

**Affected Programs:** Medicaid

**To:** Presumptive Eligibility Qualified Providers, Temporary Enrollment for Family Planning Only Services Providers

## **Revised Temporary Enrollment for Family Planning Only Services Application and Instructions**

The application and instructions for temporary enrollment for the new Family Planning Only Services benefit (formerly Family Planning Waiver) have been revised and are available for use. Beginning November 1, 2010, ForwardHealth will accept only the new application for all applicants for temporary enrollment for Family Planning Only Services.

In addition, this *ForwardHealth Update* includes information about a change to the length of temporary enrollment.

The Family Planning Waiver (FPW) provided routine contraceptive-related services to low-income individuals age 15 through 44 who were otherwise not eligible for Wisconsin Medicaid or BadgerCare Plus. The Family Planning Only Services benefit replaces the FPW. Members receiving Family Planning Only Services must be receiving routine contraceptive-related services.

### **New Temporary Enrollment for Family Planning Only Services Application and Instructions**

The application and instructions for temporary enrollment (TE) for the Family Planning Only Services benefit have been revised and now have a new title, “Temporary Enrollment for Family Planning Only Services.” Beginning November 1, 2010, ForwardHealth will accept only the new application for all applicants for TE for Family Planning Only Services.

The revised application (Temporary Enrollment for Family Planning Only Services, F-10119 [11/10]) is now available to be ordered through the Department of Health Services’ Web site at [dhs.wisconsin.gov/forms/PrintFormsOnline.htm](http://dhs.wisconsin.gov/forms/PrintFormsOnline.htm). Refer to Attachment 1 of this *ForwardHealth Update* for a sample copy of the revised application.

The Temporary Enrollment for Family Planning Only Services, F-10119A (11/10), completion instructions have been revised and are available to download for printing at [dhs.wisconsin.gov/forms/](http://dhs.wisconsin.gov/forms/). The revised completion 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 April 2009 *Update* (2009-13), titled “Revised Presumptive Eligibility for the Family Planning Waiver Application and Instructions.”

### ***Discard Old Versions of the Application and Instructions***

As a result of policy changes and revisions in the application, ForwardHealth requires providers to use the new application and instructions. Previous versions of the application and instructions should be discarded.

## **Change to Length of Coverage**

For identification cards issued on and after November 1, 2010, the period of TE for Family Planning Only Services coverage ends on the earliest of either:

- The first day of the month on which the individual submits the application for Family Planning Only Services and is enrolled by the certifying agency.
- The end of the calendar month following the month in which the individual was temporarily enrolled, unless he or she is found ineligible prior to the end of the TE for the Family Planning Only Services period. (Previously, coverage would have ended at the end of the second calendar month following the month in which the individual was temporarily enrolled.)

The TE period will be determined using the policy described above, even if the provider submits an old application. Any other TE period determined by the provider will be corrected to meet the new policy. In addition, if the TE for Family Planning Only Services application is found to be incomplete or if the information provided does not meet the TE for the Family Planning Only Services enrollment criteria, the applicant will be sent a notice and the applicant's temporary enrollment in the Family Planning Only Services will end. Providers should begin submitting the new Temporary Enrollment for Family Planning Services Only form immediately.

## **Reminders**

### ***Confirming Enrollment Status***

Only one period of TE is allowed within a rolling 12-month period; therefore, prior to submitting a TE application, providers are reminded to confirm that the applicant did not have a TE period at any time within the last 12 months. This can be accomplished by using one of the enrollment verification methods described in the ForwardHealth Online Handbook, available on the ForwardHealth Portal.

Once a provider has confirmed that the applicant did not have a TE period during any time 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 Family Planning Only Services 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 enrollment 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 Family Planning Only Services application to ForwardHealth 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 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/](http://www.forwardhealth.wi.gov/).

P-1250

# **ATTACHMENT 1**

## **Temporary Enrollment for Family Planning Only Services Application**

(A sample copy of the “Temporary Enrollment for Family Planning Only Services Application” is on the following page.)

## TEMPORARY ENROLLMENT FOR FAMILY PLANNING ONLY SERVICES

Providing or applying for a Social Security Number (SSN) is voluntary; however, any person who wants Family Planning Only Services but does not provide an SSN or apply for one will not be able to enroll Family Planning Only Services. See Instructions for religious exemption information. SSNs and personally identifiable information will be used only for the direct administration of Family Planning Only Services. 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)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	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 Family Planning Only Services 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 person under 19 years old who is applying on his/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.  I certify that the above-named applicant, based on the preliminary information provided above, is able to be temporarily enrolled in Family Planning Only Services. I have informed the applicant of the requirement to apply by mail, telephone, or online at [access.wi.gov](http://access.wi.gov), or with the certifying agency by the end of the month following the current month. I have informed the applicant of all privacy and service availability issues under Family Planning Only Services.

OR

- I have determined that the above-named applicant cannot be temporarily enrolled in Family Planning Only Services for the following reason(s)
- Applicant is not in need of contraceptive services.
  - Applicant does not qualify under the income guidelines.
  - Applicant is currently enrolled in full benefit BadgerCare Plus or Medicaid.
  - Applicant was determined temporarily enrolled in the Family Planning Only Services anytime in the past 12 months (can only have one temporary enrollment for the Family Planning Only Services in a rolling 12-month period)
  - Applicant is not a U.S. citizen.
  - Applicant is not a resident of Wisconsin

Name — Qualified Provider (Type or Print)	Address — Qualified Provider		
<b>SIGNATURE</b> — 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 a true and complete statement of facts according to my best knowledge and belief. I understand that in order to be enrolled in Family Planning Only Services, I must apply by mail, telephone, or online at [access.wi.gov](http://access.wi.gov). I understand that temporary enrollment for Family Planning Only Services ends at the end of the month following the month in which I was determined temporarily enrolled in Family Planning Only Services.

OR

- I understand that I do not meet the enrollment rules for temporary enrollment in Family Planning Only Services. The qualified provider named above has informed me that I may still apply for Family Planning Only Services online at [access.wi.gov](http://access.wi.gov), by mail, or telephone.

<b>SIGNATURE</b> — Applicant	Date Signed
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**SECTION IV TEMPORARY ENROLLMENT FOR FAMILY PLANNING ONLY SERVICES TEMPORARY IDENTIFICATION CARD**

Card Effective Dates (MM/DD/YY)	Medical Status Code	MA ID Number	Agency Code
From	PF		
Through			

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

The individual listed has been determined temporarily enrolled in Family Planning Only Services 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 family planning 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 Family Planning Only Services file. Providers should keep a photocopy of this card.

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**WISCONSIN DEPARTMENT OF HEALTH SERVICES**

**TEMPORARY IDENTIFICATION CARD  
FOR TEMPORARY ENROLLMENT FOR  
FAMILY PLANNING ONLY SERVICES**



# **ATTACHMENT 2**

## **Temporary Enrollment for Family Planning Only Services Completion Instructions**

(A copy of the “Temporary Enrollment for Family Planning Only Services Completion Instructions” is on the following pages.)

## TEMPORARY ENROLLMENT FOR FAMILY PLANNING ONLY SERVICES

This application is only for those persons applying for Temporary Enrollment for Family Planning Only Services. Family Planning Only Services are limited to persons seeking contraceptive management. The Family Planning Only Services qualified provider and applicant should complete the application together.

**Please Note:** Before completing this application, providers must do the following:

1. Check the applicant's BadgerCare Plus/Medicaid enrollment status by using the Wisconsin Enrollment Verification System (EVS). Providers may use any of the EVS methods to check enrollment. Here are three of those methods:
  - Call Provider Services at 1-800-947-9627
  - Visit the ForwardHealth Portal
  - Call the automated voice response service (WiCall) at 1-800-947-3544
2. Confirm that the applicant is seeking contraceptive (birth control) services.
3. Confirm that contraceptive services are medically appropriate.

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

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, **within five days**, mail or fax a copy to:

Fiscal Agent  
Temporary Enrollment  
6406 Bridge Rd  
Madison WI 53784  
Fax: (608) 221-2742

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

### SECTION I —APPLICANT INFORMATION (GENERAL)

Applicant provides information for this Section. If the applicant prefers information s/he receives in a language other than English, indicate the preferred language.

**Line 1:** Applicant name, gender, birth date, telephone number

Determine if the applicant is at least age 15 (The applicant must be at least 15 years of age on the date that s/he signs the form.)

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 s/he does not qualify under the age guidelines. Follow the instructions for *Section III – Notice for an Applicant who Cannot be Temporarily Enrolled Family Planning Only Services*.

**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 s/he does not qualify under the residency guidelines. Follow the instructions for *Section III – Notice for an Applicant who Cannot be Enrolled in Family Planning Only Services*

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

If the applicant answers "No" on Line 3, check the EVS to confirm and go to Line 4.

If the applicant answers "Yes" on Line 3, s/he is already receiving full benefit Medicaid or BadgerCare Plus benefits. Explain that s/he 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 s/he is enrolled in full benefit Medicaid or BadgerCare Plus. Follow the instructions for *Section III – Notice for an Applicant who Cannot be Enrolled in Family Planning Only Services*.

**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, s/he has indicated that s/he is not a U.S. citizen, go to Section III and check the box indicating that the applicant cannot be enrolled because s/he is not a US citizen. Follow the instructions for *Section III – Notice for an Applicant who Cannot be Enrolled in Family Planning Only Services*.

Inform the applicant you cannot determine his/her temporarily enrolled, however, s/he may still be able to enroll for Family Planning Only Services or BadgerCare Plus, but s/he must apply through the certifying agency or online at [access.wi.gov](http://access.wi.gov). A list of these agencies can be found at [dhs.wi.gov/em/customerhelp](http://dhs.wi.gov/em/customerhelp) or s/he can contact Member Services at 1-800-362-3002.

**Line 5:** Have you been determined temporarily enrolled in Family Planning Services Only in the last 12 months? Note: Also ask if s/he was enrolled in the Family Planning Waiver Plan in the last 12 months.

To determine if the applicant has been temporarily enrolled in the last 12 months, check EVS

If the applicant answers "No" on Line 5, Check EVS to confirm and go to Line 6.

If the applicant answers "Yes" on Line 5, s/he cannot be temporarily enrolled. An individual is only allowed to have one period of temporary enrollment in a 12-month period. Go to Section III and check the box indicating that the applicant cannot be enrolled because s/he has been temporarily enrolled in the last 12 months. Follow the instructions for *Section III – Notice for an Applicant who Cannot be Enrolled in Family Planning Only Services*.

Explain that s/he can only be temporarily enrolled once in a 12 month period. Encourage the applicant to apply for Family Planning Services Only or BadgerCare Plus through the certifying agency, or online at [access.wi.gov](http://access.wi.gov). A list of these agencies can be found at [dhs.wi.gov/em/customerhelp](http://dhs.wi.gov/em/customerhelp) or by contacting Member Services at 1-800-362-3002.

## **SECTION II — INCOME INFORMATION (THE APPLICANT PROVIDES THE INCOME INFORMATION)**

For determining temporary enrollment, the financial test is based on anticipated income. For this calculation, use the actual income expected during the current 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:** How many family members are in the household?

When determining who is in the eligibility group, the provider is required to include certain family members living with the applicant. Count the applicant, his or her spouse, the 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 the minor, her/his spouse, or the non-marital co-parent of any of their children living in the household, and her/his natural, step or adopted children that live in the household and unborn fetuses of any member of the household.
- Adult without a spouse — Include the adult, the non-marital co-parent of any of their children living in the household the applicant's minor natural or adopted children living in the household and the number of unborn fetuses of any member of the household.
- Adult with a spouse — Include the adult, her/his spouse if the spouse is living in the household, the applicant's 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:** Enter the total monthly gross earned income.

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 any non-marital co-parent of children in common living in the household. Do not count the income of the applicant's parents, if the applicant is under 19.

Earned income includes:

- Wages,
- Salaries,
- Tips,
- Commissions,
- All other payments resulting from labor or personal service, excluding allowances, and
- Self-employment. (**Note:** Self employment income is income earned directly from one's own business. It does not include income 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:** Enter total monthly other income (VA, SSA, contributions, unemployment compensation, allowance, child support, etc.).

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 Family Planning Only Services. 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:** Enter the total monthly gross income

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 300% 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 300% of the federal poverty level for the appropriate group size, and all non-financial requirements have been met, s/he 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](http://badgercareplus.org/fpl.htm).

**Line 10:** When determining the enrollment of an applicant 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 300% of the FPL for the appropriate group size.

If countable monthly income is at or below 300% 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 Family Planning Only Services*

If countable monthly income exceeds 300% 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 s/he does not qualify under the income guidelines. Follow the instructions for *Section III – Notice for an Applicant who Cannot be Enrolled Family Planning Only Services*.

Inform the applicant that s/he may still be able to enroll in the Family Planning Only Services or BadgerCare Plus, but s/he must apply through the certifying agency or online at [access.wi.gov](http://access.wi.gov). A list of these agencies can be found at [dhs.wi.gov/em/customerhelp](http://dhs.wi.gov/em/customerhelp) or by contacting Member Services at 1-800-362-3002.

## SECTION III — NOTICE

### Line 13:

*Applicant who is Temporarily Enrolled in Family Planning Only Services.*

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 Family Planning Only Services application. Do not use an agency's name. The signature must be legible.
2. Inform the applicant that his or her temporary enrollment for Family Planning Only Services lasts from the date of application until the end of the month following the month that s/he is temporarily enrolled. Explain to the applicant that to continue receiving family planning benefits after the temporary enrollment end date, s/he must apply for BadgerCare Plus or Family Planning Only Services at the certifying agency or online at [access.wi.gov](http://access.wi.gov). A list of these agencies can be found on the Department

of Health Services' web at [dhs.wi.gov/em/customerhelp](https://dhs.wi.gov/em/customerhelp) or by contacting Member Services at 1-800-362-3002.

3. Explain to the applicant that a temporary enrollment determination does not guarantee that the certifying agency will be able to enroll the applicant in BadgerCare Plus or the Family Planning Only Services because of other requirements that may apply. S/he will have to provide verification of citizenship and identity as well as 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 the applicant to the certifying agency, or s/he can apply online at [access.wi.gov](https://access.wi.gov).

4. Inform the applicant that the certifying agency may extend the temporary enrollment period. This may be done only when the applicant files an application on or before the last day of the temporary enrollment period and the application cannot be processed before the temporary enrollment period ends.
5. Check the appropriate box indicating that the applicant is temporarily enrolled. Have the applicant read the statement and sign the Temporary Enrollment for Family Planning Only Services application. Give the applicant a copy of the application.

Inform the applicant that s/he is only covered for family planning related services, but s/he may be able to enroll in full-benefit BadgerCare Plus if s/he has minor dependent children and meets certain other enrollment requirements. Encourage the applicant to apply for full benefit BadgerCare Plus if s/he would like to receive more than family planning related services, by mail, telephone, online or at [access.wi.gov](https://access.wi.gov).

6. Inform applicants with a child(ren) under age five that they may be able to enroll the child(ren) in the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) and provide the applicant with a copy of the WIC pamphlet. New or breastfeeding mothers may be able to enroll in WIC also.

Go to Section IV.

**Line 14:**

*Applicant who Cannot be Enrolled in Family Planning Only Services*

If the applicant cannot be enrolled in Family Planning Only Services, 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 s/he understands that, even though the qualified provider cannot temporarily enroll her or him in Family Planning Only Services s/he may still be able to enroll in Family Planning Only Services or BadgerCare Plus by mail, telephone, online at [access.wi.gov](https://access.wi.gov), or in person through a local 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 Family Planning Only Services application. This will serve as the applicant's notice of denial.

## 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 month following the month in which temporary enrollment began (e.g., a person who is temporarily enrolled on June 6 is enrolled through the July 31st.)

Inform the applicant that, in order to receive coverage beyond the temporary enrollment end date, s/he must apply for continuous Family Planning Only Services through the Enrollment Services Center, on line at [access.wi.gov](http://access.wi.gov) or by calling 1-800-291-2002.

**Note:** Only one TE eligibility determination is allowed in any rolling twelve month period, (e.g., if you check EVS on Dec. 3, 2010 and see that Jim had a TE eligibility segment from May 1, 2010 through August 31, 2010, he could not have another TE segment until September 1, 2011. Jim should be directed to apply for continuous Family Planning Only Services as indicated above.

2. **MA ID Number:** Enter the applicant's Social Security Number (SSN) as the Member ID. 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.

Family Planning Only Services staff will contact the qualified provider if an SSN or pseudo-number is not recorded on the Temporary Enrollment. Family Planning Only Services requires this number on all applications.

**Note:** The applicant will have to provide a valid SSN or apply for one to be enrolled in Family Planning Only Services through ESC or the local certifying agency. 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.

3. **Agency Code:** Enter the agency code number assigned to the qualified provider.
4. **Client Name and Address:** 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/his confidential information regarding this program, inform her/him to indicate a mailing address other than her/his residence address where the applicant can receive Family Planning Only Services information in care of another person.

Inform the member that there is an annual recertification requirement for Family Planning Only Services. Let the member know to expect an annual review notice in the mail. The review notice and any other related correspondence will be sent to the address indicated. Encourage the member to check for mail periodically and definitely 30 days prior to the end of the current enrollment period.

**Note:** It is *imperative* that members receive all notices in a timely manner. If a member does not receive the annual review notice or the receipt of the notice is delayed, there may be a gap in the member's enrollment and coverage. Therefore, if a member chooses the provider's mailing address for

her/his correspondence the provider must have a reliable way of contacting the member to promptly give her/him all Family Planning Only Services notices and *ForwardHealth* card.

“Temporary Eligibility” should be needed for the initial enrollment period only. It should not be a yearly requirement.

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