



FORWARDHEALTH

PROVIDER SERVICES
313 BLETTNER BLVD
MADISON WI 53784

Scott Walker
Governor

Telephone: 800-947-9627
TTY: 711 or 800-947-3529

Kitty Rhoades
Secretary

State of Wisconsin
Department of Health Services

www.forwardhealth.wi.gov

<Month DD, YYYY>

<sequence number>

<Provider Name> <Title>

<Contact Name>

<Address 1>

<Address 2>

<City> <State> <Zip>-<Zip4>

Dear Provider:

Thank you for your interest in providing a convenient location for pregnant women to temporarily enroll in BadgerCare Plus. The enrollment process is quick and easy (Web based) and provides pregnant women with on-the-spot access to pregnancy-related outpatient health care coverage.

Your Application Tracking Number (ATN) for your certification is <ATN>. Please include your ATN on all correspondence relating to your certification application. It is important that you return this cover letter with your completed materials to ensure proper tracking of the application process.

We are enclosing the materials you will need to participate in this enrollment process. Please review the certification criteria before completing the application. Once your application is approved, you will receive:

- An approval letter that will provide you with an agency code that identifies you as qualified to temporarily enroll pregnant women in BadgerCare Plus.
- Your Security Administrator will then receive an e-mail that will provide a one-time use personal identification number (PIN), links to instructional materials, and information you will need to begin the online process of enrolling pregnant women in BadgerCare Plus.

Please call Provider Services toll free at (800) 947-9627 if:

- You have questions about the enclosed materials, or
- Your application is approved, but your Security Administrator does not receive an e-mail with your PIN within seven days following the receipt of your approval letter containing your partner/provider number.

Thank you,

Wisconsin Medicaid
Provider Enrollment Department

Enclosures

F-11268 (07/11)



Scott Walker
Governor

Kitty Rhoades
Secretary

State of Wisconsin
Department of Health Services

FORWARDHEALTH

PROVIDER SERVICES
313 BLETTNER BLVD
MADISON WI 53784

Telephone: 800-947-9627
TTY: 711 or 800-947-3529

www.forwardhealth.wi.gov

**CERTIFICATION CRITERIA
For Providers
Express Enrollment of Pregnant Women in BadgerCare Plus**

State and federal laws allow pregnant women to be temporarily enrolled in BadgerCare Plus. Under these laws, certain qualified providers are allowed to temporarily enroll pregnant women using the BadgerCare Plus Express Enrollment tool based on preliminary information about family size and income.

To be qualified to enroll pregnant women in BadgerCare Plus, providers must meet the criteria under Items 1 through 3 below:

1. Be certified as a Medicaid provider under Ch. DHS. 105, Wis. Admin. Code; **and**
2. Provide one or more of the following services:
 - (a) Outpatient hospital services
 - (b) Rural health clinic services; or
 - (c) Clinic services (furnished by or under the direction of a physician, without regard as to whether the clinic itself is administered by a physician); **and**
3. Receive funding or participate in a program under:
 - (a) A migrant health center or community health center program (under Section 330 of the Public Health Service Act);
 - (b) A maternal and child health services block grant program (Title V of the Social Security Act);
 - (c) Title V of the Indian Health Care Improvement Act;
 - (d) The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) under section 17 of the Child Nutrition Act of 1966;
 - (e) The Commodity Supplemental Food Program under section 4(a) of the Agriculture and Consumer Protection Act of 1973;

- (f) A state perinatal program (defined for this purpose as a physician, nurse practitioner, certified nurse midwife, family planning clinic, outpatient hospital, or other clinic that provides prenatal medical care or family planning services to Wisconsin Medicaid members);
- (g) An Indian Health Service or a health program or facility if it is operated by a tribe or tribal organization under the Indian Self-Determination Act (Public Law 93-638).

Application

To be qualified to temporarily enroll pregnant women in BadgerCare Plus, interested entities must complete the Application to Become a Certified Provider for BadgerCare Plus Express Enrollment for Pregnant Women form, F-10177.

The Security Administrator is any individual the provider designates as the authorized representative to establish online access for the provider.

Applicants must complete all fields, except as follows:

- The name of the individual completing the form is not required if it is the same as the Security Administrator.
- The additional site information is not required if the primary site is the only location.

Note: Providers should use a group billing/provider number, whenever possible. Separate applications are not required for satellite locations nor individual providers within a clinic.

Notification

The Department will notify applicants of approvals or denials in writing. Once your application is approved, we will send you two letters:

- The first will be your approval letter which will provide you with a partner/provider number that identifies you as qualified to use the Express Enrollment tool to temporarily enroll pregnant women in BadgerCare Plus.
- Your Security Officer will receive an e-mail that will include a one-time use PIN. Once your Security Officer receives the PIN, he or she will be able to log in and set up administrative rights for individuals in your agency to begin using the BadgerCare Plus Express Enrollment application on the ACCESS for Partners and Providers Web site. You will also receive information about where to find instructional materials and information you will need to begin using BadgerCare Plus Express Enrollment.

Providers may not temporarily enroll pregnant women in BadgerCare Plus without written approval from the Department.

Note: Qualified providers may not temporarily enroll anyone in BadgerCare Plus on or after the day their certification as a BadgerCare Plus or Medicaid provider ends.

Please call Provider Services at (800) 947-9627 if:

- You have questions about the enclosed materials or
- Your application is approved, but you do not receive your PIN within seven days following the receipt of your first letter containing your partner/provider number.

F-11317 (10/08)

APPLICATION TO BECOME A CERTIFIED PROVIDER FOR BADGERCARE PLUS EXPRESS ENROLLMENT FOR PREGNANT WOMEN

This is an application to become a provider certified to use the BadgerCare Plus Express Enrollment Web-based tool to temporarily enroll pregnant women in BadgerCare Plus. If this application is approved, you will receive information on how to temporarily enroll pregnant women in BadgerCare Plus. In addition, you will receive a one-time use personal identification number (PIN) for purposes of logging in and setting up administrative rights for individuals in your agency to access the online express enrollment tool. Complete the information below, sign and date this form, and mail it to:

Provider Maintenance
313 Blettner Blvd
Madison WI 53784

Name — Provider		National Provider Identifier
Address — Street		Telephone (Include Area Code)
City	State	ZIP Code

To be eligible, providers must meet the criteria in Section I **and** in Section II or Section III.

SECTION I

Indicate the type of services you provide: Clinic Outpatient Hospital Rural Health Clinic

AND

SECTION II

Indicate if you receive funding under the following (check all that apply):

- Community Health Centers or Migrant Health Centers
- Maternal and Child Health Title V
- Title V of the Indian Health Care Improvement Act
- WIC Program
- Commodity Supplemental Food Program

OR

SECTION III

Indicate if your agency is:

- A state perinatal program
- An Indian Health Service
- A health program or facility operated by a tribe or tribal organization (i.e., a Section 638 facility or program)

Continued



Note: The Security Administrator will receive the one time use PIN instructions for setting up users in your organization/agency.

Name — First	MI	Last	Title
Telephone Number ()		E-mail Address	

If the individual completing this form is not the Security Administrator, provide the information below.

Name — First	MI	Last	Title
Telephone Number ()		E-mail Address	

SIGNATURE — Individual Completing this Form or Security Administrator

Date Signed

Complete this section if you are requesting certification for more than one site for this organization.

Primary Site Name	Telephone Number ()
Address	

City	State	ZIP Code
------	-------	----------

Provide a unique identifier for each additional site. For example: Health Care Clinic — ***“East Side, Main Street.”***

Site Name	Telephone Number ()
Address	

City	State	ZIP Code
------	-------	----------

Continued

Site Name	Telephone Number ()
-----------	-----------------------------

Address

City	State	ZIP Code
------	-------	----------

Site Name	Telephone Number ()
-----------	-----------------------------

Address

City	State	ZIP Code
------	-------	----------

Site Name	Telephone Number ()
-----------	-----------------------------

Address

City	State	ZIP Code
------	-------	----------

Site Name	Telephone Number ()
-----------	-----------------------------

Address

City	State	ZIP Code
------	-------	----------