



IRIS COVID-19 UNWINDING

FREQUENTLY ASKED QUESTIONS FOR IRIS CONTRACTORS

Last Updated: April 18, 2023

TIMELINE

1. When will the federal requirement to maintain continuous coverage for Medicaid programs end?

For people who were part of a Medicaid program prior to March 31, 2023, their coverage will be maintained until they complete their next renewal with the state. Renewal due dates have been scheduled across a 12-month period between June 30, 2023 and the last in May 31, 2024. Letters were sent in March 2023 to notify members of their scheduled renewal due date. Note: if a member or participant renews early, they could lose coverage earlier than their scheduled date.

For individuals who apply after March 31, 2023, regular program eligibility rules and requirements to report changes are in effect immediately.

2. When will participants receive information from the Wisconsin Department of Health Services (DHS) regarding the actions they need to take?

DHS mailed letters in March 2023 to inform participants of their scheduled renewal due date. Next, DHS will send a renewal packet 45 days before a participant's scheduled due date. Getting this packet tells a participant that it is time to renew.

For more information on communications to participants from DHS, please see the Return to Routine Health Care Operations Planned Unwinding Member Communications timeline ([P-03338](#)).

IRIS contractors will receive regular COVID Unwinding-specific [reports](#) from DHS listing participants with upcoming renewal deadlines.

ENROLLMENT AND ELIGIBILITY

3. When do participants need to complete their Medicaid renewals?

DHS mailed letters in March 2023 to inform participants of their scheduled renewal due date. DHS will also send a 45-day renewal packet. Getting this packet tells a participant that it is time to renew. Note: if a member or participant renews early, they could lose coverage earlier than their scheduled date.



Renewal due dates have been scheduled across a 12-month period between June 30, 2023 and the last in May 31, 2024.

IRIS contractors will receive regular COVID Unwinding-specific [reports](#) from DHS listing participants with upcoming renewal deadlines.

4. When will eligibility end for participants whose most recent Long-Term Care Functional Screen was changed to functionally ineligible?

The participant must be allowed to complete a new functional screen within the month following their Medicaid renewal due date, if the previous screen was not done within 90 days of that time. For example, if the participant's Medicaid renewal is due no later than July 31, 2023, and completed on time, IRIS contractors should complete a new functional screen for the participant before the end of August.

If a participant is deemed not functionally eligible after that time, they will be disenrolled.

5. What prevents an administrative renewal from occurring? Does it matter what program they are eligible for?

Whether a participant can be successfully administratively renewed depends on the participant's circumstances at the time of the administrative renewal. There are several exclusions that could prevent the health care benefits from being administratively renewed. Medicaid sub-programs that do not qualify for administrative renewals include:

- SSI-related Medicaid with met or unmet deductibles
- MAPP with income over 100% of the federal poverty level (FPL).
- Institutional Medicaid
- Group B and B+ Community Waivers
- Group A Community Waivers with eligibility based on 1619(b), BadgerCare Plus, EBD Medicaid, or Adoption Assistance

In addition, someone may not be successfully administratively renewed if:

- they have assets over 50% of the asset limit
- they have claimed medical/remedial expenses and/ or impairment-related work expenses (IRWEs).



- someone on their case is moving into a different age group, for example, turning 19 or 65.

6. When will MAPP premiums and work requirements begin?

For new applicants as of April 1, 2023, MAPP premiums will begin January 1, 2024.

Participants with continuous coverage who complete a renewal before January 1, 2024, will owe premiums beginning January 1, 2024. Participants with continuous coverage who complete a renewal on or after January 1, 2024, will owe premiums beginning the month after their renewal.

Work requirements will be begin on January 1, 2024. For new applicants as of April 1, 2023, they will need to meet the work requirement to be eligible for January 2024.

Participants with continuous coverage with a renewal on or before November 30, 2023 will need to meet the work requirement in order be eligible after January 1, 2024.

Participants with continuous coverage with a renewal due on or after December 31, 2023 will need to meet the work requirement at their renewal to be determined eligible for a new 12-month certification period.

7. Will IRIS service providers continue to be paid after a participant's due date if participant eligibility concerns are still being addressed?

DHS is still exploring options to maintain a participant's eligibility if they have taken all necessary actions in timely manner but their renewal has not been processed by their IM agency before their renewal date. Because this could affect payments to providers, DHS will update this FAQ when a decision is reached.

8. If a participant requests to transfer between programs, who will manage this transfer?

The participant must return to their [local Aging and Disability Resource Center \(ADRC\)](#) for enrollment counseling.

9. If a participant has not been paying their cost share, will they be required to repay unpaid costs?

Participants do not have to repay any unpaid cost share incurred between March 1, 2020, and March 31, 2023.

Starting April 1, 2023, both new applicants and existing participants who are subject to cost share will need to start paying it to stay enrolled.



Participants who had an outstanding balance prior to the suspension of cost share during COVID-19 are expected to pay their balance. Participants must be allowed to remain enrolled until they complete their Medicaid renewal. When their renewal is complete, if they do not pay their cost share, the ICA should follow the IRIS disenrollment policy per the DHS-IRIS Provider Agreement Article VI.G.3.b.iii.

10. Will youth who have been in the Children’s Long-Term Support (CLTS) program but aged out of the program be transitioned to an adult long-term care program?

Yes. Youth that have aged out of CLTS should be transitioned into an adult long-term care waiver program per the permanent policy in the CLTS Program Manual ([P-02256](#)), Chapter 10, once the individual is eligible for adult long-term care services.

11. Will participants who receive SSI Medicaid and are not required to complete a renewal lose eligibility if they have not completed their annual long-term care functional screen?

SSI Medicaid participants who do not need to complete a Medicaid renewal and do not have a valid functional screen must be allowed to have a functional screen completed before an ICA processes the participant’s disenrollment. ICAs should refer to the IRIS Enrollment/Disenrollment policy. If a participant does not complete this screen by their deadline, the ICA may proceed with disenrollment starting June 1, 2023.

DISENROLLMENT

12. When can participants who are no longer financially eligible for Medicaid be disenrolled?

Participants who were part of the program on or prior to March 31, 2023, must remain enrolled until their Medicaid renewal is completed. The questions below address exceptions to this requirement. Once a participant completes their renewal, if they are determined to be financially ineligible, they will be disenrolled.

13. If an ICA is concerned about a participant’s health and safety with self-direction, can they disenroll them before their scheduled renewal due date?

Even if an existing participant has demonstrated an inability to self-direct their services and there are health and safety concerns that would cause them to lose Medicaid eligibility, the participant must be allowed to remain enrolled until they complete their first Medicaid renewal following April 1, 2023.



If the participant remains eligible for Medicaid because they are receiving SSI Medicaid and *is therefore not required to complete a renewal*, the participant can be referred to DHS for involuntary disenrollment starting June 1, 2023.

14. If an ICA is concerned that a participant is mismanaging their budget or engaging in fraud, can they disenroll the participant before their scheduled renewal due date?

Even if the participant has demonstrated budget mismanagement that would cause them to lose Medicaid eligibility, the participant must be allowed to remain enrolled until they complete their first Medicaid renewal following April 1, 2023.

If the participant is receiving SSI Medicaid and *is therefore not required to complete a renewal*, the participant can be referred to DHS for involuntary disenrollment starting June 1, 2023.

15. Once the continuous enrollment requirement ends, when will a participant be disenrolled if they voluntarily moved out of an ICA's service area?

Participants who move out of an ICA's service area should be referred to their local ADRC to receive options counseling. The current ICA must work with the participant's new ICA or managed care organization to transition the participant and establish a new enrollment date.

If the participant does not seek counseling from the ADRC and this would cause them to lose Medicaid eligibility, they must be allowed to remain enrolled until they complete their first Medicaid renewals following April 1, 2023. They may be disenrolled immediately if they are eligible for SSI Medicaid and *are therefore not required to complete a renewal*.

16. Are there any participants who can be disenrolled from IRIS immediately after the end of the continuous coverage requirement, even if they have not yet completed their Medicaid renewal?

Yes, there are some participants who may be disenrolled from IRIS starting June 1, 2023. These participants are individuals who continue to be eligible for SSI Medicaid and *are therefore not required to complete a renewal*. Reasons these participants could be immediately disenrolled from IRIS are:

- Participant demonstrates lack of functional eligibility
- Participant is nonresponsive or cannot be contacted
- Participant does not comply with IRIS program requirements



- Participant is not spending their IRIS budget

However, IRIS participants who would lose Medicaid eligibility for any of the reasons listed above cannot be disenrolled from IRIS until after they have completed their first Medicaid renewal following April 1, 2023.

17. Can IRIS participants who are residing in an ineligible living setting be disenrolled immediately?

Yes. IRIS participants who are residing in an ineligible living setting (e.g., nursing home or institute for mental disease) for more than 90 days, or in a correctional facility for 30 days or more, must be disenrolled from IRIS *as long as they remain eligible for Medicaid*.

DATA AND REPORTING

18. How will ICAs receive data regarding participants who are affected by the end of the continuous coverage?

The Department of Health Services will share multiple [reports](#) with the ICA to assist with helping to raise awareness and understanding of the end of continuous coverage and participant renewals. For more information, see the Unwinding Return to Routine Operations HMO, MCO, and IRIS Reporting Timeline.

19. How are screen dates corrected in MMIS?

An adult long-term care-enrolled participant may have:

- An overdue functional screen
- A functional screen level of care that is not valid for program enrollment
- A “no level of care” functional screen

These could cause:

- A retroactive level of care end-date
- A level of care end-date that is before the date of disenrollment from the program

ICAs should contact DHS to report level of care as a discrepancy. A participant’s level of care will need to be manually updated through the last day of their program enrollment month.