



APPLICATION ASSISTER'S VERSION

3 Steps

to Health Care Coverage

HOW TO
✓ **GET** ✓ **USE** ✓ **KEEP**



BadgerCare Plus

How to Use Application Assister's Version

The Application Assister's Version contains everything found within the Family Version—plus more!

You will notice the yellow boxes—or cliff notes—found throughout this guide; these boxes are supplemental information for you to help your applicant!

The goals of the guides are to provide a simple, yet informative version for the families. With a more in-depth and supplemental guide made available to the applicant's assisters.

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About ABC for Health, Inc.

Founded in 1994 by public interest attorney Robert A. “Bobby” Peterson, Advocacy & Benefits Counseling for Health, Inc. offers families and providers a unique combination of counseling, advocacy, and legal services.

Mission Statement

ABC for Health’s mission is to provide the community of both patients and providers with the information, advocacy tools, legal services, and expert support they need to secure health care coverage and services

Vision Statement

ABC for Health, Inc., a nonprofit, public-interest law firm, is working to develop a nationally recognized, integrated model of health benefits counseling, legal services, and policy advocacy that promotes a universal system of health care coverage and access for all people.

ABC for Health will develop multi-purpose education strategies to inform consumers and providers of health care coverage options, while also advocating directly for individuals disenfranchised from health care coverage and services. ABC for Health will serve as a catalyst in the development of local HealthWatch coalitions, as well as other partnerships and strategic alliances to influence public policy and opinion, while also working to maximize all available health care coverage options for people.

BadgerCare Plus

Wisconsin's Health Care Coverage Program

BadgerCare Plus is Wisconsin's unique public health care coverage program. Many people throughout the state are eligible for free or low-cost health insurance offered by the state and administered through local Health Maintenance Organizations (HMOs).

This means more people, especially those with lower incomes or no income can have health coverage, just like plans offered directly from insurance companies and the Health Insurance Marketplace.

BadgerCare Plus is sometimes referred to as "family Medicaid," or a combination of "Medicaid and CHIP," two federal programs that help fund Wisconsin's coverage, along with state dollars. Wisconsin's BadgerCare Plus program offers comprehensive medical benefits at low or no cost. Many children, individuals, and families in Wisconsin are eligible for (but not enrolled in) low-cost or free health care coverage through Medicaid or BadgerCare Plus. Why?

Because connecting to the right coverage program can be complicated!

The changing national landscape of health coverage makes it difficult to keep the programs and rules straight! Many of the provisions of the landmark Health Reform law signed by President Obama in 2010 impact BadgerCare Plus, such as how to count income in a household using a method now uniform across all states. Similarly, Wisconsin's own State laws and policies define the parameters of the program coverage and administration.

It doesn't have to be confusing. There's help!

In this booklet, we simplify the state and federal rules and laws to help explain who is eligible for BadgerCare Plus. We identify where to go for help. We explain the timeline and what happens after one submits an application for coverage. We also explain how the coverage works.

Finally, we'll share a few tips and reminders of what to do once an applicant has BadgerCare Plus - how they **USE** their benefits, and how they **KEEP** their coverage.

While health insurance can be complicated and confusing, you are not alone. This guide will help you understand BadgerCare Plus and connect you to resources to help your applicants!

Let's get started!



ADVOCACY & BENEFITS COUNSELING FOR HEALTH

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Did you know that there is free or low-cost health care coverage available to Wisconsin families and individuals? Wisconsin's BadgerCare Plus and Medicaid programs offer great benefits! Best of all, you won't have to worry about how to pay for a visit to your child's doctor. Connecting to the right coverage program can be complicated! It doesn't have to be!

In this booklet, we simplify the rules to help explain:

- ✓ **WHO** is eligible
- ✓ **WHAT** medical services are covered
- ✓ **HOW** to apply
- ✓ **WHERE** to go for help
- ✓ **USING** your benefits
- ✓ **KEEPING** your coverage

Let's get started!

Who can get coverage?

U.S. citizens and qualifying immigrants that include:

- ✓ Children under age 19
- ✓ Certain low income adults, parents and caretakers
- ✓ Spouses of eligible parents
- ✓ Pregnant women

What services are covered?

BadgerCare and Medicaid pay for:

- ✓ Doctor visits
- ✓ Hospital care and emergency care
- ✓ Checkups and immunizations
- ✓ Prescriptions
- ✓ Mental health services
- ✓ Prenatal care
- ✓ Family planning
- ✓ Eyeglasses and hearing aids
- ✓ Dental

Plus much more!



3 Steps

to Health Care Coverage

Step 1: Applying for Coverage



You have FOUR choices when it comes to applying for BadgerCare Plus:

- ✓ Mail or fax a paper application
- ✓ Apply online using <https://access.wisconsin.gov>
- ✓ Complete an application over the phone
- ✓ Apply in person (at your human services office)

Step 2: Using Family Health Coverage



Once you have BadgerCare Plus:

- ✓ How do you use insurance?
- ✓ How do you make an appointment for care?

We'll help you learn how to use your new coverage!

Step 3: Keeping Family Health Coverage



You can keep your coverage as long as:

- ✓ You follow program rules
- ✓ Watch for, read, and respond to your mail

We'll explain how.

✓ Step 1

Applying for Family Health Coverage

1 Collect Information

The first step to applying for health coverage through BadgerCare Plus is to get organized!

Collect information that will help you answer questions on the application form, such as information about the people in your household, your income, and any other insurance people might have. Be ready with the following pieces of information:

- ✓ Income information for your household;
- ✓ Birthdates of everyone living in your home and claimed on taxes;
- ✓ Information about any health insurance you currently have;
- ✓ Information about your employment status, self-employment status, or other sources of income; *and*
- ✓ Information about tax deductions (student loans, health insurance premiums, and more)
 - ✓ Social Security Numbers of applicants who are U.S. citizens, or Alien Registration Numbers (“A Numbers”) for qualified immigrants

2 Apply

Use the Family Record on page 16 to record

You are now ready to complete an application for family health coverage.

There are many different ways you can apply:

- ✓ Mail or fax a paper application. You can find the application here
- ✓ <https://www.dhs.wisconsin.gov/library/F-10182.htm>
- ✓ Apply online at: <https://access.wisconsin.gov>
- ✓ Apply in person at an Income Maintenance county or tribal agency close to home. Find the address and hours of operations here: <https://www.dhs.wisconsin.gov/forwardhealth/imagency/index.htm#Counties>
- ✓ Or call member services at 800.362.3002 for the phone number of your human services office.



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Application Methods

There are various advantages for using different application methods. Online applications are easy and fast! Applying at HealthCare.gov, Health Reform's Marketplace website, may help someone determine if they are eligible for BadgerCare Plus or private insurance if they are not sure. For someone not familiar with online applications, a paper application or phone call works just fine.

Applying on Paper

The family can apply for BadgerCare Plus by using a paper application. The application form is available for download online in English, Hmong, and Spanish from:

<https://www.dhs.wisconsin.gov/library/F-10182.htm>

They can also call the Income Maintenance Consortium close to them and request a paper application be mailed to them. To find a county office in the applicant's area:

<https://www.dhs.wisconsin.gov/forwardhealth/imagency/consortia.htm>.

Once the paper application is complete, they can mail it or fax it to a central state office called the "Central Document Processing Unit." All applicants send their paper forms here—except for people who live in Milwaukee County. There is a separate office for those who live in Milwaukee County. Here are the mailing addresses:

For all of Wisconsin

(Except Milwaukee County):

CDPU

PO Box 5234

Janesville, WI 53547-5234

Fax: 1-855-293-1822

For Milwaukee County Only:

MDPU

PO Box 05676

Milwaukee, WI 53205

Fax: 1-888-409-1979

Remind them to keep a copy of any documents they mail or fax! They will be asked to provide verification items - proof - of certain information. This CDPU address is the one to use for those items as well.

Applying Online

There are three separate ways to apply for BadgerCare Plus online. One method uses the state's website called "ACCESS." This is the preferred method. The second method uses Health Reform's Marketplace. Both will get the applicant to the right spot!

1. Using the ACCESS Website

The state of Wisconsin has created its own website that takes applicants through the BadgerCare Plus application, one question at a time. They can use this same website to later make changes or view their coverage:

<https://access.wisconsin.gov>

With ACCESS, applicants can:

- ✓ See if they're eligible for BadgerCare Plus as well as other Wisconsin public assistance programs, such as **Medicaid, FoodShare, Child Care** and other programs;
- ✓ Apply for any of these programs;
- ✓ Check on the status of their benefits after they've qualified for one or more of these programs;
- ✓ Report any changes in residence, employment, or income; and
- ✓ Renew BadgerCare Plus benefits.

Applicants can start the process right away by clicking on the blue circle in the middle of the screen that says "**Apply for Benefits!**"

Using the online application system to complete an application is estimated to take between 30 and 60 minutes.

Once they click the blue button, have them select the choice for "starting a new application," and proceed through the questions one by one. Once they have answered all the questions, they'll click "submit." The applicant will then see a tracking number, which appears at the top of the page.

Make sure they write this number down!

This makes troubleshooting or tracking their application easier in the future!



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2. Creating an Account on the ACCESS Website

Applicants are required to create a Wisconsin User ID in order to use ACCESS, but do not need an email address to do so. To create a User ID applicants must provide their name, create a User ID and password, answer two security questions and accept the acceptance agreement. Another way to do this, which is especially helpful when they have an active case for other benefits like FoodShare or Child Care, is to create an account. Simply follow the instructions on the ACCESS Website using the small blue circle titled “Create an Account.” Applicants will need the following information to create their account: name, date of birth, Social Security Number/A-Number. Applicants will start by creating a user ID and password.

Be sure they write these credentials down and save them in a safe spot!

The applicants who create an account can use it to “Check My Benefits,” “Report My Changes,” and “Renew My Benefits.” In addition, creating a User ID or an account in ACCESS means that they do not have to complete the application in one sitting; they can save an incomplete application and finish it at a later date.

What Happens Next?

After submission, the application will be processed—this may take several days. A worker may request additional documents (such as proof of monthly earnings) verify information or require a telephone interview for FoodShare. Requested documents can be mailed, faxed, or personally delivered, using the contact information provided.

3. Using HealthCare.Gov Website

Applicants can apply for BadgerCare Plus through the Health Insurance Marketplace created by the historic health reform law passed in 2010. To get started, visit: www.healthcare.gov

They will fill out an application through the Health Insurance Marketplace as if they were applying for private insurance. The information will be processed, and if it looks like anyone in their household qualifies for BadgerCare Plus, their information will be forwarded to Wisconsin.

When applicants submit their Marketplace application, they’ll also find out if they qualify for an individual insurance plan with savings based on their income instead.

To Start a Marketplace Application:

- Click “See if I can Enroll” or “Start a Marketplace Application” if during open enrollment
- Enter Their Zip Code
- Click “Start a Marketplace Application”

The applicant can also call the Marketplace at any time with questions: **1-800-318-2596**

Applying By Phone or In Person:

The process for applying for BadgerCare Plus over the phone or in person begins by finding the correct contact information for the agency closest to the applicant. The state makes this easy by providing a directory of counties across Wisconsin. Simply click on the name of the county in which they live, and you'll find the phone number and address for the agency taking BadgerCare Plus applications, along with their office hours and email address:

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

Is the applicant a Tribal Member? They can contact their tribe to help with your application! Click on the name of their tribe to get the contact information the applicant needs to get an application started:

<https://www.dhs.wisconsin.gov/forwardhealth/imagency/index.htm#Tribes>



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Step 1

Applying for Family Health Coverage

3 After Applying

After you apply, you will receive a notice from your county about your application.

- ✓ If some information is missing from your application, you will be contacted by a county worker—generally by mail—to complete your application.
- ✓ If your application is complete, the county must make a decision within 30 days about your eligibility. If you do not receive a decision within 45 days, call your county/tribal human service department. Remember, you can find its contact info here:

<https://www.dhs.wisconsin.gov/forwardhealth/imagency/index.htm#Counties>

4 You've Been Approved!

You'll receive a Forward card in the mail for each eligible family member. Take these cards with you to all medical appointments and whenever you pick up prescriptions.

The applicant will receive a letter in the mail that contains an insurance card, just like private insurance. This is called a "Forward Card" and contains their member number. Remind the applicant to take these cards with them to all medical appointments and to pick up prescriptions—it's how the doctors and pharmacists will know to bill to their correct coverage.

The applicant will also receive information about their next steps to enroll in an HMO. BadgerCare Plus is a unique public—private partnership. A policyholder's benefits are administered by the state of Wisconsin, but their care is delivered through a private HMO. The enrollee will either pick an HMO or be assigned one.

This is now their network for all their care. Remind the family they will need to stay in this network—going out of network could result in charges or bills.

If they have questions about using their Forward Card or enrolling in an HMO, they can call:

Managed Care Enrollment Specialists: 1-800-291-2002



Call the Member Services at 1-800-362-3002 to learn how to begin using your Forward Card.

If You're Denied

You will receive a letter saying you have been denied and why. If you feel this may not be correct, you can call your human service department to make sure there has not been an error. If you can't resolve the problem, you may also talk to an advocate at ABC for Health at 1-800-585-4222 about your options.

Applicant is Covered!

Now that they have secured BadgerCare Plus coverage, learning how to use that coverage is the next most important step. They might need to change your routine or behaviors. They will also need to know some of the limits on this coverage.

Some people, when they were uninsured, would only go to a doctor or emergency room after an accident or health crisis. This is a reactive way of getting health care, not a pro-active, preventive way. Having health coverage means they can see a doctor regularly or—if there is a health crisis—the hospitalizations and follow up visits are covered.

With BadgerCare Plus coverage, they can begin a new routine of both preventive health care and regular visits to a primary care provider.

Using their health coverage for the first time might be scary for them. The enrollees can call and talk to health care provider staff who might ask questions the enrollee hasn't heard before. Remind the applicant or family you're assisting the provider staff might seem busy or rushed, but that they should take their time and answer the best they can. Finally, they should write down all questions they have ahead of time. We'll share a few tips over the next few pages on how they can prepare for the next step of getting into a new health care routine.

Let's start with learning about covered services and costs.



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Coverage and Costs



It's important to understand the extent of their coverage and if there are any costs—premiums and out of pocket costs such as co-pays. It's always ok to ask about costs up front! Remind an applicant they can also do a little homework themselves.

The applicant will see what services and care is covered in a few places—in materials provided by your HMO, and on the BadgerCare Plus Website:

<https://www.dhs.wisconsin.gov/badgercareplus/standard.htm>

The State of Wisconsin also maintains a “BadgerCare Plus Eligibility Handbook.” This handbook outlines, generally, how the program works and is administered. It's not law or policy, it's an interpretation of those, written in a way to help consortia process applications and answer questions. It is also a very useful tool for consumers! Take Handbook Chapter 38, for example. The family can see a full listing of BadgerCare Plus covered services and cost sharing that may be required: **<http://www.emhandbooks.wisconsin.gov/bcplus/policyfiles/5/38/38.2.htm>**

BadgerCare Plus Premiums:

Certain BadgerCare Plus enrollees will need to pay a premium: Children in families with an income at or above 201% FPL and parents, stepparents and caretaker relatives with an income over 100% FPL in a BadgerCare Plus Extension. The amount of an individual's premium payment is figured out by looking at their household size and income. Premiums range from \$10 to \$97.53 per child per month—depending on the household income—but capped at 5% of income. Premiums for adults in an extension are capped at 9.5% of income. For more information please see the BadgerCare Plus Handbook Premium Tables at: <http://www.emhandbooks.wisconsin.gov/bcplus/policyfiles/6/48.1.htm>

Family Record Worksheet

Information About Your Household

The applicant will need to have information about their family members and tax dependents in order to apply for BadgerCare Plus. Use this Family Record to keep a record of numbers and dates they will need. The family will also need to provide information about all of the people they claim as dependents on their taxes. Don't plan to file taxes this year? Then list everyone they are legally responsible for instead!

For more information on who to count in your household, refer to the FPL & MAGI handouts within your kit.

Person in Household:	Birth Date	Social Security Number (or A-Number and date entered US)	Do You Claim This Person as a Dependent on Your Taxes? Yes/No	Does this person have access to employer sponsored insurance?

Information About Your Income

BadgerCare Plus eligibility depends on their household income. Keep a list of some of their income sources below. This is gross income—income before taxes. Some income will not count. For instance, subtract out: Student loan interest, educator expenses, alimony paid, IRA deductions, moving expenses, student expenses, and certain self-employment expenses.

For more information on what income to count and what to deduct, see the FPL & MAGI handouts within your kit. A.

Person in Household:	Income from Wages, salary, tips, etc.	Taxable interest, Business income or capital gains, alimony received, or SSDI





Step 2

Using Your Family Health Coverage

1 I have my Forward Card. Now what?

After you receive your Forward Card, call the enrollment specialist at 1-800-291-2002. The enrollment specialist will help you:

- ✓ Choose an HMO that meets your needs
- ✓ Determine the HMO(s) your doctor or clinic belongs to
- ✓ Fill out enrollment forms
- ✓ Learn how to work within the HMO system

Picking a Provider



A HMO is an organized system of health care delivery. HMOs contract with selected doctors and facilities to provide medical care to their members. When someone is enrolled in an HMO, they agree to use *their* providers for their health care needs. From the materials sent to them by their HMO, they should be able to identify a doctor or clinic to use for primary care. If they are getting stuck, there's help—Enrollment Specialists **1-800-291-2002**.

The enrollment specialist can help:

- Determine the HMO(s) your doctor or clinic belongs to
- Fill out enrollment forms
- Learn how to work within the HMO system.

Remember, they will need to stay within this HMO network. Going to a provider outside their HMO may result in higher costs and fees.

Making an Appointment



Now it's time to use their coverage! Have them call the provider they have selected and make an appointment for a primary care visit. Remind them to give the provider the name and number on their Forward Card. This is one way to "double check" they will be accepting their coverage. Have them talk about any health care concerns they may have, what they can do to stay healthy, and any other preventive services that may be available.

Tips For Their First Visit:

- Take your Forward Card with you
- Be prepared to share a little of your family's medical history
- Make a list of any medications you take or allergies you have
- Have a list of questions ready for the provider

The more organized they are going into the appointment, the more helpful and useful the time spent with the care provider will be. They should be prepared to take notes. They might discuss a lot of information at that first visit, and the doctor or nurse practitioner may have instructions for them. Remind them it's ok—in fact, it's encouraged that they write some of these things down!

They should ask about prescription drug coverage as well—a pharmacist should be able to tell them what drug costs are, and if there are more affordable options. They will tell them if their BadgerCare Plus covers the cost of any prescriptions.

2 What will happen if I don't enroll right away?

- ✓ If you don't enroll within two weeks of receiving the enrollment packet, a reminder card will be sent to you.
- ✓ If you don't enroll into an HMO within six weeks of receiving your enrollment packet, one will be picked for you. This HMO may not include the doctors or clinics you have been using.
- ✓ You will receive a letter telling you which HMO you've been assigned to. Once you are enrolled in an HMO, you may change your HMO for any reason within the first three months.

Questions?

Call 1-800-291-2002 for help with your enrollment questions.



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For My Appointment:

Let's Get Organized!

Use this space to write a few notes for the family to take with them to their next appointment. Spend some time thinking about these issues in advance so the appointment is easier on them - and on the doctor!

Questions I have for the Doctor:

Notes on My Family's Medical History:

Prescriptions or Other Medical Needs:



Step 3

Keeping Your Family Health Coverage

1 What am I responsible for?

You must report all changes to your worker within 10 days.

Some examples include:

- ✓ Change in address
- ✓ Change in income
- ✓ Change in family size
- ✓ Change in employment status
- ✓ Change in tax deductions
- ✓ If you are required to pay premiums, pay them on time

Keeping medical, dental, and vision appointments are very important. Make sure you call and cancel an appointment if you can't be there.

Each family member covered will have their own Forward card. Make sure you take this card to all medical appointments, and whenever you pick up prescriptions. You may have trouble getting services if you do not have your card.

Reporting Changes

The BadgerCare Plus Handbook states all changes must be reported by the 10th of the month. For example, if income changes on the 11th, the family has until the 10th of the proceeding month to report that change in income. Below are two convenient ways of reporting changes:

- By phone. They can find the phone number for their consortium (human services office) here: www.dhs.wisconsin.gov/em/imagencies/index.htm
- Online: If they created their own account in ACCESS (**see page 10**), they can report a change right online—visit access.wi.gov and enter their credentials!



2 How do I keep my coverage?

So many people lose BadgerCare Plus coverage by simply forgetting to renew each year! Watch your mail—and mark your calendar. You will need to renew your coverage once a year.

It is important that you renew your coverage when you receive a “Notice of Review and Reapplication” in the mail. It will tell you how to renew your coverage by mail, telephone, online or in person.

After you renew your eligibility, call the enrollment specialist at 1-800-291-2002 with questions or concerns about continuing in your HMO.

Renewing Coverage

The renewal process might require them to submit verifications of income and insurance, among other things. Remind them to have this information handy to avoid delays. Their health coverage will be renewed if they are still eligible. If they do not reply to the notice, they may lose their coverage and have to apply again.

TIP: Have them mark the date on their calendar that is one month before their renewal is due.

This way, they will have plenty of time to gather the documents they need to verify income, insurance, and other information. Staying organized, again, will help! It can be particularly confusing for families if renewal dates are at different times—that is, if the parent have a Marketplace Plan and children are enrolled in BadgerCare Plus. **Use the calendar to help!**

3 What are my rights?

If you lose your Medicaid or BadgerCare Plus, you will be sent a letter. If you receive this notice, **DO NOT WAIT!** Time is of the essence! You should:

- ✓ Contact your human services office
- ✓ Ask for a fair hearing (appeal)

Requesting A Fair Hearing: Must Be in Writing!

Completing and Mail a Fair Hearing Request Form:

dha.state.wi.us/home/WFS/WFSHrgReqForm.pdf -or-

Drafting an Appeal Letter and include the individual’s name, mailing address, signature, Medicaid identification number, and social security number. Include a summary of the denial or change and why the individual believes the denial or change was in error. Mail Fair Hearing Request Forms or Letters to:

Department of Administration, Division of Hearings and Appeals, PO Box 7875, Madison, WI 53707

“I have seen the income guidelines and it looks like I will not qualify. What should I do?”

Do not decide on your own that you do not qualify. You might be eligible for some income deductions! When in doubt, apply and see what happens! For example, self-employed people may deduct some business expenses.

“What should I do if I am having problems applying?”

You should never be told over the phone you are not eligible for coverage. You can mail or fax an application, or you can apply by phone. You can also apply in person at your county/tribal human service office or outstation. You should never be discouraged from applying using any of these options.

“What should I do if I lost my Forward card?”

If you can't find your Forward card, call the enrollment specialist at 1-800-362-3002 to get a replacement. You should still go to any appointments you have scheduled.

“What should I do if I am denied?”

If you are denied health coverage, contact your worker to make sure there was not an error. If you are unable to resolve the problem and still believe you may be eligible, you can file an appeal. If you have health coverage, but are denied a certain service, you also have the right to appeal. Call and talk with an ABC for Health advocate at **1-800-585-4222**.

Things to remember:

- ✓ Keep copies of all notices and other letters from the county in your file
- ✓ If something about your denial does not seem right, request a Fair Hearing
- ✓ You must request a Fair Hearing within 45 days of the date the denial was issued. Do not miss this deadline!
- ✓ If you are looking for an advocate, but the 45-day appeal deadline is near, file the Fair Hearing request yourself before the 45 days are up.



Contact Log

**Keep copies for
your records!**

Keep a Record of the Contacts You Make

Keep copies of everything you receive about your application. Also, list any calls you make concerning your health care coverage on this log. Use it to make a record of the people you have talked with and the information you have been given.

Date & Time	Phone Number	Who did you talk to?	What did you talk about?



Frequently Asked Questions

“I’m not a citizen. Can I get BadgerCare Plus?”

Recall, to be non-financially eligible for BadgerCare Plus, an applicant needs to be a citizen or a legal permanent resident in the US for 5 years (unless they’re pregnant or a child).

If they are not documented, that is, a non-Qualified Immigrants or a documented immigrant who does not have five years of legal permanent residency still may have some health coverage options:

- BadgerCare Plus Prenatal Program
- BadgerCare Plus Emergency Services
- Elderly, Blind, and Disabled Medicaid Emergency Services
- Marketplace Coverage (if “Lawfully Present.”)

BadgerCare Plus Prenatal Program

BadgerCare Plus Prenatal Program is for undocumented immigrants who are pregnant or inmates of public institutions. Prenatal Program is for pregnant women up to 306% FPL. Coverage begins the first day of application and ends when the pregnancy ends. Pregnant women who lose Prenatal Program coverage when their pregnancy ends are eligible for BadgerCare Plus Emergency Services for an additional 60 days post-partum.

Emergency Services

Some immigrant individuals (parents, children, and pregnant women, but not adults without dependent children) may be eligible for BadgerCare Plus Emergency Services (EMA) if they meet certain financial eligibility criteria. Both programs cover only those services needed for the treatment of an emergency condition. An emergency is any medical condition that shows acute symptoms of sufficient severity such that the lack of immediate medical treatment could result in one or more of the following: Serious jeopardy to patient’s health; Serious impairment to bodily functions; Serious dysfunction of a bodily organ or part.

See our separate Fact Sheet on Immigrant Health Coverage Options in your binder of materials!

“I’m applying for BadgerCare Plus today—but I have bills from last month. Will those be covered?”

Individuals applying for BadgerCare Plus may be eligible for retroactive coverage—that is, signing up for coverage in one month, but having that coverage actually help pay for care they received in prior months. This is called “backdating coverage.”

Generally, individuals may have their eligibility backdated to the first of the month, three calendar months prior to the month of application. This is only true if the individual’s financial and non-financial eligibility requirements are met for those prior months.

See our separate Fact Sheet on Backdating Coverage in your binder of materials!



Frequently Asked Questions (continued)

“I’m enrolled in a Marketplace Plan. Can my children get BadgerCare Plus?”

Yes! Health insurance offered through a parent's employer can affect a child's eligibility for BadgerCare Plus, but individual insurance coverage, including a Marketplace plan, will not affect a child's eligibility in any way. Kids who do not have access to insurance coverage through a parent's job are eligible for BadgerCare with household income up to 306% of Federal Poverty Level or \$6,197 per month for a family of four.

For parents completing a Marketplace application, they will include on that application the names of *everyone* in their family—that is, everyone they include on the same federal income tax return, including a spouse and any sons or daughters, including step-children, even if they’re applying for coverage for *just the adults*.

Applicants will be asked the question “Does this person need health coverage” for each name they list on the application. If their children are enrolled in BadgerCare Plus, they will answer “no” next to their names. The applicant will have an opportunity later in the application to identify the type of coverage they have.

“Where can I go for help?”

Call your local consortium

BadgerCare Plus Financial Eligibility

Let's get started with who can apply: Anyone.

The BadgerCare Plus eligibility rules identify the income, family size, immigration status, residency requirements, and more for who can get BadgerCare Plus coverage. There are occasionally some exceptions to the general rules. Don't rule out coverage - don't take "no" for an answer without a full examination of eligibility. You may need help to do this—more on that later.

But there is no penalty for applying for coverage and being found ineligible. Even more important is that an accurate, correctly completed application is submitted so that the applicant is not wrongly excluded from coverage.

We'll start here with a summary of the general financial eligibility rules.

Financial Eligibility begins with a calculation to see if the applicant is under the income thresholds for eligibility, based on the Federal Poverty Level (FPL) using:

- Income and
- The number of people in their family or household.

On the next page, we review this calculation in more detail.

Financial requirements are different for different eligibility groups. People are separated into groups based on their age/position in a family:

1. Adults without dependent children in the home who are between the ages of 19—64 (called "Childless adults") are eligible up to 100% FPL
2. Parents and those who are "Caretaker Relatives" are eligible up to 100% FPL
3. Children under age 19 are eligible up to 306% FPL
4. Pregnant Women are eligible up to 306% FPL
5. Former foster care youth who were in out of home care when they turned 18 are eligible regardless of income limits, up to age 26

Population:	100% FPL	200% FPL	306% FPL	306+% FPL
Childless adults age 19-64				
Parents/Caretaker Relatives				
Children up to 19				
Pregnant women				
Former Foster Care Youth up to age 26				



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Federal Poverty Level

What's My FPL?

Like we mentioned, financial eligibility for coverage begins with a calculation that takes countable gross **income** and **household size** into account. Let's look at each of these variable separately.

INCOME

Knowing what COUNTS as income is critically important. This is where many people will make mistakes - they will count money in the home that isn't supposed to be included. They don't deduct expenses or exclusions like they're supposed to. Here is the general rule for counting income:

BadgerCare uses an income calculation that looks a lot like how income is counted on one's taxes. The gross income calculation is called "Modified Adjusted Gross Income" (MAGI). It begins with a calculation (**IMPORTANT: refer to the back cover for MAGI Flowchart**):

$$\text{AGI} - \text{Deductions} + \text{Select Income Items} = \text{MAGI}$$

Here's what that looks like, with more detail:

Count wages, salaries, & tips

Subtract out Deductions:

Student loan interest, educator expenses, alimony paid, IRA deductions, moving expenses, student expenses, and certain self-employed expenses

Add to that income from other sources, such as:

Taxable interest, Business income or capital gains, alimony received, Social Security Benefits, or retirement.

Do NOT count as income money received such as:

Veterans' disability payments; workers' compensation; child support; SSI received; pre-tax contributions, such as those for child care, employer sponsored health insurance, flex spending accounts and retirement plans—or other items already subtracted out of W-2 wages and salaries; and scholarships, awards, or fellowship grants used for education and not living expenses.

The biggest mistakes people make when calculating income is to not subtract deductions or to count money received as income when it really should be excluded. There are additional details to be aware of - for example, there is an upper, monthly limit on how many education expenses can be deducted. These are the conversations you can have with the applicant when helping them apply for coverage. You can also read more of the rules yourself from sources within the BadgerCare Plus Handbook section 16.3.2 and 16.3.3.

Federal Poverty Level (continued)

Now that you've calculated an applicant's income using the correct calculation, making the right additions and deductions from their income, you're half-way to determining where they fall on the Federal Poverty Level! Remember, the second variable is Household Size. There may be others not in the household who do "count" when figuring their MAGI Federal Poverty Level.

Household Size

Household Size is an important variable in calculating financial eligibility. Most people will follow what are called "Tax Filing rules" to determine household size.

This simply means that household size is based exclusively upon tax dependency relationships.

So, when counting the number of people in their household, you will only count the people they can say "yes" to when asked "do I count this person as a dependent on my taxes?" If the answer is no, don't count them.

Applicant doesn't plan to file taxes? Then you'll simply count the people in their household they are legally responsible for, such as a spouse and children - NOT grandparents, for example.

FPL Calculation

Now you're ready to calculate their FPL! You know their income and accurate household size.

Whether they're a parent, a pregnant woman applying to BadgerCare Plus for the first time, or a childless adult whose renewal is coming up soon, they need to know where they fall on the Federal Poverty Level, abbreviated FPL. The calculation isn't too easy to do off the top of your head, but there are tools to help. You can start by getting the right numbers together for their Modified Adjusted Gross Income (MAGI) and an accurate count of their household. Then, an online calculator can take it from there!

The ABC for Health website has a **FREE FPL Calculator!**

www.safetyweb.org/fpl.php



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BadgerCare Plus Other Eligibility

Now that we have an idea of financial eligibility, let's look at other eligibility requirements that don't have anything to do with income, frequently called "non-financial eligibility" for BadgerCare Plus.

There are generally three questions to answer. We'll look at them one at a time.

1. You are a Wisconsin Resident.

A person must be a Wisconsin resident to be eligible for BadgerCare Plus. This means:

- Be physically present in Wisconsin and
- Express intent to reside in Wisconsin

To be "physically present" is pretty straightforward. There is no minimum requirement for the length of time the person has been physically present in Wisconsin. Individuals who are not Wisconsin residents and intend to move to Wisconsin must be physically present in Wisconsin to apply.

Like we said before, this is the general rule, and there are a few exceptions. Take for instance a Wisconsin residents who is temporarily out of state, like a college student going to school in another state. She would not have to be physically present to apply.

To have an intent to reside does not mean you know if you will be in Wisconsin indefinitely. It means you are here now and in the foreseeable future, will be in Wisconsin.

2. You are a Citizen or Lawful Permanent Resident, or Have Special Status

All U.S. Citizens and U.S. Nationals are entitled to apply for and receive BadgerCare Plus if: They provide documentation of their citizenship and identity and meet all other eligibility requirements

A U.S. citizen is anyone who: Was born in the United States, the Commonwealth of Northern Mariana Islands, Puerto Rico, Guam or the U.S. Virgin Islands; was born to a U.S. citizen who was living abroad; is a U.S. national (anyone born in American Samoa).

A Lawful Permanent Resident must be in the US for at least 5 years to be eligible. There are exceptions: Children and pregnant women are NOT subject to the 5 year residency requirement, but do have to be "lawfully admitted for permanent residence."

Someone with special status is someone who is a refugee, asylee, or some victims of a violent crime and trafficking.

There are special programs for non-qualified immigrants—those in an emergency situation or pregnant but in the United States without documentation.

BadgerCare Plus Other Eligibility (continued)

3. You consider the rules for “Access to Other Insurance.”

BadgerCare Plus rules can get confusing when it comes to having access to other insurance. Let's take a quick look at what the rules are:

If you are an adult - a parent, caretaker relative, or adult without dependent children, an applicant can have private insurance AND BadgerCare Plus at the same time, because income limits for adults are so low. The private insurance will be “primary” and BadgerCare Plus coverage will serve as secondary coverage.

If you are a child - the rules are more complicated. The program looks at the age and income of the children to determine if they can have BadgerCare Plus as secondary coverage to employer sponsored insurance. The following children can have private insurance through a parent's employer and BadgerCare Plus at the same time:

- Children under the age of 1 whose parent is eligible for BadgerCare Plus (called a “continually eligible newborn.”)
- Children under age 1 with household income under 306% FPL
- Children age 1-5 with household income at or below 191% FPL
- Children age 6-18 with household income at or below 156% FPL
- Any former foster care youth

One last detail on “access” considerations. In the BadgerCare Plus rules, “access” to employer sponsored insurance means: Insurance that could have started within the last 12 months; or could begin within the next 3 months; or insurance that was dropped without “good cause” within the previous three months.

Special Note on “Spending Down” Income

BadgerCare Plus has a deductible feature (sometimes called “spend-down”) that allows children and pregnant women with household income **above** normal BadgerCare Plus eligibility thresholds to effectively lower their FPL if they have existing medical debt or recently paid or written off medical bills.

Eligible enrollees can subtract medical expenses such as current medical bills from the household's gross income during a six month deductible period. This off-set is used to lower or “spend down” the household income to meet BadgerCare Plus financial eligibility guidelines. The spend-down is only for certain children and pregnant women. Here's more on the rules for children:

- Children under age 19 with income above 306% FPL with no access to a parent's employer-sponsored insurance, or
- Children above 150% FPL with access insurance (where the employer pays 80% or more of the monthly premiums) The deductible amount for a child under 19 is the amount of gross monthly income above 150% FPL for a 6 month period.



Glossary

BadgerCare Plus

BadgerCare Plus is a health care coverage program for low-income Wisconsin residents.

Consortium

Income Maintenance workers across Wisconsin help administer programs like BadgerCare Plus, Wisconsin Medicaid and FoodShare. They help determine eligibility and issue benefits. Income Maintenance workers typically are located in each county or tribe which, in turn, are clustered for efficiency, and organized into groups of counties, called a consortium. There are 11 consortium across the state.

Federal Poverty Level (FPL):

Established by the federal government, it's the minimum amount of gross income that a family is determined to need for food, clothing, transportation, shelter and other necessities. But it's more than just income: FPL varies according to family size. For help calculating your FPL, visit our online calculator: <http://safetyweb.org/fpl.php>

HMO

A Health Maintenance Organization, or HMO, is one type of managed care plan. Managed care is a program where your health plan makes available to its enrollees health care services performed by providers selected by the plan and seeks to manage the cost, accessibility, and quality of care. The HMO is the health care financing and delivery system that provides comprehensive care and services for its enrollees, typically in a specific geographic area.

HMO Enrollment Specialist

Most families participating in the Wisconsin BadgerCare Plus program receive their health care through HMOs (health maintenance organizations). The state of Wisconsin has professionals called "HMO Enrollment Specialists" who are available Monday through Friday to answer your questions about HMO enrollment. The Enrollment Specialist can tell you if your doctor accepts any of the BadgerCare Plus HMOs, can enroll you into the HMO of your choice, or can help complete enrollment paperwork. The Enrollment Specialist provides language translation for those who need it. The Specialist can be reached at 1-800-291-2002.

Modified Adjusted Gross Income (MAGI)

The figure used to determine financial eligibility for BadgerCare Plus (and for premium tax credits and other savings for Marketplace health insurance plans.) For many people, it's identical to or very close to adjusted gross income you report on your taxes, with some additions and some exclusions.

Tax Household

The taxpayer(s) and any individuals who are claimed as dependents on one federal income tax return. A tax household may include a spouse and/or dependents. Think of the tax household as: Tax Filer + Spouse + Tax Dependents = Tax Household

Have More Questions on Related Terms? Visit <https://www.healthcare.gov/glossary/>

MAGI Flow Chart

Four Steps to Forming a BC+ MAGI Group

