

BADGERCARE PLUS HEALTH SURVEY

INSTRUCTIONS

Please answer the questions below to see if you can lower your BadgerCare Plus premium. Only BadgerCare Plus members age 19 to 64 with no dependent children living in their home can take this survey. Your answers will **not** impact your health care benefits.

If your answers to the questions show you have a healthy habit, have a health condition, or are managing your health risks, you may lower the monthly premium you pay for health care benefits.

You may choose not to answer any or all of the questions. If you choose not to answer any of the questions, your monthly premium will not be lowered. Your answers will **not** increase your monthly premium to be more than \$8.

If you are an authorized representative, financial power of attorney, legal guardian over the estate, or someone authorized by a health care member, you can take the survey on behalf of another adult health care member, even if they are not in your home.

By completing this survey, you agree to share your answers with health care partners. Health care partners include health maintenance organizations (HMOs) and health care providers.

Note: You can also take the survey using the MyACCESS mobile app or the ACCESS website at access.wisconsin.gov or by calling 800-291-2002.

SUBMISSION INSTRUCTIONS

Mail the completed form to the following address:

Wisconsin HMO Enrollment Specialist
PO Box 628310
Middleton, WI 53562-8310

SECTION 1

Survey Questions



1. Do you try to improve or protect your health in any of these ways? Check all that apply.

Eating healthy

Examples: Avoiding fast food and unhealthy snacks, eating fruit or vegetables, or drinking water regularly

Taking part in a faith or cultural community

Examples: Attending religious services or Bible study, seeing a faith leader, teaching traditions to others in the community, or attending cultural events

Exercising

Examples: Walking, biking, or taking the stairs in your everyday life

Lowering stress

Examples: Praying, meditating, or doing yoga, deep breathing, or tai chi

Being safe

Examples: Driving within five miles of the speed limit, wearing a seatbelt, or wearing a helmet while riding a bicycle, scooter, or motorcycle

Getting health care

Examples: Getting help for addiction or mental health needs, visiting your doctor regularly, taking needed medicines, getting dental care, seeing a traditional healer, or getting vaccines

2. Do you have a health condition that prevents you from having a healthy habit?

- Yes No

3. Do you smoke, vape, or chew tobacco? *(If you answer no, go to question 4.)*

- Yes No

If **yes**, are you trying to quit smoking, vaping, or chewing tobacco? *(If you answer yes, go to question 4.)*

- Yes No

If **no**, do you have a health condition that is preventing you from quitting?

- Yes No

4. If you use alcohol, does it cause problems for you or those around you? *(If you answer no, go to Section 2.)*

- Yes No

If **yes**, are you trying to control your alcohol use? *(If you answer yes, go to Section 2.)*

- Yes No

If **no**, do you have a health condition that is preventing you from controlling your use?

- Yes No
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SECTION 2 Personal Information



Thank you for taking the BadgerCare Plus Health Survey! Please call 800-291-2002 if you have any questions about the survey.

If the monthly premium you pay for health care benefits is lowered, you will get a letter with your new premium amount.

First Name, Middle Initial, and Last Name – Member

Date of Birth – Member

Case Number or ForwardHealth ID – Member

First Name, Middle Initial, and Last Name – Person Who Completed the Survey

Nondiscrimination Notice: Discrimination is Against the Law – Health Care-Related Programs

The Wisconsin Department of Health Services complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The Department of Health Services does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

The Department of Health Services:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters.
 - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters.
 - Information written in other languages.

If you need these services, contact the Department of Health Services civil rights coordinator at 844-201-6870.

If you believe that the Department of Health Services has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Department of Health Services, Attn: Civil Rights Coordinator, 1 West Wilson Street, Room 651, PO Box 7850, Madison, WI 53707-7850, 844-201-6870, TTY: 711, fax: 608-267-1434, or email to dhsrcc@dhs.wisconsin.gov. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Department of Health Services civil rights coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Español (Spanish) ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 844-201-6870 (TTY: 711).	Deutsch (Pennsylvania Dutch) Wann du Deitsch (Pennsylvania Dutch) schwetzscht, kannscht du ebber griegie as dich helfe kann mit Englisch, unni as es dich ennich eppes koschte zellt. Ruf 844-201-6870 uff (TTY: 711).
Hmoob (Hmong) LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 844-201-6870 (TTY: 711).	ພາສາລາວ (Laotian) ເຊີນຊາບ: ຖ້າທ່ານເວົ້າພາສາລາວ ແມ່ນມີບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ ບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ໃຫ້ໂທຫາເບີ 844-201-6870 (TTY: 711).
繁體中文 (Traditional Chinese) 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 844-201-6870 (TTY: 711)。	Français (French) ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 844-201-6870 (ATS : 711).
Deutsch (German) ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 844-201-6870 (TTY: 711).	Polski (Polish) UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 844-201-6870 (TTY: 711).
العربية (Arabic) ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 844-201-6870 (رقم هاتف الصم والبكم: 711).	हिंदी (Hindi) ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए सुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 844-201-6870 (TTY: 711) पर कॉल करें।
Русский (Russian) ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 844-201-6870 (телетайп: 711).	Shqip (Albanian) KUJDES: Nëse flisni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 844-201-6870 (TTY: 711).
한국어 (Korean) 알림: 한국어 지원 서비스를 무료로 이용하실 수 있습니다. 844-201-6870 (TTY: 711) 번으로 전화해 주십시오.	Tagalog (Tagalog – Filipino) PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 844-201-6870 (TTY: 711).
Tiếng Việt (Vietnamese) CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 844-201-6870 (TTY: 711).	Soomaali (Somali) FIIRO GAAR AH: Haddii aad ku hadashid af Soomaali, adeegyada caawinta luuqada, oo bilaash ah, ayaa lagu heli karaa. Soo wac 844-201-6870 (TTY: 711).