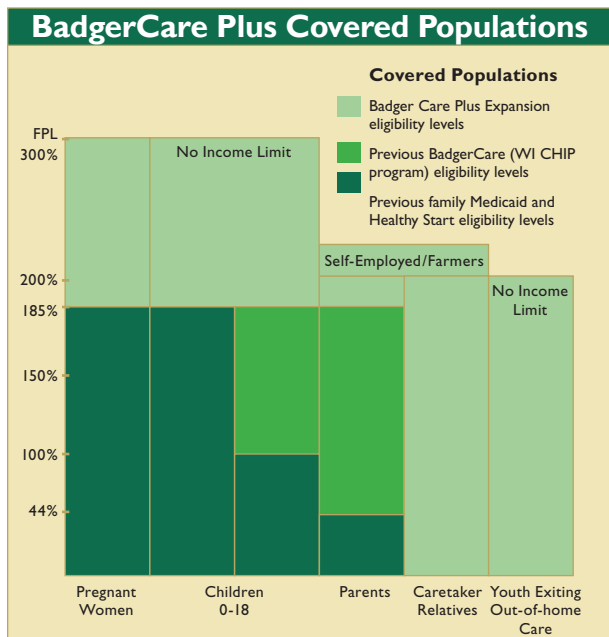


# BadgerCare Plus: Coverage Expansions

Under the Deficit Reduction Act of 2005 (DRA), states have flexibility to modify Medicaid benefits and cost-sharing requirements without the cap on federal financial participation that accompanies §1115 waivers. The flexibility granted by the DRA, coupled with long-standing Medicaid authority to expand eligibility by disregarding income, allows states to file state plan amendments in order to expand coverage to higher income populations in plans that charge limited premiums and look more like commercial insurance. (For additional information on this topic, see “Financing State Coverage Expansions: Can New Medicaid Flexibility Help?” This document is available in the publications section of the NASHP website at [www.nashp.org](http://www.nashp.org).)

BadgerCare Plus provides health coverage to Wisconsin residents through one comprehensive program that consolidates family Medicaid, CHIP, and Healthy Start. BadgerCare Plus raised the income eligibility limits for many existing categories of beneficiaries and added new eligibility categories, as detailed in the chart, below.



Source: Wisconsin Department of Health Services

## About the National Academy for State Health Policy

The National Academy for State Health Policy (NASHP) is an independent academy of state health policy makers working together to identify emerging issues, develop policy solutions, and improve state health policy and practice. As a non-profit, non-partisan organization dedicated to helping states achieve excellence in health policy and practice, NASHP provides a forum on critical health issues across branches and agencies of state government. NASHP resources are available at: [www.nashp.org](http://www.nashp.org).

This project was funded by the Robert Wood Johnson Foundation, the nation's largest philanthropy devoted exclusively to improving the health and health care of all Americans.

## The following groups are eligible to participate in BadgerCare Plus:

- **All children under age 19, regardless of income.**
  - > Must be U.S. citizen or immigrant who has lived in the U.S. for at least 5 years.
  - > If family income is above 150% FPL, children must not have access to affordable employer-sponsored insurance (defined as employer paying at least 80% of premium).
  - > Children ineligible solely because of access to employer sponsored insurance can qualify by meeting a spenddown.
- **Pregnant women below 300% of poverty.**
  - > Pregnant women who can prove U.S. citizenship receive all services in the standard plan (below 200% FPL) or the benchmark plan (200% - 300% FPL).
  - > Limited prenatal care services are available to all pregnant women, regardless of immigration status.
  - > Pregnant women with income above 300% can qualify by meeting a spenddown.
- **Parents and caretaker relatives below 200% of poverty.**
  - > Must be U.S. citizen or immigrant who has lived in the U.S. for at least 5 years.
  - > If family income is above 150% FPL, must not have access to affordable employer-sponsored insurance (defined as employer paying at least 80% of premium).
  - > Must be living with (or plan to be reunited with) a child under age 19.
  - > Farmers and self-employed parents may exclude depreciation from their income.
    - Those with income below 200% FPL without a deduction for depreciation qualify for the standard plan.
    - Those with income above 200% FPL whose deductions drop income below 200% FPL qualify for the benchmark plan.
- **Youth leaving foster care from age 18 – age 21, regardless of income.**