

TEMPORARY ENROLLMENT FOR FAMILY PLANNING ONLY SERVICES APPLICATION INSTRUCTIONS

This application is only for individuals applying for temporary enrollment in Family Planning Only Services. Family Planning Only Services provides certain family planning-related services and supplies to qualified men and women. The qualified provider and applicant should complete the application together.

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

1. Check the applicant's Medicaid, BadgerCare Plus, and Family Planning Only Services 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 Family Planning Only Services is limited to coverage of family planning and family planning-related services. Confirm that the applicant is seeking contraceptive (birth control) services.

Provide a copy of the completed application to the applicant, retain a copy for your files, and mail or fax a copy **within five working days** to:

Wisconsin Medicaid
Temporary Enrollment FPOS
313 Blettner Blvd
Madison, WI 53784
Fax: 608-221-2742

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 III — Notice* and check the box indicating that the applicant cannot be enrolled because he or she is not a resident of Wisconsin. Follow the instructions for *Section III — Notice* for an applicant who is not eligible for temporary enrollment in Family Planning Only Services.

Line 1: Applicant name, gender, birth date, and telephone number

Provide the applicant's name (last, first, middle initial), gender, birth date, and 10-digit telephone number (including area code).

Determine if the applicant is of childbearing or reproductive age.

If the applicant is of childbearing or reproductive age, go to Line 2.

If the applicant is not of childbearing or reproductive age, go to *Section III — Notice* and check the box indicating that the applicant cannot be enrolled because he or she is not of childbearing or reproductive age. Follow the instructions for *Section III — Notice* for an applicant who cannot be temporarily enrolled in Family Planning Only Services.

Line 2: Applicant's 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 Family Planning Only Services, including the ForwardHealth ID card and all notices. If the applicant is concerned about other household members receiving his or her

confidential information regarding this program, instruct the applicant to indicate a mailing address other than his or her residence address where he or she can receive Family Planning Only Services 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's mailing address for receiving his or her correspondence, the provider must have a reliable way of contacting the applicant to promptly give him or her all Family Planning Only Services notices and the ForwardHealth ID card.

Line 3: Are you currently receiving 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, he or she is already receiving Medicaid or BadgerCare Plus benefits. Explain that he or she already has access to the same benefits through the Medicaid or BadgerCare Plus Program. Go to *Section III—Notice* and check the box that the applicant cannot be enrolled because he or she is enrolled in Medicaid or BadgerCare Plus. Follow the instructions for *Section III—Notice* for an applicant who cannot be temporarily enrolled in Family Planning Only Services.

Line 4: Have you been temporarily enrolled in Family Planning Only Services in the last 12 months?

If the applicant answers no on Line 4, check the EVS to confirm and go to Line 5.

If the applicant answers yes on Line 4, he or she cannot be temporarily enrolled. An individual is only allowed to have one period of temporary enrollment in a 12-month period. Go to *Section III—Notice* and check the box indicating that the applicant cannot be enrolled because he or she has been temporarily enrolled in the last 12 months. Follow the instructions for *Section III—Notice* for an applicant who cannot be temporarily enrolled in Family Planning Only Services.

Explain to the applicant that he or she cannot be temporarily enrolled at this time because he or she can only be temporarily enrolled once in a 12-month period. Inform the applicant that he or she may be eligible for enrollment in ongoing Medicaid, BadgerCare Plus, or Family Planning Only Services and may apply online at 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 or by contacting Member Services at 800-362-3002.

Line 5: Are you in need of contraceptive services?

If the applicant answers yes on Line 5, go to Line 6.

If the applicant answers no on Line 5, he or she cannot be temporarily enrolled. Go to *Section III—Notice* and check the box indicating that the applicant cannot be enrolled because he or she is not in need of contraceptive services. Explain to the applicant that this benefit plan is limited to contraceptive and related services. Follow the instructions for *Section III—Notice* for an applicant who cannot be temporarily enrolled in Family Planning Only Services.

Line 6: U.S. citizen or qualifying immigrant.

For temporary enrollment in Family Planning Only Services, an applicant must be a U.S. citizen or qualifying immigrant.

If an applicant is under age 19, he or she must be a U.S. citizen or lawfully present in the U.S. to qualify for temporary enrollment in Family Planning Only Services. There is no requirement for the applicant to have been lawfully present in the U.S. for a certain amount of time.

If an applicant is age 19 or older, in order to qualify for temporary enrollment in Family Planning Only Services, he or she must meet one of the following criteria:

- Is a U.S. citizen who has been lawfully residing in the U.S. for at least five years
- Is lawfully residing in the U.S. and is a refugee or is seeking asylum
- Is from Cuba or Haiti and is lawfully residing in the U.S.
- Is lawfully residing in the U.S. under one of the eligible immigration statuses listed in 1 through 12 in the [BadgerCare Plus Handbook, Section 4.3 Immigrants](#).

If the applicant answers yes on Line 6, go to Line 7.

If the applicant answers no on Line 6, he or she cannot be temporarily enrolled. Go to *Section III — Notice* and check the box indicating that the applicant cannot be enrolled because he or she is not a U.S. citizen or qualifying immigrant. Follow the instructions for *Section III — Notice* for an applicant who cannot be temporarily enrolled in Family Planning Only Services.

Inform the applicant that he or she cannot be temporarily enrolled but may be eligible for enrollment in ongoing Medicaid, BadgerCare Plus, or Family Planning Only Services. He or she may apply online at 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 or by contacting Member Services at 800-362-3002.

SECTION II — INCOME INFORMATION (THE APPLICANT PROVIDES THE INCOME INFORMATION)

For determining temporary enrollment, the financial test is based on anticipated income. For this calculation, use the actual income expected during the current month. For example, an individual applying any time in September will use expected income for September. An individual should only provide his or her own income information, regardless of his or her age. Verification of income information is not required to temporarily enroll the applicant in Family Planning Only Services. Verification may be required if the applicant applies for enrollment in ongoing Medicaid, BadgerCare Plus, or Family Planning Only Services.

Line 7: Enter **ONLY** the applicant's total monthly job income and wages

To be temporarily enrolled, the applicant must have income at or below the income limit listed in the instructions for Line 10. Every applicant's income should be counted, regardless of age. Count only the applicant's income, even if he or she is married or living with his or her parents.

Earned income includes:

- Wages
- Salaries
- Tips
- Commissions
- Work study for college students
- Net self-employment earnings
- All other payments resulting from labor or personal service, excluding allowances

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 before any deductions) to arrive at the total monthly earned income. Enter this amount on Line 7. If the applicant does not have any countable monthly earned income, enter \$0. Do not leave this line blank.

Line 8: Enter total monthly other income (Social Security Income, unemployment compensation, etc.)

Add all monthly other income. Other income includes, but is not limited to:

- Social Security income (use gross amounts)
- 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 other 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 8. If the applicant does not have any countable monthly unearned income, enter \$0. Do not leave this line blank.

Line 9: Enter the total monthly income

Calculate the total monthly income by adding the applicant’s monthly earned income (Line 7) and total monthly other income (Line 8). Enter this amount on Line 9. If the applicant does not have any countable monthly income, enter \$0. Do not leave this line blank.

Line 10: Does the applicant meet the rules for income limits?

The applicant’s total monthly income must be at or below the income limit listed below:

2024 Monthly Income Limit
\$3,840.30

If the applicant’s total monthly income (Line 9) exceeds the income limit, the applicant is over the income limit for Family Planning Only Services. Check “no” on Line 10 and go to Section III. Check the box that the applicant cannot be enrolled because he or she does not qualify under the income guidelines. Follow the instructions for *Section III — Notice* for an applicant who cannot be temporarily enrolled in Family Planning Only Services.

Inform the applicant he or she cannot be temporarily enrolled but may be eligible for enrollment in ongoing Medicaid, BadgerCare Plus, or Family Planning Only Services. He or she may apply online at access.wisconsin.gov, by phone, 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 or by contacting Member Services at 800-362-3002.

If the applicant’s total monthly income (Line 9) is at or below the income limit and all nonfinancial requirements have been met, he or she is temporarily enrolled. Check “yes” on Line 10 and go to *Section III — Notice*.

SECTION III — NOTICE

Line 11: Determination of eligibility for temporary enrollment in Family Planning Only Services

If the applicant meets the program rules based on the information provided on the application form, check the first box stating that the applicant is able to be temporarily enrolled in Family Planning Only Services. As the qualified provider, you are also required to 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 Temporary Enrollment for Family Planning Only Services Application. Do not use an agency's name as the provider representative.
2. Inform the applicant that his or her temporary enrollment in Family Planning Only Services lasts from the date of application until the end of the month following the month that he or she is temporarily enrolled. Explain that to continue receiving family planning benefits after the temporary enrollment end date, he or she must apply for enrollment in ongoing Medicaid, BadgerCare Plus, or Family Planning Only Services. He or she may apply online at access.wisconsin.gov, by phone, 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 or by contacting Member Services at 800-362-3002.

Note: If the applicant applies for ongoing Family Planning Only Services 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 the applicant in ongoing Medicaid, BadgerCare Plus, or Family Planning Only Services because of other requirements that may apply. He or she will have to provide verification of citizenship/qualifying immigration status and identity, as well as any counted income.
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 Family Planning Only Services on or before the last day of the temporary enrollment period and the applicant's eligibility cannot be determined before the temporary enrollment period ends.
5. If the applicant has children younger than age 5, inform the applicant that his or her children may be eligible for the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), and provide the applicant with a copy of the WIC pamphlet. New or breastfeeding mothers may also be able to enroll in WIC.
6. Go to Line 12.

Applicants Not Eligible for Temporary Enrollment

If you determine that the applicant cannot be temporarily enrolled in Family Planning Only Services, check the box stating, "Based on the information provided above, I have determined that the applicant cannot be enrolled in Family Planning Only Services because the applicant (check all that apply)." As the qualified provider, you are also required to do all of the following:

1. Check the appropriate box in *Section III — Notice* indicating the reason the applicant is not able to enroll.
2. 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 Temporary Enrollment for Family Planning Only Services Application. Do not use an agency's name as the provider representative.
3. If the applicant has children younger than age 5, inform the applicant that his or her children may be eligible for WIC, and provide the applicant with a copy of the WIC pamphlet. New or breastfeeding mothers may also be able to enroll in WIC.
4. Go to Line 12.

Line 12: Applicant attestation and signature.

If you determine that the applicant meets the program rules based on the information provided on the application form, you are required to do all of the following:

1. Have the applicant read the text after the first checkbox, check the box if he or she understands and agrees with this statement, and sign and date the application.
2. Give the applicant a copy of the application.
3. Fill out the temporary card in Section IV (see instructions in Section IV below).
4. Inform the applicant that he or she is only covered for family planning-related services temporarily but that he or she may be eligible for enrollment in ongoing Medicaid, BadgerCare Plus, or Family Planning Only Services if he or she meets certain other enrollment requirements. Encourage the applicant to apply online at access.wisconsin.gov, by telephone, by mail, or in person at the local agency to determine if he or she is eligible for ongoing benefits.

If you determine that the applicant cannot be temporarily enrolled in Family Planning Only Services, you are required to do all of the following:

- Have the applicant read the text after the second checkbox, check the box if he or she understands and agrees with this statement, and sign and date the application.
- Detach and destroy the temporary card (Section IV), and provide the applicant with a copy of the Temporary Enrollment in Family Planning Only Services Application. This will serve as the applicant's notice of denial.

SECTION IV — TEMPORARY IDENTIFICATION CARD

Complete the following items on the temporary 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 he or she applies for ongoing Family Planning Only Services 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. **Member ID Number:** You must ask if the applicant already has a Medicaid ID number even if he or she is not currently enrolled in Medicaid, BadgerCare Plus, or Family Planning Only Services. Enter this number as the member ID number. If the applicant does not have a Medicaid ID number or know his or 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 temporary enrollment application is completed.

If the applicant does not have an SSN or does not know the number, you are required to call 608-224-6518 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 Temporary Enrollment in Family Planning Only Services application and temporary identification card will be used only for the direct administration of Family Planning Only Services.

Note: Providing or applying for an SSN is voluntary and is not required in order to determine eligibility for temporary enrollment in Family Planning Only Services. However, an applicant for Medicaid or BadgerCare Plus who does not provide an SSN or does not apply for one will not be eligible for Medicaid or BadgerCare Plus unless he or 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.

3. **Agency Code:** Enter your agency code number.
4. **Applicant Name and Address:** Print or type the applicant's full name and address in the box provided at the bottom of the card. Use the same address the applicant indicated for Section I, Line 2.

Once the card is complete, detach the bottom portion of the application for the applicant to use as a temporary Family Planning Only Services ID card. This temporary ID card entitles the applicant to family planning-related services provided by a Medicaid-enrolled Family Planning Only Services provider.

Inform the applicant that this temporary 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 applicant within 3-5 business days, if the applicant has not already been issued a ForwardHealth ID card. If the applicant has been issued a ForwardHealth ID card in the past, a new one will not be mailed. The applicant can use his or 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 family planning-related services. If the applicant applies for enrollment in ongoing Medicaid, BadgerCare Plus, or Family Planning Only Services and is determined eligible, he or she should continue to use the same ForwardHealth ID card.