

Members will be provided advance notice that explains any action they need to take - whether they need to complete a renewal, reapply, or provide verification of citizenship, identity, or immigration status.

SeniorCare members have been asked to complete renewals during the COVID-19 pandemic. Members who did not complete their SeniorCare renewal have maintained coverage to date but will need to complete a renewal beginning in June 2023 to stay enrolled in SeniorCare. These outstanding renewals will be distributed over a 12-month period from June 2023 through May 2024.

EARLY RENEWALS

Members should not voluntarily complete a health care renewal before receiving their renewal packet from the Department of Health Services (DHS) after continuous coverage ends. Members who renew earlier than their scheduled renewal could lose coverage sooner than they would if they wait until their scheduled renewal date.

If a member wants to voluntarily complete an early renewal, the IM agency must honor this request, but once a renewal is started, the renewal date cannot be changed. IM agencies must inform members that their eligibility may be impacted by doing an early renewal.

Example 2: Roderick applied for BadgerCare Plus on February 15, 2022. He is determined eligible for BadgerCare Plus effective February 1, 2022. Roderick's renewal is due January 31, 2024.

On September 4, 2023, Roderick calls his agency and requests to complete an early renewal. The IM worker explains that Roderick is currently continuously eligible through January, and that if he completes his renewal early, his eligibility will be based on his current non-financial and financial information which may negatively impact his continuous health care coverage. If Roderick completes an early renewal on September 4, 2023, and no longer meets the non-financial and financial eligibility criteria, he will lose eligibility as of September 30, 2023. Roderick requests to not complete an early renewal and will maintain continuous coverage until he completes his scheduled renewal in January 2024.

APPLICATIONS

Health care applications with a filing date on or after April 1, 2023, will not qualify for continuous eligibility, and eligibility will be determined using regular program policies. This is true even if the applicant requests backdating for earlier months when continuous coverage was in effect.

Example 3: Bob applied for BadgerCare Plus on May 6, 2023, and is eligible as a BadgerCare Plus childless adult. On July 3, 2023, he reports that his income has gone above the income limit. Bob's BadgerCare Plus eligibility ends July 31, 2023.

Example 4: Carmen applied for BadgerCare Plus on June 24, 2023, and requested backdated eligibility for March 2023. Carmen is eligible as a BadgerCare Plus childless adult. Carmen is considered a new applicant and does not have continuous eligibility.

On October 3, 2023, Carmen reports that her income has gone above the income limit. Carmen's BadgerCare Plus eligibility ends October 31, 2023.

REINSTATEMENT OF PREMIUMS FOR BADGERCARE PLUS AND MAPP

Premiums for BadgerCare Plus children, BadgerCare Plus childless adults, and MAPP members will be reinstated for both new applicants and existing members starting January 2024. Members with continuous eligibility who have not yet had a renewal by January 2024 will have premiums suspended until they complete their renewal.

REINSTATEMENT OF MAPP WORK REQUIREMENTS

MAPP work requirements will be reinstated for new applicants and existing members starting January 1, 2024.

BADGERCARE PLUS CHILDLESS ADULT TREATMENT NEEDS QUESTION

The Treatment Needs Question requirement will continue to be suspended for both new BadgerCare Plus childless adult applicants and existing members until at least January 2024. The question will continue to be asked, but a response is not required as a condition of eligibility for health care.

EXTENSIONS

A BadgerCare Plus extension is a period of continuous eligibility given to a parent, caretaker relative, pregnant person, or child when the household's income increases above 100% FPL because of an increase in earned income or spousal support. When this increase is based on earned income, it results in a 12-month period of continuous eligibility. When the increase is based on spousal support, it results in a 4-month period of continuous eligibility. Continuous eligibility during an extension means that eligible members maintain enrollment despite having household income above 100% FPL, as long as they continue to meet all other eligibility criteria for BadgerCare Plus.

During the unwinding period, members who had a qualifying increase in earned income or spousal support during the continuous coverage period will qualify for a 12-month or 4-month extension,

respectively, starting the month after the renewal is completed. This will occur regardless of when the earned income increase occurred and when it was reported.

Example 5: Margaret and her daughter have been in an earned income extension since February 2022. After renewal redistribution, her renewal is due October 31, 2023. If she still qualifies for an earned income extension at her renewal in October, the new extension will be certified November 1, 2023, through October 31, 2024.

DIVESTMENT

Divestment penalty periods were not imposed for ongoing health care members with continuous eligibility. If a divestment was reported or discovered for an ongoing health care member with continuous eligibility, a divestment penalty period will be imposed at the member's next renewal that occurs after April 1, 2023.

INDEPENDENCE ACCOUNTS

For MAPP members who had continuous coverage, premium penalties based on independence account deposits will not be assessed at their post-April 1, 2023, renewal. Agencies should verify the independence account balance at this post-April 1, 2023, renewal. At the member's subsequent renewal, the agency should review the independence account balance and assess premium penalties for any disallowed deposits that occurred during the 12-month certification period.

RETURNED MAIL

Based on federal requirements established by the CAA, 2023, agencies must attempt to contact members through at least two modalities when they receive returned mail related to the member's renewal. These contacts must occur prior to terminating coverage based on receipt of returned mail. Texts or emails sent at the same time or after the pre-printed renewal form are considered to meet this requirement.

RETROACTIVE PANDEMIC UNEMPLOYMENT PAYMENTS FOR EBD MEDICAID

The Social Security Administration released revised guidance in 2022 that impacts the counting of retroactive pandemic unemployment payments for EBD Medicaid. The following retroactive payment types no longer count as assets for EBD Medicaid:

- Pandemic Unemployment Assistance (PUA)
- Pandemic Emergency Unemployment Compensation (PEUC)
- Federal Pandemic Unemployment Compensation (FPUC)
- Mixed Earner Unemployment Compensation (MEUC)
- Extended Benefits (EB)

CONTACTS

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