

Applying for Public Health Care Assistance in Wisconsin



Overview for Navigators and Certified Application Counselors

August 2013

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Introduction

Purpose

The goal of this training is to inform Navigators and Certified Application Counselors (CACs) of the methods of applying for public health care programs in Wisconsin, and to provide a high level overview of eligibility requirements (with a focus on BadgerCare Plus and Elderly, Blind, and Disabled (EBD) MA).

After taking this course, a Navigator or CAC should have a basic understanding of the methods through which an applicant may apply for public health care assistance in Wisconsin, the general eligibility requirements, and what the applicant should expect throughout the process.

This training, along with the separate training about the Health Insurance Marketplace, should assist Navigators and CACs help an applicant enter the process through the most appropriate route to facilitate the process for the customer.

This is a high level overview of eligibility requirements relevant to applicants whose eligibility is being determined for 1/2014. This is **NOT** a training on determining eligibility.

Note: At any time policy and process are subject to change.

Overview

The following overview will be provided:

- Wisconsin's Health Care Programs
- Eligibility Requirements
 - Non-Financial
 - Financial
- Services Covered
- Copays and Premiums
- Verification Requirements
- What to Expect
- Rights and Responsibilities

General Overview

Introduction to Public Health Care Assistance

Within this training, we will introduce you to various public assistance health care programs in Wisconsin. The programs that we will discuss include BadgerCare Plus, Medicaid for the elderly, blind, and disabled (EBD), and Long Term Care Medicaid. We will take a closer look at each of these programs later in this training.

For now, it is important to understand that when a customer applies for public health care assistance through one of the methods described in this training, his/her eligibility will be determined for the appropriate program based on his/her circumstance. An individual does not need to specify if they are applying for BadgerCare Plus or EBD Medicaid; one application will be used to determine his/her eligibility for the appropriate program.

The Guide to Applying

The Guide to Applying is a helpful resource that can be given to applicants or members. The Guide to Applying provides information on:

- Who Can Enroll
- How to Apply
- What Information Needs to be Provided
- What Information Needs to be Proven and How
- Benefits and Services Available
- Rights and Program Rules
- Fair Hearing Information

Click the link below to view the Guide to Applying:

<http://www.dhs.wisconsin.gov/publications/p1/p16091.pdf>

Note: The Guide to Applying will be updated in October 2013.

Contact Information

Throughout Wisconsin there are 10 Consortia, 11 tribal agencies and MiLES (Milwaukee Enrollment Services). Click the link below to view a map and contact information for each consortia and tribal agency.

<http://www.dhs.wisconsin.gov/forwardhealth/imagency/index.htm>

Note: These agencies process the applications and determine eligibility.

How to Apply

Individuals can request benefits and complete an application using a variety of methods. The business flow for each method varies from agency to agency. A customer may use the following methods to contact or initiate an application:



Online through
ACCESS.wi.gov



Walk-In
(Face to
Face)



Phone
Call



Mail-In
Application

ACCESS

The ACCESS website is a fast, easy-to-use tool. Potential and existing members can use it to perform a variety of functions anywhere at any time.

The ACCESS website is: www.ACCESS.wi.gov

The ACCESS Home Page contains four buttons that you can click to use ACCESS:

- **Am I Eligible-** find out what benefits you might be able to get (no login needed).

- **Apply for Benefits**- apply for Child Care, FoodShare, Health Care or Family Planning Only Services (login needed).
- **Login to Account**- check benefits, renew benefits, report changes, and perform other functions.
- **Create an Account**- link to create a new ACCESS account.

All of the customer tools and ACCESS pages are available in Spanish by clicking the “Español” link at the top of each page.

Whenever using ACCESS, you can get help by clicking on the “Help” button in the upper right of your screen. This will explain more about what we are asking and how a customer should answer questions.

ACCESS Training Environment

The ACCESS Training Environment is also available where you can test drive the site without actually creating a valid application. It is a mock environment of the “live” ACCESS website.

Before you go to the next page:

This website can only be used to test ACCESS and teach people how to use ACCESS. You cannot use this website to apply for benefits. To use the ACCESS website to apply for benefits, please go to <http://access.wisconsin.gov>.



Again, the ACCESS Training Environment does NOT create a valid application and should only be used for testing and training.

The ACCESS Training Environment can be accessed at:

<https://trn.access.wisconsin.gov/>

Note: ACCESS will be updated to include questions needed to make an eligibility determination under Modified Adjusted Gross Income (MAGI) Rules (such as tax related questions) on 11/16/2013.

Walk-In (Face-to-Face)

A customer has the option to apply face-to-face at their local county agency office. To view the local county agency office locations, click the link below:

<http://www.dhs.wisconsin.gov/forwardhealth/imagency/index.htm>

Telephone

Each consortium in Wisconsin has a Call Center available as one point of contact. The Call Center is the number a customer would call if they choose to apply by phone. To view the Call Center Information for each Consortium, click the link below:

<http://www.dhs.wisconsin.gov/forwardhealth/imagency/index.htm>

Mail-In Application

A customer can choose to submit an application via mail. The application must be signed and dated. Click the link below to view a BadgerCare Plus Application Packet.

<http://www.dhs.wisconsin.gov/forms/F1/F10182.pdf>

Note: The BadgerCare Plus Application Packet will be updated as of 11/18/2013.

Wisconsin's Health Care Programs

Program Overview

Following are brief overviews for BadgerCare Plus, Medicaid, and Long Term Care.

- BadgerCare Plus (BC+), including:
 - Family Planning Only Services (FPOS)
 - BC+ Emergency Services
 - BC+ Prenatal

- Medicaid for the elderly, blind, and disabled (EBD), including:
 - Supplemental Security Income (SSI)
 - SSI Related
 - Medicare Premium Assistance (QMB, SLMB, SLMB+)
 - Medicaid Purchase Plan (MAPP)

- Long Term Care Medicaid, including:
 - Institutional
 - Family Care
 - Community Waivers

Eligibility Requirements

There are eligibility requirements that need to be met in order to be eligible for public health care programs:

- Wisconsin Resident
- US Citizen or qualifying immigrant
- Provide social security number (with some exceptions)
- Supply required information and verification (proof) on time
- Monthly income must be below program limits

- When applicable:
 - Payment of premium
 - Assets below program limits for Medicaid for elderly or disabled individuals

BadgerCare Plus (BC+)

BadgerCare Plus (BC+) is a State of Wisconsin health care program that provides health coverage for individuals and families residing in Wisconsin.

BadgerCare Plus serves the following populations:

- **Adults:** All non-disabled, non-pregnant adults between the ages of 19 and 64 must have income at or below 100% of the Federal Poverty Level (FPL) to be eligible for BC+. This includes parents, caretakers and adults without dependent children.
- **Pregnant women:** Pregnant women must have income at or below 300% of the FPL to be eligible for BC+. Pregnant women with income over 300% of the FPL may become eligible for BC+ by meeting a deductible. The deductible amount is calculated by totaling the amount of income over 300% for six months. The pregnant woman must incur bills or other allowable health care costs that meet the amount of the calculated deductible. Once the deductible is met, the pregnant woman will be eligible for BC+ from the date it is met through 60 days after delivery.
- **Children:** The BC+ income limit for children under 19 years of age is 300% of the FPL. Those over 200% of the FPL will be required to pay a premium.

At a quick glance:

<u>BC+ Adults</u>	<u>BC+ Children</u>	<u>BC+ Pregnant Women</u>
<ul style="list-style-type: none"> • Ages 19-64 • Non-disabled/Non-pregnant • Income at or below 100% of the FPL • Includes Parents, Caretakers, and Childless Adults 	<ul style="list-style-type: none"> • Children under 19 years old • Income at or below 300% of the FPL • Children ages 1-18 with countable income over 200% will be required to pay a premium 	<ul style="list-style-type: none"> • Income at or below 300% of the FPL

BC+ financial eligibility determinations are based on an estimated projection of current monthly income. Within a BC+ group ALL members' income is counted, with one

exception: If a group member is a child or tax dependent of another group member, his or her income is only counted if he/she is 'expected to be required' to file a tax return for the current year. We will learn more about how groups are formed and who is included in each group later in this training.

Modified Adjusted Gross Income (MAGI)

The Marketplace, also known as the Health Insurance Exchange, will use tax rules to calculate income. Wisconsin will also use these same rules to determine eligibility for BC+. These rules are known as the Modified Adjusted Gross Income, or MAGI, methodology.

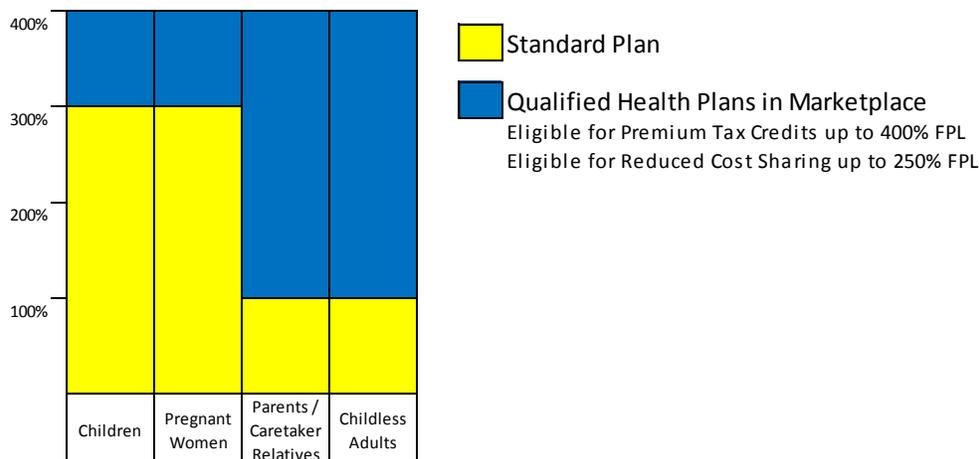
Countable income for BC+ consists of taxable income. Some types of countable income for BC+ include:

- Taxable Gross Earned Income
- Taxable Self-Employment Income
- Unemployment Compensation
- Alimony/Spousal Maintenance
- Social Security Income

Some common income types **NOT** counted for BC+ eligibility include:

- Child Support
- Supplemental Security Income (SSI)
- Worker's Compensation
- Veteran's Benefits

The following chart displays the income limits for potential BC+ members (Standard Plan) as well as for the Qualified Health Plans in the Marketplace:



The Federal Poverty Level Calculator can be found at the website below:

<http://www.coalitionclinics.org/fpl.html>

Note: There is no asset limit for BC+.

BadgerCare Plus Group Size

Determining a BC+ group size is complex. A single BC+ application may result in one open BC+ case, with several different group sizes. BC+ groups are person specific; therefore, we have to look at determining group size one person at a time. Each group is formed around a target (an individual who is requesting assistance). The target's group is then formed based on that target's age, marital status, tax filing status, tax relationships and/or family relationships.

Using MAGI methodology, each group is formed using either tax rules or relationship rules. The use of tax rules versus relationship rules is based on whether or not the individual for whom the group is being formed intends to file taxes or be claimed as a tax dependent.

For tax filing households, most rules are based on, "what the household expects to do" with regard to filing taxes for the given year, with groups generally formed based on tax relationships. We look at who is filing taxes, if the tax filer is also being claimed as a tax dependent, and, if applicable, who the tax filer's tax dependents are.

- If the target is a tax filer and NOT also a tax dependent, the target's group is made up of the target, the target's spouse (included if they are living in the home and filing separately or if they're filing jointly and living separately), and any tax dependents the target expects to claim, including deceased individuals and individuals living outside of the home.

If no one in the home will file taxes (and in certain other exception situations), we use Relationship Rules to determine an individual's group size:

- If the target is age 19 or older and relationship rules are being used, the group size includes the target, the target's spouse, and the target's children under age 19.
- If the target is under age 19 and relationship rules are being used, the group size includes the target, the target's spouse, the target's children under age 19, the target's parents, and the target's siblings (including half- and step-siblings) under age 19.

Note: In order for a parent to request BC+ assistance for their child(ren), they must have physical placement of their child(ren) at least 40% of time each month.

When parents are divorced, only one parent can claim the child as their tax dependent in a given year. If both parents are filing taxes, this means that only one parent should include the child in his/her MAGI group. If only one parent is filing taxes or if no parent is filing taxes, it is possible that both parents will have the child in their MAGI group. (If neither parent is filing taxes, and the child lives with both parents at least 40% of the time, the child may be put into both parents' MAGI groups due to relationship rules.)

There are many factors eligibility workers consider when building household composition, as well as many special rules and exceptions under MAGI rules. Individuals with complex household composition, such as situations of non-marital co-parents, married parents who file taxes separately, and situations where a child is being claimed as a tax dependent by a non-custodial parent, should discuss their individual situation with their worker.

The following are a few examples to think about:

Example 1: A single mother with two children needs health insurance coverage. She works part time. Her income is at 70% of the FPL (below the 100% income limit for adults, and 300% income limit for children). She will likely be eligible for BC+/Medicaid, so it would be beneficial to apply for assistance through ACCESS.

Example 2: A single mother with two children needs health insurance coverage. She works full time. Her income is at 395% of the FPL (above the income limit for adults & children). She is not likely to be eligible for BC+/Medicaid, so would it be most beneficial to apply directly for health care through the Marketplace or Exchange.

All individuals denied Medicaid due to having income above the new income limits will have their accounts electronically transferred to the Marketplace after January 1, 2014. Similarly, individuals requesting assistance through the Marketplace who have been assessed to be eligible for Medicaid will have their accounts electronically transferred to the State starting October 1, 2013.

Exercise: Go to the [FPL Calculator website](#). Change the Family Household Size from 1, 2, and 3 (along with entering a Gross Monthly Income amount). Make sure to click "Calculate Value" and notice how the FPL percentage changes.

Family Planning Only Services (FPOS) and Former Foster Care Youth

Family Planning Only Services

BC+ Family Planning Only Services program (FPOS) provides limited benefits for family planning services for women and men with income at or below 300% of the Federal Poverty Level (FPL) and who are:

- 15 years of age or older, and
- Not enrolled in BC+ without a premium or receiving other full benefit Medicaid.

Note: FPOS is not a full benefit Medicaid program. An individual may apply and be eligible for FPOS in Wisconsin but be over the income limit for full benefit BC+. In this instance, s/he may still obtain coverage through the Marketplace.

Example: A 23 year old unmarried woman with no children or tax dependents has income at 145% FPL. As she would exceed the BC+ financial test for a childless adult of 100% FPL, she would not be found eligible for full benefit Medicaid in Wisconsin but could enroll in FPOS as well as purchase insurance through the Marketplace.

Former Foster Care Youth

Any youths who were in foster care when they turned 18 are eligible for BC+ until they turn 26. There are no income limits for this population.

At a quick glance:

<u>Family Planning Only Services</u>	<u>Former Foster Care Youth</u>
<ul style="list-style-type: none">• Provides limited benefits for men and women• Income at or below 300% of the FPL• 15 years of age or older• Not enrolled in BC+ without a premium or receiving other full benefit Medicaid	<ul style="list-style-type: none">• Full benefit Medicaid• Any youth who were in foster care when they turned 18• Are eligible for BC+ up to age 26• No income limits for this population

BC+ Special Populations

Documented and undocumented immigrants who are ineligible for BC+ solely due to their immigration status may be eligible for coverage for BC+ Emergency Services. Emergency Services are a limited BC+ benefit for documented immigrants who have not been in the U.S. for 5 years or more and for undocumented immigrants.

Documented and undocumented immigrants who are pregnant and ineligible for BC+ solely due to their immigration status may be eligible for the BC+ Prenatal Program. BC eligibility for these women begins no sooner than the first of the month in which a completed application is received; eligibility ends when the pregnancy ends.

BC+ Emergency Services Plan

This plan provides short term coverage for people who have an emergency medical condition and cannot get BC+ solely because of their immigration status. Emergency Services will only pay for health care they get for an emergency medical condition. A medical emergency is a medical problem which could put their health at risk if they do not get medical care right away.

Medicaid for the Elderly, Blind, and Disabled (EBD)

Medicaid is a state/federal program that provides health coverage for Wisconsin residents that are elderly, blind, or disabled (EBD). Medicaid is also known as Medical Assistance, MA, and Title 19.

There are different subprograms of Medicaid, including but not limited to:

- Supplemental Security Income (SSI)
- SSI Related
- Medicaid Purchase Plan (MAPP)
- Medicare Premium Assistance
- Long Term Care
 - Institutional
 - Community Waivers
 - Family Care (Managed Care)

A person may fit into one (or more) of the above subprograms based on non-financial factors. A person is eligible if s/he meets all Medicaid non-financial and financial requirements. Individuals who are not elderly, blind or disabled (EBD) may be eligible for BC+.

SSI Medicaid

Supplemental Security Income (SSI)

- Federal eligibility for cash payment = eligibility for Wisconsin Medicaid and state supplement

SSI-Related Medicaid for the elderly, blind and disabled

- Income disregards – \$65 & 1/2, \$20, court ordered support payments such as child support or court ordered guardian fees, etc.
- Countable assets below \$2000 (single) and \$3000 (married couple).
- 2012 Income limit: up to \$781.78 (single) and up to \$1180.05 (married couple) per month.
- If income exceeds this amount, a spend down is calculated. (Spend down amounts are calculated for a six month period by comparing the total countable monthly income to \$591.67 and multiplying the difference by six.)
 - Unpaid and recently paid medical bills are used to “meet” the spend down. Proof is required.
 - Once the spend down is met, Medicaid pays for covered services until the end of the six month period.

Medicaid Purchase Plan (MAPP)

MAPP is for disabled individuals who are working or enrolled in a Health and Employment Counseling program. The program allows disabled people (who are working or want to work) to become or remain Medicaid eligible, even if employed, since there is a higher income limit.

- Income limit is 250% FPL
 - There is a premium requirement if income exceeds 150% FPL
- Asset limit is \$15,000

Medicare Premium Assistance

Medicare, being an insurance program, charges coinsurance, deductibles and monthly premiums. These out-of-pocket charges to Medicare beneficiaries are generally referred to as "Medicare cost-sharing." For certain Medicare beneficiaries, participating in Medicare Premium Assistance program helps pay some or their entire Medicare cost-sharing.

The following are types of Medicare beneficiaries that may receive the Medicaid benefits:

- Qualified Medicare Beneficiary (QMB)
 - Medicaid pays Medicare Part A & B premiums and Medicare deductibles and coinsurance.
- Specified Low-Income Medicare Beneficiary (SLMB)
 - Medicaid pays Medicare Part B premiums.
- Specified Low-Income Medicare Beneficiary Plus (SLMB+)

- Medicaid pays Medicare Part B premiums.
- Qualified Disabled and Working Adults (QDWI)
 - Medicaid pays Medicare Part A premiums.

Income limits:

- QMB - 100% FPL
- SLMB - 120% FPL
- SLMB+ - 135% FPL
- QDWI - 200% FPL

Asset limits are \$6,940 (single) and \$10,410 (married couple).

Medicaid Long Term Care (LTC)

Long-Term Care (LTC) includes services and support that a person needs due to age, disability, or chronic illness which limits his/her ability to perform everyday tasks.

Applications for Long Term Care services begin with the Aging and Disability Resource Center (ADRC). Individuals requesting or indicating a need for these services should be referred to their local ADRC or their local consortium.

To find an ADRC in your area, click here:

<http://www.dhs.wisconsin.gov/LTCare/adrc/customer/map/index.htm>.

LTC Programs include:

- Institutional Medicaid (nursing home, hospital)
- Home and Community Based Waivers (HCBW)– enable elderly, blind or disabled persons to live in community settings rather than institutions
- Family Care – managed care version of HCBW (Not yet available in all Wisconsin counties)

Services Covered

To see a current listing of covered services, click the link below. The covered services listed below this link may change. To see if a service needed is covered, members should ask their health care provider.

<http://www.dhs.wisconsin.gov/forwardhealth/EandB/eandb48.htm>

BC+ Standard Plan Covered Services may include:

- Ambulatory Surgical Centers
 - Certain surgical procedures and related lab services
- Chiropractic Services
- Dental Services
- Disposable Medical Supplies
- Prescription Medications
- End Stage Renal Disease
- Health Screenings for Children
- Hearing Services
- Home Care Services
 - Home Health, Private Duty Nursing and Personal Care
- Hospice
- Inpatient Hospital Services
- Mental Health and Substance Abuse Treatment
- Nursing Home Services
- Outpatient Hospital
 - Emergency Room
- Physician Services
- Podiatry Services
- Prenatal/Maternity Care
- Therapy
 - Physical Therapy (PT)
 - Occupational Therapy (OT)
 - Speech and Language Pathology (SLP)
- Transportation
 - Ambulance
 - Specialized Medical Vehicle (SMV)
 - Common Carrier
- Vision
 - Routine Services

Family Planning Only Covered Services may include:

- Reproductive Health Services — Family Planning Services
 - Excluding infertility treatments, surrogate parenting and the reversal of voluntary sterilization.

Some examples of EBD Medicaid covered services include:

- Chiropractic services
- Dental services
- Family planning services and supplies
- Home and community-based services authorized under a waiver
- Hospice care
- Inpatient hospital services other than services in an institution for mental disease
- Inpatient hospital, skilled nursing facility, and intermediate care facility services for patients in institutions for mental disease
- Laboratory and X-ray services
- Medical supplies and equipment
- Mental health and medical day treatment
- Mental health and psychosocial rehabilitative services
- Nursing services, including services performed by a nurse practitioner
- Optometric or optical services, including eyeglasses
- Outpatient hospital services
- Personal care services
- Physical and occupational therapy
- Physician services
- Podiatry services
- Prenatal care coordination for women with high-risk pregnancies
- Respiratory care services for ventilator-dependent individuals
- Speech, hearing, and language disorder services
- Substance abuse (alcohol and other abuse services)
- TB (tuberculosis) services
- Transportation to obtain medical care

If members have additional questions, they should contact Member Services at 1-800-362-3002.

Services Not Covered Under Any Plan

Services or items not covered include (but are not limited to):

- Items such as televisions, radios, lift chairs, air conditioners, and exercise equipment (even if prescribed by a physician),
- Procedures considered experimental or cosmetic in nature, and
- Services that need approval (prior authorization) before a member gets them.

Copays and Premiums

Copays

Some services require members to pay a part of the cost of that service. This is called a copayment or copay. Co-pays range from \$0.50 to \$3.00. Providers are required to make a reasonable effort to collect the co-pays, but may not refuse services to a member who fails to make that payment. For more information about copays, go to the website below:

<http://www.dhs.wisconsin.gov/forwardhealth/EandB/eandb48.htm>

Premiums

Members may have to pay a monthly premium to enroll in BadgerCare Plus. The first premium payment(s) must be paid to the local Income Maintenance agency before members can enroll. For more information on premiums, go to the website below:

<http://www.dhs.wisconsin.gov/forwardhealth/EandB/eandb46c.htm>

What to Expect after an Application is Filed

Verification Requirements

Verification is part of determining eligibility for Health Care in Wisconsin. To verify means to establish the accuracy of verbal or written statements made about an individual's circumstances. Submitting proof is a method by which applicants and members accomplish verification.

The items required for verification will depend on the applicant's situation. The different mandatory verification items and sources of verification can be found in the respective program's handbook (BadgerCare Plus Handbook or Medicaid Eligibility Handbook), found at the website below:

<http://www.dhs.wisconsin.gov/em/index.htm>

Some commonly required verification items are:

- Earnings from a job
- Citizenship
- Assets, if applicable
- Out of State Unemployment Benefits

The Wisconsin State Data Exchange can be used to verify information. If the worker is able to verify information through the Data Exchange, the customer does not have to provide proof. See below for information verified through Data Exchange:

- Wisconsin Unemployment Benefits
- Social Security
- Supplement Security Income

If information is not able to be verified through the state's data exchange, the agency will issue the applicant a Verification Checklist (VCL).

Verification Checklist (VCL)

A verification checklist is sent to the applicant/member when a program of assistance is pending verification or other information.

The verification notice:

- Includes verification requirements for BC+ and/or EBD Medicaid, as applicable.
- Provides the correct due dates according to program policy.
- Is divided into different sections based on what is pending on a particular case.
- Contains relevant, specific examples of documents that are needed.
- Includes a Document Tracking Sheet, which provides details on how the customer/member can submit their verifications.

Example:

Notice of Proof Needed

To get or keep **BadgerCare Plus** benefits you need to provide proof of items and provide information by the due date listed below. The items that need proof we need you to provide are listed on the next few pages along with examples and instructions. If you do not provide the proof by the due date, benefits will be denied, decreased, or ended.

To make sure your benefits get processed as quickly as possible, use the **Document Tracking Sheet** at the end of this notice.

Program(s)	Due Date	Contact Information
BadgerCare Plus	Apr. 15, 2014	Southern Consortium Worker: [REDACTED] Phone #: [REDACTED] Fax #: [REDACTED] Use fax # to send verification.



Proof Needed

This section lists items that we need proof of by the due date listed below. Contact us right away if you have questions or problems getting the proof and we will help you.

What?	Who?	Examples	Program(s)	Due Date
Employment at WALMART including : Expected monthly income before taxes or deductions and number of hours worked per pay period	[REDACTED]	Pay Stubs from the last 30 days; enclosed Employer Verification of Earnings Form filled out and signed by your employer; or Statement from your employer with the same information.	BadgerCare Plus	Apr. 15, 2014
Self-employment: MICHAEL - BAKERY Including : Expected monthly business income	[REDACTED]	Enclosed Self-Employment Income Report Form	BadgerCare Plus	Apr. 15, 2014

Possible Outcomes: What to Expect Next

After an applicant submits an application he/she will receive a letter (Notice of Decision (NOD) and/or Verification Checklist (VCL)) from the local agency to inform him/her of the status of their request and/or benefits. It's important that customers read the letter they receive as it will contain important information.

These letters will inform customers if:

- Their benefits are being approved or denied, or
- The local agency needs additional information (or proof) from them in order to finish processing their request.

If benefits are approved, the customer will receive a positive NOD. The following information will be on this notice:

- **Summary:** This page gives a short review of the case as well as what benefits are approved and the contact information for the local agency.
- **Benefit Details:** This page will give details about benefits such as:
 - Who is enrolled
 - Dates enrolled
 - Who is not enrolled
 - If not enrolled, the reason(s) why
- **Household Income:** This section has a list of the income on file for the household. Members should check their letters to make sure all income information is correct.
- **Household Deductions:** This section has a list of deductions on file for the household.
- **How We Counted the Income:** This section has the amounts and limits that were used to decide whether the member is eligible.
- **Reporting Rules:** This page has the reporting rules, which tell members what changes need to be reported to the local agency, and the timeframe.
- **Key Contacts:** This page has key contacts. The key contacts give information about who members should contact with questions.
- **Fair Hearing:** The last page of the letter has information about fair hearings. The date by which a hearing must be requested and how to ask for a fair hearing.

If benefits are denied, reduced or ended, and the customer believes the agency made a mistake, they should contact the agency. If the agency does not agree, the customer

can ask the agency worker to help in requesting a Fair Hearing. A Fair Hearing gives the customer the chance to tell a hearing officer why they think the decision about their application or benefits was wrong. At the hearing, a hearing officer will hear from the customer and the agency to find out if the decision was right or wrong, and inform the agency to take action as appropriate.

ForwardHealth Cards

Each person enrolled in BC+ will receive a ForwardHealth Card which should be shared with providers when services are requested. The ForwardHealth card does not show the dates that members are enrolled, but does have the customer's name and ID number. Members will get an Enrollment Letter in the mail from the agency with the dates of enrollment.



The Right to Apply

All applicants have the right to file an application on the day of their first contact with a local agency.

Local IM agencies may not refuse anyone the right or the opportunity to apply if s/he chooses to do so.

S/he must be allowed to apply and set the filing date whether or not the person is in the correct office or region.

Rights and Responsibilities

Wisconsin Statute 49.81 is called the "Public Assistance Recipients' Bill of Rights." This statute mandates that "...all public and relief granting agencies shall respect the rights for recipients of public assistance."

These rights apply to anyone applying for or receiving BadgerCare Plus or Medicaid. Everyone applying for or getting BadgerCare Plus and/or Medicaid has the right to:

- Be treated with respect by agency staff.

- Have their civil rights upheld.
- Have their private information kept private.
- Get an application or have the application mailed on the same day it is asked for.
- Have an application accepted right away by the agency.
- Get a decision about their application within 30 days of the day the agency gets the application.

Everyone applying and/or receiving BadgerCare Plus and/or Medicaid has the responsibility to provide accurate answers as well as proof of their answers for BadgerCare Plus and Medicaid, when applying for benefits, renewing benefits or reporting changes.

For more information on customer rights and responsibilities, go to the Enrollment and Benefits Brochure, website below:

<http://www.dhs.wisconsin.gov/publications/p0/p00079.pdf>

Additional Online Resources, including Policy Manuals, Operations Memos, fact sheets, directories, etc. can be found at the website below:

<http://dhs.wisconsin.gov/em/index.htm>

Note: The Enrollment and Benefits Brochure and fact sheets will be updated as of 11/18/2013.

Do & Don't List

As a Navigator or CAC, there are a few things to keep in mind as you assist customers:

<u>Do:</u>	<u>Don't:</u>
<ul style="list-style-type: none"> • Establish a relationship with local consortia • Learn how to navigate the ACCESS application • Learn how to access the Marketplace • Establish a relationship with ADRCs 	<ul style="list-style-type: none"> • Attempt to answer questions about eligibility • Print out materials related to consortia contacts, Enrollment and Benefits or FPL income criteria; instead rely on accessing the information online to ensure that you have the most up-to-date information



Questions?



Self Check

Using online references and the information you have just learned, complete this Self-Check.

1. Who are the BC+ potential members?

- A. Children under 19 years of age
- B. Pregnant Women
- C. Parents and caretakers
- D. Young adults leaving foster care
- E. Childless Adults
- F. All of the above

2. What is one income type NOT counted for BC+?

- A. Earned Income
- B. Child Support
- C. Unemployment Compensation
- D. Pension

3. There is no asset limit for BC+.

- True
- False

4. An individual under 19 years old is considered a child for BC+.

- True
- False

5. A customer can submit a valid application at <https://trn.access.wisconsin.gov/>.

- True
- False

6. On the ACCESS website, all of the customer tools and ACCESS pages are available in Spanish.

- True
- False

7. What are some conditions of eligibility that an individual must meet?

- A. Be a Wisconsin Resident
- B. Cooperate with verification requests on mandatory or questionable information
- C. Prospective income must be below program limits
- D. US Citizen or qualifying immigrant
- E. All of the above

8. Fill in the blank:

“A _____ is sent to the applicant/member when a program of assistance is pending verification or other information.”

9. The income limit for a Pregnant Women is at or below 300% of the FPL.

- True
- False

10. The income limit for a Parent or Caretaker is at or below 300% of the FPL.

- True
- False

11. Fill in the blank:

“Each person enrolled in BC+ will receive a _____ Card.”

12. What are the methods of applying for Health Care assistance in Wisconsin?

- A. ACCESS
- B. Mail-In Application
- C. Face to Face (Walk-In)
- D. Telephone
- E. All of the above

Self Check (Answers)

1. Who are the BC+ potential members?

- A. Children under 19 years of age
- B. Pregnant Women
- C. Parents and caretakers
- D. Young adults leaving foster care
- E. Childless Adults

F. All of the above

2. What is one income type NOT counted for BC+?

- A. Earned Income
- B. Child Support***
- C. Unemployment Compensation
- D. Pension

3. There is no asset limit for BC+.

True
False

4. An individual under 19 years old is considered a child for BC+.

True
False

5. A customer can submit a valid application at

<https://trn.access.wisconsin.gov/>.

True
False (A customer can submit a valid application at www.ACCESS.wi.gov.)

6. On the ACCESS website, all of the customer tools and ACCESS pages are available in Spanish.

True
False

7. What are some conditions of eligibility that an individual must meet?

- A. Be a Wisconsin Resident
- B. Cooperate with verification requests on mandatory or questionable information
- C. Prospective income must be below program limits
- D. US Citizen or qualifying immigrant
- E. All of the above**

8. Fill in the blank:

“A **Verification Checklist** is sent to the applicant/member when a program of assistance is pending verification or other information.”

9. The income limit for a Pregnant Women is at or below 300% of the FPL.

- True**
- False

10. The income limit for a Parent or Caretaker is at or below 300% of the FPL.

- True
- False (The income limit for Parent or Caretaker is at or below 100% of the FPL.)**

11. Fill in the blank:

“Each person enrolled in BC+ will receive a **Forward Health** Card.”

12. What are the methods of applying for Health Care assistance in Wisconsin?

- A. ACCESS
- B. Mail-In Application
- C. Face to Face (Walk-In)
- D. Telephone
- E. All of the above**