

## 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. Partial payments are not accepted.

### When to Pay

After you are enrolled, you will get monthly premium notices in the mail that tell you how much to pay. Send the notice and your payment to the address on the notice. Your monthly premium is due on the 10<sup>th</sup> of every month. If your payment is late, you will get a letter that your MAPP enrollment is ending. If you turn in your payment by the end of the month, your benefits will continue. If the payment is made after the first of the following month, you will need to pay two premium payments in order to re-enroll in benefits.

For example, if your premium payment for May was due by May 10 and was not made until June 2, you will need to pay your premiums for both May and June to re-enroll.

### What Happens if You Don't Pay?

If you do not pay your premium by the due date, you may not be able to enroll in MAPP for three months (this is called restrictive re-enrollment). If you want to enroll in MAPP at any point during your restrictive re-enrollment period, you will be required to pay all of your past due premiums owed. If your income goes down you may be able to enroll without paying a past due premium. Contact your agency to re-enroll.

If you no longer wish to be enrolled in MAPP, you must let your agency know. You will be placed in a restrictive re-enrollment period if you stop paying your premium, so do not stop paying it.

Please see the next page for information on how much you owe.

### How Much You Owe

Who owes a premium	Month the premium is for	Amount that's owed
<b>Total due</b>		

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

## How to Pay

You must pay the total premium amount to your agency. You can pay by check or money order, either by mail or in person at the agency where you get services. It may take up to five days to process your check or money order.

- Make the check or money order out to **Medicaid Purchase Plan Premium**.
- Write your case number on the check or money order. Your case number is \_\_\_\_\_.
- **Fill out and include the top section on the next page with your check or money order.** This helps us process your payment as quickly as possible.
- Mail your check or money order and the top section on the next page to the following address:

**Note:** We will not accept cash or a partial payment. **You must pay the total premium amount before you can get benefits.** After your total premium amount has been paid, you will get monthly premium notices from the Wisconsin Department of Health Services by mail. The premium notices will let you know the amount and date of your next premium. These future payments must be sent to the address listed on the premium notice.

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 us 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 amount due for one month or several months, or is the total amount due. Note: If you do not pay the total amount due, you will not receive MAPP benefits for all months you requested. If you do not pay the total amount due, we will need to know which months you are paying for. We will not accept part of a monthly amount or more than the total amount.

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

State of Wisconsin  
PO Box 93651  
Milwaukee, WI 53293-3651

You may also take your check or money order and the section above to your agency listed above.