



**12-Month Continuous Health
Care Coverage for Children**

IMAC Presentation
August 2024

Overview

Section 5112 of the Consolidated Appropriations Act, 2023, (CAA, 2023) made it mandatory for states to provide 12 months of continuous coverage for children under age 19 in Medicaid and CHIP, with some limited exceptions, effective January 1, 2024.

Children under 19 must remain eligible during their continuous coverage period unless and until any of the following occurs:

- The child turns 19
- The child is no longer a resident of Wisconsin
- The child passes away
- The child's citizenship, identity, or immigration status is not verified within their reasonable opportunity period
- There is a voluntary request for disenrollment

Children can not be charged a new or higher premium or move from Medicaid to CHIP during their 12-month continuous coverage period.

Overview Cont'd

On October 19, 2024, additional enhancements will be made to CWW to support this:

- Eligibility for a newly added child will be based on that child's eligibility outcome.
- A new 12-month certification period will be granted to eligible health care members in the household when a health care assistance group opens for a new certification period, with some exceptions. Members in a time-limited health care assistance group and children who would be negatively impacted or would move to CHIP will not be granted new certification periods.
- Separate assistance groups will be built for each individual open under specific health care benefits.
- A new reason code will be set when a child's eligibility is negatively impacted, and their 12-month continuous coverage is maintained from their existing certification period.

Child Added to an Existing Case

When a child is added to an existing case, eligibility for that child will be based on their eligibility outcome.

The existing continuous coverage for any other children in the household will not impact the newly added child's eligibility outcome.

Child Added to an Existing Case Cont'd

If the newly added child is determined ineligible, the benefit for this newly added child will be denied.

If the child being added has a continuous coverage period from a previous case, their eligibility will be maintained on the new case through the existing continuous coverage certification period.

In these situations, the existing eligible members in non time-limited benefits will be granted a new 12- months certification period.

Example

Ruby and her daughter Jessica are open for BadgerCare Plus with a certification period of January 2025 to December 2025. On May 9, 2025, Ruby reports her son Mark moved into the household and is requesting health care. Mark is found ineligible for health care benefits on Ruby's case. He has a previous continuous coverage period from his father's case from October 2024 to September 2025, so he will be enrolled in BadgerCare Plus on Ruby's case until September 30, 2025. Ruby and Jessica will be granted a new 12-months certification period from 05/01/2025 until 04/30/2026.

New 12-month Certification Period

A new 12-month certification period will be granted to all eligible health care members in the household when a new assistance group (AG) opens for a new certification period.

If the newly explored AG is pending or denied, a new 12-month certification period will not be granted to the remaining AGs in the household.

Example

Gabriel, Isabella, and their son Alejandro are enrolled in BadgerCare Plus with a certification period of January 2025 to December 2025. On July 7, 2025, Gabriel reports his other son, Ricardo, moved into the household and is requesting health care. Ricardo had no prior health care eligibility and opens under MAGC from August 1, 2025 to July 31, 2026. Gabriel, Isabella, and Alejandro all remain eligible. Since a new health care assistance group for Ricardo opened on the case, Gabriel, Isabella, and Alejandro will also be granted a new 12-month certification period from August 1, 2025 to July 31, 2026.

Separate Assistance Groups

Most health care assistance groups will be at the individual level, including BadgerCare Plus and the Medicare Savings Programs.

This does not change how test groups are determined or how income is counted.

SSI-Related Medicaid, including categorically and medically needy, met and unmet deductibles, and Special Status Medicaid groups will continue to be explored in a combined AG, if applicable. This includes the MS, MP, NS, and NP AGs.

When workers initiate eligibility for ongoing months, separate health care AGs will be built for each individual. If workers initiate eligibility with dates for a month in which the AG's were not split the AG's will continue to be combined.

Separate Assistance Groups Cont'd

A case comment will be added systematically the first time a combined AG is split.

A new 12-month certification period for these individuals will not be granted if a brand-new AG is not being explored.

Group-level confirmation of health care assistance groups will continue.

Reason Code

A new reason code **827** - Continuous coverage being maintained from original certification period will be added to CWW to support 12-month continuous coverage.

Eligibility Run Results

The following event has occurred:
GL314: No Potential Errors detected.

Health Care / CTS / Katie Beckett Medicaid Program Results

1 of 2 Pages

Run	Assistance Group	Sequence	Benefit Begin Date	Benefit End Date	AG Status	Eligibility Status	Reasons
3	MAGA - BCP - ADULTS	1	07/01/2024		DENIED	FAIL	046
			06/01/2024	06/30/2024	DENIED	FAIL	046
			05/01/2024	05/31/2024	DENIED	FAIL	046
	MAGC - BCP - CHILDREN < 19	1	07/01/2024		OPEN	PASS	827
			06/01/2024	06/30/2024	OPEN	PASS	827
			05/01/2024	05/31/2024	OPEN	PASS	827
	NS - SSI RELATED MA FOR AGED, BLIND AND DISABLED (MED NDY)	1	07/01/2024		DENIED	FAIL	014 479
			06/01/2024	06/30/2024	DENIED	FAIL	014 479
			05/01/2024	05/31/2024	DENIED	FAIL	014 479
MAP - MEDICAID PURCHASE PLAN	1	07/01/2024	591	PEND	PENDING	591	
		06/01/2024	06/30/2024	PEND	PENDING	591	
		05/01/2024	05/31/2024	PEND	PENDING	591	

Reason Code Cont'd

The reason code will be set in the following circumstances:

- The lower or zero premium is being maintained
- The continuous coverage period is maintained while others are redetermined

The reason code will display in CWW, but not on member correspondence.

Questions?