

To:  
Family Planning  
Waiver  
Providers  
Presumptive  
Eligibility for  
Pregnant  
Women  
Providers  
HMOs and Other  
Managed Care  
Programs

## Income Limits for the Presumptive Eligibility for Pregnant Women and Family Planning Waiver Programs

This *Wisconsin Medicaid and BadgerCare Update* contains the income limits effective immediately for the Presumptive Eligibility for Pregnant Women and Family Planning Waiver programs.

The Attachment of this *Wisconsin Medicaid and BadgerCare Update* contains the income limits effective immediately for the Presumptive Eligibility for Pregnant Women and Family Planning Waiver (FPW) programs. These income limits are based on the Federal Poverty Level (FPL) income limits, which change annually.

### **Presumptive Eligibility for Pregnant Women Program**

Use the income limits in the Attachment in conjunction with the instructions in the Guide to Determining Presumptive Eligibility for Pregnant Women. To access this Guide, visit the Medicaid Web site at

[dhfs.wisconsin.gov/medicaid/](http://dhfs.wisconsin.gov/medicaid/) and do the following:

- Select the “Providers” link from the Medicaid main menu at the top of the page.
- Under the “Provider Menu” on the left side of the page, select the link labeled “Handbooks.”
- Select the appropriate link to the Guide to Determining Presumptive Eligibility for Pregnant Women.

Providers may also request a paper copy of the guide by calling Provider Services at (800) 947-9627 or (608) 221-9883.

Assign medical status code “PE” for women who meet the income limits for 133 percent of the FPL. Assign “P2” for women who meet the income limits for 185 percent of the FPL.

### **Family Planning Waiver Program**

Use the income limits in the Attachment for 185 percent of the FPL to determine eligibility for the FPW program. Unlike the Presumptive Eligibility for Pregnant Women program, there is no need to differentiate between the income limits for 133 percent of the FPL and 185 percent of the FPL for this program.

## Information Regarding Medicaid HMOs

This *Update* contains Medicaid fee-for-service policy and applies to providers of services to recipients on fee-for-service Medicaid only. For Medicaid HMO or managed care policy, contact the appropriate managed care organization. Wisconsin Medicaid HMOs are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at [dhfs.wisconsin.gov/medicaid/](http://dhfs.wisconsin.gov/medicaid/).

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# ATTACHMENT

## Income Limits for the Presumptive Eligibility for Pregnant Women and Family Planning Waiver Programs

The following income limits are effective on and after March 1, 2005.

<b>Table I — 133 Percent of FPL*</b> <b>Income Limits</b>		<b>Table II — 185 Percent of FPL</b> <b>Income Limits</b>	
<b>Monthly Income</b>		<b>Monthly Income</b>	
<b>Family Size</b>	<b>Standard</b>	<b>Family Size</b>	<b>Standard</b>
1	\$1,060.68	1	\$1,475.38
2	\$1,421.99	2	\$1,977.96
3	\$1,783.31	3	\$2,480.54
4	\$2,144.63	4	\$2,983.13
5	\$2,505.94	5	\$3,485.71
6	\$2,867.26	6	\$3,988.29
7	\$3,228.58	7	\$4,490.88
8	\$3,589.89	8	\$4,993.46
9	\$3,951.21	9	\$5,496.04
10	\$4,312.53	10	\$5,998.63
If a family unit exceeds 10, add \$361.32 per month for each additional member.		If a family unit exceeds 10, add \$502.58 per month for each additional member.	

\*FPL — Federal Poverty Level.