Medicaid and BadgerCare Plus: What’s Coming in 2024?

September 14, 2023
Today’s Agenda

- Recap Unwinding activities
- Prepare for 2024
  - Medicaid Purchase Plan (MAPP) refresher
  - Policy reinstatement
  - 12-month continuous coverage for children
- Answer questions
Current Status of Unwinding
A Quick Recap

- Unwinding refers to the process of returning to routine operations in Medicaid programs, as temporary policies related to the pandemic end.
Unwinding is Underway

Effective April 1, 2023

- New applicants who apply for BadgerCare Plus or Medicaid do not have continuous coverage.
- Existing members keep their coverage until the next full redetermination of their eligibility.

Renewals were distributed evenly over 12 months from June 2023 through May 2024.
Key Unwinding Resources

- Download materials from our partner toolkit
dhs.wi.gov/unwindingtoolkit

- Email us if you have questions
DHSForwardHealthPartners@dhs.wisconsin.gov

- Join our listserv to get Unwinding updates via email
public.govdelivery.com/accounts/WIDHS/subscriber/new?topic_id=WIDHS_668
New Unwinding Activities

- Some temporary policies continue to be suspended:
  - Premiums for childless adults in BadgerCare Plus
  - A treatment needs question for childless adults in BadgerCare Plus
  - Premiums for children in BadgerCare Plus
  - Premiums for MAPP members
  - MAPP work requirements

- Next month we will start to reach out to members about the reinstatement of premiums and work requirements for MAPP.
About MAPP

▪ For people with a disability who are working or participating in the Health and Employment Counseling (HEC) program.
▪ It has higher income and asset limits than most other forms of Medicaid, allowing members to get health coverage while employed.
▪ Premiums changed in 2020, but changes were on hold during the COVID-19 public health emergency.
MAPP Qualifications

- U.S. citizen or qualifying immigrant
- At least 18 years old
- Determined disabled, presumptively disabled, or “MAPP Disabled”

- Meet the work requirement with at least one work activity per month
  - Employed
  - Self-employed
  - Earning “in kind” income
  - Participating in HEC
In-Kind Income

- Done in return for a service or product, not cash
  - Example: walking a neighbor’s dog in exchange for groceries
- Regular and predictable
- Must occur at least once per month
Health and Employment Counseling

- Members can enroll in HEC by submitting a plan with activities to help them become employed.

- HEC participation can occur for up to nine months with a three-month extension, for a total of 12 months.
## Financial Limits

<table>
<thead>
<tr>
<th>Income Limit</th>
<th>Asset Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>250% of the federal poverty level (FPL)</td>
<td>$15,000</td>
</tr>
<tr>
<td>Household income is counted, including the applicant, their spouse, and minor dependents</td>
<td>• Only the member’s assets are counted</td>
</tr>
<tr>
<td></td>
<td>• Independence Accounts are exempt</td>
</tr>
</tbody>
</table>
MAPP Premiums

<table>
<thead>
<tr>
<th>Who pays?</th>
<th>Members whose gross income is &gt; 100% of the FPL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who doesn’t pay?</td>
<td>Members whose gross income is ≤ 100% FPL</td>
</tr>
<tr>
<td>How much?</td>
<td>$25 + 3% of their adjusted income over 100% FPL</td>
</tr>
</tbody>
</table>
| What changed?             | • Before 2020, premiums were charged when a member’s gross income was > 150% of FPL  
                           | • In general, premiums were higher before this change |
MAPP Premium Example

- Our MAPP member’s gross monthly income is 206% FPL, more than the 100% FPL premium limit. They do not have deductions.

<table>
<thead>
<tr>
<th>Adjusted income</th>
<th>100% FPL</th>
<th>Calculation</th>
<th>Minimum</th>
<th>Monthly premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>$2,503</td>
<td>$1,215</td>
<td>$1,288</td>
<td>$25.00</td>
<td>$63.64</td>
</tr>
<tr>
<td></td>
<td>$1,288</td>
<td>$38.64</td>
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<td></td>
<td>$38.64</td>
<td>$63.64</td>
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<td>$63</td>
</tr>
</tbody>
</table>

$63
monthly premium
Other MAPP premium policies

- Members may apply for temporary waivers of premiums due to an unusual situation causing a temporary financial hardship.
- If a member does not pay their premium, they will enter a 3-month Restrictive Reenrollment Period (RRP).
Policy Reinstatement in 2024
MAPP Policy Reinstatement

Premiums and work requirements resume

- Members **without** continuous coverage as of January 1 need to pay premiums in January and meet the work requirement by January 31, 2024.

- Members **with** continuous eligibility as of January 1 need to meet the MAPP work requirement at their renewal and start paying a premium after they’ve renewed.
MAPP Policy Reinstatement

<table>
<thead>
<tr>
<th>Key Policy Dates</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 1, 2024</td>
<td>MAPP work requirements and premiums will resume for new applicants and existing members*</td>
</tr>
<tr>
<td>January 10, 2024</td>
<td>First premium payment due for members subject to a premium in January 2024*</td>
</tr>
<tr>
<td>February 1, 2024</td>
<td>First day a MAPP member can lose eligibility due to not paying a January MAPP premium or not meeting the work requirement*</td>
</tr>
</tbody>
</table>

*MAPP members with continuous coverage as of January 1, 2024, will not be subject to these policies until they complete their renewal in 2024.
Polling Question #1

True or False?

MAPP members must work at least 20 hours per week to meet the work requirement.
Polling Answer #1

False.

MAPP members must have at least one work activity per month. This can be employment, self-employment, in-kind income or enrollment in the Health and Employment Counseling Program (HEC).
Continuous Coverage for Kids
Keeping Kids Covered

- Wisconsin will implement 12 months of continuous coverage for children in BadgerCare Plus and most other Medicaid programs as of January 1, 2024.
- Kids under age 19 will stay covered through their certification period, even if the family’s situation changes.

Benefits:
- Improved health outcomes
- Reduced financial barriers to care
- Decreased churn
Qualifying Children’s Groups

- BadgerCare Plus
- BadgerCare Plus Former Foster Care Youth
- Children’s Long-Term Support (CLTS) Waiver
- Family Planning Only Services
- Foster Care Medicaid
- Institutional Medicaid

- Medicaid Purchase Plan (MAPP)
- Special Status Medicaid
- SSI Medicaid
- SSI-Related Medicaid
- Wisconsin Well Woman Medicaid
Non-Qualifying Children

- Continuous coverage does not apply to children:
  - Enrolled as continuously eligible newborns (CENs)
  - Enrolled under presumptive eligibility
  - Enrolled in Katie Beckett Medicaid
  - Enrolled in a Medicare Savings Program
  - Required to meet deductibles
  - With unverified citizenship, identity, or immigration status (after a reasonable opportunity period)
Continuous Coverage Period and Exceptions

- Children shall remain eligible until:
  - The end of their 12-month certification period
  - They turn 19
  - They are no longer a resident of Wisconsin
  - They voluntarily disenroll
  - They pass away

- Whichever comes first!
The Continuous Coverage Period

- 12-month continuous coverage periods will be established for eligible children:
  - At application
  - When a child becomes eligible under a qualifying group (move from a non-qualifying group or added to a case)
  - At renewal
  - For existing members, as of January 1, 2024, until their renewal date
How it Works

- Children enrolled in a qualifying program as of January 1, 2024, will continue to have coverage until their renewal date.
- For example, children in a household that enrolled in May 2023 will keep their benefits at least through April 2024, even if the household reports a change.
- New members under age 19 who enroll in a qualifying program on or after January 1, 2024, will also keep their benefits for a full 12 months.
SSI Medicaid

- Continuous coverage periods will be based on the month a child’s SSI Medicaid began, ensuring at least 12 months of coverage.
- When they lose SSI, children will be informed that they will keep their Medicaid until the end of their 12-month continuous coverage period.
- Letters will be sent approximately 45 days before the end of the continuous coverage period to tell them their Medicaid is ending and next steps.
Foster Care Medicaid

- Children in Foster Care, Subsidized Guardianship, or Adoption Assistance Medicaid will keep continuous coverage until:
  - The end of their 12-month period, or
  - Three months after they lose placement
- Whichever comes later!
Polling Question #2

True or False?

Any child enrolled in Medicaid on January 1, 2024 will have 12 months of continuous coverage from January through December 2024.
Polling Answer #2

False.

A child enrolled in Medicaid on January 1, 2024 will have continuous coverage, but the 12 months is based on their last application or renewal date.
Questions?
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