

Please note: This Guide has been revised. Appendices 1 and 2 have been replaced with the current BadgerCare Plus – Express Enrollment for Pregnant Women Completion Instructions and Sample Application.

Guide to Determining Presumptive Eligibility for Pregnant Women

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Contacting Wisconsin Medicaid

Web Site		<i>dhfs.wisconsin.gov/</i>
The Web site contains information for providers and recipients about the following: <ul style="list-style-type: none"> • Program requirements. • Publications. • Forms. • Maximum allowable fee schedules. • Professional relations representatives. • Certification packets. 	Available 24 hours a day, seven days a week	
Automated Voice Response System		(800) 947-3544 (608) 221-4247
The Automated Voice Response system provides computerized voice responses about the following: <ul style="list-style-type: none"> • Recipient eligibility. • Prior authorization (PA) status. • Claim status. • Checkwrite information. 	Available 24 hours a day, seven days a week	
Provider Services		(800) 947-9627 (608) 221-9883
Correspondents assist providers with questions about the following: <ul style="list-style-type: none"> • Clarification of program requirements. • Recipient eligibility. • Resolving claim denials. • Provider certification. 	Available: 8:30 a.m. - 4:30 p.m. (M, W-F) 9:30 a.m. - 4:30 p.m. (T) Available for pharmacy services: 8:30 a.m. - 6:00 p.m. (M, W-F) 9:30 a.m. - 6:00 p.m. (T)	
Division of Health Care Financing Electronic Data Interchange Helpdesk		(608) 221-9036 e-mail: <i>wiedi@dhfs.state.wi.us</i>
Correspondents assist providers with <i>technical</i> questions about the following: <ul style="list-style-type: none"> • Electronic transactions. • Companion documents. • Provider Electronic Solutions software. 	Available 8:30 a.m. - 4:30 p.m. (M-F)	
Web Prior Authorization Technical Helpdesk		(608) 221-9730
Correspondents assist providers with Web PA-related <i>technical</i> questions about the following: <ul style="list-style-type: none"> • User registration. • Passwords. • Submission process. 	Available 8:30 a.m. - 4:30 p.m. (M-F)	
Recipient Services		(800) 362-3002 (608) 221-5720
Correspondents assist recipients, or persons calling on behalf of recipients, with questions about the following: <ul style="list-style-type: none"> • Recipient eligibility. • General Medicaid information. • Finding Medicaid-certified providers. • Resolving recipient concerns. 	Available 7:30 a.m. - 5:00 p.m. (M-F)	

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Preface

This Guide to Determining Presumptive Eligibility for Pregnant Women is issued to all Medicaid-certified presumptive eligibility providers.

Medicaid is a joint federal and state program established in 1965 under Title XIX of the federal Social Security Act. Wisconsin Medicaid is also known as the Medical Assistance Program, WMAP, MA, Title XIX, and T19.

Wisconsin Medicaid is administered by the Department of Health and Family Services (DHFS). Within the DHFS, the Division of Health Care Financing is directly responsible for managing Wisconsin Medicaid.

All-Provider Handbook

All Medicaid-certified providers receive a copy of the All-Provider Handbook, which includes the following sections:

- Certification and Ongoing Responsibilities.
- Claims Information.
- Coordination of Benefits.
- Covered and Noncovered Services.
- Informational Resources.
- Managed Care.
- Prior Authorization.
- Recipient Eligibility.

Providers are required to refer to the All-Provider Handbook for information about these topics.

Medicaid Web Site

Publications (including provider handbooks and *Wisconsin Medicaid and BadgerCare Updates*), maximum allowable fee schedules, telephone numbers, addresses, and more information are available on the Medicaid Web site at dhfs.wisconsin.gov/medicaid/.

Publications

Medicaid publications interpret and implement the laws and regulations that provide the framework for Wisconsin Medicaid. Medicaid publications provide necessary information about program requirements.

Legal Framework

The following laws and regulations provide the legal framework for Wisconsin Medicaid:

- Federal Law and Regulation:
 - ✓ Law — United States Social Security Act; Title XIX (42 US Code ss. 1396 and following) and Title XXI.
 - ✓ Regulation — Title 42 CFR Parts 430-498 and Parts 1000-1008 (Public Health).
- Wisconsin Law and Regulation:
 - ✓ Law — Wisconsin Statutes: 49.43-49.499 and 49.665.
 - ✓ Regulation — Wisconsin Administrative Code, Chapters HFS 101-109.

Laws and regulations may be amended or added at any time. Program requirements may not be construed to supersede the provisions of these laws and regulations.

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General Information

The Presumptive Eligibility (PE) for Pregnant Women Benefit is a limited benefit category that allows a pregnant woman to receive immediate pregnancy-related outpatient services while her application for full-benefit Medicaid is processed. Eligibility is not restricted based on the recipient's other health insurance coverage. Therefore, a pregnant woman who has other health insurance may be eligible for the benefit.

Provider Certification

Presumptive eligibility providers determine whether or not a woman qualifies for the PE for Pregnant Women Benefit. The following types of providers may be certified to make PE determinations:

- Clinics that provide prenatal care services.
- Family planning clinics.
- Federally qualified health centers.
- Nurse practitioners.
- Outpatient hospitals.
- Physicians.
- Providers participating in the Special Supplemental Nutrition Program for Women, Infants and Children.
- Rural health clinics.

Providers may be certified to make PE determinations if they provide services typically provided by one of the following:

- Clinics furnished by or under direction of a physician (s. 1905[a][9] of the Social Security Act).
- Outpatient hospitals (s. 1905[a][2][A] of the Social Security Act).
- Rural health clinics (s. 1905[a][2][B] of the Social Security Act).

In addition, providers are required to participate in a program established under one of the following:

- A state perinatal program defined as a physician, nurse practitioner, certified nurse midwife, family planning clinic, outpatient hospital, or other clinic that provides prenatal medical care to Medicaid recipients.
- The Indian Health Services or a health program or facility operated by a tribe or tribal organization (the Indian Self-Determination Act — Public Law 93-638).
- The Special Supplemental Nutrition Program for Women, Infants and Children (s.4(a) of the Agriculture and Consumer Protection Act of 1973).

OR receive funds under one of the following:

- The Community Health Centers or Migrant Health Centers (s. 329 or 330 of the Public Health Act).
- The Maternal and Child Health Services Block Grant Programs (Title V of the Social Security Act).
- Title V of the Indian Health Care Improvement Act.

Providers are required to be Medicaid-certified or have submitted an application for Medicaid certification. Providers may submit their application to become a PE provider with their Medicaid certification application. Providers should refer to the Certification and Ongoing Responsibilities section of the All-Provider Handbook for information about obtaining certification packets and the certification process.

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Eligibility Criteria

To qualify for the PE for Pregnant Women Benefit, a woman must meet the following criteria:

- Her pregnancy is medically verified (by a pregnancy test). Refer to Appendix 1 of this guide for pregnancy verification criteria.
- Her household's gross income does not exceed 185 percent of the Federal Poverty Level (FPL) guidelines. Refer to the Recipient section of the Medicaid Web site for the most current FPL guidelines.

There is no asset test for the PE for Pregnant Women Benefit.

Applications

Refer to Appendices 1 and 2 of this guide for the application completion instructions and a sample copy of the Presumptive Eligibility for Pregnant Women Application form, HCF 10081.

Upon completion, the PE provider is required to submit the application to Wisconsin Medicaid. Wisconsin Medicaid must receive the application within five working days after the determination is made. Providers should submit the application by fax to (608) 221-8815 or by mail to the following address:

Wisconsin Medicaid
Presumptive Eligibility
6406 Bridge Rd
Madison WI 53784

Obtaining Forms

Providers may submit an electronic request for the form by completing an electronic order form (DMT 25A). The DMT 25A and instructions for ordering forms electronically are available from the Department of Health and Family Services (DHFS) Web site at dhfs.wisconsin.gov/forms/PrintFormsOnline.htm.

Providers may also submit requests by fax to (608) 266-1096 or by mail to the following address:

Forms/Publications Manager
Division of Health Care Financing
PO Box 309
Madison WI 53701-0309

When requesting the form, providers should indicate the form name, form number, and the quantity needed.

Eligibility Verification

The PE provider may issue a beige PE for Pregnant Women Benefit identification card for a woman to use temporarily until she receives a Forward card. The identification card is included with the Presumptive Eligibility for Pregnant Women Application. The PE for Pregnant Women Benefit card has the following message printed on it: "Outpatient Pregnancy-Related Care." The PE provider should indicate the dates of eligibility on the card.

Providers should accept the card as proof of eligibility for those dates and are encouraged to keep a photocopy of the card.

When Wisconsin Medicaid receives the application, a woman who meets the requirements for the PE for Pregnant Women Benefit is established on the Medicaid Eligibility Verification System (EVS). Once PE is established on the EVS, a Forward card is sent to the woman.

Medicaid providers should *always* verify a recipient's eligibility before providing services, both to determine eligibility for the current date and to discover any limitations to the recipient's coverage. Most recipients, whether they are eligible for all services or limited services, receive a Forward card.

When Wisconsin Medicaid receives the application, a woman who meets the requirements for the PE for Pregnant Women Benefit is established on the Medicaid Eligibility Verification System (EVS).

Eligibility information for specific recipients is available from the EVS. The EVS is used by providers to verify recipient eligibility, including whether the recipient has other health insurance coverage or is in a limited benefit category. Providers can access the EVS a number of ways, including the following:

- 270/271 Health Care Eligibility Benefit Inquiry/Response transactions.
- Automated Voice Response System.
- Commercial eligibility verification vendors (accessed through software, magnetic stripe card readers, and Internet).
- Provider Services.

Refer to the Recipient Eligibility section of the All-Provider Handbook for more information about verifying recipient eligibility.

Duration of Benefits

Coverage under the PE for Pregnant Women Benefit begins the date the PE provider determines that the woman meets the criteria for the benefit.

Coverage under the PE for Pregnant Women Benefit begins the date the PE provider determines that the woman meets the criteria for the benefit.

Coverage under the PE for Pregnant Women Benefit ends on the earliest of one of the following:

- The day a woman's eligibility for full-benefit Medicaid is established.
- The end of the month following the month the woman is determined presumptively eligible if the woman:
 - ✓ Does not apply for Wisconsin Medicaid.
 - ✓ Is determined ineligible for Wisconsin Medicaid.

Extensions

When appropriate, providers should inform women that their county/tribal social or human services agency or Medicaid outstation site may extend the duration of the PE for Pregnant Women Benefit. To receive an extension, a woman is required to file an application for full-benefit Medicaid on or before the last day of the PE period.

Applying for Full-Benefit Medicaid

Since the PE for Pregnant Women Benefit is a limited benefit that is also temporary, pregnant women should apply for full-benefit Medicaid while receiving services through the PE for Pregnant Women Benefit. Providers should remind women that, despite their receiving Forward cards, applying for Wisconsin Medicaid is necessary to receive full Medicaid benefits, including inpatient delivery.

Presumptive eligibility providers may assist women with completing the Medicaid application at the same time PE determination takes place. The following may be requested electronically from the DHFS Web site by completing an electronic order form (DMT 25A):

- Medicaid, BadgerCare, and Family Planning Waiver Registration Application, HCF 10129.
- Wisconsin Family Medicaid, BadgerCare, and Family Planning Waiver Program Application, HCF 10100, and completion instructions.

These forms, in addition to the Medicaid/FoodShare Wisconsin Authorization of Representative form, HCF 10126, may be downloaded from the Recipient section of the Medicaid Web site. All of these forms may also be requested by faxing or mailing a request to the DHCF Forms/Publications Manager.

After completing the application, the recipient should be referred to a county/tribal social or human services agency or Medicaid outstation site where the woman can apply for full-benefit Medicaid. A list of county/tribal social or human service agencies and Medicaid outstation sites is available on the Recipient section of the Medicaid Web site.

Covered Services

Under the PE for Pregnant Women Benefit, women are eligible only for Medicaid-covered pregnancy-related outpatient services. This includes prenatal care and other services that are directly related to the pregnancy and the outcome of the pregnancy. Medicaid-certified providers may provide these services. No separate certification is required.

Women in the PE for Pregnant Women Benefit are not enrolled in Medicaid HMOs; services provided to these women are reimbursed on a fee-for-service basis. If eligibility is established for full-benefit Medicaid, these women may be enrolled in Medicaid HMOs.

Claims

Providers should delay submitting claims for services provided to these women for one week from the eligibility start date to ensure the eligibility information is transmitted to Wisconsin Medicaid and to prevent claims from being inappropriately denied.

Wisconsin Medicaid accepts properly completed and submitted claims for covered services provided to women with a PE for Pregnant Women Benefit identification card as long as the date of service is within the dates of eligibility as shown on the card.

If Wisconsin Medicaid denies a claim with an eligibility-related explanation, even though the provider verified the woman's eligibility before providing the service, a good faith claim may be submitted. Refer to the Claims Information section of the All-Provider Handbook for information about submitting good faith claims.

Providers should delay submitting claims for services provided to these women for one week from the eligibility start date to ensure the eligibility information is transmitted to Wisconsin Medicaid and to prevent claims from being inappropriately denied.

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BadgerCare Plus Express Enrollment for Pregnant Women Application Instructions

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

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

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

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

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

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

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

Indicate if the client's language preference is Spanish.

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

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

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

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

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

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

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

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

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

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

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

Section II – Pregnancy Verification

Line 5: Positive pregnancy test.

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

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

Section III — Income Information

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

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

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

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

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

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

Earned income includes:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Section IV — Notice

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

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

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

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

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

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

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

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

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

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

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

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

Section V — Temporary Identification Card

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

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

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

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

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

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

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

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

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

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

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BADGERCARE PLUS – EXPRESS ENROLLMENT FOR PREGNANT WOMEN APPLICATION

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

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

1. Client Name (Last, First, MI) Birth Date (MM/DD/YY) Telephone Number

2. Residence (Street Address, City, State, Zip Code) County of Residence

3. Are you currently receiving Wisconsin Medicaid or BadgerCare Plus? (If you answered Yes, go to Section IV.) Yes No

4. Are you a U.S. citizen? (If you answered No, go to Section IV) Yes No

SECTION II – PREGNANCY VERIFICATION

5. Positive pregnancy test Yes No Number of fetuses Expected delivery date (MM/DD/YY)

SECTION III – INCOME INFORMATION

6. How many family members are in the household? (See instructions to determine who must be included.) Include the number of medically verified fetuses.

7. Enter the total monthly gross earned income. (See instructions to determine what must be included in this calculation.) \$

8. Enter total monthly gross other income (VA, SSA, contributions, unemployment compensation, allowance, child support, etc.). \$

9. Enter the total monthly gross income (add Lines 7 and 8). \$

10. Enter total monthly child support expense. \$

11. Enter total net monthly income (subtract Line 10 from Line 9). \$

12. Compare the total net monthly income (Line 11) with the federal poverty level guidelines for the appropriate group size. Does the client meet the eligibility income limits? Yes No

SECTION IV - NOTICE

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

OR

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

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

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

Name – Qualified Provider Address – Qualified Provider

SIGNATURE – Qualified Provider Medicaid Provider Number Date Signed

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

OR

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

SIGNATURE – Client Date Signed

SECTION V – WISCONSIN BADGERCARE PLUS TEMPORARY EXPRESS ENROLLMENT FOR PREGNANT WOMEN IDENTIFICATION CARD

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

Client Name and Address

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

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To the Provider

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

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

WISCONSIN DEPARTMENT OF HEALTH AND FAMILY SERVICES



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

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