

## YOUR RIGHTS AND RESPONSIBILITIES FOR HEALTH CARE

**YOU HAVE THE RIGHT TO A WRITTEN NOTICE** from this agency before any action is taken to stop or reduce your health care (Medicaid, BadgerCare Plus, Family Planning Only Services) benefits. For most actions, you will receive a letter at least 10 days before the action is taken.

**YOU MAY REQUEST A FAIR HEARING**, if you disagree with any agency action. You may request a fair hearing in writing or in person with the agency listed on the front of this notice. You may also request a fair hearing by writing to the Department of Administration, Division of Hearings and Appeals, PO Box 7875, Madison, WI 53707-7875 or by calling 608-266-7790. Your request must be received within 45 days of the action's effective date.

In most cases, if your Fair Hearing request is received by the Division of Hearings and Appeals prior to the action's effective date, your health care and/or FoodShare benefits will not stop or be reduced. Your benefits will continue, at least, until a decision is made about your appeal. During this time, if another unrelated change occurs, your benefits may change. If another change occurs, you will get a new letter. If you are not satisfied with the fair hearing decision, you may appeal and request a second fair hearing. If the fair hearing decision ends or reduces your benefits, you may have to repay any benefits you got while your appeal was pending. You may ask not to receive continued benefits.

**YOU MAY REPRESENT YOURSELF OR BE REPRESENTED** at the hearing or conference by an attorney, friend, or anyone else you choose. We cannot pay for your attorney. However, free legal services may be available to you if you qualify.

If you fail to appear, or your representative fails to appear at the hearing without good cause, your appeal is considered abandoned and will be dismissed.

**IF YOU ARE RECEIVING HEALTH CARE BENEFITS**, you must cooperate with the child support agency, unless you have a good cause reason. Your worker can provide more information about child support cooperation. Even if you are not able to enroll in health care, help is available to get or increase your child support payments. Contact your county child support agency for more information.

**COMPUTER CHECK:** If you work, the wages you report will be checked by computer against the wages your employer reports to the Department of Workforce Development. The Internal Revenue Service, Social Security Administration, Unemployment Insurance Division, and Department of Transportation may also be contacted about income and assets you may have.

**FORWARDHEALTH CARD:** Each time you go to a BadgerCare Plus or Medicaid provider, you may be asked to see your ForwardHealth card. For some services, you may have to pay a copay to the provider. The amount will depend on the type of service and the cost of the service cost. Your provider should tell you if a copay is required or if a service is not covered by your health care plan. If you have questions about your health care plan, contact Member Services at 800-362-3002.

**IF YOU RECEIVE BENEFITS OR SERVICES**, you must follow these rules:

- **DO NOT** give false information or hide information to get or continue to get benefits.
- **DO NOT** trade or sell ForwardHealth cards.
- **DO NOT** alter cards to get benefits you are not entitled to receive.
- **DO NOT** use someone else's ForwardHealth card.

**DISCRIMINATION**

The Department of Health Services is an equal opportunity employer and service provider. All people applying for or who get benefits are protected against discrimination based on race, color, national origin, disability, age, sex or religion. State and federal laws require all BadgerCare Plus health care benefits to be provided on a nondiscriminatory basis.

For civil rights questions, call 608-266-9372 (voice) or 888-701-1251 (TTY).

To file a complaint of discrimination, contact either the:

Wisconsin Department of Health Services  
Affirmative Action/Civil Rights Compliance Office  
1 W. Wilson, Room 555  
Madison, WI 53707-7850

Telephone: 608-266-9372 (voice)  
888-701-1251 (TTY)  
608-267-2147 (fax)

**OR**

U.S. Department of Health and Human Services  
Office for Civil Rights – Region V  
233 N. Michigan Avenue, Suite 240  
Chicago, IL 60601

Telephone: 312-886-5077 (voice) or  
312-353-5693 (TTY)