

Partner Resource Guide for Unwinding Efforts 2023-2024

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Tips for Working with Income Maintenance (IM) or Tribal Agencies

Preparing Applicants or Members to Interact with their IM or Tribal Agency

The Wisconsin Departments of Health Services (DHS) and Children and Families (DCF) have created many resources to help applicants prepare for and apply for benefits and for members to report changes and renew their benefits.

Here are resources you may want to share with your customers:

- Guide to Applying for Wisconsin's Health, Nutrition, and Other Programs (P-16091):
<https://www.dhs.wisconsin.gov/publications/p1/p16091.pdf>
- What to Bring with You (Proof of Eligibility):
<https://dcf.wisconsin.gov/files/publications/pdf/2372.pdf>
- Medicaid Forms and Publications:
<https://www.dhs.wisconsin.gov/medicaid/publications.htm>
- FoodShare Forms and Publications:
<https://dhs.wisconsin.gov/foodshare/publications.htm>

Other forms and publications are available on the [DHS website](#).

Verifying Information (Providing Proof)

Applicants or members may have to provide documentation to prove the information they provide on their application or during their renewal. Applicants or members may need to prove their identity, citizenship or immigration status, income, tax information, assets, disability, etc. Applicants or members will receive a letter informing them what proof is needed, examples of documentation that can serve as that proof, the ways they can submit it, and their deadline.

Applicants or members have the primary responsibility for providing the requested verification.

- Applicants or members should contact their agency if they aren't able to get the proof before the deadline or if they need help getting the proof.
- There are ways that the agency may be able to help applicants or members:
 - Extending the deadline to give applicants or members more time to submit the proof.
 - Helping the applicant or member find another way to provide the proof, and if necessary, helping the applicant or member get the proof.

Backdating Health Care Coverage

The earliest enrollment start date for health care will usually be the first day of the month an application is received by the agency. For most programs, applicants can ask to have their

health care coverage begin up to three calendar months before the month they submitted their application. This is often referred to as “backdated coverage” or “retroactive coverage.” The applicant can ask for a one-, two-, or three-month backdate. Things to remember about backdated coverage:

- **The applicant needs to ask for backdated coverage.** They can do so by indicating the need for backdated coverage on their ACCESS or paper application or by calling their agency.
- **Their agency needs to make sure the applicant would have been eligible for the program during the requested backdated month(s) had they applied at that time.** The applicant may need to submit proof of their information for each month that they are asking for backdated coverage.

Agency Translation Services Available When Working with Applicants or Members

It is often beneficial for an advocate to call the agency while they are meeting with an applicant or member. If the applicant’s or member’s primary language is not English, the agency will want to include an interpreter on the call. Eligibility programs are complex and are subject to legal rights (called due process). It is important that the interpreter is skilled in interpreting complex information. Here are some important points to remember when working with people who rely on interpreters:

- If you already have an interpreter with you when you and the applicant or member call the agency, the IM worker can rely on that interpreter when these conditions exist:
 - The interpreter is not a family member.
 - The applicant or member agrees with including the interpreter on the call.
 - The agency agrees that the interpreter is able to provide the service.
- If you do not have an interpreter with you when you and the applicant or member call the agency, the IM worker will use their agency’s procedure for connecting with an interpreter.

Note: The applicant or member can include a family member in conversations with their agency; however, it is recommended that a professional interpreter also be included in the conversation. If the applicant or member insist upon using a family member as their interpreter and chooses to decline the free translation services, the agency will review the Acknowledgement and Refusal of Free Interpretation Services as shared in the Civil Rights Compliance Requirements. The applicant or member will need to state that they understand another interpreter would be made available to them at no cost and that they choose to have the family member provide the interpretation.

Resolving Issues Prior to a Fair Hearing

If an applicant or member does not agree with the agency's decision about their eligibility, they have the right to request a fair hearing. The fair hearing gives the applicant or member the opportunity to tell an impartial administrative law judge their side of the story.

However, applicants or members can often get issues resolved prior to a scheduled hearing by working with their agency. There are ways that you can advocate for an applicant or member prior to a case going to fair hearing:

- You can help the applicant or member provide a clarifying statement and/or proof of their information to the agency.
- You can call the agency, with the applicant's or member's permission, to review the case with an IM worker. It is important to wait two days after submitting updated proof before calling the agency to allow time for that information to be added to the case file.

Completing Health Care Renewals

A health care renewal must be completed every year to make sure members still meet all program rules and are getting the correct benefits. First, their agency will attempt to renew members based on information available. This is called an "administrative renewal." If the agency is able to do this, the member will be notified and sent a copy of the information used to complete the administrative renewal. The expectation is that they will notify the agency if any of the information shown in that document is incorrect.

If we don't have enough information, a packet including a pre-populated renewal form will be sent to the member about a month before their renewal is due. This packet will tell them how to complete their renewal. If the renewal is not done, the member's benefits will end. During the renewal, members will need to either confirm or update the information that is on file for them. This may include their household details, income, assets, and insurance.

Members are encouraged to renew their benefits as soon as they receive their renewal information through their ACCESS account at access.wi.gov. Beginning the renewal process promptly allows more time if the member needs to provide verification documents or if they need to find other coverage.

If the member doesn't have an ACCESS account, you can help them create one. If the member is unable to create an ACCESS account, they have other options for completing their renewal. They can use the pre-printed renewal form they receive in the mail, or they can call the agency.

Additional information can be found on the following DHS webpage: [Health Care Renewals | Wisconsin Department of Health Services](#)

Resources for Applicants or Members to Apply For and/or Manage Their Benefits

ACCESS Website

The ACCESS website, access.wi.gov, is the primary tool for connecting applicants and members with State of Wisconsin benefits and programs. On the ACCESS website, individuals can apply for FoodShare and Medicaid, along with other public assistance programs.

Once enrolled in a program, people can use the [ACCESS website](#) for many things, including checking benefits, reporting changes, submitting documents, completing renewals, and more.

MyACCESS Mobile App

The [MyACCESS mobile app](#) can be used by applicants and members to see a high-level overview of the programs they have already applied for or are enrolled in. They can receive reminders of actions they need to take or proof they need to submit. MyACCESS can be used to take photos of and submit documents requested as proof. It can also be used to check the real-time status of submitted documents.

The MyACCESS mobile app can be downloaded at www.dhs.wisconsin.gov/forwardhealth/myaccess.htm. The app can be used on any device that uses an iOS or Android platform. The QR code below can be used on materials to help members easily find the app. The code can determine what operating system is being used by the phone being used to scan it and take the member to the appropriate app store. This image can also be obtained on the DHS website.



Tools in ACCESS and MyACCESS for Managing Benefits

Agencies can encourage applicants and members to enable alerts in [ACCESS](#) and/or the [MyACCESS mobile app](#). Alerts help keep applicants and members informed when they need to take action to keep their benefits.

Resources for Advocates *(Intended for Partner Use Only)*

Demonstration and Training Modules

DHS has several resources, designed specifically for partners, to help navigate the [ACCESS website](#) and the [MyACCESS mobile app](#).

The ACCESS/MyACCESS Partner Training Modules are recorded trainings:

- Module 1 walks through creating an ACCESS account, submitting a registration-only application, and submitting a health care application, and is available at <https://vimeo.com/792735738>.
- Module 2 walks through completing a Medicaid renewal through ACCESS and using the MyACCESS mobile app, and is available at <https://vimeo.com/792738493>.

In addition to the training modules, the ACCESS/MyACCESS Demonstration Videos provide brief overviews of various features of both platforms. These demonstrations are available at <https://vimeo.com/showcase/9037419>.

When experiencing issues while using the ACCESS website or MyACCESS app, contact the ForwardHealth Member Services at 1-800-362-3002. The customer service representatives are trained to help with troubleshooting and reporting outages.

A new email inbox was created, DHSACCESSHelp@wisconsin.gov, to serve as a central location for partners to send in questions or issues related to ACCESS and MyACCESS.

ACCESS Training Site

The ACCESS training site is available to partners to test ACCESS functionality, become familiar with the application process, and complete sample applications. The training site can be accessed at <https://trn.access.wisconsin.gov>.

Please note applications entered on the ACCESS training site are *not* processed. Anyone assisting a person applying for benefits on the ACCESS website **must** use the actual site at <http://access.wisconsin.gov>.

ACCESS and MyACCESS Materials

DHS offers many publications and resources to help in setting up an ACCESS account and to encourage members to download the MyACCESS mobile app:

- Poster ([P-02307](#))
- Flyer ([P-02309](#))
- Wallet card ([P-02308](#))

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To request materials, complete a publications order form (<http://www.dhs.wisconsin.gov/forms/f8/f80025a.docx>) and email it to dhsfmorder@dhs.wisconsin.gov.

Additional Resources

To help members stay informed with the latest news about Unwinding, please share this weblink: <https://www.dhs.wisconsin.gov/covid-19/forwardhealth-medicaid.htm>.

To amplify DHS social media posts for members about Unwinding, find links to published posts in the Unwinding Partner Toolkit at <https://www.dhs.wisconsin.gov/covid-19/unwindingtoolkit.htm>.

To learn more about the Unwinding process and timelines, visit:

- [Wisconsin's Unwinding Operational Plan: COVID-19 Unwinding and Return to Routine Operations Plan](#) (P-03336).
- [Unwinding Member Communication Timeline](#) (P-03338).

To receive the latest information about Wisconsin's COVID-19 Unwinding efforts, sign up for Unwinding DMS - Medicaid Unwinding Communications Listserv at https://public.govdelivery.com/accounts/WIDHS/subscriber/new?topic_id=WIDHS_668.

For questions related to Unwinding or other DHS questions, e-mail the DHS ForwardHealth Partners Inbox at DHSForwardHealthPartners@dhs.wisconsin.gov.

Key Contacts to Get Additional Help

Income Maintenance Agencies

DHS partners with counties and tribes to support applicants and members in FoodShare, BadgerCare Plus, and a variety of Wisconsin Medicaid programs. These agencies are called Income Maintenance agencies. They process applications, changes, and renewals. Find contact information for local or tribal agencies at:

<https://dhs.wisconsin.gov/forwardhealth/imagency/index.htm>.

ForwardHealth Member Services

ForwardHealth Member Services is the main contact for members who receive BadgerCare Plus and Medicaid benefits. Member Services can verify a member's health plan coverage, help find a service provider, and answer general questions regarding Medicaid and/or BadgerCare Plus benefits.

Contact Member Services at 800-362-3002.

HMO Enrollment Specialists

Enrollment specialists help members choose a health maintenance organization (HMO) that meets their needs, determine which HMO networks a provider belongs to, and complete HMO enrollment forms. Members may contact an HMO enrollment specialist to select or change their HMO, verify which HMO they are enrolled in, or request an exemption from managed care.

Contact an HMO enrollment specialist at 800-291-2002.

SHIP Medicare Counseling

The State Health Insurance Assistance Program (SHIP) provides free and unbiased help with Medicare. SHIP counselors provide one-on-one, confidential Medicare guidance based on a person's needs. Counselors are screened, trained, and certified. SHIP services are free.

Find a SHIP counselor at <https://dhs.wisconsin.gov/benefit-specialists/medicare-counseling.htm>.

Medigap Helpline Services

Medigap Helpline Services provides free telephone confidential counseling services with the State of Wisconsin Board on Aging & Long Term Care (BOALTC) as part of the State Health Insurance Assistance Program (SHIP). These programs provide advocacy and education for Medicare beneficiaries of all ages to understand options surrounding their individual healthcare needs.

Insurance counselors help with questions about various health insurance topics for the caller, including processing information surrounding the Medicaid Unwinding Process. There is NO connection with any insurance company; the counselors don't endorse nor express any opinion regarding the worth or value of any policy or insurance product. A counselor's purpose is to help beneficiaries understand individual options so the beneficiary may make personal decisions based on their individual needs.

Learn more about [BOALTC online](#) or contact the Medigap Helpline Services (Toll-free): 1- 800-242-1060 Hours: 8 am to 4:30 pm; Monday through Friday.

Aging and Disability Resource Centers

Aging and Disability Resource Centers (ADRCs) provide unbiased information on all aspects of supports related to aging or living with a disability. ADRCs provide information on a broad range of programs and services, including long-term care options. The ADRC also can help individuals apply for programs and benefits and can serve as the access point for publicly funded long-term care. Services can be provided at the ADRC, via telephone, or through a home visit, whichever is more convenient for the individual seeking help.

Find a local ADRC at <https://dhs.wisconsin.gov/adrc/consumer/index.htm>.

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Tribal members can get help from the ADRC or can consult with a Tribal Aging and Disability Resource Specialist (ADRS). To find a Tribal ADRS, visit <https://dhs.wisconsin.gov/adrc/consumer/tribes.htm>.

Disability Benefits Specialists

Individuals ages 18–59 with a disability can contact a disability benefit specialist to get answers and help solving problems related to Social Security, Medicare, health insurance, and other benefits. Disability benefit specialist services are free.

Find a disability benefit specialist at www.dhs.wisconsin.gov/benefit-specialists/dbs.htm.

Customers who are deaf, deaf-blind, or hard of hearing and communicate using American Sign Language can choose to work with a [deaf disability benefit specialist](#). Tribal Nation members can choose to work with a [Tribal Nation disability benefit specialist](#).

Elder Benefits Specialists

Adults aged 60 and older can contact elder benefit specialists to get answers to their questions and get help solving problems related to Social Security, Medicare, health insurance, and other benefits. Elder benefit specialists also serve as a gateway to legal services for issues such as debt collection, housing, and more. All elder benefit specialists are trained as [SHIP counselors](#). Elder benefit specialists provide services for free.

Find an elder benefit specialist at www.dhs.wisconsin.gov/benefit-specialists/ebs.htm.