Applying for Wisconsin’s Health Care Programs

Overview for Navigators, Certified Application Counselors, Partners, Agents, and Brokers

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WI Department of Health Services
September 11, 2023
Today’s Agenda

• Purpose
• Program basics
• How to apply for Wisconsin’s health care programs
• What to expect after applying
• Outcomes
• Resources
Purpose

The purpose of this training is to provide navigators, Certified Application Counselors (CACs), partners, agents, and brokers with a basic understanding about how to apply for Wisconsin’s health care coverage programs and what to expect throughout the application process.
Other Sessions

- Session 2 will focus on eligibility rules for BadgerCare Plus.
- Tomorrow’s Session will focus on eligibility rules for Medicaid for elderly, blind, or disabled individuals.
COVID-19 Temporary Rules

• We are in the process of “unwinding”, which is the term our federal partners use to describe returning to routine Medicaid operations after the COVID-19 Public Health Emergency (PHE).

• During the PHE:
  ▪ We maintained “continuous coverage”, in which BadgerCare Plus and Medicaid members remained eligible unless they passed away, moved out of state, or asked to disenroll.
  ▪ We temporarily suspended premiums, MAPP work requirements, and a requirement for childless adults to answer a question about treatment needs for substance abuse.
Current Status of Unwinding

• New applicants who apply for BadgerCare Plus or Medicaid on or after April 1, 2023, do not have continuous coverage.

• Existing members who enrolled prior to April 1, 2023, must maintain continuous coverage until a full redetermination of eligibility – in most cases, at their next renewal.
  ▪ Renewals were distributed evenly over a 12-month period from June 2023 through May 2024.

• Premiums and MAPP work requirements will be reinstated starting January 1, 2024.
Program Basics
Available Programs

BadgerCare Plus covers:

• Children ages 0 through 18.
• Parents / caretaker relatives of children ages 0 through 18.
• Pregnant people.
• Childless adults ages 19 through 64 who are not receiving Medicare, except Medicare Part B Immunosuppressive Drug Benefit (Part B-ID).
Available Programs

- Medicaid for the Elderly, Blind, or Disabled (EBD Medicaid) covers:
  - Adults age 65 and older
  - Individuals who are blind
  - Individuals who are disabled
Income Maintenance

- Most of Wisconsin’s health care programs are administered by a network of county and tribal income maintenance (IM) agencies.
- IM agencies process applications, make eligibility decisions, and issue benefits.
  - All IM agencies use the CARES eligibility system to administer benefits.
  - All program rules are the same statewide.
  - Applications are assigned based on where the applicant lives.
Income Maintenance

- Most county IM agencies are organized into 10 regional consortia:
  dhs.wisconsin.gov/forwardhealth/imagency/index.htm

  - Milwaukee County IM is administered by the Wisconsin Department of Health Services (DHS) through the Milwaukee Enrollment Services (MilES).
  - Menominee County IM is administered by the Menominee Indian Tribe of Wisconsin.
Eligibility Determinations

- When someone applies for health care coverage, the IM agency considers:
  - Whether the person meets all the nonfinancial rules for health care programs.
    For example, is the person a U.S. citizen or does the person have a qualifying immigration status?
  - Whether the person meets all the financial rules for health care programs.
    For example, does a 67-year-old applicant have assets below the EBD Medicaid asset limit?
Eligibility Determinations

- Based on the individual’s situation, which specific health care category is the most appropriate?
  - For example, does the person qualify for BadgerCare Plus or for a type of EBD Medicaid?
  - When someone applies for full-benefit health coverage in Wisconsin, they do not have to specify which program they are applying for.
Eligibility Determinations

- If someone is not eligible for BadgerCare Plus or EBD Medicaid but might be eligible to enroll in a qualified health plan (QHP) at the Marketplace, their application will be transferred automatically to the Marketplace.
Applying for Wisconsin’s Health Care Programs
Filing an Application

A person may use any of the following methods to complete and submit an application:

- **Online at** ACCESS.wi.gov
- **In-person** (face-to-face)
- **Phone**
- **Paper application**
Filing Date

• The filing date is the day a signed health care application is submitted to the IM agency.

• In most cases, eligibility starts as of the first day of the month in which the application was filed.

• Applicants can also request up to three months of backdating for most programs.
  ▪ Note: Some pregnant women who are immigrants or inmates, as well as children with higher incomes, do not qualify for backdated coverage.

• IM agencies have 30 days from when they receive the application to determine eligibility.
Rights

Everyone applying for or receiving BadgerCare Plus or Medicaid has the right to:

・ Be treated with respect by IM 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.
・ File an application right away, even if they are not in the correct office.
・ Get a decision about their application within 30 days of the day the agency receives it.
Responsibilities

Everyone applying for or receiving BadgerCare Plus or Medicaid is responsible for:

• Providing accurate information.
• Providing proof of information when requested.
• Reporting changes as required by the program.
• For more information on rights and responsibilities, see the Enrollment and Benefits Handbook:
  • [http://www.dhs.wisconsin.gov/publications/p0/p00079.pdf](http://www.dhs.wisconsin.gov/publications/p0/p00079.pdf)
Poll Question #1

Which is **not** an allowable way to submit an application?

a. Completing an application by phone with an income maintenance worker
b. Mailing in a paper application
c. Completing an application online at access.wi.gov
d. Completing an application through online chat with an income maintenance worker
e. Meeting face-to-face with an income maintenance worker to answer the application questions
Methods of Applying
ACCESS

https://access.wi.gov
ACCESS connects you with the help you need when you need it.

Need help getting health care coverage, paying for groceries or child care costs, finding a job, or building your career skills?

With ACCESS, you can apply for and manage your state of Wisconsin benefits and programs in one place, at any time.

Apply now  Log in
Finish an application  Create an account
ACCESS Functions

• See If You Can Get Help – a short screening tool to find out which benefits you might be able to get (no login needed).

• Apply For Benefits – apply online for:
  ▪ Health care coverage, FoodShare, Child Care, Wisconsin Works (W2), Emergency Assistance (EA), Job Access Loan (JAL)
  ▪ Women, Infants, and Children program (WIC) – pre-application information sent to WIC clinic
  ▪ In some cases, applicants may be able to get an immediate eligibility decision for health care.
ACCESS Functions

• ACCESS Account – check benefits, renew benefits, pay ongoing premiums, manage their HMO, report changes, view notices, and perform other benefit management functions.
  ▪ To perform these benefit management functions, members need to create, authenticate, and use an ACCESS account.

Note: Members can also check their benefits and do some benefit management functions on the MyACCESS mobile app. More information on that later in this presentation.
ACCESS Features

- All ACCESS pages are available in Spanish by clicking the Español link.
- Users are able to view help text for questions that may need additional explanation.
ACCESS Training Site

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.

ACCESS connects you with the help you need when you need it.

Need help getting health care coverage, paying for groceries or child care costs, finding a job, or building your career skills?

With ACCESS, you can apply for and manage your state of Wisconsin benefits and programs in one place, at any time.

Log in
Create an account

trn.access.Wisconsin.gov
Walk-In and Telephone
Walk-In and Phone

- Individuals have the option to apply in person at their county or tribal IM agency.
- They may also apply by phone. Each consortium has a central phone number for taking applications and other customer services.
- For phone numbers and office locations: [http://www.dhs.wisconsin.gov/forwardhealth/imagency/index.htm](http://www.dhs.wisconsin.gov/forwardhealth/imagency/index.htm)
Mail-In

• Individuals can also apply by mail.
• Because they have different eligibility rules, BadgerCare Plus and EBD Medicaid have different application forms:
  ▪ BadgerCare Plus
    https://www.dhs.wisconsin.gov/library/F-10182.htm
  ▪ EBD Medicaid
    https://www.dhs.wisconsin.gov/library/F-10101.htm
• However, either application can be used to make a request for full-benefit health coverage.
Poll Question #2

Which of the following actions can a person **not** do in ACCESS?

a. Request a fair hearing to appeal a denial of benefits.
b. Check their existing benefit enrollment status.
c. View electronic notices about their benefits
d. Report changes to their household situation
What to Expect After Filing an Application
Processing

- Applications submitted via ACCESS may include programs that are not processed by Income Maintenance agency workers.
  - Income Maintenance agency workers process applications for Health Care, FoodShare, and Childcare.
  - Programs processed by other agencies include Wisconsin Works (W-2), Emergency Assistance (EA), Job Access Loans (JALs), and Women, Infants, and Children program (WIC).
- Information in this presentation is specific to health care programs processed by Income Maintenance agency workers.
Verification

• Before making a decision about eligibility, IM agencies must verify the information the applicant has reported.
Data Exchanges

In many cases, IM agencies can use data exchanges to verify the following information:

- Citizenship.
- Immigration status.
- Earnings from a job.
- Wisconsin unemployment benefits.
- Social Security.
- Supplemental Security Income.
- Child support payments.
- Some liquid assets.
Verification

• In other cases, applicants will be asked to submit proof of what they have reported.

• Proof can be submitted by fax, mail, in person, or through ACCESS or MyACCESS.

• We encourage people to use ACCESS and MyACCESS if they can.
  ▪ Submits the document to IM right away.
  ▪ MyACCESS allows people to use their cell phone to take a picture of a paper document and submit it. No scanner needed.
Verification Checklist

• The agency will send a verification checklist (VCL), called a Notice of Proof Needed, listing the items that are needed.

• A VCL will also be sent if the agency is missing information needed to make a decision.

• If an applicant does not provide requested verification, the application will be denied.
Verification Checklist

• Lists verification requirements for BadgerCare Plus or Medicaid, as well as Caretaker Supplement and FoodShare if applicable.
• Provides the due date(s) for providing the information requested.
• Contains specific examples of documents that are needed.
• Includes a document tracking sheet, which can be used to submit documents.
**Notice of Proof Needed**

To get or keep **BadgerCare Plus** benefits, you need to provide proof of items by the due date listed below. The items that need proof are listed on the next page 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.

<table>
<thead>
<tr>
<th>Program(s)</th>
<th>Due Date</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>BadgerCare Plus</td>
<td>Aug. 16, 2023</td>
<td><strong>Milwaukee Enrollment Services</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Phone: [Redacted]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Fax: [Redacted]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Online at access.wisconsin.gov</td>
</tr>
</tbody>
</table>
VCL Example

### 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.

<table>
<thead>
<tr>
<th>What?</th>
<th>Who?</th>
<th>Examples*</th>
<th>Program(s)</th>
<th>Due Date</th>
</tr>
</thead>
</table>
| Employment at **WALMART** including: Expected monthly income before taxes or deductions and number of hours worked per pay period | | • Pay stubs from the last 30 days  
• Wage printout  
• A statement or other document from your employer showing your income and hours worked  
• If enclosed, the Employer Verification of Earnings form filled out and signed by your employer | **BadgerCare Plus** | Aug. 16, 2023 |
| Monthly income and expenses for: **MICHAEL - BAKERY** | | **Enclosed Self-Employment Income Report form or bookkeeping records** | **BadgerCare Plus** | Aug. 16, 2023 |

*If you do not have any of the examples of proof listed, there are other things you can use. For a complete list of examples, go online to [dhs.wi.gov/em/customerhelp](http://dhs.wi.gov/em/customerhelp) or contact us.
Possible Outcomes
Notices of Decision

• After the IM agency has verified the information reported on the application, the agency will make a decision about eligibility.
• The applicant will receive a letter telling them if the benefits are approved or denied.
• This is called a Notice of Decision.
Notice of Decision

The Notice of Decision includes the following information:

- **Summary** – This section lists the benefits that have been approved and denied, as well as contact information for the IM agency.

- **Benefit Details**
  - Who is enrolled,
  - Dates enrolled,
  - Who is not enrolled, and
  - If not enrolled, the reason(s) why.
Notice of Decision

• Household Income and Deductions – These sections list the income and deductions on file for the household. Members should check to make sure this information is correct.
• How We Counted the Income – This section lists the amounts and limits that were used to decide whether the member is eligible.
Notice of Decision

• Reporting Rules – If benefits have been approved, this section tells members what changes need to be reported to the local agency and when.

IMPORTANT: Members must contact their IM agency or report changes in ACCESS. Changes reported to Member Services (the phone number on the ForwardHealth Card) or the HMO are not shared with the IM agency.
Notice of Decision

• Key Contacts – This section provides information about who members should contact with questions.

• Fair Hearing – The last page of the notice provides information about fair hearings, including the date by which a hearing must be requested and how to ask for a fair hearing.
Fair Hearings

• If benefits are denied, reduced, or ended and the applicant or member believes the IM agency made a mistake, contact the IM agency.
• The applicant or member can ask the agency for help in requesting a fair hearing.
• The applicant or member can also directly contact the Division of Hearings and Appeals to request a fair hearing.
Fair Hearings

- At the hearing, a hearing officer will hear from the applicant or member and the agency to find out if the decision was right or wrong, and require the agency to take action as appropriate.
- After the hearing, the hearing officer will send a written decision to the individual and the agency.
Poll Question #3

What is not included with the Notice of Decision?

a. A list of who in the household is enrolled in benefits.

b. The reporting rules stating what types of information the household must report to the income maintenance agency within a certain time period.

c. Information about how to request a fair hearing

d. A list of the income and deductions used to determine eligibility

e. Permanent ForwardHealth cards for members eligible for BadgerCare Plus or Medicaid
Receiving Services
ForwardHealth Card

• Each eligible person will receive a ForwardHealth Card, which should be shared with providers when services are requested.

• If someone has received a ForwardHealth card in the past, they will not get a new one unless they request it by:
  ▪ Calling Member Services at 1-800-362-3002.
  ▪ Requesting one through their authenticated ACCESS account.
Covered Services

• Covered services are listed in the Enrollment and Benefits Handbook: https://www.dhs.wisconsin.gov/library/p-00079.htm

• Some services may require prior authorization. The provider will request authorization on the member’s behalf.
Covered Services

• For some services, members may be required to pay a co-payment, or co-pay.
  ▪ Most co-pays range from $0.50 to $3.00.
  ▪ Providers may make a reasonable effort to collect the co-pay, but may not refuse services if the member does not pay.

• For questions about covered services and for help with finding a BadgerCare Plus or Medicaid provider, contact Member Services at 1-800-362-3002.
Renewals
Renewals

- Members must renew their eligibility every year.
- The renewal process can be completed online, by phone, in person or by mail.
- Members will receive a letter with instructions for completing the renewal 45 days prior to the end of their 12-month certification period.
- In some cases, eligibility can be renewed through an administrative renewal.
  - This occurs when the IM agency is able to verify all information through data exchanges. When an administrative renewal occurs, the member does not need to take action to complete the renewal.
  - Members must review a summary of the information used to renew benefits and report any changes to the agency within 30 days.
Poll Question #4

Under regular rules, which of the following is false? **Note:** Regular rules means when the COVID-19 public health emergency temporary rules are not in effect.

a. Members will receive a letter with instructions for completing a renewal.

b. Members always need to submit a renewal form to their income maintenance agency as part of completing their renewal.

c. The renewal process can be completed by phone, by mail, in person, or online.

d. Members must renew their eligibility every year.
Additional Resources
MyACCESS Mobile App

• Members with an authenticated ACCESS account can download the MyACCESS mobile app to do the following:
  - **Check your benefits**: See the programs the member is enrolled in (including HMO contact information), when the next renewal is due, and view digital ForwardHealth or SeniorCare cards.
  - **Get reminders**: Be reminded of actions the member needs to take or documents the member needs to submit.
  - **Submit documents**: Take photos of and submit proof at any time, then check its status in real time.
  - **Update address**: Update home address, mailing address, and phone numbers.
• Download for free at the App Store or Google Play.
Resources for Members

• Guide to Applying includes information about:
  ▪ Who can enroll.
  ▪ How to apply.
  ▪ Required verification.
  ▪ Benefits and services available.
  ▪ Rights and program rules.
  ▪ Fair hearings.

https://www.dhs.wisconsin.gov/library/p-16091.htm
Resources for Members

- Enrollment and Benefits Handbook is sent to all applicants and members. It includes information about:
  - Benefits and services available.
  - Program rules.
  - Required verification.
  - Change reporting requirements.
  - Covered services and prior authorizations.
  - Rights and program rules.
  - Fair hearings.

https://www.dhs.wisconsin.gov/library/p-00079.htm
Contact Information

• IM Agencies
  ▪ Eligibility determinations for BadgerCare Plus and Medicaid
    ▪ [www.dhs.wisconsin.gov/forwardhealth/imagency/index.htm](http://www.dhs.wisconsin.gov/forwardhealth/imagency/index.htm)

• Aging and Disability Resource Centers
  ▪ Enrollment counseling for Home and Community-Based Waiver Programs
    ▪ [www.dhs.wisconsin.gov/LTCare/adrc/customer/map/index.htm](http://www.dhs.wisconsin.gov/LTCare/adrc/customer/map/index.htm)
Contact Information

• Member Services
  ▪ General member questions, information about covered services, and help with finding a local IM agency.
  ▪ 1-800-362-3002

• Division of Hearings and Appeals
  ▪ Request a fair hearing
  ▪ (608) 266-7709
  ▪ https://doa.wi.gov/Pages/LicensesHearings/DHAWorkandFamilyServicesUnit.aspx
Resources for Partners

Information about Wisconsin’s health care programs, including member fact sheets, can be found at: www.dhs.wisconsin.gov/forwardhealth/index.htm.


Partner demonstration videos can be accessed on the Wisconsin Medicaid and Foodshare Partner Resources for Eligibility and Enrollment Vimeo site: https://vimeo.com/showcase/9037419
Questions

Please direct questions related to Medicaid or BadgerCare Plus to:

dhsforwardhealthpartners@wisconsin.gov