



covering kids & families

Issue XII

Wisconsin

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Prenatal Care Update

From ABC for Health's HealthWatch Update



As of January 1, 2006, Medicaid now covers certain pregnant women who were previously non-qualifying, including: women who are not U.S. citizens or qualifying aliens, and inmates of public institutions.

What is Covered and When?

As BadgerCare recipients, these women are eligible for all Medicaid covered services through the end of the month in which they deliver the baby. This includes all prenatal care services and non-pregnancy related physical, mental and dental health needs. The services must be accessed at a Medicaid-certified provider. The woman is first eligible in the month that her pregnancy is verified and she applies for BadgerCare. After delivery, Medicaid is available to the newborn child. The woman is no longer BadgerCare eligible, but can qualify for Emergency Medical Assistance (EMA) for 2 months of postpartum emergency services. The baby is not eligible for Continuous Eligibility for Newborns.

Details to be aware of:

Despite the good news about expanded access to prenatal care, BadgerCare does have some eligibility rules that may hinder the application process. If you are helping a newly eligible pregnant woman apply for BadgerCare, here are some things to look out for:

- **Premiums** will be in effect for recipients with income levels between 150% and 185% of the Federal Poverty Level. Recipients may not be aware of premiums or how to comply with them, resulting in their case being closed.
- In some situations women who are not income-eligible for the new coverage are eligible for **Emergency Services for Medicaid** with a deductible.
- **No backdating.** Eligibility begins the month that all paperwork is successfully submitted to the county and pregnancy is verified.
- **No presumptive eligibility.** Proof of pregnancy must be included with the application.
- There are **mandatory verification forms** to complete that may delay or even stop the application process. Employers need to complete the forms and either the employer or the applicant must fax or mail them.
- **Income verification forms may not coincide with the employer's records.** Consideration should be given to differences in employees' personal information. Care must be taken to avoid confusion and problems for both the employer and the employee. The applicant should discuss this directly with the county worker.

To find out about HealthWatch committee activity in Dane County or how you can help promote this new benefit, contact Annie Trimberger at atrimberger@safetyweb.org

See www.ckfwi.org for updates, fact sheets and more.

Family Medicaid brochures available now!

Outagamie County

Low cost or free healthcare coverage for kids and families



You and your children may be able to get help with health care through BadgerCare, Medical Assistance, or Healthy Start.

Find out more inside and apply today!



County specific brochures have been created for all 72 counties and are currently being distributed throughout the state. In a limited number of counties we have pre-printed brochures still available.

Visit www.ckfwi.org/countybrochures.cfm to find out more and to download your county's brochure.

Contact Johanna Schmitz at: johannaschmitz@gmail.com or 608-261-1455.

Spring statewide coalition meeting: SAVE THE DATE!

Wednesday April 26

9:30am-2:45pm

Wausau, WI

On the agenda:

- Plenary. The environment for health policy change
- The future of CKF-WI
- National program success, challenges, lessons learned
- Q&A with CKF-WI Pilot Projects
- ACCESS: on-line enrollment showcase

On-line registration: www.ckfwi.org/conf2006/index.cfm



Healthy Parents = Healthy Kids

Wisconsin's parents need some attention. While we have gained ground in children's health coverage in recent years, their parents are trailing behind.

Nationally, the news is distressing. Between 2000 and 2003, it is estimated that the number of uninsured children marginally declined while the number of uninsured parents increased by 1.6 million. And this rise in uninsured parents has occurred almost entirely among those with low incomes.

In Wisconsin, the news is not as bleak. Wisconsin was among the first and still relatively few to expand public health insurance coverage to low-income parents to the same extent as their children. A recent report in *Health Affairs* suggests that this progressive policy has contributed to a significant decline in our parents' uninsurance rate. Between 1999 and 2002, the percentage of low-income parents without health insurance decreased from 23% to 14%.

Surely a victory, but it remains greater than their children's rate of 11%.

We appear to be confronting a rising stream of families without coverage through an employer. But while the option for Medicaid and SCHIP coverage has generally offset the increasing need among children in Wisconsin, many of their parents have not enjoyed the same benefits.

Getting more parents to enroll in Medicaid and BadgerCare will ensure that they have coverage for their own health care needs.

As an added benefit, it can not only encourage the enrollment of their uninsured children but also significantly improve the likelihood that their insured or even uninsured children receive needed care.

It may not be entirely clear why we have not been more successful in enrolling parents in Medicaid and BadgerCare at the same rate as their children, but it is very clear that this should be a renewed goal.

Breaking news! Poverty Levels updated

*From Joanne Simpson, Deputy Director
Bureau of Eligibility Management, DHCF, DHFS*

The new Federal Poverty Level (FPL) guidelines were published on 1/24/06. In the past, the federal government has published the FPL guidelines in late February or early March. With the early publication of the FPL guidelines, here is the order that things will happen in Wisconsin:

1. We are quickly doing the necessary calculations to turn the guidelines numbers into income limits, and then making behind the scenes changes to CARES.
2. By January 30, 2006 we will have these new income limits in CARES for all eligibility determinations that are done for February (and subsequent months) eligibility from that date forward.
3. On the morning that we update CARES with the new income limits, we will send a Broadcast Message out to all CARES users. We will also send an e-mail to each Income Maintenance agency's IM policy/CARES coordinators.
4. An Operations Memo with the updated income limits and instructions for the FPL Mass Change (see below) will be sent out to workers by February 3, 2006.
5. We will run a Mass Change on February 11, 2006. That Mass Change will determine eligibility for all cases that are currently open or have been closed for less than 30 days. This means that someone who was denied, terminated from Medicaid/BadgerCare before the income limits were updated will have their eligibility redetermined using the updated numbers.
6. We will update the FPL tables used by ACCESS next week and the FPL tables in our published materials as quickly as we can. We are focusing on making the changes for persons whose eligibility is determined in CARES first, but getting these changes made in ACCESS and in our published materials (web, printed, etc.) will become our next priority.



Federal government further fragments children's healthcare

By: Kathy Kaelin & Andy Heidt, CKF-WI co-chairs



February 2nd, the House of Representatives narrowly passed budget reconciliation bill: S1932 by two votes. This affects the healthcare of over 28 million children currently covered on Medicaid nationally. Changes to Medicaid include:

- Losing the current guarantee that children covered by Medicaid will receive medically necessary services.
- Federally mandated paperwork, such as requiring a birth certificate for children who are citizens.
- Ability for states to implement additional costs to families whose income levels are above the Federal Poverty Level (FPL). Families under the FPL could also be subject to drug and emergency room co-payments.

These changes are complicated and will differ from state to state and even within states. Applying for Medicaid will become more complicated and receiving care more fragmented than ever before. This bill is a concern for the future of Medicaid and for providing healthcare to all children. For more detailed information on the budget changes see a report by the Congressional Budget Office at <http://www.cbo.gov/ftpdocs/70xx/doc7028/s1932conf.pdf>