

DEPARTMENT OF HEALTH SERVICES
DIVISION OF HEALTH CARE ACCESS AND ACCOUNTABILITY
BUREAU OF ENROLLMENT MANAGEMENT
PO BOX 309
MADISON WI 53701-0309

Mailing Date:

[Member Name]
[Member Mailing Address]
[Member City, State, Zip]

[STATE SEAL] **State of Wisconsin**

ID #:

Member Services

Phone: 1-800-362-3002 (voice) or 711

(TTY)

dhs.wisconsin.gov/medicaid

For help to translate or understand this, please call 1-800-362-3002 (voice/TTY).

Dear [Member Name]:

We sent you a letter in January 2010 because our records indicate that you are no longer eligible to have Medicaid pay for your expenses related to Medicare cost-sharing.

These Medicaid benefits will end on 02/28/10 because we have not received the information necessary to determine your eligibility.

? Frequently Asked Questions

What if you don't agree?

- You have the right to appeal losing your Medicaid benefit at a hearing.

How can you appeal?

- You have 45 days from the date your benefits end to appeal the state's decision to stop your benefits. However, if you want your benefits to continue during the appeal period you must file an appeal before the date that your benefits end.
- If you wish to appeal the state action, you must request an appeal by writing to:

Division of Hearings and Appeals
P.O. Box 7875
Madison, WI 53707-7875

- Be sure to include your name and social security number on your request.

What if you need a translator at the hearing?

- If you need a translator at the hearing, please call 1-608-266-3096.

Who do you call if you have questions?

- If you have questions about this letter, contact:

Member Services
Phone/TTY #: (800) 362-3002