

**Affected Programs:** BadgerCare Plus Standard Plan, BadgerCare Plus Benchmark Plan, Medicaid  
**To:** Presumptive Eligibility Qualified Providers, Family Planning Only Services Providers

## Changes to Express Enrollment Policy and Revisions to Express Enrollment Applications and Instructions

Effective February 1, 2014, ForwardHealth has made changes to its policy for express enrollment (EE) of children and pregnant women in BadgerCare Plus and for EE of individuals applying for the Family Planning Only Services benefit. ForwardHealth has also updated the Web-based EE application tool and the paper EE applications and instructions to reflect these policy changes.

Effective February 1, 2014, ForwardHealth has made changes to its policy for express enrollment (EE) of children and pregnant women in BadgerCare Plus and for EE of individuals applying for the Family Planning Only Services benefit. ForwardHealth has also updated the Web-based EE application tool, ACCESS for Providers and Partners (APP), and the paper EE applications and instructions to reflect these policy changes.

*Note:* This *ForwardHealth Update* is intended for providers (including hospitals) and partners who are now able to make temporary enrollment (TE) determinations for children and pregnant women, and for individuals applying for Family Planning Only Services. ForwardHealth will issue a separate *Update* addressing the new federal Affordable Care Act requirement that allows qualified hospitals to make presumptive eligibility (PE) determinations for certain hospital patients.

“Presumptive eligibility” is the federal term used to refer to the temporary enrollment process. In Wisconsin, the term used is either “express enrollment” or “temporary enrollment.” Express enrollment is used to refer to the temporary enrollment process for children and pregnant women, while temporary enrollment is used to refer to the process for individuals applying for Family Planning Only Services.

### **Key Changes to Express Enrollment Policy**

Outlined in this *Update* are the key changes to EE policy effective February 1, 2014.

#### ***Limit on Number of Express Enrollment Periods for Pregnant Women***

Pregnant women will be limited to one EE period per pregnancy. If a pregnant woman already had one EE period for her current pregnancy prior to February 1, 2014, she will not be eligible for another EE period for that same pregnancy.

#### ***Verification of Pregnancy No Longer Required***

A pregnant woman will no longer be required to have her pregnancy verified by a pregnancy test in order to qualify for EE for Pregnant Women.

## ***Qualifying Non-U.S. Citizens Will Be Eligible for Express Enrollment***

Certain qualifying non-U.S. citizens will be eligible for EE. Providers may refer to the revised EE application instructions (see the Revisions to Applications and Instructions section below) and/or the online APP tool, if applicable, for information on the qualifying non-U.S. citizens who are eligible for EE. The online APP tool is located at [access.wisconsin.gov/](http://access.wisconsin.gov/).

## ***Changes to Income Types That Are Countable and Noncountable***

The list of income types that are countable and noncountable has changed for EE of children and pregnant women in BadgerCare Plus and EE of individuals in the Family Planning Only Services benefit. Providers may refer to the revised EE application instructions (see the Revisions to Applications and Instructions section below) and/or the online APP tool, if applicable, for the updated list of countable and noncountable income types.

## ***Revisions to Applications and Instructions***

In addition to updating the online APP tool, ForwardHealth has revised the following paper EE applications and instructions to reflect EE policy changes:

- Temporary Enrollment for Family Planning Only Services application, F-10119 (02/14), and instructions.
- BadgerCare Plus Express Enrollment for Pregnant Women Application, F-10081 (02/14), and instructions.

Refer to Attachments 1-4 of this *Update* for sample copies of the revised applications and instructions. In addition to policy-related changes, the revised forms contain organizational and formatting changes, so providers should review the revised forms carefully.

*Note:* There is no paper application for EE of children in BadgerCare Plus. Providers are required to use the online APP tool for EE of children.

## ***Ordering/Printing Revised Forms***

The revised applications will be available by mid-February 2014. Applications can be ordered through the Department of Health Services (DHS) Web site at [dhs.wisconsin.gov/forms/](http://dhs.wisconsin.gov/forms/). The revised instructions are available in Portable Document Format (PDF) and may be printed directly from the DHS Web site.

Qualified providers who are currently using the online APP tool to submit EE determinations for pregnant women are encouraged to continue to use that tool.

## ***Old Versions of Applications and Instructions***

As a result of the EE policy changes, providers are required to follow the new instructions beginning February 1, 2014. Since the new applications will not be available until mid-February 2014, providers should continue using the previous version of the applications until the new applications are available. Providers should answer the questions on the previous version of the applications using the new instructions.

ForwardHealth will *not* accept previous versions of the applications after March 31, 2014, so providers should discard previous versions by that date.

## ***Reminders***

### ***Applying for Full BadgerCare Plus or Family Planning Only Services Coverage***

Once an application is submitted through EE, the provider or partner is encouraged to assist the applicant or the applicant's parent or guardian with completion of the online application for full BadgerCare Plus coverage or full Family Planning Only Services coverage. This will help ensure that there is no break-in coverage.

If the provider or partner is unable to assist the applicant, the applicant should be referred to the online ACCESS Apply for Benefits tool at [access.wisconsin.gov/](http://access.wisconsin.gov/) or the local agency to apply for full coverage.

## ***Express Enrollment for Family Planning Only Services***

Services and supplies covered under EE for Family Planning Only Services are the same as those covered under the full Family Planning Only Services benefit and must be for routine contraceptive management or related services. For a list of services covered under the Family Planning Only Services benefit, providers may refer to the Family Planning Only Services service area in the Online Handbook on the ForwardHealth Portal at [www.forwardhealth.wi.gov/](http://www.forwardhealth.wi.gov/).

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 AIDS Drug Assistance Program and the Wisconsin Well Woman Program are 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 Instructions**

(A copy of the "Temporary Enrollment for Family Planning Only Services Instructions"  
is located 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:
  - Visit the ForwardHealth Portal
  - Call the automated voice response service (WiCall) at 1-800-947-3544
  - Call Provider Services at 1-800-947-9627
2. Explain that TE for FPOS is limited to coverage of family planning and family planning-related services. Confirm that the applicant is seeking contraceptive (birth control) services.

Provide a copy of the completed application to the applicant, retain a copy for your files and, **within five (5) days**, mail or fax a copy to:

Fiscal Agent  
Temporary Enrollment FPOS  
313 Blettner Blvd  
Madison, WI 53784  
Fax: (608) 221-2742

### SECTION I —APPLICANT INFORMATION (GENERAL)

Applicant provides information for this Section.

#### **Are you a resident of Wisconsin?**

If the applicant answers "Yes" to this question, go to Line 1.

If the applicant answers "No" to this question, go to Section III and check the box indicating that the applicant cannot be enrolled because s/he is not a resident of Wisconsin. Follow the instructions for *Section III – Notice* for an applicant who cannot be temporarily enrolled in Family Planning Only Services.

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

Provide the applicant's name (Last, First, Middle Initial), gender, birth date and 10-digit telephone number (includes area code).

Determine if the applicant is of childbearing age. While the Department of Health Services is not prescribing an age range, "childbearing age" is generally defined as ages 15 to 45.

If the applicant is of childbearing age, go to Line 2.

If the applicant is not of childbearing age, go to Section III and check the box indicating that the applicant cannot be enrolled because s/he is not of childbearing age. Follow the instructions for *Section III – Notice* for an applicant who cannot be temporarily enrolled in Family Planning Only Services.

**Line 2: Applicant’s address and county of residence**

Provide the applicant’s address and county of residence information. The address listed on the form is the address where the applicant will receive correspondence about Temporary Enrollment for Family Planning Only Services, including the ForwardHealth card and all notices. If the applicant is concerned about other household members receiving his/her confidential information regarding this program, inform him/her to indicate a mailing address other than his/her residence address where the applicant can receive Family Planning Only Services information in care of another person.

**Note:** It is *imperative* that applicants receive all notices in a timely manner. Therefore, if an applicant 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 the *ForwardHealth* card.

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

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

If the applicant answers “Yes” on Line 3, s/he is already receiving Wisconsin Medicaid or BadgerCare Plus benefits. Explain that s/he already has access to the same benefits through the Wisconsin 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 Wisconsin Medicaid or BadgerCare Plus. Follow the instructions for *Section III – Notice* for an applicant who cannot be temporarily enrolled in Family Planning Only Services.

**Line 4: Have you been determined temporarily enrolled in Family Planning Services Only in the last 12 months?**

If the applicant answers “No” on Line 4, check EVS to confirm and go to Line 5.

If the applicant answers “Yes” on Line 4, 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 temporarily 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 online at [access.wi.gov](http://access.wi.gov), by telephone, by mail or in person at the local agency. 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.

**Line 5: Are you in need of contraceptive services?**

If the applicant answers “Yes” on Line 5, go to Line 6.

If the applicant answers “No” on Line 5, s/he cannot be temporarily enrolled. Go to Section III and check the box indicating that the applicant cannot be enrolled because s/he is not in need of contraceptive services. Follow the instructions for *Section III – Notice* for an applicant who cannot be temporarily enrolled in Family Planning Only Services.

**Line 6: U.S. Citizen or Qualifying Immigrant**

For Temporary Enrollment for Family Planning Only Services, an applicant who is a “qualifying immigrant” meets one of the following criteria:

- Lawfully residing in the United States for at least 5 years, or
- Lawfully residing in the United States and a refugee or is seeking asylum, or
- From Cuba or Haiti and is lawfully residing in the United States, or
- Under age 19 and lawfully present in the United States, or
- Lawfully residing in the United States under one of the eligible immigration statuses listed in the BadgerCare Plus Eligibility Handbook, Chapter 4.3.4 at [www.emhandbooks.wisconsin.gov/bcplus/policyfiles/2/04/4.3.htm](http://www.emhandbooks.wisconsin.gov/bcplus/policyfiles/2/04/4.3.htm).

If the applicant answers “Yes” on Line 6, go to Line 7.

If an applicant is under age 19, s/he must be a U.S. Citizen or lawfully present in the United States to qualify for Temporary Enrollment for Family Planning Only Services. There is no requirement for the applicant to have been lawfully present in the United States for a certain amount of time.

If an applicant is age 19 or older, s/he must be a U.S. Citizen, lawfully residing in the United States for at least 5 years, lawfully residing in the United States and a refugee or is seeking asylum, from Cuba or Haiti and a lawful resident of the United States, or lawfully residing in the United States under one of the eligible immigration statuses listed in the BadgerCare Plus Eligibility Handbook link above in order to qualify for Temporary Enrollment for Family Planning Only Services.

If the applicant answers “No” on Line 6, s/he has indicated that s/he is not a U.S. citizen or qualifying immigrant. Go to Section III and check the box indicating that the applicant cannot be enrolled because s/he is not a U.S. Citizen or qualifying immigrant. Follow the instructions for *Section III – Notice* for an applicant who cannot be temporarily enrolled in Family Planning Only Services.

Inform the applicant s/he cannot be temporarily enrolled. However, s/he may still be able to enroll for Family Planning Only Services or BadgerCare Plus online at [access.wi.gov](http://access.wi.gov), by telephone, by mail or in person at the local agency. 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.

**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, an individual applying any time in September will use expected income for September. Individuals should only provide income information for themselves, regardless of their age. Verification of income information is not required to temporarily enroll the applicant in Family Planning Only Services. Verification may be required if the applicant applies for Family Planning Only Services beyond the temporary enrollment period or for Wisconsin Medicaid or BadgerCare Plus.

**Line 7: Enter ONLY the applicant’s total monthly job income and wages.**

To be temporarily enrolled the applicant must have income at or below the 2014 income limit. Every applicant’s income should be counted, regardless of age. Only count the applicant’s income, even if s/he is married or living with his or her parents.

Earned income includes:

- Wages
- Salaries
- Tips
- Commissions
- Work study for college students
- Net self-employment earnings
- All other payments resulting from labor or personal service, excluding allowances

**Note:** 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 to determine the net self-employment amount (use the monthly average of expenses for this calculation).

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

- Tax refunds, including Earned Income Tax Credits payments.
- Allowances.

Add monthly 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** (Social Security contributions, unemployment compensation, etc.).

Add all monthly other income. Other income includes, but is not limited to:

- Taxable pensions, taxable annuities, insurance benefits, Social Security (use gross amounts).
- 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.
- Income from Tribal Per Capita payments from gaming revenue.

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

- Supplemental Security Income (SSI).
- Student loans.
- Student financial aids including grants, scholarships and fellowships.
- Child support income.
- Workers' compensation.
- Veteran's benefits.
- 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.
- 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 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 income**

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

**Line 10: Does the applicant meet the rules for income limits?**

Monthly income must be at or below the 2014 income limit listed below:

Group Size	Monthly Income Limit
1	\$2,975.85

If the applicant’s total monthly income (Line 9) exceeds the 2014 income limit, the applicant is over the income requirements for Family Planning Only Services. Check “No” on Line 10 and go to Section III. Check the box that that 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 temporarily enrolled in 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 local 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.

If the applicant’s total monthly income (Line 9) is at or below the 2014 income limit, and all non-financial requirements have been met, s/he is temporarily enrolled. Check “Yes” on Line 10 and go to Section III.

**SECTION III — NOTICE**

**Line 11: Determination of Eligibility for Temporary Enrollment in Family Planning Only Services**

If the provider determines that the applicant meets the program rules based on the information provided on the application form, check the first box stating that the applicant is able to be temporarily enrolled in Family Planning Only Services. The qualified provider is also required to do *all* of the following:

1. Enter the provider’s name, address (street, city, state, zip code) and the Medicaid Provider Number. 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*. The worker filling out the form must enter his/her name as the Provider Representative, sign and date the Temporary Enrollment for Family Planning Only Services application. Do not use an agency’s name as the Provider Representative.
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 Family Planning Only Services or Wisconsin Medicaid or BadgerCare Plus online at [access.wi.gov](http://access.wi.gov), by telephone, by mail or in person at the local agency. A list of these agencies can be found on the Department of Health Services’ web at [dhs.wi.gov/em/customerhelp](http://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 local agency will be able to enroll the applicant in Family Planning Only Services, Wisconsin Medicaid or BadgerCare Plus because of other requirements that may apply. S/he will have to provide verification of citizenship/qualifying immigration status and identity as well as any counted income.

4. Inform the applicant that the local 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. 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 Line 12.

If the provider determines that the applicant cannot be temporarily enrolled in Family Planning Only Services, check the box stating “Based on the information provided above, I have determined that the applicant cannot be enrolled in Family Planning Only Services because the applicant (check all that apply).” The qualified provider is also 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. Enter the provider’s name, address (street, city, state, zip code) and the Medicaid Provider Number. 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*. The worker filling out the form must enter his/her name as the Provider Representative, sign and date the Temporary Enrollment for Family Planning Only Services application. Do not use an agency’s name as the Provider Representative.
3. 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 Line 12.

### **Line 12: Applicant Attestation and Signature**

If the provider determines that the applicant meets the program rules based on the information provided on the application form, the provider is required to do all of the following:

1. Have the applicant read the text after the first checkbox, check the box if s/he understands and agrees with this statement, then sign and date the application.
2. Give the applicant a copy of the application.
3. Fill out the temporary card in Section IV (see instructions on Section IV below).
4. Inform the applicant that s/he is only covered for family planning related services, but s/he may be able to enroll in BadgerCare Plus if s/he meets certain other enrollment requirements. Encourage the applicant to apply for BadgerCare Plus online at [access.wi.gov](http://access.wi.gov), by telephone, by mail or in person at the local agency if s/he would like to receive more than family planning related services.

If the provider determines that the applicant cannot be temporarily enrolled in Family Planning Only Services, the provider is required to do all of the following:

1. Have the applicant read the text after the second checkbox, check the box if s/he understands and agrees with this statement and sign and date the application.
2. Detach and destroy the temporary card (Section IV) and provide the applicant with a copy of the Temporary Enrollment for 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.)
2. **Member ID Number:** The provider must ask if the applicant already has a Medicaid ID number, even if s/he is not currently enrolled in Wisconsin Medicaid or BadgerCare Plus. Enter this number as the Member ID number. If the applicant does not have a Medicaid ID number or know his/her Medicaid ID number, enter the applicant's Social Security Number (SSN) and add a zero to the end of the number, or enter a pseudo-number if the applicant does not have an SSN at the time the Temporary Enrollment application is completed.

If the applicant does not have an SSN or does not know the number, qualified providers are required to call HP at (608) 224-6521 to obtain a pseudo-number. No additional zero is needed if using a pseudo-number.

SSNs and personally identifiable information entered on the Temporary Enrollment for Family Planning Only Services application and temporary identification card will be used only for the direct administration of Temporary Enrollment for Family Planning Only Services.

**Note:** Providing or applying for a Social Security Number (SSN) is voluntary and is not required in order to determine eligibility for Temporary Enrollment for Family Planning Only Services. Applicants for Wisconsin Medicaid and BadgerCare Plus who do not provide a SSN or apply for one will not be eligible for Wisconsin Medicaid or BadgerCare Plus, unless the individual belongs to a recognized religious sect that conscientiously opposes applying for or using a SSN. An individual who refuses to apply for or use a social security number 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. **Applicant Name and Address:** Print or type the applicant's full name and address in the box provided at the bottom of the card. Use the same address the member indicated for Section I, Line 2.
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. Tell the member that they will soon receive a regular ForwardHealth ID card in the mail at the address listed on the application and, at that point they can destroy the temporary ID card.

**ATTACHMENT 2**  
**Temporary Enrollment for Family Planning Only**  
**Services Application**

(A copy of the "Temporary Enrollment for Family Planning Only Services Application"  
is located on the following pages.)

### TEMPORARY ENROLLMENT FOR FAMILY PLANNING ONLY SERVICES

**SECTION I — APPLICANT INFORMATION (GENERAL)** Are you a resident of Wisconsin? (If no, go to Section III)  Yes  No

1. Name – Applicant (Last, First, MI)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date (MM/DD/YY)	10-Digit Phone Number
2. Address (Street, City, State, Zip Code)			County of Residence
3. Are you currently receiving Wisconsin Medicaid or BadgerCare Plus? (If yes, go to section III.)			<input type="checkbox"/> Yes <input type="checkbox"/> No
4. 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
5. Are you in need of contraceptive services? (If no, go to section III)			<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Are you one of the following (If no, go to Section III):			<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> <li>• A U.S. Citizen,</li> <li>• Lawfully residing in the United States for at least 5 years, or</li> <li>• Lawfully residing in the United States and a refugee or is seeking asylum, or</li> <li>• From Cuba or Haiti and is lawfully residing in the United States, or</li> <li>• Under age 19 and lawfully present in the United States, or</li> <li>• Lawfully residing in the United States under one of the eligible immigration statuses listed in the BadgerCare Plus Eligibility Handbook (refer to instructions for more information)</li> </ul>			

**SECTION II – APPLICANT INCOME INFORMATION**

7. Enter <u>ONLY</u> the applicant's total monthly job income and wages.	\$
8. Enter <u>ONLY</u> the applicant's total monthly other income (Social Security Income, unemployment compensation, etc.).	\$
9. Add lines 7 and 8. Enter the applicant's total monthly income.	\$
10. Compare the applicant's total net income (Line 9) with the federal poverty level guideline for a group size of 1. Does the applicant meet the rules for income limits?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**SECTION III — NOTICE**

11.  I certify that the above-named applicant, based on the information provided above, meets program rules and is able to be temporarily enrolled in Family Planning Only Services. I have informed the applicant of the requirement to apply by mail, phone, online at [access.wi.gov](http://access.wi.gov) or with the local agency by the end of the month following the current month. I have informed the applicant of privacy and service availability issues under Family Planning Only Services.

**OR**

Based on the information provided above, I have determined that the applicant cannot be enrolled in Family Planning Only Services because the applicant (check all that apply):

<input type="checkbox"/> Is not in need of contraceptive services	<input type="checkbox"/> Does not qualify under the income guidelines
<input type="checkbox"/> Is not of childbearing age	<input type="checkbox"/> Is currently enrolled in Wisconsin Medicaid or BadgerCare Plus
<input type="checkbox"/> Is not a U.S. citizen or qualifying immigrant	<input type="checkbox"/> Is not a resident of Wisconsin
<input type="checkbox"/> Has been determined temporarily enrolled in Family Planning Only Services within the past 12 months	

Name — Provider (Type or Print)	Address — Provider	Medicaid Provider Number
Name — Provider Representative (Type or Print)	<b>SIGNATURE</b> — Provider Representative	Date Signed

12.  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 I need to be determined eligible for Family Planning Only Services to receive benefits beyond the end date of my temporary enrollment for Family Planning Only Services period. I will need to apply for Family Planning Only Services by mail, phone, online at [access.wi.gov](http://access.wi.gov) or in person with the local agency before the end of the month following the month in which I am determined eligible for temporary enrollment and that my temporary enrollment also ends on that date.

**OR**

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

SIGNATURE — 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	Member ID Number	Agency Code
From	PF		
Through			

<b>Member Name and Address</b>	<b>To the Patient</b> 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 get Family Planning Only Services benefits after the expiration date of this card, you must apply with your agency immediately. If you have any questions call: <b>1-800-362-3002</b> .
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Sample

Sample

**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 applicant 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.

**WISCONSIN DEPARTMENT OF HEALTH SERVICES**

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



**ATTACHMENT 3**  
**BadgerCare Plus Express Enrollment for Pregnant Women Application Instructions**

(A copy of the “BadgerCare Plus Express Enrollment 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 women applying for BadgerCare Plus Express Enrollment for Pregnant Women. This benefit provides BadgerCare Plus-covered pregnancy related outpatient services to pregnant women. The 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:
  - Visit the ForwardHealth Portal
  - Call the automated voice response service (WiCall) at 1-800-947-3544
  - Call Provider Services at 1-800-947-9627
2. Explain that EE for Pregnant Women is limited to BadgerCare Plus-covered pregnancy related outpatient services to pregnant women. Applicants must apply for Wisconsin Medicaid or BadgerCare Plus benefits in order to receive coverage for pregnancy-related inpatient services, such as labor and delivery services.

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

Wisconsin Medicaid  
Express Enrollment  
313 Blettner Blvd  
Madison, WI 53784  
Fax: (608) 221-8815

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

### **Section I —Applicant Information (General)** (Applicant completes this section)

#### **Are you a resident of Wisconsin?**

If the applicant answers "Yes" to this question, go to Line 1.

If the applicant answers "No" to this question, go to Section IV and check the box indicating that the applicant cannot be enrolled because she is not a resident of Wisconsin. Follow the instructions for *Section IV – Notice* for an applicant who is not eligible for BadgerCare Plus Express Enrollment for Pregnant Women.

#### **Line 1: Applicant name, birth date and phone number.**

Provide the applicant's name (Last, First, Middle Initial), birth date and 10-digit telephone number (includes area code).



**Line 2: Applicant address and county of residence.**

Provide the applicant's address and county of residence information. The address listed on the form is the address where the applicant will receive correspondence about BadgerCare Plus Express Enrollment for Pregnant Women, including the ForwardHealth card and all notices. If the applicant is concerned about other household members receiving her confidential information regarding this program, inform her to indicate a mailing address other than her residence address where the applicant can receive BadgerCare Plus Express Enrollment information in care of another person.

**Note:** It is *imperative* that applicants receive all notices in a timely manner. Therefore, if an applicant chooses the provider's mailing address for her correspondence the provider must have a reliable way of contacting the member to promptly give her all BadgerCare Plus Express Enrollment notices and the *ForwardHealth* card.

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

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

If the applicant answers "Yes" on Line 3, she is already receiving Wisconsin Medicaid or 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 applicant is not eligible because she is currently enrolled in Wisconsin Medicaid or BadgerCare Plus. Follow the instructions in Section IV – "Notice" for an applicant who is not eligible for BadgerCare Plus Express Enrollment for Pregnant Women.

**Line 4: Have you previously received BadgerCare Plus Express Enrollment for Pregnant Women for this current pregnancy?**

If the applicant answers "No" on Line 4, go to Line 5.

If the applicant answers "Yes" on Line 4, she has already received one period of presumptive eligibility for her current pregnancy. She is unable to receive another period of presumptive eligibility benefits for this pregnancy. Go to Section IV – "Notice" and check the box that the applicant is not eligible because she has already received EE for Pregnant Women for this pregnancy. Follow the instructions in Section IV – "Notice" for an applicant who is not eligible for BadgerCare Plus Express Enrollment for Pregnant Women.

Inform the applicant that although you cannot determine her eligibility for Express Enrollment, she may still be eligible for Wisconsin Medicaid or BadgerCare Plus, and she must apply online at [access.wi.gov](http://access.wi.gov), by mail, telephone or in person through her local agency.

**Line 5: Are you a U.S. citizen or lawfully present in the United States?**

If the applicant answers "Yes" on Line 5 go to Line 6.

**Note:** There is no requirement for the applicant to have been lawfully present in the United States for a certain amount of time.

If the applicant answers "No" on Line 5, she is not eligible for Express Enrollment for Pregnant Women because she is not legally present in the United States. Go to Section IV – "Notice" and check the box that the applicant is not eligible because she is not a U.S. Citizen or lawfully present in the United

States. Follow the instructions in Section IV – “Notice” for an applicant who is not eligible for BadgerCare Plus Express Enrollment for Pregnant Women.

## **Section II – Pregnancy Information**

### **Line 6: Pregnancy Information.**

Include the number of fetuses and the expected delivery date. Do not require a pregnancy test or any other form of verification of pregnancy.

## **Section III — Income Information**

To complete Section III, the qualified provider should work with the applicant 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 7, Section III. Verification of income information is not required for BadgerCare Plus Express Enrollment for Pregnant Women. Verification may be required if the applicant applies for Wisconsin Medicaid or BadgerCare Plus beyond the express enrollment period.

### **Line 7: When determining the household size, include all family members living with the pregnant woman that meet the criteria listed below:**

- For women under age 18: include the pregnant woman, her parents if she has never been married, 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, 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 8: 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 applicant must meet the income limits for the appropriate group size. All income of those individuals in the pregnant woman’s household may have to be considered.

Earned income includes:

- Wages.
- Salaries.
- Tips.
- Commissions.
- Work-study for college students.
- All other payments resulting from labor or personal service, excluding allowances.
- Net self-employment earnings.

**Note:** 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 to determine the net self-employment amount (use the monthly average of expenses for this calculation).

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

- Tax refunds, including Earned Income Tax Credits payments.
- Allowances.

Add monthly earned income (amount of money earned after any deductions) for each member of the group to arrive at the total monthly earned income. Enter this amount on Line 8.

**Line 9: Enter total of all monthly-unearned income. This income includes, but is not limited to:**

- Taxable pensions, taxable annuities, insurance benefits, Social Security (use gross amounts).
- 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.
- Income from Tribal Per Capita payments from gaming revenue.

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

- Supplemental Security Income (SSI).
- Student loans.
- Student financial aids, including grants, scholarships and fellowships.
- Child support income.
- Workers' compensation.
- Veteran's benefits.
- 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.
- 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 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 9.

**Line 10: Add the applicant's total monthly-earned income (Line 8) and total monthly other income (Line 9).** Enter this amount on Line 10. Go to Line 11.

**Line 11: Compare total monthly income (Line 10) to the income limits for the appropriate group size.** Monthly income must be at or below the 2014 income limits for the appropriate group size listed below.

<b>Group Size</b>	<b>200% FPL (for Medical Status Code purposes only)</b>	<b>Monthly Income Limit</b>
1	\$1,945.00	\$2,975.85
2	\$2,621.67	\$4,011.15
3	\$3,298.33	\$5,046.45
4	\$3,975.00	\$6,081.75
5	\$4,651.67	\$7,117.05
6	\$5,328.33	\$8,152.35
7	\$6,005.00	\$9,187.65
8	\$6,681.67	\$10,222.95
9	\$7,358.33	\$11,258.25
10	\$8,035.00	\$12,293.55
For each additional person add	\$676.67	\$1,035.30

If monthly income is at or below the 2014 income limit for the appropriate group size, and all other non-financial eligibility requirements have been met, the applicant is eligible for BadgerCare Plus Express Enrollment for Pregnant Women. Complete Section IV – “Notice”.

If monthly income exceeds the 2014 income limit for the appropriate group size, the applicant cannot be temporarily enrolled. Complete Section IV – “Notice” of the application and check the box indicating that the applicant is not eligible because she does not qualify under the income guidelines. Follow the instructions for Section IV – “Notice” for an applicant who is not eligible for BadgerCare Plus Express Enrollment for Pregnant Women.

Inform the applicant that she may still be eligible for Wisconsin Medicaid or BadgerCare Plus, but she must apply online at [access.wi.gov](http://access.wi.gov), by mail, telephone or in person through her local agency.

**Section IV — Notice**

**Line 12: Determination of Eligibility for BadgerCare Plus Express Enrollment for Pregnant Women**

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

1. The qualified provider must check the appropriate box in Section IV and enter the provider’s name, address (street, city, state, zip code) and Medicaid Provider Number. 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*. The worker filling out the form must enter his/her name as the Provider Representative then sign and date the BadgerCare Plus Express Enrollment for Pregnant Women application. Do not use an agency’s name as the Provider Representative.
2. Inform the applicant that her BadgerCare Plus Express Enrollment for Pregnant Women 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 applicant must apply for Wisconsin Medicaid or BadgerCare Plus. Encourage the applicant to apply for Wisconsin Medicaid or 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.

Encourage the applicant to apply for Wisconsin Medicaid or BadgerCare Plus online at [access.wi.gov](http://access.wi.gov), by mail, telephone, or in person at her local agency.

3. Explain to the applicant that an Express Enrollment eligibility determination does not guarantee that her local agency will find her eligible for Wisconsin Medicaid or BadgerCare Plus because of other requirements that may apply.
4. Inform the applicant that her local agency may extend her Express Enrollment. This may be done only when the applicant 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.
5. Inform applicants 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.

Go to Line 13

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

Check the appropriate box in Section IV indicating the reason for the applicant's ineligibility.

1. Enter the provider's name, address (street, city, state, zip code) and Medicaid Provider Number. 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*. The worker filling out the form must enter his/her name as the Provider Representative then sign and date the BadgerCare Plus Express Enrollment for Pregnant Women application. Do not use an agency's name as the Provider Representative.
2. Inform applicants 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.

Go to Line 13

### **Line 13: Applicant Attestation and Signature**

If the provider determines that the applicant meets the Express Enrollment program rules based on the information provided on the application form, the provider is required to do all of the following:

1. Have the applicant read the text after the first checkbox, check the box if she understands and agrees with this statement, then sign and date the application.
2. Give the applicant a copy of the application.
3. Fill out the temporary card in Section V (see instructions on Section V below).

If the provider determines that the applicant is not eligible for Express Enrollment, the provider is required to do all of the following:

1. Have the applicant 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.
2. Detach and destroy the temporary card on the last page of the form. Provide the applicant with a copy of the BadgerCare Plus Express Enrollment for Pregnant Women application. This will serve as the applicant's notice of denial of eligibility.

**Section V — Temporary Identification Card**

Complete the following items on the temporary card, if the applicant 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 6/6/11 is eligible until 7/31/11).
2. **Medical Status Code:** Check the correct code based on the households income:

Medical Status Code	Income Level
BV	At or below 200% of the Federal Poverty Level
9E	Above 200% of the Federal Poverty Level and at or below 2014 income limit

3. **Member ID Number:** The provider must ask if the applicant already has a Medicaid ID number, even if s/he is not currently enrolled in Wisconsin Medicaid or BadgerCare Plus. Enter this number as the Member ID number. If the applicant does not have a Medicaid ID number or know his/her Medicaid ID number, enter the applicant's Social Security Number (SSN) and add a zero to the end of the number, or enter a pseudo-number if the applicant does not have an SSN at the time the Express Enrollment application is completed.

If the applicant does not have an SSN or does not know the number, qualified providers are required to call HP at (608) 224-6521 to obtain a pseudo-number. No additional zero is needed if using a pseudo-number.

SSNs and personally identifiable information entered on the Express Enrollment for Pregnant Women application and temporary identification card will be used only for the direct administration of Express Enrollment for Pregnant Women.

**Note:** Providing or applying for a Social Security Number (SSN) is voluntary and is not required in order to determine eligibility for Express Enrollment for Pregnant Women. Applicants for Wisconsin Medicaid and BadgerCare Plus who do not provide a SSN or apply for one will not be eligible for Wisconsin Medicaid or BadgerCare Plus, unless the individual belongs to a recognized religious sect that conscientiously opposes applying for or using a SSN. An individual who refuses to apply for or use a social security number due to religious beliefs must provide verification from a church elder or other officer that doing so is against the church doctrine.

4. **Agency Code:** Enter the agency code number assigned to the qualified provider.
5. **Applicant Information:** Print or type the applicant's full name and address in the box provided at the bottom of the card. Use the same address the member indicated for Section I, Line 2.

6. Detach the bottom portion of the application for the applicant to use as a temporary BadgerCare Plus Express Enrollment ID card. This temporary ID card entitles the applicant to BadgerCare Plus-covered pregnancy related outpatient services provided by a Medicaid certified provider.

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

**ATTACHMENT 4**  
**BadgerCare Plus Express Enrollment for Pregnant Women Application**

(A copy of the “BadgerCare Plus Express Enrollment for Pregnant Women Application” is located on the following pages.)



**BADGERCARE PLUS – EXPRESS ENROLLMENT FOR PREGNANT WOMEN APPLICATION**

**SECTION I – APPLICANT INFORMATION (GENERAL)**

Are you a resident of Wisconsin? (If no, go to Section IV)  Yes  No

1. Applicant Name (Last, First, MI)	Birth Date (MM/DD/YY)	10-digit Phone Number
2. Address (Street, 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. Have you previously received BadgerCare Plus for Pregnant Women through Express Enrollment for the current pregnancy? (If you answered Yes, go to Section IV.)		<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are you a U.S. citizen or lawfully present in the United States? (If you answered No, go to Section IV.)		<input type="checkbox"/> Yes <input type="checkbox"/> No

**SECTION II – PREGNANCY INFORMATION**

6. Number of Fetuses	Expected Delivery Date (MM/DD/YY)
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**SECTION III – INCOME INFORMATION**

7. How many family members are in the household? (See instructions to determine who must be included.) Include the number of fetuses.	
8. Enter the total monthly earned income. (See instructions to determine what must be included in this calculation.)	\$
9. Enter total monthly unearned income ( See instructions to determine what must be included in this calculation.).	\$
10. Enter the total monthly income (add Lines 8 and 9).	\$
11. Compare the total monthly income (Line 10) with the federal poverty level guidelines for the appropriate group size. Does the client meet the BadgerCare Plus income limits?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**SECTION IV - NOTICE**

12.  I certify, based on the preliminary information provided above, that the above named applicant 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. I have also provided her with a paper application for BadgerCare Plus or have assisted the client in completing an ACCESS application.

OR

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

- |   |  |
|---|--|
| <input type="checkbox"/> Is not a Wisconsin resident                                    | <input type="checkbox"/> Is not a U.S. citizen or lawfully present in the United States. |
| <input type="checkbox"/> Is currently enrolled in Wisconsin Medicaid or BadgerCare Plus | <input type="checkbox"/> Has already received EE for Pregnant Women for this pregnancy.  |
| <input type="checkbox"/> Does not qualify under the income guidelines.                  |  |

Name – Qualified Provider (Type or Print)	Address – Qualified Provider	Medicaid Provider Number
Name — Provider Representative (Type or Print)	<b>SIGNATURE</b> – Provider Representative	Date Signed

13.  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 the best of my knowledge and belief. I understand that I need to be determined eligible for Wisconsin Medicaid or BadgerCare Plus to receive benefits beyond the end date of my express enrollment for pregnant woman period. I will need to apply for Wisconsin Medicaid/BadgerCare Plus online [access.wi.gov](http://access.wi.gov), by mail, telephone or in person through the local agency before the end of the month following the month in which I am 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

<b>SIGNATURE</b> – Client	Date Signed
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**SECTION V – WISCONSIN BADGERCARE PLUS EXPRESS ENROLLMENT FOR PREGNANT WOMEN IDENTIFICATION CARD**

Card Effective Dates (MM/DD/YY)		Medical Status Code	Member ID Number	Agency Code
From	Through	<input type="checkbox"/> BV <input type="checkbox"/> 9E		

Member 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 agency (or other application site) immediately. If you have any questions call: **1-800-362-3002**.

Sample

# Sample

**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, Member Information or call Medicaid Provider Services at (800) - 947-9627.

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

**WISCONSIN DEPARTMENT OF HEALTH SERVICES**



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