



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 Partner or Provider:

Thank you for your interest in helping to ensure that all children in Wisconsin have access to health care coverage. The process for enrolling children is quick and easy (Web based).

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 be a partner in this 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 a partner/provider number that identifies you as qualified to use the BadgerCare Plus Express Enrollment Web-based tool to temporarily enroll children in BadgerCare Plus.
- Your Security Administrator will then receive an e-mail that will provide a one-time use personal identification number (PIN) and links to instructional materials and information you will need to begin the online process of enrolling children 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-11309 (07/11)



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**CERTIFICATION CRITERIA
For Partners and Providers to Provide
Express Enrollment of Children in BadgerCare Plus**

State and federal laws allow for the temporary enrollment of children under age 19 into BadgerCare Plus. Under these laws, certain “qualified entities” are allowed to temporarily enroll children based on preliminary information about family income. A qualified entity is any individual, agency, or organization the state designates as qualified to make these determinations.

Qualified Partners and Providers

In the state of Wisconsin, qualified partners and providers include the following:

1. Wisconsin Medicaid Providers certified under ch. DHS. 105, Wis. Admin. Code;
2. Agencies that determine eligibility for Head Start under the federal Head Start Act;
3. Agencies that determine eligibility for child care under the Child Care and Development Block Grant Act of 1990;
4. Agencies that determine eligibility for the Special Nutrition Program for Women, Infants, and Children (WIC) under s. 17 of the Child Nutrition Act of 1966;
5. Elementary or secondary schools, as defined in s. 14101 of the Elementary and Secondary Education Act of 1965;
6. Elementary or secondary schools operated or supported by the Bureau of Indian Affairs;
7. Government entities: State, Tribal, or local governments;
8. Organizations providing emergency food and shelter under a grant from the Stewart B. McKinney Homeless Assistance Act;
9. Faith-based organizations providing services to low-income children and families; and
10. Community-based organizations providing health or social services to low-income children and families.

Other Entities

Entities not defined above may also apply for certification to temporarily enroll children in BadgerCare Plus. The Department will review these applications on a case-by-case basis. The Department will make a decision based on several factors, including: geographic location, population typically served by the agency, and the agency's ability to meet the Department's requirements for making timely determinations.

Application

To be qualified to use the Express Enrollment Web-based tool to temporarily enroll children in BadgerCare Plus, interested agencies must complete the Application to Become a Certified Partner/Provider for BadgerCare Plus Express Enrollment for Children form, F-10148.

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

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: Separate applications or certification is not required for satellite locations or for individuals working within an agency, clinic, or health care facility.

Notification

The Department will notify applicants of approvals or denials in writing. Once your application is approved, you will receive 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 Express Enrollment to temporarily enroll children 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.

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 14 days following the receipt of your first letter containing your partner/provider number.

Partners and providers may not temporarily enroll children in BadgerCare Plus without written approval from the Department.

F-11318 (10/08)

**APPLICATION TO BECOME A CERTIFIED PARTNER / PROVIDER FOR
BADGERCARE PLUS EXPRESS ENROLLMENT FOR CHILDREN**

This is an application to become a partner/provider certified to use the BadgerCare Plus Express Enrollment Web based tool to temporarily enroll children in BadgerCare Plus. If this application is approved, you will receive an approval letter with your partner/provider number and information on how to temporarily enroll children in BadgerCare Plus using Express Enrollment. In addition, you will receive a letter containing your 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 — Organization / Agency	FEIN/TIN	
Address	Telephone Number ()	
	FAX Number	
City	State	ZIP Code

Type of Organization (Check all that apply.)

- | | |
|---|---|
| <input type="checkbox"/> Medicaid Certified Provider | <input type="checkbox"/> Emergency Food and / or Shelter Provider |
| <input type="checkbox"/> National Provider Identifier _____ | <input type="checkbox"/> Elementary or Secondary School |
| <input type="checkbox"/> Head Start | <input type="checkbox"/> Government Entity / Tribal Organization |
| <input type="checkbox"/> WIC Program | <input type="checkbox"/> Faith-Based Organization |
| <input type="checkbox"/> Community Based Organization | <input type="checkbox"/> Other (Describe) _____ |

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

SECURITY ADMINISTRATOR

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.

INDIVIDUAL COMPLETING THIS FORM

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

SIGNATURE — Individual Completing Form / Security Administrator	Date
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Continued



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

Primary Site Name	Telephone Number (Include Area Code)
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Address

City	State	ZIP Code
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Please provide a unique identifier for each additional site. For example: Health Care Clinic — “**East Side, Main Street.**”

Site Name	Telephone Number ()
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Address

City	State	ZIP Code
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Site Name	Telephone Number ()
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Address

City	State	ZIP Code
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Site Name	Telephone Number ()
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Address

City	State	ZIP Code
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