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To be reimbursed for services provided to members enrolled in Wisconsin Medicaid, BadgerCare Plus, or SeniorCare, providers are required to be enrolled in Wisconsin Medicaid as described in DHS 105, Wis. Admin. Code.

Personally identifiable information about Medicaid providers, persons with ownership or control interest in the provider, managing employees, agents, or other provider personnel is only used for purposes directly related to Medicaid administration, such as determining the enrollment of providers and monitoring providers for waste, fraud, and abuse. All information provided is protected under federal and/or state confidentiality laws. Failure to supply the information requested by the application may result in denial of Medicaid payment for the services.

To be enrolled in Wisconsin Medicaid, providers are required to complete the application process. Failure to complete the enrollment application process will cause a delay, and may cause denial, of enrollment. As part of the enrollment application, providers are required to sign a provider agreement with the Department of Health Services (DHS). Providers sign the provider agreement electronically by selecting the box acknowledging and agreeing to the terms of the agreement. By electronically signing the provider agreement, the provider attests that the provider and each person employed by the provider, for the purpose of providing services, holds all licenses or similar entitlements and meets other requirements specified in DHS 101 through DHS 109, Wis. Admin. Code, and required by federal or state statute, regulation, or rule for the provision of the service.

The provider's enrollment in Wisconsin Medicaid may be terminated by the provider as specified in DHS 106.05, Wis. Admin. Code, or by the DHS upon grounds set forth in DHS 106.06, Wis. Admin. Code.

The provider agreement remains in effect as long as the provider is enrolled in Wisconsin Medicaid.

Affordable Care Act

In 2010, the federal government signed into law the Affordable Care Act (ACA), also known as federal health care reform, which affects several aspects of Wisconsin health care. The final rule is available online on the Federal Register. ForwardHealth has been working toward ACA compliance. To meet federally mandated requirements, ForwardHealth has been implementing changes in phases, beginning in 2012.

ForwardHealth has published the following *ForwardHealth Updates* with ACA-related enrollment information:

2016

- 2016-53, New Revalidation Application Fee for Provider Organizations and Important Reminders About the Revalidation Process
- 2016-17, New Fingerprinting and Criminal Background Check Screening Requirements Due to the Affordable Care Act

2015

- 2015-01, Affordable Care Act Primary Care Rate Increase Ended December 31, 2014

2014

- 2014-02, Health Care Providers and Partners Are Now Required to Apply on the ForwardHealth Portal to Become Express Enrollment Providers
- 2014-03, Providers Are Required to Report a Change in Ownership Within 35 Days
- 2014-04, Reminder Regarding Home Health and Personal Care Agency Personnel Reporting Requirements and Revalidation Information
- 2014-12, Changes to BadgerCare Plus Due to the Affordable Care Act and 2013-15 Wisconsin Act 20

2013

- 2013-11, New Provider Enrollment Application Fee for Provider Organizations Due to the Affordable Care Act
- 2013-12, Affordable Care Act Risk Level Classifications by Provider Type
- 2013-28, Changes to Provider Revalidation Process Due to the Affordable Care Act
- 2013-34, New Requirements for Prescribing/Referring/Ordering Providers Due to the Affordable Care Act
- 2013-36, New Requirements for Dentists Who Provide Only Urgent or Emergency Services to BadgerCare Plus or Medicaid Members
- 2013-40, Policy Clarification for Services That Are Prescribed, Referred, or Ordered
- 2013-43, New Requirements for In-State Emergency Providers and Out-of-State Providers Due to the Affordable Care Act

- 2013-66, Medicaid-Enrolled Providers Are Required to Change Demographic Information Through the ForwardHealth Portal

2012

- 2012-32, ForwardHealth to Implement New Provider Enrollment and Screening Requirements
- 2013-37, New Requirements for Home Health and Personal Care Agencies to Report Personnel Information to ForwardHealth

Border-Status Providers

A provider in a state that borders Wisconsin may be eligible for enrollment as a border-status provider. Border-status providers may need to verify in writing to Wisconsin Medicaid that it is common practice for members in a particular area of Wisconsin to seek their medical services.

The following are exceptions to this policy:

- Nursing homes and public entities (e.g., cities, counties) outside Wisconsin are not eligible for border status.
- All out-of-state independent laboratories are eligible to be border-status providers regardless of location in the United States.

Providers who have been denied Medicaid enrollment in their own state are automatically denied enrollment by Wisconsin Medicaid unless they were denied because the services they provide are not a covered benefit in their state. Enrolled border-status providers are subject to the same program requirements as in-state providers, including coverage of services, prior authorization, and claims submission procedures. Reimbursement is made in accordance with Wisconsin Medicaid policies.

For more information about out-of-state providers, refer to DHS 105.48, Wis. Admin. Code.

If you are a Border Status provider apply through Medicaid Enrollment.

Categories of Enrollment

Wisconsin Medicaid enrolls providers in three billing categories. Each billing category has specific designated uses and restrictions. These categories include the following:

- Billing/rendering provider.
- Rendering-only provider.
- Billing-only provider (including group billing).

Providers should refer to the service-specific information in the Online Handbook or the Information for Specific Provider Types page to identify which category of enrollment is applicable.

Billing/Rendering Provider

Enrollment as a billing/rendering provider allows providers to identify themselves on claims (and other forms) as either the provider billing for the services or the provider rendering the services.

Rendering-Only Provider

Enrollment as a rendering-only provider is given to those providers who practice under the professional supervision of another provider (e.g., physician assistants). Providers with a rendering provider enrollment cannot submit claims to Wisconsin Medicaid directly, but they have reimbursement rates established for their provider type. Claims for services provided by a rendering provider must include the supervising provider or group provider as the billing provider.

Billing-Only Provider (Including Group Billing)

Enrollment as a billing-only provider is given to certain provider types when a separate rendering provider is required on claims.

Group Billing

Groups of individual practitioners are enrolled as billing-only providers as an accounting convenience. This allows the group to receive one reimbursement, one Remittance Advice, and the 835 Health Care Claim Payment/Advice Transaction for covered services rendered by individual practitioners within the group.

Providers may not have more than one group practice enrolled in Wisconsin Medicaid with the same ZIP+4 code address, National Provider Identifier (NPI), and taxonomy code combination. Provider group practices located at the same ZIP+4 code address are required to differentiate their enrollment using an NPI or taxonomy code that uniquely identifies each group practice.

Individual practitioners within group practices are required to be Medicaid-enrolled because

these groups are required to identify the provider who rendered the service on claims. Claims indicating these group billing providers that are submitted without a rendering provider are denied.

Change in Ownership

Medicaid-enrolled providers are required to notify ForwardHealth of a change in ownership within 35 calendar days after the effective date of the change, in accordance with the Centers for Medicare and Medicaid Services Final Rule 42 CFR 455.104(c)(l)(iv). ForwardHealth defines a change in ownership as follows: when a different party purchases (buys out) or otherwise obtains ownership or effective control over a practice or facility.

Failure to report a change in ownership within 35 calendar days may result in denial of payment, per 42 CFR 455.104(d).

The following provider types require Medicare enrollment and/or Wisconsin Division of Quality Assurance certification for a Medicaid enrollment change in ownership:

- Ambulatory surgery centers.
- End-stage renal disease services providers.
- Federally qualified health centers.
- Home health agencies.
- Hospice providers.
- Hospitals (inpatient and outpatient).
- Nursing homes.
- Outpatient rehabilitation facilities.
- Rehabilitation agencies.
- Rural health clinics.

Written Notification and New Enrollment Application Required

Any time a change in ownership occurs, providers are required to do *one* of the following:

- Mail a change in ownership notification to ForwardHealth. After mailing the notification, providers are required to complete a new Medicaid provider enrollment application on the Portal.
- Upload a change in ownership notification as an attachment when completing a new Medicaid provider enrollment application on the Portal.

ForwardHealth must receive the change in ownership notification, which must include the affected provider number (i.e., National Provider Identifier [NPI] or provider ID), within 35 calendar days *after* the effective date of the change in ownership. Once their provider file is updated with the change in ownership, providers will receive written notification of their new Medicaid enrollment effective date in the mail.

Providers with questions about changes in ownership may call Provider Services.

Events That Are Considered a Change in Ownership

The following events are considered a change in ownership and require the completion of a new provider enrollment application:

- Change from one type of business structure to another type of business structure. Business structures include the following:
  - Sole proprietorships.
  - Corporations.
  - Partnerships.
  - Limited Liability Companies.
- Change of name and tax identification number associated with the provider's submitted enrollment application (e.g., Employer Identification Number).
- Change (i.e., addition or removal) of names identified as owners of the provider.

Examples of a Change in Ownership

Examples of a change in ownership include the following:

- A sole proprietorship transfers title and property to another party.
- Two or more corporate clinics or centers consolidate and a new corporate entity is created.
- There is an addition, removal, or substitution of a partner in a partnership.
- An incorporated entity merges with another incorporated entity.
- An unincorporated entity (sole proprietorship or partnership) becomes incorporated.

Repayment Following a Change in Ownership

Medicaid-enrolled providers who sell or otherwise transfer their business or business assets are required to repay ForwardHealth for any erroneous payments or overpayments made to them. If necessary, the provider to whom a transfer of ownership is made will also be held liable by ForwardHealth for repayment. Therefore, prior to final transfer of ownership, the provider acquiring the business is responsible for contacting ForwardHealth to ascertain if he or she is liable under this provision.

The provider acquiring the business is responsible for making payments within 30 days after receiving notice from ForwardHealth that the amount shall be repaid in full.

Providers may send inquiries about the determination of any pending liability on the part of the owner to the following address:

Division of Health Care Access and Accountability
Bureau of Program Integrity
PO Box 309
Madison WI 53701-0309

ForwardHealth has the authority to enforce these provisions within four years following the transfer of a business or business assets. Refer to s. 49.45(21) , Wis. Stats., for complete

information.

Submitting New Prior Authorization Requests After a Change in Ownership

Medicaid-enrolled providers are required to submit a new prior authorization (PA) request when there is a change in billing providers. A new PA request must be submitted with the new billing provider's name and billing provider number. The expiration date of the new PA request will remain the same as the original PA request.

The following must be sent to ForwardHealth with the new PA request:

- A copy of the original PA request, if possible.
- The new PA request, including the required attachments and supporting documentation indicating the new billing provider's name, address, and billing provider number.
- A letter requesting the enddating of the original PA request (may be a photocopy), which should include the following information:
    - The previous billing provider's name and billing provider number, if known.
    - The new billing provider's name and billing provider number.
    - The reason for the change of billing provider. (The new billing provider may want to confer with the member to verify that the services from the previous billing provider have ended. The new billing provider may include this verification in the letter.)
    - The requested effective date of the change.

Change of Ownership Billing for Inpatient Hospitals

The date of discharge governs which NPI is used when a change of hospital ownership occurs. For example: A change of ownership occurs on July 1. A patient stay has dates of service from June 26 to July 2. The hospital submits the claim using the NPI effective July 1.

Effective Date of Medicaid Enrollment

The initial effective date of a provider's enrollment will be based on the date Wisconsin Medicaid receives the complete and accurate enrollment application materials. An application is considered complete when all required information has been accurately submitted and all supplemental documents have been received by Wisconsin Medicaid. The date the applicant submits his or her online provider enrollment application to Wisconsin Medicaid is the earliest effective date possible and will be the effective date if both of the following are true:

- The applicant meets all applicable screening requirements, licensure, certification, authorization, or other credential requirements as a prerequisite for Wisconsin Medicaid on the date of submission.
- Supplemental documents required by Wisconsin Medicaid that were not uploaded as part of the enrollment process are received by Wisconsin Medicaid within 30 calendar days of the date the enrollment application was submitted. To avoid a delay of the enrollment effective date, providers are encouraged to upload documents during the enrollment process.

If Wisconsin Medicaid receives any applicable supplemental documents more than 30 calendar days after the provider submits the enrollment application, the provider's effective date will be the date all supplemental documents are received by Wisconsin Medicaid.

If providers believe their initial enrollment effective date is incorrect, they may request a review of the effective date. The request should include documentation indicating the enrollment criteria that were incorrectly considered. Requests for changes in enrollment effective dates should be sent to Provider Enrollment at the following address:

ForwardHealth
Provider Enrollment
313 Blettner Blvd
Madison WI 53784

Group Billing

Group billing enrollments are given as a billing convenience. Groups (except providers of mental health services) may submit a written request to obtain group billing enrollment with an enrollment effective date back 365 days from the effective date assigned. Providers should mail requests to backdate group billing enrollment to Provider Enrollment.

Effective Date for Medicare Providers

ForwardHealth requires certain types of providers to be enrolled in Medicare as a condition for Medicaid enrollment. The enrollment process for Medicare is separate from Wisconsin Medicaid's enrollment process. It may be possible for ForwardHealth to assign a Medicaid enrollment effective date that is the same as the Medicare enrollment date.

Enrollment Application and Tracking Process

Providers interested in enrolling in Wisconsin Medicaid may do so by completing an enrollment application. Providers will receive an application tracking number (ATN) once they have submitted their enrollment application through the Portal.

Note: Providers are required to wait for the Notice of Enrollment Decision as official notification that enrollment has been approved. This notice will contain information the provider needs to conduct business with Wisconsin Medicaid, BadgerCare Plus, or SeniorCare; therefore, an approved or enrolled status alone does not mean the provider may begin providing or billing for services.

Ability to Save Partially Completed Enrollment Applications

Providers are not required to complete their enrollment application in one session; they can save their partially completed application and return to finish completing it within 10 calendar days. After 10 calendar days have passed, providers will be required to start a new application. Applicants will be given an enrollment key and will be able to set their own password for re-entry into their application. Applicants should note that they are solely responsible for their enrollment key and password.

Uploading Forms During the Enrollment Process

Providers may upload any needed documentation or forms during the application process.

Providers may upload documents in the following formats:

- Joint Photographic Experts Group (JPEG) (.jpg or .jpeg).
- Portable Document Format (PDF) (.pdf).
- Rich Text Format (.rtf).
- Text File (.txt).
- Comma Delimited (.csv).

JPEG files must be stored with a ".jpg" or ".jpeg" extension; text files must be stored with a ".txt" extension; rich text format files must be stored with an ".rtf" extension; and PDF files must be stored with a ".pdf" extension.

Tracking Enrollment Applications

ForwardHealth allows providers to track the status of their enrollment application either through the ForwardHealth Portal or by calling Provider Services.

Tracking Through the Portal

Providers are able to track the status of an enrollment application through the Portal by entering

their ATN in the Enrollment Tracking Search. Providers will receive current information on their application, such as whether it is being processed or has been returned for more information.

Tracking Through Provider Services

Providers may also check on the status of their submitted enrollment application by contacting Provider Services and giving their ATN.

Express Enrollment

Overview

State and federal laws allow qualified entities to temporarily enroll children, pregnant women, and certain adults in BadgerCare Plus and individuals in Family Planning Only Services when these individuals are determined to be "presumptively eligible" based on preliminary information about family size and income. In Wisconsin, the process of making presumptive eligibility (PE) determinations and temporarily enrolling individuals in these programs is known as Express Enrollment (EE).

Qualified entities may include health care providers, government agencies, and community-based organizations. ForwardHealth refers to providers and partners who meet the criteria to make PE determinations as "qualified providers and partners." There is no fee for applying to become a qualified provider or partner for making PE determinations.

Applicants for Whom Qualified Providers and Partners May Make Presumptive Eligibility Determinations

Qualified **hospitals** may make PE determinations for children, pregnant women, and certain adults for BadgerCare Plus; they may also make PE determinations for individuals applying for Family Planning Only Services.

Qualified **providers** may make PE determinations for children and pregnant women for BadgerCare Plus; they may also make PE determinations for individuals applying for Family Planning Only Services.

Qualified **partners** may only make PE determinations for children.

Becoming a Qualified Hospital for Express Enrollment of Children, Pregnant Women, and Certain Adults in BadgerCare Plus and of Individuals Applying for Family Planning Only Services

Hospitals are required to meet the applicable enrollment criteria to qualify to make PE determinations. Hospitals that qualify to make PE determinations may do so for certain adults, children, pregnant women, and women diagnosed with breast or cervical cancer, as well as for individuals applying for Family Planning Only Services. Hospitals do not need to submit separate provider enrollment applications to be qualified to make PE determinations for each of these populations.

Enrollment Criteria

To be designated as a qualified hospital for making PE determinations, hospitals must meet both of the following requirements:

- Be enrolled in Wisconsin Medicaid and BadgerCare Plus.
- Agree, via a one-time attestation, to do the following:

- Conduct PE determinations internally and only for patients of the hospital (inpatient or outpatient). Hospitals may not delegate their PE determination authority to an outside entity.
- Only allow hospital staff who have received training on PE policies and procedures to conduct PE determinations.
- Assist applicants with completion of a full Medicaid and BadgerCare Plus application.

Hospital Enrollment Application

Medicaid-enrolled hospitals interested in making PE determinations may access the online provider enrollment application via their secure ForwardHealth Portal account. The link to the Express Enrollment for Adults provider application is located in the Quick Links box on the right side of the secure Provider home page.

ForwardHealth will notify hospitals in writing whether their application is approved or denied. When an application is approved, ForwardHealth sends the hospital two communications:

- The approval letter includes a provider number that identifies the hospital as qualified to use the EE tool to temporarily enroll children, pregnant women, and certain adults in BadgerCare Plus and individuals in Family Planning Only Services.
- An e-mail sent to the hospital's security administrator that includes a one-time-use personal identification number (PIN). Once the security administrator receives the PIN, he or she is able to log in and set up administrative rights for individuals in the agency to begin using the EE application on the ACCESS Web site. The hospital also receives information about where to find instructional materials and information needed to begin using the EE tool.

Becoming a Qualified Provider for Express Enrollment of Children and Pregnant Women in BadgerCare Plus and of Individuals Applying for Family Planning Only Services

Providers are required to meet the applicable enrollment criteria to qualify to make PE determinations. Providers who qualify to make PE determinations for pregnant women are also automatically qualified to make PE determinations for children for BadgerCare Plus and for individuals applying for Family Planning Only Services. Providers do not need to submit separate provider enrollment applications for these programs.

Enrollment Criteria

Providers are required to meet the enrollment criteria to qualify to make PE determinations for pregnant women, which will also qualify them to make PE determinations for children for BadgerCare Plus and for individuals applying for Family Planning Only Services. Providers who do not meet these enrollment criteria may still qualify to make PE determinations for children only. Refer to the following Becoming a Qualified Provider or Partner for Express Enrollment of Children Only in BadgerCare Plus section.

Provider Enrollment Application

Medicaid-enrolled providers interested in making PE determinations for pregnant women may access the online provider enrollment application via their secure ForwardHealth Portal account. The Express Enrollment for Pregnant Women provider application link is located in the Quick Links box on the right side of the secure Provider home page.

ForwardHealth will notify providers in writing whether their application is approved or denied. When an application is approved, ForwardHealth sends the provider two communications:

- The approval letter includes a provider number that identifies the provider as qualified to use the EE tool to temporarily enroll pregnant women in BadgerCare Plus.
- An e-mail sent to the provider's security administrator that includes a one-time-use PIN. Once the security administrator receives the PIN, he or she is able to log in and set up administrative rights for individuals in the agency to begin using the EE application on the ACCESS Web site. The provider also receives information about where to find instructional materials and information needed to begin using BadgerCare Plus Express Enrollment.

Becoming a Qualified Provider or Partner for Express Enrollment of Children Only in BadgerCare Plus

State and federal laws allow children younger than age 19 to be temporarily enrolled in BadgerCare Plus. Under these laws, certain qualified providers or partners are allowed to temporarily enroll children based on preliminary information about family income.

Enrollment Criteria

Medicaid-enrolled providers or partners are required to meet the enrollment criteria to qualify to make PE determinations — for children only — for BadgerCare Plus.

Provider Enrollment Application

Medicaid-enrolled providers or partners interested in making PE determinations — for children only — for BadgerCare Plus may access the online provider enrollment application via their secure ForwardHealth Portal account. The Express Enrollment for Children provider application link is located in the Quick Links box on the right side of the secure Provider home page.

Partners who do not have a secure Portal account may access the application from the Portal home page.

Note: Interested partners may only make PE determinations for children; they may not make PE determinations for pregnant women for BadgerCare Plus or for individuals applying for Family Planning Only Services.

ForwardHealth will notify providers or partners in writing whether their application is approved

or denied. When an application is approved, ForwardHealth sends the provider or partner two communications:

- The approval letter includes a provider/partner number that identifies the provider or partner as qualified to use the EE tool to temporarily enroll children in BadgerCare Plus.
- An e-mail sent to the provider's or partner's security administrator that includes a one-time-use PIN. Once the security administrator receives the PIN, he or she is able to log in and set up administrative rights for individuals in the agency to begin using the EE application on the ACCESS Web site. The provider or partner also receives information about where to find instructional materials and information needed to begin using BadgerCare Plus Express Enrollment.

Reporting a Change of Address

Express Enrollment providers are required to notify ForwardHealth of a change in their address by completing the online Express Enrollment Change of Address. Reporting a change of address using the online Express Enrollment Change of Address will only update the information ForwardHealth has on file for EE programs; it will not update a provider's address information on file for other ForwardHealth programs. Changes of address for other ForwardHealth programs must be reported using the demographic maintenance tool.

Fingerprint Requirement Overview

Fingerprint Requirement Overview

In accordance with the Affordable Care Act (ACA), providers classified as high risk during Medicaid enrollment, re-enrollment, or revalidation are required to be fingerprinted. This requirement applies to high-risk providers, as well as any person with a 5 percent or more direct or indirect ownership interest in the provider. All providers are responsible for identifying any individuals with a 5 percent or more direct or indirect ownership interest to ensure that **all** appropriate individuals are fingerprinted.

Providers will be denied enrollment or revalidation, as applicable, if they or any person with a 5 percent or more direct or indirect ownership in the provider have been convicted of a criminal offense related to their involvement with Medicare, Medicaid, or Children's Health Insurance Program in the last 10 years.

High-risk providers are not required to be fingerprinted if they are enrolled in one of the following:

- Another state Medicaid agency and have already been fingerprinted.
- The Children's Health Insurance Program and have already been fingerprinted.
- Medicare and are considered a high-risk provider by Medicare.

Exempt providers may upload proof of their exemption during the enrollment process. Or at any time by mailing or faxing proof of their exemption to ForwardHealth, Provider Enrollment, 313 Blettner Boulevard, Madison, WI 53784 / Fax: (608)221-0885.

Enrollment Process with Fingerprinting and Criminal Background Check Screening

Providers are notified of a high-risk level classification and screening activities, if applicable, via the Fingerprint Notification panel when they submit their Medicaid enrollment, re-enrollment, or revalidation application on the ForwardHealth Portal. Additional information about the fingerprint-based criminal background check screening is provided within the application process, including information about use of the Wisconsin Medicaid Fieldprint® code and the provider application tracking number (ATN), which are required for scheduling appointments to be fingerprinted.

The provider submitting the application is responsible for making any person with a 5 percent or more direct or indirect ownership interest in the provider aware of the required screening activities and sharing the Fieldprint® code and the assigned ATN. All applicable individuals are required to be fingerprinted within 30 calendar days from the Medicaid application submission date, or the application will be denied. The Medicaid application is processed once all fingerprints are submitted.

FieldPrint®

The Wisconsin Department of Administration has contracted with the company, Fieldprint®, to collect the fingerprints and to submit them to the Wisconsin Department of Justice (DOJ) for processing. After completing the Medicaid application, high-risk providers, as well as any person with a 5 percent or more direct or indirect ownership interest in the provider, must schedule an appointment by clicking Schedule an Appointment on the Fieldprint® website at www.fieldprintwisconsin.com/. Individuals are prompted to create a secure user account and enter information, including the Fieldprint® code and their assigned ATN, via the secure Fieldprint® online application. Once complete, individuals may search for a fingerprinting location to schedule an appointment.

Individuals are required to pay a fee of $7.75 for fingerprinting. The fee is collected when the fingerprinting appointment is scheduled with Fieldprint®. The fee may be adjusted in the future.

Refer to the Fieldprint® FAQs for more information. Providers should contact Fieldprint® by telephone at 877-614-4364 or via email at CustomerService@fieldprint.com with any additional questions about the fingerprinting process.

Providers should continue to contact Provider Services at 800-947 9627 for questions about provider enrollment.

In-State Emergency Providers

ForwardHealth requires all in-state providers who render emergency medical or dental services to BadgerCare Plus, Medicaid, or SeniorCare members to be enrolled in Wisconsin Medicaid. Emergency medical services are defined in Wis. Admin. Code § DHS 101.03(52) as "those services which are necessary to prevent the death or serious impairment of the health of the individual." Emergency dental services are immediate services that must be provided to relieve the member from pain, an acute infection, swelling, trismus, fever, or trauma.

Medicaid Enrollment for Providers Who Only Prescribe, Refer, or Order Services

In-state emergency providers who only prescribe, refer, or order services should enroll as prescribing/referring/ordering providers by completing a Medicaid Prescribing/Referring/Ordering Provider Enrollment Application. For more information regarding the requirements for prescribing/referring/ordering providers, refer to Prescribing/Referring/Ordering Providers.

Medicaid Enrollment for In-State Emergency Providers

Providers may apply for Medicaid enrollment as an in-state emergency provider by completing the Medicaid In-State Emergency Provider Enrollment Application.

Effective Date of Enrollment

The effective date of enrollment as an in-state emergency provider is the date the provider rendered the service to the BadgerCare Plus, Medicaid, or SeniorCare member. In-state emergency providers are only Medicaid-enrolled for that date of service. Each time a provider renders emergency services to a BadgerCare Plus, Medicaid, or SeniorCare member, the provider is required to re-enroll as an in-state emergency provider for that date in order to be reimbursed.

Limited Risk Level Assigned

All Medicaid-enrolled providers are assigned one of three risk levels (limited, moderate, high) based on provider type. During the enrollment process, ForwardHealth performs certain screening activities based on the provider's risk level assignment. In-state emergency providers are assigned a limited risk level. Refer to Risk Level Classification by Provider Type for screening activities for providers assigned a limited risk level.

Application Fee

Providers who apply for Medicaid enrollment as an in-state emergency provider are assessed an application fee. This fee has been federally mandated and may be adjusted annually.

The provider application fee will only be assessed to provider organizations. A provider will not be required to pay ForwardHealth the application fee if the provider is currently enrolled or is in

the process of enrolling in Medicare or another state's Medicaid or Children's Health Insurance Program (CHIP). Instead, ForwardHealth will verify the provider's enrollment in Medicare or with the other state and will confirm that the fee has been paid.

Medicaid-Enrolled Providers May Not Charge Members as Private-Pay Patients

While in-state emergency providers are enrolled in Wisconsin Medicaid, they may not charge BadgerCare Plus, Medicaid, or SeniorCare members directly for services that are covered by Wisconsin Medicaid.

Full Medicaid Enrollment for Dentists Who Routinely Provide Urgent or Emergency Services

Dentists who routinely provide urgent or emergency services to BadgerCare Plus, Medicaid, or SeniorCare members, such as dentists who receive hospital referrals for urgent or emergency services, should apply for full Medicaid enrollment. Providers may apply for full Medicaid enrollment by completing the Medicaid Provider Enrollment Application.

Note: Dentists who fully enroll in Wisconsin Medicaid but only provide urgent or emergency services may choose to be excluded from the Medicaid dental provider list. Providers should contact Provider Services at 800-947-9627 to request their information be removed.

Information for Specific Provider Types

Ambulance

Enrollment Criteria	• Section DHS 105.38, Wis. Admin. Code • An NPI of Entity Type 2 is Required
Terms of Reimbursement	• Ambulance Terms of Reimbursement (F-01070)
Risk Level	• Enrollment: Moderate • Revalidation: Moderate
Disclosure Information	• Final Rule Disclosure Information • Code of Federal Regulations Terminations and Criminal Convictions Information
Category of Enrollment	• Billing and Rendering
Border Status	• Eligible
Other Important Information	• Ambulance providers who operate an air ambulance or specialized medical vehicle (SMV) require separate enrollment for these services to be eligible for reimbursement. • Wisconsin Medicaid requires an air ambulance provider to be licensed by the Division of Health under s. 256.15 (2), Wis. Stats.
Application Fee	• Yes

Ambulatory Surgery Centers

Enrollment Criteria	• Section DHS 105.49, Wis. Admin. Code • An NPI of Entity Type 2 is Required
Terms of Reimbursement	• Ambulatory Surgical Centers Terms of Reimbursement (F-01072)
Risk Level	• Enrollment: Limited • Revalidation: Limited
Disclosure Information	• Final Rule Disclosure Information

	• Code of Federal Regulations Terminations and Criminal Convictions Information
Category of Enrollment	• Billing and Rendering
Border Status	• Eligible
Application Fee	• Yes

Anesthetist

Enrollment Criteria	• Section DHS 105.055, Wis. Admin. Code • An NPI of Entity Type 1 is Required
Terms of Reimbursement	• Anesthetist Terms of Reimbursement (F-01074)
Risk Level	• Enrollment: Limited • Revalidation: Limited
Disclosure Information	• Final Rule Disclosure Information • Code of Federal Regulations Terminations and Criminal Convictions Information
Category of Enrollment	• Billing and Rendering
Border Status	• Eligible
Application Fee	• No

Audiologist

Enrollment Criteria	• Section DHS 105.31, Wis. Admin. Code • An NPI of Entity Type 1 is Required
Terms of Reimbursement	• Audiologist Terms of Reimbursement (F-01082)
Risk Level	• Enrollment: Limited • Revalidation: Limited

Disclosure Information	• Final Rule Disclosure Information • Code of Federal Regulations Terminations and Criminal Convictions Information
Category of Enrollment	• Billing and Rendering
Border Status	• Eligible
Application Fee	• No

Behavioral Treatment

Behavioral Treatment Licensed Supervisor

Additional information about the behavioral treatment benefit is available on the New Behavioral Treatment Benefit page of the Portal. New information is posted on that page as it is available.

Enrollment Criteria

- The provider is required to do one of the following:
  - Have a license as a behavior analyst issued by the Wisconsin Department of Safety and Professional Services (DSPS).
  - Have a minimum of 4,000 hours of documented experience as a supervisor of less experienced clinicians delivering the Wisconsin-approved treatment model.

  OR
  - Have a license as a psychiatrist, psychologist, behavior analyst, clinical social worker, professional counselor, or marriage and family therapist issued by the Wisconsin DSPS.
  - Have a minimum of 4,000 hours of documented experience as a supervisor of less experienced clinicians delivering the Wisconsin-approved treatment model.
  - Have a certificate of Early Start Denver Model (ESDM) from the University of California, Davis program.
- An NPI of Entity Type 1 is Required

Terms of Reimbursement

- Behavioral Treatment Terms of Reimbursement (F-01643)

Risk Level

- Enrollment: Limited
- Revalidation: Limited

Disclosure Information	• Final Rule Disclosure Information • Code of Federal Regulations Terminations and Criminal Convictions Information
Category of Enrollment	• Billing and Rendering
Border Status	• Eligible
Application Fee	• No
Other Important Information	• Providers are required to submit to ForwardHealth, via the Portal, a letter or document stating their total hours of experience. This letter or document must be signed by the provider, by a current or prior employer of the provider, or by the provider's supervisor. This required format applies to both documentation of experience delivering treatment and documentation of experience supervising treatment.

Behavioral Treatment Therapist

Additional information about the behavioral treatment benefit is available on the New Behavioral Treatment Benefit page of the Portal. New information is posted on that page as it is available.

Enrollment Criteria

- The provider is required to do one of the following:
  - Have a certificate as a Board Certified Assistant Behavior Analyst (BCaBA) issued by the Behavior Analyst Certification Board (BACB).

    OR
  - Have a master's degree from an institution found on the national accreditation database.
  - Have, and attest to, a minimum of 400 hours of documented supervised experience delivering a Wisconsin-approved treatment model.

    OR
  - Have a bachelor's degree from an institution found on the national accreditation database.
  - Have, and attest to, a minimum of 2,000 hours of documented training and supervised experience delivering a Wisconsin-approved treatment model.

Terms of Reimbursement	• Behavioral Treatment Terms of Reimbursement (F-01643)
Risk Level	• Enrollment: Limited • Revalidation: Limited
Disclosure Information	• Final Rule Disclosure Information • Code of Federal Regulations Terminations and Criminal Convictions Information
Category of Enrollment	• Rendering
Border Status	• Eligible
Application Fee	• No
Other Important Information	• Provider enrollment applications for therapists must include the NPI of the therapist's supervisor within the Declaration of Supervision area of the enrollment application on the Portal. The supervisor is required to be Medicaid-enrolled as either a behavioral treatment licensed supervisor or focused treatment licensed supervisor before the therapist's application can be processed. Furthermore, the enrollment application must include the NPI of a behavioral treatment licensed supervisor, because focused treatment licensed supervisors may not supervise comprehensive treatment. • Providers are required to submit to ForwardHealth, via the Portal, a letter or document stating their total hours of experience. This letter or document must be signed by the provider, by a current or prior employer of the provider, or by the provider's supervisor. This required format applies to both documentation of experience delivering treatment and documentation of experience supervising treatment. • Therapists who are enrolling under the master's or bachelor's degree qualification are required to submit documentation of degree completion. Documentation can be either a degree or transcript.

Behavioral Treatment Technician

Additional information about the behavioral treatment benefit is available on the New Behavioral Treatment Benefit page of the Portal. New information is posted on that page as it is available.

Enrollment	• The provider is required to do one of the following:

Criteria	○ Have a high school diploma or a General Educational Development (GED) certificate and have 40 hours of documented training following the standard core curriculum requirements. ○ Have a certificate as a Registered Behavior Technician (RBT) issued by the Behavior Analyst Certification Board (BACB).
Terms of Reimbursement	• Behavioral Treatment Terms of Reimbursement (F-01643)
Risk Level	• Enrollment: Limited • Revalidation: Limited
Disclosure Information	• Final Rule Disclosure Information • Code of Federal Regulations Terminations and Criminal Convictions Information
Category of Enrollment	• Rendering
Border Status	• Eligible
Application Fee	• No
Other Important Information	• Provider enrollment applications for technicians must include the NPI of the technician's supervisor within the Declaration of Supervision area of the enrollment application on the Portal. The supervisor is required to be Medicaid-enrolled as either a behavioral treatment licensed supervisor or focused treatment licensed supervisor before the technician's application can be processed. Furthermore, the enrollment application must include the NPI of a behavioral treatment licensed supervisor, because focused treatment licensed supervisors may not supervise comprehensive treatment. • Providers are required to attest to completion of high school or the equivalent when completing the enrollment application. Providers are required to produce documentation upon request from DHS or federal auditors.

Focused Treatment Licensed Supervisor

Additional information about the behavioral treatment benefit is available on the New Behavioral Treatment Benefit page of the Portal. New information is posted on that page as it is available.

Enrollment Criteria	• The provider is required to do one of the following: ○ Have a license as a psychiatrist, psychologist, behavior analyst, clinical social worker, professional counselor, or marriage and family therapist issued by the Wisconsin Department of Safety and Professional Services (DSPS). ○ Have a minimum of 2,000 hours of documented supervised experience delivering a Wisconsin-approved focused treatment model. • An NPI of Entity Type 1 is Required
Terms of Reimbursement	• Behavioral Treatment Terms of Reimbursement (F-01643)
Risk Level	• Enrollment: Limited • Revalidation: Limited
Disclosure Information	• Final Rule Disclosure Information • Code of Federal Regulations Terminations and Criminal Convictions Information
Category of Enrollment	• Billing and Rendering
Border Status	• Eligible
Application Fee	• No
Other Important Information	• Providers are required to submit to ForwardHealth, via the Portal, a letter or document stating their total hours of experience. This letter or document must be signed by the provider, by a current or prior employer of the provider, or by the provider's supervisor. This required format applies to both documentation of experience delivering treatment and documentation of experience supervising treatment.

Focused Treatment Therapist

Additional information about the behavioral treatment benefit is available on the New Behavioral Treatment Benefit page of the Portal. New information is posted on that page as it is available.

Enrollment Criteria	• The provider is required to do one of the following: ○ Have a license as a Board Certified Assistant Behavior Analyst (BCaBA) issued by the Behavior Analyst Certification Board

(BACB).

OR

- Have a master's degree from an institution found on the national accreditation database.
- Have, and attest to, a minimum of 400 hours of documented training and supervised experience delivering a Wisconsin-approved treatment model.

OR

- Have a bachelor's degree from an institution found on the national accreditation database.
- Have, and attest to, a minimum of 2,000 hours of documented training and supervised experience delivering a Wisconsin-approved treatment model.

OR

- Have a certificate as a Registered Behavior Technician (RBT) issued by the BACB.
- Have, and attest to, a minimum of 2,000 hours of documented training and supervised experience delivering a Wisconsin-approved treatment model.

Terms of Reimbursement	• Behavioral Treatment Terms of Reimbursement (F-01643)
Risk Level	• Enrollment: Limited • Revalidation: Limited
Disclosure Information	• Final Rule Disclosure Information • Code of Federal Regulations Terminations and Criminal Convictions Information
Category of Enrollment	• Rendering
Border Status	• Eligible
Application Fee	• No
Other Important Information	• Provider enrollment applications for therapists must include the NPI of the therapist's supervisor within the Declaration of Supervision area of the enrollment application on the Portal. The supervisor is required to be Medicaid-enrolled as either a behavioral treatment licensed supervisor or focused treatment licensed supervisor before the therapist's application can be processed. Furthermore, the

enrollment application must include the NPI of a behavioral treatment licensed supervisor, because focused treatment licensed supervisors may not supervise comprehensive treatment.
- Providers are required to submit to ForwardHealth, via the Portal, a letter or document stating their total hours of experience. This letter or document must be signed by the provider, by a current or prior employer of the provider, or by the provider's supervisor. This required format applies to both documentation of experience delivering treatment and documentation of experience supervising treatment.
- Therapists who are enrolling under the master's or bachelor's degree qualification are required to submit documentation of degree completion. Documentation can be either a degree or transcript.

Case Management

Enrollment Criteria
- Section DHS 105.51, Wis. Admin. Code
- An NPI of Entity Type 2 is Required

Terms of Reimbursement
- Case Management Terms of Reimbursement (F-01086)

Risk Level
- Enrollment: Limited
- Revalidation: Limited

Disclosure Information
- Final Rule Disclosure Information
- Code of Federal Regulations Terminations and Criminal Convictions Information

Category of Enrollment
- Billing and Rendering

Border Status
- Not eligible

Other Important Information
- The following private, nonprofit entities are eligible for enrollment:
  - Independent Living Centers, as defined under s. 46.96(1)(ah), Wis. Stats.
  - Private, nonprofit agencies funded by the DHS under s. 252.12 (2)(a)8, Wis. Stats., for purposes of providing life care services to persons diagnosed as having HIV.

Application Fee
- Yes

Chiropractor

Enrollment Criteria	• Section DHS 105.26, Wis. Admin. Code • An NPI of Entity Type 1 is Required
Terms of Reimbursement	• Chiropractor Terms of Reimbursement (F-01088)
Risk Level	• Enrollment: Limited • Revalidation: Limited
Disclosure Information	• Final Rule Disclosure Information • Code of Federal Regulations Terminations and Criminal Convictions Information
Category of Enrollment	• Billing and Rendering
Border Status	• Eligible
Application Fee	• No

Community Recovery Services

Enrollment Criteria	• Must be a local county or tribal agency with Division of Mental Health and Substance Abuse Services (DMHSAS) Certification. • An NPI of Entity Type 2 is Required
Terms of Reimbursement	• Community Recovery Services Terms of Reimbursement (F-00341)
Risk Level	• Enrollment: Limited • Revalidation: Limited
Disclosure Information	• Final Rule Disclosure Information • Code of Federal Regulations Terminations and Criminal Convictions Information
Category of Enrollment	• Billing and Rendering
Border Status	• Not eligible

Application Fee	• Yes

Dental

Enrollment Criteria	• Section DHS 105.06, Wis. Admin. Code • An NPI of Entity Type 1 is Required
Terms of Reimbursement	• Dental / Dental Hygienist Terms of Reimbursement (F-01092)
Risk Level	• Enrollment: Limited • Revalidation: Limited
Disclosure Information	• Final Rule Disclosure Information • Code of Federal Regulations Terminations and Criminal Convictions Information
Category of Enrollment	• Billing and Rendering
Border Status	• Eligible
Application Fee	• No

End Stage Renal Disease

Enrollment Criteria	• Section DHS 105.45, Wis. Admin. Code • An NPI of Entity Type 2 is Required • Medicare Part A & Part B Enrollment
Terms of Reimbursement	• Free Standing End Stage Renal Disease Terms of Reimbursement (F-01094) • Hospital Affiliated End Stage Renal Disease Terms of Reimbursement (F-01095)
Risk Level	• Enrollment: Limited • Revalidation: Limited
Disclosure Information	• Final Rule Disclosure Information • Code of Federal Regulations Terminations and Criminal Convictions Information

Category of Enrollment	• Billing and Rendering
Border Status	• Not eligible
Other Important Information	• With the exception of a limited number of emergency dialysis treatments, hospital providers are required to be separately enrolled as a Medicaid ESRD provider with a specialty of "hospital affiliated" to receive reimbursement for renal disease-related services provided to a member enrolled in BadgerCare Plus or Medicaid.
Application Fee	• Yes

Family Planning Clinic

Enrollment Criteria	• Section DHS 105.36, Wis. Admin. Code • An NPI of Entity Type 2 is Required
Terms of Reimbursement	• Family Planning Clinic Terms of Reimbursement (F-01099)
Risk Level	• Enrollment: Moderate • Revalidation: Moderate
Disclosure Information	• Final Rule Disclosure Information • Code of Federal Regulations Terminations and Criminal Convictions Information
Category of Enrollment	• Billing and Rendering
Border Status	• Not eligible
Application Fee	• Yes

Federally Qualified Health Center

Enrollment Criteria	• To qualify for Medicaid FQHC enrollment, the applicant must provide documentation that they are either designated by the United States Department of Health and Human Services (HHS) as an FQHC or that it

receives funds under the Indian Self-Determination Act (Public Law 93-638):

1. An HHS FQHC is a community health center, migrant health center, or health care for the homeless program, which meets one of the following:
    a. Receives a grant under the Public Health Service Act, Section 329, 330, or 340;
    b. Has been designated by the Secretary of the HHS as a facility that meets the requirements of receiving a grant (FQHC Look Alike); or
    c. Has been granted a temporary waiver of the grant requirements by the Secretary of the HHS.
2. An Indian Self-Determination Act FQHC is an outpatient health program or facility operated by a tribe or tribal organization receiving funds under the Indian Self-Determination Act.

- An NPI of Entity Type 2 is Required

Terms of Reimbursement
- Federally Qualified Health Center Terms of Reimbursement (F-01108)

Risk Level
- Enrollment: Limited
- Revalidation: Limited

Disclosure Information
- Final Rule Disclosure Information
- Code of Federal Regulations Terminations and Criminal Convictions Information

Category of Enrollment
- Billing

Border Status
- Not eligible

Additional Documents
- Chart 1 - Services That Can Be Billed Using the FQHC Clinic Number (F-11247)
- Chart 2 - Services That Cannot Be Billed Using the FQHC Clinic Number (F-11248)

Application Fee
- Yes

HealthCheck

Healthcheck

Enrollment Criteria	• Section DHS 105.37, Wis. Admin. Code • An NPI of Entity Type 2 is Required
Terms of Reimbursement	• HealthCheck Screener Case Management Terms of Reimbursement (F-01114)
Risk Level	• Enrollment: Limited • Revalidation: Limited
Disclosure Information	• Final Rule Disclosure Information • Code of Federal Regulations Terminations and Criminal Convictions Information
Category of Enrollment	• Billing and Rendering
Border Status	• Eligible
Other Important Information	• Medicaid-enrolled primary care physicians, certified pediatric nurses, or family nurse practitioners are automatically enrolled for HealthCheck. Other physician specialties, physician assistants, and nurse practitioners are encouraged to request enrollment as HealthCheck providers. Public health agencies and certain other providers, where physician supervision is available, may apply for enrollment as a HealthCheck agency.
Additional Documents	• HealthCheck Screener Affirmation (F-11285) • HealthCheck Outreach Case Management Plan (F-11289)
Application Fee	• Organizations - Yes • Individuals - No

Pediatric Community Care

Risk Level	• Enrollment: Limited • Revalidation: Limited
Disclosure Information	• Final Rule Disclosure Information • Code of Federal Regulations Terminations and Criminal Convictions Information
Category of Enrollment	• Billing and Rendering

Border Status	• Eligible
Other Important Information	• State approval is required for enrollment.
Application Fee	• Yes

Residential Community Care

Risk Level	• Enrollment: Limited • Revalidation: Limited
Disclosure Information	• Final Rule Disclosure Information • Code of Federal Regulations Terminations and Criminal Convictions Information
Category of Enrollment	• Billing and Rendering
Border Status	• Eligible
Other Important Information	• State approval is required for enrollment.
Application Fee	• Yes

Hearing Instrument Specialist

Enrollment Criteria	• Section DHS 105.41, Wis. Admin. Code • An NPI of Entity Type 1 is Required
Terms of Reimbursement	• Hearing Instrument Specialist Terms of Reimbursement (F-01083)
Risk Level	• Enrollment: Limited • Revalidation: Limited
Disclosure Information	• Final Rule Disclosure Information • Code of Federal Regulations Terminations and Criminal Convictions Information

Category of Enrollment	• Billing and Rendering
Border Status	• Eligible
Application Fee	• No

Home Health Agency / Personal Care Agency

Home Health Agency

Enrollment Criteria	• Section DHS 105.16, Wis. Admin. Code • An NPI of Entity Type 2 is Required
Terms of Reimbursement	• Home Health Agency Terms of Reimbursement (F-01121) • Private Duty Nursing Terms of Reimbursement (F-01502) • Private Duty Nursing to Ventilator Dependent Members Terms of Reimbursement (F-01501)
Risk Level	• Enrollment: High • Revalidation: Moderate
Disclosure Information	• Final Rule Disclosure Information • Code of Federal Regulations Terminations and Criminal Convictions Information
Category of Enrollment	• Billing and Rendering
Border Status	• Eligible
Other Important Information	• Home health agencies planning to bill personal care services in addition to home health services are required to request enrollment for both service areas. • No separate enrollment is necessary for a Medicaid-enrolled home health agency to provide private duty nursing (PDN), durable medical equipment (DME), disposal medical supply (DMS), or enteral nutrition products. When providing PDN, DME, DMS, or enteral nutrition products, the home health agency is required to comply with the PA, billing, and other requirements for those products.

- Medicaid program requirements may not be construed to supersede the provisions for registration or licensure under s. 50.49, Wis. Stats. Refer to the Wisconsin DSPS Web site and the DHS Licensing and Permitting Web site for more information about registration and licensure requirements.
- Home health agencies are required to report additional information when enrolling in Medicaid in order to ensure appropriate licensing and to prevent waste, fraud, and abuse. Refer to the Online Handbook for more information regarding reporting requirements.

Application Fee

- Yes

Personal Care Agency

Enrollment Criteria

- Section DHS 105.17, Wis. Admin. Code
- To be eligible for Medicaid enrollment as a free-standing personal care agency, you must have Division of Quality Assurance (DQA) provisional approval as a freestanding personal care agency. Your effective date with Wisconsin Medicaid will be the date DQA approves your provisional free-standing certification.
- No NPI is Required

Terms of Reimbursement

- Personal Care Agency Terms of Reimbursement (F-01516)

Risk Level

- Enrollment: High
- Revalidation: Moderate

Disclosure Information

- Final Rule Disclosure Information
- Code of Federal Regulations Terminations and Criminal Convictions Information

Category of Enrollment

- Billing and Rendering

Border Status

- Not eligible

Other Important Information

- Providers enrolled as both Home Health and Personal Care Agencies require an NPI of Entity Type 2.
- Personal care agencies are required to report additional information when enrolling in Medicaid in order to ensure appropriate licensing and to prevent waste, fraud, and abuse. Refer to the Online Handbook for more information regarding reporting requirements.

Application Fee	• Yes

Personal Care Worker

Risk Level	• Enrollment: Limited
Disclosure Information	• Final Rule Disclosure Information • Code of Federal Regulations Terminations and Criminal Convictions Information
Category of Enrollment	• Rendering
Border Status	• Eligible
Application Fee	• No

Hospice

Enrollment Criteria	• Section DHS 105.50, Wis. Admin. Code • An NPI of Entity Type 2 is Required
Terms of Reimbursement	• Hospice Terms of Reimbursement (F-01125)
Risk Level	• Enrollment: Moderate • Revalidation: Moderate
Disclosure Information	• Final Rule Disclosure Information • Code of Federal Regulations Terminations and Criminal Convictions Information
Category of Enrollment	• Billing and Rendering
Border Status	• Eligible
Application Fee	• Yes

Independent Lab

Independent Lab

Enrollment Criteria	• Section DHS 105.43, Wis. Admin. Code • An NPI of Entity Type 2 is Required
Terms of Reimbursement	• Independent Lab Terms of Reimbursement (F-01130)
Risk Level	• Enrollment: Moderate • Revalidation: Moderate
Disclosure Information	• Final Rule Disclosure Information • Code of Federal Regulations Terminations and Criminal Convictions Information
Category of Enrollment	• Billing and Rendering
Border Status	• Eligible (*Note*: Independent laboratories may receive border-status enrollment regardless of their location in the United States.)
Application Fee	• Yes

Blood Bank

Enrollment Criteria	• Section DHS 105.46, Wis. Admin. Code • No NPI is Required
Terms of Reimbursement	• Blood Bank Terms of Reimbursement (F-01131)
Risk Level	• Enrollment: Limited • Revalidation: Limited
Disclosure Information	• Final Rule Disclosure Information • Code of Federal Regulations Terminations and Criminal Convictions Information

Category of Enrollment	• Billing and Rendering
Border Status	• Not eligible
Application Fee	• Yes

Individual Medical Supply

Enrollment Criteria	• Section DHS 105.40 (2), Wis. Admin. Code • An NPI of Entity Type 1 is Required
Terms of Reimbursement	• Medical Supply and Equipment Vendor Terms of Reimbursement (F-01506)
Risk Level	• Enrollment: Limited • Revalidation: Limited
Disclosure Information	• Final Rule Disclosure Information • Code of Federal Regulations Terminations and Criminal Convictions Information
Category of Enrollment	• Billing and Rendering
Border Status	• Eligible
Application Fee	• Organizations - Yes • Individuals - No

Inpatient / Outpatient Hospital

Enrollment Criteria	• Section DHS 105.07, Wis. Admin. Code • Section DHS 105.075, Wis. Admin. Code • Section DHS 105.21, Wis. Admin. Code • An NPI of Entity Type 2 is Required
Terms of Reimbursement	• Border Status Hospital Terms of Reimbursement (F-01127) • Hospital Terms of Reimbursement (F-01128)

Risk Level	• Enrollment: Limited • Revalidation: Limited
Disclosure Information	• Final Rule Disclosure Information • Code of Federal Regulations Terminations and Criminal Convictions Information
Category of Enrollment	• Billing and Rendering
Border Status	• Eligible
Other Important Information	• Hospitals are asked to provide ForwardHealth with all subpart NPIs they use with other payers, including Medicare. Providers are required to provide ForwardHealth with only those subpart NPIs that represent hospital units that are not separately enrolled in Wisconsin Medicaid. ForwardHealth uses subpart NPIs as additional identifiers that are linked to the hospital's enrollment. Once a subpart NPI is on file with Wisconsin Medicaid, a hospital provider may use the subpart NPI as the billing provider on claims. On adjustments, providers are reminded that the billing provider NPI on the original claim and the billing provider NPI on the adjustment must match. Providers may add or revise subpart NPI information on file with ForwardHealth using the demographic maintenance tool, which can be accessed through their secure ForwardHealth Portal account. In addition to subpart NPIs, providers may add to or revise the taxonomy codes corresponding to the subpart using this tool. Once submitted, hospital providers may check the demographic maintenance tool periodically to find out whether ForwardHealth has added the subparts to the provider file. Subpart NPIs on file with ForwardHealth may be used on claim transactions, PA requests, WiCall, member enrollment verification, provider enrollment, Provider Services inquiries, and the Portal.
Application Fee	• Yes

Licensed Midwife

Enrollment Criteria	• The provider is required to be licensed by the Wisconsin Department

	of Safety and Professional Services under s. 440.982, Wis. Stats. • An NPI of Entity Type 1 is required.
Terms of Reimbursement	• Licensed Midwife Terms of Reimbursement (P-01684)
Risk Level	• Enrollment: Limited • Revalidation: Limited
Disclosure Information	• Final Rule Disclosure Information • Code of Federal Regulations Terminations and Criminal Convictions Information
Category of Enrollment	• Billing and Rendering
Border Status	• Eligible
Application Fee	• No

Medical Equipment Vendor

Enrollment Criteria	• Section DHS 105.40 (1), Wis. Admin. Code • An NPI of Entity Type 1 or 2 is Required
Terms of Reimbursement	• Medical Supply and Equipment Vendor Terms of Reimbursement (F-01506)
Risk Level	• Enrollment: High • Revalidation: Moderate
Disclosure Information	• Final Rule Disclosure Information • Code of Federal Regulations Terminations and Criminal Convictions Information
Category of Enrollment	• Billing and Rendering
Border Status	• Eligible
Other Important Information	• If a DME vendor is an individual, an NPI of Entity Type 1 is required. If a DME vendor is an organization, an NPI of Entity Type 2 is required. Ensure that each practice location, if there is more than one,

has its own unique NPI.

Application Fee

- Organizations - Yes
- Individuals - No

Mental Health / Substance Abuse Agencies

Community Support Program

Enrollment Criteria

- Agencies are required to obtain a Wisconsin DHS certificate to provide community support program services as authorized under DHS 63, Wis. Admin. Code (which meets Wisconsin Medicaid's DHS 105, Wis. Admin. Code. Agencies that do not meet this criteria will qualify as a 'biller only' provider and will be allowed to bill for community support program services.

  An allowable Medicaid rendering provider is required to perform the service.

  The billing agency is required to make available the nonfederal share needed to provide CSP services.
- An NPI of Entity Type 2 is Required

Terms of Reimbursement

- Mental Health / Substance Abuse Terms of Reimbursement (F-01507)

Risk Level

- Enrollment: Limited
- Revalidation: Limited

Disclosure Information

- Final Rule Disclosure Information
- Code of Federal Regulations Terminations and Criminal Convictions Information

Category of Enrollment

- County/Tribal with DQA Certificate: Billing and Rendering
- County/Tribal without DQA Certificate: Billing
- Not County/Tribal but with DQA Certificate: Rendering
- Please ensure the appropriate provider type and specialty is chosen based on your DQA Certification. For further clarification please contact Provider Services before completing the enrollment process.

Border Status

- Eligible

Other Important Information	• Only local county or tribal agencies may be Medicaid-enrolled to bill CSP services.
Application Fee	• Yes

Comprehensive Community Services

Enrollment Criteria

- **Regional Providers** — Counties or tribes that operate a regional Comprehensive Community Services (CCS) program under one of the four regional service models detailed below. ForwardHealth provides the federal and non-federal share of Medicaid and BadgerCare Plus program costs to non-regional CCS providers.

  To operate a regional CCS program, counties and tribes must first complete the following three steps listed below:
  - **Department of Mental Health/Substance Abuse Services (DMHSAS) Approval** — Counties and tribes are required to obtain approval of their proposed regional CCS program from the DMHSAS. Through the DMHSAS approval process, the DMHSAS confirms that the proposed regional CCS program meets the requirements of the regional service model under which it will operate.
  - **Division of Quality Assurance (DQA) Certification** — Counties and tribes that have received DMHSAS approval to operate a regional CCS program under the population-based, multi-county, or 51.42 models are required to obtain a single Department of Health Services (DHS) DQA certification for the regional CCS program. Counties and tribes that have received DMHSAS approval to operate under the shared services model are required to obtain separate DQA certifications for each county or tribe within the region. Through the DQA certification process, the DQA confirms that the proposed regional CCS program meets all requirements within DHS 36, Wis. Admin. Code.
  - **Medicaid Enrollment** — Following DMHSAS approval and DQA certification, counties and tribes are required to enroll with ForwardHealth in the Medicaid program as a regional CCS provider based on the following requirements for each regional service model:
    - **Population-Based Model** — The single county or single tribe within the region must enroll.

- **Shared Services Model** — Each county or tribe within the region must enroll separately.
- **Multi-County Model** — Each county or tribe within the region must enroll separately.
- **51.42 Model** — The 51.42 entity must enroll; individual counties within the 51.42 region do not need to separately enroll.

Providers who have multiple Medicaid enrollments are required to provide a unique taxonomy on their CCS enrollment.

Counties and tribes that are already enrolled in the Medicaid program as CCS providers do not need to re-enroll as regional CCS providers but do still need to complete DMHSAS approval and DQA certification. ForwardHealth is notified by the DQA of any changes to the provider's regional CCS program and automatically updates the provider's Medicaid enrollment file.

Counties and tribes that are not already enrolled in the Medicaid program as CCS providers must complete a Medicaid enrollment application.

- **Non-regional Providers** — Counties or tribes that operate a CCS program within their own county or tribe on a non-regional basis. ForwardHealth provides only the federal share of Medicaid and BadgerCare Plus program costs to non-regional CCS providers. Non-regional providers are required to be certified in either of the following ways:
  1. The provider is required to be a local county or tribal agency with DMHSAS certification and DHS DQA certification.
  2. The agency is required to obtain a Wisconsin DHS certificate to provide comprehensive community services as authorized under DHS 36, Wis. Admin. Code (which meets Wisconsin Medicaid's DHS 105, Wis. Admin. Code, requirement).

  Agencies that do not meet this criteria will qualify as a "biller only" provider and will be allowed to bill for comprehensive community services. An allowable Medicaid rendering provider is required to perform the service.

  The billing agency is required to have an agency resolution stating that the county or tribe agrees to make available the nonfederal share needed to provide comprehensive community services.
- An NPI of Entity Type 2 is Required

Terms of Reimbursement	• Mental Health / Substance Abuse Terms of Reimbursement (F-01507)
Risk Level	• Enrollment: Limited • Revalidation: Limited
Disclosure Information	• Final Rule Disclosure Information • Code of Federal Regulations Terminations and Criminal Convictions Information

Category of Enrollment	• **Regional Providers** — Billing and rendering provider depends on the regional service model under which the CCS program operates:
	  ○ **Population Based Model** — Billing and rendering provider.
	  ○ **Shared Services Model** — Billing and rendering provider.
	  ○ **Multi-County Model** — The lead county/tribe will be the billing and rendering provider. The other county/tribe within the region will be the rendering provider.
	  ○ **51.42 Model** — Billing and rendering provider.
	• **Non-regional Providers**:
	  ○ **County/Tribal Agency with DQA Certificate** — Billing and rendering provider.
	  ○ **County/Tribal Agency without DQA Certificate** — Billing provider.
	  ○ **Not County/Tribal Agency but with DQA Certificate** — Rendering provider.
	• Ensure the appropriate provider type and specialty is chosen based on your DQA certification. For further clarification, please contact Provider Services before completing the enrollment process.

Border Status	• Eligible

Other Important Information	• Regional CCS providers are required to operate their CCS programs under one of the following four regional service models defined by the DHS DMHSAS:
	  ○ **Population-Based Model** — A single county with a population exceeding 350,000 residents that operates a regional CCS program within its own county borders or a single tribe, regardless of population size, that operates a regional CCS program within its tribe.
	  ○ **Shared Services Model** — Multiple counties/tribes partner together to operate a regional CCS program across their counties/tribes; no lead county or tribe is identified.
	  ○ **Multi-County Model** — Multiple counties/tribes partner together to operate a regional CCS program across their

counties/tribes; a lead county or tribe is identified.
    - **51.42 Model** — Multiple counties that have partnered together to form a separate 51.42 legal entity operate a regional CCS program through the 51.42 entity.
- Only local county or tribal agencies may be Medicaid-enrolled to bill CCS.

Application Fee

- Yes

Crisis Intervention Services

Enrollment Criteria

- The agency is required to obtain a Wisconsin DHS certificate to provide crisis intervention services as authorized under DHS 34, Subchapter III, Wis. Admin. Code (which meets Wisconsin Medicaid's DHS 105, Wis. Admin. Code, requirement).
  Agencies that do not meet this criteria will qualify as a 'biller only' provider and will be allowed to bill for crisis intervention services. An allowable Medicaid rendering provider is required to perform the service.
  The agency is required to make available the nonfederal share needed to provide crisis intervention services.
- An NPI of Entity Type 2 is Required

Terms of Reimbursement

- Mental Health / Substance Abuse Terms of Reimbursement (F-01507)

Risk Level

- Enrollment: Limited
- Revalidation: Limited

Disclosure Information

- Final Rule Disclosure Information
- Code of Federal Regulations Terminations and Criminal Convictions Information

Category of Enrollment

- County/Tribal with DQA Certificate: Billing and Rendering
- County/Tribal without DQA Certificate: Billing
- Not County/Tribal but with DQA Certificate: Rendering
- Please ensure the appropriate provider type and specialty is chosen based on your DQA Certification. For further clarification please contact Provider Services before completing the enrollment process.

Border Status

- Eligible

Other Important Information	• Only local county or tribal agencies may be Medicaid-enrolled to bill crisis intervention services.
Application Fee	• Yes

Day Treatment Services

Enrollment Criteria

- **Adult Mental Health Day Treatment Services**
  The agency is required to obtain a Wisconsin DHS certificate to provide mental health day treatment services as authorized under DHS 61.75, Wis. Admin. Code (which meets Wisconsin Medicaid's DHS 105, Wis. Admin. Code, requirement). Agencies that do not meet this requirement can be a 'biller only' provider for mental health day treatment services. An allowable Medicaid rendering provider is required to perform the service.

  Substance Abuse Day Treatment Services
  The agency is required to obtain a Wisconsin DHS certificate to provide substance abuse day treatment services as authorized under DHS 75.12, Wis. Admin. Code (which meets Wisconsin Medicaid's DHS 105, Wis. Admin. Code, requirement). Agencies that do not meet this requirement can be a 1biller only' provider for substance abuse day treatment services. An allowable Medicaid rendering provider is required to perform the service.

  Child Adolescent Day Treatment Services (HealthCheck "Other Services")
  The agency is required to obtain a Wisconsin DHS certificate to provide child/adolescent day treatment services as authorized under DHS 40, Wis. Admin. Code (which meets Wisconsin Medicaid's DHS 105, Wis. Admin. Code, requirement). Agencies that do not meet this requirement can be a 1biller only1 provider for child adolescent day treatment. An allowable Medicaid rendering provider is required to perform the service.
- Section DHS 105.24, Wis. Admin. Code
- An NPI of Entity Type 2 is Required

Terms of Reimbursement

- Mental Health / Substance Abuse Terms of Reimbursement (F-01507)

Risk Level	• Enrollment: Limited • Revalidation: Limited
Disclosure Information	• Final Rule Disclosure Information • Code of Federal Regulations Terminations and Criminal Convictions Information
Category of Enrollment	• With DQA Certificate: Billing and Rendering • Without DQA Certificate and County/Tribal: Billing
Border Status	• Eligible
Application Fee	• Yes

In-Home Mental Health Substance Abuse Treatment Services for Children

Enrollment Criteria	• The agency is required to obtain a Wisconsin DHS certificate to provide outpatient mental health or substance abuse services as authorized under DHS 61.91-61.98, Wis. Admin. Code, or, in situations where substance abuse counseling is the only service provided, as authorized under DHS 75.13, Wis. Admin. Code (which meets Wisconsin Medicaid's DHS 105, Wis. Admin. Code, requirement). Agency providing the service may qualify as an outpatient mental health clinic billing/rendering provider or outpatient substance abuse clinic billing/rendering provider. The agency billing for the service for an outpatient mental health clinic or to qualify as a 'biller only' provider for an outpatient substance abuse clinic in situations where substance abuse counseling is the only service provided. An allowable Medicaid rendering provider is required to perform the service. • Section DHS 105.24, Wis. Admin. Code • An NPI of Entity Type 2 is Required
Terms of Reimbursement	• Mental Health / Substance Abuse Terms of Reimbursement (F-01507)
Risk Level	• Enrollment: Limited • Revalidation: Limited

Disclosure Information	• Final Rule Disclosure Information • Code of Federal Regulations Terminations and Criminal Convictions Information
Category of Enrollment	• With DQA Certificate: Billing and Rendering • Without DQA Certificate: Billing
Border Status	• Not eligible
Application Fee	• Yes

Outpatient Services

Enrollment Criteria

- **Outpatient Mental Health Services (Evaluation, Psychotherapy, Pharmacologic Management)**
  The agency is required to obtain a Wisconsin DHS certificate to provide outpatient mental health services as authorized under DHS 61.91-61.98, Wis. Admin. Code (which meets Wisconsin Medicaid's DHS 105, Wis. Admin. Code, requirement). Agencies that do not meet this requirement can be a 'biller only' provider for outpatient mental health services. An allowable Medicaid rendering provider is required to perform the service. Outpatient hospitals utilizing Master's level therapists are required to be certified as a DQA-certified mental health clinic under DHS 61.91-61.98, Wis. Admin. Code. Only covered services provided by an approved hospital facility are eligible for payment under Wisconsin Medicaid's outpatient hospital payment formula. Wisconsin Medicaid defines "hospital facility" as the physical entity, surveyed and approved by the Division of Quality Assurance (DQA) under ch. 50, Wis. Stats.

  Outpatient Substance Abuse Services
  The agency is required to obtain a Wisconsin DHS certificate to provide outpatient substance abuse services as authorized under DHS 75.13, Wis. Admin. Code (which meets Wisconsin Medicaid's DHS 105, Wis. Admin. Code, requirement). Agencies that do not meet this requirement can be a 'biller only' provider for outpatient substance abuse services. An allowable Medicaid rendering provider is required to perform the service.

  Outpatient Mental Health and/or Substance Abuse Services in the Home or Community for Adults
  The agency is required to obtain a Wisconsin DHS certificate to

provide outpatient mental health services as authorized under DHS 61.91-61.98 or 75.13, Wis. Admin. Code (which meets Wisconsin Medicaid's DHS 105, Wis. Admin. Code, requirement). Agencies that do not meet this criteria will qualify as a 'biller only' provider and will be allowed to bill for outpatient mental health and/or substance abuse services in the home or community services. An allowable Medicaid rendering provider is required to perform the service. The agency is required to have an agency resolution stating that the county or tribe agrees to make available the nonfederal share needed to provide outpatient mental health and substance abuse services in the home or community.
- Section DHS 105.24, Wis. Admin. Code
- An NPI of Entity Type 2 is Required

Terms of Reimbursement
- Mental Health / Substance Abuse Terms of Reimbursement (F-01507)

Risk Level
- Enrollment: Limited
- Revalidation: Limited

Disclosure Information
- Final Rule Disclosure Information
- Code of Federal Regulations Terminations and Criminal Convictions Information

Category of Enrollment
- With DQA Certificate: Billing and Rendering
- Local County or Tribal Agency Without DQA Certificate: Billing

Border Status
- Not eligible

Other Important Information
- Only local county or tribal agencies may be Medicaid-enrolled to bill outpatient mental health and/or substance abuse services in the home or community.
- County or tribal agencies providing services to adults in the home or community must submit the agency resolution stating that the local county or tribal agency agrees to make available the non-federal share needed to provide Medicaid mental health and substance abuse outpatient services in a home or community setting.
- Advanced practice nurse prescribers with a psychiatric specialty and psychiatrists are the only mental health providers who can submit claims for psychotherapy services that include a medical evaluation and management component. Additionally, advanced practice nurse prescribers with a psychiatric specialty are required to be separately enrolled in Medicaid as a nurse practitioner in order to be reimbursed for an evaluation and management service.

Additional Documents	• Matching Funds Resolution
Application Fee	• Yes

Mental Health / Substance Abuse Individual Practitioners

Alcohol and Other Drug Abuse (AODA)-Certified Counselor Services

Enrollment Criteria	• The provider is required to do the following:
	  ○ Work in a clinic certified under DHS 75.13, Wis. Admin. Code, and meet the requirements in DHS 75.02(84)(a) and (b), Wis. Admin. Code (which meets Wisconsin Medicaid's DHS 105, Wis. Admin. Code, requirement).
	  ○ Have a license as a Substance Abuse Counselor or Certified Substance Abuse Counselor, issued by the Wisconsin Department of Safety and Professional Services.
	• Section DHS 105.23, Wis. Admin. Code
	• An NPI of Entity Type 1 is Required

Terms of Reimbursement	• Mental Health / Substance Abuse Terms of Reimbursement (F-01507)
Risk Level	• Enrollment: Limited • Revalidation: Limited
Disclosure Information	• Final Rule Disclosure Information • Code of Federal Regulations Terminations and Criminal Convictions Information
Category of Enrollment	• Rendering
Border Status	• Eligible
Application Fee	• No

Advanced Practice Nurse Prescriber with Psychiatric Specialty

Enrollment Criteria

- The provider is required to do both of the following:
  - Be licensed as an Advanced Practice Nurse Prescriber by the Wisconsin Department of Safety and Professional Services.
  - Have a certificate issued by the American Nurses Credential Center for one of the following:
    - Adult Psychiatric & Mental Health Nurse Practitioner Certification
    - Family Psychiatric & Mental Health Nurse Practitioner Certification
    - Clinical Nurse Specialist in Adult Psychiatric & Mental Healh Certification
    - Clinical Nurse Specialist in Child/Adolescent Psychiatric & Mental Health Certification
- Section DHS 105.22, Wis. Admin. Code
- An NPI of Entity Type 1 is Required

Terms of Reimbursement

- Mental Health / Substance Abuse Terms of Reimbursement (F-01507)

Risk Level

- Enrollment: Limited
- Revalidation: Limited

Disclosure Information

- Final Rule Disclosure Information
- Code of Federal Regulations Terminations and Criminal Convictions Information

Category of Enrollment

- Billing and Rendering

Border Status

- Eligible

Border Status

- Advanced practice nurse prescribers with a psychiatric specialty and psychiatrists are the only mental health providers who can submit claims for psychotherapy services that include a medical evaluation and management component. Additionally, advanced practice nurse prescribers with a psychiatric specialty are required to be separately enrolled in Medicaid as a nurse practitioner in order to be reimbursed for an evaluation and management service.

Application Fee

- No

Certified Psychotherapist

Enrollment Criteria	• The provider is required to do the following:
	  ○ Work in a certified mental health clinic as required under DHS 35, Wis. Admin. Code (which meets Wisconsin Medicaid's DHS 105, Wis. Admin. Code, requirement).
	  ○ Have a certificate as an Advance Practice Social Worker or Independent Social Worker issued by the Wisconsin Department of Safety and Professional Services.
	  ○ In addition, applicant must have a Provider Status Approval Letter issued by the Department of Health Services (DHS) Division of Quality Assurance (DQA).
	• Section DHS 105.22, Wis. Admin. Code
	• An NPI of Entity Type 1 is Required

Terms of Reimbursement	• Mental Health / Substance Abuse Terms of Reimbursement (F-01507)
Risk Level	• Enrollment: Limited • Revalidation: Limited
Disclosure Information	• Final Rule Disclosure Information • Code of Federal Regulations Terminations and Criminal Convictions Information
Category of Enrollment	• Rendering
Border Status	• Eligible
Other Important Information	• A provider whose practice address is in one of the states that border Wisconsin is considered a border-status provider. To be eligible as a Certified Psychotherapist as a border-status provider with Wisconsin Medicaid, you are required to hold a current Wisconsin license or license from the state in which you are rendering services. In either case, you must also have a provider status approval letter issued by the Wisconsin DHS DQA.
Application Fee	• No

Certified Psychotherapist with Substance Abuse Certification

Enrollment Criteria

- The provider is required to do the following:
  - Work in a certified clinic and meet the requirements listed under DHS 75.13 or DHS 35, Wis. Admin. Code (which meets Wisconsin Medicaid's DHS 105, Wis. Admin. Code, requirement).
  - Have a certificate as an Advanced Practice Social Worker, Independent Social Worker, or registered nurse with a Master's degree in psychiatric mental health nursing or community mental health nursing, issued by the Wisconsin Department of Regulation and Licensing (DSPS).
  - Have a certificate as a Substance Abuse Counselor, Certified Substance Abuse Counselor, or Substance Abuse Specialty issued by the Wisconsin DSPS.
  - In addition, applicant must have a Provider Status Approval Letter issued by the Department of Health Services (DHS) Division of Quality Assurance (DQA).
- Section DHS 105.22, Wis. Admin. Code
- Section DHS 105.23, Wis. Admin. Code
- An NPI of Entity Type 1 is Required

Terms of Reimbursement

- Mental Health / Substance Abuse Terms of Reimbursement (F-01507)

Risk Level

- Enrollment: Limited
- Revalidation: Limited

Disclosure Information

- Final Rule Disclosure Information
- Code of Federal Regulations Terminations and Criminal Convictions Information

Category of Enrollment

- Rendering

Border Status

- Eligible

Other Important Information

- A provider whose practice address is in one of the states that border Wisconsin is considered a border-status provider. To be eligible as a Certified Psychotherapist/Substance Abuse Counselor as a border-status provider with Wisconsin Medicaid, you are required to hold either current Wisconsin licenses or licenses from the state in which

	you are rendering services for psychotherapy and substance abuse. In either case, in addition, you must also have a provider status approval letter issued by the Wisconsin DHS DQA.
Application Fee	• No

Licensed Psychotherapist

Enrollment Criteria	• The provider is required to be licensed as a Clinical Social Worker, Marriage and Family Therapist, or Professional Counselor by the Wisconsin Department of Safety and Professional Services. • Section DHS 105.22, Wis. Admin. Code • An NPI of Entity Type 1 is Required
Terms of Reimbursement	• Mental Health / Substance Abuse Terms of Reimbursement (F-01507)
Risk Level	• Enrollment: Limited • Revalidation: Limited
Disclosure Information	• Final Rule Disclosure Information • Code of Federal Regulations Terminations and Criminal Convictions Information
Category of Enrollment	• Billing and Rendering
Border Status	• Eligible
Other Important Information	• A provider whose practice address is in one of the states that border Wisconsin is considered a border-status provider. To be eligible as a Licensed Psychotherapist as a border status provider with Wisconsin Medicaid, you are required to hold a current Wisconsin license, as stated above.
Application Fee	• No

Licensed Psychotherapist with Substance Abuse Certification

Enrollment Criteria	• The provider is required to have both of the following:
	  ○ Be licensed as a Clinical Social Worker, Marriage and Family Therapist, or Professional Counselor by the Wisconsin Department of Safety and Professional Services.
	  ○ Have a certificate as a Substance Abuse Counselor (SAC), Certified Substance Abuse Counselor, or Substance Abuse Specialty issued by the Wisconsin Department of Safety and Professional Services.
	• Section DHS 105.22, Wis. Admin. Code
	• An NPI of Entity Type 1 is Required

Terms of Reimbursement	• Mental Health / Substance Abuse Terms of Reimbursement (F-01507)
Risk Level	• Enrollment: Limited • Revalidation: Limited
Disclosure Information	• Final Rule Disclosure Information • Code of Federal Regulations Terminations and Criminal Convictions Information
Category of Enrollment	• Billing and Rendering
Border Status	• Eligible
Other Important Information	• A provider whose practice address is in one of the states that border Wisconsin is considered a border-status provider. To be eligible as a Licensed Psychotherapist/Substance Abuse Counselor as a border-status provider with Wisconsin Medicaid, you are required to hold a current Wisconsin license and a Wisconsin SAC certification, above. The SAC can be attached to the psychotherapist license or be a separate license from Wisconsin DSPS.
Application Fee	• No

Master's Level Nurse with Psychiatric Specialty

Enrollment	• The provider is required to do all of the following:

Criteria	○ Work in a certified mental health clinic as required under DHS 35, Admin. Code (which meets Wisconsin Medicaid's DHS 105, Wis. Admin. Code requirement). ○ Be licensed as a registered nurse by the Wisconsin Department of Safety and Professional Services. ○ Have a Master's degree in psychiatric mental health nursing or community mental health nursing. ○ Applicant must have a Provider Status Approval Letter issued by the Department of Health Services Division of Quality Assurance. • Section DHS 105.22, Wis. Admin. Code • An NPI of Entity Type 1 is Required
Terms of Reimbursement	• Mental Health / Substance Abuse Terms of Reimbursement (F-01507)
Risk Level	• Enrollment: Limited • Revalidation: Limited
Disclosure Information	• Final Rule Disclosure Information • Code of Federal Regulations Terminations and Criminal Convictions Information
Category of Enrollment	• Rendering
Border Status	• Eligible
Application Fee	• No

Ph.D. Psychologist Services

Enrollment Criteria	• The provider is required to have a license to practice as a psychologist, according to ch. 455, Wis. Stats. This must be at the independent practice level (which meets Wisconsin Medicaid's DHS 105, Wis. Admin. Code requirement). • If the effective date of the license is prior to October 1, 1991, the provider is required to have one of the following: ○ A copy of his or her listing in the current National Register of Health Service Providers in Psychology as required under DHS 105, Wis. Admin. Code. ○ A copy of documentation that shows he or she is eligible to be

listed in the National Register of Health Service Providers in Psychology. The provider is required to include documentation of a doctorate that meets the National Register/Association of State and Provincial Psychology Boards' "Guidelines for Defining a Doctoral Degree in Psychology" with at least two years (minimum of 3,000 hours) of supervised experience in health service. One year (1,500 hours) must be post-internship, which meets the National Register's "Guidelines for Defining an Internship or Organized Health Service Training Program" as required under DHS 105.22(1)(b), Wis. Admin. Code.

- Section DHS 105.22, Wis. Admin. Code
- An NPI of Entity Type 1 is Required

Terms of Reimbursement

- Mental Health / Substance Abuse Terms of Reimbursement (F-01507)

Risk Level

- Enrollment: Limited
- Revalidation: Limited

Disclosure Information

- Final Rule Disclosure Information
- Code of Federal Regulations Terminations and Criminal Convictions Information

Category of Enrollment

- Billing and Rendering

Border Status

- Eligible

Application Fee

- No

Qualified Treatment Trainee

Enrollment Criteria

- Qualified treatment trainees with a graduate degree, as defined in DHS 35.03(17m)(b), Wis. Admin. Code, are QTTs who meet both of the following criteria:
  - They have a graduate degree from an accredited institution with course work in psychology, counseling, marriage and family therapy, social work, nursing, or a closely related field.
  - They have not yet completed the applicable supervised practice requirements described under ch. MPSW 4, 12, or 16, Wis. Admin. Code, or ch. Psy 2, Wis. Admin. Code, as applicable.
- To qualify for enrollment in Wisconsin Medicaid, QTTs with a graduate degree must either have a doctoral degree from an

accredited institution and be working toward full Wisconsin DSPS licensure as a licensed psychologist or be licensed by the Wisconsin DSPS as one of the following:
    - A marriage and family therapist in training.
    - A professional counselor in training.
    - An advanced practice social worker or certified independent social worker.
- As a QTT, the provider is working toward his or her 3000 clinical hours to become licensed as a social worker, professional counselor, or marriage and family therapist. Upon completion of his or her 3000 hours, the provider plans to become a licensed clinical social worker, marriage and family therapist, or professional counselor through Wisconsin DSPS and updates his or her provdier status using the demographic maintenance tool, which can be access through his or her secure ForwardHealth Portal account.
- Section DHS 105.22, Wis. Admin. Code
- An NPI of Entity Type 1 is Required

Terms of Reimbursement
- Mental Health / Substance Abuse Terms of Reimbursement (F-1507)

Risk Level
- Enrollment: Limited
- Revalidation: Limited

Disclosure Information
- Final Rule Disclosure Information
- Code of Federal Regulations Terminations and Criminal Convictions Information

Category of Enrollment
- Rendering

Border Status
- Not Eligible

Application Fee
- No

Narcotic Treatment Services

Agency

Enrollment Criteria
- The agency is required to obtain a Wisconsin DHS certificate to provider narcotic treatment services for opiate addiction as authorized under DHS 75.15, Wis. Admin. Code (which meets

	Wisconsin Medicaid's DHS 105, Wis. Admin. Code requirement). • An NPI of Entity Type 2 is Required
Terms of Reimbursement	• Mental Health / Substance Abuse Terms of Reimbursement (F-01507)
Risk Level	• Enrollment: Limited • Revalidation: Limited
Disclosure Information	• Final Rule Disclosure Information • Code of Federal Regulations Terminations and Criminal Convictions Information
Category of Enrollment	• Billing
Border Status	• Eligible
Application Fee	• No

Individual

Enrollment Criteria	• The provider is required to do the following:
	  ○ Work in a Narcotic Treatment Service certified under DHS 75.15, Wis. Admin. Code (which meets Wisconsin Medicaid's DHS 105, Wis. Admin. Code requirement).
	  ○ Have a state of Wisconsin Registered Nurse License or a state of Wisconsin Practical Nurse License issued by the Wisconsin Department of Safety and Professional Services as required under ch. 441.06 and 441.10, Wis. Stats.
	• An NPI of Entity Type 1 is Required

Terms of Reimbursement	• Mental Health / Substance Abuse Terms of Reimbursement (F-01507)
Risk Level	• Enrollment: Limited • Revalidation: Limited
Disclosure Information	• Final Rule Disclosure Information • Code of Federal Regulations Terminations and Criminal Convictions Information

Category of Enrollment	• Rendering
Border Status	• Eligible
Application Fee	• No

Nurse in Independent Practice

Nurse Midwife

Enrollment Criteria	• Section DHS 105.201, Wis. Admin. Code • An NPI of Entity Type 1 is Required
Terms of Reimbursement	• Nurse Midwife Terms of Reimbursement (F-01504)
Risk Level	• Enrollment: Limited • Revalidation: Limited
Disclosure Information	• Final Rule Disclosure Information • Code of Federal Regulations Terminations and Criminal Convictions Information
Category of Enrollment	• Billing and Rendering
Border Status	• Eligible
Additional Documents	• HealthCheck Screener Affirmation (F-11285)
Application Fee	• No

Registered Nurse and Licensed Practical Nurse

Enrollment Criteria	• Section DHS 105.19, Wis. Admin. Code • An NPI of Entity Type 1 is Required

Terms of Reimbursement	• Private Duty Nursing to Ventilator Dependent Members Terms of Reimbursement (F-01501) • Private Duty Nursing Terms of Reimbursement (F-01502)
Risk Level	• Enrollment: Limited • Revalidation: Limited
Disclosure Information	• Final Rule Disclosure Information • Code of Federal Regulations Terminations and Criminal Convictions Information
Category of Enrollment	• Billing and Rendering
Border Status	• Eligible
Additional Documents	• HealthCheck Screener Affirmation (F-11285)
Application Fee	• No

Respiratory Care Services

Enrollment Criteria	• Section DHS 105.19, Wis. Admin. Code • An NPI of Entity Type 1 is Required
Terms of Reimbursement	• Private Duty Nursing to Ventilator Dependent Members Terms of Reimbursement (F-01501) • Private Duty Nursing Terms of Reimbursement (F-01502)
Risk Level	• Enrollment: Limited • Revalidation: Limited
Disclosure Information	• Final Rule Disclosure Information • Code of Federal Regulations Terminations and Criminal Convictions Information
Category of Enrollment	• Billing and Rendering
Border Status	• Eligible

Additional Documents	• HealthCheck Screener Affirmation (F-11285)
Application Fee	• No

Nurse Practitioner

Nurse Midwife

Enrollment Criteria	• Section DHS 105.201, Wis. Admin. Code • An NPI of Entity Type 1 is Required
Terms of Reimbursement	• Nurse Practitioner Terms of Reimbursement (F-01509) • HealthCheck Screener and Case Management Provider Terms of Reimbursement (F-01114)
Risk Level	• Enrollment: Limited • Revalidation: Limited
Disclosure Information	• Final Rule Disclosure Information • Code of Federal Regulations Terminations and Criminal Convictions Information
Category of Enrollment	• Billing and Rendering
Border Status	• Eligible
Additional Documents	• Degree Addendum (F-11260) • HealthCheck Screener Affirmation (F-11285)
Application Fee	• No

Nurse Practitioner

Enrollment Criteria	• Section DHS 105.20, Wis. Admin. Code • An NPI of Entity Type 1 is Required

Terms of Reimbursement	• Nurse Practitioner Terms of Reimbursement (F-01509) • HealthCheck Screener and Case Management Provider Terms of Reimbursement (F-01114)
Risk Level	• Enrollment: Limited • Revalidation: Limited
Disclosure Information	• Final Rule Disclosure Information • Code of Federal Regulations Terminations and Criminal Convictions Information
Category of Enrollment	• Billing and Rendering
Border Status	• Eligible
Additional Documents	• HealthCheck Screener Affirmation (F-11285)
Application Fee	• No

Nursing Homes

Enrollment Criteria	• Section DHS 105.08, Wis. Admin. Code • Section DHS 105.10, Wis. Admin. Code • Section DHS 105.11, Wis. Admin. Code • Section DHS 105.12, Wis. Admin. Code • An NPI of Entity Type 2 is Required
Risk Level	• Enrollment: Limited • Revalidation: Limited
Disclosure Information	• Final Rule Disclosure Information • Code of Federal Regulations Terminations and Criminal Convictions Information
Category of Enrollment	• Billing and Rendering
Border Status	• Not eligible
Other Important Information	• Section DHS 105.02 (2)(b), Wis. Admin. Code • For enrollment requirements specific to nursing facilities or facilities

for the developmentally disabled, contact the Office of Quality Assurance.

Application Fee
- Yes

Occupational Therapy Individual Practitioners

Occupational Therapist

Enrollment Criteria
- Section DHS 105.28, Wis. Admin. Code
- An NPI of Entity Type 1 is Required

Terms of Reimbursement
- Occupational Therapist Terms of Reimbursement (F-01512)

Risk Level
- Enrollment: Limited
- Revalidation: Limited

Disclosure Information
- Final Rule Disclosure Information
- Code of Federal Regulations Terminations and Criminal Convictions Information

Category of Enrollment
- Billing and Rendering

Border Status
- Eligible

Application Fee
- No

Occupational Therapist Assistant

Enrollment Criteria
- Section DHS 105.28 (2), Wis. Admin. Code
- An NPI of Entity Type 1 is Required

Terms of Reimbursement
- Occupational Therapist Terms of Reimbursement (F-01512)

Risk Level	• Enrollment: Limited • Revalidation: Limited
Disclosure Information	• Final Rule Disclosure Information • Code of Federal Regulations Terminations and Criminal Convictions Information
Category of Enrollment	• Rendering
Border Status	• Eligible
Application Fee	• No

Optician

Enrollment Criteria	• Section DHS 105.33, Wis. Admin. Code • An NPI of Entity Type 1 or 2 is Required
Terms of Reimbursement	• Optometrist / Optician Terms of Reimbursement (F-01514)
Risk Level	• Enrollment: Limited • Revalidation: Limited
Disclosure Information	• Final Rule Disclosure Information • Code of Federal Regulations Terminations and Criminal Convictions Information
Category of Enrollment	• Billing and Rendering
Border Status	• Eligible
Application Fee	• Organizations - Yes • Individuals - No

Optometrist

Enrollment Criteria	• Section DHS 105.32, Wis. Admin. Code • An NPI of Entity Type 1 is Required

Terms of Reimbursement	• Optometrist / Optician Terms of Reimbursement (F-01514)
Risk Level	• Enrollment: Limited • Revalidation: Limited
Disclosure Information	• Final Rule Disclosure Information • Code of Federal Regulations Terminations and Criminal Convictions Information
Category of Enrollment	• Billing and Rendering
Border Status	• Eligible
Application Fee	• No

Pharmacy

Enrollment Criteria	• Section DHS 105.15, Wis. Admin. Code • An NPI of Entity Type 2 is Required
Terms of Reimbursement	• Pharmacy Terms of Reimbursement (F-01518)
Risk Level	• Enrollment: Limited • Revalidation: Limited
Disclosure Information	• Final Rule Disclosure Information • Code of Federal Regulations Terminations and Criminal Convictions Information
Category of Enrollment	• Billing and Rendering
Border Status	• Eligible
Application Fee	• Yes

Physical Therapy Individual Practitioners

Physical Therapist

Enrollment Criteria	• Section DHS 105.27, Wis. Admin. Code • An NPI of Entity Type 1 is Required
Terms of Reimbursement	• Physical Therapist Terms of Reimbursement (F-01520)
Risk Level	• Enrollment: Moderate • Revalidation: Moderate
Disclosure Information	• Final Rule Disclosure Information • Code of Federal Regulations Terminations and Criminal Convictions Information
Category of Enrollment	• Billing and Rendering
Border Status	• Eligible
Application Fee	• No

Physical Therapist Assistant

Enrollment Criteria	• Section DHS 105.27 (2), Wis. Admin. Code • An NPI of Entity Type 1 is Required
Terms of Reimbursement	• Physical Therapist Terms of Reimbursement (F-01520)
Risk Level	• Enrollment: Limited • Revalidation: Limited
Disclosure Information	• Final Rule Disclosure Information • Code of Federal Regulations Terminations and Criminal Convictions Information
Category of Enrollment	• Rendering
Border Status	• Eligible

Application Fee	• No

Physician

Enrollment Criteria	• Section DHS 105.05, Wis. Admin. Code • Section DHS 105.22, Wis. Admin. Code (For Psychiatry Only) • An NPI of Entity Type 1 is Required
Terms of Reimbursement	• Physician and Physician Assistant Terms of Reimbursement (F-01523) • HealthCheck Screener Case Management Terms of Reimbursement (F-01114) • Mental Health / Substance Abuse Terms of Reimbursement (F-01507) (For Psychiatry Only)
Risk Level	• Enrollment: Limited • Revalidation: Limited
Disclosure Information	• Final Rule Disclosure Information • Code of Federal Regulations Terminations and Criminal Convictions Information
Category of Enrollment	• Billing and Rendering
Border Status	• Eligible
Other Important Information	• To be enrolled in Wisconsin Medicaid, physicians and residents are required to be licensed to practice medicine and surgery pursuant to ss. 448.05 and 448.07, Wis. Stats., and chs. Med 1, 2, 3, 4, 5, and 14, Wis. Admin. Code. • Physicians are asked to identify their practice specialty at the time of Medicaid enrollment. Reimbursement for certain services is limited to physicians with specific specialties.
Additional Documents	• HealthCheck Screener Affirmation (F-11285)
Application Fee	• No

Physician Assistant

Enrollment Criteria	• Section DHS 105.05, Wis. Admin. Code • An NPI of Entity Type 1 is Required
Terms of Reimbursement	• Physician and Physician Assistant Terms of Reimbursement (F-01523)
Risk Level	• Enrollment: Limited • Revalidation: Limited
Disclosure Information	• Final Rule Disclosure Information • Code of Federal Regulations Terminations and Criminal Convictions Information
Category of Enrollment	• Rendering
Border Status	• Eligible
Other Important Information	• To be Medicaid-enrolled, physician assistants are required to be licensed and registered pursuant to s. 448.05 and 448.07, Wis. Stats., and chs. Med 8 and 14, Wis. Admin. Code. All physician assistants are required to be individually enrolled in Wisconsin Medicaid for their services to be reimbursed.
Additional Documents	• HealthCheck Screener Affirmation (F-11285)
Application Fee	• No

Podiatrist

Enrollment Criteria	• Section DHS 105.265, Wis. Admin. Code • An NPI of Entity Type 1 is Required
Terms of Reimbursement	• Podiatrist Terms of Reimbursement (F-01525)
Risk Level	• Enrollment: Limited • Revalidation: Limited
Disclosure Information	• Final Rule Disclosure Information • Code of Federal Regulations Terminations and Criminal Convictions Information

Category of Enrollment	• Billing and Rendering
Border Status	• Eligible
Application Fee	• No

Portable X-Ray

Enrollment Criteria	• Section DHS 105.44, Wis. Admin. Code • An NPI of Entity Type 2 is Required
Terms of Reimbursement	• Portable X-Ray Terms of Reimbursement (F-01527)
Risk Level	• Enrollment: Moderate • Revalidation: Moderate
Disclosure Information	• Final Rule Disclosure Information • Code of Federal Regulations Terminations and Criminal Convictions Information
Category of Enrollment	• Billing and Rendering
Border Status	• Eligible
Application Fee	• Yes

Prenatal Care Coordination

Enrollment Criteria	• Section DHS 105.52, Wis. Admin. Code • An NPI of Entity Type 2 is Required
Terms of Reimbursement	• Prenatal Care Coordination Terms of Reimbursement (F-01529)
Risk Level	• Enrollment: High • Revalidation: Moderate
Disclosure Information	• Final Rule Disclosure Information • Code of Federal Regulations Terminations and Criminal

Convictions Information

Category of Enrollment	• Billing and Rendering
Border Status	• Not eligible
Additional Documents	• PNCC Outreach and Case Management Plan (F-11278)
Application Fee	• Yes

Provider Groups

Group Types	• Anesthetist, Audiologist, Chiropractor, Dentist, Hearing Instrument Specialist, Mental Health & Substance Abuse, Nurse Practitioner, Occupational Therapist, Optometrist, Physical Therapist, Physician, Podiatrist, Speech / Language Pathology, Therapy
Enrollment Criteria	• Only one group practice can be enrolled per location unless there is a separate National Provider Identifier (NPI) or taxonomy to identify the location where services were performed. Provider group practices do not need to enroll every location from which they provide services. Only those locations responsible for billing are required to be enrolled. • A group practice must include two or more Medicaid-enrolled providers. • An NPI of Entity Type 2 is required.
Terms of Reimbursement	• See Terms of Reimbursement for the respective individual practitioner.
Risk Level	• Enrollment: Limited • Revalidation: Limited • Exception: Physical therapy groups have a risk level of moderate at both enrollment and revalidation
Disclosure Information	• Final Rule Disclosure Information • Code of Federal Regulations Terminations and Criminal Convictions Information
Category of Enrollment	• Billing
Border Status	• Eligible

Other Important Information	• A group of practitioners means two or more health care practitioners who practice their profession at a common location (whether or not they share common facilities, common supporting staff, or common equipment). • Individual providers within a physician clinic or group practice are required to be Medicaid-enrolled. • To be enrolled as a therapy group, there must be two or more combined physical therapists, occupational therapists, and speech-language pathologists enrolled in Wisconsin Medicaid. • For additional information, see ForwardHealth Update Policy for Provider Group Practice Certification. • Provider groups are required to report all individual Medicaid-enrolled providers working for the group to ForwardHealth. This information must be reported during initial enrollment, when revalidating enrollment, and any time a change occurs.
Application Fee	• No

Rehabilitation Agencies

Enrollment Criteria	• Section DHS 105.34, Wis. Admin. Code • An NPI of Entity Type 2 is Required
Terms of Reimbursement	• Rehabilitation Agency Terms of Reimbursement (F-01531)
Risk Level	• Enrollment: Limited • Revalidation: Limited
Disclosure Information	• Final Rule Disclosure Information • Code of Federal Regulations Terminations and Criminal Convictions Information
Category of Enrollment	• Billing and Rendering
Border Status	• Eligible
Application Fee	• Yes

Rural Health Clinic

Enrollment Criteria	• Section DHS 105.35, Wis. Admin. Code • An NPI of Entity Type 2 is Required
Terms of Reimbursement	• Rural Health Clinic Terms of Reimbursement (F-01533)
Risk Level	• Enrollment: Limited • Revalidation: Limited
Disclosure Information	• Final Rule Disclosure Information • Code of Federal Regulations Terminations and Criminal Convictions Information
Category of Enrollment	• Billing
Border Status	• Eligible
Application Fee	• Yes

School-Based Services

Enrollment Criteria	• Section DHS 105.53, Wis. Admin. Code • An NPI of Entity Type 2 is Required
Terms of Reimbursement	• School-Based Services Terms of Reimbursement (F-01535)
Risk Level	• Enrollment: Limited • Revalidation: Limited
Disclosure Information	• Final Rule Disclosure Information • Code of Federal Regulations Terminations and Criminal Convictions Information
Category of Enrollment	• Billing and Rendering
Border Status	• Not eligible
Other Important Information	• Because the Department of Public Instruction (DPI) licenses individual providers in Wisconsin schools only, out-of-state schools are ineligible to apply for Wisconsin Medicaid school-based services (SBS) enrollment.

- Wisconsin Medicaid requires individual rendering providers to be licensed by the DPI for reimbursement under the SBS benefit, with the exception of nurses. Nurses are not required to obtain a DPI license but are encouraged to do so.

Application Fee

- Yes

Specialized Medical Vehicle

Enrollment Criteria

- Section DHS 105.39, Wis. Admin. Code
- No NPI is required.

Terms of Reimbursement

- Specialized Medical Vehicle Terms of Reimbursement (F-01537)

Risk Level

- Enrollment: High
- Revalidation: Moderate

Disclosure Information

- Final Rule Disclosure Information
- Code of Federal Regulations Terminations and Criminal Convictions Information

Category of Enrollment

- Billing and Rendering

Border Status

- Eligible

Other Important Information

- All new SMV providers enrolled or re-enrolled after a one year lapse and providers who have a change in ownership will be approved for provisional enrollment during which time an audit will be scheduled. No electronic billing will be approved before the audit is conducted and completed and the provider is granted approval to bill electronically. Provisional enrollment and audit applies to the new owner(s) from a change of ownership. Provisional enrollment varies from temporary enrollment, which is approved for any SMV provider when an insurance binder is sent as documentation before the actual policy is received.

Additional Documents

- SMV Providers Affidavit (F-11237)
- Letter of receipt of payment for current vehicle insurance
- Workers Compensation Insurance Certificate
- One of the following
  - Copy of current vehicle Commercial insurance policy
  - Certificate of insurance with schedule of vehicles

Application Fee	• Yes

Speech and Hearing Clinic

Enrollment Criteria	• Section DHS 105.29, Wis. Admin. Code • An NPI of Entity Type 2 is Required
Terms of Reimbursement	• Hearing Instrument Specialist Terms of Reimbursement (F-01083) • Speech-Language Pathology Terms of Reimbursement (F-01084) • Audiologist Terms of Reimbursement (F-01082)
Risk Level	• Enrollment: Limited • Revalidation: Limited
Disclosure Information	• Final Rule Disclosure Information • Code of Federal Regulations Terminations and Criminal Convictions Information
Category of Enrollment	• Billing
Border Status	• Eligible
Additional Documents	• ASHA Certificate
Application Fee	• Yes

Speech-Language Pathologist

Bachelor's Level

Enrollment Criteria	• Section DHS 105.30, Wis. Admin. Code • An NPI of Entity Type 1 is Required
Terms of Reimbursement	• Speech-Language Pathology Terms of Reimbursement (F-01084)

Risk Level	• Enrollment: Limited • Revalidation: Limited
Disclosure Information	• Final Rule Disclosure Information • Code of Federal Regulations Terminations and Criminal Convictions Information
Category of Enrollment	• Rendering
Border Status	• Eligible
Other Important Information	• Individuals with a Bachelor's degree (B.A. or B.S.) in speech-language pathology may become enrolled as a speech-language pathology nonbilling rendering provider. Speech-language pathology nonbilling providers, also referred to as speech and language pathology provider assistants, are required to submit a copy of their degree transcript. • Speech and language pathology provider assistants are required to be under the direct, immediate, on-premises supervision of an American Speech-Language-Hearing Association-certified and Medicaid-enrolled supervisor who is responsible and liable for performance of services delivered in accordance with DHS 107.18(1)(a), Wis. Admin. Code. "Direct, immediate, on-premises supervision" is defined as face-to-face contact between the supervisor and the person being supervised, as necessary, with the supervisor being physically present in the same building when the service is being performed by the person being supervised. • Speech and language pathology provider assistants are required to notify Wisconsin Medicaid immediately when they have a change in supervisor, employer, or work address using the demographic maintenance tool, which can be accessed through their secure ForwardHealth Portal account.
Application Fee	• No

Master's Level

Enrollment Criteria	• Section DHS 105.30, Wis. Admin. Code • An NPI of Entity Type 1 is Required

Terms of Reimbursement	• Speech-Language Patholoty Terms of Reimbursement (F-01084)
Risk Level	• Enrollment: Limited • Revalidation: Limited
Disclosure Information	• Final Rule Disclosure Information • Code of Federal Regulations Terminations and Criminal Convictions Information
Category of Enrollment	• Billing and Rendering
Border Status	• Eligible
Application Fee	• No

Women, Infant, and Children Agencies (WIC)

Enrollment Criteria	• WIC Agencies must be contracted with the Wisconsin Division of Public Health (DPH) • An NPI of Entity Type 2 is Required
Terms of Reimbursement	• HealthCheck "Other Services" WIC Agency Providers Terms of Reimbursement (F-00342)
Risk Level	• Enrollment: Limited • Revalidation: Limited
Disclosure Information	• Final Rule Disclosure Information • Code of Federal Regulations Terminations and Criminal Convictions Information
Category of Enrollment	• Billing and Rendering
Border Status	• Not eligible
Application Fee	• Yes

Multiple Locations and Services

Providers who offer a variety of services may be required to complete a separate Medicaid enrollment application for each specified service/provider type. The number of Medicaid enrollments allowed or required per location is based on licensure, registration, certification by a state or federal agency, or an accreditation association identified in the Wisconsin Administrative Code. Providers with multiple locations should inquire whether multiple applications must be completed when applying for Medicaid enrollment. Providers may call Provider Services with questions.

If a Medicaid-enrolled provider begins offering a new service after his or her initial enrollment, it is recommended that he or she call Provider Services to inquire whether another enrollment application must be completed.

Notice of Enrollment Decision

Wisconsin Medicaid will notify the provider of the status of the enrollment usually within 10 business days, but no longer than 60 days, after receipt of the complete enrollment application. Wisconsin Medicaid will either approve the application and enroll the provider or deny the application. If the enrollment application is denied, Wisconsin Medicaid will give the applicant reasons, in writing, for the denial.

Providers who meet the enrollment requirements are sent a welcome letter and a copy of the provider agreement. Included with the letter is an attachment with important information, such as effective dates and assigned provider type and specialty. This information is used when conducting business with Wisconsin Medicaid.

The welcome letter also notifies non-healthcare providers (e.g., specialized medical vehicle providers, personal care agencies, blood banks) of their Medicaid provider number. This number is used on claim submissions, prior authorization requests, and other communications with Wisconsin Medicaid.

Out-of-State Providers

ForwardHealth requires all out-of-state providers who render services to BadgerCare Plus, Medicaid, or SeniorCare members to be enrolled in Wisconsin Medicaid. To be eligible for enrollment as an out-of-state provider, a provider is required to be both of the following:

- Licensed in the United States (and its territories), Mexico, or Canada.
- Licensed in his or her own state of practice.

Wisconsin Medicaid reimburses out-of-state providers for providing emergency medical services to a BadgerCare Plus or Medicaid member or providing services to a member during a time designated by the governor as a state of emergency. The emergency situation or the state of emergency must be sufficiently documented on the claim. Reimbursement rates are consistent with rates for other Wisconsin Medicaid-enrolled providers providing the same service.

Note: Wisconsin Medicaid is prohibited from paying providers located outside of the United States and its territories, including the District of Columbia, Puerto Rico, the Virgin Islands, Guam, the Northern Mariana Islands, and American Samoa.

Out-of-state providers are reimbursed for services provided to eligible BadgerCare Plus or Medicaid members in either of the following situations:

- The service was provided in an emergency situation, as defined in Wis. Admin. Code § DHS 101.03(52).
- PA (prior authorization) was obtained from ForwardHealth before the nonemergency service was provided.

Medicaid Enrollment for Providers Who Only Prescribe, Refer, or Order Services

Out-of-state providers who only prescribe, refer, or order services should enroll as prescribing/referring/ordering providers by completing a Medicaid Prescribing/Referring/Ordering Provider Enrollment Application. For more information regarding the requirements for prescribing/referring/ordering providers, refer to Prescribing/Referring/Ordering Providers.

Medicaid Enrollment for Out-of-State Providers

Providers may apply for Medicaid enrollment as an out-of-state provider by completing the Medicaid Out-of-State Provider Enrollment Application.

Effective Date of Enrollment

The effective date of enrollment as an out-of-state provider is the date the provider rendered the service to the BadgerCare Plus, Medicaid, or SeniorCare member. Out-of-state providers continue to be Medicaid-enrolled until it is time to revalidate their enrollment. (Note: Out-of-state

providers should not complete a new enrollment application each time they submit a prior authorization request or claim.)

Revalidation of Enrollment

Out-of-state providers are required to revalidate their Medicaid enrollment every three years. Out-of-state providers will receive a Provider Revalidation Notice in the mail from ForwardHealth when it is time to undergo revalidation. For more information on the revalidation process, providers may refer to Medicaid Provider Revalidation.

Risk Level Assignment

All Medicaid-enrolled providers are assigned one of three risk levels (limited, moderate, high) based on provider type. During the enrollment process, ForwardHealth performs certain screening activities based on the provider's risk level assignment. Refer to Risk Level Classification by Provider Type for additional information on risk level assignments and the screening activities for each risk level.

Application Fee

Providers who apply for Medicaid enrollment as an out-of-state provider are assessed an application fee. This fee has been federally mandated and may be adjusted annually.

The provider application fee will only be assessed to provider organizations. A provider will not be required to pay ForwardHealth the application fee if the provider is currently enrolled in or is in the process of enrolling in Medicare or another state's Medicaid or Children's Health Insurance Program (CHIP). Instead, ForwardHealth will verify the provider's enrollment in Medicare or with the other state and confirm that the fee has been paid.

Medicaid-Enrolled Providers May Not Charge Members as Private-Pay Patients

While out-of-state providers are enrolled in Wisconsin Medicaid, they may not charge BadgerCare Plus, Medicaid, or SeniorCare members directly for services that are covered by Wisconsin Medicaid.

Out-of-State Youth Program

The Out-of-State Youth (OSY) program is responsible for health care services provided to Wisconsin children placed outside the state in foster and subsidized adoption situations. These children are eligible for coverage. The objective is to ensure that these children receive quality medical care.

Medicaid Enrollment for Out-of-State Youth Providers

ForwardHealth requires all out-of-state youth providers who render services to BadgerCare Plus, Medicaid, or SeniorCare members to be enrolled in Wisconsin Medicaid. Providers may apply for Medicaid enrollment as an out-of-state youth provider by completing both of the following steps:

- Apply for enrollment as an out-of-state provider. To apply for enrollment as an out-of-state provider, complete the Medicaid Out-of-State Provider Enrollment Application.

  For information on the requirements for out-of-state providers, refer to Out-of-State Providers.
- At the end of the enrollment process, upload a letter requesting enrollment as an out-of-state youth provider.

Prescribing/Referring/Ordering Providers

Medicaid Enrollment Requirements for Prescribing/Referring/Ordering Providers

ForwardHealth requires all physicians and other professionals who prescribe, refer, or order services for ForwardHealth members to be enrolled in Wisconsin Medicaid. The following list of providers is required to enroll in Wisconsin Medicaid in order to prescribe, refer, or order services for ForwardHealth members:

- Chiropractors.
- Dentists.
- Mental Health Professionals.
- Nurse Midwives.
- Nurse Practitioners.
- Optometrists.
- Physician Assistants.
- Podiatrists.
- All other Medicaid-enrolled professionals who can prescribe, refer, or order.

Only individual providers may prescribe, refer, or order services. Providers may only prescribe, refer, or order services within their legal scope of practice.

Medicaid Enrollment for Prescribing/Referring/Ordering Providers

Medicaid enrollment specifically for prescribing/referring/ordering providers is available for physicians and other professionals who do not wish to be reimbursed for services provided to ForwardHealth members.

The benefits of the enrollment process for prescribing/referring/ordering providers include the following:

- Providers do not need to sign a provider agreement.
- There are fewer panels to complete during the enrollment process, as compared to a full enrollment.
- Providers only need to complete basic address information along with additional personal data information for persons with an ownership or controlling interest, managing employees, and agents.

Providers interested in enrolling in Wisconsin Medicaid as a prescribing/referring/ordering provider may do so by completing a Medicaid Prescribing/Referring/Ordering Provider Enrollment Application.

Effective Date of Enrollment

The effective date of enrollment as a prescribing/referring/ordering provider is the first date the provider saw a ForwardHealth member and prescribed, referred, or ordered services. (During the

enrollment process, providers are required to indicate the date they first saw a ForwardHealth member.) The earliest effective date that can be granted is up to one year in the past from the date the provider's application is submitted.

Limited Risk Level Assigned

All Medicaid-enrolled providers are assigned one of three risk levels (limited, moderate, high) based on provider type. During the enrollment process, ForwardHealth performs certain screening activities based on the provider's risk level assignment. Prescribing/referring/ordering providers are assigned a limited risk level. Refer to Risk Level Classification by Provider Type for screening activities for providers assigned a limited risk level.

Termination of Enrollment Due to Inactivity

If a Medicaid-enrolled prescribing/referring/ordering provider does not prescribe, refer, or order services for any ForwardHealth member for over 12 consecutive months, the provider's Medicaid enrollment may be terminated. The provider will then be required to re-enroll - either using the enrollment process for prescribing/referring/ordering providers or the enrollment process for full Medicaid enrollment.

Full Medicaid Enrollment for Providers Wishing to Render and be Reimbursed for Services

Physicians and other professionals who wish to render and be reimbursed for services as a Medicaid provider are required to apply for full Medicaid enrollment. Providers interested in enrolling fully in Wisconsin Medicaid may do so by completing the standard Medicaid Provider Enrollment Application.

Provider Addresses

ForwardHealth has the capability to store the following types of addresses and contact information:

- *Practice location address and related information*. This address is where the provider's office is physically located and where records are normally kept. Additional information for the practice location includes the provider's office telephone number and the telephone number for members' use. With limited exceptions, the practice location and telephone number for members' use are published in a provider directory made available to the public.
- *Mailing address*. This address is where ForwardHealth will mail general information and correspondence. Providers should indicate accurate address information to aid in proper mail delivery.
- *PA address*. This address is where ForwardHealth will mail prior authorization information.
- *Financial addresses*. Two separate financial addresses are stored for ForwardHealth. The checks address is where ForwardHealth will mail paper checks. The 1099 mailing address is where ForwardHealth will mail IRS Form 1099.

Providers may submit additional address information or modify their current information using the demographic maintenance tool.

Note: Providers are cautioned that any changes to their practice location on file with Wisconsin Medicaid may alter their ZIP+4 code information required on transactions. Providers may verify the ZIP+4 code for their address on the U.S. Postal Service Web site.

Provider Application Fee

Submit Application Fee or Hardship Request

Provider organizations are assessed a provider application fee when they apply for Wisconsin Medicaid enrollment. This includes newly enrolling providers, providers who are re-enrolling after their previous enrollment with Wisconsin Medicaid lapsed, and providers who are revalidating. The fee is established by the Centers for Medicare and Medicaid Services (CMS) and is used to offset the cost of federally mandated screening activities associated with the ACA. The application fee is currently $560. Providers should note that CMS may adjust the fee on January 1 of each year.

Note: The list of provider organizations assessed an application fee is subject to change.

Provider application fees do **not** apply to individual providers or professional provider groups. For complete information regarding the provider organizations that will be assessed the application fee, refer to the Provider Enrollment Information home page. Application fee information is located within the Information for Specific Provider Types page under each provider type link.

Providers who are currently enrolled in or are in the process of enrolling in Medicare or another state's Medicaid or Children's Health Insurance Program (CHIP) are also not required to pay ForwardHealth the application fee. Instead, ForwardHealth will verify the provider's enrollment in Medicare or with the other state and confirm that the provider has paid the application fee.

Application Fee Payments Made via the Portal

At the end of the provider enrollment and revalidation applications, providers can submit their application fee to complete enrollment or revalidation. Alternatively, providers may pay the application fee within 10 business days after the application is submitted by clicking the Submit Application Fee or Hardship Request link above.

ForwardHealth will not accept paper checks or cash for application fee payments.

ForwardHealth will not start processing an application until the application fee is paid. If ForwardHealth does not receive the payment within 10 business days after the application is submitted, the application will be denied. If an application fee is not paid due to insufficient funds, the application will also be denied.

Provider Application Fees Non-Refundable

Once a provider has submitted an application and paid the application fee, the fee is non-refundable, with the following exceptions:

- If an application is denied as a result of a temporary moratorium on enrollment of new

providers or provider types imposed by CMS or Wisconsin Medicaid.
- If an application is denied before any initiation of the screening process.

In either exception, the application fee will be refunded in full to the provider.

Hardship Exception Requests

Providers may request a hardship exception to the application fee **only** at the time they are newly enrolling, re-enrolling, or revalidating on the Portal. Wisconsin Medicaid must receive a hardship request within 10 business days of the application's submission date. Providers can use the Submit Application Fee or Hardship Request link above if submitting the hardship request within 10 business days of their submission date. Instructions related to the hardship request are given during the payment process.

Providers are required to describe the hardship and why the hardship deserves an exception. The Centers for Medicare and Medicaid Services will evaluate the hardship request within 60 days and send a letter to the provider indicating whether or not the request has been approved. Providers will not be enrolled, re-enrolled, or revalidated until CMS reviews and makes a decision regarding the hardship request. If CMS does not approve the request, providers will have an additional 10 business days from the date on the return letter to pay the application fee; otherwise, the provider will be denied enrollment in Wisconsin Medicaid.

Provider Identification

Health Care Providers

Health care providers are required to indicate a National Provider Identifier (NPI) on enrollment applications and electronic and paper transactions submitted to ForwardHealth.

The NPI is a 10-digit number obtained through the National Plan and Provider Enumeration System (NPPES).

Providers should ensure that they have obtained an appropriate NPI prior to beginning their enrollment application. There are two kinds of NPIs:

- Entity Type 1 NPIs are for individuals who provide health care, such as physicians, dentists, and chiropractors.
- Entity Type 2 NPIs are for organizations that provide health care, such as hospitals, group practices, pharmacies, and home health agencies.

It is possible for a provider to qualify for both Entity Type 1 and Entity Type 2 NPIs. For example, an individual physical therapist may also be the owner of a therapy group that is a corporation and have two Wisconsin Medicaid enrollments — one enrollment as an individual physical therapist and the other enrollment as the physical therapy group. A Type 1 NPI for the individual enrollment and a Type 2 NPI for the group enrollment are required.

National Provider Identifiers and classifications may be viewed on the NPPES Web site. The Centers for Medicare and Medicaid Services Web site includes more information on Type 1 and Type 2 NPIs.

Health care providers who are federally required to have an NPI are responsible for obtaining the appropriate certification for their NPI.

Non-healthcare Providers

Non-healthcare providers, such as specialized medical vehicle providers, personal care agencies, and blood banks, are exempt from federal NPI requirements. Providers exempt from federal NPI requirements are assigned a Medicaid provider number once their enrollment application is accepted; they are required to indicate this Medicaid provider number on electronic and paper transactions submitted to ForwardHealth.

Re-enrollment

Providers whose Medicaid enrollment has ended for any reason other than criminal convictions, sanctions, or failure to be revalidated may be re-enrolled as long as all licensure and enrollment requirements are met.

The provider will have to re-enroll as a "new" provider.

The provider can re-enroll by completing and submitting a new application through the ForwardHealth Portal. Providers should note that when they re-enroll, application fees and screening activities may apply.

Reporting Group Member Information and Group Affiliations

Medicaid-enrolled organizations and clinics (i.e., group providers) are required to report all individual Medicaid-enrolled providers working for the organization or clinic (i.e., group members) to ForwardHealth. In addition, individual Medicaid-enrolled providers are required to report all Medicaid-enrolled organizations and clinics for which they work (i.e., group affiliations). This information must be reported during initial enrollment, when revalidating enrollment, and any time a change occurs.

Each Group and Individual Provider Is Responsible for Reporting Group Member Information or Group Affiliations

Each group and individual provider is responsible for reporting their own group member information or group affiliations. When an organization or clinic reports its group members, the group affiliations of those individual providers are not automatically updated; similarly, when an individual provider reports his or her group affiliations, the group member information for those organizations or clinics is not automatically updated.

Requirements for Organizations and Clinics
Reporting Group Member Information During Initial Enrollment and Revalidation

During initial enrollment and revalidation on the Portal, organizations and clinics complete a Group panel. On this panel, organizations and clinics enter the National Provider Identifier (NPI) or Medicaid ID of each group member.

Reporting Changes in Group Member Information

Medicaid-enrolled organizations and clinics enter or update group member information using the demographic maintenance tool. Group member information must be entered or updated any time a change occurs (e.g., a new provider joins the organization or clinic). Medicaid-enrolled organizations and clinics are strongly encouraged to provide this information prior to revalidation to ensure ForwardHealth has the most current information on file.

Note: Changes made to group member information do not impact other demographic information ForwardHealth has on file for the organization or clinic (e.g., address or payee information).

Requirements for Individual Providers Working for an Organization or Clinic
Reporting Group Affiliations During Initial Enrollment and Revalidation

During initial enrollment and revalidation on the Portal, individual providers complete a Group Member panel. On this panel, individual providers enter the NPI or Medicaid ID of each group with which they are affiliated.

Reporting Changes in Group Affiliations

Individual Medicaid-enrolled providers enter or update information about their group affiliations using the demographic maintenance tool. Information about group affiliations must be entered or updated anytime a change occurs (e.g., the provider joins a new clinic). Individual Medicaid-enrolled providers are strongly encouraged to provide this information prior to revalidation to ensure ForwardHealth has the most current information on file.

Note: Changes made to information about group affiliations do not impact other demographic information ForwardHealth has on file for the individual provider (e.g., address or payee information).

Keeping Information Current

Providers are required to notify ForwardHealth of any changes to demographic information as they occur. Group and individual providers are required to use the demographic maintenance tool to report these changes. Entering new information on a claim form or prior authorization request is not adequate notification.

Reporting Ownership Information

At the time of enrollment and revalidation, ForwardHealth collects personal information about the following:

- All persons with an ownership or controlling interest. This includes a person or corporation for which one or more of the following applies:
  - Has an ownership interest totaling five percent or more in a disclosing entity
  - Has an indirect ownership interest equal to five percent or more in a disclosing entity
  - Has a combination of direct and indirect ownership interest equal to five percent or more in a disclosing entity
  - Owns an interest of five percent or more in any mortgage, deed of trust, note, or other obligation secured by the disclosing entity if that interest equals at least five percent of the value of the property or asset of the disclosing entity
  - Is an officer or director of a disclosing entity that is organized as a corporation
  - Is a person in a disclosing entity that is organized as a partnership
- Agents. An agent is any person who has been delegated the authority to obligate or act on behalf of a provider.
- Managing employees. A managing employee is a general manager, business manager, administrator, director, or other individual who exercises operational or managerial control over, or who directly or indirectly conducts the day-to-day operation of an institution, organization, or agency.

ForwardHealth will only use the provided information for provider enrollment and revalidation. All information provided will be protected under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) privacy rule.

Note: If a provider submits the required ownership information at enrollment or revalidation but undergoes a change in ownership, he or she is required to submit a change in ownership notification within 35 days of the change and complete a new enrollment application.

Information to Be Submitted for an Individual Owner with a Controlling Interest

Providers are required to submit the following information for each **individual owner** with a controlling interest in the provider:

- First and last name
- Owner's Social Security number (SSN)
- Date of birth
- Street address, city, state, and ZIP+4 code

If a provider organization does not have an owner or a person with a controlling interest of five percent or more, "No Individual Owners" should be entered in the Name field on the Owner/Controlling Interest in Applicant — Detail panel, and filler information should be entered in the other required fields so that the panel can be bypassed. All appropriate individuals must be entered on the Managing Employee panel instead.

Information to Be Submitted for an Organizational Owner with a Controlling Interest

Providers are required to submit the following information for each **organizational owner** with a controlling interest in the provider:

- Legal business name
- Tax ID number
- Business street address, city, state, ZIP+4 code

Information to Be Submitted for an Agent or Managing Employee

Providers are required to submit the following information for each managing employee and agent:

- First and last name
- Managing employee's and agent's SSN
- Date of birth
- Street address, city, state, and ZIP+4 code

Risk Level Classification by Provider Type

ForwardHealth has begun working toward ACA compliance by implementing some new provider requirements and provider screening processes.

In accordance with ACA, ForwardHealth has implemented new risk level classifications assigned by provider type. The risk level classifications have been established by the Centers for Medicare and Medicaid Services (CMS) and ForwardHealth has adopted the same guidelines. In cases where provider types are not classified by CMS, ForwardHealth has established the risk level classification.

Providers should note that the provider type is how the provider is enrolled with Wisconsin Medicaid. Provider types are broken down into subtypes, referred to as provider specialty. The specialty refers to services the provider is licensed or qualified to provide. For example, a registered nurse may enroll as a nurse practitioner (provider type) with Wisconsin Medicaid and provide services to members as a midwife (provider specialty).

Risk Level Classifications

All Wisconsin Medicaid-enrolled providers are assigned one of three risk levels, based on provider type. The three levels of risk are:

- Limited.
- Moderate.
- High.

ForwardHealth performs certain screening activities for each provider during enrollment and again at revalidation, corresponding to the appropriate risk level classification. For example, moderate and high risk providers must have onsite visits before and after enrollment to be compliant with the CMS final rule §455.432. ForwardHealth automatically screens all enrolling and enrolled providers monthly using federal databases. Additionally, ForwardHealth verifies that providers' licenses are in accordance with applicable state laws and that there are no current limitations on the license. High risk providers need to submit fingerprints and undergo criminal background checks prior to enrollment.

To be compliant with the CMS final rule §455.450.e.(2), ForwardHealth will adjust a provider's risk level from "limited" or "moderate" to "high" when either of the following situations occurs:

- ForwardHealth imposes a payment suspension on a provider based on a credible allegation of fraud or if the provider has been excluded by Medicare or another state's Medicaid program within the last 10 years.
- If in the previous six months, ForwardHealth or CMS lifted a temporary moratorium for a particular provider type and a provider that was prevented from enrolling, due to the moratorium, applies for enrollment at any time within six months from the date the moratorium was lifted.

Refer to this chart detailing the screening activities for each risk level. Refer to this chart of risk level classification by provider type and specialty.

If a provider has already been screened by Medicare or another state's Medicaid program or Children's Health Insurance Program (CHIP) in the last 12 months, ForwardHealth will not conduct additional screenings.

Providers should note that the risk level classification they are assigned may be subject to change at any time.

Revalidation

Providers who were enrolled at a high risk level will be revalidated at a moderate risk level, assuming there were no other circumstances that would constitute the high risk level. For example, a home health agency that was enrolled at a high risk level classification will be reassigned a moderate risk level during revalidation. At the time of revalidation, they will then be screened using the moderate screening activities.

Terms of Reimbursement

The Terms of Reimbursement (TOR) is the current reimbursement methodology applicable to each provider type.

Ambulance Terms of Reimbursement (F-01070)

Ambulatory Surgical Center Terms of Reimbursement (F-01072)

Anesthetist Terms of Reimbursement (F-01074)

Audiology Terms of Reimbursement (F-01082)

Behavioral Treatment Terms of Reimbursement (F-01643)

Blood Banks Terms of Reimbursement (F-01131)

Border-Status Hospital Terms of Reimbursement (F-01127)

Case Management Terms of Reimbursement (F-01086)

Chiropractor Terms of Reimbursement (F-01088)

Community Recovery Services Terms of Reimbursement (F-00341)

Dental / Dental Hygienists Terms of Reimbursement (F-01092)

Family Planning Clinic Terms of Reimbursement (F-01099)

Federally Qualified Health Center Terms of Reimbursement (F-01108)

Free-Standing End-Stage Renal Disease Provider Terms of Reimbursement (F-01094)

HealthCheck "Other Services" Provider Terms of Reimbursement (F-01113)

HealthCheck "Other Services" WIC Agency Provider Terms of Reimbursement (F-00342)

HealthCheck Screener and Case Management Provider Terms of Reimbursement (F-01114)

Hearing Instrument Specialist Terms of Reimbursement (F-01083)

Home Health Services Terms of Reimbursement (F-01121)

Hospice Terms of Reimbursement (F-01125)

Hospital Terms of Reimbursement (F-01128)

Hospital-Affiliated End-Stage Renal Disease Provider Terms of Reimbursement (F-01095)

Laboratory Terms of Reimbursement F 01130

Medical Supply and Equipment Vendor Terms of Reimbursement (F-01506)

Mental Health / Substance Abuse Terms of Reimbursement (F-01507)

Nurse Midwife Terms of Reimbursement (F-01504)

Nurse Practitioner Terms of Reimbursement (F-01509)

Occupational Therapy Terms of Reimbursement (F-01512)

Optometrist / Optician Terms of Reimbursement (F-01514)

Personal Care Terms of Reimbursement (F-01516)

Pharmacy Terms of Reimbursement (F-01518)

Physical Therapy Terms of Reimbursement (F-01520)

Physicians and Physician Assistants Terms of Reimbursement (F-01523)

Podiatry Terms of Reimbursement (F-01525)

Portable X-Ray Terms of Reimbursement (F-01527)

Prenatal Care Coordination Agency Terms of Reimbursement (F-01529)

Private Duty Nursing Terms of Reimbursement (F-01502)

Private Duty Nursing to Ventilator-Dependent Members Terms of Reimbursement (F-01501)

Rehabilitation Agency Terms of Reimbursement (F-01531)

Rural Health Clinic Terms of Reimbursement (F-01533)

School Based Services Terms of Reimbursement (F-01535)

Specialized Medical Vehicle Terms of Reimbursement (F-01537)

Speech-Language Pathology Therapy Terms of Reimbursement (F-01084)