

Action Required: Pay Your Medicaid Purchase Plan Premium

A premium is a set amount of money you must pay each month to get Medicaid Purchase Plan (MAPP) benefits. The amount of your premium is based on your income and may increase or decrease if there are changes to your income. Health care coverage will not begin until you pay the total premium listed. In some situations, you may be required to pay more than one month of premiums before your coverage begins. The next page has information on how much you owe and how to pay your premium.

Making a Payment

You must make your first payment in person or by mail to become eligible for MAPP. Instructions on how to make this premium payment can be found on the next page. If you do not pay the total amount due, you will not get MAPP benefits for the month(s) you requested.

After you are enrolled, you will get monthly premium notices in the mail that tell you how much to pay. You can send the notice and your payment to the address on the notice or you can pay by credit card, debit card, checking account or savings account through MyACCESS mobile app or the ACCESS website.

Your monthly premium is due on the 10th of every month.

What Happens if You Don't Pay?

If you do not pay your first month's premium, you will not be eligible for MAPP. After you are enrolled, you must pay a premium each month. If you do not pay your premium, you will get a letter that tells you your MAPP enrollment is ending at the end of that month. If you pay by the end of the month, your benefits will continue.

If you cannot pay your premium because of a temporary difficult situation, contact your local or tribal agency to request a temporary waiver of your MAPP premium.

How Much You Owe

Who owes a premium	Month the premium is for	Amount that's owed
Total due		

If you have questions about the amount you owe, call your local agency.

If you have questions about how to pay your premium, call ForwardHealth Member Services at 800-362-3002, Monday through Friday, from 8 a.m. to 6 p.m.



**WISCONSIN DEPARTMENT
of HEALTH SERVICES**

Name and Address

Case number

Due date

Total due

\$

Amount you're paying

\$

Mail your check or money order to:

Who owes a premium:

Instructions:

Fill out the amount you're paying in the section above and then tear off and include the section above with your check or money order. This will help your agency to process your payment as quickly as possible.

Make sure your check or money order:

- Is made out to: Medicaid Purchase Plan Premium.
- Has your case number on it. Your case number is _____.
- Is the total amount due for MAPP. If you do not pay the total amount due, you will not receive MAPP benefits for the month(s) you requested.

Mail your check or money order and the top half of this page to the following address:

Medicaid Purchase Plan Program
WI Dept of Health Services
PO Box 93187
Milwaukee, WI 53293-0187

You may also take your check or money order and the section above to your agency listed above. Once you are enrolled in MAPP, you will also have the option to pay your monthly premium by credit card, debit card, checking account or savings account through the MyACCESS mobile app or the ACCESS website.