

**WISCONSIN DEPARTMENT OF HEALTH SERVICES**  
**Division of Medicaid Services**  
**1 W. Wilson St.**  
**Madison WI 53703**

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To: BadgerCare Plus Handbook Users

From: Bureau of Eligibility and Enrollment Policy

Re: **BadgerCare Plus Release 25-02**

Release Date: 04/09/2025

Effective Date: 04/09/2025

<b>EFFECTIVE DATE</b>	The following policy additions or changes are <b>effective 04/09/2025</b> unless otherwise noted. <b>Underlined text denotes new text. Text with a strike through it denotes deleted text.</b>
<b>POLICY UPDATES</b>	
<b>4.3.2 Verification</b>	Updated to appropriate terminology.
<b>4.3.2.1 Verification thru FDSH or SAVE</b>	Updated to appropriate terminology. Reorganized section and added subsection headers.
<b>4.3.2.2 Other Verification</b>	Reorganized section and added subsection headers.
<b>4.3.2.2.1 Military Service/Connection</b>	Reorganized subsection.
<b>4.3.2.2.2 Date of Arrival</b>	Reorganized subsection.
<b>4.3.2.2.3 Continuous Presence</b>	Reorganized subsection.
<b>4.3.2.3 Reverification of Immigration Status</b>	Renumbered section (previously 4.3.2.1) and reorganized section.
<b>4.3.3.1 Qualifying Immigrants</b>	Updated Additional Eligibility Information for COFA Citizen.
<b>4.3.3.1.3 Citizens of the Compacts of Free Association Countries</b>	Updated language to be concise.
<b>4.3.3.1.4 Victims of Trafficking</b>	Updated spacing of bullets.
<b>7 Employer-Sponsored Health Insurance Crowd Out Rules</b>	Renamed section (Previously 'Health Insurance Access and Coverage Requirements'). Effective 2/22/2025.
<b>7.1 Health Insurance Conditions of Eligibility</b>	Updated to reflect that access to health insurance is no longer a condition of eligibility for CHIP populations. Effective 2/22/2025. See Operations Memo 25-03.
<b>7.2 Past Access to Health Insurance</b>	Deleted section. Effective 2/22/2025.
<b>7.2.1 The Past Access Test</b>	Deleted section. Effective 2/22/2025.
<b>7.2.2 Good Cause for the Past Access Test</b>	Deleted section. Effective 2/22/2025.
<b>7.3 Current Access to Health Insurance</b>	Deleted section. Effective 2/22/2025.
<b>7.3.1 The Current Access Test</b>	Deleted section. Effective 2/22/2025.

<b>7.3.2</b>	<b>Good Cause for the Current Access Test</b>	Deleted section. Effective 2/22/2025.
<b>7.4.2</b>	<b>Current Coverage Test for BadgerCare Plus</b>	Updated terminology and information about BadgerCare Plus Prenatal Program eligibility.
<b>7.5</b>	<b>Access and Coverage Overviews</b>	Deleted section. Effective 2/22/2025.
<b>8.1</b>	<b>Pregnant Members</b>	Updated language in example boxes to reduce use of acronyms and provide consistency for how members are referenced.
<b>12.1</b>	<b>Migrant Workers</b>	Clarified what the term 'migrant worker' does not include.
<b>16.2 #38</b>	<b>Child Support</b>	Removed redundant information and updated reference.
<b>16.2 #39</b>	<b>Family Support</b>	Clarified how to prorate Family Support payments and added an example.
<b>16.2 #52</b>	<b>Guaranteed Income Payments</b>	Reorganized section and clarified when Guaranteed Income Payments are excluded from income.
<b>16.5 #3</b>	<b>Family Support</b>	Clarified how to prorate Family Support payments.
<b>16.5 #24</b>	<b>Virtual Currency</b>	Added a definition of Virtual Currency.
<b>17.1</b>	<b>Deductibles</b>	Updated to reflect that access to health insurance is no longer a condition of eligibility for CHIP populations. Effective 2/22/2025.
<b>17.3</b>	<b>Children Under 19</b>	Updated to reflect that access to health insurance is no longer a condition of eligibility for CHIP populations. Effective 2/22/2025.
<b>17.3.1</b>	<b>Deductible Period</b>	Updated to reflect that access to health insurance is no longer a condition of eligibility for CHIP populations. Effective 2/22/2025.
<b>17.3.2</b>	<b>Calculating the Deductible Amount</b>	Updated to reflect that access to health insurance is no longer a condition of eligibility for CHIP populations. Effective 2/22/2025.
<b>25.5.1.1</b>	<b>Signatures from Representatives</b>	Updated to reflect changes to who can sign health care applications and long term care forms on behalf of incompetent or incapacitated adults. See Operations Memo 24-07.
<b>27.1.1</b>	<b>Multiple Application Submission</b>	Added a subsection to clarify the multiple application submission policy.
<b>33.1</b>	<b>Estate Recovery Program Definition</b>	Updated events where the state will seek repayment of certain correctly paid health and long term care benefits received by BadgerCare Plus members during their lifetime.
<b>33.2</b>	<b>Recoverable Services</b>	Added a disclaimer that if a member's services don't meet the criteria listed that they are not subject to estate recovery.
<b>33.7</b>	<b>Estate Recovery Program (ERP) Contacts</b>	Removed obsolete information.
<b>38.5.6</b>	<b>Lost-Stolen Cards</b>	Removed obsolete information. Processing information has been moved to Process Help.
<b>41.1</b>	<b>BadgerCare Plus Prenatal Program</b>	Clarified that people who have declared they have U.S. citizenship are not eligible for BadgerCare Plus Prenatal Program.
<b>41.2</b>	<b>Eligibility Requirements</b>	Updated to reflect that access to health insurance is no longer a condition of eligibility for CHIP populations. Effective 2/22/2025. See Operations Memo 25-03. Updated terminology about BadgerCare Plus Prenatal Program eligibility.
<b>45.2</b>	<b>Covered Services</b>	Added reference. Effective 1/1/2025.
<b>45.8.5</b>	<b>Services for Youth</b>	Added new section on services covered for incarcerated youth. Effective 1/1/2025.

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## 4.3 Immigrants

### 4.3.2 Verification

#### 4.3.2.1 Verification through FDSH or SAVE

Primary verification of immigration status is done through ~~the Department of Homeland Security~~ U.S. Citizenship and Immigration Services (USCIS) by use of the Federal Data Services Hub (FDSH) or ~~SAVE, which is~~ Systematic Alien Verification for Entitlements (SAVE), an ~~automated telephone and computer database system~~ online service used to verify immigration status and naturalized/acquired U.S. citizenship. A worker processing an application can simply enter the immigrant's ~~alien~~ A-number or USCIS number and immigration document type into CWW. That information, along with demographic information of the individual, is sent in real time to the FDSH. The FDSH will immediately return verification of the immigrant's status, date of entry, and the date the status was granted if it's available from the ~~Department of Homeland Security~~ USCIS, along with other information. If the FDSH cannot provide verification of the immigration status, workers are directed to seek secondary verification through SAVE or take other action.

The verification query via the FDSH or SAVE most likely results in returning the latest date of any qualified ~~alien~~ immigration status update for an individual, not their original date of arrival. The only way to obtain an accurate date of arrival for those who do not meet an exemption category and who report a date of arrival prior to August 22, 1996, is through the secondary verification procedure. The FDSH or SAVE will describe the immigrant's current status which may have changed from the original status. In some situations ~~described later~~, workers will need to maintain the original status in CWW (see Additional Eligibility Information column in the table in SECTION 4.3.3.1 QUALIFYING IMMIGRANTS CARES.).

It may be necessary to complete a secondary or third level verification procedure with the ~~U.S. Citizenship and Immigration Services (USCIS)~~, via SAVE, including confirming the date of arrival, in the following situations:

- The applicant does not fall into any of the categories of non-citizens who are exempt from the five-year ~~ban~~ waiting period (for example, refugees, asylees, those with military service).
- ~~An IMA~~ worker has made an initial or primary verification inquiry using the SAVE database. The information from the inquiry conflicts with information on the applicant's immigration documents or what they are telling the ~~IM~~ worker.
- A non-citizen applicant tells ~~an IMA~~ worker that they came to the U.S. prior to August 22, 1996. If they arrived in a legal or documented status, the ~~IM~~ worker needs to verify the date of arrival to ensure that the correct ~~alien~~ immigrant eligibility rules are being applied.
- The FDSH or SAVE returns the message "Institute Secondary Verification."

- The ~~IM~~ worker finds any questionable information in the initial verification process.
- Cuban/Haitian entrants when SAVE or the Hub indicates the need.

An Immigration Status Verifier at ~~Department of Homeland Security~~ USCIS will research the ~~alien's individual's~~ records and complete the response portion of the verification request.

<u>Example 1</u>	<u>Shariff arrived as a student in June 2002. On June 5, 2006, he was granted asylum. The five-year waiting period does not apply to those granted asylum. Secondary verification via SAVE is not necessary. Shariff is eligible to be enrolled in BadgerCare Plus if he meets other financial and non-financial criteria.</u>
<u>Example 2</u>	<u>Tomas entered the U.S. on April 8, 1996, on a visitor's visa. He obtained qualified immigration status on September 22, 2003. Tomas applied for Medicaid on May 5, 2008. The worker completed primary verification and USCIS responded with the date of entry as September 22, 2003, since that was the last updated date on his status. The worker needs to confirm with the applicant that this is the original date he arrived in the U.S. Tomas explained that he arrived in 1996; therefore, the worker needs to conduct secondary verification. SAVE responds and confirms that the original date of arrival was April 8, 1996. Additionally, the worker needs to confirm that the applicant was continuously present (see SECTION 4.3.2.2.3 CONTINUOUS PRESENCE) between April 8, 1996, and September 22, 2003. Tomas signs a self-declaration confirming this and is found eligible. If the worker had used September 22, 2003, as the date of entry in CARES, Tomas would have been incorrectly subject to the five-year waiting period and not eligible until September 22, 2008.</u>

See Process Help, - [Chapter 82 SAVE](#) for more information.

### **4.3.2.2 Other Verification**

Additional verifications from sources other than the ~~Department of Homeland Security~~ Federal Data Services Hub (FDSH) or SAVE are sometimes required ~~as well.~~ For example,

#### **4.3.2.2.1 Military Service/Connection**

The following documents are considered valid verification of military service for persons who are in an immigration status subject to the ~~5~~five-year ~~bar~~waiting period and who indicate that they, their spouse, or parent is in the military service or is a veteran, ~~that military status must also be verified.~~

~~The following documents are considered valid verification of military service:~~

- A signed statement or affidavit form from an applicant attesting to being a veteran, surviving spouse, or dependent child.
- Military records

#### **4.3.2.2.2 Date of Arrival**

To establish a date of arrival for a qualified immigrant who originally arrived as an undocumented immigrant prior to August 22, 1996, the applicant must provide at least one piece of documentation that shows their presence in the U.S. prior to August 22, 1996. The following documents are considered valid verification of presence in the U.S.:

- Pay stubs
- A letter from an employer
- Lease
- Rent receipts
- Utility bills
- School enrollment records

#### 4.3.2.2.3 Continuous Presence

To establish continuous presence, ~~require~~ a signed statement is required from the applicant stating they were continuously present for the period in question. The signed statement will be sufficient unless a worker believes the information is fraudulent or information received is questionable.

Signed Statement Example	I, first and last name, hereby declare that I have continuously resided in the United States between the day I arrived in the United States, date here, and the date I received qualified immigrant status, date here. I have not left the United States in that time for any single period longer than 30 days or for multiple periods totaling more than 90 days.
	Applicant or Authorized Representative Signature and Date

#### 4.3.2.3 Reverification of Immigration statuses for most immigrants are permanent and most often change when the immigrant become a U.S. citizen. For this reason, immigrationStatus

Immigration status for ~~most~~many members should only be verified once, unless the status for an individual is questionable or ~~it's a status subject to reverification (see ).~~they have a Registration Status of 20. Even if an immigrant loses health care eligibility for a period of time, their immigration status does not need to be re-verified ~~unless the status is subject to reverification.~~

~~See Process Help, for additional information on using the FDSH or the procedures in the SAVE Manual.~~

#### 4.3.2.1 Reverification of Immigration Status

~~The following people~~ People with a Registration Status Code of 20 – Lawfully Residing are required to re-verify their immigration status at application ~~and/or~~ renewal, even if they have previously verified their immigration status:.

- ~~• Immigrant children under age 19~~
- ~~• Youths under age 21 in an Institution for Mental Diseases (IMD)~~
- ~~• Pregnant people~~

~~Typically, these people will be labelled with a "Non-immigrant" status by the United States Citizenship and Immigration Services. Reverifications are not to be done for children and pregnant people with other Registration Status Codes, as those statuses are permanent.~~

~~The~~ This reverification requirement is only to be applied at the time of subsequent applications, renewals, or when an agency receives information indicating that the member may no longer be lawfully residing in the U.S. For pregnant people, the reverification is not to occur until the renewal is done to determine the person's eligibility after the end of the 60-day postpartum period.

Individuals who report they have moved from a non-qualifying to a qualifying immigration status must have their new qualifying immigration status verified. Individuals who report they have become naturalized citizens must have their U.S. citizenship verified.

See Process Help, [Section 44.3.9 Immigrant/Refugee Information Page](#) for additional information on using the FDSH or the procedures in the SAVE Manual.

### **4.3.2.2 4 Reasonable Opportunity Period for Verification of Immigration Status**

Applicants who have declared that they are in a satisfactory immigration status, are otherwise eligible and are only pending for verification of immigration status must be certified for health care benefits within the normal application processing timeframe (30 days from the filing date). They are to continue receiving health care benefits for which they are eligible, while the IM agency waits for immigration status verification. Applicants who are otherwise eligible and are only pending for verification of immigration will have 90 days after receiving a request for immigration verification to provide the requested documentation. This 90-day period is called the Reasonable Opportunity Period (ROP). The 90-day ROP starts on the date after the member receives the notice informing the member of the need for the member to provide immigration verification by the end of the reasonable opportunity period. Federal regulations require that a minimum of five days be allotted for applicants to receive notices. For this reason, the end of the ROP must be set no less than 95 days after the date on the notice, even when the member receives the notice in less than five days. It also means that if a member shows that a notice was received more than five days after the date on the notice, the deadline must be extended to 90 days after the date the member received the notice.



The 90-day ROP applies when immigration verification is needed from a person at any time: applications, renewals, and when a person is newly requesting benefits on an existing case.

Applicants are eligible for benefits beginning with the first of the month of application or request. However, they are not eligible for backdated health care benefits while waiting for verification of their immigration status. Once verification of an eligible immigration status is provided, the applicant's eligibility must then be determined for backdated health care benefits if they have been requested.

When requested verification is not provided by the end of the ROP, the worker must take action within 30 days to terminate eligibility, unless one of the following situations occurs where the worker is allowed to extend the reasonable opportunity period:

- The agency determines that the person is making a good faith effort to obtain any necessary documentation.
- The agency needs more time to verify the person's status through other available electronic data sources.
- The agency needs to assist the person in obtaining documents needed to verify their status.

Persons whose health care benefits were terminated for failure to provide verification of immigration status by the end of the ROP are not eligible to have their benefits continued if they request a fair hearing.

A person may receive a reasonable opportunity period more than once in a lifetime.

Example 1	<p>Vladimir is a 12-year-old lawfully present in the United States on a visa applying for health care benefits with his parents. When verification is attempted through the FDSH, the response requires a secondary verification request to SAVE. Vladimir is otherwise eligible for BadgerCare Plus and is enrolled in BadgerCare Plus and the ROP notice is sent to the family while waiting for the SAVE response. A week later, SAVE verifies the child is lawfully present in the U.S. under a Temporary Protected Status and the reasonable opportunity period ends.</p> <p>A year later, the case is up for renewal. Since Vladimir has a Registration Status Code of 20 – Lawfully Residing, his immigration status must be verified again. Once more, the FDSH response requires verification of the child's status through SAVE. If Vladimir is otherwise eligible for BadgerCare Plus, they will be enrolled without delay and be sent a new reasonable opportunity period notice to the family. Again, Vladimir may be eligible for up to 90 days after receiving the notice while his immigration status is being verified.</p>
Example 2	<p>Sasha is a 22-year-old applying for health care benefits. Information received from the FDSH indicates she is a victim of trafficking. Confirmation of her status as a victim of trafficking is needed, and she must submit a letter from the U.S. Department of Health and Human Services Office on Trafficking in Persons (HHS OTIP). She is enrolled in BadgerCare Plus and is sent the ROP notice requesting Sasha submit a letter from HHS OTIP. Sasha never submits a letter from HHS OTIP and her benefits end when the ROP expires.</p>

	One year later, Sasha again applies for health care benefits. Once more, the FDSH returns the same results. Sasha is otherwise eligible for BadgerCare Plus. She must be enrolled in BadgerCare Plus without delay and sent a new ROP notice requesting a letter from HSS OTIP. Again, Sasha is eligible for BadgerCare Plus for 90 days after receiving the notice while waiting for Sasha to provide a letter from HHS OTIP.
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Benefits issued during a reasonable opportunity period to a person otherwise eligible for BadgerCare Plus are not subject to recovery, even if the person turns out to have an immigration status that makes them ineligible for BadgerCare Plus benefits.

### 4.3.3 Immigrants Eligible for BadgerCare Plus

#### 4.3.3.1 Qualifying Immigrants

Immigrants of any age meeting the criteria listed below are considered Qualifying Immigrants. Unless otherwise specified, categories of qualifying immigrants are enumerated in 8 U.S.C § 1641(b) and (c).

#### Types of Qualifying Immigrants

Short Name	Qualifying Immigrant Description	Eligible if:	Additional Eligibility Information	CWW Registration Status
Refugee	A refugee admitted under Immigration and Nationality Act (INA) Section 207. A refugee is a person who flees their country due to persecution or a well-founded fear of persecution because of race, religion, nationality, political opinion, or membership in a social group.	No additional criteria	An immigrant admitted under this status may be eligible for BadgerCare Plus, without a <del>five</del> -year <del>wait</del> waiting period, even if their immigration status later changes.	04

Refugee-Like	An immigrant who has benefits eligibility to the same extent as refugees due to an act of Congress	See  <u>SECTION 4.3.3.1.1 REFUGEE-LIKE IMMIGRANTS WHO HAVE BENEFIT ELIGIBILITY AS REFUGEES BECAUSE OF AN ACT OF CONGRESS</u>  for more information.	N/A	04
Asylee	An asylee admitted under INA Section 208. An asylee is a person who seeks asylum and is already present in the U.S. when they request permission to stay.	No additional criteria.	An immigrant admitted under this status may be eligible for BadgerCare Plus, without a <del>five</del> -year <del>wait</del> waiting period, even if their immigration status later changes.	05
Deportation Withheld	An immigrant whose deportation is withheld under INA Section 243(h) and such status was granted prior to April 1, 1997, or an immigrant whose removal is withheld under INA Section 241(b)(3) on or after April 1, 1997.	No additional criteria.	An immigrant admitted under this status may be eligible for BadgerCare Plus, without a <del>five</del> -year <del>wait</del> waiting period, even if their immigration status later changes.	15

Cuban-Haitian Entrant	Cuban-Haitian Entrants are defined as certain nationals of Cuba or Haiti who have permission to reside in the U.S. based on humanitarian considerations or under Section 501(e) of the Refugee Education Assistance Act of 1980 (REAA).	No additional criteria.  See <a href="#">SECTION 4.3.3.1.2 CUBAN- HAITIAN ENTRANTS</a> for more information.	The term “Cuban-Haitian Entrant” (CHE) relates to benefit eligibility rather than an immigration status. Individuals who meet the definition of a CHE may be eligible for certain public benefits.	11
Foreign Born American Indian	An American Indian born in Canada who is at least 50% American Indian by blood, as defined by §289 of the Immigration and Nationality Act  or  An American Indian born outside the U.S. who is a member of a federally recognized	No additional criteria.	N/A	18

	Indian tribe, as defined in 25 U.S.C. 450b(e).			
COFA Citizen	A person who is a citizen of a country in the Compacts of Free Association (COFA)	<p>No additional criteria.</p> <p>See <u>SECTION 4.3.3.1.3 CITIZENS OF THE COMPACTS OF FREE ASSOCIATION COUNTRIES</u> for more information.</p>	<p><del>COFA citizens who later become lawful permanent residents must meet additional criteria at the time they become LPRs.</del> <u>N/A</u></p>	22
Trafficking Victim's child, spouse, or parent	Victims of a severe form of trafficking, and their child, spouse, or parent in accordance with 107(b)(1) of the Trafficking Victims Protection Act of 2000 (P.L. 106-386).	<p>See <u>SECTION 4.3.3.1.4 VICTIMS OF TRAFFICKING</u> for more information.</p>	An immigrant admitted under this status may be eligible for Medicaid, without a <del>five</del> -year <del>wait</del> <u>waiting</u> <del>period</del> , even if their immigration status later changes.	19
Trafficking Victim		<p>Meet one additional criterion:</p> <ol style="list-style-type: none"> <li>1. Have been in a qualifying immigration status for at least five years.</li> </ol>	Be certified by the Department of Health and Human Services (HHS) as a victim of	19 - Meets one additional criterion or is certified by HHS as a

		<ol style="list-style-type: none"> <li>2. Be a child younger than 19 years old.</li> <li>3. Be younger than 21 years old and reside in an Institution for Mental Diseases.</li> <li>4. Be pregnant.</li> <li>5. Have arrived in the U.S. before August 22, 1996, and have been continuously present.</li> <li>6. Have a military service/connection.</li> <li>7. Be an Amerasian immigrant.</li> </ol> <p><u>SEE SECTION 4.3.3.1.5 ADDITIONAL CRITERIA FOR CERTAIN QUALIFYING IMMIGRANTS</u> for more information.</p>	<p>trafficking (applies to T1 visa holders and others).</p>	<p>victim of trafficking.</p> <p>Or 21- <del>5</del><u>five</u>-year <del>wait</del><u>waiting period</u> applies</p>
LPR	An immigrant lawfully admitted for permanent residence under INA 8 USC 1101 et seq		LPRs who were first refugees, asylees, Cuban or Haitian entrants, certain trafficking victims, or had their deportation withheld maintain that status for benefits eligibility purposes.	01
Parolee	An immigrant paroled into the U.S. under INA Section 212(d)(5) for at least one year		Certain parolees are treated as refugees for benefits eligibility purposes due to acts of Congress (SEE <u>SECTION 4.3.3.1.1 REFUGEE-LIKE IMMIGRANTS WHO HAVE BENEFIT ELIGIBILITY</u> )	06

			<u>AS REFUGEES BECAUSE OF AN ACT OF CONGRESS).</u>  Parolees who are nationals of Cuba or Haiti may be Cuban Haitian Entrants for benefits eligibility purposes ( <u>SEE SECTION 4.3.3.1.2 CUBAN-HAITIAN ENTRANTS</u> ).	
Conditional Entrant	An immigrant granted conditional entry under immigration law in effect before April 1, 1980 [INA Section 203(a)(7)].		N/A	03
Battered Immigrants	An immigrant as described at 8 U.S.C. §1641(c)(1) who has been battered or subjected to extreme cruelty in the		N/A	16

	U.S. and meets certain other requirements			
	An immigrant as described at 8 U.S.C. §1641(c)(2) whose child has been battered or subjected to extreme cruelty in the U.S. and meets certain other requirements.	N/A		16
	An immigrant child as described at 8 U.S.C. §1641(c)(3) who resides with a parent who has been battered or subjected to extreme cruelty in the U.S. and meets certain other requirements.	N/A		16

[...]

#### 4.3.3.1.3 Citizens of the Compacts of Free Association Countries

Citizens of the Compacts of Free Association (COFA) countries are not considered U.S. citizens or nationals. The Compacts of Free Association countries include the Republic of the Marshall Islands, the Federated States of Micronesia, and the Republic of Palau. COFA citizens have a special status with the U.S. that allows them to enter the country, work here, and acquire an SSN without obtaining an immigration status.

As of December 27, 2020, COFA citizens may be eligible for health care if they meet all other eligibility requirements. In addition, COFA citizens are not subject to the five-year



waiting period. ~~However,~~ COFA citizens who have a change in their status and become Lawful Permanent Residents (LPRs) are not subject to the five-year waiting period.

#### 4.3.3.1.4 Victims of Trafficking

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The U.S. Department of Health and Human Services Office on Trafficking in Persons (HHS OTIP) provides adult victims of trafficking with Certification Letters which allow those whose immigration status would otherwise prevent them from being eligible to receive BadgerCare Plus to be eligible to receive benefits. The certification process typically takes only a few days after HHS is notified by DHS that a person has made a bona fide application for a T visa or has been granted a T visa or Continued Presence.

- Applicants with a victim Certification Letter from the HHS OTIP qualify for benefits as a Victim of Trafficking regardless of their immigration status.
- Applicants who are victims of trafficking with class of admission (COA) codes ST6 or T1 and are:
  - Under 18 at the time of application do NOT require a Certification Letter.
  - 18 or older must either have a victim Certification Letter or meet one of the additional qualifying criteria for certain qualifying immigrants (see [SECTION 4.3.3.1.5 ADDITIONAL CRITERIA FOR CERTAIN QUALIFYING IMMIGRANTS](#))

Children, spouses, and parents of trafficking victims (COA codes: ST0, ST1, ST7, ST8, ST9, T2, T3, T4, T5, or T6) do not need a Certification Letter to be eligible for benefits.

Trafficking victims who are confirmed as eligible for Medicaid without a ~~5~~five-year ~~wait~~waiting period and who later have a change in their status and become Lawful Permanent Residents are not subject to the ~~5~~five-year waiting period as Lawful Permanent Residents.

## **7. Employer-Sponsored Health Insurance** **Access and Coverage Requirements** **Crowd** **Out Rules**

## 7.1 Health Insurance Conditions of Eligibility

To prevent the crowd out of private insurance, BadgerCare Plus benefits may be denied or terminated for ~~certain~~ groups who have certain current health insurance coverage ~~or have access (or have had access in the past) to certain employer-sponsored health insurance policies.~~

The following groups are subject to ~~the policies related to employer-sponsored~~current health insurance ~~access and~~ coverage policies:

- Children ages one through five with household incomes over 191% of the FPL
- Children ages six through 18 with household incomes over 156% of the FPL

Note	If a child qualifies for continuous coverage, their benefits cannot be terminated during the 12-month continuous coverage period because of health insurance coverage. Their benefits can only be denied or terminated during application or renewal.
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- Pregnant persons eligible under the BadgerCare Plus Prenatal Program at any income level

~~However, persons in these groups who have access to health insurance coverage may still be eligible if they have a good cause reason for failure to enroll in an employer-sponsored health insurance plan (see and ).~~

The following groups are exempt from the policies related to ~~employer-sponsored~~current health insurance ~~access and~~ coverage:

- Infants younger than one year old
- Children younger than 19 years old who are in a continuous coverage period
- Children younger than 19 years old who have met a deductible (exempt only during the deductible period)
- Children who are in an extension
- Children ages one through five with household income at or below 191% of the FPL
- Children ages six to 18 with household income at or below 156% of the FPL
- Former Foster Care Youth
- Pregnant persons and pregnant minors, other than those in the BadgerCare Plus Prenatal Program
- All adults 19 years old or older

~~BadgerCare Plus Prenatal Program members are subject to different policies related to health insurance coverage (~~

~~Health insurance conditions that impact eligibility include:~~

- ~~• Past access (see )~~
- ~~• Current access (see )~~
- ~~• Coverage (see )~~

~~IM workers are not responsible for determining current or past access to health insurance. The process is done through the Employer Verification of Health Insurance~~

~~database (see Section 9.9.7.1 Employer Verification of Health Insurance [EVHI] Database).~~

Childless adults are not eligible for BadgerCare Plus if they are enrolled in any part of Medicare except Medicare Part B Immunosuppressive Drug Benefit (Part B-ID).

## ~~7.2 Reserved Past Access to Health Insurance~~

### ~~7.2.1 The Past Access Test~~

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~~The Past Access Test policies apply to non-exempt children (see ). These children and any BadgerCare Plus Prenatal Program members who had access to health insurance, including access due to a qualifying event, in the 12 months prior to the application or renewal date are not eligible for BadgerCare Plus benefits if the access was through the current employer of an adult family member who is currently living in the household and,~~

- ~~1. The access was to a HIPAA health insurance plan through a current employer for which the employer paid at least 80% of the premium, or through the state of Wisconsin's health care plan (regardless of plan type or premium amount contributed by the employer); and~~
- ~~2. The applicant is a child under age 19 and child is not exempt; and~~
- ~~3. There is no good cause reason for not signing up for the coverage.~~

~~The child or BadgerCare Plus Prenatal Program member is ineligible for BadgerCare Plus for 12 calendar months from the date the health insurance would have begun.~~

<del>Example 1</del>	<del>Marilyn applied for BadgerCare Plus in April 2016 for herself and her children, ages 10 and eight; they have family income that exceeds 156% of the FPL. She could have enrolled in a family health insurance plan through her current employer in October 2015, and her employer pays 80% of the premium for that plan. Marilyn did not sign up because she felt the premiums, copayments, and deductibles would be unaffordable. If she had signed up, coverage would have begun in December 2015.</del>  <del>Since Marilyn did not sign up for employer-provided coverage within the last 12 months when it was available and she does not have good cause, her children are ineligible for BadgerCare Plus through November 2016, 12 months from the date the coverage would have begun, unless they become exempt during that time. Marilyn is not eligible because her income is over the 100% FPL limit for the parent and caretaker coverage group.</del>
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### ~~7.2.2 Good Cause for the Past Access Test~~

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~~Good cause reasons for failure to enroll in an employer-sponsored health insurance plan in the 12 months prior to application or renewal are:~~

- ~~1. Discontinuation of health insurance benefits by the employer;~~
- ~~2. During the time period when the employee failed to enroll in the health insurance coverage, one or more members of the individual's family was covered through:~~
  - ~~1. A private health insurance policy; or~~
  - ~~1. Medicaid, or BadgerCare Plus;~~

- ~~1. And no one in the Test Group at that time was eligible for:~~
  - ~~i. BadgerCare Plus with an assistance group income above 156% of the FPL,~~
  - ~~ii. BadgerCare Plus extension, or~~
  - ~~iii. BadgerCare Plus as a pregnant woman (not including the BadgerCare Plus Prenatal Program).~~
- ~~3. The employment through which the child is insured ended,~~
- ~~4. The insurance only covers services provided in a service area that is beyond a reasonable driving distance from the person's residence, or~~

~~Any other reason determined by DHS as a good cause reason. Local agencies must contact the DHS Problem Resolution Team for approval before granting good cause for any reason not stated above.~~

## 7.3 ~~Reserved~~ Current Access to Health Insurance

### 7.3.1 ~~The Current Access Test~~

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~~The Current Access Test policies apply to non-exempt children (see ). These children and BadgerCare Plus Prenatal Program members with access to health insurance, including access due to a Qualifying Event, through an employed family member who is currently living in the household are not eligible for BadgerCare Plus benefits if:~~

- ~~1. The access is to a HIPAA health insurance plan through a current employer for which the employer pays at least 80% of the premium or the state of Wisconsin's health care plan (regardless of plan type, or premium amount contributed by state or local government); and~~
- ~~2. The applicant or member is a child under age 19 and the child is not exempt; and~~
- ~~3. The coverage would begin within three calendar months following:~~
  - ~~1. The BadgerCare Plus application filing date; or~~
  - ~~1. Annual review month; or~~
  - ~~1. Employment start date~~

~~The child or BadgerCare Plus Prenatal Program member who could have been covered by the health insurance plan is ineligible for BadgerCare Plus benefits. Children under 19 years of age can become eligible by meeting a deductible (see ).~~

Note	<del>There are no good cause reasons for not enrolling in a health insurance plan when a person has current access.</del>
Example 1	<del>Janelle applies for BadgerCare Plus in January for herself and her child. She can enroll in a health insurance plan through her employer in March and her employer pays 80% of the premium. However, since coverage would not begin until May, Janelle does not have "current access" so her child is eligible for BadgerCare Plus until the next eligibility renewal (assuming there are no other changes that resulted in ineligibility). If Janelle's circumstances remain unchanged, her child will be disenrolled at their next review because she had "past access." Janelle is not eligible because her income is over the limit for the parent and caretaker coverage group.</del>
Example 2	<del>Bill applies for BadgerCare Plus in January for himself and his family. He can enroll in family health insurance through his employer and the employer pays 80% of the premium. Coverage would start in April. Bill chooses not to sign up because he thinks he will be eligible for BadgerCare Plus. His children are not eligible for BadgerCare Plus because Bill can sign up in this month and coverage would begin within the next three calendar months. Bill is not eligible because his income is over the limit for the parent and caretaker coverage group.</del>

### 7.3.2 ~~Good Cause for the Current Access Test~~

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~~The only good cause reason for failing to enroll in a currently available employer-sponsored health insurance plan is that the insurance only covers services provided in a service area that is beyond a reasonable driving distance from a person's residence.~~



## 7.4 Current Health Insurance Coverage

### 7.4.2 Current Coverage Test for BadgerCare Plus Prenatal Program

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Pregnant ~~women~~people who are otherwise eligible only for the BadgerCare Plus Prenatal Program are not eligible for the BadgerCare Plus Prenatal Program if they are currently covered by any ~~HIPAA~~ health insurance ~~policy~~plan which qualifies as minimum essential coverage as defined at 26 USC § 5000A(f)(1). The plan does not have to be employer-sponsored, but the insurance must cover services provided in a service area that is within a reasonable driving distance from the ~~woman's~~person's residence.

## 7.5 Reserved ~~7.5 Access and Coverage~~ Overviews

### ~~7.5.1 Access and Coverage Overview for New Applicants~~

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To determine whether or not an individual passes BadgerCare Plus insurance access and coverage requirements, answer the following questions for each individual within a BadgerCare Plus group.

- ~~1. Is the applicant or member a pregnant woman otherwise eligible for the BadgerCare Plus Prenatal Program?~~
  - ~~a. If yes, go to to determine whether she passes the insurance access and coverage requirements.~~
  - ~~b. If no, continue to question 2.~~
- ~~2. Is the applicant or member:~~
  - ~~a. Age 19 or older,~~
  - ~~b. Pregnant,~~
  - ~~c. Under age one, or~~
  - ~~d. A Former Foster Care Youth~~
    - ~~i. If yes, the applicant or member is not subject to the access and coverage requirements.~~
    - ~~ii. If no, continue to question 3.~~
- ~~3. Is the member a child younger than 19 years old and currently eligible for BadgerCare Plus because a child's 150% deductible was met?~~
  - ~~a. If yes, the member is not subject to the access and coverage requirements during the deductible period.~~
  - ~~b. If no, continue to question 4.~~
- ~~4. Is the member in a BadgerCare Plus extension?~~
  - ~~a. If yes, the applicant or member is not subject to the access and coverage requirements.~~
  - ~~b. If no, continue to question 5.~~
- ~~5. Is the applicant or member one of the following:~~
  - ~~a. A child one through five years old with household income at or below 191% FPL~~
  - ~~b. A child six through 18 years old with household income at or below 156% FPL~~
    - ~~i. If yes, the applicant or member is not subject to the access and coverage requirements.~~
    - ~~ii. If no, continue to question 6.~~

- ~~6. Do they have access to or coverage under health insurance, including access due to a qualifying event, through a current employer or the current employer of an adult member of the BadgerCare Plus test group?~~
  - ~~a. If yes, continue to question 7.~~
  - ~~b. If no, continue to question 11.~~
- ~~7. Does the employer pay 80% or more of the premium?~~
  - ~~a. If yes, continue to question 9.~~
  - ~~b. If no, continue to question 8.~~
- ~~8. Is the employer-provided insurance the Wisconsin state employee health plan (regardless of plan type or premium amount contributed by state or local government)?~~
  - ~~a. If yes, continue to question 9.~~
  - ~~b. If no, continue to question 11.~~
- ~~9. Is the coverage current or would the coverage begin in any of the three calendar months after one of the following:~~
  - ~~a. The month of BadgerCare Plus application filing date~~
  - ~~b. The annual review month~~
  - ~~c. The employment start date~~
    - ~~i. If yes, continue to question 10.~~
    - ~~ii. If no, continue to question 11.~~
- ~~10. Does the insurance cover services provided in a service area that is within a reasonable driving distance from the individual's residence?~~
  - ~~a. If yes, the applicant or member is not eligible for BadgerCare Plus benefits.~~
  - ~~b. If no, continue to question 11.~~
- ~~11. Did the applicant or member have access to employer-provided health insurance, including access due to a qualifying event, through a current employer or the current employer of an adult in the BadgerCare Plus test group in the twelve months prior to the application or review date?~~
  - ~~a. If yes, continue to question 12.~~
  - ~~b. If no, the applicant or member passes the BadgerCare Plus insurance access and coverage requirements.~~
- ~~12. Would the employer have paid 80% or more of the premium (at any time in the last 12 months)?~~
  - ~~a. If yes, continue to question 14.~~
  - ~~b. If no, continue to question 13.~~
- ~~13. Would the employer-provided insurance be under the Wisconsin state employee health plan (regardless of plan type or premium amount contributed by state or local government)?~~
  - ~~a. If yes, continue to question 14.~~

- ~~b. If no, the applicant or member passes the BadgerCare Plus insurance access and coverage requirements.~~
- ~~14. Did the applicant or member have "good cause" for failure to enroll in an employer-sponsored health insurance plan in the 12 months prior to the application (see )?~~
  - ~~a. If yes, the applicant or member passes the BadgerCare Plus insurance access and coverage requirements.~~
  - ~~b. If no, the applicant or member is ineligible for BadgerCare Plus for 12 months from the date the coverage would have begun unless they become exempt from health insurance/access coverage requirements during that time.~~

## ~~7.5.2 BadgerCare Plus Prenatal Program Insurance Access and Coverage Overview~~

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~~Use this overview only for the BadgerCare Plus Prenatal Program. The BadgerCare Plus Prenatal Program is for pregnant women who are not eligible for BadgerCare Plus solely due to immigration status or due to being an inmate.~~

- ~~1. Does she have access to health insurance, including access due to a qualifying event, through a current employer or the current employer of an adult member of the BadgerCare Plus test group?~~
  - ~~a. If yes, continue to question 2.~~
  - ~~b. If no, continue to question 6.~~
- ~~2. Does the employer pay 80% or more of the premium?~~
  - ~~a. If yes, continue to question 4.~~
  - ~~b. If no, continue to question 3.~~
- ~~3. Is the employer-provided insurance the Wisconsin state employee health plan (regardless of plan type or premium amount contributed by state or local government)?~~
  - ~~a. If yes, continue to question 4.~~
  - ~~b. If no, continue to question 6.~~
- ~~4. Would the coverage begin in any of the three calendar months after one of the following:~~
  - ~~a. The month of BadgerCare Plus Prenatal application filing date~~
  - ~~b. The annual review month~~
  - ~~c. The employment start date~~
    - ~~i. If yes, continue to question 5.~~
    - ~~ii. If no, continue to question 6.~~
- ~~5. Does the insurance cover services provided in a service area that is within a reasonable driving distance from the individual's residence?~~

- a. ~~If yes, the applicant or member is not eligible for BadgerCare Plus benefits.~~
  - b. ~~If no, continue to question 6.~~
6. ~~Did she have access to employer-provided health insurance, including access due to a qualifying event, through a current employer or the current employer of an adult in the BadgerCare Plus test group in the twelve months prior to the application or review date?~~
- a. ~~If yes, continue to question 7.~~
  - b. ~~If no, continue to question 10.~~
7. ~~Would the employer have paid 80% or more of the premium (at any time in the last 12 months)?~~
- a. ~~If yes, continue to question 9.~~
  - b. ~~If no, continue to question 8.~~
8. ~~Would the employer-provided insurance be under the Wisconsin state employee health plan (regardless of plan type or premium amount contributed by state or local government)?~~
- a. ~~If yes, continue to question 9.~~
  - b. ~~If no, continue to question 10.~~
9. ~~Did she have "good cause" for failure to enroll in an employer-sponsored health insurance plan in the 12 months prior to application (see )?~~
- a. ~~If yes, continue to question 10.~~
  - b. ~~If no, she is ineligible for the BadgerCare Plus Prenatal Program 12 months from the date the coverage would have begun unless she becomes exempt during that time.~~
10. ~~Is the woman covered by any HIPAA health insurance policy (either private or employer provided)?~~
- a. ~~If yes, continue to question 11.~~
  - b. ~~If no, she passes BadgerCare Plus Prenatal insurance access and coverage requirements.~~
11. ~~Does the insurance cover services provided in a service area that is within a reasonable driving distance from the individual's residence?~~
- a. ~~If yes, the applicant or member is not eligible for BadgerCare Plus benefits.~~
- ~~If no, they pass BadgerCare Plus Prenatal insurance access and coverage requirements.~~

## 8.1 Pregnant Members

Note	This chapter does not apply to pregnant members in the BadgerCare Plus Prenatal Program.
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A pregnant member who is enrolled in BadgerCare Plus stays eligible for both:

- Through the end of the pregnancy.
- An additional 60 days after the last day of pregnancy through the end of the month in which the 60th day occurs.

The eligibility decision does not need to be made prior to the end of the pregnancy, but the application must be filed before the end of the pregnancy in order for the member to remain enrolled as a pregnant member for the 60 days after the pregnancy ends. If the application is not filed before the end of the pregnancy and the applicant is living with the newborn or other children under 19, the applicant should be tested for BadgerCare Plus eligibility as a parent once the pregnancy ends. An application for Express Enrollment does not meet this application test.

A pregnant member with income over 306% of the Federal Poverty Level (FPL) at the time of application when eligibility is first determined can become eligible for BadgerCare Plus by meeting a deductible (see Section 17.2 Pregnant Members).

There are no premiums for pregnant members (see Section 19.1 BadgerCare Plus Premiums).

All pregnant members, except those eligible under the BadgerCare Plus Prenatal Program, may have their eligibility backdated to the first of the month up to three months prior to the month of application. If a person is determined to be eligible as a pregnant member for a backdated month, they remain eligible, even if they are over the income limit for any subsequent months, as long as they are still pregnant.

Example 1	Barb is pregnant and applied for BadgerCare Plus in December with a three-month backdate request. Barb is due in March. Her income was below 306% of the FPL for September, but over 306% for October, November, December, and ongoing. She met all of the other eligibility criteria. Since she was determined eligible as a pregnant member for the month of September, the subsequent increase in her income is ignored and she remains eligible for BadgerCare Plus through the end of the month in which the 60th day after the last day of pregnancy occurs.
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### Pregnant Children

When a pregnancy is reported for a child under age 19 on a case, they will have continuous coverage through at least the end of the postpartum period or the end of their 12-month continuous coverage period, whichever is later.

Example 2	Marita and her 16-year-old daughter Lupita have been enrolled in BadgerCare Plus since January 2024. In April 2024, they report that Lupita is pregnant with a due date of January 25, 2025. Lupita moves from <u>MAGCBadgerCare Plus eligibility as a child</u> to <u>MAGP-eligibility as a pregnant member</u> effective May 1, 2024. Lupita's continuous coverage end date is updated to March 31, 2025, the end of the postpartum period. In
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	December 2024, Marita completes a renewal and has a new certification period established from January 1, 2025, to December 31, 2025. Lupita delivers a baby January 13, 2025. The baby is enrolled in BadgerCare Plus as a continuously eligible newborn <del>(MAGB)</del> through January 31, 2026. Lupita remains enrolled in <del>MAGP</del> <u>BadgerCare Plus as a pregnant member</u> until the end of the postpartum period. In response to a worker alert, the IM agency determines eligibility for Lupita and transitions her from <del>MAGP</del> <u>BadgerCare Plus eligibility as a pregnant member</u> to <del>MAGC</del> <u>eligibility as a child</u> from April 1, 2025, until Marita's renewal date of December 31, 2025.
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If a child under age 19 applies as a pregnant minor on their own case, and they are initially enrolled in BadgerCare Plus as a pregnant ~~individual (MAGP); member~~, they will get their 12-month continuous coverage period as a pregnant ~~individual~~ member. It will not end when their postpartum period ends. When the pregnancy ends, they will be tested for other benefits (for example, they may transition to coverage as a child or a parent/caretaker), but if they do not qualify for another category of health care, they will remain enrolled in BadgerCare Plus as a pregnant ~~individual~~ member for the rest of their 12-month continuous coverage period for children.

Example 3	Jordan is 17, pregnant, lives on their own, and is not claimed as a tax dependent. Jordan applied for BadgerCare Plus in May. Jordan is due in November. Jordan is determined eligible for BadgerCare Plus as a pregnant <del>individual</del> <u>member</u> . Because they are under age 19 and are applying on their own case, they will be enrolled in BadgerCare Plus for a 12-month certification and continuous coverage period from May 1 to April 30. When Jordan's pregnancy ends, they can transition to other benefits if they meet program rules, but otherwise, they will remain enrolled in <del>MAGP</del> <u>BadgerCare Plus as a pregnant member</u> through April 30.
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If the pregnant child turns 19 during the pregnancy or postpartum period, they remain entitled to their continuous coverage as a pregnant ~~person~~ member.

Example 4	Lynn and her children, Bailey and Taylor, are open for BadgerCare Plus. A pregnancy is reported for Taylor, and they are transitioned to BadgerCare Plus for a pregnant <del>individual</del> <u>member</u> as of September. The pregnancy ends due to miscarriage on December 5. Taylor turns 19 on January 2. They remain eligible for <u>BadgerCare Plus as a pregnant member for</u> the rest of the postpartum period.
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## 12.1 Migrant Workers

A "migrant worker" is a person who temporarily leaves their principal place of residence outside Wisconsin and comes to Wisconsin for not more than ten months per year in order to accept seasonal employment in the planting, cultivating, raising, harvesting, handling, drying, packing, packaging, processing, freezing, grading, or storing any agricultural or horticultural commodity in its unmanufactured state and is authorized to work in the U.S.

"Migrant worker" does not include the following:

- A person who is only employed ~~only~~ by a Wisconsin resident, ~~if~~and the employer or the employer's spouse is the person's child, parent, grandchild, grandparent, brother, sister, aunt, uncle, niece, or nephew.
- A student who is enrolled (or has been enrolled during the past six months) in any school, college, or university, unless the student is a member of a household that contains a migrant worker.

Certain migrant workers and their families qualify for a simplified application procedure when applying for BadgerCare Plus or Medicaid in Wisconsin (see section 12.4.2 Simplified Application Procedure for Migrant Workers).



## 16.2 Income Types Not Counted

### 38. Child Support

Child Support payments are not taxable and are not counted under MAGI rules (see Process Help, [Section 62.2.6 Entering Child Support Income on an Unearned Income Page](#)). If a household is receiving family support, ~~divide the payment by the number of members in the household. The amount of the payment allocated to the child(ren) is considered child support and is disregarded. To determine whether the amount of the payment allocated to the adult(s) should be counted~~ (see [SECTION 16.2 #39 FAMILY SUPPORT](#)).

Example 4	Morgan receives \$500 a month in family support for herself and her three children, Kyra (age 15), Kevin (age nine), and Katie (age seven). <del><math>\\$500/4 \text{ people} = \\$125 \text{ per person}</math>. Disregard the amount allocated to the children (<math>\\$125 \times 3 \text{ children} = \\$375</math>).</del>
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### 39. Family Support

Family support combines child support and alimony/spousal support. If a household is receiving family support, divide/prorate the payment(s) among the individuals covered by the number of members in the household/court order. The amount of the payment allocated to the child(ren) is considered child support and is disregarded (see [SECTION 16.2 INCOME TYPES NOT COUNTED, #38 CHILD SUPPORT](#)). The amount of the payment allocated to the adult(s) is considered alimony/spousal support. To determine whether alimony/spousal support is counted as income ~~(, see~~ [SECTION 16.2 INCOME TYPES NOT COUNTED, #40 ALIMONY/SPOUSAL SUPPORT](#)).

Example 4	Morgan receives \$500 a month in family support for herself and her three children, Kyra (age 15), Kevin (age nine), and Katie (age seven). <u><math>\\$500/4 \text{ people} = \\$125 \text{ per person}</math>. Disregard the amount allocated to the children (<math>\\$125 \times 3 \text{ children} = \\$375</math>).</u>
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[...]

### 52. Guaranteed Income Payments

~~Guaranteed~~A guaranteed income payment is excluded from ~~a~~income if both of the following apply:

- The payment itself is privately funded~~,~~
- The payment is administered by a non-profit organization~~is.~~

Payments that are excluded~~. This includes from income include,~~ but is/are not limited ~~to,~~ payments from the Madison Forward Fund and The Bridge Project in Milwaukee.

## 16.5 Other Income

### 3. Family Support

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Family support combines child support and alimony/spousal support. If a household is receiving family support, divide/prorate among the payment individuals covered by the number of members in the household/court order. The amount of the payment allocated to the child(ren) is considered child support and is disregarded. The amount of the payment allocated to the adult(s) is considered alimony/spousal support. To determine whether alimony/spousal support is counted as income, see SECTION 16.5 OTHER INCOME, #2 ALIMONY/SPOUSAL SUPPORT.

[...]

### 24. Virtual Currency

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Virtual currency is money that is a digital system not in U.S. dollars or other money system backed by a government. Examples may include, but are not limited to, Bitcoin, Ethereum, and Litecoin. Traditional currency, such as the U.S. dollar, is used to purchase virtual currency, and virtual currency may be sold for traditional currency. Virtual currency does not refer to Venmo or PayPal. Venmo and PayPal are payment services that facilitate the movement of funds between people or businesses; they are not currencies. Income earned via Venmo or PayPal sales would most likely fall under self-employment income policies, not virtual currency.

Virtual currency is counted as income when it is received in the following situations:

- Received as payment for goods or services
- Received by an independent contractor for performing services
- Received from an employer as remuneration for services (that is, wages)

If virtual currency is sold, income received from the sale is counted as income for BadgerCare Plus only if the income is regular and predictable or if the sale occurs as part of a trade or business.

## 17.1 Deductibles

Children (younger than 19 years old) with income over 306% of the FPL may become eligible for BadgerCare Plus by meeting a deductible. Children with income over 156% of the FPL who are denied BadgerCare Plus solely due to ~~access to~~having current employer-sponsored health insurance coverage may also become eligible for BadgerCare Plus by meeting a deductible. The deductible amount is calculated for a six-month period using the amount of income that exceeds 150% of the FPL.

Pregnant ~~women~~people with incomes above 306% of the FPL can qualify for BadgerCare Plus by meeting a deductible. The deductible amount is calculated for a six-month period using the amount of income that exceeds 300% of the FPL for pregnant ~~women~~people. The deductible is met by incurring medical expenses that equal the deductible amount. Pregnant ~~women~~people who could only qualify for the BadgerCare Plus Prenatal Program may not become eligible for the Prenatal Program by meeting a deductible.

Note	When determining the deductible amount, only the income of the applicant, the applicant's spouse, and, if the applicant is younger than 19 years old, the applicant's parents, should be considered. If a sibling or other tax dependent has been counted as part of the applicant's regular MAGI assistance group, the sibling's or tax dependent's income should be excluded for purposes of calculating the deductible; however, they should still be included in the assistance group size.
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## 17.3 Children Under 19

Children (younger than 19 years old) with income over 306% of the FPL may become eligible for BadgerCare Plus by meeting a deductible. Children with income over 156% of the FPL who are denied BadgerCare Plus solely due to ~~access to current employer-sponsored~~ health insurance ~~coverage~~ may also become eligible for BadgerCare Plus by meeting a deductible. The deductible amount is calculated for a six-month period using the amount of income that exceeds 150% of the FPL.

To meet the deductible, the child or their parents included in the child's BadgerCare Plus group must incur medical bills equal to the deductible amount. Deductible-based eligibility is not extended to other children or members of the original assistance group. The parents' medical expenses may be used for meeting the deductible of more than one child at a time. Medical expenses of siblings may not be used for a child's deductible.

### 17.3.1 Deductible Period

The child under 19 can choose to begin the BadgerCare Plus deductible period as early as three months prior to the month of application and as late as the month following the month of application.

Example 1	On November 1, John's mother and stepfather apply for BadgerCare Plus for themselves, John, and John's two stepbrothers. The family's countable income is 225% of the FPL. John's mother has employer-sponsored insurance that covers her and John. John is ineligible for BadgerCare Plus due to <del>the</del> <del>having current employer-sponsored health</del> insurance <del>access</del> <del>coverage</del> . John's stepbrothers are eligible for BadgerCare Plus with a premium. Because the health insurance does not cover all of John's medical expenses, in December, John's mother requests a deductible for John. The deductible period is December through May. John has medical bills that will meet the deductible as of January 1. John will be covered under BadgerCare Plus with no premium from January through May.
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The BadgerCare Plus deductible period for a child can include a month in which they would have been ineligible for a non-financial reason other than ~~having current employer-sponsored~~ health insurance ~~access or~~ coverage, with one exception. A deductible period may not begin with a month in which the child is non-financially ineligible for a reason other than ~~having current employer-sponsored~~ health insurance ~~access or~~ coverage. Although excess income is still calculated over a six-month period, the child may only be certified for BadgerCare Plus during the dates when they met all non-financial criteria other than ~~having current employer-sponsored~~ health insurance ~~access or~~ coverage.

A new deductible period can be established at any time before the current deductible has been met. A new application for the child must be signed and submitted in order for the new deductible period to be established. A new application is required regardless of when the previous deductible period was established or if anyone in the household is eligible for another health care program.

Example 2	Jose applied for BadgerCare Plus for his 14-year-old child, Ellie, on April 1. Ellie is eligible for a deductible period from April 1 through September 30. She has not incurred enough expenses to meet the deductible. In July, the household's income decreased, and they would like to have a new deductible period for Ellie from July 1 through December 31. Jose must submit a new, signed application for Ellie for the IM agency to establish a new deductible period.
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## 17.3.2 Calculating the Deductible Amount

To calculate the dollar amount of the BadgerCare Plus deductible for a child:

1. Determine the BadgerCare Plus deductible period.
2. Find the child's assistance group's total countable income for each month in the deductible period.
3. If the assistance group's total countable income includes the income of someone other than the child, the child's parents, or, if married, the child's spouse, subtract the income of that person, but do not change the group size of the AG.
4. Compare the total income of each month with 150% of the FPL. If a month's income is less than or equal to 150% of the FPL, ignore it. If a month's income is more than the income limit (150% of the FPL), find the excess income by subtracting the income limit from the income of that month. The child could choose to drop the deductible for months their income decreases so that the child is eligible to enroll in BadgerCare Plus.
5. Add together the excess income of the months in the deductible period. The result is the child's BadgerCare Plus deductible amount.

Example 1	Kyle is 14 years old, and his assistance group's income is over 156% of the FPL. Because of his age and assistance group's income amount, he is subject to <u>the current employer-sponsored health insurance</u> <del>access policies</del> <u>coverage policy</u> . He is ineligible for BadgerCare Plus because he is covered under his mother's employer-sponsored health insurance plan. The household's size is five. Their income is \$366.25 over the 150% FPL for a group size of five. Kyle's six-month deductible amount is \$2,197.50. ( $366.25 \times 6 = \$2,197.50$ ).
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Example 2	Mark, who is five years old, is ineligible for BadgerCare Plus because his assistance group's income is over 306% of the FPL. The household is made up of Mark's mother and 17-year-old brother whose income is counted because he is expected to be required to file taxes. Mark's assistance group's income is \$3,026 over the 150% FPL for a group size of three. However, because Mark's brother is not his parent or spouse, his income must be excluded from the deductible calculation. This reduces the excess income to \$1,526. John's six-month deductible amount is \$9,156 ( $1,526 \times 6 = \$9,126$ ).
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## 25.5 Valid Signature

### 25.5.1 Valid Signature Introduction

#### 25.5.1.1 Signatures from Representatives

The following people can sign the application with their own name on behalf of the applicant:

##### 1. Guardian

When an application is submitted with a signature of someone claiming to be the applicant's guardian, the IM agency must obtain a copy of the document that designates the signer of the application as the guardian. From the documents provided, ensure that the individual claiming to be the applicant's guardian can file an application on the applicant's behalf.

When someone has been designated as one of the following, only the guardian, not the applicant, may sign the application or appoint an authorized representative:

- Guardian of the estate
- Guardian of the person and the estate
- Guardian of the person and the court document appointing the legal guardian of the person specifically grants the guardian the authority to enroll their ward in BadgerCare Plus, Medicaid, or public assistance programs.

If the applicant only has a guardian of the person, ~~and the applicant's guardian does who has not have been granted~~ the authority to enroll ~~the person their ward~~ in BadgerCare Plus, Medicaid, or public assistance programs, the guardian ~~may of the person cannot~~ sign the application ~~since they are acting responsibly for an incompetent or incapacitated person. However, a guardian of the person who does not have the authority to enroll the person in BadgerCare Plus, Medicaid, or public assistance programs cannot appoint an unless the applicant appoints them as their~~ authorized representative. ~~The applicant must be the one to appoint an authorized representative if they choose to have one.~~

Note	The guardian of the person may ask the court to update their letters of guardianship to grant them the authority to enroll their ward in public assistance programs
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~~The applicant may appoint their guardian of the person to be the authorized representative. If the guardian of the person has been appointed the authorized representative by the applicant, the guardian may sign the application as the authorized representative.~~

[...]

## 27.1 Changes Reporting During the Application Processing Period

For applications, changes that occur between the filing date and confirmation date must be reported and considered in the eligibility determination. Changes that are reported after certification must be acted on in the same manner as any other reported change.

### 27.1.1 Multiple Application Submission

When an applicant submits more than one application within the same application filing period, the earliest received application establishes the filing date. However, the information from the latest received application must be used in the eligibility determination since that is the most current information reported by the household.

<u>Example 1</u>	<u>Charlie applies for health care on June 15. Charlie moves from Superior to Green Bay on June 20. Charlie applies for health care again on June 21, because Charlie didn't know a new application was not needed. The filing date for Charlie's health care request is June 15. Some information from the June 15 application might be valid, but information from Charlie's more recent June 21 application must be used in Charlie's eligibility determination, contact details, and agency administration.</u>
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The application processing timeline is based on the established filing date from the earliest received application (see Section 25.7 Application Processing Time Frame).

## 33.1 Estate Recovery Program Definition

The state seeks repayment of certain correctly paid health and long-term care benefits received by BadgerCare Plus members through all the following:

- Liens against property after the death of a member
- Claims against estates
- Affidavits
- Voluntary recoveries

A lien is never filed against the home of a BadgerCare Plus member during their lifetime, even if the member is living in a nursing home or institutionalized in an inpatient hospital.



## 33.2 Recoverable Services

Not all services provided by BadgerCare Plus are recoverable. Recoverability depends on what was provided and the member's age when they received the benefit.

The following are the services for which ERP may seek recovery:

1. All BadgerCare Plus services received on or after age 55 while living in a nursing home
2. All BadgerCare Plus services received on or after age 55 while institutionalized in an inpatient hospital.
3. Home health care services received by members age 55 or older on or after July 1, 1995, consisting of:
  - a. Skilled nursing services.
  - b. Home health aide services.
  - c. Home health therapy and speech pathology services.
  - d. Private duty nursing services.
  - e. Personal care services received by members 55 or older on or after April 1, 2000.
4. All home and community-based waiver services Community Options Program (COP) Waiver, CIP 1A, CIP 1B, CIP II, Brain Injury Waiver, Community Opportunities and Recovery and Community Supported Living Arrangements received by members age 55 or older between July 1, 1995, and July 31, 2014, and:
  - a. Prescription/legend drugs received by waiver participants.
  - b. Benefits paid associated with a waiver participant's inpatient hospital stay. These include inpatient services that are billed separately by providers and Services that are non-covered hospital services.
5. Family Care services received by members age 55 or older between February 1, 2000, and July 31, 2014, and:
  - a. Prescription/legend drugs received by waiver participants.
  - b. Benefits paid associated with a waiver participant's inpatient hospital stay. This includes inpatient services that are billed separately by providers and that are non-covered hospital services.
6. All Family Care Partnership services received by members age 55 and older while residing in a nursing home or while institutionalized in an inpatient hospital on or after March 1, 2009. All Family Care Partnership home and community-based waiver services, prescription/legend drugs and benefits associated with an inpatient hospital stay that are received by members age 55 or older between March 1, 2009, and July 31, 2014.
7. All Include, Respect, I, Self-Direct (IRIS) services, prescription/legend drugs and benefits associated with an inpatient hospital stay that are received by members age 55 or older before July 31, 2014.
8. All BadgerCare Plus services received by members age 55 or older participating in a long-term care program on or after August 1, 2014. Long-term care

programs include all home and community-based waiver programs [including COP-W, CIP 1A, CIP 1B, CIP II, Brain Injury Waiver, Community Opportunities and Recovery, Community Supported Living Arrangements, FamilyCare, FamilyCare Partnership, IRIS and the Program of All-Inclusive Care for the Elderly (PACE)]. The capitation payment made to the Managed Care Organization on or after August 1, 2014, will be recovered for members receiving long-term care program services through managed care.

If a member's services do not meet the criteria listed above, they are not subject to estate recovery.

## 33.7 Estate Recovery Program (ERP) Contacts

The ERP address is:

Estate Recovery Program Section

Division of Medicaid Services

P.O. Box 309

Madison, WI 53701-0309

For general information regarding ERP, refer members to Member Services at 1-800-362-3002.

~~Direct case-specific questions about:~~

- ~~1. Estate recovery disclosure forms and liens to the Estate Recovery Specialist at 608-264-6755.~~
  - ~~2. For small estates of \$50,000 or less, provide the phone number of the "Affidavit Help Line," 608-264-6756, to heirs of deceased members who have questions about ERP. The Help Line provides recorded messages that answer the most frequently asked questions regarding small sum estates. It also provides the caller with an opportunity to either leave a message or talk to ERP staff.~~
- ~~Tribal inquiries should be re-directed to the ERP Section Chief at (608) 261-7831.~~

## 38.5 BadgerCare Plus Cards

### 38.5.6 Lost-Stolen Cards

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If a member needs a replacement card, they or an authorized representative, can request a replacement card by either:

1. Using [ACCESS](#).
  1. Create an [ACCESS Account](#).
  1. Go to your ACCESS Home Page and select a new ForwardHealth card (see ACCESS User Guide, [Section 4.10 Get a New Card](#)).
2. Contacting Member Services at 1-800-362-3002.

~~Workers may also log into the and select "Replacement ID Card Request" under the Quick Links on the right side of the page.~~

If the member has multiple benefit ID cards, there will be a choice of which ID card to request. A new ForwardHealth card will be created the evening of the request and will be sent out the following business day.-

Replacement cards are issued automatically when the card has been returned as undeliverable and the member's address changes.

~~You cannot request replacement cards using a Medicaid/BadgerCare Plus Eligibility Certification form (-) or CARES.~~

## 41.1 BadgerCare Plus Prenatal Program

The BadgerCare Plus Prenatal Program provides coverage for pregnant people who apply for BadgerCare Plus and meet all financial and most nonfinancial eligibility requirements, including:

- Pregnant people who do not meet the BadgerCare Plus citizenship or immigration status requirements.
- Pregnant people who are inmates of a public institution (see [SECTION 45.8.2 PREGNANT MEMBERS](#)) and would otherwise be placed in suspended status for BadgerCare Plus.

A person who has declared U.S. citizenship is not eligible for BadgerCare Plus Prenatal Program even when they cannot produce citizenship verification, identity verification, or both.

## 41.2 Eligibility Requirements

Pregnant members (or when applicable, their assistance group), must meet the following BadgerCare Plus eligibility requirements to qualify for the BadgerCare Plus Prenatal Program:

1. The applicant's net countable income must not exceed 306% of the FPL.
- ~~1. The applicant must not have current or past access to an employer's health insurance benefit where the employer pays 80% or more of the premium cost or to any State of Wisconsin health insurance plan.~~
2. The applicant must provide any required verifications. Note: Pregnancy will only be verified if the worker has information that contradicts the applicant's self-declared information (see Section 9.9.3 Pregnancy).
3. The applicant must not have current health insurance coverage ~~(see )~~ through any HIPAA standard health insurance plan which qualifies as minimum essential coverage as defined at 26 USC § 5000A(f)(1) (see SECTION 7.4 CURRENT HEALTH INSURANCE COVERAGE ~~now or in the three calendar months prior to the BadgerCare Plus Prenatal request.)~~.

[...]

## 45.2 Covered Services

Individuals who are inmates of a public institution may be eligible for suspended BadgerCare Plus. During the suspension, BadgerCare Plus will only cover inpatient services received while the member is outside of jail or prison for 24 hours or more.

While enrolled in suspended BadgerCare Plus, members are not eligible to enroll in an HMO.

Copay limits still apply to suspended members for any services they receive.

See SECTION 45.8.5 SERVICES FOR YOUTH for information on coverage for certain pre-release and post-release services for youth.

## 45.8 Special Policy Considerations

### 45.8.5 Services for Youth

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Youth who are incarcerated and enrolled in suspended BadgerCare Plus can receive HealthCheck screening services and targeted case management during certain times if they are either:

- Under 21 years old.
- Under 26 years old and meet the criteria to be a Former Foster Care Youth (see Section 11.2 Former Foster Care Youth).

These youth are eligible for HealthCheck screening services 30 days prior to their release and within one week (or as soon as practicable) after their release.

These youth are eligible for targeted case management 30 days prior to their release and at least 30 days after release.