

Affected Programs: Medicaid — Family Planning Waiver

To: Temporary Enrollment for Family Planning Waiver Providers

Revised Presumptive Eligibility for the Family Planning Waiver Application and Instructions

The application and instructions for presumptive eligibility for the Family Planning Waiver have been revised and are available for use.

Revised Presumptive Eligibility for the Family Planning Waiver Application and Instructions

The application and instructions for Presumptive Eligibility for the Family Planning Waiver (FPW) have been revised and now have a new title, “Temporary Enrollment for BadgerCare Plus Family Planning Waiver Plan.” The revised application (Temporary Enrollment for BadgerCare Plus Family Planning Waiver Plan, F-10119 [01/09]) is now available to be ordered through the Department of Health Services’ Web site at dhs.wisconsin.gov/forms/PrintFormsOnline.htm. Refer to Attachment 1 of this *ForwardHealth Update* for a sample copy of the revised application.

The revised instructions (Temporary Enrollment for BadgerCare Plus Family Planning Waiver Plan, F-10119A, [01/09]) are available to download for printing at dhs.wisconsin.gov/forms/. The revised instructions will only be available online. Refer to Attachment 2 for a sample copy of the revised instructions.

The revised form and instructions replace the application and instructions included in the October 2006 *Update*

(2006-78), titled “Revised Presumptive Eligibility Applications and Instructions.”

Discard Old Versions of the Application and Instructions

Due to revisions in the application, ForwardHealth encourages providers to use the new application and instructions. Previous versions of the application and instructions should be discarded.

Reminders

Confirming Enrollment Status

Only one period of temporary enrollment (TE) is allowed within a rolling 12-month period; therefore, prior to submitting a TE application, providers are reminded to confirm that the woman did not have a TE period within the last 12 months. This can be accomplished by using one of the enrollment verification methods to ensure that the applicant has not had a period of TE within the previous 12 months.

Once a provider has confirmed that the woman did not have a TE period within the past 12 months, providers are required to submit TE applications within five days of the signature date on the application. There is no retroactive TE period; TE for the FPW is an immediate and prospective benefit. The earliest effective date for the TE period is the signature date on the application.

Temporary enrollment applications that are not submitted to ForwardHealth before the last date of the temporary eligibility period will not be accepted for processing and claims for services provided during periods of ineligibility will not be reimbursed.

Protecting Client Privacy

When faxing a Temporary Enrollment for BadgerCare Plus Family Planning Waiver application to the ForwardHealth fiscal agent for processing, providers must include a cover sheet and verify that they are sending it to the correct fax number in order to protect member privacy rights. Providers are reminded that the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) privacy regulation requires providers to implement reasonable safeguards to protect the privacy of protected health information.

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

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Health Care Access and Accountability, Wisconsin Department of Health Services (DHS). The Wisconsin Well Woman Program is administered by the Division of Public Health, Wisconsin DHS.

For questions, call Provider Services at (800) 947-9627 or visit our Web site at www.forwardhealth.wi.gov/.

P-1250

ATTACHMENT 1

Temporary Enrollment for BadgerCare Plus Family Planning Waiver Plan Application

(A sample copy of the “Temporary Enrollment for BadgerCare Plus Family Planning Waiver Plan” application is on the following page.)

TEMPORARY ENROLLMENT FOR BADGERCARE PLUS FAMILY PLANNING WAIVER PLAN

Providing or applying for a Social Security Number (SSN) is voluntary; however, any person who wants BadgerCare Plus but does not provide an SSN or apply for one will not be able to enroll in BadgerCare Plus. SSNs and personally identifiable information will be used only for the direct administration of the BadgerCare Plus program. Instructions on how to complete this form can be found online at: <https://www.forwardhealth.wi.gov/WIPortal/Default.aspx>.

SECTION I — APPLICANT INFORMATION (GENERAL) In what language (other than English) would you like to receive information?		
1. Name – Applicant (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 Plus? (If yes, go to section III.)		<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are you a U.S. Citizen? (If No, go to Section III, number 13)		<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you been temporary enrolled in the Family Planning Waiver Plan the last 12 months? (If yes, go to section III)		<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. Do not count the wages of anyone under 18 years of age. Do not count the parents' income for a minor who is applying on her own. See Instructions.	\$
8. Enter total monthly 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 ordered by the court.	\$
11. Enter total net monthly income (subtract Line 9 from Line 10).	\$
12. Compare the total net income (Line 11) 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									
13. <input type="checkbox"/> I certify that the above-named applicant, based on the preliminary information provided above, is able to be temporarily enrolled in the BadgerCare Plus Family Planning Waiver Plan. I have informed her of the requirement to apply by mail, telephone, online at access.wi.gov , or in person at her local county or tribal agency by the end of the second month following the current month. I have informed her of all privacy issues under the BadgerCare Plus Family Planning Waiver Plan.									
OR									
<input type="checkbox"/> I have determined that the above-named applicant cannot be temporarily enrolled in the Family Planning Waiver Plan for the following reason(s): <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> She does not qualify under the age guidelines.</td> <td><input type="checkbox"/> She does not qualify under the income guidelines.</td> </tr> <tr> <td><input type="checkbox"/> She is currently enrolled in BadgerCare Plus or Medicaid.</td> <td><input type="checkbox"/> She was determined temporarily enrolled in the Family Planning Waiver Plan in the past 12 months (can only have one temporary enrollment for the Family Planning Waiver Plan in 12-month period)</td> </tr> <tr> <td><input type="checkbox"/> She is not a U.S. citizen.</td> <td></td> </tr> <tr> <td><input type="checkbox"/> She is not a resident of Wisconsin</td> <td></td> </tr> </table>		<input type="checkbox"/> She does not qualify under the age guidelines.	<input type="checkbox"/> She does not qualify under the income guidelines.	<input type="checkbox"/> She is currently enrolled in BadgerCare Plus or Medicaid.	<input type="checkbox"/> She was determined temporarily enrolled in the Family Planning Waiver Plan in the past 12 months (can only have one temporary enrollment for the Family Planning Waiver Plan in 12-month period)	<input type="checkbox"/> She is not a U.S. citizen.		<input type="checkbox"/> She is not a resident of Wisconsin	
<input type="checkbox"/> She does not qualify under the age guidelines.	<input type="checkbox"/> She does not qualify under the income guidelines.								
<input type="checkbox"/> She is currently enrolled in BadgerCare Plus or Medicaid.	<input type="checkbox"/> She was determined temporarily enrolled in the Family Planning Waiver Plan in the past 12 months (can only have one temporary enrollment for the Family Planning Waiver Plan in 12-month period)								
<input type="checkbox"/> She is not a U.S. citizen.									
<input type="checkbox"/> She is not a resident of Wisconsin									

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

14. <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 enrolled in BadgerCare Plus, I must apply online, by mail, telephone, online at access.wi.gov , or in person at my local county or tribal agency. I understand that temporary enrollment for the Family Planning Waiver Plan ends at the end of the second month following the month in which I was determined temporarily enrolled in the Family Planning Waiver Plan.	
OR	
<input type="checkbox"/> I understand that I do not meet the enrollment rules for temporary enrollment in the BadgerCare Plus Family Planning Waiver Plan. The qualified provider named above has informed me that I may still apply for BadgerCare Plus online at access.wi.gov , by mail, telephone, or in person at my local county or tribal agency.	

SIGNATURE — Applicant	Date Signed
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SECTION IV – BADGERCARE PLUS TEMPORARY ENROLLMENT FOR THE FAMILY PLANNING WAIVER PLAN TEMPORARY IDENTIFICATION CARD				
Card Effective Dates (MM/DD/YY)		Medical Status Code	MA ID Number	Agency Code
From	Through	PF		

Client Name and Address	To the Patient
	This card identifies you as being able to get certain family planning services through the BadgerCare Plus Temporary Enrollment for Family Planning Waiver Plan. You may get these services from any certified BadgerCare Plus Provider . You must present this card to your provider BEFORE getting medical care, services or supplies. In order to qualify for BadgerCare Plus benefits after the expiration date of this card, you must apply with your local county or tribal agency (or other application site) immediately. If you have any questions call: 1-800-362-3002 .

To the Provider

The individual listed has been determined temporarily enrolled in BadgerCare Plus 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 BadgerCare Plus providers for the time period specified on this card. (See card effective dates.) For additional information, contact Provider Services at (800) 947-9627 or see the online provider handbook on at <https://www.forwardhealth.wi.gov/WIPortal/Default.aspx>.

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

WISCONSIN DEPARTMENT OF HEALTH SERVICES

**BADGERCARE PLUS TEMPORARY
IDENTIFICATION CARD FOR
TEMPORARY ENROLLMENT FOR THE
FAMILY PLANNING WAIVER PLAN**



ATTACHMENT 2

Temporary Enrollment for BadgerCare Plus Family Planning Waiver Plan Completion Instructions

(A sample copy of the “Temporary Enrollment for BadgerCare Plus Family Planning Waiver Plan” completion instructions is on the following pages.)

TEMPORARY ENROLLMENT FOR BADGERCARE PLUS FAMILY PLANNING WAIVER PLAN

This application is only for those persons applying for Temporary Enrollment for the BadgerCare Plus Family Planning Waiver Plan. The Family Planning Waiver Plan provides limited services to women seeking contraceptive management. Both the Family Planning Waiver Plan qualified provider and applicant should complete the application together.

Providing or applying for a Social Security Number (SSN) is voluntary; however, any person who wants BadgerCare Plus but does not provide an SSN or apply for one will not be able to enroll in BadgerCare Plus. SSNs and personally identifiable information will be used only for the direct administration of the BadgerCare Plus program.

Applicants and members who belong to a recognized religious sect that conscientiously opposes applying for or using an SSN are exempt from meeting the SSN requirements. A person who refuses to apply for or use an SSN due to religious beliefs must provide verification from a church elder or other officer that doing so is against the church doctrine.

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

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

Federal poverty level (FPL) guidelines are updated annually. For current guidelines, go to badgercareplus.org/fpl.htm.

SECTION I—APPLICANT INFORMATION (GENERAL) (Applicant completes this Section)

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

Line 1: Applicant name, birth date, telephone number

Determine if the applicant is age 15 through 44:

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

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

If the applicant does not meet this age requirement, go to Section III and check the box indicating that the applicant cannot be enrolled because she does not qualify under the age guidelines. Follow the instructions for Section III – Notice for an *Applicant who Cannot be Temporarily Enrolled in the BadgerCare Plus Family Planning Waiver Plan*.

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

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

If the applicant is not a Wisconsin resident, go to Section III and check the box indicating that the applicant cannot be enrolled because she does not qualify under the residency guidelines. Follow the instructions for Section III – Notice for an *Applicant who Cannot be Enrolled in the BadgerCare Plus Family Planning Waiver Plan*.

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

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

If the applicant answers "Yes" on Line 3, she is already receiving full benefit Medicaid or BadgerCare Plus benefits. Explain that she already has access to the same benefits through the Medicaid and/or BadgerCare Plus programs. Go to

Section III and check the box that the applicant cannot be enrolled because she is eligible for full benefit Medicaid or BadgerCare Plus. Follow the instructions for *Section III – Notice for an Applicant who Cannot be Enrolled in the BadgerCare Plus Family Planning Waiver Plan*.

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

If the applicant answers “Yes” on Line 4, go to Line 5.

If the applicant 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 applicant cannot be enrolled because she is not a US citizen. Follow the instructions for Section III – Notice for an *Applicant who Cannot be Enrolled in the BadgerCare Plus Family Planning Waiver Plan*..

Inform the applicant you cannot determine her temporarily enrolled, however, she may still be able to enroll for Family Planning Services or BadgerCare Plus, but she must apply through her local county or tribal agency or online at access.wi.gov. A list of these agencies can be found at badgercareplus.org/gethelp.htm or she can contact Member Services at 1-800-362-3002.

Line 5: Have you been determined temporarily enrolled in the Family Planning Waiver Plan in the last 12 months?

If the applicant answers “No” on Line 5, go to Line 6.

If the applicant answers “Yes” on Line 5, she cannot be temporarily enrolled. A woman is only allowed to have one period of temporary enrollment in a 12-month period. To determine if the applicant has been temporarily enrolled in the last 12 months, call Provider Services at 1-800-947-9627.

Go to Section III and check the box indicating that the applicant cannot be enrolled because she has been temporarily enrolled in the Family Planning Waiver Plan in the last 12 months. Follow the instructions for Section III – Notice for an *Applicant who Cannot be Enrolled in the BadgerCare Plus Family Planning Waiver Plan*.

Explain that she can only be temporarily enrolled once in a 12 month period. Encourage the woman to apply for the Family Planning Waiver Plan or BadgerCare Plus at her local county or tribal agency, or online at access.wi.gov. A list of these agencies can be found at badgercareplus.org/gethelp.htm or by contacting Member Services at 1-800-362-3002.

Section II — Income Information

To complete Section II, the qualified provider should work with the applicant to answer the questions regarding her finances. For determining temporary enrollment 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 eligibility group, the provider is required to include certain family members living with the applicant. Count the applicant, her spouse, any non-marital co-parent of any of her minor children who are living in the household, and any natural, step or adopted children that live in the household when determining the group size.

For example, if the applicant is a/an:

- Minor (under age 18) — Include only the minor female, her spouse, or the non-marital co-parent of any of her children living in the household, and her natural, step or adopted children that live in the household and unborn fetuses of any member of the household.
- Adult female without a spouse — Include the adult female, the non-marital co-parent of any of her children living in the household, 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 a 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 temporarily enrolled, the applicant must meet the income limits for the appropriate group size. Income includes the spouse's income if the applicant is married, or the income of a non-marital co-parent of any of her children living in the household. Do not count the income of the applicant's parents, if the applicant 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.

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

- Wages of individuals under 18 years of age
- Tax refunds,
- Student financial aids, 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 other income. Other 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.

Example: Julia is a 17 year old who applies for Temporary Enrollment for BadgerCare Plus Family Planning Waiver Plan. 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. Julia's other income would be \$500. This is the amount that is reported on line 9.

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

- Supplemental Security Income (SSI).
- Student loans or grants, regardless of source, including work study.
- Reimbursement for expenses which the applicant 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.
- Governmental (federal, state, or local) rent and housing subsidies, including payments made directly to the applicant for housing or utility costs (e.g., U.S. Department of Housing and Urban Development (HUD) utility allowances).
- Nutrition-related benefits, such as FoodShare Wisconsin.

Enter this amount on Line 8.

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

If the applicant's total monthly gross income (Line 9) exceeds 200% of the federal poverty level for the appropriate group size, go to Line 10.

If the applicant's total monthly gross income (Line 9) is at or below 200% of the federal poverty level for the appropriate group size, and all non-financial requirements have been met, she is temporarily enrolled. Check "Yes" on Line 12 and go to Section III.

The federal poverty level (FPL) guidelines are updated annually. For current FPL guidelines go to badgercareplus.org/fpl.htm.

Line 10: When determining the enrollment 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), enter the amount ordered by the court on Line 10.

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

Line 12: Compare total net monthly income (Line 11) to the monthly income limit for the appropriate group size using the FPL guidelines. Countable income must be at or below 200% of the FPL for the appropriate group size.

If countable monthly income is at or below 200% of the FPL for the appropriate group size, and all other non-financial requirements have been met, the applicant is temporarily enrolled. Complete Section III – Notice for an *Applicant who is Temporarily Enrolled in the BadgerCare Plus Family Planning Waiver Plan*.

If countable monthly income exceeds 200% of the FPL for the appropriate group size, the applicant cannot be temporarily enrolled. Complete Section III of the application and check the appropriate box indicating that the applicant cannot be enrolled because she does not qualify under the income guidelines. Follow the instructions for Section III – Notice for an *Applicant who Cannot be Enrolled in the BadgerCare Plus Family Planning Waiver Plan*.

Inform the applicant that she may still be able to enroll in the Family Planning Waiver Plan or BadgerCare Plus, but she must apply through her local county or tribal agency or online at access.wi.gov. A list of these agencies can be found at badgercareplus.org/gethelp.htm or by contacting Member Services at 1-800-362-3002.

Section III — Notice

Line 13:

Applicant who is Temporarily Enrolled in the BadgerCare Plus Family Planning Waiver Plan

If the applicant is temporarily enrolled, qualified providers are required to do all of the following:

1. 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 applicant was served. Sign and date the Temporary Enrollment for BadgerCare Plus Family Planning Waiver Plan application. Do not use an agency's name. The signature must be legible.
2. Inform the applicant that her temporary enrollment for the BadgerCare Plus Family Planning Waiver Plan lasts from the date of application until the end of the second month following the month that she is temporarily enrolled. To continue receiving family planning benefits after the temporary enrollment end date, the applicant must apply for BadgerCare Plus or the Family Planning Waiver Plan at the local agency or online at access.wi.gov. A list of these agencies can be found on the Department of Health Services' web at badgercareplus.org/gethelp.htm or by contacting Member Services at 1-800-362-3002.
3. Explain to the applicant that a temporary enrollment determination does not guarantee that her local county or tribal agency will be able to enroll her in BadgerCare Plus or the Family Planning Waiver Plan because of other requirements that may apply. She will have to provide verification of her citizenship and identity, and verify any counted income.

The applicant may fill out a BadgerCare Plus Application Packet (F-10182), furnished by the qualified provider, the qualified provider may refer her to her local county or tribal agency, or she can apply online at access.wi.gov.

4. Inform the applicant that her local county or tribal agency may extend her temporary enrollment. This may be done, only when the applicant files an application on or before the last day of the temporary enrollment period and her application cannot be processed before her temporary enrollment period ends.
5. Check the appropriate box indicating that the applicant is temporarily enrolled. Have her read the statement and sign the Temporary Enrollment for BadgerCare Plus Family Planning Waiver Plan application. Give the applicant a copy of the application.
6. Inform the applicant that she is only covered for family planning related services, but she may be able to enroll in full-benefit BadgerCare Plus if she has minor dependent children and meets certain other enrollment requirements. Encourage her to apply for full-benefit BadgerCare Plus if she would like to receive more than family planning related services, by mail, telephone, online at access.wi.gov, or in person through her local county or tribal agency.
7. Inform applicants with children under age five that she and/or her children may be able to enroll in the Special Supplemental Food Program for Women, Infants and Children (WIC) and provide her with a copy of the WIC pamphlet.

Go to Section IV.

Line 14:

Applicant who Cannot be Enrolled in the BadgerCare Plus Family Planning Waiver Plan.

If the applicant cannot be enrolled in the BadgerCare Plus Family Planning Waiver Plan, qualified providers are required to do all of the following:

1. Check the appropriate box in Section III indicating the reason the applicant is not able to enroll.
2. Sign and date the application.
3. Have the applicant sign and date the application indicating that she understands that, even though the qualified provider cannot temporarily enroll her in the BadgerCare Plus Family Planning Waiver Plan, she may still be able to enroll in the BadgerCare Plus Family Planning Waiver Plan or BadgerCare Plus by mail, telephone, online at access.wi.gov, or in person through her local county or tribal agency.
4. Detach and destroy the temporary card on the last page of the application and provide the applicant with a copy of the Temporary Enrollment for BadgerCare Plus Family Planning Waiver Plan application. This will serve as the applicant's notice of denial. Give the applicant a copy of the application, retain a copy for your files and fax or mail a copy, within 5 days, to:

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

5. Inform applicants with children under age five that she and/or her children may be able to enroll in 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 applicant is temporarily enrolled:

1. Card Effective Dates: Temporary enrollment begins on the first day of enrollment and continues through the last day of the second month following the month in which temporary enrollment began (e.g., a woman who is temporarily enroll on June 6 is enrolled through the end of August).

Inform the applicant that, in order to receive coverage through the BadgerCare Plus Family Planning Waiver Plan beyond the temporary enrollment end date, she must apply for BadgerCare Plus by mail, telephone, online at access.wi.gov, or in person through her local county or tribal agency.

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

If the applicant does not have an SSN or does not know the number, qualified providers are required to call (608) 221-4746 ext. 80218, to obtain a pseudo number.

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

Note: The applicant will have to provide a valid SSN or apply for one to be enrolled in the BadgerCare Plus Family Planning Waiver Plan through her local county or tribal agency.

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

If the applicant 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 where she can receive Family Planning Waiver Plan information in care of another person.

It is *imperative* that notices are received 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 enrollment and coverage. Therefore, if a member has chosen her provider's mailing address for her correspondence the provider must have a reliable way of contacting her to promptly give her the BadgerCare Plus Family Planning Waiver Plan notices and *ForwardHealth* card.

5. Detach the bottom portion of the application for the applicant to use as a temporary BadgerCare Plus Family Planning Waiver Plan ID card. This temporary ID card entitles the applicant to family planning-related services provided by a BadgerCare Plus certified provider.