

WISCONSIN DEPARTMENT OF HEALTH SERVICES
Division of Medicaid Services
1 W. Wilson St.
Madison WI 53703

To: ACCESS Users

From: Jori Mundy, Bureau Director
Bureau of Eligibility and Enrollment Policy

Re: **ACCESS Help Release 23-03**

Release Date: 10/21/2023

Effective Date: 10/21/2023

| | |
|---|--|
| EFFECTIVE DATE | The following policy additions or changes are effective 10/21/2023 unless otherwise noted. Underlined text denotes new text. Text with a strike through it denotes deleted text. |
| POLICY UPDATES | |
| 5.1.2 Report My Changes | Updated screenshots. |
| 6.3.1 Renew My Benefits Pages Introduction | Updated screenshots. |
| 6.3.3 Assets | New section. |
| 6.3.3.1 Lottery and Gambling Winnings | New section. |
| 7.1.3.2 Assets | New section. |
| 15.2.3 Review your HMO Choice | Updated screenshots. |
| 15.3.1.1 Change HMO | Updated screenshots. |
| 15.3.1.2 Compare HMOs | Updated screenshots. |

5.1 Report My Changes

5.1.2 Report My Changes Page

Welcome to Report My Changes! As part of getting benefits, you may need to tell your worker if you have changes in your household, your income and/or your bills. This tool will help you report those changes.

We may ask you to provide proof of some of the changes you tell us about. If we ask for proof, you'll need to provide it within 10 days of when we ask for it. If you report a change but don't provide proof, your benefits may end. [Click here](#) to read more about the kinds of proof you may need to give to your worker.

Report My Changes may only be used to report changes for FoodShare, Healthcare, Caretaker Supplement or Wisconsin Shares Child Care programs. Participants in other programs, including Wisconsin Works (W-2), must report changes directly to the agency.

To make changes to your email choices, [click here](#) to go to the Manage My Email page.

Reporting Changes Through ACCESS

Please check the boxes for all of the changes that you want to report through ACCESS.

Based on the benefits you are getting, here are the changes you **must** report:

- | | |
|--|---|
| <input type="checkbox"/> Your address or phone number has changed | <input type="checkbox"/> Someone moved into your home |
| <input type="checkbox"/> Someone moved out of your home | <input type="checkbox"/> Someone became pregnant |
| <input type="checkbox"/> Someone's pregnancy ended | <input type="checkbox"/> Someone became disabled, blind, or unable to work because of illness or injury |
| <input type="checkbox"/> Someone got married. Make sure you report any changes to marital relationships, including marriages between spouses of the same gender. | <input type="checkbox"/> Someone got divorced |
| <input type="checkbox"/> Someone changed their job, in-kind job, volunteer work or self-employment. | <input type="checkbox"/> Someone had a change in type of income other than a job or self-employment |
| <input type="checkbox"/> Someone in your home died | <input type="checkbox"/> Someone had a change in expected tax filing status |
| <input type="checkbox"/> Someone had a change in tax dependents | <input type="checkbox"/> Someone has grants, scholarships or other financial aid for a new school term |
| <input type="checkbox"/> Someone no longer has a tax deduction | |

Here are the changes you **may** report, but you don't have to report:

- | | |
|--|---|
| <input type="checkbox"/> Someone's housing or utility bills changed | <input type="checkbox"/> Someone had a change in tax deductions |
| <input type="checkbox"/> Someone wants to provide a new response to the treatment needs question | |

Keep in mind that you should only report changes that have already happened or are going to happen within the next 30 days. If you have a change that will happen after Wednesday July 8, 2020, you should wait to report the change.

Reporting Other Changes

Some changes cannot be reported through ACCESS at this time. To report one of the changes listed below, call your worker or your local agency at 1-888-947-6583. If any of events listed below have happened to someone who has moved into your home, you will need to let your local agency know.

You **must** tell us if:

- | | |
|---|--|
| <ul style="list-style-type: none">Someone's dependent care bills changedSomeone's assets changedSomeone who is 60 or older, blind or disabled had a change in medical bills or health insurance payments.Someone had a change in grants, scholarships or other financial aid for the current school term | <ul style="list-style-type: none">Someone had a change in the child support payments that he or she makesSomeone had a change in their Impairment-Related Work Expenses (IRWE). By IRWE, we mean the cost of something that a disabled or blind person needs to do his or her job.Someone had a change in his or her health insurance coverage |
|---|--|

[Go to Account Home](#) 

[Next](#) 

Welcome to Report My Changes! As part of getting benefits, you may need to tell your worker if you have changes in your household, your income and/or your bills. This tool will help you report those changes.

We may ask you to provide proof of some of the changes you tell us about. If we ask for proof, you'll need to provide it within 10 days of when we ask for it. If you report a change but don't provide proof, your benefits may end. [Click here](#) to read more about the kinds of proof you may need to give to your worker.

Report My Changes may only be used to report changes for FoodShare, Healthcare, Caretaker Supplement or Wisconsin Shares Child Care programs. Participants in other programs, including Wisconsin Works (W-2) and Job Access Loan(JAL), must report changes directly to the agency.

To make changes to your email choices, [click here](#) to go to the Manage My Email page.

Reporting Changes Through ACCESS

Please check the boxes for all of the changes that you want to report through ACCESS.

Based on the benefits you are getting, here are the changes you **must** report:

- | | |
|---|--|
| <input type="checkbox"/> Your address or phone number has changed | <input type="checkbox"/> Someone moved into your home |
| <input type="checkbox"/> Someone moved out of your home | <input type="checkbox"/> Someone got married. Make sure you report any changes to marital relationships, including marriages between spouses of the same gender. |
| <input type="checkbox"/> Someone got divorced | <input type="checkbox"/> Someone in your home died |
| <input type="checkbox"/> Someone had a change in expected tax filing status | <input type="checkbox"/> Someone had a change in tax dependents |
| <input type="checkbox"/> Someone no longer has a tax deduction | |

Here are the changes you **may** report, but you don't have to report:

- | | |
|---|---|
| <input type="checkbox"/> Someone became disabled, blind, or unable to work because of illness or injury | <input type="checkbox"/> Someone changed their job, in-kind job, volunteer work or self-employment. |
| <input type="checkbox"/> Someone's housing or utility bills changed | <input type="checkbox"/> Someone had a change in type of income other than a job or self-employment |
| <input type="checkbox"/> Someone has grants, scholarships or other financial aid for a new school term | <input type="checkbox"/> Someone had a change in tax deductions |
| <input type="checkbox"/> Someone wants to provide a new response to the treatment needs question | |

Keep in mind that you should only report changes that have already happened or are going to happen within the next 30 days. If you have a change that will happen after Sunday October 8, 2023, you should wait to report the change.

Reporting Other Changes

Some changes cannot be reported through ACCESS at this time. To report one of the changes listed below, call your worker or your local agency at 1-888-947-6583. If any of events listed below have happened to someone who has moved into your home, you will need to let your local agency know.

You **must** tell us if:

- Someone had a change in his or her health insurance coverage

You **must** report if:

- Someone in your household has substantial lottery or gambling winnings defined as a single winning of more before tax deductions from a single hand, ticket, game, or bet.

Here are the changes you **may**, but do not have to, report:

- | | |
|---|---|
| <ul style="list-style-type: none">Someone's dependent care bills changed | <ul style="list-style-type: none">Someone had a change in the child support payments that he or she makes |
| <ul style="list-style-type: none">Someone who is 60 or older, blind or disabled had a change in medical bills or health insurance payments. | <ul style="list-style-type: none">Someone had a change in grants, scholarships or other financial aid for the current school term |

[Go to Account Home](#) 

[Next](#) 

The Report My Changes page is divided into three sections:

- The first section contains general instructions.
- The Reporting Changes Through ACCESS section lists the changes that the household must report followed by the changes that the household may report based on the programs for which the household is currently enrolled in. In some cases, a specific income amount will display with instructions to report changes in income only if the

household's monthly income exceeds this limit. This is based on household size and income, as well as the programs for which the household is eligible. Check the box for each change being reported.

- The Reporting Other Changes section contains additional information to be aware of. The contact information for the person's agency is provided so that the person can contact the agency about changes that cannot be reported using ACCESS.

The information that displays on the Report My Changes page differs based on the benefits a person is receiving and the household situation. If the benefits are not currently open on a case, the following message will display instead of the Report My Changes page.

Note: ~~If benefits are not currently open on a case, the following will display instead of the Report My Changes page.~~

Welcome to Report My Changes! It looks like you are not getting FoodShare, BadgerCare Plus, Medicaid, Child Care, or Caretaker Supplement benefits right now OR your case is being processed by a worker right now. This means that you won't be able to use ACCESS to report changes at this time.

If your benefits have ended and you want to apply for FoodShare, BadgerCare Plus, Family Planning Only Services, Child Care, or Medicaid, you can contact your local agency or click the "Apply For Benefits" link at the very top of the page to apply online.

~~If a worker is processing your case, you can check to see if the worker needs anything from you by clicking the Go to Account Home button. If anything you told us about on your application or renewal has changed, please contact your local agency to let them know.~~

Go to Account Home



Welcome to Report My Changes! It looks like you are not getting FoodShare, BadgerCare Plus, Medicaid, Child Care, or Caretaker Supplement benefits right now OR your case is being processed by a worker right now. This means that you won't be able to use ACCESS to report changes at this time.

If your benefits have ended and you want to apply for FoodShare, BadgerCare Plus, Family Planning Only Services, Child Care, or Medicaid, you can contact your local agency or click the "Apply For Benefits" link at the very top of the page to apply online.

If a worker is processing your case, you can check to see if the worker needs anything from you by clicking the Go to Account Home button. If anything you told us about on your application or renewal has changed, please contact your local agency to let them know.

Go to Account Home

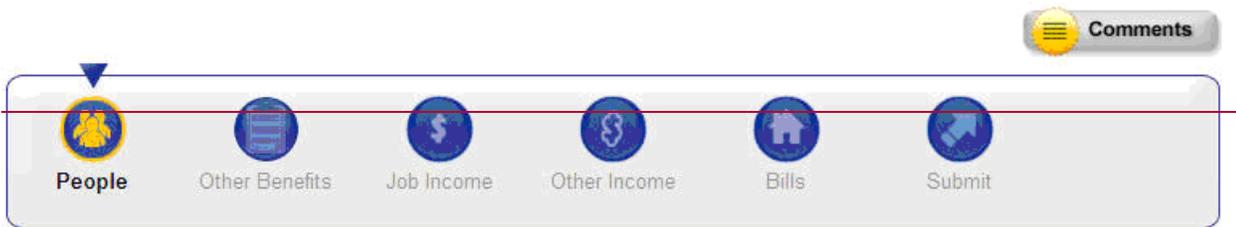


6.3 Renew My Benefits Pages

6.3.1 Renew My Benefits Pages Introduction

Note: Not all pages are displayed in this handbook.

As the user does their renewal online, they will answer questions about their household. These questions are organized into the following sections: People, Other Benefits, Assets, Job Income, Other Income, Bills, and Submit.



Information that is already on file will be displayed on this series of pages, and the user should change or update this information if it is no longer correct.

For some questions, like the Basic Information and People in Your Household sections of the Household Members Page, we may have more information on file for the member than is initially displayed on the page. If this is the case, the user will see a "Show Information" link. They can click on the "Show Information" link if they would like to see all of the information we have on file for the member.

Basic Information

This is the mailing address we have on file for you:

123 MASKING
Apt. 8 APT. 8
MADISON, Wisconsin 55555555

Preferred contact method: Cell Phone

Cell Phone:

* Has there been a change in your home address, your mailing address, or how to contact you? Yes No

Click the Show Information link to see what we have on file. [Show Information](#)

The user can click the “Hide Information” link if they no longer want to see this detailed information.

Basic Information

This is the mailing address we have on file for you:

123 MASKING
Apt. 8 APT. 8
MADISON, Wisconsin 55555555

Preferred contact method: Cell Phone

Cell Phone:

* Has there been a change in your home address, your mailing address, or how to contact you? Yes No

Click the Show Information link to see what we have on file. [Hide Information](#)

| Type | | Details |
|---------------------|---------------------------|--|
| Basic Information | Household Address: | 123 MASKING Apt. 8 APT. 8 MADISON, WI 55555555 |
| | County of Residence: | Milwaukee |
| | Mailing Address: | 123 MASKING Apt. 8 APT. 8 MADISON, WI 55555555 |
| | Homeless: | No |
| | Language: | English |
| Contact Information | Home Phone: | (555) 555-5555 |
| | Work Phone: | |
| | Cell Phone: | |
| | Message Phone: | |
| | Preferred contact method: | Cell Phone |
| | Best Time to Contact: | Early Morning |
| | | |

For help on any page, the user can click on the Help icon at the top right corner of that page.

6.3.3 ~~Other Benefits~~ Assets

On this page the user will indicate whether there has been a change to the asset information we have on file for the household. The user will need to answer each question “Yes” or “No.”

For some questions, we have more information on more than one member of the household. If we do, the user can select which member of the household this information relates to or click “No One.”

If the user is completing a FoodShare renewal **only** the following page displays.

Navigation bar with icons and labels: People, Other Benefits, **Assets**, Job Income, Other Income, Bills, Submit.

Assets
Answer all the questions below.

Liquid Assets

* Does anyone have liquid assets? Yes No

By liquid assets we mean things like cash you are saving at home, bank accounts, stocks, bonds, certificates of deposit, retirement accounts, trust funds, annuities, etc. Liquid assets also include any prepaid debit card such as: child support card, Netspend, Global cash card, Direct Express, other prepaid cards from employment wages, and other similar cards.

Vehicles

* Does anyone own a vehicle? Yes No

By vehicle, we mean things like cars, trucks, motorcycles, campers, boats, farm equipment, etc.

Real Estate

* Does anyone own any other real estate? Yes No

By real estate, we mean things like houses, condos, mobile homes, land, farms, etc.

Burial Assets

* Does anyone own assets that will cover the cost of a burial or funeral? Yes No

Life Insurance

* Does anyone own a life insurance policy? Yes No

Selling or Giving Away Assets

* Check the box for anyone listed below who has sold or given an asset away in the last 5 years. You should only check the box if the asset was sold or given away for less than its fair market value.

No one

| | | |
|---|---|---|
| <input type="checkbox"/>  VSPTGEA | <input type="checkbox"/>  LTROCLF | <input type="checkbox"/>  NYRXFIE |
|---|---|---|

If the user is completing **both** a health care and FoodShare renewal, the following page displays:

[Comments](#)

[People](#) [Other Benefits](#) **[Assets](#)** [Job Income](#) [Other Income](#) [Bills](#) [Submit](#)

Assets
Answer all the questions below.

Liquid Assets
 * Does anyone have liquid assets? Yes No
 By liquid assets we mean things like cash you are saving at home, bank accounts, stocks, bonds, certificates of deposit, retirement accounts, trust funds, annuities, etc. Liquid assets also include any prepaid debit card such as: child support card, Netspend, Global cash card, Direct Express, other prepaid cards from employment wages, and other similar cards.

Vehicles
 * Does anyone own a vehicle? Yes No
 By vehicle, we mean things like cars, trucks, motorcycles, campers, boats, farm equipment, etc.

Real Estate
 * Does anyone own any other real estate? Yes No
 By real estate, we mean things like houses, condos, mobile homes, land, farms, etc.

Burial Assets
 * Does anyone own assets that will cover the cost of a burial or funeral? Yes No

Life Insurance
 * Does anyone own a life insurance policy? Yes No

Selling or Giving Away Assets
 * Check the box for anyone listed below who has sold or given an asset away in the last 5 years. You should only check the box if the asset was sold or given away for less than its fair market value.
 No one
  VSPTGEA  LTRCFL  NYRXFIE

Lottery and Gambling Winnings
 * Check the box for anyone listed below who has substantial lottery or gambling winnings that have not already been reported to your agency. Substantial winnings are defined as a single winning of \$4,250 or more before tax deductions from a single hand, ticket, game, or bet.
 No one
  VSPTGEA  LTRCFL

[Go to Account Home](#) [Back](#) [Next](#)

6.3.3.1 Lottery and Gambling Winnings

On this page, the user will indicate whether anyone in their household has received a substantial lottery or gambling winning that they have not already reported to their agency.

 Comments

 [People](#)
 [Other Benefits](#)
 **Assets**
 [Job Income](#)
 [Other Income](#)
 [Bills](#)
 [Submit](#)

Assets

Answer all the questions below.

Lottery and Gambling Winnings

* Check the box for anyone listed below who has substantial lottery or gambling winnings that have not already been reported to your agency. Substantial winnings are defined as a single winning of \$4,250 or more before tax deductions from a single hand, ticket, game, or bet.

No one

 PP

[Go to Account Home](#) 
[Back](#) [Next](#) 

The user must select either a member of the household to which the Lottery and Gambling question applies or “No one.” If the member selects “No one” then they should not select any other member of the household.

If the user selects “No one” or any of the individuals in the household, they will click **Next**. The user is not required to fill out any additional information. They will need to review the answers they provided for the Lottery and Gambling Winnings section.

 Comments

 [People](#)
 [Other Benefits](#)
 **Assets**
 [Job Income](#)
 [Other Income](#)
 [Bills](#)
 [Submit](#)

***Review Your Answers: Lottery and Gambling Winnings**

Check the box for anyone listed below who has substantial lottery or gambling winnings that have not already been reported to your agency. Substantial winnings are defined as a single winning of \$4,250 or more before tax deductions from a single hand, ticket, game, or bet.

No one

 PP

[Go to Account Home](#) 
[Back](#) [Next](#) 

If the information is correct, the user will click **Next**. They will need to fill out any additional information for other assets they have responded “Yes” to. Once the user goes through the reporting pages and fills out any additional information during renewal, they will be directed to a confirmation page.

6.3.4 Other Benefits

6.3.4.1 Other Benefits Questions

6.3.34.2 More About Other Benefits

6.3.34.3 More About Financial Aid

6.3.34.4 Review Your Changes

6.3.4-5 Job Income

6.3.45.1 Job Income and Volunteer Information Questions

6.3.45.2 Reporting A Job Change

6.3.45.3 More About Job Changes

6.3.45.4 Review Your Job Changes

6.3.5-6 Other Income

6.3.56.1 Other Income Questions

6.3.56.1.1 Health Care Renewals

6.3.56.2 Reporting A Change In Other Types Of Income

6.3.56.3 Income Change Details

6.3.56.4 Review Your Other Income Changes

6.3.6-7 Bills

6.3.67.1 Bills Questions

6.3.67.2 Review Your Bills

6.3.~~7~~8 Sign and Submit

7.1 Six-Month Report Forms (SMRFs)

7.1.3 Six-Month Report Form Pages

7.1.3.2 Assets

7.1.3.2.1 Lottery and Gambling Questions

[Comments](#)


[People](#)


[Other Benefits](#)


Assets


[Job Income](#)


[Other Income](#)


[Bills](#)


[Submit](#)

Assets

Answer all the questions below.

Lottery and Gambling Winnings

* Check the box for anyone listed below who has substantial lottery or gambling winnings that have not already been reported to your agency. Substantial winnings are defined as a single winning of \$4,250 or more before tax deductions from a single hand, ticket, game, or bet.

No one


PP

[Go to Account Home](#)

[Back](#) [Next](#)

7.1.3.2.2 Review Your Answers

Navigation menu with icons and labels: People, Other Benefits, Assets, Job Income, Other Income, Bills, Submit.

Assets
Answer all the questions below.

Lottery and Gambling Winnings
* Check the box for anyone listed below who has substantial lottery or gambling winnings that have not already been reported to your agency. Substantial winnings are defined as a single winning of \$4,250 or more before tax deductions from a single hand, ticket, game, or bet.

No one

 PP

[Go to Account Home](#)

[Back](#) [Next](#)

7.1.3.3 Job Income

- 7.1.3.23.1 Job Income Questions
- 7.1.3.32.2 Reporting a Job Change
- 7.1.3.23.3 More About Job Income
- 7.1.3.23.4 Review Your Job Changes

7.1.3.3-4 Other Income

- 7.1.3.34.1 Other Income Questions
- 7.1.3.34.2 Review Your Other Income Changes

7.1.3.4-5 Bills

- 7.1.3.45.1 Bills Questions
- 7.1.3.45.2 Review Your Bills

7.1.3.~~5~~6 Sign and Submit

7.1.3.~~6~~7 Your Next Steps

15.2 Apply for Benefits: Applicant

15.2.3 Review your HMO Choice-

On the Review your HMO choice screen, review the choices(s) made by the applicant, the choice made for them automatically, or no choice made by the applicant.-

15.2.3.1 HMO Choice Made by or for the Applicant-

On this screen, review the HMO plan choice(s) for the applicant and people in the household **that**who would be enrolled in the plan if their health care is approved.

[← Back](#)

[Exit X](#)

Review your HMO choice

If you meet the program rules for health care benefits, you will receive a letter in the mail with your HMO coverage start date unless you were not required to select an HMO.

If you want to change your HMO, you'll have three months to change it. After three months you will not be able to change your HMO for nine more months.

BadgerCare Plus HMO enrollment

| First HMO choice | Second HMO choice |
|-------------------------------|-------------------|
| Anthem Blue Cross Blue Shield | Molina Healthcare |

We will try to enroll you in an HMO based on your choices. If your HMO choices are not accepting new members, you will be enrolled in an available HMO in your area. [Edit](#)

BadgerCare Plus applicants who are required to choose an HMO

If you meet the program rules for health care benefits, your care will be covered by fee-for-service until your HMO coverage starts. [Learn more about fee-for-service coverage.](#)

[Go to account home](#)

Review your HMO choice

If you meet the program rules for health care benefits, you will receive a letter in the mail with your HMO coverage start date unless you were not required to select an HMO. If you want to change your HMO, you'll have three months to change it. After three months you will not be able to change your HMO for nine more months.

If you meet the program rules for health care benefits, your care will be covered by fee-for-service until your HMO coverage starts. [Learn more about fee-for-service coverage.](#)

BadgerCare Plus HMO enrollment

First HMO choice
Anthem Blue Cross and Blue Shield

Second HMO choice
Mercy Care Insurance Company

We will try to enroll you in an HMO based on your choices. If your HMO choices are not accepting new members, you will be enrolled in an available HMO in your area.

BadgerCare Plus applicants who are required to choose an HMO



Your HMO may reach out to welcome you, share information, and confirm your contact details. It's important for you to talk with your HMO to make the most of your benefits.

HMO Home

15.2.3.2 No HMO Choice Made by the Applicant-

On this screen is the statement ~~that no HMO has been chosen by,~~ "We will select one for you." ~~The member will receive a letter with the~~ applicant and for people in the household. ~~HMO selected for them.~~

Review your HMO choice

If you meet the program rules for health care benefits, you will receive a letter in the mail with your HMO coverage start date unless you were not required to select an HMO.

If you want to change your HMO, you'll have three months to change it. After three months you will not be able to change your HMO for nine more months.

BadgerCare Plus HMO enrollment

We will select one for you

We will try to enroll you in an HMO based on your choices. If your HMO choices are not accepting new members, you will be enrolled in an available HMO in your area.

[Edit](#)

BadgerCare Plus applicants who are required to choose an HMO



If you meet the program rules for health care benefits, your care will be covered by fee-for-service until your HMO coverage starts. [Learn more about fee-for-service coverage.](#)

[Go to account home](#)

Review your HMO choice

If you meet the program rules for health care benefits, you will receive a letter in the mail with your HMO coverage start date unless you were not required to select an HMO.

If you want to change your HMO, you'll have three months to change it. After three months you will not be able to change your HMO for nine more months.

BadgerCare Plus HMO enrollment

We will select one for you

We will try to enroll you in an HMO based on your choices. If your HMO choices are not accepting new members, you will be enrolled in an available HMO in your area.

[Edit](#)

BadgerCare Plus applicants who are required to choose an HMO



If you meet the program rules for health care benefits, your care will be covered by fee-for-service until your HMO coverage starts. [Learn more about fee-for-service coverage.](#)

Your HMO may reach out to welcome you, share information, and confirm your contact details. It's important for you to talk with your HMO to make the most of your benefits.

[Go to account home](#)

15.3 Check My Benefits: Member

15.3.1 Manage your HMO

15.3.1.1 Change HMO

On the member card, the Change HMO button can be selected for the first three months after enrollment when the member is not in the lock-in period.-

Note Once the lock-in period begins (see the Lock-in Date), the Change HMO button does not work, and members ~~would~~ need to call an HMO enrollment specialist at 800-291-2002 to ~~ask about changing~~ change their HMO.

BadgerCare Plus HMO enrollment

The screenshot displays the UnitedHealthCare Community Plan member card. At the top left, it says "UnitedHealthCare Community Plan" and at the top right is the UnitedHealthcare logo. Below this, there are two columns of information: "Coverage start date" (April 1, 2021) with a link to "View household enrollment history", and "Lock-in Date" (July 1, 2021) with a link to "Learn more about lock-in". A prominent "Change HMO" button is highlighted with a red box. Below the enrollment information, there is a section for "Badger Care Plus Members" showing three member icons. At the bottom, there is a "View Plan Details" link with a dropdown arrow.

Click Change HMO to get to the Change your HMO screen and choose a new HMO.-

[← Back](#)

Change your BadgerCare Plus HMO

Choose the HMO you would like to enroll in. You can compare your current HMO to others, to help you choose. Pick two or three HMOs to compare.

For more information or for help choosing an HMO, call an HMO enrollment specialist at 800-384-2308.

BadgerCare Plus HMO enrollment

UnitedHealthCare Community Plan 

Coverage start date: July 1, 2021 [View household enrollment history](#)

Lock-in Date: October 1, 2021 [Learn more about lock-in](#)

[Compare HMOs](#)

Badger Care Plus Members



[View Plan Details](#) ▾

Other BadgerCare Plus plans

Anthem Blue Cross Blue Shield 

This HMO doesn't cover any of the doctors or clinics you saved

[Compare this HMO](#) [Change HMO](#)

[View Plan Details](#) ▾

The member can view their current HMO, as well as other HMOs in their service area. For each plan, members can view the following information:

- HMO Name
- Saved doctors and clinics
- HMO ratings
- HMO contact information (Member Services)

Click **Change HMO**, and the confirmation screen displays:

Confirm your HMO choice

Anthem Blue Cross Blue Shield Anthem

Enrollment Start Date:
July 1, 2021

Lock-in Starts on:
October 1, 2021
[Learn more about lock-in](#)

Medicaid Member



Click **Confirm HMO** to submit the change. The Success screen displays:



Success! You will be enrolled in Anthem Blue Cross Blue Shield

Your Coverage begins on 7/1/2021. Anthem Blue Cross Blue Shield will mail more information to you. Until then, you will continue to get care from UnitedHealthCare Community Plan





Success! You will be enrolled in Anthem Blue Cross and Blue Shield

Your new HMO coverage begins on 7/1/2021. Your new HMO, Anthem Blue Cross and Blue Shield will mail more information to you.

Your new HMO may reach out to welcome you, share information, and confirm your contact details. It's important for you to talk with your new HMO to make the most of your benefits.

Until then, you will continue to get care from MHS Health Wisconsin.

If you have questions about your new HMO, call an HMO enrollment specialist at 800-291-2002.

[ACCESS home](#)

[Return to Manage my HMO](#)

Click **Return to Manage my HMO**. A notification displays on the member's current HMO card that indicates the change was made.

BadgerCare Plus HMO enrollment

 You changed your HMO to Anthem Blue Cross Blue Shield. Your coverage will begin on 7/1/2021. Until then, you will continue to be covered by UnitedHealthCare Community Plan

UnitedHealthCare Community Plan 

| | | |
|---|---|----------------------------|
| Coverage start date Varies by individual View household enrollment history | Lock-in Date July 1, 2021 Learn more about lock-in | Change HMO |
|---|---|----------------------------|

Badger Care Plus Members

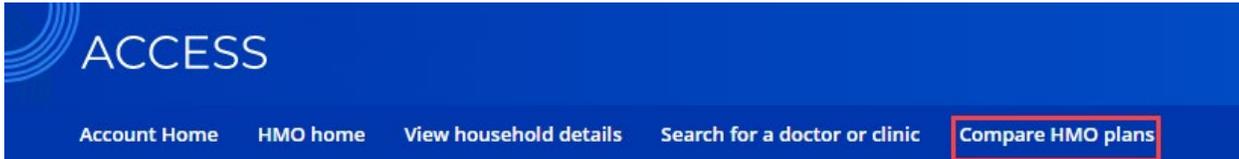
    

[View Plan Details](#) ▾

15.3.1.2 Compare HMOs

On the Compare HMOs screen, review a side-by-side HMO plan comparison before choosing an HMO. Up to three plans can be compared at one time. To get to the Compare HMOs screen:

- **Applicants** can click **Try our Compare HMOs** tool from the Choose a BadgerCare Plus HMO screen (or Choose an SSI Medicaid HMO screen).
- **Members** can click Compare HMOs at the top of the screen to access the **Compare HMOs Plans** screen from any screen within the HMO module.



Note

The following screen displays for households that need to compare BadgerCare Plus HMOs for some members and SSI Medicaid HMOs for others.

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Compare HMOs

Which type of HMO do you want to compare?

BadgerCare Plus

BadgerCare Plus is a health care coverage program for low-income Wisconsin residents. All family members who meet program rules for BadgerCare Plus must choose the same HMO.

Medicaid

SSI Medicaid provides health care coverage for adults age 65 or older or for people who are blind or have a disability, as determined by the Disability Determination Bureau. Family members who meet the program rules for SSI Medicaid can choose different HMOs

[Go Home](#)

[Compare](#)

The member must select a program and click **Compare** to continue.

In this case, the Compare BadgerCare Plus HMOs screen displays. Here is screen without any doctors or clinics added:-

[← Back](#)

Compare BadgerCare Plus HMOs

These are the HMOs available in your area. Pick 2 or 3 HMOs to compare.

Available Plans

| | |
|--|---|
| Anthem Blue Cross Blue Shield |  |
| You haven't saved any doctors or clinics | <input type="checkbox"/> Compare this HMO |
| View Plan Details ▾ | |
| Children's Community Health Plan |  |
| You haven't saved any doctors or clinics | <input type="checkbox"/> Compare this HMO |
| View Plan Details ▾ | |
| iCare |  |
| You haven't saved any doctors or clinics | <input type="checkbox"/> Compare this HMO |
| View Plan Details ▾ | |
| MHS Health Wisconsin |  |
| You haven't saved any doctors or clinics | <input type="checkbox"/> Compare this HMO |
| View Plan Details ▾ | |

Applicants and members can check the "Compare this HMO" box for two or three plans.-

Available Plans

Anthem Blue Cross Blue Shield Anthem

You haven't saved any doctors or clinics

Compare this HMO

[View Plan Details](#)

Children's Community Health Plan Children's Community Health Plan

You haven't saved any doctors or clinics

Compare this HMO

[View Plan Details](#)

Click **Compare HMOs**.

[← Back](#)

3 plan selected

[Compare HMOs](#)

Compare BadgerCare Plus HMOs

These are the HMOs available in your area. Pick 2 or 3 HMOs to compare.

Available Plans

Anthem Blue Cross Blue Shield Anthem

You haven't saved any doctors or clinics

Compare this HMO

[View Plan Details](#)

The Compare BadgerCare Plus HMOs screen displays.

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Compare BadgerCare Plus HMOs

BadgerCare Plus members are currently enrolled in undefined. You can compare this HMO to other available HMOs in your area.

Household Members



Choose HMOs to compare:

| Anthem Blue Cross Blue Shield | Children's Community Health Plan | iCare |
|--|--|--|
| | | |
| ⊗ This HMO doesn't cover any of the doctors or clinics you saved | ⊗ This HMO doesn't cover any of the doctors or clinics you saved | ⊗ This HMO doesn't cover any of the doctors or clinics you saved |
| Enroll in this HMO | Enroll in this HMO | Enroll in this HMO |

| Saved doctors and clinics | | | |
|--|-------------------------------|----------------------------------|-------|
| Providers | Anthem Blue Cross Blue Shield | Children's Community Health Plan | iCare |
| You haven't saved any doctors or clinics. Please search for a doctor or clinic to view which HMOs they accept. | | | |

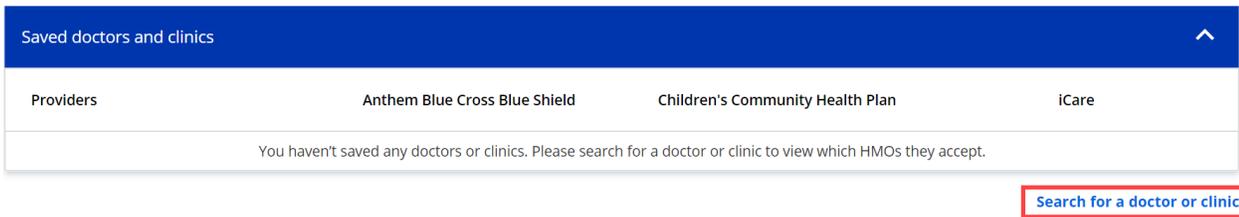
[Search for a doctor or clinic](#)

| HMO ratings | | | |
|----------------------|-------------------------------|----------------------------------|-------|
| Ratings | Anthem Blue Cross Blue Shield | Children's Community Health Plan | iCare |
| Staying healthy | ★★★★★ | ★★★★☆ | ★★★★☆ |
| Living with illness | ★★★★☆ | ★★★☆☆ | ★★★☆☆ |
| Behavioral health | ★★★★☆ | ★★★★☆ | ★★★★☆ |
| Pregnancy and birth | ★★★★☆ | ★★★☆☆ | ★★★☆☆ |
| Emergency department | ★★★☆☆ | ★★★☆☆ | ★★★☆☆ |
| Dental care | ★★★★☆ | ★★★★★ | ★★★☆☆ |
| Overall | ★★★★☆ | ★★★★☆ | ★★★★☆ |

[Learn more about HMO ratings](#)

| Other information | | | |
|-------------------|-------------------------------|----------------------------------|--------------|
| Contact | Anthem Blue Cross Blue Shield | Children's Community Health Plan | iCare |
| Phone | 855-690-7800 | 800-482-8010 | 800-777-4376 |

Click **Search for a doctor or clinic** to add a one or more to a profile on the Provider Search screen (see [Section 3.1.3 Provider Search](#)).

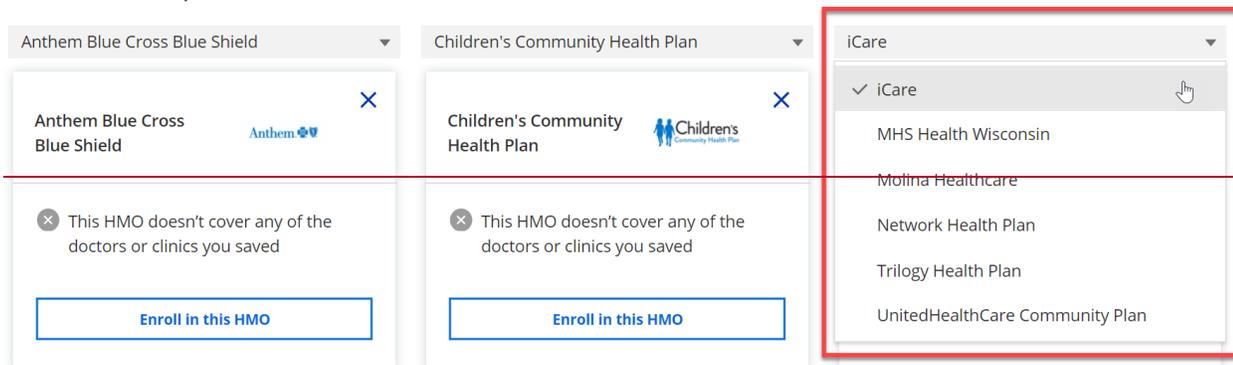


Note Applicants and members must add doctors and clinics to their profile to include them in a comparison of HMO plan coverage (even if they are not currently under their care). After the comparison, applicants and members can remove those doctors and clinics from their profile.

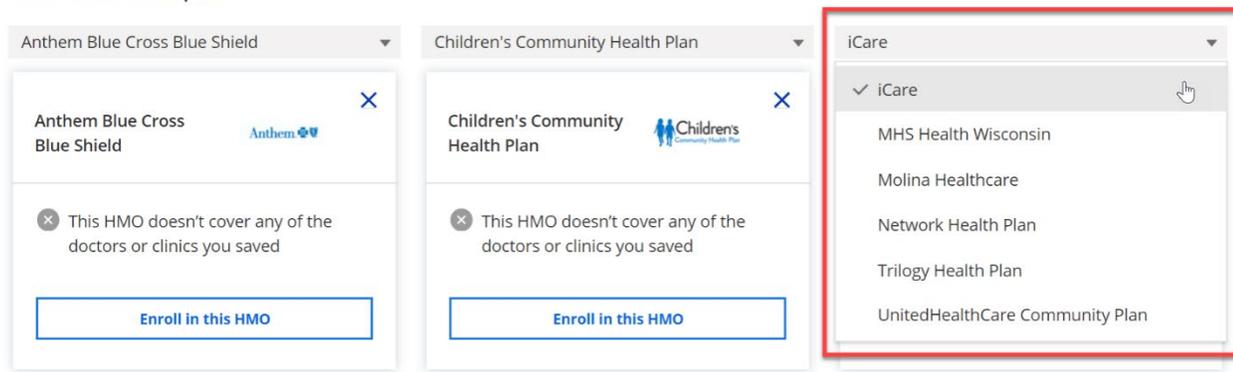
If the applicant or member tries to compare HMO plans without adding doctors and clinics to their profile, a message displays asking the person to search for a doctor or clinic, **and there is-with** a link to the Provider Search screen.

Applicants and members can choose the plans they want to compare from the drop-down menu.

Choose HMOs to compare:



Choose HMOs to compare:



For each dropdown choice, applicants and members can review the card for that HMO. The card contains the following information:

- HMO name

- HMO logo
- Information identifying in-network doctors and clinics-

View more detailed information below each card, including:-

- Saved doctors and clinics
- HMO ~~Ratings~~ ratings
 - Members can click **Learn more about HMO ratings** for more information. The HMO ratings are maintained by DHS and evaluate the quality of care that Wisconsin Medicaid members receive ~~from~~ BadgerCare Plus and SSI Medicaid HMOs.-

• Other information

- HMO Contact Information (Member Services)

| Saved doctors and clinics | | | |
|--|-------------------------------|----------------------------------|-------|
| Providers | Anthem Blue Cross Blue Shield | Children's Community Health Plan | iCare |
| You haven't saved any doctors or clinics. Please search for a doctor or clinic to view which HMOs they accept. | | | |

[Search for a doctor or clinic](#)

| HMO ratings | | | |
|----------------------|-------------------------------|----------------------------------|-------|
| Ratings | Anthem Blue Cross Blue Shield | Children's Community Health Plan | iCare |
| Staying healthy | ★★★★★ | ★★★★☆ | ★★★★☆ |
| Living with illness | ★★★★☆ | ★★★☆☆ | ★★★☆☆ |
| Behavioral health | ★★★★☆ | ★★★★☆ | ★★★★☆ |
| Pregnancy and birth | ★★★★☆ | ★★★☆☆ | ★★★☆☆ |
| Emergency department | ★★★★☆ | ★★★☆☆ | ★★★☆☆ |
| Dental care | ★★★★☆ | ★★★★★ | ★★★☆☆ |
| Overall | ★★★★☆ | ★★★★☆ | ★★★★☆ |

[Learn more about HMO ratings](#)

| Other information | | | |
|-------------------|-------------------------------|----------------------------------|--------------|
| Contact | Anthem Blue Cross Blue Shield | Children's Community Health Plan | iCare |
| Phone | 855-690-7800 | 800-482-8010 | 800-777-4376 |

| Saved doctors and clinics | | | |
|--|-------------------------------|----------------------------------|-------|
| Providers | Anthem Blue Cross Blue Shield | Children's Community Health Plan | iCare |
| You haven't saved any doctors or clinics. Please search for a doctor or clinic to view which HMOs they accept. | | | |

[Search for a doctor or clinic](#)

| HMO ratings | | | |
|----------------------|-------------------------------|----------------------------------|-------|
| Ratings | Anthem Blue Cross Blue Shield | Children's Community Health Plan | iCare |
| Staying healthy | ★★★★★ | ★★★★☆ | ★★★★☆ |
| Living with illness | ★★★☆☆ | ★★★☆☆ | ★★★☆☆ |
| Behavioral health | ★★★★☆ | ★★★★☆ | ★★★★☆ |
| Pregnancy and birth | ★★★☆☆ | ★★★☆☆ | ★★★☆☆ |
| Emergency department | ★★★☆☆ | ★★★☆☆ | ★★★☆☆ |
| Dental care | ★★★☆☆ | ★★★★★ | ★★★☆☆ |
| Overall | ★★★☆☆ | ★★★★☆ | ★★★★☆ |

[Learn more about HMO ratings](#)

| Other information | | | |
|-------------------|-------------------------------|----------------------------------|--------------|
| Contact | Anthem Blue Cross Blue Shield | Children's Community Health Plan | iCare |
| Phone | 855-690-7800 | 800-482-8010 | 800-777-4376 |

Click the hyperlink(s) to get to the HMO Report Card website (if one is available).

| Other information | | | |
|-------------------|----------------------------------|----------------------------------|----------------------------------|
| Contact | United Healthcare Community Plan | Molina Health Plan | Independent Care Health Plan |
| Phone | 1 (800) 218-0219 | 1 (800) 987-2308 | 1 (800) 309-9283 |
| HMO Website | AllaboutHMOs.com | AllaboutHMOs.com | AllaboutHMOs.com |

If a member ~~decides they want~~wants to enroll in a new HMO from the Compare HMOs screen, click Enroll in this HMO.

Household Members



Choose HMOs to compare:

| | | |
|--|--|--|
| Anthem Blue Cross Blue Shield | Children's Community Health Plan | iCare |
| | | |
| ⊗ This HMO doesn't cover any of the doctors or clinics you saved | ⊗ This HMO doesn't cover any of the doctors or clinics you saved | ⊗ This HMO doesn't cover any of the doctors or clinics you saved |
| Enroll in this HMO | Enroll in this HMO | Enroll in this HMO |

The Confirm your HMO choice screen displays. Click **Confirm HMO** to submit the change.

[← Back](#)

Confirm your HMO choice

Anthem Blue Cross Blue Shield

Enrollment Start Date: July 1, 2021 Lock-in Starts on: October 1, 2021
[Learn more about lock-in](#)

Medicaid Member

[Cancel](#) [Confirm HMO](#)

The member will receive the following Success screen:



Success! You will be enrolled in Anthem Blue Cross Blue Shield

Your Coverage begins on 7/1/2021. Anthem Blue Cross Blue Shield will mail more information to you. Until then, you will continue to get care from UnitedHealthCare Community Plan



 [Share your feedback](#)

[Go to account home](#)

[Go to HMO home](#)



Success! You will be enrolled in Anthem Blue Cross and Blue Shield

Your new HMO coverage begins on 7/1/2021. Your new HMO, Anthem Blue Cross and Blue Shield will mail more information to you.

Your new HMO may reach out to welcome you, share information, and confirm your contact details. It's important for you to talk with your new HMO to make the most of your benefits.

Until then you will continue to get care from United Healthcare Community Plan.

If you have questions about your new HMO, call an HMO enrollment specialist at 800-291-2002.

Click **Return to Manage my HMO**. A notification displays on the member's current HMO card that indicates the change was made.

BadgerCare Plus HMO enrollment

 You changed your HMO to Anthem Blue Cross Blue Shield. Your coverage will begin on 7/1/2021. Until then, you will continue to be covered by UnitedHealthCare Community Plan

UnitedHealthCare Community Plan 

| | | |
|---|---|----------------------------|
| Coverage start date Varies by individual View household enrollment history | Lock-in Date July 1, 2021 Learn more about lock-in | Change HMO |
|---|---|----------------------------|

Badger Care Plus Members

[View Plan Details](#) 