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**State of Wisconsin  
Governor Scott Walker**

**TO: Income Maintenance Supervisors  
Income Maintenance Lead Workers  
Income Maintenance Staff  
W-2 Agencies  
Workforce Development Boards  
Job Center Leads and Managers  
Training Staff  
Child Care Coordinators**

**FROM: Rich Albertoni, Director  
Bureau of Enrollment Policy & Systems  
Division of Health Care Access and Accountability**

<b>BEPS/DFS OPERATIONS MEMO</b>		
<b>No:</b>	11-67	
<b>DATE:</b>	07/15/2011	
<b>FS</b>	<input type="checkbox"/>	<b>MA</b> <input type="checkbox"/>
<b>SC</b>	<input type="checkbox"/>	<b>CTS</b> <input type="checkbox"/>
<b>BC+ Basic</b>	<input checked="" type="checkbox"/>	<b>BC+ CORE</b> <input checked="" type="checkbox"/>
<b>CC</b>	<input type="checkbox"/>	<b>W-2</b> <input type="checkbox"/>
<b>CF</b>	<input type="checkbox"/>	<b>JAL</b> <input type="checkbox"/>
<b>RAP</b>	<input type="checkbox"/>	<b>WIA</b> <input type="checkbox"/>
		<b>EA</b> <input type="checkbox"/>
		<b>JC</b> <input type="checkbox"/>
		<b>Other</b> <input type="checkbox"/> *
		<b>EP</b>

**SUBJECT: BadgerCare Plus Basic Plan Premium Change**

**CROSS REFERENCE:** Operations Memos 10-41, 10-53, 10-81  
BadgerCare Plus Handbook Chapter 45

**EFFECTIVE DATE:** July 18, 2011

**PURPOSE:**

To announce an increase in the BadgerCare Plus Basic Plan premium amount. The premium will increase to \$250 per month with the premium due August 5, 2011, for September coverage.

**BACKGROUND:**

The BadgerCare Plus Basic Plan was implemented July 1, 2010 as a self-funded plan intended to provide BadgerCare Plus waitlist members with access to limited healthcare benefits. Wisconsin Statute 49.67 states that administrative costs and the costs of benefits provided under the Basic Plan must be paid from premiums charged to members; if needed, the cost of program benefits may be supplemented from a grant received from the Health Resources and Services Administration (HRSA).

The premium was increased from \$130 to \$200 for July coverage. However revenue collected through premium payments is still not sufficient to cover the cost of benefits. DHS has therefore determined that premiums for current members must be increased.

**POLICY UPDATE:**PREMIUMS

The premium for Basic Plan coverage is increasing to \$250, effective with the premium due August 5<sup>th</sup> for September benefits. The increased premium will be reflected on the premium payment slip sent in July. Members who made advanced payments will not be required to pay an increased amount until the months for which they have prepaid have ended.

The payment slip mailing in July will include an insert alerting Basic members of the premium increase. To view the letter and insert, go to page 3 of this document.

**ACCESS AND CARES:**

System changes will be made to change the premium to \$250 on notices sent to Basic members in July and on the Basic Plan details page in ACCESS.

**CONTACTS:**

BEPS CARES Information & Problem Resolution Center

\*Program Categories – FS – FoodShare, MA – Medicaid, BC+ – BadgerCare Plus, SC – Senior Care, CTS – Caretaker Supplement, CC – Child Care, W-2 – Wisconsin Works, FSET – FoodShare Employment and Training, BC+ Core – BadgerCare Plus Core, CF – Children First, EA – Emergency Assistance, JAL – Job Access Loan, JC - Job Center Programs, RAP – Refugee Assistance Program, WIA – Workforce Investment Act, Other EP – Other Employment Programs.

DHS/DHCAA/BEPS/KL

## ATTACHMENT 1

### Sample of Insert and Updated Premium Notice

#### **Notice of Premium Increase**

*Your monthly premium for the Basic Plan has increased to \$250.*

*The Basic Plan is an independent, self-supporting plan and must be funded by member premiums.*

*Basic Plan covered services and other out-of-pocket costs are not changing.*

## ATTACHMENT 2

ESC  
ENROLLMENT SERVICES CENTER  
PO BOX 7190  
MADISON WI 53707 7190

Mailing Date: 07/19/2011

000001  
Core Plan Member  
456 Main Street  
MADISON WI 53590



**State of Wisconsin**

Account #:

**Enrollment Services Center**

Phone/TTY #: 1-800-291-2002

Fax #: 1-888-415-2115

You can use the fax number above to  
send proof or to report changes.



DHS is an equal opportunity employer and service provider. If you need an interpreter or this letter explained to you in your own language, or if you need help accessing our programs or need this material in a different format because of a disability, please call 1-800-362-3002. These services are free.

### Important Information about the BadgerCare Plus Basic Plan

Dear .

Enclosed is the payment slip for your BadgerCare Plus Basic Plan monthly premium. Your premium amount of \$250.00 is due by **Aug. 05, 2011**.

The Basic premium was increased to \$250.00 starting with the payment due by Aug. 5, 2011. Under state law, Basic premiums have to support the cost of the program.

As always, your premium payment must be received by the due date to keep you enrolled in the program. If your coverage ends, you will not be able to sign up again because the Department of Health Services is no longer enrolling new members in BadgerCare Plus Basic.

You may pay your premium in one of three ways:

- 1) Online with a credit card (Mastercard, Visa or Discover), debit card or electronic check. Go to [access.wi.gov](http://access.wi.gov) and log in to your MyACCESS account. On the MyACCESS page, click the Continue button in the BadgerCare Plus Basic Plan section under My Applications. You will always use the same ACCESS User ID and Password that you created when you signed up for the Basic Plan.

- 2) By mail with a personal check, money order, cashier's check or certified check. Use the enclosed payment slip and send your payment to:

DHS Enrollment Services Center  
P.O. Box 6590  
Madison, WI 53715

- 3) By phone with a credit card (Mastercard, Visa or Discover), debit card or electronic check. Call the Enrollment Services Center at 1-800-291-2002. For faster service, have your account number 987654321 ready.

If you have already paid your monthly premium, please allow a few days for us to process your payment and update your account.

For more information about the BadgerCare Plus Basic plan go to [badgercareplus.org/basic](http://badgercareplus.org/basic).

BadgerCare Plus Basic Plan – Payment Slip	
Account#: _____	
<b>This payment is for:</b>	
First Name: _____	Premium Amount Due: <b>\$250.00</b>
Last Name: _____	Due Date: <b>Aug. 05, 2011</b>
<b>Payment Method:</b> <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Check/Money Order	
If you choose to pay by Check/Money Order, make it payable to "The State of Wisconsin". Please write your account number, listed above, on the check/money order and include this payment slip. If you choose to mail your credit/debit card information, complete all the sections below. Do not send cash.	
<b>Credit/Debit Card Payment Details</b>	
Cardholder's Name: _____	Please enter the name exactly as it appears on the front of the credit card.
Cardholder's Phone: _____	
Card Type: <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER	
Card Number: _____	
Expiration Date (MM / YYYY): _____	
Payment Amount: \$ _____	
<b>Credit/Debit Card Billing Address</b>	
Street Address 1: _____	
Street Address 2: _____	
City: _____	
State: _____	Zip Code: _____ - _____
<b>Send payment with this payment slip to:</b> DHS Enrollment Services Center P.O. Box 6590 Madison, WI 53716	