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**State/Territory Name:** Wisconsin

**State Plan Amendment (SPA) #:** WI-25-0009 and WI-25-0010

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) State Plan Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S2-01-16  
Baltimore, MD 21244-1850



**Children and Adults Health Programs Group**

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December 18, 2025

William Hanna  
Medicaid Director  
Wisconsin Department of Health Services  
State of Wisconsin, Department of Health Services  
1 West Wilson Street, Room 350 PO Box 309  
Madison, WI 53701-0309

Dear Director Hanna:

Your title XXI Children's Health Insurance Program (CHIP) State Plan Amendments (SPAs), WI-25-0009 and WI-25-0010, submitted on June 27, 2025, with additional information submitted on December 18, 2025, have been approved. The effective date for these SPAs is February 22, 2025.

Section 2102(b)(3)(C) of the Social Security Act requires states to have a description in the state plan of procedures used to ensure that CHIP does not substitute for group health plan coverage. Through SPA-25-0010, Wisconsin updates the state plan to reflect the state's current monitoring strategies. Through SPA WI-25-0009, Wisconsin makes corresponding technical edits to its CHIP state plan to remove references to access to state-defined affordable health coverage as a substitution strategy.

Your Project Officer is Chanelle Parkar. She is available to answer your questions concerning this amendment and other CHIP-related matters. Her contact information is as follows:

Centers for Medicare & Medicaid Services  
Center for Medicaid and CHIP Services  
7500 Security Boulevard, Mail Stop: S2-01-16  
Baltimore, MD 21244-1850  
Telephone: (410) 786-0557  
E-mail: [Chanelle.Parkar@cms.hhs.gov](mailto:Chanelle.Parkar@cms.hhs.gov)

If you have additional questions, please contact Mary Beth Hance, Acting Director, Division of State Coverage Programs, at (410) 786-1536. We look forward to continuing to work with you and your staff.

Sincerely,  
/Signed by Jessica Stephens/

Jessica Stephens  
Acting Deputy Director

**Amendment #20 Purpose of SPA: The state is assuring that it covers age-appropriate vaccines and their administration, without cost sharing.**

**Proposed effective date: 10/01/2023**

**Proposed implementation date: 10/01/2023**

**Amendment #21 Purpose of SPA: The state will allow 12 months of continuous eligibility for children under age 19 in Medicaid and CHIP, with some limited exceptions, as per Section 5112 of the Consolidated Appropriations Act, 2023.**

**Proposed effective date: 1/1/2024 Proposed implementation date: 6/21/2025**

**Amendment #22 Purpose of SPA: Non-Payment of Premiums Does Not Result In Loss of CHIP Eligibility**

**Proposed effective date: 7/1/2024**

**Proposed implementation date: 5/1/2024**

**Amendment #23 Purpose of SPA: Access to Health Insurance is no longer a consideration when determining eligibility (SPA-WI-25-0009). This amendment simultaneously updates CS20 to reflect this change. (SPA-WI-25-0010)**

**Proposed effective date: 2/22/2025**

**Proposed implementation date: 2/22/2025**

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<b>NUMBER 13-032</b> Date Submitted: 09/27/2013 Approval Date: 11/22/2016 Effective/Implementation Date: 04/01/2014	Non-Financial Eligibility	CS17	Non-Financial Eligibility – Residency	Supersedes the current section 4.1.5
		CS18	Non-Financial Eligibility – Citizenship	Supersedes the current section 4.1.0
		CS19	Non-Financial Eligibility – Social Security Number	Supersedes the current section 4.1.9.1
		CS20	Non-Financial Eligibility – Substitution of Coverage	Supersedes the current section 4.4.4
		CS21	Non-Financial Eligibility – Non-Payment of Premiums	Supersedes the current Cost Sharing and Payment section 8.7
<b>NUMBER 24-0011</b> Date Submitted: 06/28/2024 Approval Date: 08/01/2024 Effective/Implementation Date: 01/01/2024	MAGI Eligibility and Methods	CS15	MAGI-Based Income Methodologies	Supersedes WI-13-0028
<b>NUMBER 24-0009</b> Date Submitted: 06/28/2024: Approval Date: TBD Effective Implementation Date: 01/01/2024	Non-Financial Eligibility	CS21	Non-Financial Eligibility – Non-Payment of Premiums	Supersedes WI-13-032
	General Eligibility	CS27	General Eligibility – Continuous Eligibility	New submission.

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<u>NUMBER 25-00010</u> <u>Date Submitted: 06/30/2025</u> <u>Approval Date:</u> <u>XX/XX/XXXX</u> <u>Effective Implementation</u> <u>Date: 02/22/2025</u>	<u>Non-Financial</u> <u>Eligibility</u>	<u>CS20</u>	<u>Non-</u> <u>Financial Eligibility – Substitution</u> <u>of Coverage</u>	<u>Supersedes WI-13-032</u>
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**Tribal Consultation** (Section 2107(e)(1)(C)) Describe the consultation process that

**1.4-TC** occurred specifically for the development and submission of this State Plan Amendment, when it occurred and who was involved.

The Wisconsin Tribal Health Directors Association (WTHDA) held its bimonthly meeting on Wednesday, May 14, 2025. Several Wisconsin Department of Health Services (DHS) staff attended. Wisconsin DHS staff presented an overview of SPAs 25-0009 and 25-0010. The health directors did not have questions or concerns related to the SPAs.

~~The Wisconsin Tribal Health Directors Association (WTHDA) held its bi-monthly meeting on Wednesday, March 8, 2023. Several Wisconsin Department of Health Services (DHS) staff attended. State Plan Amendment Coordinator, Bailey Dvorak, presented an overview of SPA 23-0010-CHIP. The health directors had no questions or concerns related to the SPA." The full CHIP state plan references SPA 22-0014-CHIP and has a May 13, 2022 bi-weekly Tribal meeting date.~~

## **Section 2. General Background and Description of Approach to Children's Health Insurance Coverage and Coordination**

Guidance:

The demographic information requested in 2.1 can be used for State planning and will be used strictly for informational purposes. THESE NUMBERS WILL NOT BE USED AS A BASIS FOR THE ALLOTMENT. that the State may consider in the provision of this information are age breakouts, income brackets, definitions of insurability, and geographic location, as well as race and ethnicity. The State should describe its information sources and the assumptions it uses for the development of its description.

- Population
- Number of insured
- Race demographics
- Age Demographics
- Info per region/Geographic information

**2.1.** Describe the extent to which, and manner in which, children in the State (including targeted low-income children and other groups of children specified), identified by income level and other relevant factors, such as race, ethnicity and geographic location, currently have creditable health coverage (as defined in 42 CFR 457.10). To the extent feasible, distinguish between creditable coverage under public health insurance programs and public-private partnerships (See Section 10 for annual report requirements). (Section 2102 (a)(1)); (42 CFR 457.80(a))

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WI 22-0014-CHIP

Approval Date 10/27/2022

Effective Date 03/01/2022

WI-25-0009-CHIP

Approval Date

Effective Date 02/22/2025

4.1.5 ☒ Residency (so long as residency requirement is not based on length of time in state):

**Be physically present in Wisconsin with the intent to reside in the state.**

**See SPA WI\_13-032, Section CS17**

4.1.6 ☐ Disability Status (so long as any standard relating to disability status does not restrict eligibility):

**Not Applicable.**

4.1.7 ☒ Access to or coverage under other health coverage:

See CS20.

~~**From Conception to End of Pregnancy (FCEP), formerly known as Unborn Children**~~

~~**A person may not be eligible for CHIP under FCEP if they are covered under any health insurance plan which qualifies as minimum essential coverage as defined at 26 USC § 5000A(f)(1) which covers services provided in an area that is within a reasonable driving distance from their residence may not have access to a State employee's health benefits plan or to an employer's group or individual health insurance plan in the month of application or in the three calendar months following the month of an application, annual review or the start of new employment, or in the previous 12 months, unless a good cause exemption is granted.**~~

~~**A good cause exemption is granted to those unborn children with past or present coverage or access to a health insurance or a group health plan, if the insurance only covers services provided in a service area that is beyond a reasonable driving distance from the individual's residence.**~~

~~**A good cause exemption is granted to those individuals who were covered by a group health plan or health insurance coverage in the three months prior to application, if insurance did not pay for pregnancy-related services or if:**~~

- ~~**• The individual through whom the insurance was available involuntarily lost their job with the employer providing that insurance, or voluntarily ended their job because of the incapacitation of the individual or because of an immediate family member's health condition,**~~
- ~~**• Employment of the individual through whom the insurance was available changed and the new employer does not offer health insurance coverage, or the employer discontinued health plan coverage for all employees**~~



- ~~• COBRA continuation coverage was exhausted in accordance with federal regulations;~~
- ~~• Coverage was lost due to the death or change in marital status of the policy holder; or~~
- ~~• The insurance was provided by someone not residing with the unborn child;~~

~~A good cause exemption is granted to individuals with current, future or past access to an employer's group health plan, if the available insurance is through a person who is not a member of the unborn child's household or the employer contributes less than 80 percent of the premium cost. The percentage of employer contribution is not applicable for the State employee's health plan.~~

~~A good cause exemption is granted to those unborn children who, in the past 12 months, had access to a group health plan or had access to access to a State employee's health benefits plan if:~~

- ~~• Employment of the individual through whom the insurance was available ended, or the employer discontinued health plan coverage for all employees; or~~
- ~~• At the time the individual failed to enroll in the employer's health insurance coverage, one or more members of the individual's family were covered through:~~
  - ~~○ A private health insurance policy or Medicaid, and~~
  - ~~○ No one in the family was covered through SCHIP.~~

~~May not be covered under a group health plan or under health insurance coverage, as defined in section 2791 of the Public Health Service Act, during the month of application or in the previous three months, unless a good cause exemption is granted.~~

~~May not have access to a State employee's health benefits plan or to an employer's group health plan at the time of application or within the three calendar months following the month of an application, annual review or the start of new employment, or in the previous 12 months, unless a good cause exemption is granted.~~

~~-~~

~~A good cause exemption is granted to those children who are covered by health insurance or a group health plan during the month of application or in the previous three months, if the individual is covered by health insurance:~~

- ~~• That only covers services provided in a service area that is beyond a reasonable driving distance from the individual's residence;~~
- ~~• Provided by someone who is not a member of the child's household; or~~
- ~~• Which is not a group health plan, or for which an employer contributes less than 80 percent of the premium cost. This reason does not apply to State employee's health benefits plan.~~

~~A good cause exemption is granted to those children who were covered by a group health plan in the three months prior to application, if:~~

- ~~• The individual through whom the insurance was available involuntarily lost their job with the employer providing that insurance, or voluntarily ended their job because of the incapacitation of the individual or because of an immediate family member's health condition;~~
- ~~• Employment of the individual through whom the insurance was available changed and the new employer does not offer health insurance coverage, or the employer discontinued health plan coverage for all employees, or~~
- ~~• Coverage was lost due to the death or change in marital status of the policy holder.~~

~~A good cause exemption is granted to individuals with current, future or past access to an employer's group health plan, if the available insurance is through a person who is not a member of the child's household or the employer contributes less than 80 percent of the premium cost. The percentage of employer contribution is not applicable for the State employee's health plan.~~

~~A good cause exemption is granted to those individuals who, in the past 12 months, had access to a group health plan or a State employee's health benefits plan, if:~~

- ~~• Employment of the individual through whom the insurance was available ended, or the employer discontinued health plan coverage for all employees; or~~
- ~~• The individual through whom the insurance was available failed to enroll in the employer's health insurance coverage because one or more members of the individual's family were covered through: ○ A private health insurance policy or Medicaid, and ○ No one in the family was covered through SCHIP.~~

~~Other good cause exemptions, consistent with the above reasons, may be approved by the Department of Health Services on a case by case basis.~~

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(Sections 2102(b)(3)(A) and 2110(b)(2)(B); 42 CFR 457.310(b)(2), 42 CFR 457.350(a)(1) and 457.80(c)(3))

**4.4. Eligibility screening and coordination with other health coverage programs**  
States must describe how they will assure that:

- 4.4.1.** ☒ only targeted low-income children who are ineligible for Medicaid or not covered under a group health plan or health insurance (including access to

a State health benefits plan) are furnished child health assistance under the plan.

(Sections 2102(b)(3)(A), 2110(b)(2)(B), 42 CFR 457.310(b), 42 CFR 457.350(a)(1) and 457.80(c)(3))

Confirm that the State does not apply a waiting period for pregnant women.

**See SPA WI\_13-0031, Section CS24**

- 4.4.2. ☒ children found through the screening process to be potentially eligible for medical assistance under the State Medicaid plan are enrolled for assistance under such plan; (Section 2102(b)(3)(B), 42 CFR 457.350(a)(2))

**See SPA WI-13-0031, Section CS24**

- 4.4.3. ☒ children found through the screening process to be ineligible for Medicaid are enrolled in CHIP.

(Sections 2102(a)(1) and (2) and 2102(c)(2); (42 CFR 431.636(b)(4))

**See SPA WI-13-0031, Section CS24**

- 4.4.4. ☒ the insurance provided under the State child health plan does not substitute for coverage under group health plans. (Section 2102)(b)(3)(C), (42 CFR 457.805)

**See ~~SPA WI\_13-0031, Section CS24-CS20~~**

- 4.4.4.1. ☒ (formerly 4.4.4.4) If the state provides coverage under a premium assistance program, describe: 1) The minimum period without coverage under a group health plan. This should include any allowable exceptions to the waiting period; 2) the expected minimum level of contribution employers will make; and 3) how cost-effectiveness is determined. (42 CFR 457.810(a)-(c))

- 1) ~~Six months-None.~~
- 2) **The minimum employer contribution is 40% of the cost of the premiums.**

assistance and employment, BadgerCare Plus is an innovative and progressive model to effectively integrate Medicaid with employment-based health insurance. BadgerCare Plus builds upon the intent of Title XXI to accomplish this integration.

BadgerCare Plus will provide access to health care, without supplanting private insurance by incorporating the following mechanisms:

- Most aApplicants who are covered under a health insurance plan that meets the criteria of minimum essential coverage as defined at 26 USC § 5000A(f)(1) as defined in HIPAA will not be eligible for BadgerCare Plus.
- ~~• Applicants who have access to coverage under family health insurance subsidized by an employer at 80% or more of the premium cost will not be eligible for BadgerCare Plus.~~
- ~~• Applicants who were covered during the six months prior to application under employer family health insurance plans meeting HIPPA standards for family coverage will be ineligible for BadgerCare Plus. However, exceptions will be made where prior coverage ended due to reasons unrelated to the availability of BadgerCare Plus. These reasons include, but are not limited to:~~
  - ~~○ Loss of employment due to factors other than voluntary termination;~~
  - ~~○ Change to a new employer that does not offer family coverage;~~
    - ~~○ Change of address so that the individual is now outside the employer-sponsored insurance plan's service territory;~~
  - ~~○ Discontinuation of health benefits to all employees by the applicant's employer; and~~
  - ~~○ Expiration of COBRA coverage period.~~
- The Department intends to purchase family coverage made available by the employer of members of an eligible family when the employer's contribution is greater than 40% but less than 80%. This will only occur when the Department determines that purchasing the employer coverage would be more cost-effective than providing the coverage directly under BadgerCare Plus. The cost effectiveness will compare the cost to the State to buy in to the employer's plan versus the cost to directly provide coverage to the recipient.

- The Wisconsin Medicaid fiscal agent will notify the applicant, employer, insurance company, if necessary and the involved certifying agency of the cost-effectiveness decision and terms of the agreement.
- The Wisconsin Medicaid fiscal agent will establish a communication protocol with each employer regarding notification of the applicant's employment, coverage levels and premium amounts.
- The Wisconsin Medicaid fiscal agent will monitor employers' health insurance plans for open enrollment periods and will conduct an employer telephone inquiry to obtain the necessary cost-effectiveness information to facilitate insurance buy-in when available.
- The Wisconsin Medicaid fiscal agent will gather information regarding the applicant's access to and/or participation in the employer's health insurance plan beyond the previous six-month period for informational purposes only. ~~EDS and~~ Department staff and Wisconsin Medicaid fiscal staff will monitor this information for crowd-out impact.
- The Wisconsin Medicaid fiscal agent will verify health insurance coverage through the existing insurance exchange process with insurance carriers ~~and telephone inquiries. EDS currently electronically exchanges insurance information with 95% of the insurance carriers, by market share in the state.~~

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If the verification shows that BadgerCare Plus family members are currently covered ~~or were covered within the past six months~~ by an insurance plan meeting the definition of minimum essential coverage as defined by 26 USC § 5000A(f)(1) HIPAA standards, or currently have access to such a plan, subsidized at 80% or more of the premium cost, eligibility for BadgerCare Plus ends. ~~If the verification shows that BadgerCare Plus family members have access to (but not coverage) employer family health insurance coverage subsidized at less than 80% of the premium cost, they continue to receive BadgerCare Plus benefits on a fee-for-service basis, pending qualification for the HIPP Program.~~

Participating families with incomes at or above ~~150~~201% FPL will be assessed a premium cost share ~~of not to exceed~~ 5% of their monthly family income.

- ~~The Department will limit eligibility to those families whose income does not exceed 185% FPL. Employer-subsidized health insurance is not common among families with incomes this low.~~
- ~~A provision of 1995 Wisconsin Act 289 required Wisconsin employers offering employee health insurance to include all employees. This was designed to prevent employers from offering a health insurance plan to only higher-compensated employees.~~
- ~~Wisconsin has legislation pending to create a small employer insurance pool.~~

While we believe the measures listed above will be sufficient to prevent crowd-out, implementation of BadgerCare Plus will be carefully monitored to assess any adverse impact BadgerCare Plus may create for both employee use of employer-subsidized coverage, and employer reductions in coverage for workers. Monitoring can be done using reports produced by the Department's Center for Health Statistics. ~~If it appears additional measures are needed, the state will investigate the following mechanisms as additional tools to use in preventing insurance crowd-out:~~

- ~~Establishing limited entry/enrollment periods for BadgerCare Plus. This will encourage employees to purchase ongoing medical care through employer-subsidized insurance, rather than depending on BadgerCare Plus exclusively for episodes of ill health.~~
- ~~Enactment of insurance reforms to encourage coverage of all employees. The Department intends to continue working with employers and the state Office of the Commissioner of Insurance to encourage broad-based health coverage of all employees.~~

Access to services: Through BadgerCare Plus, the Department will integrate employer health care and Medicaid without supplanting private insurance. This will help to assure access to health care for all low-income families who do not have employer insurance. Access is balanced with personal responsibility through cost-sharing.

Health outcomes and quality of care: The major goal of BadgerCare Plus is to improve the health of Wisconsin's low-income families with children by providing access to affordable health care for low-income families with

**children. We expect to improve health outcomes and reduce unnecessary and uncompensated health care costs by establishing a medical “home” for all low-income families and children, thereby strengthening health care prevention in the community.**

**To measure these health outcomes, we will use the same HEDIS measures as we do for the current AFDC-related/Healthy Start HMO program.**

**Wisconsin’s HMO program currently provides financial incentives to participating HMOs that provide the targeted number of HealthCheck screens to enrolled eligible children. The HMO contract and capitation rate provides additional funds to HMOs to meet targeted levels of screening equal to 80 percent of those eligible. Funds are recouped at the close of the contract year if the HMO does not meet the required target. The HMOs have the financial incentive to meet the screening targets and retain the HealthCheck funds. A HealthCheck screening requirement and financial incentive will be a requirement of HMOs serving the BadgerCare Plus population.**

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**In addition, the Department is in the planning stages of establishing a series of performance-based contract measures designed to enhance quality of care and administrative efficiencies. The system will initially be limited to four or five measures that are attainable and consistent with established guidelines and standards. A bonus payment system is being planned for the 1999 contract year for the AFDC/Healthy Start HMO program and possibly for BadgerCare Plus HMO programs. This bonus system will provide financial incentives to HMOs that meet performance targets. HMOs that fall below minimum performance standards will not be eligible for the incentive payments.**

**We are currently considering linking HMO bonus payments to meeting new performance targets that address the health needs of women and children by assuring that HMOs provide PAP and STD screening and childhood immunizations at appropriate rates and intervals. If there is sufficient time to develop initiatives for BadgerCare in 1999, we will consider implementing performance standards in the year 2000.**

**Delivery systems impacts: As part of the BadgerCare Plus program, Wisconsin will make an effort to further streamline eligibility procedures. The BadgerCare program will build upon the success of the State's program of HMO enrollment for health care. BadgerCare Plus will provide Wisconsin**

**Medicaid's comprehensive benefits and services through a health care delivery system with strong quality assurance safeguards.**

**Currently, 18 licensed HMOs in Wisconsin participate in the Wisconsin Medicaid HMO program. Medicaid-certified HMOs will participate in all of the State's 72 counties (fee-for-service remains in the two small, rural counties). With clear and measurable performance standards, and ongoing, continuous quality improvement activities, the Wisconsin Medicaid HMO program has demonstrated improved health outcomes. The Wisconsin Medicaid HMO contract for low-income families with children is frequently identified as one of the best in the nation.**

**BadgerCare Plus will prevent crowd-out of private insurance by buying employees into employer-based group health coverage when it is available and it is cost-effective to do so. In these situations, BadgerCare Plus will provide wraparound services to BadgerCare Plus recipients in employer health insurance plans up to the Medicaid benefit level, including any deductibles, coinsurance, and copayments that may be imposed on the employee by the employer's health insurance plan.**

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**9.2. Specify one or more performance goals for each strategic objective identified: (Section 2107(a)(3); 42 CFR 457.710(c))**

Guidance: The State should include data sources to be used to assess each performance goal. In addition, check all appropriate measures from 9.3.1 to 9.3.8 that the State will be utilizing to measure performance, even if doing so duplicates what the State has already discussed in Section 9.

It is acceptable for the State to include performance measures for population subgroups chosen by the State for special emphasis, such as racial or ethnic minorities, particular high-risk or hard to reach populations, children with special needs, etc.

HEDIS (Health Employer Data and Information Set) 2008 contains performance measures relevant to children and adolescents younger than 19. In addition, HEDIS 3.0 contains measures for the general population, for which breakouts by children's age bands (e.g. ages <1, 1-9, 10-19), are required. Full definitions, explanations of data sources, and other important guidance on the use of HEDIS measures can be found in the HEDIS 2008 manual published by the National Committee on Quality Assurance. So that State HEDIS results are consistent and comparable with national and regional data, states



should check the HEDIS 2008 manual for detailed definitions of each measure, including definitions of the numerator and denominator to be used. For states that do not plan to offer managed care plans, HEDIS measures may also be able to be adapted to organizations of care other than managed care.

**As described in response to question 9.1, BadgerCare Plus will promote the achievement of the following four goals:**

- 1) Increasing access to coverage**
- 2) Increasing access to services**
- 3) Improved health outcomes and quality of care**
- 4) Improved delivery systems impacts**

**Access to health care coverage.** BadgerCare Plus will increase the number of insured Wisconsin residents, primarily children. BadgerCare Plus will increase the number of children insured by enrolling entire families. BadgerCare Plus will improve the outreach to and increase the enrollment of Medicaid-eligible children and adults.

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**BadgerCare will not cause crowd out. BadgerCare Plus will not substitute for employer-sponsored health insurance. That is, persons who enroll in BadgerCare Plus will not drop other insurance coverage in order to participate in BadgerCare Plus.** Employers will not change the coverage they offer in response to the availability of BadgerCare Plus.

We do not believe adverse selection will be an issue in the implementation of BadgerCare Plus. Disabled children will continue to be eligible for Medicaid through the State's categorical and medically needy provisions for SSI- related recipients. We believe enrollees in BadgerCare Plus will report that they are satisfied with the price they have to pay for coverage and the choice of coverage available to them.

**Access to services.** Wisconsin predicts that BadgerCare Plus will produce positive results relating to access to services. A greater share of BadgerCare Plus enrollees will have a primary care physician than the general public. Utilization of services patterns for BadgerCare Plus enrollees will be enhanced by linking recipients to a "medical home." BadgerCare Plus and Medicaid enrollees will report satisfaction with the simplified eligibility process. BadgerCare Plus enrollees will report that they are satisfied with their access to services as measured by criteria such as waiting times for appointments. Enrollees in BadgerCare Plus will be satisfied with their ability to get referrals to specialists. Pregnant women enrolled in BadgerCare Plus will have greater access to prenatal care services than a comparison population.

**Health outcomes and quality of care. Wisconsin predicts that BadgerCare Plus will produce positive results relating to health outcomes and quality of care. BadgerCare Plus enrollees will self-report improved health status.**

**BadgerCare Plus enrollees will utilize more preventive and primary care services than a comparison population. BadgerCare Plus enrollees will have greater continuity of care than a comparison population. BadgerCare Plus enrollees will have fewer preventable hospitalizations than a comparison population. Enrollees in BadgerCare Plus will report they are satisfied with the quality of care they receive.**

**Delivery system impacts. Wisconsin predicts that BadgerCare Plus will produce positive results relating to delivery system impacts. BadgerCare Plus will not result in employers reducing their health insurance benefit packages. Persons enrolling in BadgerCare Plus will not drop existing coverage to enroll in BadgerCare Plus. Enrollment in BadgerCare Plus will increase the likelihood of obtaining employment. Enrollment in BadgerCare Plus will reduce the likelihood that an enrollee will utilize welfare services.**

**BadgerCare Plus will result in greater HMO capacity in Wisconsin. BadgerCare Plus will result in long-term savings for the Medicaid program.**



# CHIP Eligibility

State Name: Wisconsin

OMB Control Number: 0938-1148

Transmittal Number: WI - 25 - 0010

## Separate Child Health Insurance Program Non-Financial Eligibility - Substitution of Coverage

CS20

Section 2102(b)(3)(C) of the SSA and 42 CFR 457.340(d)(3), 457.350(i), and 457.805

### Substitution of Coverage

- ☐ The CHIP Agency provides assurance that it has methods and policies in place to prevent the substitution of group health coverage or other commercial health insurance with public funded coverage. These policies include:

- ☒ Substitution of coverage prevention strategy:

Add	Name of policy	Description	Remove
Add	Premium Assistance Program	Wisconsin has authority for a premium assistance program in its CHIP state plan at section 6.4.2. and considers this one if its monitoring/substitution strategies to reduce the incentive for families or employers to drop private coverage and enroll in CHIP. The state's Health Insurance Premium Payment (HIPP) program provides premium assistance for children who are eligible for BadgerCare Plus (CHIP) and who can enroll in employer-sponsored health insurance when cost effective. When Wisconsin determines it is cost effective to buy the employer's insurance rather than enroll the individual in BadgerCare Plus, the state pays the employee's monthly premium, co-insurance, and deductibles. See section 6.4.2 of Wisconsin's CHIP State Plan for information on calculating cost effectiveness.	Remove
	Monitoring Health Insurance Status	To prevent crowd out of private insurance, BadgerCare Plus/CHIP monitors the health insurance status at application and throughout the eligibility period.  At Application: Wisconsin checks for current health insurance coverage using the following strategies: -The application asks if anyone has a health insurance policy that covers one or more people in the household. If the applicant answers "yes," further questions are asked to gather more details about the health insurance policy, such as if it is through an	



# CHIP Eligibility

		<p>employer. Children are denied coverage if they have other health insurance.</p> <p>During the Eligibility Period: During the Eligibility Period: Health insurance coverage is verified through Wisconsin's EVHI (ESI) and MMIS system. At the time of application and when an individual reports a new job, the EVHI database is checked for employer health insurance information. If information is not available through EVHI, the system sends a request for relevant information to the employer. The eligibility worker does not reach out to the applicant or member for this information. The EVHI check is daily. Coverage is verified through Wisconsin's check with insurers covering Wisconsin residents as part of our daily TPL process. Information is collected from various sources, including insurance companies, CMS, providers, managed care organizations, and the Department of Defense. Information about changes to health insurance status is used to determine whether individuals remain eligible for CHIP at renewal. Children are not disenrolled during the continuous eligibility period regardless of insurance status.</p>	
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# CHIP Eligibility

<b>Add</b>			<b>Remove</b>
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A waiting period during which an individual is ineligible due to having dropped group health coverage.

If the state elects to offer dental only supplemental coverage, the following assurances apply:

- ☐ The other coverage exclusion does not apply to children who are otherwise eligible for dental only supplemental coverage as provided in section 2110(b)(5) of the SSA.
- ☐ The waiting period does not apply to children eligible for dental only supplemental coverage.

## PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 50 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V.20181119