

BADGERCARE PLUS
ENROLLMENT MANAGEMENT CENTRAL APPLICATION
PROCESSING OPERATION (EM CAPO)
PO BOX 309
MADISON WI 53701-0309

Telephone: 608-266-6740

Fax: 608-267-3381

TTY: 711

Email: dhsemcapo@dhs.wi.gov

www.dhs.wisconsin.gov/badgercareplus



Scott Walker
Governor

Linda Seemeyer
Secretary

State of Wisconsin
Department of Health Services

Approval Notice

<First Name> <Last Name>
<Address 2>
<City>, <State> <ZIP>

Date: <Current Date>

Case #: <Case>

<First Name>,

Your application for BadgerCare Plus health care coverage has been approved. You are enrolled in the BadgerCare Plus Standard Plan as of **<start Date>**.

You have been enrolled in BadgerCare Plus for the rest of this calendar year due to a special federal rule that allows you to get BadgerCare Plus coverage based on your annual taxable income in .

What Do I Need to Do?

- If you have a change in income and your expected annual taxable income for this year is more than **<annual income for group size>**, you must call the Department of Health Services at 608-266-6740 or dhsemcapo@dhs.wisconsin.gov to report this within ten days.
- You must also report any change in address or contact information within ten days by contacting the Department of Health Services at 608-266-6740 or dhsemcapo@dhs.wisconsin.gov.

The BadgerCare Plus Standard Plan is a full benefit health care coverage plan It pays for most services from BadgerCare Plus health care providers. It will also pay for prescription drugs. You may have a small co-payment for some services and prescription drugs. To request a ForwardHealth Enrollment and Benefits Handbook booklet, call 608-266-6740 or visit <http://www.dhs.wisconsin.gov/em/impubs/pubs/p-00079.pdf>.

If you are getting health care benefits for the first time, you will get a ForwardHealth Card in the mail. If you were previously enrolled in BadgerCare Plus, Medicaid or Family Planning Only Services, you were sent a ForwardHealth card. If you no longer have that ForwardHealth card, you can request a new one by calling Member Services at 1-800-362-3002 or online at ACCESS.wi.gov.

Take your ForwardHealth card with you when you have a health care appointment or when you pick up a prescription from the pharmacy. You need to show your card each time you get services through the BadgerCare Plus program.

Be sure to tell your health care providers that you now have BadgerCare Plus health care coverage. In some cases, a provider may be able to give you a refund for bills you paid after your BadgerCare Plus health care coverage started.

Who Should I Contact if I Have Questions?

If you have questions about your eligibility for BadgerCare Plus, please contact the Department of Health Services at 608-266-6740 or dhsemcapo@dhs.wisconsin.gov.

If you have questions about health care services covered by BadgerCare Plus, please call Member Services at 1-800-362-3002.

SAMPLE

YOUR RIGHTS AND RESPONSIBILITIES FOR HEALTH CARE

YOU HAVE THE RIGHT TO A WRITTEN NOTICE from this agency before any action is taken to stop or reduce your health care (Medicaid, BadgerCare Plus, Family Planning Only Services) benefits. For most actions, you will receive a letter at least 10 days before the action is taken.

YOU MAY REQUEST A FAIR HEARING, if you disagree with any agency action. You may request a fair hearing in writing or in person with the agency listed on the front of this notice. You may also request a fair hearing by writing to the Department of Administration, Division of Hearings and Appeals, PO Box 7875, Madison, WI 53707-7875 or by calling 1-608-266-3096. Your request must be received within 45 days of the action's effective.

In most cases, if your Fair Hearing request is received by the Division of Hearings and Appeals prior to the action's effective date, your health care and/or FoodShare benefits will not stop or be reduced. Your benefits will continue, at least, until a decision is made about your appeal. During this time, if another unrelated change occurs, your benefits may change. If another change occurs, you will get a new letter. If you are not satisfied with the fair hearing decision, you may appeal and request a second fair hearing. If the fair hearing decision ends or reduces your benefits, you may have to repay any benefits you got while your appeal was pending. You may ask not to receive continued benefits.

YOU MAY REPRESENT YOURSELF OR BE REPRESENTED at the hearing or conference by an attorney, friend or anyone else you choose. We cannot pay for your attorney. However, free legal services may be available to you if you qualify.

If you fail to appear, or your representative fails to appear at the hearing without good cause, your appeal is considered abandoned and will be dismissed.

IF YOU ARE RECEIVING HEALTH CARE BENEFITS, you must cooperate with the Child Support Agency, unless you have a good cause reason. Your worker can provide more information about child support cooperation. Even if you are not able to enroll in health care, help is available to get or increase your child support payments. Contact your county Child Support Agency for more information.

COMPUTER CHECK: If you work, the wages you report will be checked by computer against the wages your employer reports to the Department of Workforce Development. The Internal Revenue Service, Social Security Administration, Unemployment Insurance Division and Department of Transportation may also be contacted about income and assets you may have.

FORWARDHEALTH CARD, each time you go to a BadgerCare Plus or Medicaid provider you may be asked to see your ForwardHealth card. For some services, you may have to pay a copay to the provider. The amount will depend on the type of service and the cost of the service cost. Your provider should tell you if a copay is required or if a service is not covered by your health care plan. If you have questions about your health care plan, contact Member Services at 1-800-362-3002.

IF YOU RECEIVE BENEFITS OR SERVICES, you must follow these rules:

- **DO NOT** give false information or hide information to get or continue to get benefits.
- **DO NOT** trade or sell ForwardHealth cards.
- **DO NOT** alter cards to get benefits you are not entitled to receive.
- **DO NOT** use someone else's ForwardHealth card.

YOUR RIGHTS AND RESPONSIBILITIES

F-10150A (10/12)

DISCRIMINATION

The Department of Health Services is an equal opportunity employer and service provider. All people applying for or who get benefits are protected against discrimination based on race, color, national origin, disability, age, sex or religion. State and federal laws require all BadgerCare Plus health care benefits to be provided on a nondiscriminatory basis.

For civil rights questions, call (608) 266-9372 (voice) or 1-888-701-1251 (TTY).

To file a complaint of discrimination, contact either the:

Wisconsin Department of Health Services
Affirmative Action/Civil Rights Compliance Office
1 W. Wilson, Room 555
Madison, WI 53707-7850

Telephone: (608) 266-9372 (voice)
(888) 701-1251 (TTY)
(608) 267-2147 (fax)

OR

U.S. Department of Health and Human Services
Office for Civil Rights – Region V
233 N. Michigan Avenue, Suite 240
Chicago, IL 60601

Telephone: (312) 886-5077 (voice) or
(312) 353-5693 (TTY)

RE: Federal Regulations	42 CFR Part 435
-------------------------	-----------------

Wisconsin Statutes	49.471
--------------------	--------