

wisconsin Medicaid recipient update and BadgerCare

January 2008
PHC 1400

Wisconsin Medicaid and BadgerCare Information for Recipients

To: All Medicaid Recipients

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| <p>English – For help to translate or understand this, please call 1-800-362-3002 (TTY).</p> <p>Spanish – Si necesita ayuda para traducir o entender este texto, por favor llame al teléfono 1-800-362-3002 (TTY).</p> <p>Russian – Если вам не всё понятно в этом документе, позвоните по телефону 1-800-362-3002 (TTY).</p> <p>Hmong – Yog xav tau kev pab txhais cov ntaub ntawv no kom koj totaub, hu rau 1-800-362-3002 (TTY).</p> |
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Introducing BadgerCare Plus

In 2007, Governor Jim Doyle announced his plan to provide access to health insurance to more people in Wisconsin (including all uninsured children) through the BadgerCare Plus program. BadgerCare Plus is scheduled to begin February 1, 2008. It is a new state-sponsored health care program that will replace family Medicaid, BadgerCare, and Healthy Start. BadgerCare Plus was included in the Wisconsin biennial budget (2007 Wisconsin Act 20).

The following are the goals of BadgerCare Plus:

- Ensure that all Wisconsin children have access to affordable health care.
- Ensure that 98 percent of Wisconsin residents have access to affordable health care.
- Streamline program administration and enrollment rules.
- Expand coverage and provide enhanced benefits for pregnant women.
- Promote ways that you can prevent serious health problems.

BadgerCare Plus will expand availability of health care coverage to the following:

- All uninsured children.
- More pregnant women.

- More parents and caretaker relatives.
- Parents with children in foster care who are working to reunify their families.
- Young adults exiting out-of-home care, such as foster care, because they have turned 18 years of age.
- Certain farmers and other self-employed parents and caretaker relatives.

People Enrolled in Family Medicaid, BadgerCare, or Healthy Start

If you are currently enrolled in family Medicaid, BadgerCare, or Healthy Start, you do not have to do anything to enroll in BadgerCare Plus. We will check to see which BadgerCare Plus plan you are eligible for, and we will enroll you automatically.

If you are in an HMO now, you will not have to change your HMO when BadgerCare Plus starts.

People Enrolled in Medicaid for the Elderly, Blind, or Disabled

If you are enrolled in Wisconsin Medicaid for the elderly, blind, or disabled or are getting long-term care services through Wisconsin Medicaid, BadgerCare Plus will not change your health care coverage in any way. You will continue to receive Medicaid services as you do now.

Continued on next page.

Questions? Please call Recipient Services at 1-800-362-3002.

Continued from previous page.

BadgerCare Plus Plans

BadgerCare Plus has two different plans — the BadgerCare Plus Standard Plan and the BadgerCare Plus Benchmark Plan. The plan you are enrolled in will depend on your income and the people in your household. Most people will be enrolled in the Standard Plan, and you will have the same coverage as you do right now. If you are enrolled in the Benchmark Plan, some of your benefits may change.

Below are brief descriptions of the different plans under BadgerCare Plus.

BadgerCare Plus Standard Plan

In the Standard Plan, the following are true:

- Your benefits will be the same as they were under Family Medicaid, BadgerCare, or Healthy Start.
- Your copayments for services will continue to be between \$0.50 and \$3.00. However, some people who did not have copayments for services will now have copayments after February 1, 2008. See “Copayment Changes Under BadgerCare Plus Standard Plan” for more information.
- You may continue to see your current doctor and other health care providers.

BadgerCare Plus Benchmark Plan

In the Benchmark Plan, the following are true:

- Doctor visits and hospital stays are covered.
- Other services are covered but in a more limited way than Wisconsin Medicaid or the Standard Plan.
- Copayments are higher than in the Standard Plan. Providers may refuse to provide services if the copayment is not paid.

Notice Letters for BadgerCare Plus Enrollment

If we can automatically enroll you in the Standard Plan and there are no other changes to your case, you will not receive any further notice.

You will receive a notice at the end of January 2008 if any of the following changes are made to your case:

- You or your family cannot enroll in BadgerCare Plus because you have or can get insurance through an employer.
- You or anyone in your household is automatically enrolled in the Benchmark Plan.
- There is any change in your premium amount.
- You need to give proof of your income or bills.

In January 2008, we will also be changing the look of the notice letters that you get about your benefits. See “New Notices” for more information about the new look of the notices.

How to Apply

You do not have to do anything if you are currently enrolled in Family Medicaid, BadgerCare, or Healthy Start. However, if you know someone who needs health care coverage, applications for BadgerCare Plus will start being accepted in February 2008. People can apply for BadgerCare Plus online at access.wisconsin.gov/, over the telephone, through the mail, or at their local county or tribal office.

In addition, beginning in mid-January 2008, some community organizations will be able to use Express Enrollment to temporarily enroll certain children in BadgerCare Plus for up to 60 days. This helps children to get health care coverage while they are applying for BadgerCare Plus. To find an organization, call 1-800-362-3002.

Questions? Please call Recipient Services at 1-800-362-3002.

Copayment Changes Under BadgerCare Plus Standard Plan

Copayments will be different under the BadgerCare Plus Standard Plan. This change is due to the Wisconsin biennial budget (2007 Wisconsin Act 20).

Because this change is a result of a change in state law, people affected by this change will not have a right to a hearing to contest this change.

Copayments are part of the cost for certain services that you will be responsible for paying. Copayments for the Standard Plan range from \$0.50 to \$3.00 per service. You must pay your copayment. If you cannot pay it right away, the provider cannot refuse to see you at your appointment. Providers can ask you for copayments at the time of service, or they can bill you for them later. You may be asked for more than one copayment if you get more than one service at an appointment.

The following are some people enrolled in the Standard Plan who do not have copayments:

- People in nursing homes.
- Pregnant women.
- Children under age 18 whose family income is at or **below** 100 percent of the Federal Poverty Level. (This is \$17,170 for a family of three.)
- Children who are enrolled in a federally recognized tribe.

The following are people enrolled in the Standard Plan who will have copayments for some services starting February 1, 2008:

- Children under age 18 with a family income **over** 100 percent of the Federal Poverty Level.
- People enrolled in HMOs.

New Identification Cards

Wisconsin has several health care programs that help over 800,000 people. Wisconsin's name for all of these health care programs is ForwardHealth. ForwardHealth includes BadgerCare Plus; Medicaid for the elderly, blind, and disabled; and Family Care.

Beginning February 1, 2008, identification cards for Wisconsin Medicaid and BadgerCare Plus will have a new look. You will continue to use your Forward card but people who are new to Wisconsin Medicaid and BadgerCare Plus will get a ForwardHealth card. The current Forward card and the new ForwardHealth card are valid, and providers should accept either card. After February 1, 2008, if you ask for a new card because your current card is lost or stolen, you will get a ForwardHealth card.

Remember to show your ForwardHealth card or Forward card each time you see your doctor or other health care providers. See Attachment 1 of this *Update* for examples of the new ForwardHealth card and the current Forward ID card.

New Notices

Changes are being made to the notices you get about your BadgerCare Plus, Medicaid, FoodShare, and Caretaker Supplement benefits. We asked people who get benefits, advocates, and others how to make the notices easier to read and understand. We used their ideas to create new and improved notices. Starting in January 2008, your notices will look different. You will also receive fewer notices each month. See Attachment 2 for a sample notice and information about what is included in the new notices.

Questions? Please call Recipient Services at 1-800-362-3002.

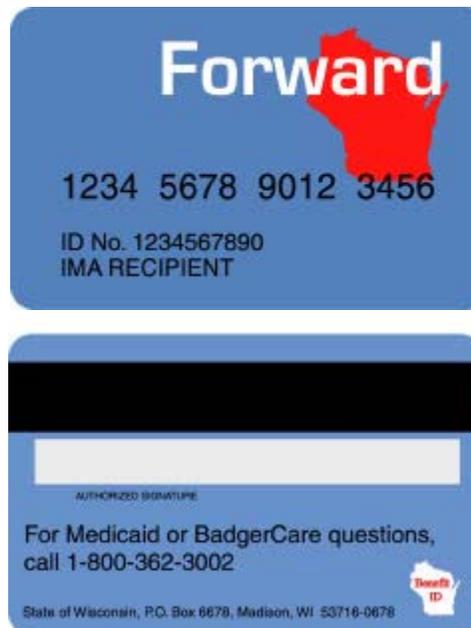
ATTACHMENT 1

Identification Cards

Below is an example of the **new** ForwardHealth card.



Below is an example of the **old** Forward card.



ATTACHMENT 2

New Notice Sample

(A sample letter and what is included in the new notices is located on the following pages.)

MILWAUKEE DSS
 1220 W. VLIET ST
 MILWAUKEE, WI 53205

Date: 1/23/2008

JANE SMITH
 123 MAIN ST APT 321
 MILWAUKEE WI 55555

**State of
 Wisconsin**



Case #
 123456789

Milwaukee County Change Center
 (414) 289-6000

**How to contact your
 local county/tribal office.**



<Translated> For help with getting this letter explained in your language, please call 1-800-362-3002. <Translated>

**Enrollment
 Status.**

About Your Benefits

This letter tells you about your benefits. If you have a question, please call the local agency listed above. If you need help because of a disability, please see the Key Contacts on the last page of this letter.

Which benefit?	Status of your benefits?
 Forward Health Wisconsin	You applied on January 22, 2008. Your application was approved for some of the people in your home. To find out who was approved and who was denied, see page 2.
 FoodShare Wisconsin	You applied on January 22, 2008. Your application was approved. For January 2008, you will get \$114 and for February 2008, you will get \$354. To keep getting benefits after February 2008, you will need to give us proof of items like your address, income and bills. Please see page 3 to learn more.
 Caretaker Supplement	You applied on January 22, 2008. Your application was denied. Please see the "Your Caretaker Supplement Benefits" page to learn more.

If you don't agree with this decision, you have the right to a Fair Hearing. Please see the last page of this letter to learn more. You may also talk with the local agency listed above.

Your Forward Health Benefits

Who is enrolled, which plan and the dates of coverage.

Who is enrolled in health care benefits?

When?	Who is eligible?	Which plan?	Do you have to pay a premium?
As of Dec. 1, 2007	JANE S JOHN S	MARY S BadgerCare+ Standard	Yes – see below

JANE S, JOHN S, MARY S: You will get the health care benefits shown above until there is a change in your case.

Who will have a premium and how much it will be .

Who has to pay a premium?

When?	Monthly amount?	Who does it cover?
As of Dec. 1, 2007	\$125	JANE S JOHN S MARY S

JANE S: Your premium is a fee you must pay each month to keep getting benefits. You will get a premium payment notice in the mail each month.

More Information

BadgerCare+ Standard

This is a full-benefit health care plan. It will pay for most services you get from BadgerCare+ health care providers. It will also pay for prescriptions (unless you are also getting Medicare). You may have a small copayment for some services and prescriptions.

Forward Card

If you are getting health care benefits for the first time, you will get a Forward Health Card and a BadgerCare+ Enrollment & Benefits handbook by mail. Be sure to tell your health care providers that you now have these benefits. In some cases, a provider may be able to give you a refund for bills you paid after your health care benefits started.

Who is not enrolled and why.

Which health care benefits have ended or been denied?

When?	Which plan?	Who and why?
As of Dec. 1, 2007	BadgerCare+ Standard	JAMES S: The person who applied asked that you not get this benefit. JAMES S: You are not a U.S. citizen or an immigrant who is able to get this benefit.

Supporting Laws: HSS102.02WAC, 49.665 STS, 49.45(24r) STS



Your FoodShare Wisconsin Benefits

Monthly FoodShare amount and other information.



Who is eligible for FoodShare and how much?

When?	How much?	Who is eligible?	
Jan. 22, 2008 - Jan. 31, 2008	\$114/month	JANE S MARYS	JOHN S
Feb. 01, 2008 - Feb. 28, 2008	\$354/month	JANE S MARYS	JOHN S

You applied for FoodShare on January 22, 2008. Because you applied after the first day of the month, you will get a lower FoodShare benefit in January.

Because you needed FoodShare right away, you did not have to give us proof of items like your address, income, and bills when you applied. To keep getting FoodShare after February 28, 2008, you will need to give the proof that your local agency asks for.



More Information

FoodShare

This is a monthly benefit that helps you buy nutritious food for good health. FoodShare benefits come on a plastic card, called the Wisconsin QUEST Card (also called an EBT card), which you can use just like a bank card at most food stores. If you are getting FoodShare for the first time, you will get a QUEST Card and a FoodShare Enrollment & Benefits handbook by mail.

Your benefits for January and February will be in your account by January 23, 2008. To learn more about using your benefits, please see your FoodShare Enrollment & Benefits handbook.



Who is NOT eligible for FoodShare and why?

When?	Who and why?
As of Jan. 22, 2008	JAMES S. You are not a U.S. citizen or an immigrant who is able to get this benefit.

Who is not getting FoodShare and why.



Your Household's Reported Income and Bills

Income you reported.

Here is a list of the income and bills that we have on file for your household.

Income			
Who has income?	When and how much?		
	Dec. 2007	Jan. 2008	As of Feb. 2008
JANE S Job: ABC COMPANY	\$580.00 every other week	\$580.00 every other week	\$0.00
JOHN S Child Support Received	\$500.00 each month	\$500.00 each month	\$500.00 each month

Bills	
Type of bill	When and how much?
	As of Dec. 2007
Rent	\$600.00 each month
Medical Bills	\$200.00 each month
Child Support Paid	\$200.00 each month
Utilities	Yes*

* We have on file that you had utility bills for these months.

Bills you reported.



How We Calculated Your Income

How your income and bills were counted.

Here are the amounts and limits that were used to decide whether you could get benefits. To learn more, please see your Enrollment & Benefits handbook(s).



BadgerCare+ Standard

This was used for: JANE S, JOHN S, MARY S

	Dec. 2007	Jan. 2008	As of Feb. 2008
Your Gross Income	\$1,660.00	\$1,680.00	\$520.00
Your Counted Income	\$1,424.23	\$1,424.23	\$405.00
Counted Income Limit	\$1,581.67	\$1,581.67	\$1,581.67

Your counted income is lower than your gross income because you get some credit for these items: child support payments.

 FoodShare			
	Jan. 2008	Feb. 2008	
Your Gross Income	\$1,680.00	\$520.00	
Your Counted Income	\$1,224.23	\$305.00	
Counted Income Limit	\$2,020.00	\$2,020.00	

Your counted income is lower than your gross income because of a standard credit that everyone gets. You also get some credit for these items: housing/utility bills, medical bills, child support payments. You also get a credit for working.

Reporting rules for changes you must report.

Your Reporting Rules

Based on the benefits you are getting, you must tell your local agency within 10 days if you have a change in where you live or where you are staying, or if someone moves in or out of your home. You must also report if someone gets married or divorced, or if your household's total gross monthly income (before taxes) goes over \$1,581. Keep in mind that if your benefits change, your reporting rules may also change.

Contacts for questions or help.

Key Contacts

Disability Services: If you have a disability and need this letter in another format, call 1-800-362-3002. Translation and TTY services are available at no cost to you.



Online Help: ACCESS is an Internet tool that lets you apply for other benefits, check your benefits or report changes. Visit access.wisconsin.gov.

General Questions about FoodShare or Health Care Benefits or your Forward Card: See your Eligibility & Benefits handbook or go to dhfs.wisconsin.gov/customers/ or call 1-800-362-3002 (TTY and translation services are available).

QUEST Card: Call 1-877-415-5464 (voice) or 1-800-947-3529 (TTY) if your QUEST card is damaged, stolen, or lost; if you get an error message while using your card; to check your account balance; or if you have other questions about your QUEST card.

Any Other Questions: See the contact information for your local agency on page 1.



YOU HAVE THE RIGHT TO A FAIR HEARING ABOUT YOUR BENEFITS

<p>What is a Fair Hearing and why should I ask for one?</p>	<p>A Fair Hearing gives you the chance to tell why you think there has been a wrong decision about your application or benefits. At the hearing, a hearing officer will hear from you and the local agency to find out if the decision was right or wrong. You may bring a friend or family member with you to the hearing. You may also be able to get free legal help. To learn more about free legal help, call 1-888-000-0000.</p>
<p>How long do I have to ask for a hearing?</p>	<p>The Division of Hearings & Appeals must get your request for a hearing about the decision in this letter by the date below:</p> <p>FoodShare → March 20, 2008 Health Care → February 5, 2008</p> <p>If you are getting FoodShare benefits, keep in mind that you can ask for a hearing at any time if you don't agree with the benefit amount.</p>
<p>Can I keep my benefits while I wait for my hearing?</p>	<p>Yes, if you are already getting benefits and if you ask for a hearing <u>before your benefits change</u>, you can keep getting the same benefits until the hearing officer makes a decision. If the hearing officer decides that the local agency was right, you may need to return the extra benefits that you got after your benefits were supposed to change.</p>
<p>How do I ask for a hearing?</p>	<p>You can ask for a hearing and/or a hearing request form at the agency shown on the first page of this notice, or you can get a request form at dha.state.wi.us/home/. You can send the form or a letter asking for a hearing to the Division of Hearings & Appeals, PO Box 7875, Madison, WI 53707-7875, or fax it to 1-608-264-9885. If you need help with asking for a hearing, please call 1-800-362-3002.</p>

Fair hearing information and the deadline for requesting a hearing.