

Benefit Renewal Frequently Asked Questions

How often do I need to renew my Medicaid benefits?

Every year. Renew your BadgerCare Plus/SSI benefits every 12 months.

What information do I need to renew my benefits?

You will be asked to update information. Information includes your income, assets, expenses and who lives in your home.

To renew your benefits, you may need to provide proof of your answers. You will be sent a letter letting you know the paperwork you need to provide. If you need help with what you must provide, contact your [Income Maintenance agency](#).

Complete all information on your renewal form. Missing information puts you at risk of losing health benefits.

What happens after I complete my renewal?

Once your renewal is done, you will get a letter about your enrollment. If you have any changes in your enrollment, your letter will explain these changes.

I need help completing my renewal. Who can help me?

- Call your [Income Maintenance agency for help. You can also call Covering Wisconsin at 1 \(414\) 400-9489 or visit the \[Covering WI website\]\(#\)](#) to find local help.

You can also call these places for general information:

- Molina Benefits Renewal Team at 1 (877) 373-8966 (TTY: 711), Monday-Friday, 9 a.m.- 7 p.m.
- ForwardHealth Member Services at 1 (800) 362-3002.

If you have SSI, for general information call:

- Contact a Disability Benefit Specialist or Benefit Specialist at your local [Aging and Disability Resource Center \(ADRC\)](#) or County Aging Office. You can also call 1 (800) 362-3002.
- Call the Social Security Administration at 1 (800) 772-1213.

What if I didn't complete my renewal in time and I lost my benefits?

You have 3 months (90 days) to complete a "late renewal." Once you fully complete your renewal, your benefits will restart. If you do not send in the information needed to finish your renewal, you must start a new BadgerCare Plus/SSI application.

If you have a gap in coverage because you finished your renewal late, you may request to have your enrollment effective date backdated. Contact your [Income Maintenance agency](#) to see if you can have your enrollment back dated.

What if my Medicaid benefits were ended by mistake?

If you think your benefits were ended by mistake, you can ask to have your termination decision reviewed. This is called an appeal. To find out how to appeal, call ForwardHealth Member Services at 1 (800) 362-3002.

My contact information and/or income has changed. What do I need to do?

When you have a change, such as address, contact information or income, contact your Income Maintenance agency, access.wi.gov or MyACCESS within 10 days. This will reduce the risk of losing benefits or not receiving important information mailed to you by the Wisconsin Department of Health Services.

You must report any of the following changes within 10 days of the change:

- New address.
- Someone moves in or out of your home.
- Someone becomes pregnant or gives birth.
- Living condition changes (for example: you are incarcerated or go into a nursing home or residential treatment).
- You get married or divorced.
- Someone in your home has a change in health insurance.
- Someone has a change in income.

If you have a change in income that makes your gross monthly income higher than the BadgerCare Plus limit, you must report the change by the 10th day of the next month. Report changes to your [local Income Maintenance agency or tribe](#), online through [ACCESS](#), or by using the [Information Change Report](#).

If you do not report these changes, you put yourself at risk of losing your health benefits. That means you will be responsible for any bills that were paid by Molina Healthcare or the State of Wisconsin.

If you are turning 65 or have certain disabilities, you may qualify for Medicare even if you are still eligible for Medicaid. We offer Medicare Advantage plans which include all original Medicare benefits and much more. If you currently are eligible or may become eligible for Medicare, call 1 (866) 403-8293, TTY: 711. You can add on Molina Medicare even if you are still eligible for Medicaid.