

Wisconsin Medicaid update and BadgerCare

October 2006 • No. 2006-78

Wisconsin Medicaid and BadgerCare Information for Providers

To:

Presumptive
Eligibility for
Family Planning
Waiver Program
Providers

Presumptive
Eligibility for
Pregnant
Women Benefit
Providers

Revised Presumptive Eligibility Applications and Instructions

Wisconsin Medicaid has revised the following presumptive eligibility applications and instructions:

- Presumptive Eligibility for Pregnant Women Application, HCF 10081 (Rev. 07/06), and instructions.
- Presumptive Eligibility for the Family Planning Waiver Program Application, HCF 10119 (Rev. 06/06), and instructions.

Changes to the Presumptive Eligibility Applications and Instructions

Wisconsin Medicaid has made formatting changes and has added the Wisconsin Medicaid fax number to the presumptive eligibility (PE) applications and instructions for pregnant women and the Family Planning Waiver Program (FPWP). Providers should refer to the instructions prior to completing the applications. Providers do not need to order new applications until they have depleted their existing stock. Wisconsin Medicaid will continue to accept the existing applications until they are depleted.

Provider Qualifications

Providers who are qualified to make PE determinations for pregnant women may also make PE determinations for women to receive services and supplies immediately through the FPWP.

Applicant Qualifications

Providers should note that Wisconsin Medicaid does not require applicants declaring United States citizenship to provide proof of citizenship when completing either the Presumptive Eligibility for Pregnant Women Application or the Presumptive Eligibility for the Family Planning Waiver Program Application. However, PE applicants are required to provide documentation of citizenship when applying for full-benefit Wisconsin Medicaid or continuing coverage through the FPWP.

Providers are reminded that for the FPWP, recipients may only be determined presumptively eligible once in a twelve-month period.

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/.

PHC 1250

Please note: This attachment has been revised, it should now read
"Attachment 1 - BadgerCare Plus Express Enrollment for Pregnant Women
Application Instructions"

ATTACHMENT 1

Presumptive Eligibility for Pregnant Women Application Instructions

(A copy of the "Presumptive Eligibility for Pregnant Women Application Instructions" is located on the following pages.)

BadgerCare Plus Express Enrollment for Pregnant Women Application Instructions

This application is only for those persons applying for Express Enrollment in Wisconsin BadgerCare Plus. This benefit provides BadgerCare Plus-covered pregnancy related outpatient services to pregnant women. The qualified provider and client should complete the application together.

Providing or applying for a Social Security Number (SSN) is voluntary; however, any person who wants Wisconsin BadgerCare Plus but does not provide a SSN or apply for one will not be eligible for benefits. BadgerCare Plus applicants and members who belong to a recognized religious sect that conscientiously opposes applying for or using a social security number are exempt from meeting the SSN requirements. A person who refuses to apply for or use a social security number due to religious beliefs must provide verification from a church elder or other officiant that doing so is against the church doctrine.

SSNs and personally identifiable information will be used only for the direct administration of BadgerCare Plus.

Once the application has been completed, provide the client with a copy, retain a copy for your files, and mail or fax a copy within 5 days to:

Wisconsin Medicaid
Express Enrollment
6406 Bridge Rd
Madison WI 53784
Fax: (608) 221-8815

Please read and provide all the following information to the client.

Section I —Client Information (General) (Client completes lines 1 through 4)

Indicate if the client's language preference is Spanish.

Line 1: Client name, birth date, telephone number.

Line 2: Client's address and county of residence.

If the client is a resident of Wisconsin, continue to Line 3.

If the client is not a Wisconsin resident, go to Section IV – "Notice" and check the box indicating that the client is not eligible because she does not qualify under the residency guidelines. Follow the instructions in Section IV – "Notice" for a client who is not eligible for Express Enrollment for Pregnant Women.

Line 3: Are you receiving full-benefit Wisconsin BadgerCare Plus?

If the client answers "No" on Line 3, go to Line 4.

If the client answers "Yes" on Line 3, she is already receiving full-benefit BadgerCare Plus benefits. Explain that she already has access to the same benefits through BadgerCare Plus. Go to Section IV – "Notice" and check the box that the client is not eligible because she is receiving full-benefit BadgerCare Plus. Follow the instructions in Section IV – "Notice" for a client who is not eligible for Express Enrollment in BadgerCare Plus.

Line 4: Are you a U.S. citizen?

If the client answers "Yes" on Line 4, go to Line 5.

If the client answers "No" on Line 4, she has indicated that she is not a U.S. citizen. Go to Section IV – "Notice" and check the box indicating that the client is not eligible because she is not a US citizen. Follow the instructions in Section IV – "Notice" for a client who is not eligible for Express Enrollment in BadgerCare Plus.

Inform the client that although you cannot determine her eligibility for Express Enrollment, she may still be eligible for full-benefit BadgerCare Plus, and she must apply through her local county or tribal agency.

Section II – Pregnancy Verification

Line 5: Positive pregnancy test.

To be determined eligible for Express Enrollment, the client must have a positive pregnancy test. If multiple babies are expected, indicate the number of fetuses. Enter the expected delivery date.

If the client does not have a positive pregnancy test, go to Section IV – “Notice” and check the box indicating her pregnancy cannot be verified. Follow the instructions in Section IV – “Notice” for a client who is not eligible for Express Enrollment in BadgerCare Plus.

Section III – Income Information

To complete Section III, the qualified provider should work with the client to answer the questions regarding her finances. Answer all the questions regarding the financial test only for the individuals that are counted as part of the group on Line 6, Section III.

Line 6: When determining the household size, include all family members living with the pregnant woman as indicated in the following examples:

- For women under age 18: include the pregnant woman, her parents if she has never been married, any non-marital co-parent of any of her children who is living in the household, her minor natural or adopted siblings (full or half) living in the household, her minor natural or adopted children living in the household and the number of unborn fetuses.
- For unmarried women who are age 18 or older: include the pregnant woman, any non-marital co-parent of any of her children who is living in the household, her minor natural or adopted children living in the household and the number of unborn fetuses.
- For married women: include the pregnant woman, her spouse if he is living in the household, her minor natural or adopted children living in the household and the number of unborn fetuses.

Line 7: For Express Enrollment determinations, the financial test is based on anticipated income. For this calculation, use the actual income expected during the month. (For example, a woman applying any time in September will use expected income, such as expected hours of work, for September.)

To be determined eligible for Express Enrollment, the client must meet the income limits for the appropriate group size. All family income may have to be considered. Income includes:

- The spouse’s income, if the client is married, and/or
- Parental income, if the client is under age 18 and has never been married.
- The income of the non-marital co-parent of any of her children, if he is living in the household

Earned income includes:

- Wages.
- Salaries.
- Tips.
- Commissions.
- All other payments resulting from labor or personal service, excluding allowances.
- Self-employment.

Self-employment income is income earned directly from one’s own business, rather than earned as an employee with a specified salary or wages from an employer. Deduct self-employment expenses when calculating income (use the monthly average for this calculation).

Do **not** count the following as monthly earned income:

- Wages for anyone under age 18.
- Work-study for college students.
- Earned Income Tax Credit payments.
- Allowances.

Add monthly gross earned income (amount of money earned before any deductions) for each member of the group to arrive at the total monthly gross earned income. Enter this amount on Line 7.

Line 8: Enter total of all monthly gross other income. This income includes, but is not limited to:

- Pensions, annuities, insurance benefits, Social Security (use gross amounts), Veterans benefits, military allotments and Workers' Compensation.
- Payments received for the rental of rooms, apartments, dwelling units, buildings or land (if not reported as self-employment income). Taxes and the expense of property maintenance may be deducted.
- Child support payments received. If the applicant is a minor, list the child support payments received for the minor, even if the minor does not directly receive the payments.
- Money, including allowances provided to someone in the eligibility group by someone outside of the eligibility group.

Do **not** count the following as other monthly income:

- Supplemental Security Income (SSI).
- Student loans or grants, regardless of source, including work study.
- Reimbursement for expenses which the client has incurred or paid, except for reimbursement for normal household living expenses such as rent, clothing or food eaten at home.
- Foster care or subsidized adoption payments.
- Life insurance policy dividends.
- Tax refunds, including Earned Income Tax Credit payments.
- Payments made by a third party directly to landlords or other vendors.
- Governmental (federal, state, or local) rent and housing subsidies, including payments made directly to the client for housing or utility costs (e.g., U.S. Department of Housing and Urban Development (HUD) utility allowances).
- Nutrition-related benefits, such as a FoodShare Wisconsin (formerly the Food Stamp Program) allotment.

Line 9: Add the client's total monthly gross earned income (Line 7) and total monthly other income (Line 8). Enter this amount on Line 9.

If the client's total monthly gross income (Line 9) exceeds the federal poverty level for the appropriate group size, go to Line 10.

Line 10: Enter the total monthly child support expense that any household member is ordered to pay by the court.

Line 11: Subtract the monthly amount paid in child support (Line 10) from the total monthly gross income (Line 9). Enter this amount on Line 11.

Line 12: Compare total net monthly (countable) income (Line 11) to the income limits for the appropriate group size. Countable income must be at or below 300% of the FPL for the appropriate group size.

The federal poverty level (FPL) guidelines are updated annually. Refer to the Wisconsin Medicaid web site at <http://dhfs.wisconsin.gov/medicaid1/fpl/fpl.htm> for the current FPL guidelines.

If countable monthly income is at or below the FPL for the appropriate group size, and all other non-financial eligibility requirements have been met, the client is eligible for Express Enrollment. Complete Section IV – "Notice".

If countable monthly income exceeds the FPL for the appropriate group size, the client cannot be temporarily enrolled. Complete Section IV – "Notice" of the application and check the appropriate box indicating that the client is not eligible because she does not qualify under the income guidelines. Follow the instructions for Section IV – "Notice" for a client who is not eligible for Express Enrollment in BadgerCare Plus.

Inform the client that she may still be eligible for full-benefit BadgerCare Plus, but she must apply through her county/tribal social or human services agency or Medicaid outstation site.

Section IV — Notice

If the client is **not** eligible for Express Enrollment, qualified providers are required to do all of the following:

1. Check the appropriate box in Section IV indicating the reason for the client's ineligibility.
2. Sign and date the application.
3. Have the client sign and date the application indicating that she understands that, even though the qualified provider has not found her eligible for Express Enrollment, she may still be eligible for full-benefit BadgerCare Plus.

Encourage the client to apply for BadgerCare Plus online at access.wisconsin.gov, by mail, telephone, or in person through her county/tribal social or human services agency or Medicaid outstation site.

4. Detach and destroy the temporary card on the last page of the form and provide the client with a copy of the BadgerCare Plus Express Enrollment for Pregnant Women application. This will serve as the client's notice of denial of eligibility. Retain a copy for your files and mail or fax a copy within 5 days to:

Wisconsin Medicaid
Presumptive Eligibility
6406 Bridge Rd
Madison WI 53784
Fax: (608) 221-8815

5. Inform clients that have children under age five that she and/or her children may be eligible for the Special Supplemental Food Program for Women, Infants, and Children (WIC) and provide her with a copy of the WIC pamphlet.

If the client is eligible for Express Enrollment, qualified providers are required to do all of the following:

1. The qualified provider should check the appropriate box in Section IV and enter the provider's name, address (street, city, state, zip code) and provider number information. If the provider is a large organization with a number of local sites, please use the specific local site address where the client was served. The qualified provider should then sign and date the BadgerCare Plus Express Enrollment for Pregnant Women application. Do not use an agency's name. The signature must be legible.
2. Inform the client that her Express Enrollment lasts from the date of application until the end of the first month following the month that temporary eligibility is determined. To continue receiving benefits after the Express Enrollment end date, the client must apply for full-benefit BadgerCare Plus. She should apply for full-benefit BadgerCare Plus because BadgerCare Plus Express Enrollment for Pregnant Women is a limited, temporary benefit that does not cover the costs of inpatient labor and delivery.

Explain to the client that an Express Enrollment eligibility determination does not guarantee that her county/tribal social or human services agency or Medicaid outstation site will find her eligible for full-benefit BadgerCare Plus because of other requirements that may apply.

Encourage the client to apply for BadgerCare Plus online at access.wi.gov, by mail, telephone, or in person through her county/tribal social or human services agency or Medicaid outstation site.

3. Inform the client that her county/tribal social or human services agency may extend her Express Enrollment. This may be done only when the client files an application on or before the last day of the Express Enrollment period and her eligibility cannot be determined before her Express Enrollment period ends.
4. Check the appropriate box on Line 14. Have the client read the statement and sign and date the BadgerCare Plus Express Enrollment for Pregnant Women application.

5. Inform clients who have children under age five that she and/or her children may be eligible for the Special Supplemental Food Program for Women, Infants and Children (WIC) and provide her with a copy of the WIC pamphlet.
6. Complete Section V – Wisconsin BadgerCare Plus Temporary Express Enrollment for Pregnant Women Identification Card. (See instructions below).
7. Give the woman a copy of the BadgerCare Plus Express Enrollment for Pregnant Women application. Explain to the woman that this will serve as verification of her pregnancy when she applies for full-benefit BadgerCare Plus.

Section V — Temporary Identification Card

Complete the following items on the temporary card, if the client is eligible for Express Enrollment:

1. Card Effective Dates: Express Enrollment begins on the day eligibility is determined and continues through the last day of the first month following the month in which Express Enrollment eligibility was determined (e.g., a woman whose temporary enrollment begins 6/6/08 is eligible until 7/31/08).

Inform the client that in order to receive services beyond the Express Enrollment end date, she must apply for full-benefit BadgerCare Plus online at access.wi.gov, by mail, telephone or in person through her county/tribal social or human services agency or Medicaid outstation site.

2. Medical status code. Check “BV” if the household income is at or below 200 percent of the FPL or check “BW” if the household income is at or below 300 percent of the FPL.
3. Medicaid Identification Number: Enter the client’s Social Security Number (SSN) and add a zero to the end of the number, or enter a pseudo-number if the client does not have an SSN at the time the Express Enrollment application is completed.

Note: If the client does not have an SSN or does not know the number, qualified providers are required to call Wisconsin Medicaid’s Recipient Services at (800) 362-3002 or (608) 221-5720 to obtain a pseudo-number. No additional zero is needed if using a pseudo-number.

BadgerCare Plus will contact the qualified provider if a SSN or pseudo-number is not recorded on the Express Enrollment application. BadgerCare Plus requires this number on all applications.

The client will have to provide a valid SSN or apply for one to be certified eligible for continuous benefits under BadgerCare Plus through her county/tribal social or human services agency.

4. Agency Code: Enter the agency code number assigned to the qualified provider.
5. Client Information: Print or type the client’s full name and address in the box provided at the bottom of the card.
6. Detach the bottom portion of the application for the client to use as a temporary BadgerCare Plus Express Enrollment ID card. This temporary ID card entitles the client to BadgerCare Plus-covered pregnancy related outpatient services provided by a Medicaid certified provider.

Inform the client that a plastic Wisconsin Medicaid *ForwardHealth* card will be mailed to her. The *ForwardHealth* card is valid only for the Express Enrollment period and will only allow the client to receive BadgerCare Plus-covered pregnancy related outpatient services. If the client applies for full-benefit BadgerCare Plus and is found eligible, she will continue to use the same *ForwardHealth* card.

7. Encourage the client to apply for full-benefit BadgerCare Plus if she would like to receive more than BadgerCare Plus-covered pregnancy related outpatient services. The client can apply online at access.wi.gov, by mail, telephone or in person through her local county or tribal agency.

BADGERCARE PLUS – EXPRESS ENROLLMENT FOR PREGNANT WOMEN APPLICATION

Social Security Numbers and personally identifiable information are only used directly for the administration of the Medicaid program. Your SSN will be used for income verification and eligibility determination. Providing or applying for a Social Security Number (SSN) is voluntary; however any person who wants Wisconsin Medicaid but does not want to provide their SSN or apply for one will not be eligible for benefits, pursuant to §49.82(2) Wis. Stats. If you do not have a SSN due to religious beliefs or because of your immigration status, leave the SSN field blank.

SECTION I – CLIENT INFORMATION (GENERAL) Would you like to receive information in Spanish? Yes No

1. Client Name (Last, First, MI)	Birth Date (MM/DD/YY)	Telephone Number
2. Residence (Street Address, City, State, Zip Code)		County of Residence
3. Are you currently receiving Wisconsin Medicaid or BadgerCare Plus? (If you answered Yes, go to Section IV.)		<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are you a U.S. citizen? (If you answered No, go to Section IV)		<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION II – PREGNANCY VERIFICATION

5. Positive pregnancy test <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of fetuses	Expected delivery date (MM/DD/YY)
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SECTION III – INCOME INFORMATION

6. How many family members are in the household? (See instructions to determine who must be included.) Include the number of medically verified fetuses.	
7. Enter the total monthly gross earned income. (See instructions to determine what must be included in this calculation.)	\$
8. Enter total monthly gross other income (VA, SSA, contributions, unemployment compensation, allowance, child support, etc.).	\$
9. Enter the total monthly gross income (add Lines 7 and 8).	\$
10. Enter total monthly child support expense.	\$
11. Enter total net monthly income (subtract Line 10 from Line 9).	\$
12. Compare the total net monthly income (Line 11) with the federal poverty level guidelines for the appropriate group size. Does the client meet the eligibility income limits?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION IV - NOTICE

13. I certify that the above named client has a medically verified pregnancy, and based on the preliminary information provided above, she qualifies for BadgerCare Plus Express Enrollment for pregnant women. I have informed her of the requirement to apply for Medicaid/BadgerCare Plus online, by mail, telephone or in person through her county/tribal human or social services agency by the end of the month following the current month.

OR

I have determined that the above-named client is not eligible for Express Enrollment in for Wisconsin BadgerCare Plus for the following reason(s)

She is not a Wisconsin resident She is currently receiving Wisconsin Medicaid/BadgerCare Plus. She is not a U.S. citizen.

Her pregnancy cannot be verified. She does not qualify under the income guidelines.

Name – Qualified Provider	Address – Qualified Provider
SIGNATURE – Qualified Provider	Medicaid Provider Number Date Signed

14. I certify, under penalty of false swearing, that the information on this application and given in connection with it is true and complete statement of facts according to the best of my knowledge and belief. I understand that in order to be determined eligible for Wisconsin Medicaid/BadgerCare Plus, I must apply online, by mail, telephone or in person through the county/tribal human or social services agency before the end of the month following the month in which I was determined eligible for temporary enrollment and that my temporary enrollment also ends on that date.

OR

I understand that I do not meet the requirements for Wisconsin BadgerCare Plus Express Enrollment. The qualified provider named above has informed me that I may still apply for Wisconsin Medicaid/BadgerCare Plus.

SIGNATURE – Client	Date Signed
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SECTION V – WISCONSIN BADGERCARE PLUS TEMPORARY EXPRESS ENROLLMENT FOR PREGNANT WOMEN IDENTIFICATION CARD

Card Effective Dates (MM/DD/YY)		Medical Status Code	MA ID Number	Agency Code
From	Through	<input type="checkbox"/> BV <input type="checkbox"/> BW		

Client Name and Address	TO THE PATIENT This card identifies you as being eligible to receive outpatient pregnancy related care through the Wisconsin BadgerCare Plus Express Enrollment program. You may receive these services from any certified Medicaid provider . You must present this card to your provider BEFORE receiving medical care, services or supplies. In order to qualify for Wisconsin BadgerCare Plus benefits after the expiration date of this card, you must apply at your local county/tribal social or human services agency (or other application site) immediately. If you have any questions call: 1-800-362-3002 .
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Sample Only

To the Provider

The individual listed has been determined eligible for temporary enrollment in Wisconsin BadgerCare Plus in accordance with §49.471(5) Wis. Stats. This card entitles this individual to receive outpatient pregnancy-related care including pharmacy services through Wisconsin BadgerCare Plus from any certified Medicaid providers for the time period specified on this card. (See card effective dates.) For additional information, see the All Provider Handbook, Recipient Eligibility or call Medicaid Provider Services at (800)-947-9627.

NOTE: The client may present this card prior to eligibility information being recorded on the Medicaid file. Providers should keep a photocopy of this card.

WISCONSIN DEPARTMENT OF HEALTH AND FAMILY SERVICES



**WISCONSIN BADGERCARE PLUS TEMPORARY IDENTIFICATION
CARD FOR EXPRESS ENROLLMENT FOR PREGNANT WOMEN**

ATTACHMENT 3

Presumptive Eligibility for the Family Planning Waiver Program Application Instructions

(A copy of the "Presumptive Eligibility for the Family Planning Waiver Program Application Instructions" is located on the following pages.)

Presumptive Eligibility for the Family Planning Waiver Program Application Instructions

This application is only for those persons applying for Presumptive Eligibility (PE) for the Family Planning Waiver Program (FPWP). The FPWP provides limited services to women seeking contraceptive management. Both the Family Planning Waiver Program qualified provider and client should complete the application together.

Providing or applying for a Social Security Number (SSN) is voluntary; however, any person who wants Wisconsin Medicaid but does not provide an SSN or apply for one will not be eligible for benefits. SSNs and personally identifiable information will be used only for the direct administration of the Medicaid Program.

Once the application has been completed, provide the client a copy, retain a copy for your files and mail or fax a copy to:

Wisconsin Medicaid
Presumptive Eligibility
6406 Bridge Rd
Madison WI 53784
Fax: (608) 250-5202

SECTION I —CLIENT INFORMATION (GENERAL) (Client completes this Section)

If the client prefers information she receives in a language other than English, indicate the preferred language.

Line 1: Client name, birth date, telephone number

Determine if the client is age 15 through 44:

- If the client will turn 45 during the presumptive eligibility period, she may be eligible up to her 45th birthday.
- The client must be at least 15 years of age on the date that the form is signed.

If the client meets the age requirement, go to Line 2.

If the client does not meet this age requirement, go to Section III and check the box indicating that the client is not eligible because she does not qualify under the age guidelines. Follow the instructions for Section III – Notice for a client who is not presumptively eligible for the Family Planning Waiver Program.

Line 2: Client's residence address and county of residence.

If the client is a resident of Wisconsin, continue to Line 3.

If the client is not a Wisconsin resident, go to Section III and check the box indicating that the client is not eligible because she does not qualify under the residency guidelines. Follow the instructions for Section III – Notice for a client who is not presumptively eligible for the Family Planning Waiver Program.

Line 3: Are you receiving full-benefit Wisconsin Medicaid/BadgerCare?

If the client answers "No" on Line 3, go to Line 4.

If the client answers "Yes" on Line 3, she is already receiving full-benefit Medicaid or BadgerCare benefits. Explain that she already has access to the same benefits through the Medicaid and/or BadgerCare programs. Go to Section III and check the box that the client is not eligible because she is eligible for full-benefits Medicaid. Follow the instructions for Section III – Notice for a client who is not presumptively eligible for the Family Planning Waiver Program.

Line 4: Are you a U. S. citizen?

If the client answers "Yes" on Line 4, go to Line 5.

If the client answers “No” on Line 4, she has indicated that she is not a U.S. citizen, go to Section III and check the box indicating that the client is not eligible because she is not a US citizen. Follow the instructions for Section III – Notice for a client who is not Presumptively Eligible for the Family Planning Waiver Program.

Inform the client you cannot determine her presumptively eligible, however, she may still be eligible for the Family Planning Waiver Program or Wisconsin Medicaid, but she must apply through her county/tribal social or human services agency or Medicaid outstation site. A list of these agencies can be found on the Department of Health and Family Services’ web at <http://dhfs.wisconsin.gov/em/imagencies/index.htm> or you can contact Recipient Services at 1-800-362-3002.

Line 5: Have you been determined presumptively eligible for the Family Planning Waiver Program in the last 12 months?

If the client answers “No” on Line 5, go to Section II Income Information.

If the client answers “Yes” on Line 5, she cannot be determined presumptively eligible. A woman is only allowed to have one period of presumptive eligibility in a 12-month period. To determine if the client has been determined presumptively eligible in the last 12 months, call Medicaid Provider Services at 1-800-947-9627.

Go to Section III and check the box indicating that the client is not eligible because she has been presumptively eligible for FWP in the last 12 months. Follow the instructions for Section III – Notice for a client who is not presumptively eligible for the Family Planning Waiver Program.

Explain that she can only be determined presumptively eligible once in a 12 month period. Encourage the woman to apply formally for the Family Planning Waiver Program through the local county/tribal social or human services agency or Medicaid outstation site. A list of these agencies can be found on the Department of Health and Family Services’ web at <http://dhfs.wisconsin.gov/em/imagencies/index.htm> or you can contact Recipient Services at 1-800-362-3002.

Section II — Income Information

To complete Section II, the qualified provider should work with the client to answer the questions regarding her finances. For determining presumptive eligibility the financial test is based on anticipated income. For this calculation, use the actual income expected during the month. (For example, a woman applying any time in September will use expected income for September.) Answer all the questions for the individuals counted as part of the group on Line 6, Section II.

Line 6: When determining who is in the group, the provider is required to include certain family members living with the client. Count only the client, her spouse, and any minor natural, step or adopted children that live in the household in determining the group size.

For example, if the client is a/an:

- Minor female — Include only the minor female, her spouse and her natural, step or adopted children that live in the household and unborn fetuses of any member of the household.
- Adult female without spouse — Include the adult female, her minor natural or adopted children living in the household and the number of unborn fetuses of any member of the household.
- Adult female with spouse — Include the adult female, her spouse if he is living in the household, her minor natural, step or adopted children living in the household and the number of unborn fetuses of any member of the household.

Enter the number of family members, on Line 6.

Line 7: To be determined presumptively eligible, the client must meet the income limits for the appropriate group size. Income includes the spouse’s income if the client is married. Do not count the parent’s income if the client is a minor.

Earned income includes:

- Wages,
- Salaries,
- Tips,

- Commissions,
- All other payments resulting from labor or personal service, excluding allowances, and
- Self-employment.

Self-employment income is income earned directly from one's own business, rather than earned as an employee with a specified salary or wages from an employer. Deduct self-employment expenses when calculating income (use the monthly average for this calculation).

Do **not** count the following as monthly-earned income:

- Wages for full-time students or part-time students who are not employed full time.
- Work-study for college students,
- Earned Income Tax Credit payments, or
- Allowances.

Add monthly gross-earned income (amount of money earned before any deductions) for each member of the group to arrive at the total monthly-earned income. Enter this amount on Line 7.

Line 8: Add all monthly unearned income. Unearned income includes, but is not limited to:

- Pensions, annuities, insurance benefits, Social Security (use gross amounts), Veterans benefits, military allotments and Workers' Compensation.
- Payments received for the rental of rooms, apartments, dwelling units, buildings or land (if not reported as self-employment income). Taxes and the expense of property maintenance may be deducted.
- Child support payments received (deduct \$50 per month from total child support payments). If the applicant is a minor, list the child support payments received for the minor, even if the minor does not directly receive the payments.
- Money, including allowances provided to someone in the eligibility group by someone outside of the eligibility group.

Example: Julia is a 17 year old who applies for Presumptive Eligibility for the Family Planning Waiver Program. Julia receives \$25 a week or \$100 a month as an allowance from her father who no longer lives in the same household. Julia's father also pays child support directly to Julia's mother in the amount of \$400. After the allowable \$50 is deducted from the child support and Julia's monthly allowance is totaled (\$350 child support + \$100 allowance) Julia's unearned income would be \$450. This is the amount that is reported on line 8.

Do **not** count the following as monthly-unearned income:

- Supplemental Security Income (SSI).
- Student loans or grants, regardless of source, including work study.
- Reimbursement for expenses which the client has incurred or paid, except for reimbursement for normal household living expenses such as rent, clothing or food eaten at home.
- Foster care or subsidized adoption payments.
- Life insurance policy dividends.
- Tax refunds, including Earned Income Tax Credits payments.
- Payments made by a third party directly to landlords or other vendors.
- Governmental (federal, state, or local) rent and housing subsidies, including payments made directly to the client for housing or utility costs (e.g., U.S. Department of Housing and Urban Development (HUD) utility allowances).
- Nutrition-related benefits, such as a FoodShare Wisconsin (formerly the Food Stamp Program) allotment.

Enter this amount on Line 8.

Line 9: Add the total monthly gross income by adding the client's monthly gross earned income (Line 7) and total monthly unearned income (Line 8). Enter this amount on Line 9.

If the client's total monthly gross income (Line 9) exceeds 185% of the federal poverty level for the appropriate group size, go to Line 10 to begin allowing deductions.

If the client's total monthly gross income (Line 9) is at or below 185% of the federal poverty level for the appropriate group size and all non-financial eligibility requirements have been met, she is presumptively eligible. Check "Yes" on Line 15 and go to Section III.

The federal poverty level (FPL) guidelines are updated annually and published in a Wisconsin Medicaid and BadgerCare Update or refer to the Wisconsin Medicaid Web Site at <http://dhfs.wisconsin.gov/medicaid1/fpl/fpl.htm> for the current FPL guidelines.

Line 10: Calculate the work expense (\$90 per month) for each employed household member. Enter this amount on Line 10.

Line 11: Calculate the expense deduction for dependent care, if necessary for employment. The allowable expense is the actual dependent care (child care) expenses paid for a dependent child or for an incapacitated adult (adult day care), up to:

- a. \$175 per month per dependent child age two or older, or incapacitated adult.
- b. \$200 per month per dependent child under age two.

Enter this amount on Line 11.

Line 12: When determining the eligibility of a woman who has been ordered by a court to pay child support, (i.e., support for a child not living in the same home as the parent paying child support), the amount of child support actually paid is disregarded in determining her financial eligibility. Enter amount actually paid, up to the amount ordered by the court on Line 12.

Line 13: Add the allowable work-related expense deductions (Line 10), the allowable amount of dependent care (Line 11), and the court-ordered monthly child support paid to anyone outside of the family (Line 12) and enter this amount on Line 13.

Line 14: Subtract the total allowable deductions (Line 13) from the total monthly gross income (Line 9). Enter this amount on Line 14.

Line 15: Compare total net monthly income (Line 14) to the monthly standard for the appropriate group size on FPL guidelines. Countable income must be at or below 185% of the FPL for the appropriate group size.

The federal poverty level (FPL) guidelines are updated annually and published in a Wisconsin Medicaid and BadgerCare Update or refer to the Wisconsin Medicaid Web Site at <http://dhfs.wisconsin.gov/medicaid1/fpl/fpl.htm> for the with current FPL guidelines.

If countable monthly income is at or below 185% of the FPL for the appropriate group size, and all other non-financial eligibility requirements have been met, the client is presumptively eligible. Complete Section III – Notice for a client who is presumptively eligible for the Family Planning Waiver Program.

If countable monthly income exceeds 185% of the FPL for the appropriate group size, the client is not presumptively eligible. Complete Section III of the application and check the appropriate box indicating that the client is not eligible because she does not qualify under the income guidelines. Follow the instructions for Section III – Notice for a client who is not presumptively eligible for the Family Planning Waiver Program.

Inform the client, she may still be eligible for the FPWP or Wisconsin Medicaid, but she must apply through her county/tribal social or human services agency or Medicaid outstation site. A list of these agencies can be found on the Department of Health and Family Services' web at <http://dhfs.wisconsin.gov/em/imagencies/index.htm> or you can contact Recipient Services at 1-800-362-3002.

Section III — Notice

If the Client is Presumptively Eligible for the Family Planning Waiver Program

If the client is presumptively eligible, qualified providers are required to do all of the following:

1. The qualified provider should check the appropriate box and enter the provider's name, address (street, city, state, zip code) and provider number information. If the provider is a large organization with a number of local sites, please use the specific local site address where the client was served. The qualified provider should then sign and date the

Presumptive Eligibility for the Family Planning Waiver Program application. Do not use an agency's name. The signature must be legible.

Inform the client that her presumptive eligibility for the Family Planning Waiver Program lasts from the date of application until the end of the second month following the month that presumptive eligibility is determined. To continue receiving family planning benefits after the presumptive eligibility end date, the client must apply for Wisconsin Medicaid or the Family Planning Waiver Program at the local agency. A list of these agencies can be found on the Department of Health and Family Services' web at <http://dhfs.wisconsin.gov/em/imagencies/index.htm> or you can contact Recipient Services at 1-800-362-3002.

Explain to the client that a presumptive eligibility determination does not guarantee that her county/tribal social or human services agency or Medicaid outstation site will find her eligible for Wisconsin Medicaid or the Family Planning Waiver Program because of other requirements that may apply.

The client may fill out a Wisconsin Family Medicaid, BadgerCare and Family Planning Waiver Program Application and Review Packet (HCF 10100) furnished by the qualified provider, or the qualified provider may refer her to her local county/tribal social or human services agency or Medicaid outstation site.

3. Inform the client that her county/tribal social or human services agency may extend her presumptive eligibility. This may be done, only when the client files an application on or before the last day of the presumptive eligibility period and her eligibility cannot be determined before her presumptive eligibility period ends.
4. Check the appropriate box indicating that the client is presumptively eligible. Have her read the statement and sign the Presumptive Eligibility for the Family Planning Waiver Program application. Give the client a copy of the Presumptive Eligibility for the Family Planning Waiver Program application.
5. Inform the client that she is only eligible for covered family planning-related services, but she may be eligible for full-benefit Medicaid if she has minor dependent children and meets certain other eligibility requirements. Encourage her to apply for full-benefit Medicaid if she would like to receive more than family planning-related services, by mail, telephone, or in person through her county/tribal social or human services agency.
6. Inform clients that have children under age five that she and/or her children may be eligible for the Special Supplemental Food Program for Women, Infants and Children (WIC) and provide her with a copy of the WIC pamphlet.
7. Go to Section IV.

If the Client is not Presumptively Eligible for the Family Planning Waiver Program

If the client is not presumptively eligible for the Family Planning Waiver Program, qualified providers are required to do all of the following:

1. Check the appropriate box in Section III indicating the reason for the client's ineligibility.
2. Sign and date the application.
3. Have the client sign and date the application indicating that she understands that, even though the qualified provider has not found her presumptively eligible for the Family Planning Waiver Program, she may still be eligible for the Family Planning Waiver Program or Wisconsin Medicaid.

Encourage the client to apply for the Family Planning Waiver Program and Wisconsin Medicaid by mail, telephone or in person, through her county/tribal social or human services agency or Medicaid outstation site.

4. Detach and destroy the temporary card on the last page of the form and provide the client with a copy of the Presumptive Eligibility for the Family Planning Waiver Program application. This will serve as the client's notice of denial of eligibility. Give the client a copy of the application, retain a copy for your files and fax or mail a copy, within 5 days, to:

Wisconsin Medicaid
Presumptive Eligibility
6406 Bridge Rd
Madison WI 53784
Fax: (608) 250-5202

5. Inform clients that have children under age five that she and/or her children may be eligible for the Special Supplemental Food Program for Women, Infants, and Children (WIC) and provide her with a copy of the WIC pamphlet.

Section IV — Temporary Identification Card

Complete the following items on the temporary card if the client is presumptively eligible:

1. Card Effective Dates: Presumptive eligibility begins on the day eligibility is determined and continues through the last day of the second month following the month in which presumptive eligibility is determined (e.g., a woman whose presumptive eligibility begins June 6 is eligible through the end of August).

Inform the client that, in order to receive Family Planning Waiver Program services beyond the presumptive eligibility end date, she must apply for Medicaid eligibility by mail, telephone or in person through her county/tribal social or human services agency or Medicaid outstation site.

2. Identification Number: Enter the client's Social Security Number (SSN). When entering a client's SSN add a zero to the end of the number.

If the client does not have an SSN or does not know the number, qualified providers are required to call Wisconsin Medicaid's Recipient Services at (800) 362-3002 or (608) 221-5720, to obtain a pseudo number.

Wisconsin Medicaid will contact the qualified provider if a SSN or pseudo-number is not recorded on the presumptive eligibility application. Wisconsin Medicaid requires this number on all applications.

Note: The client will have to provide a valid SSN or apply for one to be certified eligible for continuous Family Planning Waiver Program through her county/tribal social or human services agency.

3. Agency Code: Enter the agency code number assigned to the qualified provider.
4. Client Information: Print or type the client's full name and address in the box provided at the bottom of the card.

If the client is concerned about other household members receiving her confidential information regarding this program, encourage her to indicate a mailing address other than her residence address and to receive FPWP information in care of another person.

If notices are sent to an alternate address, it is *imperative* she receive these notices in a timely manner. If a woman does not receive the annual review notice or her receipt of the notice is delayed, there may be a gap in her FPWP eligibility and coverage. If a recipient has chosen her provider's mailing address for her FPWP correspondence, it is *imperative* that the provider has a reliable way of contacting her to promptly give her FPWP notices and Forward card.

5. Detach the bottom portion of the application for the client to use as a temporary Medicaid Family Planning Waiver Program ID card. This temporary ID card entitles the client to family planning-related services provided by a Medicaid certified provider participating in the Family Planning Waiver Program.

Inform the client that a plastic Wisconsin Medicaid *Forward* card will be mailed to her. The *Forward* card is valid only for the presumptive eligibility period and will only allow the client to receive covered family planning-related services unless the client applies for full benefit Medicaid or the Family Planning Waiver Program and is found eligible. She will then continue to use the same *Forward* card.

ATTACHMENT 4

Sample Presumptive Eligibility for the Family Planning Waiver Program Application

DEPARTMENT OF HEALTH AND FAMILY SERVICES
Division of Health Care Financing
HCF 10119 (Rev. 06/06)

STATE OF WISCONSIN
WI Stats. s. 49.45

PRESUMPTIVE ELIGIBILITY FOR THE FAMILY PLANNING WAIVER PROGRAM (FPWP)

Providing or applying for a Social Security Number (SSN) is voluntary; however, any person who wants Wisconsin Medicaid but does not provide an SSN or apply for one will not be eligible for benefits. SSNs and personally identifiable information will be used only for the direct administration of the Medicaid Program.

SECTION I — CLIENT INFORMATION (GENERAL)		What language (other than English) would you like to receive information?
1. Name – Client (Last, First, MI)	Birth Date (MM/DD/YY)	Telephone Number
2. Residence Address (Street, City, State, Zip Code)		County of Residence
3. Are you currently receiving full benefit Wisconsin Medicaid or BadgerCare? (If yes, stop here.)		<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are you a U.S. Citizen? (If No, stop here.)		<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you been determined presumptively eligible for the FPWP in the last 12 months? (If yes, stop here.)		<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION II – INCOME INFORMATION	
6. How many family members are in the household? (See the instructions to determine who must be included.)	
7. Enter the total monthly gross earned income. This is the amount of money earned monthly before any deductions. Include spouse's income. Do not count the parents' income for a minor who is applying. NOTE: Include any self-employment expenses (use monthly average).	\$
8. Enter total monthly unearned income (VA, SSA, contributions, unemployment compensation, allowance, child support, etc.).	\$
9. Enter the total monthly gross income (add Lines 7 and 8).	\$
10. Enter monthly allowable work-related expense deduction for each employed household member.	\$
11. Enter monthly allowable dependent care expense.	\$
12. Enter any monthly amount of child support actually paid; up to amount ordered by the court.	\$
13. Enter total allowable deductions (add Lines 10, 11 and 12).	\$
14. Enter total net income (subtract Line 13 from Line 9).	\$
15. Compare the total net income (Line 14) with the federal poverty level guideline for the appropriate group size. Does the client meet the eligibility income limits?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION III – NOTICE	
16. <input type="checkbox"/> I certify that the above-named client, based on the preliminary information provided above, is presumptively eligible for the Wisconsin Medicaid FPWP. I have informed her of the requirement to apply by mail, telephone or in person at her county/tribal social or human services department, W-2 agency or Medicaid outpost site by the end of the second month following the current month. I have informed her of all privacy issues under the FPWP.	
OR	
<input type="checkbox"/> I have determined that the above-named client is not presumptively eligible for the Wisconsin Medicaid FPWP for the following reason(s)	
<input type="checkbox"/> She does not qualify under the age guidelines.	<input type="checkbox"/> She was determined PE for the FPWP in the past 12 months
<input type="checkbox"/> She is not a resident of Wisconsin	(can only have one PE certification for FPWP in 12-month period)
<input type="checkbox"/> She is currently eligible for Wisconsin Medicaid.	<input type="checkbox"/> She does not qualify under the income guidelines.
<input type="checkbox"/> She is not a U.S. citizen.	

Name — Qualified Provider (Type or Print)	Address — Qualified Provider	
SIGNATURE — Qualified Provider	Medicaid Provider Number	Date Signed

17. <input type="checkbox"/> I certify, under penalty of false swearing, that the information on this application and given in connection with it is a true and complete statement of facts according to my best knowledge and belief. I understand that in order to be determined eligible for Wisconsin Medicaid, I must apply online, by mail, telephone, or in person at a county/tribal social or human services agency or Medicaid outpost site. I understand that presumptive eligibility for the FPWP ends at the end of the second month following the month in which I was determined presumptively eligible for the FPWP.	
OR	
<input type="checkbox"/> I understand that I do not meet the eligibility requirements for presumptive eligibility for the Wisconsin Medicaid FPWP. The qualified provider named above has informed me that I may still apply for Wisconsin Medicaid online, by mail, telephone, or in person at a county/tribal social or human services agency or Medicaid outpost site.	

SIGNATURE — Client	Date Signed
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SECTION IV - WISCONSIN MEDICAID PRESUMPTIVE ELIGIBILITY FOR THE FAMILY PLANNING WAIVER PROGRAM TEMPORARY IDENTIFICATION CARD				
Card Effective Dates (MM/DD/YY)		Medical Status Code	MA ID Number	Agency Code
From	Through	PF		

Client Name and Address	<p>To the Patient</p> <p>This card identifies you as being eligible to receive certain family planning services through the Wisconsin Medicaid Presumptive Eligibility for the Family Planning Waiver Program. You may receive these services from any certified Medicaid Provider. You must present this card to your provider BEFORE receiving medical care, services or supplies. In order to qualify for Wisconsin Medicaid Program benefits after the expiration date of this card, you must apply at your local county/tribal social or human services agency (or other application site) immediately. If you have any questions call: 1-800-362-3002.</p>
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MEDICAID FISCAL AGENT – FAX NUMBER (608)250-5202

To the Provider

The individual listed has been determined presumptively eligible for Wisconsin Medicaid in accordance with §49.465 Wis. Stats. This card entitles this individual to receive certain family planning related services including certain family planning related pharmacy services through Wisconsin Medicaid from any certified Medicaid providers for the time period specified on this card. (See card effective dates.) For additional information, see the All Provider Handbook, Recipient Eligibility or call Medicaid Provider Services at (800) 947-9627.

NOTE: The client may present this card prior to eligibility information being recorded on the Medicaid file. Providers should keep a photocopy of this card.

WISCONSIN DEPARTMENT OF HEALTH AND FAMILY SERVICES

**WISCONSIN MEDICAID TEMPORARY
IDENTIFICATION CARD FOR
PRESUMPTIVE ELIGIBILITY FOR THE
FAMILY PLANNING WAIVER PROGRAM**

