

Scott Walker
Governor



NOD
DIVISION OF HEALTH CARE ACCESS AND ACCOUNTABILITY
BADGERCARE PLUS
ENROLLMENT MANAGEMENT CENTRAL APPLICATION
PROCESSING OPERATION (EM CAPO)
PO Box 309
MADISON WI 53701-0309

Kitty Rhoades
Secretary

State of Wisconsin
Department of Health Services

Telephone: 608-266-6740
TTY: 711 or 800-947-3529
FAX: 608-267-3381
E-mail: dhsemcapo@dhs.wi.gov
dhs.wisconsin.gov/badgercareplus

Gap Filling Referrals: End of year 45-day termination notice

<First Name> <Last Name>
<Address 2>
<City>, <State> <ZIP>

Date: <Current Date>

Case #: <Case>

<First Name>,

Your application for BadgerCare Plus health care coverage has been approved. You are enrolled in the BadgerCare Plus Standard Plan from **<start Date>** through **December 31, <Current Year>**.

You are enrolled in BadgerCare Plus due to a special federal rule that allows you to get BadgerCare Plus coverage this year based on your annual taxable income in **<Application Year>**.

Based on the monthly income you reported, your annual taxable income for **<Next Year>** is expected to be over the income limit for BadgerCare Plus. **As a result, your benefits will end as of December 31, <Current Year>**.

Annual BadgerCare Plus taxable income limit:	<annual income for group size>
Your Reported Assistance Group Size:	<reported AG>
Your reported monthly income:	<reported monthly income>
Your expected annual taxable income in <Current Year> :	<annual income for group size>

Based on your annual taxable income in **<Current Year>**, you should be able to get help with paying for private health insurance through the federal Health Insurance Marketplace. For health care coverage in **<Current Year>**, you can purchase private health insurance through the Marketplace at HealthCare.gov or by calling 1-800-318-2596 (TTY 1-855-889-4325).

If your monthly income has gone down and your expected annual income for **<Current Year>** is less than the amount listed above, or if your household size has increased, you may be able to enroll in BadgerCare Plus through your Income Maintenance Agency. You can find your agency by going to dhs.wisconsin.gov/forwardhealth/imagency or by calling Member Services at 1-800-362-3002

If you have questions about this letter, please contact the Department of Health Services at 608-266-6740 or dhsemcapo@dhs.wisconsin.gov.

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 1-608-266-3096. Your request must be received within 45 days of the action's effective.

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 1-800-362-3002.

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.

YOUR RIGHTS AND RESPONSIBILITIES

F-10150A (10/12)

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 1-888-701-1251 (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)

RE: Federal Regulations 42 CFR Part 435

Wisconsin Statutes 49.471