WISCONSIN DEPARTMENT OF HEALTH SERVICES
Division of Health Care Access and Accountability
F-10081 (02/14)
DHS 103.03(4) Wis. Admin. Code

APP

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.)	☐ Yes ☐ 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.)	☐ Yes ☐ No
5. Are you a U.S. citizen or lawfully present in the United States? (If you answered No, go to Section IV.)	☐ Yes ☐ No

SECTION II – PREGNANCY INFORMATION

6. Number of Fetuses	Expected Delivery Date (MM/DD/YY)

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?	☐ Yes ☐ 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):

☐ Is not a Wisconsin resident
☐ Is currently enrolled in Wisconsin Medicaid or BadgerCare Plus
☐ Does not qualify under the income guidelines.
☐ Is not a U.S. citizen or lawfully present in the United States.
☐ Has already received EE for Pregnant Women for this pregnancy.

Name – Qualified Provider (Type or Print)	Address – Qualified Provider	Medicaid Provider Number
Name — Provider Representative (Type or Print)	**SIGNATURE** – 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, 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

SIGNATURE – Client	Date Signed

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	☐ BV ☐ 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.**

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