

## **BadgerCare Plus — Express Enrollment for Pregnant Women Application Instructions**

This application is only for pregnant women applying to be temporarily enrolled in BadgerCare Plus through Express Enrollment. Express Enrollment in BadgerCare Plus allows a pregnant woman to receive immediate pregnancy-related outpatient services. The qualified provider and applicant should complete the application together.

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

1. Check the applicant's Medicaid or BadgerCare Plus enrollment status using the Wisconsin Enrollment Verification System (EVS). Providers may use any of the EVS methods to check enrollment, including the following:
  - Visit the ForwardHealth Portal.
  - Call the automated voice response service (WiCall) at 800-947-3544.
  - Call Provider Services at 800-947-9627.
2. Explain that temporary enrollment in BadgerCare Plus for pregnant women is limited to coverage of pregnancy-related outpatient services. Applicants must apply and be eligible for ongoing 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 working days** to:

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

Read and provide all the following information to the applicant. Do not leave any question unanswered.

### **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 IV — Notice* and check the box indicating that the applicant is not eligible for Express Enrollment in BadgerCare Plus because she is not a resident of Wisconsin. Follow the instructions for *Section IV — Notice* for an applicant who is not eligible for Express Enrollment in BadgerCare Plus 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 phone number (including 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 temporary enrollment in BadgerCare Plus, including the ForwardHealth identification (ID) card and all notices. If the applicant is concerned about other

household members receiving her confidential information regarding this program, instruct the applicant to indicate a mailing address other than her residence address where she can receive 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 mailing address for receiving correspondence, you must have a reliable way of contacting the applicant to promptly give her all BadgerCare Plus notices and the ForwardHealth ID card.

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

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

If the applicant answers yes on Line 3, she is already receiving Medicaid or BadgerCare Plus benefits. Explain that she already has access to the same benefits through Wisconsin Medicaid or 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 Express Enrollment in BadgerCare Plus for pregnant women.

**Line 4: Have you previously received BadgerCare Plus for pregnant women through Express Enrollment for the 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 temporary enrollment for her current pregnancy. She is unable to receive another period of temporary enrollment benefits for this pregnancy. Go to *Section IV — Notice* and check the box that the applicant is not eligible because she has already received Express Enrollment in BadgerCare Plus for pregnant women for this pregnancy. Follow the instructions in *Section IV — Notice* for an applicant who is not eligible for Express Enrollment in BadgerCare Plus for pregnant women.

Inform the applicant that although she is not eligible for another period of temporary enrollment, she may be eligible for enrollment in ongoing Wisconsin Medicaid or BadgerCare Plus and may apply online at [access.wisconsin.gov](http://access.wisconsin.gov), by telephone, by mail, or in person at the local agency. A list of agencies can be found at [www.dhs.wisconsin.gov/forwardhealth/imagency/index.htm](http://www.dhs.wisconsin.gov/forwardhealth/imagency/index.htm) or by contacting Member Services at 800-362-3002.

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

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 U.S. for a certain amount of time.

If the applicant answers no on Line 5, she is not eligible to temporarily enroll in BadgerCare Plus through Express Enrollment because she is not legally present in the U.S. 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 U.S. Follow the instructions in *Section IV — Notice* for an applicant who is not eligible for Express Enrollment in BadgerCare Plus for pregnant women.

Inform the applicant that she is not eligible but may be eligible for the BadgerCare Plus Prenatal Plan and she may apply online at [access.wisconsin.gov](http://access.wisconsin.gov), by telephone, by mail, or in person at the local agency. A list of agencies can be found at [www.dhs.wisconsin.gov/forwardhealth/imagency/index.htm](http://www.dhs.wisconsin.gov/forwardhealth/imagency/index.htm) or by contacting Member Services at 800-362-3002.

## **Section II — Pregnancy information**

### **Line 6: Pregnancy information**

Include the number of babies 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, work with the applicant to answer the questions regarding her finances. Answer all financial questions only for the individuals who are counted as part of the household on Line 7. Verification of income information is not required to temporarily enroll the applicant in BadgerCare Plus. Verification may be required if the applicant applies for enrollment in ongoing Wisconsin Medicaid or BadgerCare Plus.

### **Line 7: How many family members are in the household?**

The household size must include all members of the household, even if they are not applying for Express Enrollment. Household members include:

- The pregnant woman who is applying for Express Enrollment.
- The pregnant woman's spouse if she is married.
- The number of babies the pregnant woman is expecting.
- Children under age 19. If a child is married, also count his or her spouse.
- The natural, adoptive, and stepparents living with any children under age 19 in the household.
- Caretaker relatives of children under age 19 in the household.

**Note:** The household size will always be at least two people since the household will at a minimum include the pregnant woman and the baby she is expecting.

### **Line 8: Enter the total monthly earned income.**

For determining eligibility for Express Enrollment in BadgerCare Plus for pregnant women, the financial test is based on expected income. For this calculation, use the actual income expected during the current month. For example, a woman applying any time in September will use expected income, such as expected hours of work, for September.

To be determined eligible for temporary enrollment in BadgerCare Plus, the applicant must meet the income limits for the appropriate group size. The income of all 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 Credit payments
- Allowances

To calculate the amount of the monthly earned income, first determine how the individual is paid.

- **Paid hourly:** Multiply the number of hours worked per week by the amount of pay per hour. Multiply that amount by 4. Count the amount of income before taxes are taken out but after any pre-tax deductions are taken out of the paycheck. Be sure to count any overtime or weekend pay.
- **Paid a salary:** Enter the monthly amount of the salary. If the salary is based on a yearly amount, divide that amount by 12. Count the amount of income before taxes are taken out but after any pre-tax deductions are taken out of the paycheck.
- **Tips and commission:** Count the average income received monthly.

Add all types of monthly earned income (amount of money earned after any deductions) to arrive at the total monthly earned income. Enter this amount on Line 8. If the applicant does not have any countable monthly earned income, enter \$0. Do not leave this line blank.

#### **Line 9: Enter total monthly unearned income.**

This income includes, but is not limited to:

- Social Security income (use gross amounts) **Note:** Do not count a child's Social Security income.
- Unemployment compensation
- Taxable pensions, taxable annuities, and insurance payments
- 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 unearned income:

- Supplemental Security Income (SSI)
- Student loans
- Student financial aid, including grants, scholarships, and fellowships
- Child support income
- Workers compensation
- Veterans benefits
- Reimbursement for expenses that 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. If the applicant does not have any countable monthly unearned income, enter \$0. Do not leave this line blank.

#### **Line 10: Enter the total monthly income.**

Calculate the total monthly income by adding the applicant's total monthly earned income (Line 8) and total monthly unearned income (Line 9).

Enter this amount on Line 10. If the applicant does not have any countable monthly income, enter \$0. Do not leave this line blank.

**Line 11: Compare the total monthly income (Line 10) with the federal poverty level income guidelines for the appropriate group size.**

Monthly income must be at or below the income limits for the appropriate household size listed below. Use the household size determined in Line 7.

<b>Federal Poverty Level Income Guidelines</b>	
<b>Household size</b>	<b>2026 Monthly income limit at 306% FPL</b>
2	\$5,518.19
3	\$6,966.61
4	\$8,415.00
5	\$9,863.39
6	\$11,311.81
7	\$12,760.20
8	\$14,208.59
9	\$15,657.01
10	\$17,105.40
For each additional person, add:	\$1,448.39

If the applicant's total monthly income (Line 10) is at or below the income limit for the appropriate group size and all other nonfinancial eligibility requirements have been met, the applicant is eligible for Express Enrollment in BadgerCare Plus. Check yes on Line 11 and go to *Section IV — Notice*.

If the applicant's total monthly income exceeds the income limit for the appropriate group size, the applicant is not eligible for Express Enrollment in BadgerCare Plus. Check no on Line 11 and go to *Section IV*. 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 Express Enrollment in BadgerCare Plus for pregnant women.

Inform the applicant that she is not eligible for Express Enrollment in BadgerCare Plus but may be eligible for enrollment in ongoing Medicaid or BadgerCare Plus. She may apply online at [access.wisconsin.gov](http://access.wisconsin.gov), by telephone, by mail, or in person at the local agency. A list of agencies can be found at [www.dhs.wisconsin.gov/forwardhealth/imagency/index.htm](http://www.dhs.wisconsin.gov/forwardhealth/imagency/index.htm) or by contacting Member Services at 800-362-3002.

## **Section IV — Notice**

**Line 12: Determination of eligibility for Express Enrollment in BadgerCare Plus for pregnant women.**

If the applicant meets the program rules based on information provided on the application, check the first box stating that the applicant qualifies for Express Enrollment in BadgerCare Plus for pregnant women. In addition, you must do all of the following:

1. Enter your name, address (street, city, state, zip code), and Medicaid provider number. If you are part of a large organization with a number of local sites, *please use the specific local site address where the applicant was served*. You must enter your name as the provider representative, and 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 temporary enrollment in BadgerCare Plus lasts from the date of application until the end of the month following the month that she is temporarily enrolled. Explain that to continue receiving benefits after the temporary enrollment end date, she must apply for enrollment in ongoing Wisconsin Medicaid or BadgerCare Plus. Encourage the applicant to apply for ongoing Wisconsin Medicaid or BadgerCare Plus as soon as possible because temporary enrollment in BadgerCare Plus is a limited benefit that does not cover the costs of inpatient labor and delivery. She may apply online at [access.wi.gov](http://access.wi.gov), by telephone, by mail, or in person at the local agency. A list of agencies can be found at [www.dhs.wisconsin.gov/forwardhealth/imagency/index.htm](http://www.dhs.wisconsin.gov/forwardhealth/imagency/index.htm) or by contacting Member Services at 800-362-3002.

**Note:** If the applicant applies for ongoing Wisconsin Medicaid or BadgerCare Plus and the local agency makes an eligibility determination prior to the temporary enrollment end date, the temporary enrollment will end at that time, regardless of the result of the eligibility determination.

3. Explain to the applicant that a temporary enrollment determination does not guarantee that the local agency will be able to enroll her in ongoing Wisconsin Medicaid or BadgerCare Plus because of other requirements that may apply.
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 for ongoing Medicaid or BadgerCare Plus on or before the last day of the temporary enrollment period and her eligibility cannot be determined before the temporary enrollment period ends.
5. If the applicant has children under age 5, inform the applicant that she and/or her children may be eligible for the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), and provide her with a copy of the WIC pamphlet.

Go to Line 13.

#### **Applicants not eligible for express enrollment in BadgerCare Plus for pregnant women**

If the applicant is **not** eligible for Express Enrollment in BadgerCare Plus, check the box stating, "I have determined that the above-named applicant is not eligible for Express Enrollment for BadgerCare Plus for the following reason(s)." Explain that while she may not be able to temporarily enroll, she still may be able to enroll in ongoing Medicaid or BadgerCare Plus.

In addition, you must do all of the following:

1. Enter your name, address (street, city, state, zip code), and Medicaid provider number. If you are part of a large organization with a number of local sites, *please use the specific local site address where the applicant was served*. You must enter your name as the provider representative, and 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 she and/or any children she may have who are younger than 5 may be eligible for WIC and provide her with a copy of the WIC pamphlet.

Go to Line 13.

#### **Line 13: Applicant attestation and signature**

If you determine that the applicant meets the program rules based on the information provided on the application, you must 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 the statement, and sign and date the application.

2. Give the applicant a copy of the application.
3. Fill out the temporary ID card in Section V (see instructions in Section V below).

If you determine that the applicant cannot be temporarily enrolled in BadgerCare Plus, you must do all of the following:

- Have the applicant read the text after the second checkbox, check the box if she understands and agrees with the statement, and sign and date the application.
- Detach and destroy the temporary ID card (Section V), and 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.

## **Section V — Temporary identification card**

Complete the following items on the temporary ID card if the applicant is eligible for temporary enrollment:

1. **Card effective dates:** The temporary ID card is effective for 14 calendar days. Enter the date eligibility is determined in the "From" field. Add 13 calendar days from this date and enter this date in the "Through" field (the date eligibility is determined is day 1).

**Note:** The temporary enrollment begins on the first day eligibility is determined and continues through the last day of the month following the month in which temporary enrollment begins (e.g., a woman who is temporarily enrolled on June 6 is enrolled through July 31). See the last section on the next page regarding the permanent ForwardHealth ID card.

Inform the applicant that if she applies for ongoing Wisconsin Medicaid or BadgerCare Plus and the local agency makes an eligibility determination prior to the temporary enrollment end date, the temporary enrollment will end at that time, regardless of the result of the eligibility determination.

2. **Medical status code:** Check the correct code based on the household income:

<b>Medical status code</b>	<b>Income level</b>
BV	At or below 200% of the federal poverty level (FPL)
9E	Above 200% of the federal poverty level and at or below the monthly income limit

<b>Group size</b>	<b>2026 Monthly income at 200% FPL</b>	<b>2026 Monthly income limit at 306% FPL</b>
2	\$3,606.66	\$5,518.19
3	\$4,553.34	\$6,966.61
4	\$5,500.00	\$8,415.00
5	\$6,446.66	\$9,863.39
6	\$7,393.34	\$11,311.81
7	\$8,340.00	\$12,760.20
8	\$9,286.66	\$14,208.59
9	\$10,233.34	\$15,657.01
10	\$11,180.00	\$17,105.40
For each additional person, add:	\$946.66	\$1,448.39

3. **Member ID number:** Ask if the applicant already has a Medicaid ID number even if she 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 does not know 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-Medicaid ID 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, you must call 608-421-6340 to obtain a pseudo-Medicaid ID number. No additional zero is needed if using a pseudo-Medicaid ID number.

SSNs and personally identifiable information entered on the BadgerCare Plus Express Enrollment for Pregnant Women Application and temporary ID card will be used only for the direct administration of BadgerCare Plus benefits.

**Note:** Providing or applying for an SSN is voluntary and is not required in order to determine eligibility for temporary enrollment in BadgerCare Plus. However, an applicant for BadgerCare Plus who does not provide an SSN or does not apply for one will not be eligible for BadgerCare Plus unless she belongs to a recognized religious sect that conscientiously opposes applying for or using an SSN. An individual who refuses to apply for or use an SSN due to religious beliefs must provide verification from a church elder or other church officer that doing so is against the church doctrine.

4. **Agency code:** Enter your agency code number.
5. **Member name and address:** Print or type the member'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 member to use as a temporary ID card. This temporary ID card entitles the member to covered pregnancy-related outpatient services rendered by a Medicaid-enrolled provider.
7. Inform the member that this temporary ID card can be used until a permanent ForwardHealth ID card is mailed to the mailing address indicated on the application. The permanent ForwardHealth ID card will be mailed to the member within 3-5 business days, if the member has not already been issued a ForwardHealth ID card. If the member has been issued a ForwardHealth ID card in the past, a new one will not be mailed. The member can use her previously issued ForwardHealth ID card or contact Member Services at 800-362-3002 to request a new one.

The ForwardHealth ID card is valid only for the temporary enrollment period and will only allow the applicant to receive covered pregnancy-related outpatient services. If the member applies for enrollment in ongoing Wisconsin Medicaid or BadgerCare Plus and is determined eligible, she will continue to use the same ForwardHealth ID card.