



DEPARTMENT OF CHILDREN
AND FAMILIES
Secretary Eloise Anderson
201 East Washington Avenue, Room G200
P.O. Box 8916
Madison, WI 53708-8916
Telephone: 608-266-8684
Fax: 608-261-6972
www.dcf.wisconsin.gov

DEPARTMENT OF HEALTH SERVICES
Secretary Kitty Rhoades
1 West Wilson Street
P.O. Box 7850
Madison, WI 53707-7850
Telephone: (608) 266-9622
FAX: (608) 266-7882
www.dhs.wisconsin.gov

**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: Shawn Smith, Bureau Director
Bureau of Enrollment Policy & Systems
Division of Health Care Access and Accountability**

BEPS/DFS OPERATIONS MEMO					
No: 13-14					
DATE: 4/25/2013					
FS	<input type="checkbox"/>	MA	<input type="checkbox"/>	BC+	<input checked="" type="checkbox"/>
SC	<input type="checkbox"/>	CTS	<input type="checkbox"/>	FSET	<input type="checkbox"/>
BC+ Basic	<input type="checkbox"/>	BC+ CORE	<input type="checkbox"/>		
CC	<input type="checkbox"/>	W-2	<input type="checkbox"/>	EA	<input type="checkbox"/>
CF	<input type="checkbox"/>	JAL	<input type="checkbox"/>	JC	<input type="checkbox"/>
RAP	<input type="checkbox"/>	WIA	<input type="checkbox"/>	Other	<input type="checkbox"/> *
					EP

SUBJECT: BadgerCare Plus Initial Premium Coupon Automation

CROSS REFERENCE: [Process Help Chapter 23](#); [BC+ Handbook Chapter 19](#)

EFFECTIVE DATE: April 27, 2013

PURPOSE:

The purpose of this operations memo is to announce the automated mailing of the initial premium coupon for BadgerCare Plus for Families applications.

BACKGROUND:

Currently, when an application is processed for BC+ For Families and the household owes an initial premium, IM workers must manually complete and mail the BadgerCare Plus Premium Information/Payment form (F10139). Beginning April 27, 2013, a prefilled initial coupon will be enclosed with the Verification Checklist Letter (VCL), when BC+ is pending for premium payment only.

CARES:

The Verification Checklist Letter (VCL) with the BC+ for Families Initial Premium Coupon will be mailed to the household when the BC+ Assistance Group is pending only for reason code 598 – “BadgerCare Plus premium has not been paid”. The initial premium coupon may be mailed along with a request for verification, if needed for other programs, as long as all other verification for BC+ has been provided.

VERIFICATION CHECKLIST CHANGES

Payment of the initial premium will be sent as a “Notice of Action Needed.” The due date of the payment will be listed on the first page of the VCL, along with the program and contact information.

Notice of Action Needed

To get or keep **BadgerCare Plus** benefits you need to take action by the due date listed below. The next page tells you the action you need to take along with examples and instructions. If you do not take action by the due date, benefits will be denied, decreased, or ended.

Program(s)	Due Date	Contact Information
BadgerCare Plus	May. 03, 2013	Milwaukee Enrollment Services Worker: E DILLON Phone #: 1-888-947-6583 Fax #: (414) 438-4580 Use fax # to send verifications.

In the “Action Needed” section of the VCL, the member will be informed of the need to pay their BC+ premium, who the premium is for and the due date.

**Action Needed**

This section lists actions that you need to take by the due date listed below. Contact us right away if you have questions or problems and we will help you.

What?	Who?	What to do?	Program(s)	Due Date
You need to pay your BadgerCare Plus premium.	GERALYN	We will send you more information about the amount of your premium and how to pay it.	BadgerCare Plus	MAY. 03, 2013

The “BadgerCare Plus Premium Coupon and Information” section displays the following information:

- Who the premium is for.
- What Benefit Month(s) the premium is for. If the household owes arrears along with an initial premium, the arrears will be listed here as well. A maximum of six benefit months can be displayed.
- The Amount of each premium owed along with a total amount. In a rare situation where the household owes more than six months premium, the total amount will be listed in the “Total” column.
- Payment Methods – The member may mail their check or money order along with their coupon to the address listed in the “Mail” section. The member may also drop off their payment, along with the coupon in person to the address listed in the “In Person” Section. Cash and electronic payments are not accepted.

BadgerCare Plus Premium Coupon and Information

Dear GERALYN RASTROW:

Enclosed is the premium information and coupon for your BadgerCare Plus initial premium. Before you can enroll in BadgerCare Plus, the total amount listed below must be paid.

Who	Benefit Month	Amount
GERALYN	MAY 2013	\$80.00
Total		\$80.00

YOU MAY PAY YOUR PREMIUM IN ONE OF TWO WAYS:

 MAIL	By mail with a personal check, money order, cashier’s check or certified check. Use the enclosed payment coupon and send your payment to: MILWAUKEE ENROLLMENT SERVICES 1220 W VLIET ST MILWAUKEE WI 53205
 IN PERSON	You can make your payment at the following agency: MILWAUKEE ENROLLMENT SERVICES 1220 W VLIET ST MILWAUKEE WI 53205

Please allow 5-7 days for us to process your payment and update your account.

The premium coupon will be included on the last sheet of the VCL. It will always be a separate enclosure (sheet) so that the member does not mail in information that is needed on the VCL when returning their payment and coupon. Checks/money orders should be made payable to “BadgerCare Plus.”

BadgerCare Plus Premium Coupon

Case: 9150740890

This payment is for: GERALYN RASTROW		Premium Amount Due:	\$80.00
Payment Method:	Check/Money Order	Due Date:	05-03-2013

Please make your Check/Money Order payable to "BadgerCare Plus". Please write your case number, listed above, on the check/money order and include this premium coupon. Do not send cash.

Send payment with this premium coupon to: MILWAUKEE ENROLLMENT SERVICES
1220 W VLIET ST
MILWAUKEE WI 53205

Once the payment is received by the local agency, they should follow the procedures outlined in Process Help Chapter 23.

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/TJ