

# PROVIDER CHECKLIST

## PHARMACIST ENROLLMENT



This document is meant to assist providers who are applying to become Medicaid-enrolled pharmacists.

This checklist is a provider's step-by-step guide to the process of submitting an enrollment application on the ForwardHealth Portal including what questions to expect and what items they will need to have prepared in advance of completing the application.

To assist in this process, providers may also refer to the [Pharmacist as a Provider Enrollment Training](#) video on the [Trainings](#) page of the Portal. For additional information, click the [Become a Provider](#) link on the Portal homepage or call ForwardHealth Provider Services at 800-947-9627.

### 1. ACCESSING THE FORWARDHEALTH PORTAL TO ENROLL

- Access the ForwardHealth Portal at <https://www.forwardhealth.wi.gov/>.
- Click the **Become a Provider** link in the Providers box of the Portal homepage to access the Medicaid Criteria for enrolling, as well as the Enrollment Wizard itself.
- Click the **Start or Continue Your Application** link and select an application to begin.

### 2. PRIOR TO ENROLLING

- Review the [Enrollment Application and Tracking Process](#) on the Provider Enrollment Information page.
- Determine which enrollment application is most appropriate for the provider (Medicaid/Border Status Provider Enrollment Application, Medicaid In-State Emergency/Out-of-State Enrollment Application, Medicaid Prescribing/Referring/Ordering Provider Enrollment Application).
- Identify any owner/controlling interest related to the pharmacist. Providers will need to disclose any ownership/controlling interest details during the enrollment application.
- Identify any group member information and group affiliations. Review the **Reporting Group Member Information and Group Affiliations** on the **Provider Enrollment Information** page.
- Provide the pharmacist's **organization's National Provider Identifier (NPI)**, if employed by a clinic.
- Review criminal conviction and termination disclosure information.
- Provide the pharmacist's **Wisconsin Department of Safety and Professional Services License** information. All pharmacists must be licensed in the State of Wisconsin to enroll with Wisconsin Medicaid.

- Provide the pharmacist's **Drug Enforcement Agency (DEA) Number**, if applicable.
- Provide the demographic information for the pharmacist, including their **full name, date of birth, Social Security number (SSN)**.
- Provide address information for **Practice Location, Audit Location, Mailing Location, Prior Authorization Location, Checks and Remittance Advice (Pay-To) Location, and 1099 Mailing Location**. The Audit Location may be the same as the Practice Location.
- Provide all tax information, including **Taxpayer Identification Number (TIN) and TIN effective dates**. Either an Employer Identification Number or the individual's SSN can be used for the TIN.
- Provide the pharmacist's **NPI and taxonomy information**.

### 3. SUBMITTING ENROLLMENT APPLICATION

- Click **Start or Continue Your Enrollment Application** on the **Provider Enrollment Information** page.
- Select the appropriate **Enrollment Application**.
- Read through the **instructions** and click **Next**.
- Select the **Type of Applicant**. Pharmacists will enroll as Individual Practitioners and click **Next**.
- Indicate whether the pharmacist is **Employed at a Clinic**, then enter the clinic's NPI, if applicable. Click **Next**.
- Select **Type of Enrollment** and click **Next**.
- Select **Provider Type** and click **Next**.
- Indicate whether the pharmacist is a **border-status provider** and click **Next**. All pharmacists must be licensed in the State of Wisconsin to enroll with Wisconsin Medicaid.
- Complete demographic Information, including the pharmacist's **name, date of birth, and SSN**, and click **Next**.
- The next four panels are for address information—**Practice Location, Audit Address, Mailing Address, and Prior Authorization Address**. Note: The pharmacist can choose to use the practice location for any/all of these addresses.
- The next panel is for **Financial Information—Tax Information, Checks and Remittance Advice Address, and 1099 Mailing Address**. Click **Next**.

- The next panel is **Additional Information** and asks for the pharmacist's **license** and **DEA number** when applicable. Click **Next**.
- Enter **Medicare** and **Medicaid** information. Click **Next**.
- Enter the pharmacist's **NPI**. Click **Next**.
- Enter the **taxonomy information**. (Click **Add** to add additional taxonomies and identify primary taxonomy.) Click **Next**.
- Answer yes or no to the **Criminal Conviction/Termination Disclosures** questions. Click **Next**.
- Indicate whether the provider has an **Owner-Controlling Interest in Other Health Care Provider**. Click **Next**. The next panel is where the pharmacist will detail any **Owner/Controlling Interest in Applicant**.
- Identify any **Managing Employee, Group Member, and Subcontractor information**, if applicable. Click **Next**.
- Acknowledge if the pharmacist is working under a **Collaborative Practice Agreement**, and if so, they will need to **Attest** to that fact. Click **Next**.
- Next, review the **Provider Agreement** and confirm that the pharmacist agrees to the statements listed in the Agreement. Click **Next**.
- In this next panel, **Upload Supporting Documents**. This would be any supporting documentation needed for enrollment (for example, licenses, certifications). Note: JPG, JPEG, TXT, RTF, CSV, and PDF file formats are accepted for uploads.
- Next is the **Summary** panel; read through carefully and click **Submit**.
- The **Print Enrollment Documents** is next, which allows the pharmacist to **Print/Save** their enrollment documents. Click **Next**.
- The final panel is the **Enrollment Application Submitted** screen. This screen shows the **Application Tracking Number (ATN)** that the pharmacist must save for their records.

#### 4. NOTIFICATION OF ENROLLMENT DECISION

- ForwardHealth usually notifies the provider of their enrollment status within 10 business days after receiving the **complete** enrollment application, but no longer than 60 days.
- Providers are able to track the status of an enrollment application through the Portal by entering their ATN in the [Enrollment Tracking Search tool](#). Providers will receive current information on their application, such as whether it is being processed or has been returned for more information.

- If the application is approved, the provider will be notified in writing to the mailing address that was submitted on their application.
- To create a Portal account, click **Login** on the Portal homepage, click the **Logging in for the First Time?** link, then enter the Login ID and PIN provided in the approval letter.
- If ForwardHealth does not have sufficient information/documentation to process the application, it will be returned to the provider. The provider will receive notification via mail of the returned application, and they will need to provide the additional information that is being requested. The provider can do this by going to the [Portal](#) and entering the ATN they were provided into the **Enrollment Tracking Search** tool.

## 5. RESOURCES

- [ForwardHealth Provider Services](#) is available Monday–Friday 7 a.m.–6 p.m. (Central time) at 800-947-9627. Provider Services can answer **enrollment**, policy, and billing questions.
- [ForwardHealth Portal Help Desk](#) is available Monday–Friday 8:30 a.m.–4:30 p.m. (Central time) at 866-908-1363. The Portal help desk can assist with technical questions on Portal functions, including Portal accounts, registrations, passwords, and **submissions through the Portal**.
- [ForwardHealth Professional Relations Field Representatives](#) are available to assist providers with **complex enrollment**, policy, and billing questions. Field representatives are located around the state to offer detailed technical assistance for all ForwardHealth providers and support all ForwardHealth programs.