



3 Steps

to Health Care Coverage

HOW TO
✓ GET ✓ USE ✓ KEEP



BadgerCare Plus

Did you know that there is free or low-cost health care coverage available to Wisconsin families and individuals? Wisconsin's BadgerCare Plus and Medicaid programs offer great benefits! Best of all, you won't have to worry about how to pay for a visit to your child's doctor. Connecting to the right coverage program can be complicated! It doesn't have to be!

In this booklet, we simplify the rules to help explain:

- ✓ **WHO** is eligible
- ✓ **WHAT** medical services are covered
- ✓ **HOW** to apply
- ✓ **WHERE** to go for help
- ✓ **USING** your benefits
- ✓ **KEEPING** your coverage

Let's get started!



Who can get coverage?

U.S. citizens and qualifying immigrants that include:

- ✓ Children under age 19
- ✓ Certain low income adults, parents and caretakers
- ✓ Spouses of eligible parents
- ✓ Pregnant women

What services are covered?

BadgerCare and Medicaid pay for:

- ✓ Doctor visits
- ✓ Hospital care and emergency care
- ✓ Checkups and immunizations
- ✓ Prescriptions
- ✓ Mental health services
- ✓ Prenatal care
- ✓ Family planning
- ✓ Eyeglasses and hearing aids
- ✓ Dental

Plus much more!

3 Steps

to Health Care Coverage

Step 1: Applying for Coverage



You have FOUR choices when it comes to applying for BadgerCare Plus:

- ✓ Mail or fax a paper application
- ✓ Apply online using <https://access.wisconsin.gov>
- ✓ Complete an application over the phone
- ✓ Apply in person (at your human services office)

Step 2: Using Family Health Coverage



Once you have BadgerCare Plus:

- ✓ How do you use insurance?
- ✓ How do you make an appointment for care?

We'll help you learn how to use your new coverage!

Step 3: Keeping Family Health Coverage



You can keep your coverage as long as:

- ✓ You follow program rules
- ✓ Watch for, read, and respond to your mail

We'll explain how.



Step 1

Applying for Family Health Coverage

1 Collect Information

The first step to applying for health coverage through BadgerCare Plus is to get organized! Collect information that will help you answer questions on the application form, such as information about the people in your household, your income, and any other insurance people might have.

Be ready with the following pieces of information:

- ✓ Income information for your household;
- ✓ Birthdates of everyone living in your home and claimed taxes on;
- ✓ Information about any health insurance you currently have;
- ✓ Information about your employment status, self-employment status, or other sources of income; *and*
- ✓ Information about your tax deductions (student loans, health insurance premiums, and more)
- ✓ Social Security Numbers of applicants who are U.S. citizens, or Alien Registration Numbers (“A Numbers”) for qualified immigrants

2 Apply

You are now ready to complete an application for family health coverage. There are many different ways you can apply:

- ✓ Mail or fax a paper application. You can find the application here:
- ✓ <https://www.dhs.wisconsin.gov/library/F-10182.htm>
- ✓ Apply online at: <https://access.wisconsin.gov>
- ✓ Apply in person at an Income Maintenance county or tribal agency close to home. Find the address and hours of operations here: <https://www.dhs.wisconsin.gov/forwardhealth/imagency/index.htm#Counties>

Or call member services at 800.362.3002 for the phone number of your human services office.

✓ Step 1

Applying for Family Health Coverage

3 After Applying

After you apply, you will receive a notice from your county about your application.

- ✓ If some information is missing from your application, you will be contacted by a county worker—generally by mail—to complete your application.
- ✓ If your application is complete, the county must make a decision within 30 days about your eligibility. If you do not receive a decision within 45 days, call your county/tribal human service department.

4 You've Been Approved!

You'll receive a Forward card in the mail for each eligible family member. Take these cards with you to all medical appointments and whenever you pick up prescriptions.



Call the Member Services at 1-800-362-3002 to learn how to begin using your Forward Card.

If You're Denied

You will receive a letter saying you have been denied and why. If you feel this may not be correct, you can call your human service department to make sure there has not been an error. If you can't resolve the problem, you may also talk to an advocate at ABC for Health at 1-800-585-4222 about your options.



ADVOCACY & BENEFITS COUNSELING FOR HEALTH

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Step 2

Using Your Family Health Coverage

1 I have my Forward Card. Now what?

After you receive your Forward Card, call an enrollment specialist at 1-800-291-2002. The enrollment specialist will help you:

- ✓ Choose an HMO that meets your needs
- ✓ Determine the HMO(s) your doctor or clinic belongs to
- ✓ Fill out enrollment forms
- ✓ Learn how to work within the HMO system

What is an HMO? It is an organized system of health care delivery. HMOs contract with selected doctors and facilities to provide medical care to their members. When you are enrolled in an HMO you agree to use their providers for your health care needs.

2 What will happen if I don't enroll right away?

- ✓ If you don't enroll within two weeks of receiving the enrollment packet, a reminder card will be sent to you.
- ✓ If you don't enroll into an HMO within six weeks of receiving your enrollment packet, one will be picked for you. This HMO may not include the doctors or clinics you have been using.
- ✓ You will receive a letter telling you which HMO you've been assigned to. Once you are enrolled in an HMO, you may change your HMO for any reason within the first three months.

Questions?

Call 1-800-291-2002 for help with your enrollment questions.



Step 3

Keeping Your Family Health Coverage

What am I responsible for?

You must report all changes to your worker within 10 days. Some examples include:

- ✓ Change in address
- ✓ Change in income
- ✓ Change in family size
- ✓ Change in employment status
- ✓ Change in tax deductions
- ✓ If you are required to pay premiums, pay them on time

Keeping medical, dental, and vision appointments are very important.

Make sure you call and cancel an appointment if you can't be there.

Each family member covered will have their own Forward card. Make sure you take this card to all medical appointments, and whenever you pick up prescriptions. You may have trouble getting services if you do not have your card.

How do I keep my coverage?

So many people lose BadgerCare Plus coverage by simply forgetting to renew each year! Watch your mail—and mark your calendar. You will need to renew your coverage once a year. It is important that you renew your coverage when you receive a “Notice of Review and Reapplication” in the mail. It will tell you how to renew your coverage by mail, telephone, online or in person. After you renew your eligibility, call the enrollment specialist at 1-800-291-2002 with questions or concerns about continuing in your HMO.

What are my rights?

If you lose your Medicaid or BadgerCare, you will receive a letter.

If you receive this notice, **DO NOT WAIT**. Contact your worker and ask for a fair hearing (appeal).

Handling Common Problems

“I have seen the income guidelines and it looks like I will not qualify. What should I do?”

Do not decide on your own that you do not qualify. You might be eligible for some income deductions! When in doubt, apply and see what happens! For example, self-employed people may deduct some business expenses.

“What should I do if I am having problems applying?”

You should never be told over the phone you are not eligible for coverage. You can mail or fax an application, or you can apply by phone. You can also apply in person at your county/tribal human service office or outstation. You should never be discouraged from applying using any of these options.

“What should I do if I lost my Forward card?”

If you can't find your Forward card, call the Member Services at 1-800-362-3002 to get a replacement. You should still go to any appointments you have scheduled.

“What should I do if I am denied?”

If you are denied health coverage, contact your worker to make sure there was not an error. If you are unable to resolve the problem and still believe you may be eligible, you can file an appeal. If you have health coverage, but are denied a certain service, you also have the right to appeal. Call and talk with an ABC for Health advocate at **1-800-585-4222**.

Things to remember:

- ✓ Keep copies of all notices and other letters from the county in your file
- ✓ If something about your denial does not seem right, request a Fair Hearing
- ✓ You must request a Fair Hearing within 45 days of the date the denial was issued. Do not miss this deadline!
- ✓ If you are looking for an advocate, but the 45-day appeal deadline is near, file the Fair Hearing request yourself before the 45 days are up.

Notes

Keep copies for your records!



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