

# Claims

# 1

Archive Date:05/01/2014

## Claims:Good Faith Claims

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Topic #518

### Definition

A good faith claim may be submitted when a claim is denied due to a discrepancy between the member's enrollment information in the claims processing system and the member's actual enrollment. If a member presents a temporary card or an EE (Express Enrollment) card, BadgerCare Plus encourages providers to check the member's enrollment and, if the enrollment is not on file yet, make a photocopy of the member's temporary card or EE card. If Wisconsin's EVS (Enrollment Verification System) indicates that the member is not enrolled in BadgerCare Plus, providers should check enrollment again in two days or wait one week to submit a claim to ForwardHealth. If the EVS indicates that the member still is not enrolled after two days, or if the claim is denied with an enrollment-related EOB (Explanation of Benefits) code, providers should contact [Provider Services](#) for assistance.

## Responses

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Topic #13437

### **ForwardHealth-Initiated Claim Adjustments**

There are times when ForwardHealth must initiate a claim adjustment to address claim issues that do not require provider action and do not affect reimbursement.

Claims that are subject to this type of ForwardHealth-initiated claim adjustment will have EOB (Explanation of Benefits) code 8234 noted on the RA (Remittance Advice).

The adjusted claim will be assigned a new claim number, known as an ICN (internal control number). The new ICN will begin with "58." If the provider adjusts this claim in the future, the new ICN will be required when resubmitting the claim.

## Submission

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Topic #892

### Delaying Submission

When submitting a claim for services provided to a child or pregnant woman in the EE (Express Enrollment) for Children and Pregnant Women Benefit, the provider should delay submitting the claim for one week from the enrollment start date. This ensures that the enrollment information is transmitted to BadgerCare Plus and prevents claims from being inappropriately denied.

BadgerCare Plus accepts properly completed and submitted claims for covered services provided to children or pregnant women with an EE identification card as long as the DOS (date of service) is within the dates of enrollment as shown on the card.

Providers may refer to the service area of the Online Handbook appropriate to their provider type for more information about claim submissions.

# Covered and Noncovered Services

2

Archive Date:05/01/2014

## Covered and Noncovered Services: Covered Services and Requirements

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Topic #891

### Express Enrollment for Children and Pregnant Women

#### Children

Children who are temporarily enrolled in BadgerCare Plus are eligible for full benefits and receive services on a fee-for-service basis. Providers may refer to the service area of the Online Handbook appropriate to their provider type for more information about policy requirements.

#### Pregnant Women

Pregnant women who are enrolled in BadgerCare Plus receive pregnancy-related outpatient and pharmacy services. Because EE (Express Enrollment) for pregnant women is temporary and covers *only* pregnancy-related outpatient services, it is important for pregnant women to apply for full BadgerCare Plus coverage to receive full benefits. EE does not cover the cost of hospitalization, including costs for childbirth. If providers are unable to assist, members should be referred to their local county/tribal office to apply for full coverage.

Enrollment in EE runs from the date of application to the *end of the following month*. If an application submitted to the local county or tribal agency is not processed before the end of the second month, the temporary enrollment period will be extended one month.

If an application is submitted to a county/tribal office and enrollment in BadgerCare Plus is denied, the temporary enrollment period ends on the same date BadgerCare Plus enrollment is denied.

The county/tribal office will determine whether the member qualifies for coverage under the Standard Plan.

# Managed Care

3

Archive Date:05/01/2014

## Managed Care: Covered and Noncovered Services

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Topic #16197

### Care4Kids Program Benefit Package

#### Covered Services

Members enrolled in the [Care4Kids program](#) are eligible to receive all medically necessary services covered under Wisconsin Medicaid; however, Care4Kids will have the flexibility to provide services in a manner that best meets the unique needs of children in out-of-home care, including streamlining PA (prior authorization) requirements and offering select services in home settings. Members will also be allowed to go to any Medicaid-enrolled provider for emergency medical services or family planning services.

#### Noncovered Services

The following services are not provided as covered benefits through the Care4Kids program, but can be reimbursed for eligible Medicaid members on a fee-for-service basis:

- Chiropractic services.
- CRS (Community Recovery Services).
- CSP (Community Support Programs).
- CCS (Comprehensive Community Services).
- Crisis intervention services.
- Directly observed therapy for individuals with tuberculosis.
- MTM (Medication therapy management).
- NEMT (Non-emergency medical transportation) services.
- Prescription and over-the-counter drugs and diabetic supplies dispensed by the pharmacy.
- [Provider-administered drugs](#) and their administration, and the administration of [Synagis](#).
- SBS (School-based services).
- Targeted case management.

Children's Hospital of Wisconsin will establish working relationships, defined in writing through a memorandum of understanding, with providers of the following services:

- CSP.
- CCS.
- Crisis intervention services.
- SBS.
- Targeted case management services.

Providers of these services must coordinate with Care4Kids to help assure continuity of care, eliminate duplication, and reduce fragmentation of services.



## Managed Care Information

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Topic #16177

### Care4Kids Program Overview

Care4Kids is a health care program for children and youth in out-of-home care in Wisconsin. The Care4Kids program will offer comprehensive, coordinated services that are intended to improve the quality and timeliness of and access to health services for these children.

The Care4Kids program will serve children in out-of-home care placements (other than residential care centers) in Kenosha, Milwaukee, Ozaukee, Racine, Washington, and Waukesha counties. Member participation will be voluntary and enrollment will be allowed to continue for up to 12 months after the child leaves the out-of-home care system, as long as the child remains Medicaid-eligible and resides within one of the six counties.

Care4Kids is required to provide at least the same benefits as those provided under fee-for-service arrangements.

### Program Administration

Children's Hospital of Wisconsin is currently the only integrated health system certified by ForwardHealth to administer the Care4Kids program. Children's Hospital of Wisconsin will be responsible for providing or arranging for the provision of all services covered under Medicaid, with a small number of exceptions. The services not included in the Care4Kids program will be reimbursed as fee-for-service benefits. Children's Hospital of Wisconsin's integrated network of health care providers, which includes specialty and primary care physicians and clinics within the Children's Hospital System as well as providers who are participating in CCHP (Children's Community Health Plan), is intended to provide coordinated care and services to meet the individualized needs of each of the children enrolled across multiple disciplines, including physical, behavioral health, and dental care.

Care4Kids will be responsible for providing or arranging for the provision of all medically necessary [services covered](#) by Wisconsin Medicaid to enrollees. Providers are required to be part of the CCHP network to get reimbursed by Care4Kids. Providers interested in being a part of the network should contact CCHP. Out-of-network providers are required to call Care4Kids prior to providing services to a Care4Kids enrollee. In situations where emergency medical services are needed, out-of-network providers are required to contact Care4Kids within 24 hours of providing services.

### Member Enrollment Verification

Providers should [verify a member's enrollment](#) before providing services to determine if the member is enrolled in Care4Kids. Members enrolled in Care4Kids will present a ForwardHealth member identification card.

Providers verifying enrollment on the ForwardHealth Portal will see Care4Kids under the MC Program heading in the Managed Care Enrollment panel.

For 271 response transactions, Care4Kids enrollment will be identified in the EB segment of the 2110C loop. Identified by "MC" in the EB01, "HM" in the EB04, and "Care4Kids" in the EB05. The MC provider contact information will be reported in the NM1 (name info), N3 (address info), and PER (telephone numbers) segments within the 2120C loop.

The WiCall AVR (automated voice response) system will identify Care4Kids as the state-contracted managed care program in which the member is enrolled.

## Contact Information

Providers can contact CCHP at (800) 482-8010 for the following:

- To become part of the CCHP network.
- For coverage policy and procedure information, including PA (prior authorization) and claim submission guidelines, if they are already a Care4Kids network provider.

# Member Information

4

Archive Date:05/01/2014

## Member Information:Enrollment Categories

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Topic #16677

### BadgerCare Plus Benefit Plan Changes

Effective April 1, 2014, all members eligible for BadgerCare Plus were enrolled in the BadgerCare Plus Standard Plan. As a result of this change, the following benefit plans were discontinued:

- BadgerCare Plus Benchmark Plan.
- BadgerCare Plus Core Plan.
- BadgerCare Plus Basic Plan.

Members who are enrolled in the Benchmark Plan or the Core Plan who met new income limits for BadgerCare Plus eligibility were automatically transitioned into the BadgerCare Plus Standard Plan on April 1, 2014. In addition, the last day of BadgerRx Gold program coverage for all existing members was March 31, 2014.

Providers should refer to the [March 2014 Online Handbook archive](#) of the appropriate service area for policy information pertaining to these discontinued benefit plans.

Topic #230

### Express Enrollment for Children and Pregnant Women

The EE (Express Enrollment) for Pregnant Women Benefit is a limited benefit category that allows a pregnant woman to receive immediate pregnancy-related outpatient services while her application for full-benefit BadgerCare Plus is processed. Enrollment is not restricted based on the member's other health insurance coverage. Therefore, a pregnant woman who has other health insurance may be enrolled in the benefit.

The EE for Children Benefit allows certain members through 18 years of age to receive BadgerCare Plus benefits under the BadgerCare Plus Standard Plan while an application for BadgerCare Plus is processed.

### Fee-for-Service

Women and children who are temporarily enrolled in BadgerCare Plus through the EE process are not eligible for enrollment in an HMO until they are determined eligible for full benefit BadgerCare Plus by the county/tribal office.

## Enrollment Verification

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Topic #890

### Verifying Enrollment

When BadgerCare Plus receives an application, a child or a pregnant woman who meets the requirements for the EE (Express Enrollment) for Children and Pregnant Women Benefit is established on Wisconsin's EVS (Enrollment Verification System). Each member who is enrolled through EE will receive a ForwardHealth card within three business days after the application is submitted. To ensure children and pregnant women receive needed services in a timely manner, providers should accept the printed paper EE cards for children and either the printed paper EE card or the beige identification cards for pregnant women as proof of enrollment for the dates provided on the cards.

## Identification Cards

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Topic #267

### Temporary Express Enrollment Cards

There are two types of temporary EE (Express Enrollment) identification cards. One is issued for pregnant women and the other for children that are enrolled in BadgerCare Plus through EE. The EE cards are valid for 14 days. [Samples of temporary EE cards](#) for children and pregnant women are available.


Providers may assist pregnant women with filling out an application for temporary ambulatory prenatal care benefits through the online EE process. EE identification cards are included on the bottom portion of the enrollment notice that is printed out and provided to the member after the online enrollment process is completed.

The paper application may also be used to apply for temporary ambulatory prenatal benefits for pregnant women. A beige paper identification card is attached to the last page of the application and provided to the woman after she completes the enrollment process.


The online EE process is also available for adults to apply for full BadgerCare Plus benefits for children. EE identification cards are included on the bottom portion of the enrollment notice that is printed out and provided to the member after the online enrollment process is completed. This temporary identification card is different, since providers may see more than one child listed if multiple children in one household are enrolled through EE. However, each child will receive his or her own ForwardHealth card after the application is submitted.

Each member who is enrolled through EE will receive a ForwardHealth card usually within three business days after the EE application is submitted and approved. To ensure children and pregnant women receive needed services in a timely manner, providers should accept the printed paper EE cards for children and either the printed paper EE card or the beige identification cards for pregnant women as proof of enrollment for the dates provided on the cards. Providers may use Wisconsin's EVS (Enrollment Verification System) to verify enrollment for DOS (dates of service) after those printed on the card. Providers are encouraged to keep a photocopy of the card.

# Sample Express Enrollment Cards

Which benefit?	Status of your benefits?
 <p>BadgerCare Plus temporary enrollment for pregnant women</p>	<p>You applied for BadgerCare Plus Express Enrollment on <b>06/26/2008</b>. You are temporarily enrolled in BadgerCare Plus for outpatient pregnancy-related services. Your enrollment will end on or before <b>07/31/2008</b>. To learn more, see your Rights and Responsibilities.</p> <p>To get regular BadgerCare Plus or Wisconsin Medicaid, you must apply online, by mail or in person:</p> <ul style="list-style-type: none"> <li>• Online at <a href="http://access.wi.gov">http://access.wi.gov</a></li> <li>• By mail or in person at:                      Dane County Job Center                      1819 Aberg Ave.                      Madison, WI 53704                      (608) 242-7400</li> </ul>
<p><i>To learn more, see your Rights and Responsibilities.</i></p>	

<p><b>To the Provider</b>                  The individual listed has been temporarily enrolled through BadgerCare Plus Express Enrollment in accordance with Wis. Stat. s. 49.471. This card entitles this individual to receive pregnancy related outpatient care including pharmacy services through BadgerCare Plus from any certified BadgerCare Plus provider for the period specified on this card. (See card effective dates.) For additional information, call Provider Services at (800) 947-9627 or see the All Provider Handbook.</p> <p><b>NOTE:</b>                  It is important to provide services when this card is presented. Providers who render services based on the enrollment dates on this card will receive payment for those services as long as other reimbursement requirements are met. All policies regarding covered services apply during the temporary enrollment period, including the prohibition against billing recipients. Refer to the All Provider Handbook for further information regarding this temporary ID card. Providers are encouraged to keep a photocopy of this card.</p>	<p>WISCONSIN DEPARTMENT OF HEALTH AND FAMILY SERVICES</p>  <p><b>IDENTIFICATION CARD FOR TEMPORARY ENROLLMENT IN BADGERCARE PLUS FOR PREGNANT WOMEN</b></p> <p><b>Name:</b> Jane Smith      <b>ID Number:</b> 0454782131</p> <p><b>Effective Dates:</b> 06/26/2008- 07/31/2008</p>
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Which benefit?	Status of your benefits?
 <p>BadgerCare Plus temporary enrollment for children</p>	<p>You applied for BadgerCare Plus Express Enrollment on <b>06/26/2008</b>. The following individual(s) is/are temporarily enrolled in BadgerCare Plus:</p> <ul style="list-style-type: none"> <li>• <b>Joe Smith</b></li> <li>• <b>Sara Smith</b></li> </ul> <p>This temporary enrollment will end on or before <b>07/31/2008</b>. To learn more, see your Rights and Responsibilities. In order to continue receiving BadgerCare Plus you must apply through one of the following methods:</p> <ul style="list-style-type: none"> <li>• Online at <a href="http://access.wi.gov">http://access.wi.gov</a></li> <li>• By mail or in person at:                      Dane County Job Center                      1819 Aberg Ave.                      Madison, WI 53704                      (608) 242-7400</li> </ul>
<p><i>To learn more, see your Rights and Responsibilities.</i></p>	

**To the Provider**

The children listed have been temporarily enrolled through BadgerCare Plus Express Enrollment in accordance with Wis. Stat. s. 49.471. This card entitles this individual to receive services through BadgerCare Plus from any certified BadgerCare Plus provider for the period specified on this card. (See card effective dates.) For additional information, call Provider Services at (800) 947-9627 or see the All Provider Handbook.

**NOTE:**

It is important to provide services when this card is presented. Providers who render services based on the enrollment dates on this card will receive payment for those services as long as other reimbursement requirements are met. All policies regarding covered services apply during the temporary enrollment period, including the prohibition against billing recipients. Refer to the All Provider Handbook for further information regarding this temporary ID card. Providers are encouraged to keep a photocopy of this card.

WISCONSIN DEPARTMENT OF  
HEALTH AND FAMILY SERVICES

**IDENTIFICATION CARD FOR  
TEMPORARY ENROLLMENT  
IN BADGERCARE PLUS  
FOR CHILDREN**



**Name:**

**ID Number:**

Joe Smith

0321434543

Sara Smith

0787451231

**Effective Dates: 06/26/2008- 07/31/2008**



## Member Enrollment

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Topic #887

### Applying for Full-Benefit BadgerCare Plus

Because EE (Express Enrollment) is temporary it is important for members to apply for full BadgerCare Plus coverage. For pregnant women, EE only covers pregnancy-related outpatient services and pregnant women must apply for full BadgerCare Plus coverage to receive full benefits. Health care providers are encouraged to assist in this process. If providers are unable to assist, members should be referred to the local county/tribal office to apply for full coverage.

Topic #889

### Duration of Benefits

EE (Express Enrollment) runs from the date of application to the *end of the following month*. If an application that is submitted to the local county or tribal office is not processed before the end of the second month, the temporary enrollment period will be extended one month.

If an application is submitted to a county/tribal office and enrollment in BadgerCare Plus is denied, the temporary enrollment period ends on the same date BadgerCare Plus enrollment is denied.

Topic #888

## Enrollment Criteria

### Express Enrollment for Pregnant Women

In order for a woman to qualify for the EE (Express Enrollment) for Pregnant Women benefit, her assistance group's taxable income may not exceed 300 percent of the [FPL \(Federal Poverty Level\) guidelines](#).

Pregnant women are limited to one EE period per pregnancy.

Certain pregnant women who are qualifying non-U.S. citizens are eligible for the EE for Pregnant Women benefit. The [paper EE application instructions](#) and the [Web-based EE \(Express Enrollment\) tool](#) provide information on the qualifying non-U.S. citizens who are eligible for EE.

There is no asset test for the EE for Pregnant Women benefit.

### Express Enrollment for Children

Children can be temporarily enrolled in the BadgerCare Plus Standard Plan through the EE program if they meet the following financial criteria:

- If the child is younger than age 1, the taxable income of the child's assistance group must be at or below 300 percent of the [FPL](#).
- If the child is age 1 through 5, the taxable income of the child's assistance group must be at or below 185 percent of the

FPL.

- If the child is age 6 through 18, the taxable income of the child's assistance group must be at or below 150 percent of the FPL.

Children are limited to one EE period per year.

Certain children who are qualifying non-U.S. citizens are eligible for temporary enrollment in the BadgerCare Plus Standard Plan through the EE program. The Web-based EE tool provides information on the qualifying non-U.S. citizens who are eligible for EE.

Topic #4357

## Express Enrollment Process

Qualified providers and community partners can use the [Web-based EE \(express enrollment\) tool](#) to temporarily enroll children in BadgerCare Plus. Qualified providers may use the Web-based EE tool or the paper EE application and instructions to temporarily enroll pregnant women.

The BadgerCare Plus Express Enrollment for Pregnant Women Application (F-10081, (02/14)) may be [ordered](#) through the DHS Web site. The BadgerCare Plus Express Enrollment for Pregnant Women Application Instructions (F-10081A, (02/14)) are available to [download](#) for printing.

A [sample](#) copy of the BadgerCare Plus Express Enrollment for Pregnant Women Application is available for reference.

Once an application is submitted through EE, providers and partners are encouraged to assist the applicant or the applicant's parent or guardian in completing and submitting the [full online application](#) for BadgerCare Plus benefits. This will help ensure that there is no break in coverage.

# Provider Enrollment and Ongoing Responsibilities

# 5

Archive Date:05/01/2014

## Provider Enrollment and Ongoing Responsibilities:Documentation

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Topic #16157

### Policy Requirements for Use of Electronic Signatures on Electronic Health Records

Effective December 1, 2013, for ForwardHealth policy areas where a signature is required, electronic signatures are acceptable as long as the signature meets the requirements. When ForwardHealth policy specifically states that a handwritten signature is required, an electronic signature will not be accepted. When ForwardHealth policy specifically states that a written signature is required, an electronic signature will be accepted.

Reimbursement for services paid to providers who do not meet all electronic signature requirements may be subject to recoupment.

#### Electronic Signature Definition

An electronic signature, as stated in [s. 137.11\(8\), Wis. Stats.](#), is "an electronic sound, symbol, or process attached to or logically associated with a record and executed or adopted by a person with the intent to sign the record."

Some examples include:

- Typed name (performer may type his or her complete name).
- Number (performer may type a number unique to him or her).
- Initials (performer may type initials unique to him or her).

All examples above must also meet all of the electronic signature requirements.

#### Benefits of Using Electronic Signatures

The use of electronic signatures will allow providers to:

- Save time by streamlining the document signing process.
- Reduce the costs of postage and mailing materials.
- Maintain the integrity of the data submitted.
- Increase security to aid in non-repudiation.

#### Electronic Signature Requirements

By following the general electronic signature requirements below, the use of electronic signatures provides a secure alternative to written signatures. These requirements align with HIPAA (Health Insurance Portability and Accountability Act of 1996) Privacy Rule guidelines.

##### General Requirements

When using an electronic signature, all of the following requirements must be met:

- The electronic signature must be under the sole control of the rendering provider. Only the rendering provider or designee has the authority to use the rendering provider's electronic signature. Providers are required to maintain documentation that shows the electronic signature that belongs to each rendering provider if a numbering or initial system is used (e.g., what number is assigned to a specific rendering provider). This documentation must be kept confidential.
- The provider is required to have current policies and procedures regarding the use of electronic signatures. The DHS (Department of Health Services) recommends the provider conduct an annual review of policies and procedures with those using electronic signatures to promote ongoing compliance and to address any changes in the policies and procedures.
- The provider is required to conduct or review a security risk analysis in accordance with the requirements under 45 CFR s. 164.308(a)(1).
- The provider is required to implement security updates as necessary and correct identified security deficiencies as part of its risk management process.
- The provider is required to establish administrative, technical, and physical safeguards in compliance with the HIPAA Security Rule.

## Electronic Health Record Signature Requirements

An EHR (electronic health record) that utilizes electronic signatures must meet the following requirements:

- The certification and standard criteria defined in the Health Information Technology Initial Set of Standards, Implementation Specifications, Certification Criteria for Electronic Health Record Technology Final Rule (45 CFR Part 170) and any revisions including, but not limited to, the following:
  - Assign a unique name and/or number for identifying, tracking user identity, and establishing controls that permit only authorized users to access electronic health information.
  - Record actions related to electronic health information according to the standard set forth in 45 CFR s. 170.210(b).
  - Enable a user to generate an audit log for a specific time period. The audit log must also have the ability to sort entries according to any of the elements specified in the standard 45 CFR s. 170.210(b).
  - Verify that a person or entity seeking access to electronic health information is the one claimed and is authorized to access such information.
  - Record the date, time, patient identification, and user identification when electronic health information is created, modified, accessed, or deleted. An indication of which action(s) occurred and by whom must also be recorded.
  - Use a hashing algorithm with a security strength equal to or greater than SHA-1 (Secure Hash Algorithm 1) as specified by the NIST (National Institute of Standards and Technology) in FIPS PUB 180-3 (October 2008) to verify that electronic health information has not been altered. (Providers unsure whether or not they meet this guideline should contact their IT (Information Technology) and/or security/privacy analyst.)
- Ensure the EHR provides:
  - Nonrepudiation — assurance that the signer cannot deny signing the document in the future.
  - User authentication — verification of the signer's identity at the time the signature was generated.
  - Integrity of electronically signed documents — retention of data so that each record can be authenticated and attributed to the signer.
  - Message integrity — certainty that the document has not been altered since it was signed.
  - Capability to convert electronic documents to paper copy — the paper copy must indicate the name of the individual who electronically signed the form as well as the date electronically signed.
- Ensure electronically signed records created by the EHR have the same back-up and record retention requirements as paper records.

## Ongoing Responsibilities

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Topic #15157

### Recovery Audit Contractor Audits

The ACA (Affordable Care Act) requires states to establish an RAC (Recovery Audit Contractor) program to enable the auditing of Medicaid claim payments to providers. In Wisconsin, the RAC will audit claim payments from Wisconsin Medicaid and BadgerCare Plus. The Wisconsin DHS (Department of Health Services) has awarded the contract to HMS (Health Management Systems, Inc.) as the RAC for the state of Wisconsin.

*Note:* The RAC will not audit claims submitted for Family Planning Only Services, SeniorCare, WCDP (Wisconsin Chronic Disease Program), the WWWP (Wisconsin Well Woman Program), and ADAP (Wisconsin AIDS Drug Assistance Program).

The overall goal of the RAC program is to identify and decrease improper payments. The audits will ensure that payments are for services covered under the programs in which the member was enrolled and that the services were actually provided and properly billed and documented. The audits are being conducted under Generally Accepted Government Auditing Standards.

Providers will be selected for audits based on data analysis by the RAC and referrals by state agencies. The RAC will ensure that its audits neither duplicate state audits of the same providers nor interfere with potential law enforcement investigations.

Providers who receive a notification regarding an audit should follow the instructions as outlined in the notification within the requested time frames.

### Affected Providers

Any provider may be audited, including, but not limited to, fee-for-service providers, institutional and non-institutional providers, as well as managed care entities.

### Additional Information

Any questions regarding the RAC program should be directed to HMS at (800) 310-0865. Refer to the [RAC Web site](#) for additional information regarding HMS RAC activities.

## Provider Enrollment

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Topic #14157

### Provider Enrollment Information Home Page

ForwardHealth has consolidated all information providers will need for the enrollment process in one location on the ForwardHealth Portal. For information related to enrollment criteria and to complete online provider enrollment applications, providers should refer to the [Provider Enrollment Information home page](#).

The Provider Enrollment Information home page includes enrollment applications for each provider type and specialty eligible for enrollment with Wisconsin Medicaid. Prior to enrolling, providers may consult a provider enrollment criteria menu, which is a reference for each individual provider type detailing the information the provider may need to gather before beginning the enrollment process, including:

- Links to enrollment criteria for each provider type.
- Provider terms of reimbursement.
- Disclosure information.
- Category of enrollment.
- Additional documents needed (when applicable).

Providers will also have access to a list of links related to the enrollment process, including:

- General enrollment information.
- Regulations and forms.
- Provider type-specific enrollment information.
- In-state and out-of-state emergency enrollment information.
- Contact information.

Information regarding enrollment policy and billing instructions may still be found in the Online Handbook.

Topic #3411

### Provider Qualifications

#### Express Enrollment for Pregnant Women

Providers who are qualified to make EE (Express Enrollment) determinations for pregnant women may also make EE determinations for children and for members to receive services and supplies immediately through Family Planning Only Services.

## Provider Numbers

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Topic #5097

### ZIP Code

The ZIP code of a provider's practice location address on file with ForwardHealth must be a ZIP+4 code. The ZIP+4 code helps to identify a provider when the NPI (National Provider Identifier) reported to ForwardHealth corresponds to multiple enrollments and the reported taxonomy code does not uniquely identify the provider.

When a ZIP+4 code is required to identify a provider, omission of it will cause claims and other transactions to be denied or delayed in processing.

Providers may verify the ZIP+4 code for their address on the [U.S. Postal Service Web site](#).



# Resources

# 6

Archive Date:05/01/2014

## Resources:Portal

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Topic #16517

# ForwardHealth's Transition to ICD-10-CM and ICD-10-PCS Code Sets

## ICD-10 Code Set Transition Portal Page

ForwardHealth has established the [ICD-10 \(International Classification of Diseases, 10th Revision\) Code Set Transition](#) Portal page to communicate information related to the transition to ICD-10-CM (International Classification of Diseases, 10th Revision, Clinical Modification) and ICD-10-PCS (International Classification of Diseases, 10th Revision, Procedure Coding System) code sets. The ICD-10 Code Set Transition page is a repository of information and communications related to ForwardHealth's transition to ICD-10. All stakeholders and interested parties are encouraged to check the ICD-10 Code Set Transition page regularly for new information.

## ICD-10 Project Information E-mail Subscription Messaging

ForwardHealth has introduced a new e-mail subscription option, ICD-10 Project Information, to communicate targeted ICD-10 information. All interested parties are encouraged to [register to receive information from ForwardHealth about ICD-10](#), including those with Portal account access and those already registered to receive e-mail subscription messages for other service areas. Adding ICD-10 as a subscription option will not impact existing subscriptions. The ICD-10 e-mail option will automatically be discontinued when communicating ICD-10 transition information is no longer necessary.

## Frequently Asked Questions About ForwardHealth's Transition to ICD-10

ForwardHealth has developed a [Frequently Asked Questions About ForwardHealth's Transition to ICD-10](#) document to capture questions submitted from stakeholders and to share answers. The document is revised with new information as it is available.

## Submit an ICD-10 Question to ForwardHealth

Stakeholders may submit ICD-10 questions to ForwardHealth directly from the ICD-10 Code Set Transition page by clicking on the [Submit an ICD-10 Question to ForwardHealth](#) link.

# Training Opportunities

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Topic #12757

## Training Opportunities

The [Provider Relations representatives](#) conduct training sessions in a variety of formats on both program-specific and topic-specific subjects. There is no fee for attending/accessing these training sessions.

### On-Site Sessions

On-site training sessions are offered at various locations (e.g., hotel conference rooms, provider facilities) throughout the state. These training sessions include general all-provider sessions, service-specific and/or topic-specific sessions, and program-specific (such as WCDP (Wisconsin Chronic Disease Program) or the WWWP (Wisconsin Well Woman Program)) sessions.

Registration is required to attend on-site sessions. Online registration is available on the [Trainings](#) page of the Providers area of the Portal.

### Online (Real-Time, Web-Based) Sessions

Online (real-time, Web-based) training sessions are available and are facilitated through [HP® Virtual Room](#). Virtual Room sessions are offered on many of the same topics as on-site sessions, but online sessions offer the following advantages:

- Participants can attend training at their own computers without leaving the office.
- Sessions are interactive as participants can ask questions during the session.
- If requested or needed, a session can be quickly organized to cover a specific topic for a small group or office.

For some larger training topics (such as ForwardHealth Portal Fundamentals), the training may be divided into individual modules, with each module focused on a particular subject. This allows participants to customize their training experience.

Registration, including an e-mail address, is required to attend Virtual Room sessions, so important session information can be sent to participants prior to the start of the session. Online registration is available on the [Trainings](#) page of the Portal.

### Recorded Webcasts

Recorded Webcasts are available on a variety of topics, including some of the same topics as on-site and online sessions. Like Virtual Room sessions, some recorded Webcasts on larger training topics may be divided into individual Webcast modules, allowing participants to customize their training experience. Recorded Webcasts allow providers to view the training at their convenience on their own computers.

Registration is not required to view a recorded Webcast. Related training materials are available to download and print from the specific [Webcast training session page](#) on the Portal.

### Notification of Training Opportunities

In addition to information on the Trainings page of the Portal, upcoming training session information is distributed directly through messages to providers who have secure Portal accounts and to providers who have registered for the ForwardHealth e-mail subscription service.

To sign up for a secure Portal account, click the "Request Portal Access" link in the Quick Links box on the [Provider](#) page of the Portal. To sign up for e-mail subscription, click "Register for E-mail Subscription" in the Quick Links box on the Provider page of the Portal.