

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

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To: ACCESS User Guide Users

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

Re: **ACCESS User Guide Release 24-01**

Release Date: 02/24/2024

Effective Date: 02/24/2024

<b>EFFECTIVE DATE</b>	The following policy additions or changes are <b>effective 02/24/2024</b> unless otherwise noted. <b>Underlined text denotes new text. Text with a strike through it denotes deleted text.</b>	
<b>POLICY UPDATES</b>		
<b>3.6 Household Details, Step 9: Treatment Information</b>	Removed step and updated remaining section numbers.	
<b>3.9 Bills, Step 6: Provide tax deduction information</b>	Updated screenshots and terminology.	
<b>4.2.5 Health Care Details</b>	Updated screenshot.	
<b>4.4 Your To-Do List</b>	Removed OHS information and updated screenshot.	
<b>4.7 Alerts</b>	Removed information about BadgerCare Plus members.	
<b>4.9.2 Treatment Needs Question</b>	Removed section.	
<b>4.9.3 BadgerCare Plus Health Survey</b>	Removed section.	
<b>6.3.2.2 Treatment Needs Question</b>	Removed section.	
<b>8.1 Health Survey</b>	Removed section.	
<b>10.3.1 Premiums Page</b>	Removed OHS information and added screenshot.	
<b>10.4.1 Premiums Home Page</b>	Updated screenshots and added information about when premium payments can't be made online.	
<b>10.4.2 Make a Payment</b>	Updated screenshot.	

## 3.6 Household Details

### Step 4: Medicare coverage

[...]

If the household includes...	And the application includes...	Continue to...
A Childless Adult	Health care only	<a href="#"><u>STEP 9: TREATMENT INFORMATION</u></a>
Someone older than 20 years old	W-2 or JAL only	<a href="#"><u>STEP 7: SCHOOL ENROLLMENT</u></a>
Neither of the above	FoodShare	<a href="#"><u>STEP 5: FOOD ASSISTANCE</u></a>
	Wisconsin Shares Child Care Subsidy and not FoodShare	<a href="#"><u>STEP 6: CHILD CARE HELP</u></a>
	Health care or FPOS only	<a href="#"><u>STEP 9<del>10</del>: CONFIRM THE INFORMATION ON THE SUMMARY PAGE</u></a>

[...]

### Step 8: Legal history

[...]

If the household includes...	And the application...	Continue to...
A Childless Adult	<del>Includes health care</del>	<a href="#"><u>STEP 9: TREATMENT INFORMATION</u></a>
	Does not include health care	<a href="#"><u>STEP 9<del>10</del>: CONFIRM INFORMATION ON THE SUMMARY PAGE</u></a>

No Childless Adults Includes any programs

STEP 9~~10~~: CONFIRM INFORMATION ON THE SUMMARY PAGE

## ~~Step 9: Treatment information~~

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~~This page only displays if the applicant or their spouse is a Childless Adult and asks the applicant to respond to the treatment needs question.~~

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## Treatment information

Please tell us about Test JAL Test's treatment needs. This question will help us get to know Test JAL Test's health care needs better. Your answer[s] will not affect whether or not Test JAL Test can get help from the program[s] Test JAL Test is applying for.

During the last 12 months, has Test JAL Test used drugs in ways that cause problems for themselves or those around them, and is Test JAL Test open to getting help? (optional)

- Yes
- No
- I'd like to answer later

By drugs, we mean:

- Cannabis (marijuana, hashish).
- Narcotics or opioids (oxycodone, heroin).
- Stimulants (cocaine, methamphetamine).
- Hallucinogens (LSD).
- Solvents (paint thinner).
- Tranquilizers or benzodiazepines (valium).
- Barbiturates.
- Prescribed or over-the-counter drugs when more than the directed dose is taken.

We don't mean alcohol, tobacco, or the appropriate medical use of drugs.

Test JAL Test is required to answer this question to get health care coverage from BadgerCare Plus.

Save and next

Questions	How to answer
During the last 12 months, has _____ used drugs in ways that cause problems for you, yourself or	Select <b>Yes</b> , <b>No</b> , or <b>I'd like to answer later</b> . If the individual has a spouse, the next question displays.

<p>those around them, and is _____ open to getting help? (Optional)</p>	
<p><i>During the last 12 months, has _____'s spouse used drugs in ways that cause problems for themselves or those around them, and are they open to getting help? (Optional)</i></p>	<p>Select <b>Yes</b>, <b>No</b>, or <b>I'd like to answer later</b>.</p>

## Step **9**~~10~~: Confirm Information on the Summary Page

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## 3.9 Bills

### Step 6: Provide tax deduction information

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These pages gather information about common and uncommon tax deductions. If the household member is filing jointly, this page only displays for one of the filers. There are three pages of possible tax deductions.

The “\_\_\_\_\_’s tax deductions” page asks which common tax deductions the household member has.

*Show/Hide an example of the page*

#### Spouse's tax deductions

Please tell us about Spouse's tax deductions. We'll ask about common tax deductions first. Make sure you choose all the expenses you have.

##### What tax deductions does Spouse have? \*

- Alimony payments
- Higher education expenses

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- Individual retirement account (IRA) contributions
- Self-employment deductions
- Student loan interest
- None of these

We're only asking about tax deductions for the current tax year.

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Save and next

## clara's tax deductions

Please tell us about clara's tax deductions. We'll ask about common tax deductions first. Make sure you choose all the expenses you have.

### What tax deductions does clara have? \*

- Alimony payments
- Individual retirement account (IRA) contributions
- Self-employment deductions
- Student loan interest
- None of these

We're only asking about tax deductions for the current tax year.

Save and next

Questions	How to answer
What tax deductions does _____ have?	Select one or more options. The applicant may also select <b>None of these</b> .

The “\_\_\_\_\_’s less common tax deduction” page asks which less common tax deductions the household member has.

[Show/Hide an example of the page](#)

## Spouse's less common tax deductions

Please tell us if Spouse has any of these less common tax deductions. We've included information about each in case you're not sure if it applies, but we have short videos to make sure you choose all the tax deductions you have.

### What tax deductions does Spouse have?

<input type="checkbox"/> Domestic production activities deduction
<b>What's this?</b>
A deduction for self-employed people who produced or investment items in the U.S. Examples of production are: <ul style="list-style-type: none"><li>• Property</li><li>• Rental gas</li><li>• Mineral assets</li></ul> Examples of investing are: <ul style="list-style-type: none"><li>• Creating software</li><li>• Recording</li><li>• Film</li></ul>
<input type="checkbox"/> Military reserve member's tax deductible expenses
<b>What's this?</b>
A deduction for members of the Armed Forces Reserve who transfer more than 300 miles away from home to perform their work. If you aren't sure if Spouse qualifies, check IRS Form 2106.
<input type="checkbox"/> Out-of-pocket costs for a job-related move
<b>What's this?</b>
A deduction for people who paid out-of-pocket to move for a job. The move must be for a new permanent job, not a contract or temp job. In addition, the spouse must be at least 60 miles further than the old home than the old job. If also occurs, if they didn't have a job before, and their new job is at least 60 miles from their old home. This deduction is not used if their employer paid their moving expenses.
<input type="checkbox"/> Performing artist's tax deductible expenses
<b>What's this?</b>
A deduction for performing artists who have state-of-the-art business expenses for their art. This includes tangible expenses that paid by their employer. This can only be used if all these are true: <ul style="list-style-type: none"><li>• They worked for at least two employers who each paid at least \$500</li><li>• They didn't earn more than \$1,000 for their work</li><li>• Their total pocket expenses were more than 10% of their earnings</li></ul> If you aren't sure if you qualify, check IRS Form 2106.
<input type="checkbox"/> Teacher's tax deductible expenses
<b>What's this?</b>
A deduction for K-12 teachers who have up to \$200 in out-of-pocket work expenses. It does not include expenses paid for by their employer.
<input type="checkbox"/> Non-based official's tax deductible expenses
<b>What's this?</b>
A deduction for federal officials that have out-of-pocket business expenses. This does not include expenses paid for by their employer. Examples of non-based officials include: <ul style="list-style-type: none"><li>• Chapters</li><li>• Certain commissioners</li></ul> <b>Examples of the jobs:</b> <ul style="list-style-type: none"><li>• Sheriffs</li><li>• Constables</li><li>• Supervisors of banks</li><li>• Building inspectors</li></ul> If you aren't sure if you qualify, check IRS Form 2106.
<input type="checkbox"/> Loss from the sale of a business property
<b>What's this?</b>
A deduction for self-employed people with a loss from the sale or exchange of property that they owned for their business.
<input type="checkbox"/> Use of working tax
<b>What's this?</b>
If the person has more deductions than income for the year, they may have a net operating loss (NOL). An NOL can be deducted for income from another year or year. If the person has an NOL, everyone from a previous year, they'll have one. The IRS has a number of rules for using an NOL. Generally, an NOL is carried by a loss that starting a new preexisting business or need to carry. The IRS also has rules that limit what can be deducted when carrying an NOL. The overall tax cannot deduct capital losses in excess of capital gains. In addition, the NOL deduction cannot exceed 80% of taxable income for losses in tax years after 2017. For more information about NOL, please see the instructions for completing IRS Form 1040 and <a href="#">IRS publications</a> .
<input type="checkbox"/> Net after-tax withdrawal of savings
<b>What's this?</b>
A deduction for penalties paid for a bank for withdrawing funds early from an account where money was set aside for a long period of time. This includes: <ul style="list-style-type: none"><li>• All time savings account</li><li>• A certificate of deposit</li><li>• An annuity</li></ul>
<input type="checkbox"/> Self-employed retirement plan contributions
<b>What's this?</b>
A deduction for self-employed people who contribute to a retirement or savings plan for self-employed people. This includes: <ul style="list-style-type: none"><li>• Simplified Employee Pension (SEP) plan</li><li>• Savings Incentive Match Plan for Employees (SIMPLER)</li><li>• Qualified plan contributions</li></ul>
<input type="checkbox"/> Other allowable retirement deductions
<b>What's this?</b>
Other types of deductions can include: <ul style="list-style-type: none"><li>• Contributions to Archer Medical Savings Accounts</li><li>• Deductions for IRAs and 529 plans</li><li>• Certain deductions of 5% for self-employment income for salaries or wages</li><li>• Any IRAs given to the employer because the joint was paid a salary during life</li><li>• Retirement expenses</li><li>• Costs for distribution rules</li><li>• After-tax fees for annuities and IRAs</li><li>• Contributions to employer SEP/IRA/401k/403b plans</li><li>• Contributions to certain chapters to receive 529 plans</li></ul> If you aren't sure if you qualify for any of these, check IRS Form 1040.
<input type="checkbox"/> None of these

## Test's less common tax deductions

Please tell us if Test has any of these less common tax deductions. We've included information about each to see you're not sure what it is. If you still aren't sure, don't include it. Make sure you choose all the tax deductions you have.

### What tax deductions does Test and Wife have? \*

<input type="checkbox"/> Domestic production activities deduction
<b>What's this?</b> <a href="#">↗</a>
A deduction for self-employed people who produced or invented items in the U.S. Examples of production are: <ul style="list-style-type: none"><li>• Property.</li><li>• Natural gas.</li><li>• Potable water.</li></ul> Examples of mining are: <ul style="list-style-type: none"><li>• Cracking software.</li><li>• Recording.</li><li>• Film.</li></ul>
<input type="checkbox"/> Military reserve member's nondeductible expenses
<b>What's this?</b> <a href="#">↗</a>
A deduction for members of the Armed Forces Reserve who traveled more than 100 miles away from home to perform their work. If you aren't sure if Test qualifies, check IRS Form 2106.
<input type="checkbox"/> Out-of-pocket costs for a military member's permanent change of station
<b>What's this?</b> <a href="#">↗</a>
A deduction for active-duty military members. You may deduct out-of-pocket moving expenses due to a permanent change of station. You can only use this deduction for expenses not paid for or reimbursed by the government.
<input type="checkbox"/> Performing artists' tax-deductible expenses
<b>What's this?</b> <a href="#">↗</a>
A deduction for performing artists who have out-of-pocket business expenses for their art. This does not include expenses that paid by their employer. This can only be used if all these are true: <ul style="list-style-type: none"><li>• They worked for at least two employers who each paid at least \$200.</li><li>• They don't earn more than \$14,000 for their work.</li><li>• Their out-of-pocket expenses were more than 10% of their earnings.</li></ul> If you aren't sure if you qualify, check IRS Form 2106.
<input type="checkbox"/> Teacher's tax-deductible expenses
<b>What's this?</b> <a href="#">↗</a>
A deduction for K-12 teachers who have up to \$250 in out-of-pocket work expenses. This does not include expenses paid for by their employer.
<input type="checkbox"/> Fee-based officials' tax-deductible expenses
<b>What's this?</b> <a href="#">↗</a>
A deduction for fee-based officials that have out-of-pocket business expenses. This does not include expenses paid for by their employer. Examples of fee-based officials include: <ul style="list-style-type: none"><li>• Chaplains.</li><li>• County commissioners.</li><li>• Judges.</li><li>• Justices of the peace.</li><li>• Sheriffs.</li><li>• Coroner.</li><li>• Registrars of deeds.</li><li>• Building inspectors.</li></ul> If you aren't sure if you qualify, check IRS Form 2106.
<input type="checkbox"/> Loss from the sale of a business property
<b>What's this?</b> <a href="#">↗</a>
A deduction for self-employed people with a loss from the sale or exchange of property that they owned for their business.
<input type="checkbox"/> Net operating loss
<b>What's this?</b> <a href="#">↗</a>
If the person has more deductions than income for the year, they may have a net operating loss (NOL). An NOL can be deducted from income from another year or year. If the person had an NOL carryover from a previous year, check this box. The IRS has a number of rules for having an NOL. Generally, an NOL is caused by a loss from operating a sole proprietorship business or rental property. The IRS also has rules that limit what can be deducted when calculating an NOL. For example, you cannot deduct capital losses in excess of capital gains. In addition, the NOL deduction cannot exceed 80% of taxable income for losses in tax years after 2017. For more information about NOL, please see the instructions for completing IRS Form 1040 and <a href="#">IRS Publication 585</a> .
<input type="checkbox"/> Penalties for early withdrawal of savings
<b>What's this?</b> <a href="#">↗</a>
A deduction for penalties paid to a bank for withdrawing funds early from an account where money must stay for a fixed period of time. This includes: <ul style="list-style-type: none"><li>• A time savings account.</li><li>• A certificate of deposit.</li><li>• An annuity.</li></ul>
<input type="checkbox"/> Self-employed retirement plan contributions
<b>What's this?</b> <a href="#">↗</a>
A deduction for self-employed people who contribute to a retirement or savings plan for self-employed people. This includes: <ul style="list-style-type: none"><li>• Simplified Employee Pension (SEP) plan.</li><li>• Savings Incentive Match Plan for Employees (SIMPLE).</li><li>• Qualified plan contributions.</li></ul>
<input type="checkbox"/> Other allowable write-in deductions
<b>What's this?</b> <a href="#">↗</a>
Other write-in deductions can include: <ul style="list-style-type: none"><li>• Contributions to Archer Medical Savings Accounts.</li><li>• Deductions for rents and royalties.</li><li>• Certain deductions of the tenant or income beneficiaries of property.</li><li>• Jury duty pay given to the employer because the juror was paid a salary during duty.</li><li>• Reforestation expenses.</li><li>• Costs for destruction suits.</li><li>• Attorney fees for awards to whistleblowers.</li><li>• Contributions to section 501(c)(29) veteran plans.</li><li>• Contributions by certain chaplains to section 408(b) plans.</li></ul> If you aren't sure if you qualify for any of these, check IRS Form 1040.
<input type="checkbox"/> None of these

Questions	How to answer
What tax deductions does _____ have?	Select one or more options.  The applicant can select <b>What's this?</b> to get information about each option.  The applicant may also select <b>None of these</b> .

The “\_\_\_\_\_’s other tax deductions” page asks about the household member’s other allowable write-in deductions.

[\*Show/Hide an example of the page\*](#)

# Spouse's other tax deductions

Please tell us what other allowable write-in tax deductions Spouse has. Make sure you choose all the tax deductions you have.

## What other tax deductions does Spouse have?

- Attorney fees for whistleblower awards
- Deductions for life tenants or property beneficiaries
- Chaplains' contributions to Section 403(b) plans
- Contributions to Archer Medical Savings Accounts
- Costs for discrimination suits
- Deductions for rents and royalties
- Jury duty pay given to an employer
- Reforestation expenses
- Section 501(c)(18)(D) pension plan contributions
- None of these

Save and next

Questions	How to answer
What other tax deductions does _____ have?	Select one or more options. The applicant can select <b>What's this?</b> to get information about each <del>Option</del> <u>Option</u> . The applicant may also select <b>None of these</b> .

There are several pages that may display based on the types of tax deductions selected on the previous pages. These pages repeat for each type of tax deduction until all information is entered.

### ***Ongoing Tax deductions: Household member has repeating tax deduction (Click to show)***

The “More about \_\_\_\_\_’s [tax deduction]” page asks about the ongoing tax deductions that the household member or joint filing couple has. It repeats for each type of ongoing tax deduction selected. If they have more than one type of the same ongoing tax deduction, answer about one at a time.

*Show/Hide an example of the page*

## More about Spouse's alimony payments

Please tell us about Spouse's alimony payments deduction

**How often do you have this expense? \***

Select a frequency ▼

**How much is the expense each time you have it? \***

\$

**Does Spouse have another alimony payments? (optional)**

Yes

No

Save and next

## More about Spouse's alimony payments

Please tell us about Spouse's alimony payments deduction

How often do you have this expense? \*

How much is the expense each time you have it? \*

Does Spouse have another alimony payments?  
(optional)

Yes

No

Save and next

Questions	How to answer
How often do you have this expense? (Optional)	Select the frequency from the dropdown menu.
How much is the expense each time you have it?	Enter the deduction amount.
Does _____ have another [tax deduction – alternate name]? (Optional)	Select <b>Yes</b> or <b>No</b> .

**Calendar Year Tax deduction: Household member has out of pocket costs for a ~~job-related move, or a~~ military-ordered permanent change of station/penalty for early withdrawal of savings (Click to show)**

The “More about \_\_\_\_\_’s [out-of-pocket costs for a ~~job-related move~~military-ordered permanent change of station/penalty for early withdrawal of savings]” page asks about the household member’s or joint filing couple’s calendar year tax deductions. This page displays if the applicant selects out-of-pocket costs for a ~~job-related move~~military-ordered permanent change of station or penalties for early withdrawal of savings tax deductions on the last page. It repeats for each type of ongoing tax deduction selected. If they have more than one type of the same calendar year tax deduction, answer about one at a time.

*Show/Hide an example of the page*

## More about Spouse's Out-of-pocket costs for a job-related move

Please tell us about Spouse's Out-of-pocket costs for a job-related move

**When did Spouse pay this expense? \***

Month

**Year \***

---

**How much was this expense? \***

**Does Spouse have another Out-of-pocket costs for a job-related move? (optional)**

Yes

No

---

Save and next

## More about clara's out-of-pocket costs for a military-ordered permanent change of station

Please tell us about clara's out-of-pocket costs for a military-ordered permanent change of station deduction

How often do you have this expense? \*

How much is the expense each time you have it? \*

Does clara have another out-of-pocket costs for a military-ordered permanent change of station? (optional)

Yes

No

Save and next

Questions	How to answer
When did _____ pay this expense?	Select the month from the dropdown menu and enter the year the expense started.
How much was this expense?	Enter the expense amount.
Does _____ have another deduction for [out-of-pocket costs for a <del>job-related move</del> <u>military-ordered</u>	Select <b>Yes</b> or <b>No</b> .  If the applicant selects yes, this page will repeat.

permanent change of station/penalty for early withdrawal of savings]? (Optional)

The next page the applicant sees depends on the programs they are applying for.

If the application includes...	Continue to...
FoodShare, W-2 or JAL	<u>STEP 7: ANSWER QUESTIONS ABOUT ASSISTANCE WITH BILLS</u>
Any other programs	<u>STEP 8: CONFIRM INFORMATION ON THE SUMMARY PAGE</u>

# 4.2 My Benefits/Check My Benefits

## 4.2.5 Health Care Details

Account Home | **Benefit Details** | Get a New Card | Get an Explanation of Benefits | Contact Information | History

### Health Care Details

This page tells you more about your Health Care benefits. If you would like to look at information about other benefits, click the Go to Account Home button at the bottom of the page.

Keep in mind that whenever your benefits change, you should get a letter in the mail telling you about the change. This letter will also let you know your rights if you feel the change has been made in error.

Click this button if you need a new ForwardHealth Card. **Get a New Card**

Click this button if you need an Explanation of Medical Benefits (EOMB). **Get an Explanation of Benefits**

We are showing you benefit information as of January.

### BadgerCare Plus



You are getting BadgerCare Plus in January 2020. BadgerCare Plus is full-benefit health care. It will help you pay for most medical bills. To learn more about what the BadgerCare Plus covers, [click here](#).

**Status:**

- In November 2019, you will need to provide the information your worker asks for to keep getting benefits.

**We have found that:**

- ██████████ is covered under BadgerCare Plus. ██████████'s health care coverage started on Saturday December 1, 2018. The next renewal must be completed in November 2019.
- You may need to pay a monthly premium.
- If you need to pay premiums, you may be able to lower them by taking an optional health survey and showing you have healthy habits.

### View My Letters

You can view your letters with more information.

**Go to Account Home**

Account Home | **Benefit Details** | Get a New Card | Get an Explanation of Benefits | Contact Information | History

### Health Care Details

This page tells you more about your Health Care benefits. If you would like to look at information about other benefits, click the Go to Account Home button at the bottom of the page.

Keep in mind that whenever your benefits change, you should get a letter in the mail telling you about the change. This letter will also let you know your rights if you feel the change has been made in error.

Click this button if you need a new ForwardHealth Card. **Get a New Card**

Click this button if you need an Explanation of Medical Benefits (EOMB). **Get an Explanation of Benefits**

We are showing you benefit information as of January.

### BadgerCare Plus



DANNY JEN

You are getting BadgerCare Plus in January 2024. BadgerCare Plus is full-benefit health care. It will help you pay for most medical bills. To learn more about what the BadgerCare Plus covers, [click here](#).

**We have found that:**

- DANNY is covered under BadgerCare Plus. DANNY's health care coverage started on Sunday October 1, 2023. The next renewal must be completed in September 2024.
- JEN is covered under BadgerCare Plus. JEN's health care coverage started on Sunday October 1, 2023. The next renewal must be completed in September 2024.
- We are charging a monthly premium for your child's benefit. Their benefits will not end if you do not pay the premium.
- Click [Manage My HMO](#) to view and/or make changes to your HMO enrollment.

## 4.4 My Your To-Do List

After you have submitted your application, you can use the “Your To-Do List” feature to see what else you might need to do to make sure that your benefits get processed.

Tasks you can perform right after your application has been submitted are:

- Choose an HMO (for either Medicaid or BadgerCare Plus)
- ~~Take the BadgerCare Plus Health Survey (optional)~~
- See and update documents for needed proof
- Schedule your W-2 interview or see a reminder to attend it if already scheduled

To view the to do list, log into your ACCESS account at [access.wi.gov](https://access.wi.gov). To log in, click **Log in** on the ACCESS home page.

ACCESS connects you with the help you need when you need it.

Need help getting health care coverage, paying for groceries or child care costs, finding a job, or building your career skills?

With ACCESS, you can apply for and manage your state of Wisconsin benefits and programs in one place, at any time.

Apply now

Finish an application

Log in

Create an account



Cancel X

### Log in to ACCESS

User ID

Password

Log in

Forgot [user ID](#) or [password](#)?

Don't have an ACCESS account? [Create an account](#)

After logging in, you will immediately be taken to the Account Home page where you can see the To-Do list. ~~You can click~~ [Click](#) to expand each task to see more information about it. Then ~~you can~~ click to do that task.

Your to-do list	Your application
<p><b>Choose an HMO</b> <a href="#">^</a></p> <p>An HMO is a network of doctors, clinics, and hospitals you can get health care services from. You can compare HMOs to see which one is best for you.</p> <p><a href="#">Start task</a></p>	<p>Applicant: Sally Mae <a href="#">Submitted</a></p>
<p><b>Take the BadgerCare Plus health survey</b> <a href="#">^</a></p> <p>This is an optional survey that helps us get to know your health care needs better. If you have a premium, you may be able to lower it by taking the survey and showing you have healthy habits.</p> <p><a href="#">Start task</a></p>	<p><b>Tracking number</b> <a href="#">Download Summary</a></p> <p>Application: 6601156762</p> <p>You should get a decision about your application <b>by May 18, 2022</b>.</p> <p><a href="#">View agency contact information</a></p>
<p><b>Upload your documents</b> <a href="#">^</a></p> <p>You will need to submit documents to prove you that you meet the program rules to get benefits. Select an application below to submit and review suggested proof documents.</p> <p><b>Health care coverage through BadgerCare Plus or Medicaid</b></p> <p>Application: 6601156762</p> <p><a href="#">Submit and review</a></p>	<p><a href="#">Programs and applicants</a> <a href="#">v</a></p>

## Your to-do list

### Choose an HMO ^

An HMO is a network of doctors, clinics, and hospitals you can get health care services from. You can compare HMOs to see which one is best for you.

[Start task](#)

### Take the BadgerCare Plus health survey ^

This is an optional survey that helps us get to know your health care needs better. If you have a premium, you may be able to lower it by taking the survey and showing you have healthy habits.

[Start task](#)

### Upload your documents ^

You will need to submit documents to prove you that you meet the program rules to get benefits. Select an application below to submit and review suggested proof documents.

#### Health care coverage through BadgerCare Plus or Medicaid

Application: 6601156762

[Submit and review](#)

## Your application

Applicant: Sally Mae

 Submitted

### Tracking number

Application: 6601156762

[Download Summary](#)

You should get a decision about your application **by May 18, 2022**.

[View agency contact information](#)

[Programs and applicants](#) ^

## 4.7 Alerts

The ALERTS section is displayed at the top of the Account Home menu when the following are due:

- A renewal for health care, FoodShare, or Child Care
- A Six-Month Report Form for FoodShare
- Proof
- ~~A premium for BadgerCare Plus members age 19-64 who do not have dependent children under age 19 living in their home~~

Account Home

**ALERTS**

Benefit Renewals due for :  
Health Care  
Six Month Report due for :  
- Click for FoodShare

**My Letters**

[View My Letters](#)

[Manage My Email](#)

**My Health Care**

[Request Explanation of Medical Benefits \(EOMB\)](#)

**Get a New Card**

[ForwardHealth Card](#)

**My Account**

[Manage My Account](#)

**My Benefits**

[Report My Changes](#)

[Apply For Benefits](#)

[Renew My Benefits](#)

**My Documents**

[Submitted Documents](#)

[Needed Documents](#)

**Learn More**

[Other Programs](#)

[IRS 1095-B Tax Information](#)

**My Benefits**

This information is current as of Friday September 25, 2020.

Benefits	Status	Details
 FoodShare	In September 2020, [redacted] is getting a total benefit of \$ 194.00 per month.	
 BadgerCare Plus	In September 2020, [redacted] is getting BadgerCare Plus benefits.	
 W-2	[redacted] is not eligible for W-2 in September 2020.	

**My Renewals/Six-Month Report Forms**

Benefits	Details
 FoodShare	You should receive a Six-Month Report Form (SMRF) in the mail near the end of September 2020. You can submit your SMRF online after you have received the form in the mail or you may complete and return the form you received in the mail. You can also complete the SMRF over the phone with your local agency or by submitting the form through the MyACCESS app, if you aren't reporting any changes to the information we already have. To keep getting your FoodShare benefits and to avoid any delay, you need to complete and submit your SMRF by the end of Tuesday October 6, 2020.
 BadgerCare Plus	In September 2020, you will need to provide the information your worker asks for to keep getting benefits.

## 4.9 My Health Care

### ~~4.9.2 Treatment Needs Question~~

---

~~This option will display for BadgerCare Plus members age 19 to 64 who do not have dependent children under age 19 living in their home. Members can click Treatment Needs Question to answer a question required for their BadgerCare Plus eligibility. However, how they answer will not affect whether or not they can get benefits.~~

### ~~4.9.3 BadgerCare Plus Health Survey~~

---

~~This option will display for BadgerCare Plus applicants and members age 19 to 64 who do not have dependent children under age 19 living in their home.~~

~~Members who need to pay a monthly premium could lower it by taking this survey and showing they have healthy habits, have a health condition that keeps them from participating in healthy habits, or are managing their health risks. See for more information.~~

### **4.9.24 Request Explanation of Medical Benefits (EOMB)**

---

## 6.3 Renew My Benefits Pages

### 6.3.2 People

#### 6.3.2.2 Treatment Needs Question

A Treatment Needs Question page will display for BadgerCare Plus members age 19 to 64 with no dependent children under age 19 living in their home. This question will help the Wisconsin Department of Health Services get to know members' health care needs better. These members are required to answer the question to get BadgerCare Plus benefits. However, how they answer will not affect whether or not they get benefits.

**Start**

**People**

**Other Benefits**

**Liquid Assets**

**Other Assets**

**Job Income**

**Other Income**

**Housing Bills**

**Other Bills**

**Health Insurance**

**Submit**

#### Information About the Treatment Needs Question

Next, we need to ask a treatment needs question. This question will help us get to know your health care needs better. You are required to answer this question to get BadgerCare Plus benefits. Your answer will not affect whether or not you can get benefits.

Your answer to this question may be shared with your BadgerCare Plus health maintenance organization (HMO) or managed care organization (MCO) for care coordination.

#### George's Treatment Needs Question

During the last 12 months, have you used drugs in ways that cause problems for you or those around you, and are you open to getting help?

Drugs include:

- Cannabis (for example, marijuana or hashish)
- Narcotics/opioids (for example, oxycodone or heroin).
- Stimulants (for example, cocaine or methamphetamine).
- Hallucinogens (for example, LSD).
- Solvents (for example, paint thinner).
- Tranquilizers/benzodiazepines (for example, valium).
- Barbiturates.

This includes the use of prescribed or over-the-counter drugs well in excess of the directions.

Drugs in this case do not include alcohol, tobacco, or the appropriate medical use of drugs.

Yes  No  I prefer to answer later

**Back** **Save & Exit** **Next**

#### 6.3.2.23 Changes In Your Home

## ~~8.1 BadgerCare Plus Health Survey~~ Reserved

### ~~8.1.1 Introduction~~

---

~~The BadgerCare Plus Health Survey is an optional survey for BadgerCare Plus applicants and members age 19 to 64 who don't have dependent children under age 19 living in their home.~~

~~Answers are kept private and secure and are not used to make a decision about benefits or health plan choices. Members who pay a monthly premium could lower it by taking this survey and showing they have healthy habits, have a health condition that keeps them from participating in healthy habits, or are managing their health risks. Members will get a letter telling them what their premium amount is and if they lowered it by taking this survey.~~

### ~~8.1.2 Access the BadgerCare Plus Health Survey~~

---

~~The health survey can be accessed several different ways:~~

- ~~1. Individuals can click View and Take in the "Information Summary" section immediately after submitting an application.~~

Your tracking number: 

**For your information:**

 For your security, please log out before closing your browser. You can log out by clicking "Log Out" at the top or bottom of the page.

**Your Next Steps**

Based on the application you submitted, here are some steps that you may need to take. Some steps may be required for us to process your application. Click Next to continue.



**View and Submit Proof**

View and Submit documents to provide proof of your answers.

**Information Summary**

This section lists information you have given us, and other details.

Details	Action
 <b>Application Summary</b> View or print a summary of what you submitted and the agency details. You can print or save your summary for your files. Keep in mind that your summary has your private, personal information in it.  To view, save or print your summary, <a href="#">Adobe Acrobat Reader</a> is required.	 <a href="#">View and Print</a>
 <b>View and Submit Proof</b> View and Submit documents to provide proof of your answers.	<a href="#">View and Submit</a>
 <b>BadgerCare Plus Health Survey</b> This survey is for BadgerCare Plus applicants and members age 19 to 64 who don't have dependent children living in their home. If you need to pay premiums, you may be able to lower them by taking this optional health survey and showing you have healthy habits. Your answers to the survey will not impact your benefits in any way.	<a href="#">View and Take</a>
 <b>Agency Contact Details</b> View details of the agency where your online request was sent.	<a href="#">View</a>

 [Log Out](#)

[Next](#) 

~~2. Individuals can log into their ACCESS account, and click BadgerCare Plus Health Survey from the Account Home menu.~~

Account Home

**My Letters**

[View My Letters](#)

[Manage My Email](#)

**My Health Care**

[BadgerCare Plus Health Survey](#)

[Premium Information](#)

[Request Explanation of Medical Benefits \(EOMB\)](#)

**Get a New Card**

[ForwardHealth Card](#)

**My Account**

[Manage My Account](#)

**My Benefits**

[Report My Changes](#)

[Apply For Benefits](#)

[Renew My Benefits](#)

**My Documents**

[Submitted Documents](#)

[Needed Documents](#)

**Learn More**

[Other Programs](#)

[IRS 1095-B Tax Information](#)

**My Benefits**

This information is current as of Monday December 23, 2019.

Benefits	Status	Details
FoodShare 	is not getting FoodShare benefits in January 2020.	
BadgerCare Plus 	In January 2020, is getting BadgerCare Plus benefits.	
W-2 	is not eligible for W-2 in January 2020.	

---

**My Renewals/Six Month Report Forms**

Benefits	Details
BadgerCare Plus 	In December 2019, you will need to provide the information your worker asks for to keep getting benefits.

Who	Type	Benefits	Status	Details
	Renewal	Health Care	Submitted	<b>Next Steps</b> 

---

**My Change Reports**

Who	Status	Details
	Sent on Tuesday December 24, 2019	<b>Next Steps</b> 
	Sent on Tuesday December 24, 2019	<b>Next Steps</b> 

3. Individuals can log into their ACCESS account, and click the magnifying glass under My Benefits. On the Benefit Details page, there will be a link to the survey in the BadgerCare Plus section.

Account Home **Benefit Details** Get a New Card Get an Explanation of Benefits Contact Information History

### Health Care Details

This page tells you more about your Health Care benefits. If you would like to look at information about other benefits, click the Go to Account Home button at the bottom of the page.

Keep in mind that whenever your benefits change, you should get a letter in the mail telling you about the change. This letter will also let you know your rights if you feel the change has been made in error.

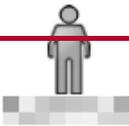
Click this button if you need a new ForwardHealth Card. **Get a New Card**

Click this button if you need an Explanation of Medical Benefits (EOMB). **Get an Explanation of Benefits**

We are showing you benefit information as of January.

We also have information to show you for other month(s).  
- [Click here](#) to see details about your benefits for December.

### BadgerCare Plus



You are getting BadgerCare Plus in January 2020.  
BadgerCare Plus is full-benefit health care. It will help you pay for most medical bills.  
To learn more about what the BadgerCare Plus covers, [click here](#).

**Status:**

- In December 2019, you will need to provide the information your worker asks for to keep getting benefits.

**We have found that:**

- [REDACTED] is covered under BadgerCare Plus. [REDACTED]'s health care coverage started on Friday November 1, 2019. The next renewal must be completed in December 2019.
- You may need to [pay a monthly premium](#).
- If you need to pay premiums, you may be able to lower them by [taking an optional health survey](#) and showing you have healthy habits.

### View My Letters

You can [view your letters](#) with more information.

**Go to Account Home** 

## 8.1.3 Complete the BadgerCare Plus Health Survey

### 8.1.3.1 Overview Page

The individual can click “Go to survey instructions” to get started.

[← Go to Account Home](#)

## Health Survey

You can take an optional health survey to help us get to know your health care needs better. If you pay a monthly premium, you may be able to lower it by taking this survey and showing you have healthy habits.

Before you get started, keep in mind that:

- This survey will not affect your benefits in any way.
- You can retake this survey at any time.
- If you pay a monthly premium, you will get a letter titled "About Your Benefits" letting you know if you lowered your premium by taking this survey and showing you have healthy habits.

[Go to survey instructions](#)

### Need help

Here are some commonly asked questions.

[Will my survey answers be shared?  
I pay a monthly premium. How will I  
find out if I lowered my premium  
based on my survey answers?  
How often can I take the survey?](#)

Don't see your question?  
[Read our FAQs.](#)

~~Or, if they have already taken a health survey that is still in effect, the individual can click "Take survey again."~~

[← Go to Account Home](#)

## Health Survey

You can retake the health survey at any time. If you pay a monthly premium, your answers may affect how much you pay each month.

If your answers affect how much you pay, you will get a letter titled "About Your Benefits" letting you know what your new premium amount is.

If you're renewing your benefits, you need to take the health survey and show you have healthy habits again to lower your premium.

[Take survey again](#)

### Need help?

Here are some commonly asked questions.

[Will my survey answers be shared?  
I pay a monthly premium. How will I find out  
if I lowered my premium based on my  
survey answers?  
How often can I take the survey?](#)

Don't see your question?  
[Read our FAQs.](#)

### Survey History

Date	Submission Method	
December 12, 2019	ACCESS	<a href="#">View your answers</a>

## ~~8.1.3.2 Instructions Page~~

~~The Instructions page contains more information about the survey. Read the information carefully, then click Take survey now.~~

[← Back](#)

## Health Survey

Before taking the health survey, please read these important instructions.

Only BadgerCare Plus members age 19 to 64 with no dependent children living in their home can take this survey.

Your answers will **not** impact your BadgerCare Plus benefits.

If your answers show you have a healthy habit, have a health condition, or are managing your health risks, you may lower the monthly premium you pay for BadgerCare Plus benefits.

Your answers will **not** increase your monthly premium to be more than \$8.

You do not have to answer all of the questions. You do have to answer at least one question to submit the survey.

By completing this survey, you agree to share your answers with health care partners. Health care partners include health maintenance organizations (HMOs) and health care providers.

[Take survey later](#)

[Take survey now](#)

### ~~8.1.3.3 Survey Pages~~

~~Individuals will then be taken through a series of pages with questions about their health and safety. A progress bar at the top of each page will indicate the individual's progression through the survey.~~

[← Back](#)

[Cancel X](#)

-----

0%

## Do you try to improve or protect your health in any of these ways?

Check all that apply.

Eating Healthy [i](#)

Exercising [i](#)

Being Safe [i](#)

Taking part in a faith or cultural community [i](#)

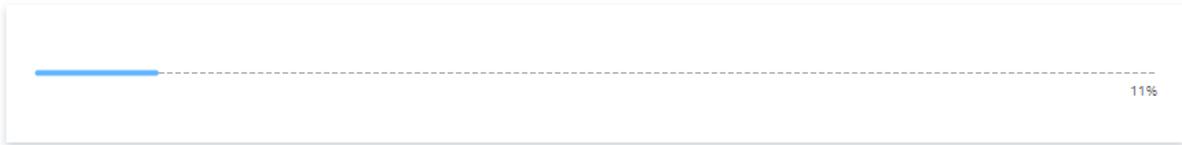
Lowering stress [i](#)

Getting health care [i](#)

I prefer not to answer [i](#)

← Back

Cancel X



Do you have a health condition that prevents you from having a healthy habit?

- Yes
- No
- I prefer not to answer

Next

~~After answering the questions in the survey, individuals can review the answers and either go back to change an answer, or click "Submit answers."~~

# Health Survey

[← Back](#) [Cancel X](#)

89%

**Before you submit your answers, please review what you told us.**

**Do you try to improve or protect your health in any of these ways?** [Edit ↗](#)

- Eating Healthy
- Exercising
- Being Safe
- Taking part in a faith or cultural community
- Lowering stress
- Getting health care

---

**Do you have a health condition that prevents you from having a healthy habit?** [Edit ↗](#)  
No

**Do you smoke, vape, or chew tobacco?** [Edit ↗](#)  
Yes

**Are you trying to quit smoking, vaping, or chewing tobacco?** [Edit ↗](#)  
No

**Do you have a health condition that is preventing you from quitting?** [Edit ↗](#)  
Yes

**If you use alcohol, does it cause problems for you or those around you?** [Edit ↗](#)  
No

Submit answers

A Thank You page will be displayed confirming submission of the survey. Individuals can click Done to return to the Overview page.

## Health Survey



**Success!**

---

Thank you for taking the BadgerCare Plus Health Survey! Your answers will help us get to know your health care needs better.

If you pay a monthly premium, you will get a letter titled "About Your Benefits" letting you know if you lowered your premium by taking this survey and showing you have healthy habits.

---

[Download your answers](#)

[Go to Account Home](#) [Done](#)

~~Previously submitted surveys will display in the Survey history section of the page. Individuals can click View your answers to see and download their previously submitted answers.~~

[← Go to Account Home](#)

## Health Survey

You can take an optional health survey to help us get to know your health care needs better. If you pay a monthly premium, you may be able to lower it by taking this survey and showing you have healthy habits.

Before you get started, keep in mind that:

- This survey will not affect your benefits in any way.
- ~~You can retake this survey at any time.~~
- If you pay a monthly premium, you will get a letter titled "About Your Benefits" letting you know if you lowered your premium by taking this survey and showing you have healthy habits.

[Go to survey instructions](#)

### Need help

Here are some commonly asked questions.

[Will my survey answers be shared?](#)  
[I pay a monthly premium. How will I find out if I lowered my premium based on my survey answers?](#)  
[How often can I take the survey?](#)

Don't see your question?  
[Read our FAQs.](#)

### Survey History

Date	Submission method	
Dec 4, 2019	ACCESS	<a href="#">View your answers</a>

# 10.3 Premiums for BadgerCare Plus Adults

## 10.3.1 Premiums Page

The "Premiums" page shows a summary of an individual's premium information including their current balance and recent premium activity.

*Show/Hide an example of the page*

← Go to Account Home

### Premiums

**Unpaid premiums:**

Total amount you owe: **\$8.00**

Due: **December 10, 2019**

Minimum payment: \$8.00

[Pay now](#)

**Premium details**

Your household's current premium is:

**\$8.00 per month**

Your next statement will be sent on:

**January 16, 2020**

You may be able to lower your premium by taking a health survey and showing you have healthy habits.

A premium is a set amount of money you pay each month to get BadgerCare Plus benefits. We will charge you a premium each month. However, you don't need to pay until your renewal due date or until your BadgerCare Plus benefits end. If you don't pay by then, you may not be able to enroll in BadgerCare Plus for up to six months or until you pay the total amount you owe.

**Recent premium activity**

Date	Activity	Payment method	Status	Amount
November 22, 2019	Premium for December 2019			\$8.00

**Need help?**

Here are some commonly asked questions.

- What is the State of Wisconsin e-Payment Services?
- Who can I contact if I need help when paying online?
- What happens if I don't pay my premium?

Don't see your question? [Read our FAQs.](#)

In the "Premium details" section, individuals can view the household's current premium and the next statement date. ~~They can also take a Health Survey that may help lower their premium (see ).~~

In the "Recent premium activity" section, individuals can view their payment history which includes:

- The date the premiums were charged
- Dates of payments
- Payment methods
- Status of payments
- The amount applied to their account

They can select a link to view the entire premium payment history for that certification period.

# 10.4 Premiums for BadgerCare Plus Children and MAPP Members

## 10.4.1 ~~Premiums~~ Premium Home Page

Information regarding premiums due, past payments, premium details, and FAQ can all be found on the Premiums Home Page. This page is a dashboard that allows members to view and monitor their household's premium activity.

*Show/Hide an example of the page*

[← Back](#)

### Premiums homepage

You don't have a premium due right now

You can make a payment after your next statement is sent.

[Make a payment](#)

#### Medicaid Purchase Plan

**i** You don't owe premiums right now because you have a temporary premium waiver.

Benefits for

• John Doe

Current balance

**\$0.00**

If you can't pay your Medicaid Purchase Plan (MAPP) premium right now because of a difficult situation, [read about your options](#).

#### Premium details

##### Medicaid Purchase Plan

The amount of your monthly premium may change.

Your past monthly premium was **\$70 / month**

Your premium waiver is in effect from **October 1st, 2021 to April 31st, 2022**

If you can't pay your MAPP premium right now because of a difficult situation, you can ask to stop paying it for a short time. [Read about your options](#) and how to show proof of a difficult situation.

#### Need help?

Here are some commonly asked questions.

- [How do I change my payment method?](#)
- [How do I opt out of the Medicaid Purchase Plan?](#)
- [What if I can't pay my premium?](#)

Don't see your question?

[Read our FAQs](#)

### Your last payment

**✓** You paid your premium for your August benefits on **July 28, 2021**.

If you paid your premium in person or by mail, it may take a few days to see your payment here.

[View all premium history](#)



Share your feedback on paying premiums online.

[← Back](#)

## Premiums homepage

You have a monthly premium.

You can make a payment on the next screen.

[Make a payment](#)

### BadgerCare Plus Children

**Benefits for**

- Danny Kid
- Jen Kid

**Pay by**

**February 24, 2024**

**Current balance**

**\$68.00**



If you paid your premium in person or by mail, it may take a few days to see your payment here. Select the View all premium history button below to see your payment history.

[View all premium history](#)

The Premiums Home Page shows the member's last payment. To view all payments in the previous year, select "View all premium history." The "Premium history" page displays details for each payment such as program, month, payment status, payment method, and name.

[← Back](#)

## Premium history

If you paid in person or by mail, it may take a few days to see your payment here.

### Filter

Program ▼

Month ▼

Payment status ▼

Payment method ▼

Name ▼

Apply filter(s)

### August ▲

August 28, 2021 \$ Statement sent

BadgerCare Plus Children

Benefits for: Johnny, Jamie, Jimmy  
September 2021 premium

**\$45.00**  
Payment owed

### July ▲

July 28, 2021 ✓ Payment processed

BadgerCare Plus Children

Benefits for: Johnny, Jamie, Jimmy  
August 2021 premium

**\$45.00**  
Credit card

July 20, 2021 \$ Statement sent

BadgerCare Plus Children

Benefits for: Johnny, Jamie, Jimmy  
August 2021 premium

**\$45.00**  
Payment owed

### June ▼

[View all](#)

Show/Hide an example of the page

December	
December 20, 2023	Statement sent
BadgerCare Plus Children Benefits for: Danny and Jen January 2024 premium	\$68.00 Owed
December 16, 2023	No action needed
BadgerCare Plus Children Benefits for: Danny and Jen December 2023 premium	\$0.00

A premium payment can't be made online if:

- A MAPP member is applying for new benefits and needs to pay the first premium to their local agency
- A MAPP member has an approved MAPP Temporary Premium Waiver and does not owe premiums right now
- ~~The household has missed too many premium payments and is in an RRP~~
- A BadgerCare Plus premium is no longer being charged (the premium was not paid for the benefit month, and it is after adverse action)

Different versions of the Premiums Home Page may display based on the member's situation. If ~~the~~ a MAPP member is applying or re-requesting after being terminated, they might not be able to make their first payment online.

Page shown	Background	Action
You have a premium due	A premium or premiums is due.	Pay the premium or premiums.  Select <b>Make a payment</b> (see <u>SECTION 10.4.2 MAKE A PAYMENT</u> ).
You don't have a premium due right now	No premium or premiums are due.	No action required at this time.
You did not pay your premium on time	The <u>MAPP</u> member missed a payment <del>or payments</del> .	Pay the late premium <del>or premiums</del> before the listed

		<p>date to avoid losing benefits.</p> <p>Select <b>Make a payment</b> (see <a href="#">SECTION 10.4.2 MAKE A PAYMENT</a>).</p>
Your benefits have ended	<p>The <a href="#">MAPP</a> member's benefits have ended due to missing <del>one or more</del> premium <del>payments</del>. <del>If the member sees this screen, they are currently in a Restrictive Re-Enrollment Period (RRP). See BadgerCare Plus Handbook Section 19.11 BadgerCare Plus Restrictive Re-enrollment Period (RRP) or Medicaid Eligibility Handbook Section 26.6 MAPP Restrictive Re-Enrollment Period (RRP) for more information.</del> <a href="#">payment</a>.</p>	<p>Pay the late premium <del>or premiums</del> to regain benefits.</p> <p>Select <b>Make a payment</b> (see <a href="#">SECTION 10.4.2 MAKE A PAYMENT</a>).</p> <p>If there is no option to pay online, a letter will be sent for what to do next. The member can also contact their local agency if they have questions.</p>

**Note:** If the member needs help, see the FAQs and questions displayed on the page. Members enrolled in MAPP that are struggling to pay the premium can select “read about your options” to learn more about the MAPP Temporary Premium Waiver.

Members are encouraged to take a three-question survey to describe their experience paying premiums through ACCESS by selecting "Take the survey."

## 10.4.2 Make a Payment

### Step 1: Premium Selection

The “Review your payment” page allows the member to review the amount they are to pay. If the member has missed a [MAPP](#) payment, they are encouraged to pay the premium before losing their benefits.

[← Back](#)

## Review your payment

You must pay the total amount you owe before the due date. If you don't, you may not be able to stay enrolled in BadgerCare Plus.

September, 2021

BadgerCare Plus Children

Benefits for: Johnny, Jamie, Jimmy

Pay by: September 10, 2021

~~\$45.00~~

What you will be paying:

**\$45.00**

By clicking pay now, you'll be taken to a new screen and asked to enter your payment information. You may be asked to sign in again.

Cancel

Pay now

[Show/Hide an example of the page](#)

[← Back](#)

## Review your payment

January, 2024

BadgerCare Plus Children

Benefits for: Shane

\$97.53

Pay by: January 5, 2024

What you'll be paying:

\$97.53

By clicking pay now, you'll be taken to a new screen and asked to enter your payment information. You may be asked to sign in again.

Cancel

Pay now

Members can also select which premium or premiums they want to pay if the household has two or more programs. Select the “Pay all” checkbox to pay for all premiums due if there is more than one.

Review the amount to be paid and select **Pay now**.

### Step 2: Submit a payment

The “Submit your payment” page allows the member to edit their personal information and enter their payment details.

[Show/Hide an example of the page](#)

[← Back](#)

## Submit your payment

### Your payment information

Please enter your email address. We'll send payment information to this email address.

**Personal Details**

Email  [Edit](#)

**Payment method**

Select Funding Source

Account Type

Routing Number

Account Number

I agree to the [Terms and Conditions](#)

**PAY \$56.00**

**Cancel**

[Questions? Get help here](#) 

The member can edit their personal information if desired under the “Personal Details” section.

Enter payment information. The member can also select “Questions? Get help here” at any time which navigates to the DHS website.

**Note:** The e-Payment services website is a secure site managed by US Bank.