











Agents and Navigators: What you need to know about Medicaid Unwinding

A collaborative webinar • June 22, 2023, 01:00 – 03:00 PM CT



Webinar Questions and Answers

 Webinar Attendee	<p><i>I recently received info that SeniorCare also had some suspensions of renewals due to COVID, do you know anything about this? Did clients still have to pay their annual \$30 fee? How were clients determined to not have to go thru renewal process?</i></p>
 Department of Health Services (DHS)	<p>Unlike BadgerCare Plus and Medicaid members, SeniorCare members were asked to complete renewals and pay the annual \$30 fee during the continuous coverage period. However, due to continuous coverage rules, members were not penalized for not completing a renewal or not paying their fee. All members maintained coverage unless they passed away, moved out of state, or asked to disenroll from the program. Members who did not completed a renewal during the public health emergency have been assigned a due date during the COVID Unwinding period and have been/will be notified 45 days before their coverage ends that they have to renew and pay the annual fee if they want SeniorCare benefits.</p>
 Webinar Attendee	<p><i>BadgerCare does NOT look at assets. Do FoodShare or other programs look at assets?</i></p>
 DHS	<p>Correct, there is no asset limit for BadgerCare Plus.</p> <p>Medicaid for the Elderly, Blind or Disabled eligibility determinations are subject to an asset test. (Medicaid Eligibility Handbook 39.4 Elderly, Blind, or Disabled Assets and Income Tables and Medicaid Eligibility Handbook 18.4 Spousal Impoverishment Assets for Long Term Care Cases)</p> <p>FoodShare eligibility determinations are generally not subject to an asset test, with the exception households where at least one member is elderly, blind, or disabled and whose gross income exceeds 200% FPL. (FoodShare Handbook 4.4.1 Assets)</p>

 <p>Webinar Attendee</p>	<p><i>What is your average time to process once received on the renewals you have processed so far?</i></p>												
 <p>DHS</p>	<p>The processing time that a given renewal takes depends on the household’s situation, including the time involved to request, receive, and process verification, and the agency workload. DHS strongly advises members to submit their renewals by the date provided in their renewal packet and wait at least 10 days after submitting the renewal to allow agencies time to process the renewal before checking for an update. DHS also encourages members to sign up for ACCESS/MyACCESS to get notifications and check the status of their benefits.</p>												
 <p>Webinar Attendee</p>	<p><i>Will customers have advance knowledge thru ACCESS? Or can they check for letters on the site? The only notification is by mail?</i></p>												
 <p>DHS</p>	<p>Most members received a letter in March 2023 with their renewal date. They can view this letter electronically through ACCESS. Additionally, a banner will also display in MyACCESS with the member's renewal information and if we have a phone number and/or an e-mail address on file, members will receive a notification approx. 2 weeks before their renewal month (when they receive their renewal packet). A member can opt in for push notifications in MyACCESS or renewal reminders on the DHS Renewal Status webpage as well.</p>												
 <p>Webinar Attendee</p>	<p><i>What are the income limits for qualification for the program?</i></p>												
 <p>DHS</p>	<p>Income limits for BadgerCare Plus are provided in the following table (BC+ 16.1.1 Income Limits):</p> <table border="1" data-bbox="386 1346 1182 1644"> <thead> <tr> <th>Population</th> <th>Income Limits for All Members</th> </tr> </thead> <tbody> <tr> <td>Pregnant women</td> <td>306% FPL</td> </tr> <tr> <td>Children under 19*</td> <td>306% FPL</td> </tr> <tr> <td>Parents/Caretaker relatives</td> <td>100% FPL</td> </tr> <tr> <td>Childless adults</td> <td>100% FPL</td> </tr> <tr> <td>Family Planning Only Services</td> <td>306% FPL</td> </tr> </tbody> </table> <p><small>*Children and pregnant women with income above the limit can become eligible by meeting a deductible.</small></p> <p>There are many different forms of EBD Medicaid. Asset and income tables for all EBD Medicaid can be found here: MEH 39.4.1. Elderly, Blind or Disabled Assets and Income Tables</p> <p>SeniorCare program income tables: MEH 39.11.1 SeniorCare Income Limits</p>	Population	Income Limits for All Members	Pregnant women	306% FPL	Children under 19*	306% FPL	Parents/Caretaker relatives	100% FPL	Childless adults	100% FPL	Family Planning Only Services	306% FPL
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 <p>Webinar Attendee</p>	<p><i>I had a consumer who received a letter that benefits will end June 1st. On May 31st we went into access to renew. However, there was no option to renew on May 31. So, we went in on June 1 and it reflected the benefits ended. Why was there not an option to renew May 31 before benefits expired June 1st, 2023?</i></p>
 <p>DHS</p>	<p>There was a subset of members whose eligibility was manually extended during the pandemic because they no longer had an open case for healthcare benefits in the CARES eligibility system. Due to systems limitations, we could not complete a renewal process for these members. All manually extended members were contacted in mid-April to notify them that needed to re-apply for Medicaid to redetermine their eligibility. Because this member did not submit an application before May 31, 2023, their eligibility ended. However, this can be resolved by completing an application. This member can re-apply for Medicaid benefits online at access.wi.gov, by visiting or calling their local agency, or by sending a paper application by mail. If the member is determined eligible, they may request to have their eligibility backdated up to three calendar months prior to the month of application.</p>
 <p>Webinar Attendee</p>	<p><i>If she submits on August 16, agency processes on 08/24, she doesn't meet. Her letter arrives around 08/30 to let her know coverage ends. What date does her coverage end?</i></p>
 <p>DHS</p>	<p>The member's eligibility would be extended to September 30 because the member submitted her renewal by the deadline given in her renewal packet, but the agency processed it after that date. Her last day of coverage would be September 30. Eligibility would end as of October 1.</p>
 <p>Webinar Attendee</p>	<p><i>What happens if Lisa goes to the Doctors on September 3rd thinking she has BadgerCare and then later finds out she doesn't? Does she have to pay for that doctors visit or would BadgerCare pay for it?</i></p>
 <p>DHS</p>	<p>Lisa should be notified at her appointment that she is not showing as being eligible for BadgerCare Plus. If Lisa lost coverage as a result of a lack of renewal, she can complete a renewal with a backdated request within 3 months of her benefits ending. She would need to either pay for the visit out of pocket and contact the provider to bill BadgerCare Plus once coverage is reinstated or wait until after coverage is reinstated to reschedule the appointment. If a member has incurred a bill from a BadgerCare Plus certified provider during a backdate period, instruct the member to contact the provider to inform them to bill BadgerCare Plus. The member may be eligible to receive a refund, up to the amount already paid to the provider. (BC+ 25.8.1 Backdated Eligibility)</p>
 <p>Webinar Attendee</p>	<p><i>What is the appeal process? Are members told they can appeal? I have had some members told by letter that they no longer qualify. Upon recontacting and reviewing their situation, they were in fact eligible.</i></p>

 DHS	<p>Appeal rights and instructions can be found on a member's notice of decision when a member's benefits are denied, reduced, or ended. If a member disagrees with change in benefits, they can contact their local Income Maintenance or tribal office for assistance. If they cannot resolve the issue with their agency, the member can request that the worker assist them in requesting a fair hearing. (Medicaid/BadgerCare Plus Fair Hearing Information, F-10151)</p>
 Webinar Attendee	<p><i>Does this SEP also apply to Marketplace plans?</i></p>
 Covering Wisconsin (CWI)	<p>The Marketplace has a new special enrollment period related to the Unwinding, for anyone who loses Medicaid coverage in the next year. Medicare has a separate SEP.</p>
 DHS	<p>Individuals can apply and enroll in a Marketplace plan as early as 60 days before their Medicaid or CHIP coverage ends to avoid a gap in coverage. From March 31, 2023 - July 31, 2024, they can also apply for a Marketplace plan any time after their Medicaid or CHIP coverage ends. Individuals will have 60 days after submitting an application to enroll in a plan that will start at the beginning of the next month after they complete your enrollment. (Understand your options if you lose Medicaid or CHIP HealthCare.gov)</p>
 Webinar Attendee	<p><i>What did you say about ACA deductibles if enrolling later in the year?</i></p>
 CWI	<p>It is just something to be aware of; if someone enrolls in a Marketplace plan later in the year, they should carefully plan their care because they will need to re-enroll again for Open Enrollment and will be starting over with a new deductible.</p>
 Office of the Commissioner of Insurance	<p>People may be enrolling in Marketplace plans with annual deductibles that can range from over \$1,400 for a Gold plan to over \$6,000 for a Bronze plan (for those who do not qualify for cost-sharing subsidies). So, if someone transitions to a Marketplace plan late in the year, like November, they could face a \$6,000 deductible for just two months of coverage, and then face the full deductible again at the beginning of the following year. Enhanced tax credits should help most of the individuals transitioning off Medicaid to access a low premium silver level plan with cost sharing assistance so the out-of-pocket expenses may not be this steep, but the main point is that there will be out of pocket expenses tied to Marketplace plans not experienced under Medicaid and individuals enrolling late in the year will be hit with their full deductibles at the start of the following plan year.</p>