



Express Enrollment for Qualified Hospitals

Adam VanSpankeren

Partner Outreach Coordinator

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Division of Health Care Access
and Accountability



Agenda

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- Presumptive Eligibility (PE) Determinations by Population
- Express Enrollment (EE) Eligibility Policy and Covered Services
- Becoming EE Certified and Using ACCESS for Partners and Providers (APP)
- Resources
- Questions



Training Goals

Goals:

- Explain changes to the presumptive eligibility process.
- Transition from the temporary Presumptive Eligibility (PE) process to ACCESS for Partners and Providers (APP)
- Teach qualified hospital staff how to become Express Enrollment (EE) users and navigate APP.
- Provide additional resources for EE.



Background

- Under Section 2202 of the Patient Protection and Affordable Care Act (PPACA or ACA) and federal regulations at 42 CFR 435.1110, qualified hospitals may determine certain individuals presumptively eligible for Medicaid on the basis of preliminary information, subject to federal and state requirements.
- By conducting PE determinations in accordance with this provision, qualified hospitals can assist individuals in securing temporary coverage in a timely manner and provide them with a pathway to ongoing health coverage.



Terms Defined

- **Express Enrollment (EE):** The **online application** in ACCESS for making PE determinations.
- **Presumptive Eligibility (PE):** The **determination** of whether an applicant is eligible to temporarily enroll in BadgerCare Plus or Family Planning Only Services.
- **Temporary Enrollment (TE):** When an applicant has been found **eligible to temporarily enroll** in BadgerCare Plus or Family Planning Only Services. The temporary enrollment period ends on the last day of the month, following the month the PE determination was made.



What Is PE?

- In Wisconsin, PE refers to temporary BadgerCare Plus or Family Planning Only Services eligibility determinations that are based solely on preliminary household and financial information provided by the applicant.
- Performed only by trained certified hospital staff, this process allows the applicant to receive immediate health care coverage while his or her full application for Medicaid, BadgerCare Plus or Family Planning Only Services is processed.



What Is PE? (Continued)

Effective April 1, 2014, qualified hospitals are able to make PE determinations for all of the following Wisconsin residents:

- Pregnant women
- Children under age 19
- Individuals applying for Family Planning Only Services
- Parents and caretakers
- Adults without dependent minors in the home
- Women under age 65 with breast or cervical cancer
- Former foster care youth



Reminder: Becoming a Qualified Hospital

- What is a qualified hospital for the purposes of determining who can do PE?
 - Primary site where services are provided (i.e., the “four walls” of the hospital).
 - Can be an inpatient or outpatient hospital enrolled in Medicaid (provider type 01 and 58)
- Hospitals must sign up through ForwardHealth.
- There is no cost to hospitals for this designation.



What Is ACCESS for Partners and Providers?

ACCESS for Partners and Providers (APP) is the Web-based EE application tool in ACCESS (ACCESS.wi.gov) for providers, partners and qualified hospitals to make PE determinations for the temporary enrollment of certain populations for BadgerCare Plus or Family Planning Only Services coverage.



What Is Changing?

- The Department of Health Services (DHS) provided hospitals who attested with a temporary process for making PE determinations in April 2014.
- A new PE determination process will now be completed through one single, streamlined process in ACCESS, starting September 28, 2014.
 - Qualified hospitals will no longer start the application process using the “Am I Eligible” process in ACCESS then go to the hospital’s secure Portal page to complete the PE application.
- This process aligns PE for qualified hospitals with the EE applications that exist in APP.



What Is Changing? (Continued)

- The temporary process for qualified hospitals to make PE determinations that was put into place in April 2014 will no longer be accessible beginning October 15, 2014.
- We ask that hospitals transition to the new process as soon after September 28 as possible.



What Is Changing? (Continued)

- Qualified hospitals can now submit a single EE application for multiple household members, regardless of eligible population type.
- After eligibility is determined, the hospital may print an eligibility notice that includes a temporary identification card for the eligible member(s).
- The EE notice and summary are now easier to print in Spanish.



What Is Changing? (Continued)

- Some information from the online EE application will be pre-populated into the application for ongoing Medicaid, BadgerCare Plus or Family Planning Only Services coverage, further streamlining the completion of a full benefit application.
- Qualified hospitals will no longer need to retain copies of documents related to PE determination because this information will be available through ACCESS.



What Is Changing? (Continued)

- Among other new search criteria, qualified hospitals will now be able to search whether EE applications were linked to a full BadgerCare Plus or Family Planning Only Services application.
- Qualified hospitals will no longer need to include an end date for jail inmates.
- Temporary eligibility for Wisconsin Well Woman Medicaid can no longer be done as part of the online process. It can only be done using the paper form.



What Is Not Changing?

- The eligible populations for which qualified hospitals can make PE determinations.
- Only trained qualified hospital staff can make PE determinations at qualified hospital locations.
- Third-party contractors cannot make PE determinations.
- Temporary enrollment period length.
- Limits to the number of temporary enrollment periods.
- Covered services.
- No verifications will be required for PE determinations.
- Performance reviews and reasons for disqualification.



What Is NOT Changing? (Continued)

Hospital accountability:

- ForwardHealth will monitor, on a hospital-by-hospital basis, the number of presumptively eligible members who are subsequently found eligible for Medicaid or BadgerCare Plus.
- ForwardHealth may require additional training for hospitals with resulting Medicaid or BadgerCare Plus enrollment levels that fall below 90 percent of the number of PE determinations made in a 12-month period.



PE Determinations by Population

	PE Determinations for			
	Children	Pregnant Women	Family Planning Only Services	Adults, Parents and Caretakers
Qualified Hospitals	X	X	X	X
Providers	X	X	X	
Partners	X			

Note: Only qualified hospital staff may make PE determinations at qualified hospital locations. Third-party contractors are **not** allowed to make PE determinations for a qualified hospital, though they can assist the patient in completing the application for ongoing coverage.



Who Can Provide EE?

- For children:
 - Community organizations and Medicaid enrolled providers, including qualified hospitals, that are approved by ForwardHealth to do EE and have received EE training
- For pregnant women:
 - Only Medicaid enrolled providers, including qualified hospitals, that are approved by ForwardHealth to do EE and have received EE training
- For adults:
 - Only staff of qualified hospitals approved to do EE by ForwardHealth and who have successfully completed the EE certification process and EE training



EE Eligibility Criteria: Children

- Under age 19:
 - Minors under age 18 must apply with a parent or guardian signing the application unless the minor is living independently.
- Child must be a U.S. citizen or lawfully present in the U.S.
- EE for children financial eligibility depends on the child's age:
 - Children under age one: 306% FPL
 - Children ages one through five: 191% FPL
 - Children ages 6 through 18: 156% FPL



EE Eligibility Criteria: Children (cont'd)

- For complete FPL charts, refer to the BadgerCare Plus Handbook, Chapter 50.1.
<http://www.emhandbooks.wisconsin.gov/bcplus/policyfiles/6/50.1.htm>



EE Eligibility Criteria: Pregnant Women

- Must be a U.S. citizen or lawfully present in the U.S.
- Family income is at or below 306% FPL.



EE Eligibility Criteria: Adults

- Must be a parent, caretaker or individual age 19–64 with no minor dependents in the home.
- Family income is at or below 100% FPL.
- For adults or parents/caretakers:
 - Is a U.S. citizen
 - Lawfully residing in the U.S. for at least five years
 - Lawfully residing in the U.S. and a refugee or seeking asylum
 - From Cuba or Haiti and lawfully residing in the U.S.
 - Lawfully residing in the U.S. under one of the eligible immigration statuses listed at <http://www.healthcare.gov/immigration-status-and-the-marketplace>



EE Eligibility Criteria: Family Planning Only Services

- Income is at or below 306% FPL.
- For those applying for Family Planning Only Services:
 - Is a U.S. Citizen.
 - Lawfully residing in the U.S. for at least five years.
 - Lawfully residing in the U.S. and a refugee or seeking asylum
 - From Cuba or Haiti and lawfully residing in the U.S.
 - If under age 19, lawfully present in the U.S.
- Note: Regardless of living situation, individuals applying for Family Planning Only Services always use a household size of one.



EE Eligibility Criteria: Former Foster Care Youths

- Individuals who are Former Foster Care Youth have no income limit for PE.
- Must be between 18–25 years old.
- Must have been receiving foster, subsidized guardianship or court-ordered kinship care on the date that he or she turned 18.
- Must meet citizenship/immigration criteria of category for which they are applying.



EE: Important Reminders

- Individuals not eligible for coverage through the EE process may still be eligible for ongoing BadgerCare Plus or Family Planning Only Services coverage.
- Patients should be asked if they have existing Medicaid or BadgerCare Plus coverage. If they do not know, look them up in ForwardHealth.
- Express Enrollment applications must be signed:
 - by the primary contact person for the case (EE for BadgerCare Plus).
 - by the individual applicant (EE for Family Planning Only Services).



EE: Important Reminders

Inmates of correctional facilities:

- Hospitals may make PE determinations for patients who are inmates of certain public correctional institutions (e.g., county jails) as long as those patients are expected to remain in the hospital for 24 hours or more. The PE determination process for these patients will be the same as for other patients.
- Patients who are inmates of a state prison are not eligible for Medicaid or BadgerCare Plus through the hospital PE process.



EE: Covered Services

- For BadgerCare Plus populations:
 - EE children: BadgerCare Plus coverage
 - EE adults: BadgerCare Plus coverage
 - EE pregnant women: outpatient prenatal services
- EE for Family Planning Only Services: Family Planning Only Services coverage



EE Eligibility Period

- EE coverage begins on the date of eligibility determination and, in most cases, ends the last day of the following month.
 - Example: Jane obtained BadgerCare Plus coverage through EE on February 24. Her coverage will last until March 31.
 - The EE coverage period may change based on the outcome of the eligibility determination for ongoing coverage.
- EE coverage will not be backdated.



EE Eligibility Period (Cont'd)

- If a full application for BadgerCare Plus is submitted before the end of the following month, the temporary BadgerCare Plus enrollment period ends the day on which the agency completes processing the application.
- If the member's agency is unable to finish processing the application by the end of the temporary enrollment period, the agency may extend the temporary enrollment period for an additional calendar month.



EE Application Limits

- Applicants are only allowed to temporarily enroll in BadgerCare Plus or Family Planning Only Services once every 12 months or once per pregnancy—not one of each.
- Reminder: Temporary enrollment for BadgerCare Plus for pregnant women is a limited service. A BadgerCare Plus application for ongoing coverage must be completed after an EE application in order to be covered for full benefits.



EE Certification Process

- Hospitals wishing to become qualified hospitals for EE must complete the two-step certification process through the ForwardHealth Portal and ACCESS.wi.gov.
- Information about the EE certification process is found in **Chapter 12 of the ACCESS Handbook**.
- **Note:** Even if your hospital already attested in April, you will need to fill out the Express Enrollment Change Request form in Portal with the name and email of your security administrator to receive the PIN to set up a user account in ACCESS.



EE Certification Process (Cont'd)

- On and after September 27, 2014, qualified hospitals that attested prior to September 13 will need to submit an EE Change Request form through the ForwardHealth Portal with the name and email of their security administrator.
- After submitting the EE Change Request form, the security administrator will need to wait until the next day and then go to ACCESS to set up their user account in APP.



EE Certification Process (Cont'd)

- When setting up their user account, after selecting “I am the designated security administrator for an organization that is certified for Express Enrollment” another field will pop up titled “Section 2 – Provider Information” where the security administrator will need to select “Send New PIN”.
 - Once the account is created, the PIN will be emailed to the security administrator the next day.
 - Once the PIN is received, the security administrator should login to their account in APP and go to Update My User Account to enter the PIN to activate the qualified hospital for EE.



EE Certification Process (Cont'd)

- As of September 13, 2014, hospitals enrolling as qualified hospitals will need to apply through the ForwardHealth EE for Adults application (see Provider Update [2014-50](#)).



EE Certification Process (Continued)

After your organization's security administrator receives the PIN email from DHS (from noreply@wisconsin.gov), this individual can use the one-time PIN to activate your organization as an EE provider in APP.



EE Certification Process (Continued)

- The security administrator will manage the access of other users within that organization.
- All other users within the organization will set up their individual ACCESS accounts for EE.
 - All users within the organization will use the provider ID provided to the hospital contact person.
 - The security administrator must enable users to access the appropriate EE populations.



EE Application: Overview

- Avoid unnecessary applications.
 - Ensure that applicants do not currently have Medicaid or BadgerCare Plus coverage.
- Multiple individuals in a household can be on the same EE for BadgerCare Plus application even if they are from different population types.
- EE applications should be done on the ACCESS website and take around 15 minutes or less to complete.
 - ACCESS.wi.gov/



EE Application: Overview (Continued)

- An Express Enrollment application covers the following information:
 - Individual information
 - Contact information
 - Income details
 - Provider signature
 - Client/applicant signature
 - Results
- Fields with a red asterisk **must** be filled out.
- “Click here” links will provide additional instructions or help text.



Using APP

- Hospital staff should click “login” under Provider/Hospital on the ACCESS homepage and log in using their Wisconsin Account Management System (WAMS) ID.
- If you don't have a WAMS ID, you can create one by clicking on "Request a Wisconsin User ID and Password."



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Hospitals: BC+ express enrollment for parents/caretakers, childless adults, pregnant women, children and FPOS.

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State of **W I S C O N S I N**

Please log in

User ID

Password

This is a User Acceptance environment. Data and accounts are NOT permanent

Login

[Forgot your password? Is your account locked?](#)
[Request a Wisconsin User ID and Password.](#)



Using APP (Continued)

Logging in for the first time:

- If you are the security administrator for your organization, you should select the "I am the designated security administrator for an organization that is certified for Express Enrollment" option. A field will appear to enter the one-time PIN and activate the hospital as an EE provider.
- You may then search for users for the organization and grant them permissions to perform EE for selected populations.



Using APP (Continued)

- The security administrator may also designate location administrators to manage the rights of users at a specific location of the organization.



Using APP (Continued)

Security administrators: entering the PIN

Section 2 - Provider Information

You also told us that you're the designated Security Administrator for an Express Enrollment Organization. Please enter your one-time user pin for your Express Enrollment Organization. This is used to setup a new organization in ACCESS for Partners and Providers. If you don't know your PIN and need a new one, check the Get New PIN box below.

Partner/Provider ID	PIN	Send New PIN	
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="button" value="Delete"/>
<input type="button" value="Add"/>			



Using APP (Continued)

For more information about security administrators or setting up a user account, refer to the ACCESS Handbook, Chapter 12.

www.emhandbooks.wisconsin.gov/ah/ah.htm



Using APP (Continued)

Logging in for the first time: Users need to set up their user accounts:

- Select “I am a regular user for an organization that is certified for Express Enrollment.”
- Enter your qualified hospital’s provider number.



Using APP (Continued)

Regular users: entering the provider ID number

Section 2 - Provider Information

You told us in Section 1 that you are a regular user for an Express Enrollment Organization. Please enter its Partner/Provider ID and click the Add button to add multiple Partners/Providers IDs.

Partner/Provider ID



Using APP (Continued)

- Once you have successfully set up your account, a confirmation message will appear on the screen.
- You must contact your organization's security administrator (or location administrator) to request access to perform EE for patients.



Starting a New EE Application in APP

- After you log in to ACCESS, the Location Selection page appears if you are associated with more than one EE location. You must select the appropriate location before continuing.
- After choosing the location, you will be taken to the APP landing page for EE.



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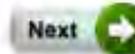


Location Selection

Locations

Please select your location.

- LOCATION NAME 1
- LOCATION NAME 2
- LOCATION NAME 3
- LOCATION NAME 4



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The APP Landing Page

- The APP landing page will display appropriate options based on your security profile.
- The security profile depends on your status under the following items:
 - Type of APP User: security administrator, location administrator or user
 - Type of organization: partner, provider or qualified hospital
 - Access to populations enabled by a security administrator or location administrator



The APP Landing Page (Continued)

Depending on your security profile, combinations of the following options may appear:

- Submit Express Enrollment for BadgerCare Plus (BC+)
- Submit Express Enrollment for Family Planning Only Services (FPOS)
- Search for Express Enrollment Applications
- Search for ACCESS Applications
- Search for users from my organization (this will allow you to access their privileges)
- Update my User Account



Currently Working At: **SAMPLE COUNTY HEALTH CENTER**

ACCESS Landing Page

ACCESS for Partners and Providers

Welcome! Please click one of the buttons to tell us what you would like to do. Then click the Next button at the bottom of the page.

Submit Applications

Submit Express Enrollment Application for:

- BadgerCare Plus (BC+)
- Family Planning Only Services (FPOS) for applicants in need of family planning or contraceptive services

Search for Applications / Manage My Account

Search for Applications

- Search for Express Enrollment Applications

Manage My Account

- Search for users from my organization (this will allow you to update their access privileges)
- Update my User Account (this will allow you to update your personal information and organizations you belong to)





EE Application

You will need to select EE for BadgerCare Plus or EE for Family Planning Only Services and click the “Next” button to begin a new EE application.



EE Application: Individual Information Page

- The Individual Information page collects information about the individual(s) applying for Express Enrollment.
- You must enter the patient's full name, date of birth, gender and Social Security number (SSN). If the individual doesn't know his or her SSN or does not have one, select "SSN is not known."
- You can add individuals to the household by clicking the "Add" button at the bottom of the page.



Currently Working At: **TEST COMMUNITY HOSPITAL**

- Individual Information**
- Contact Information
- Income Details
- Provider Signature
- Client Signature
- Results

Individual Information

Type: EE for BC+ Primary Contact:
Updated on: Updated by:

Individual 1

* First Name:	Middle Initial:	* Last Name:	<input type="button" value="Delete"/>
Jane		TestSmith	
* Date of Birth:	03/22/1970	Ex: mm/dd/yyyy	
* Gender:	<input type="radio"/> Male <input checked="" type="radio"/> Female		
* Identification Type:			
<input checked="" type="radio"/> Social Security Number:	651 - 05 - 1561		
<input type="radio"/> OR SSN is not known			
* Is this individual currently enrolled in Wisconsin Medicaid or BadgerCare Plus?		<input type="radio"/> Yes <input checked="" type="radio"/> No	
* Is this individual currently Pregnant?		<input checked="" type="radio"/> Yes <input type="radio"/> No	
* How many babies is she expecting?	1		
* Expected delivery date	12/08/2014	Ex: mm/dd/yyyy	
* Is this individual a U.S. citizen or lawfully present in the U.S.?		<input checked="" type="radio"/> Yes <input type="radio"/> No	
* Has this individual previously been enrolled temporarily in BadgerCare Plus during this pregnancy?		<input type="radio"/> Yes <input checked="" type="radio"/> No	



Individual 3

* First Name: Middle Initial: * Last Name:

* Date of Birth: Ex: mm/dd/yyyy

* Gender: Male Female

* Identification Type:

Social Security Number: - -
OR
 SSN is not known

* Is this individual currently enrolled in Wisconsin Medicaid or BadgerCare Plus? Yes No

* Is this individual a U.S. citizen or lawfully present in the U.S.? Yes No

* Was this individual in Foster Care, Subsidized Guardianship or Court-Ordered Kinship Care when s/he turned 18? Yes No

* Has this individual been temporarily enrolled in BadgerCare Plus or FPOS in the past 12 months? Yes No

To add another individual, click the 'ADD' button.





EE Application: Contact Information Page

- Next, you must complete the Contact Information page.
- A dropdown menu will appear with the names of the individuals on the application who are age 18 or older and an additional “Other Parent/Caretaker” option. You must choose one individual from the dropdown menu as the primary contact person.
- Also, if the application is for a minor living independently, you must indicate this so that the minor will be the primary contact person.



EE Application: Contact Information Page (Continued)

Note: If the patient is homeless, you still need to enter an address. This can be the address where the patient is currently staying (for example, with a friend, family member, shelter or other organization). If the patient does not have any address, you can enter the address of the patient's agency of the county where he or she resides. The addresses of the agencies can be found at <http://www.dhs.wisconsin.gov/forwardhealth/imagency/index.htm>.



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Currently Working At: **TEST COMMUNITY HOSPITAL**

- Individual Information
- Contact Information**
- Income Details
- Provider Signature
- Client Signature
- Results

Contact Information

Type: EE for BC+ Primary Contact:
Updated on: Updated by:

Primary Contact Information

* Are all of the minors on this application living independently? Yes No

The primary contact person for this application is: **Julie TestSmith**

Home Address

Please tell us where the applicant(s) live. If the applicant(s) are homeless, [click here](#) for more information.

* Address Line 1:

Address Line 2:

* City:

* State:

* ZIP code:

* County where applicant(s) live:

Tribal lands where applicant(s) live, if applicable:



EE Application: Income Details Page

- The Income Details page collects information about household size and income.
- For household size, household members include:
 - Children under age 19. If the child is married, count his or her spouse.
 - The natural, adoptive and stepparents living with the children under age 19.
 - Spouses.
 - Caretaker relatives.
- If a woman is pregnant, add the number of babies she is expecting.



EE Application: Income Details Page (Continued)

- **NOTE:** Regardless of living situation, for Family Planning Only Services the household size will always be one.
- Even if the individual is a minor or is a tax dependent, he or she must report **ONLY** his or her income for the EE for Family Planning Only Services application.



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Individual Information



Contact Information



Income Details



Provider Signature



Client Signature



Results

Income Details

Type: EE for BC+

Primary Contact: **Jacob TestSmith**

Updated on:

Updated by:

Income Details

If the person applying is unsure of the exact amount for any of these questions, please ask for the best estimate. For more information about how to determine these amounts, please [click here](#).

Income

* How many people are in the household? To read more about household size, [click here](#).

* Enter the household's total monthly earned income: \$

* Enter the household's total monthly [other income](#). Do not include Child Support, SSI, Workers Compensation, or Veterans Benefits, money from another person, or student financial aid: \$

Totals

Total income: \$



Save & Exit

Next





EE Application: Provider Signature Page

- The Provider Signature page includes who is eligible to temporarily enroll in benefits.
- The Provider Signature page collects the electronic signature of the user (qualified hospital staff person) entering the EE application.
- You must click on the link to the “Rights and Responsibilities” in the Provider Signature box and review the document with the primary contact person.
- Click the box to sign the document and then click “Next” to go to the Client Signature page.



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Currently Working At: **TEST COMMUNITY HOSPITAL**



Individual Information



Contact Information



Income Details



Provider Signature



Client Signature



Results

Provider Signature

Type: EE for BC+

Primary Contact: **Jim TestSmith**

Updated on:

Updated by:

Provider Signature

Please review the temporary enrollment [RIGHTS AND RESPONSIBILITIES](#) with the primary contact person before checking the signature box on this page.

Summary of Enrollment

The following individual(s) can temporarily enroll in BadgerCare Plus:

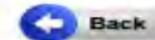
- Jim TestSmith

The following individual(s) cannot temporarily enroll in BadgerCare Plus for the following reason(s):

- Jane TestSmith
 - The household's income is over the income limit for temporary enrollment.

Authorization Box

I, **TEST** certify that the information entered in this BadgerCare Plus Express Enrollment application is based on the information given to me by **Jim TestSmith** whom I have informed of the rights and responsibilities under the BadgerCare Plus program. I also understand that I must print the notice at the end of this application and provide a copy to **Jim TestSmith**.



Next





EE Application: Client Signature Page

- The Client Signature page displays a summary of all the information entered on the Express Enrollment application. You must ask the primary contact person to review all of the information to make sure it is accurate.
- The Summary of Enrollment section will indicate whether each individual on the Express Enrollment application is eligible to temporarily enroll in BadgerCare Plus or Family Planning Only Services. If any individual cannot temporarily enroll, the reason(s) will be listed in this section.



EE Application: Client Signature Page (Continued)

- You should click the box to indicate the primary contact person has reviewed the accuracy of the information, and the primary contact person (and **not** the hospital staff person) must provide his or her electronic signature.
- After the signature has been provided, click “Next” to go to the Results page.



Summary of Income Details

Household size:	2
Total monthly earned income:	\$ 3000.00
Total monthly other income:	\$ 930.00
Total income:	\$ 3930.00

Summary of Eligibility

The following individual(s) can temporarily enroll in BadgerCare Plus:

- **Jill TestDoe**

Authorization Box for Primary Contact Person

- * I, **Jim TestDoe** understand that the people listed above can temporarily enroll in BadgerCare Plus. I understand that this enrollment ends on or before 09/30/2014, and to receive ongoing BadgerCare Plus or other Wisconsin Medicaid benefits, the people listed above must apply online, by mail, by phone, or by contacting the agency. **TEST** has informed me of my rights and responsibilities.

* First Name:

Middle Initial:

* Last Name:



Back

Submit



EE Application: Results Page

- After the application is signed by both the EE user and primary contact person, the Results page will be shown to confirm the application is complete.
- The EE user must print the Application Summary and the Notice and give it to the applicant.
 - If the applicant is **not** eligible, the Notice will give the appropriate reason.
 - If the applicant is eligible, the Notice will include a temporary ID card. The temporary card is valid for 14 days because a plastic ForwardHealth card will be mailed in 3–5 business days.
 - The Application Summary and Notice are also available in Spanish.



Currently Working At:

-  Individual Information
-  Contact Information
-  Income Details
-  Provider Signature
-  Client Signature
-  Results

Results

Type: EE for BC+

Updated on: 09/05/2014

Primary Contact: **Bill TestJones**

Updated by: **Sam Test**

Summary of Enrollment

The following individual(s) is/are temporarily enrolled in BadgerCare Plus:

- **Bill TestJones**

The following individual(s) is/are not temporarily enrolled in BadgerCare Plus for the following reason(s):

- **Julie TestJones**
 - Was previously enrolled through Express Enrollment for BadgerCare Plus during this pregnancy.
- **Cam TestJones**
 - The household's income is over the income limit for temporary enrollment.
 - Is not a U.S. citizen or qualifying immigrant.

Submitted

Thank You! This application is now complete. To print a copy of the notice, please click the button below. The notice will contain the BadgerCare Plus Express Enrollment identification card. **Sam Test** you must print this notice and present it to **Bill TestJones**

[Print Notice in English](#)

[Print Notice in Spanish](#)

[Print Application Summary in English](#)

[Print Application Summary in Spanish](#)

The Application Summary and Notice are available in Adobe Portable Document Format (PDF) and require Adobe Acrobat Reader to view and print. [Click here to download Adobe Acrobat Reader.](#)

 Exit



EE Application: Results Page, Application Summary



ACCESS

Your Connection to Health and Nutrition Benefits

Application Summary

Here is a summary of what you told us in your application.

Summary of Jane's Information

Name	Jane TestSmith
Date of Birth	06/04/1975
Gender	Female
Social Security Number	156-15-1561
Parent/Caretaker	Yes
U.S. citizen or qualifying immigrant	Yes
Already Receiving WI Medicaid or BadgerCare Plus	No
Previously enrolled through Express Enrollment in BadgerCare Plus or FPOS	No
Currently pregnant	No

Summary of Jeremy's Information

Name	Jeremy TestSmith
Date of Birth	09/05/2013
Gender	Male
Social Security Number	514-54-5600
U.S. citizen or qualifying immigrant	Yes



EE Application: Results Page, Notice

Which benefit?	Status of your benefits?
 <p data-bbox="465 662 606 748">Temporary Enrollment for BadgerCare Plus</p>	<p data-bbox="672 582 1392 668">You applied for Express Enrollment for BadgerCare Plus on 08/25/2014. The people listed on the next page are temporarily enrolled in BadgerCare Plus. This enrollment will end on or before 09/30/2014. To learn more, see your rights and responsibilities.</p> <p data-bbox="672 711 1392 762">To get ongoing BadgerCare Plus or other Wisconsin Medicaid benefits, you must apply online, by mail, by phone, or in person:</p> <ul data-bbox="722 772 1070 825" style="list-style-type: none"><li data-bbox="722 772 981 796">• Online at access.wi.gov<li data-bbox="722 801 1070 825">• By mail, by phone, or in person at: <p data-bbox="672 1011 1392 1096">When you apply for ongoing BadgerCare Plus or Wisconsin Medicaid benefits on access.wi.gov, information you have already given us can be pre-filled into the Apply for Benefits tool. To do that, you will need the following:</p> <ul data-bbox="722 1106 1263 1192" style="list-style-type: none"><li data-bbox="722 1106 1263 1130">• Express Enrollment (EE) Application Number: 6300014568<li data-bbox="722 1135 929 1159">• Jane's date of birth<li data-bbox="722 1163 1039 1192">• Jane's first name and last name <p data-bbox="672 1229 1392 1282">Jane TestSmith is listed as the primary contact person for this Express Enrollment application.</p>



Temporary Eligibility Card: BadgerCare Plus

To the Provider

The individuals listed on this card have been temporarily enrolled through Express Enrollment for BadgerCare Plus in accordance with Wis. Stat. s. 49.471. This card is valid for the dates specified and entitles the listed individual to receive health care services including pharmacy services through BadgerCare Plus from any certified BadgerCare Plus provider. Pregnant women may only receive pregnancy-related outpatient care. For additional information, call Provider Services at (800) 947-9627 or see the online Provider Handbook.

NOTE:

It is important to provide services when this card is presented. Providers who render services based on the enrollment dates on this card will receive payment for those services, as long as other reimbursement requirements are met. All policies regarding covered services apply during the temporary enrollment period, including the prohibition against billing recipients. Refer to the online Provider Handbook for further information regarding this temporary ID card. Providers are encouraged to keep a photocopy of this card. If the name on this card is followed by the words "Pending Assignment", the Member ID will be assigned within one business day. The card is still valid.

WISCONSIN DEPARTMENT OF
HEALTH SERVICES

TEMPORARY IDENTIFICATION CARD FOR EXPRESS ENROLLMENT IN BADGERCARE PLUS



Name:

ID Number:

Jane Doe

0454782131

John Doe

0321434543

Temporary Card Valid From: 08/25/2014 - 09/07/2014

For services provided after the dates above, a ForwardHealth card should be presented or eligibility verified through ForwardHealth.



EE Application: Next Steps

- Temporary enrollment will last until the end of the following month unless a determination for ongoing coverage is made sooner.
- **Remember to complete the application for full benefits as soon as possible.**
 - The EE application number can be used to automatically populate some information on the application for ongoing coverage.
 - **NOTE:** To complete the application for full benefits with the patient, the user must log out of ACCESS.



Apply for Full Benefits Application

- After the PE has been confirmed, you should assist the patient in person to apply for BadgerCare Plus via ACCESS.wi.gov.
- On ACCESS, choose “Apply for Benefits” (AFB) and start a new application.
- Enter the EE application number to pre-populate some of the information from the EE application to the AFB application.



ACCESS

Your Connection to Programs for Health, Nutrition and Child Care

Hello, TEST [Español](#)

Print

Help



Your tracking number: **9701239792**

- Start**
- People
- Other Benefits
- Liquid Assets
- Other Assets
- Job Income
- Other Income
- Housing Bills
- Other Bills
- Health Insurance
- Submit

Using ACCESS

Before you get started, we'd like to know more about how you're using ACCESS.

- I am using ACCESS to apply on my own.
- I am using ACCESS to apply for another person.
- I am using ACCESS at a community agency.

Applying on Your Behalf

You told us that you are using ACCESS to apply for another person, how are you related to the person you are applying for?

- A friend or family member
- A staff person or volunteer at an agency that helps people use ACCESS
- An authorized representative. (By authorized representative, we mean someone who can apply on behalf of another person.)
- A legal guardian
- A power of attorney
- Qualified Hospital**
- None of the above

Link your Express Enrollment Information

* Have you completed a Express Enrollment (EE) application in the last 90 days? Yes No

Please enter the primary contact person's information below to pre-fill your application using your Express Enrollment information.

- * EE application #: I don't know
- * Social Security Number: - -
- * Date of Birth: Ex: mm/dd/yyyy
- * First Name:
- * Last Name:

Back

Next



AFB Application: Linking

- Linking the EE application to the AFB application:
 - Click the checkboxes for the individuals you want to import into the application for full benefits.
- The EE application number expires after 90 days.
- Applicants have a total of six attempts to link the EE application with the AFB application.
- Applicants may link one EE application to only one AFB application.



⚠️ THIS WEBSITE SHOULD ONLY BE USED FOR TESTING AND TRAINING ⚠️



ACCESS

Hello, DEVUNURI | [Español](#)

Your Connection to Programs for Health, Nutrition and Child Care



Your tracking number: [XXXXXXXXXX](#)

- Start**
- People
- Other Benefits
- Liquid Assets
- Other Assets
- Job Income
- Other Income
- Housing Bills
- Other Bills
- Health Insurance
- Submit

Your Express Enrollment Application

The people listed below were part of your Express Enrollment.

If someone listed here is no longer living in your home, click the box to uncheck it for that person. Only people with checked boxes will be included in this application for benefits.

Select	Name	Age
<input checked="" type="checkbox"/>	[REDACTED]	40 Yrs
<input checked="" type="checkbox"/>	[REDACTED]	35 Yrs
<input checked="" type="checkbox"/>	[REDACTED]	13 Yrs
<input checked="" type="checkbox"/>	[REDACTED]	8 Yrs





AFB Application: Linking (Continued)

The following information will be prefilled into the AFB application for each selected individual, if applicable:

- First name, middle initial, last name
- Date of birth
- Social Security number
- Gender
- Home address
- Mailing address
- County



AFB Application: Linking (Continued)

The following information will be prefilled into the AFB application for each selected individual, if applicable:

- Home phone
- Work phone and extension
- Cell phone
- Message phone and extension
- Email address
- Best way to get in touch during the weekday
- Best time to get in touch during the weekday



AFB Application: Linking (Continued)

The following information will be prefilled into the AFB application for each selected individual, if applicable:

- Pregnancy due date
- Expected number of babies
- Receipt of Medicare Part A or Part B
- Former foster care youth status



AFB Application

- ACCESS can be used to enroll in more than just health care coverage. You may want to assist the patient in applying for other programs in addition to BadgerCare Plus or Medicaid.
- If you are assisting a patient whose BadgerCare Plus coverage has recently ended, he or she may want to do a renewal instead of an EE application. You may assist the patient in calling the agency to complete a renewal rather than completing a new application. Go to dhs.wi.gov/forwardhealth/imagency/consortia.htm.



AFB Application (Cont'd)

- The AFB application will be sent to the agency for processing, and the member will likely need to provide some verification about the information that he or she reported in the application.
- Keep in mind that verification of income from employment and/or self-employment will always be required for the application for ongoing benefits.
- Employment income is typically verified through pay stubs or a letter from the employer.



EE Application Practice

- Go to <https://trn.access.wisconsin.gov>.
- Click on “Login” under “Providers/Hospitals.”
- Enter the following credentials:
 - User ID: sambecket3333
 - Password: enter123
- **Note: Do not submit practice EE applications on the actual ACCESS website. Do not submit actual EE applications on the practice website.**



Important Reminder: Getting Help in ACCESS

Whenever you are using ACCESS, you can get more information about a given question by clicking on the “Help” button in the upper right of your screen. This will explain more about what we are asking and how you should answer.





Express Enrollment Resources

- Email DHSxpressEnrollment@wi.gov
 - **Note:** Do not send personal health information or personally identifiable information to this email.
- ACCESS Handbook (Chapter 12):
www.emhandbooks.wisconsin.gov/ah/ah.htm
- Member Services: 1-800-362-3002



Questions

