



Jim Doyle  
Governor

Karen E. Timberlake  
Secretary

**State of Wisconsin**

**Department of Health Services**

Telephone: 608-266-8922  
FAX: 608-266-1096  
TTY: 888-692-1402  
dhs.wisconsin.gov

October 17, 2008

To: County and Tribal General Relief Program Directors

RE: BadgerCare Plus Core Plan for Childless Adults - Enrollment Data Request for Transitioning Participants

The Department of Health Services (DHS) is excited to introduce a new health insurance benefit program, the BadgerCare Plus Core Plan for Childless Adults, to the State of Wisconsin. This program will give uninsured, low income, adults without minor children access to preventative health care. While the BadgerCare Plus Core Plan will not replace the General Relief Block Grant (GR) program for emergency care, DHS anticipates that the same people that use county GR programs will benefit from the new program.

Pending approval of a federal waiver, the BadgerCare Plus Core Plan for Childless Adults is scheduled to accept applications for new members effective March 1, 2009 with benefits to begin on April 1, 2009. The DHS will automatically transition enrollment of persons who participate in county GR programs as of December 31, 2008 into the BadgerCare Plus Core Plan for Childless Adults. Benefits for this transitional GR population will be effective January 1, 2009.

In order to insure that the correct individuals are transitioned, we are requesting that all county GR programs provide the following information about each individual receiving medical benefits through the GR program:

- Social Security Number
- First and Last Name with Middle Initial
- Gender
- Date of Birth (MM-DD-CCYY)
- Primary Language
- Mailing Address
- Contact Phone Number
- Living Arrangement
- County or Tribe Name
- Tribe Indicator ( Is this person a member of a tribe-Yes or No?)

For individuals enrolled in your GR program as of November 30, 2008, please submit this information electronically no later than **December 1, 2008**.

For individuals enrolled between December 1 and December 31, please send an updated file with the requested information by no later than **December 31, 2008**.

Both files should be submitted to:

Mal Jones  
(608) 267-3379  
[JMal.Jones@dhfs.wisconsin.gov](mailto:JMal.Jones@dhfs.wisconsin.gov)

and

Sharon Wollin  
(608) 267-7115  
[Sharon.Wollin@dhfs.wisconsin.gov](mailto:Sharon.Wollin@dhfs.wisconsin.gov)

The data submitted must be password protected in compliance with federal law and in the format of the attached spreadsheet.

Some of the above fields are mandatory and some are optional. Mandatory fields that are left blank may result in failure to transmit the information we need to successfully enroll the person in the BadgerCare Plus Core Plan. Please refer to the attached spreadsheet template for more information.

Please forward all questions regarding the BadgerCare Plus Core Plan as well as the requested data about each participant in your county program to **both** of the following people via email at the addresses below:

Mal Jones  
(608) 267-3379  
[JMal.Jones@dhfs.wisconsin.gov](mailto:JMal.Jones@dhfs.wisconsin.gov)

Sharon Wollin  
(608) 267-7115  
[Sharon.Wollin@dhfs.wisconsin.gov](mailto:Sharon.Wollin@dhfs.wisconsin.gov)

Sincerely,

Angela Dombrowicki, Director  
Bureau of Enrollment Management