

Certification and Ongoing Responsibilities

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Certification and Ongoing Responsibilities: Certification

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 members to receive services and supplies immediately through Family Planning Only Services.

Topic #894

Requirements

Express Enrollment for Pregnant Women

EE (express enrollment) providers determine whether or not a woman qualifies for the EE for Pregnant Women Benefit. The following types of providers may be certified to make EE determinations:

- Clinics that provide prenatal care services.
- Family planning clinics.
- FQHCs (federally qualified health centers).
- Nurse practitioners.
- Outpatient hospitals.
- Physicians.
- Providers participating in the WIC (Special Supplemental Nutrition Program for Women, Infants and Children).
- RHCs (rural health clinics).

Providers may be certified to make EE determinations if they provide services typically provided by one of the following:

- Clinics furnished by or under direction of a physician (s. 1905[a][9] of the Social Security Act).
- Outpatient hospitals (s. 1905[a][2][A] of the Social Security Act).
- RHCs (s. 1905[a][2][B] of the Social Security Act).

In addition, providers are required to participate in a program established under one of the following:

- A state perinatal program defined as a physician, nurse practitioner, certified nurse midwife, family planning clinic, outpatient hospital, or other clinic that provides prenatal medical care to BadgerCare Plus members.
- The Indian Health Services or a health program or facility operated by a tribe or tribal organization (the Indian Self-Determination Act - Public Law 93-638).
- WIC (s.4(a) of the Agriculture and Consumer Protection Act of 1973).

Alternatively, providers can receive funds under one of the following:

- The Community Health Centers or Migrant Health Centers (s. 329 or 330 of the Public Health Act).
- The Maternal and Child Health Services Block Grant Programs (Title V of the Social Security Act).
- Title V of the Indian Health Care Improvement Act.

Providers are required to be Medicaid-certified or have submitted an application for Medicaid certification.

Express Enrollment for Children

BadgerCare Plus will allow EE for Children to be completed by qualified providers and other community partners (e.g., Head Start, WIC, faith-based organizations, child care centers, schools).

Provider Numbers

Topic #5097

ZIP Code

The ZIP+4 code is the ZIP code of a provider's practice location address on file with ForwardHealth. Providers are required to use the ZIP+4 code when the NPI (National Provider Identifier) reported to ForwardHealth corresponds to multiple certifications and the designated taxonomy code does not uniquely identify the provider.

Omission of the ZIP+4 code of the provider's practice location address when it is required as additional data to identify the provider 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](#).

Claims

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Claims:Good Faith Claims

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.

Submission

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.

Covered and Noncovered Services

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Covered and Noncovered Services:Covered Services and Requirements

Topic #891

Express Enrollment for Children and Pregnant Women

The following members can temporarily enroll in BadgerCare Plus via EE (Express Enrollment) and receive health care coverage under BadgerCare Plus while a full application is being processed by their local county/tribal office:

- Children younger than age 1 whose family income is at or below 300 percent of the FPL. (Federal Poverty Level)
- Children ages 1 through 5 whose family income is at or below 185 percent of the FPL.
- Children ages 6 through 18 whose family income is at or below 150 percent of the FPL.

Children who are temporarily enrolled in BadgerCare Plus receive services under the Standard Plan.

Pregnant women who are enrolled in BadgerCare Plus receive pregnancy-related outpatient and pharmacy services. Because EE 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 or the Benchmark Plan.

Member Information

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Member Information:Enrollment Categories

Topic #230

Express Enrollment for Children and Pregnant Women

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.

To determine enrollment for EE for Pregnant Women, providers should use the income limits for 200 percent and 300 percent of the [FPL \(Federal Poverty Level\)](#).

The EE for Children Benefit allows certain members under 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 (health maintenance organization) until they are determined eligible for full benefit BadgerCare Plus by the county/tribal office.

Enrollment Verification

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

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.

[Samples](#)

Providers may assist pregnant women with filling out an application for temporary ambulatory prenatal care benefits (formerly known as PE (presumptive eligibility)) 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. The [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

<p>Which benefit?</p> <p> BadgerCare Plus Temporary Enrollment Card for Pregnant Women</p>	<p>Status of your benefit?</p> <p>You applied for BadgerCare Plus Express Enrollment on 06/09/2016. You are temporarily enrolled in BadgerCare Plus for out-of-state pregnancy-related services. Your enrollment will end on or before 07/31/2016. To learn more, see your rights and responsibilities.</p> <p>To get your BadgerCare Plus or Wisconsin Medicaid, you must apply online, by mail or in person:</p> <ul style="list-style-type: none"> Online at wiscare.wisconsin.gov By mail or in person at: Dane County Job Center 819 Albany Ave Madison, WI 53704 (608) 261-4136 <p><small>To learn more, see your Rights and Responsibilities.</small></p>
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<p>To the Provider</p> <p>Wisconsin Medicaid has been temporarily enrolled through BadgerCare Plus Express Enrollment in accordance with Wis. Stat. § 49.41. This card indicates that the express enrollment-related services including pregnancy services through BadgerCare Plus temporary enrollment. BadgerCare Plus provides for the express enrollment. Please contact the provider for additional information and provider handbook.</p> <p>NOTE: This temporary enrollment card is valid only for the services listed on the card. Providers who accept Medicaid are not required to accept temporary enrollment. Providers who do not accept temporary enrollment should apply during the temporary enrollment period. Including the prohibition against billing retroactive. Refer to the All Provider Handbook for further information regarding the temporary enrollment. Providers are encouraged to have a subscription to this card.</p>	<p>WISCONSIN DEPARTMENT OF HEALTH AND FAMILY SERVICES IDENTIFICATION CARD FOR TEMPORARY ENROLLMENT IN BADGERCARE PLUS FOR PREGNANT WOMEN</p> <p>Name: ID Number:</p> <p>Jane Smith 345476210</p> <p>Effective Date: 06/09/2016 - 07/31/2016</p>
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<p>Which benefit?</p> <p> BadgerCare Plus Temporary Enrollment Card for Children</p>	<p>Status of your benefit?</p> <p>You applied for BadgerCare Plus Express Enrollment on 06/09/2016. The following enrollment card is temporarily enrolled in BadgerCare Plus.</p> <ul style="list-style-type: none"> Joe Smith Sarah Smith <p>This temporary enrollment card is valid for services listed on the card. Providers who accept Medicaid are not required to accept temporary enrollment. Providers who do not accept temporary enrollment should apply during the temporary enrollment period. Including the prohibition against billing retroactive. Refer to the All Provider Handbook for further information regarding the temporary enrollment. Providers are encouraged to have a subscription to this card.</p>
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Member Enrollment

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

To qualify for the EE (Express Enrollment) for Pregnant Women Benefit, a woman must meet the following criteria:

- Her pregnancy is medically verified (by a pregnancy test).
- Her household's gross income does not exceed 300 percent of the [FPL \(Federal Poverty Level\) guidelines](#).

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 family's gross income must be at or below 300 percent of the [FPL](#).
- If the child is age 1 through 5, the family's gross income must be at or below 185 percent of the FPL.
- If the child is age 6 through 18, the family's gross income must be at or below 150 percent of the FPL.

Topic #4357

Express Enrollment Process

Qualified providers and community partners can use the [Web-based EE \(Express Enrollment\) tool](#) to temporarily enroll children and

pregnant women in BadgerCare Plus online.

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

Resources

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Resources:Electronic Data Interchange

Topic #11907

5010 Companion Guides and NCPDP Version D.0 Payer Sheet

The HIPAA (Health Insurance Portability and Accountability Act of 1996) ASC (Accredited Standards Committee) X12 version 5010 companion guides and the NCPDP (National Council for Prescription Drug Programs) version D.0 payer sheet are available for download on the [HIPAA Version 5010 Companion Guides and NCPDP Version D.0 Payer Sheet page](#) of the ForwardHealth Portal for the following transactions:

- 270/271 Health Care Eligibility/Benefit Inquiry and Information Response.
- 276/277 Health Care Claim Status Request and Response.
- 835 Health Care Claim Payment/Advice.
- 837 Health Care Claim: Professional.
- 837 Health Care Claim: Institutional.
- 837 Health Care Claim: Dental.
- 999 Functional Acknowledgment. (*Note:* The 999 will replace the 997 Functional Acknowledgment.)
- TA1 Interchange Acknowledgment.
- NCPDP version D.0.

The 5010 companion guides and the payer sheet will completely replace the companion documents used for version 4010 and NCPDP version 5.1 and will not include the summary of changes known as the "revision log."

The companion guides and the payer sheet provide ForwardHealth-specific information that should be used with the national HIPAA Implementation Guides. Implementation Guides define the national data standards, electronic format, and values required for each data element within an electronic transaction.

To request paper copies of the companion guides or the payer sheet, providers may contact Provider Services at (800) 947-9627.

Compliance Testing

Each HIPAA covered entity (i.e., provider, payer, clearinghouse, or other vendor) is responsible for ensuring its own compliance with versions 5010 and D.0 transaction requirements. Providers who contract with billing services, clearinghouses, or other vendors are responsible for ensuring the services provided by their contractors are compliant with HIPAA and ForwardHealth requirements.

After completing internal testing, covered entities are required to complete compliance testing with ForwardHealth to ensure that they are able to submit and receive versions 5010 and D.0 transactions and have identified and resolved all issues prior to the January 1, 2012, implementation date.

Version 5010

Prior to submitting version 5010-compliant electronic transactions to the ForwardHealth production environment, trading partners are required to:

- Update their Trading Partner Profile on the Portal and agree to the revised Trading Partner Agreement.
- Complete compliance testing procedures as outlined in their 5010 Standard Testing Packet, found on the HIPAA ASC X12 Version 5010 and NCPDP Version D.0 Implementation page of the Portal. Trading partner testing packets will be available on the Portal beginning August 1, 2011.

Trading partners may start compliance testing on October 15, 2011.

Version D.0

Providers may work with their VAN (Value Added Network) to complete any testing for version D.0 transactions; there will not be any direct testing between providers and ForwardHealth. Providers should contact their VAN or switch vendor for information or questions they may have regarding version D.0 preparedness.

Dual Processing Period

There will be a dual processing or transition period between October 15 and December 31, 2011, during which ForwardHealth will accept in the production environment the current version 4010 and NCPDP version 5.1 transactions *and* the new version 5010 and NCPDP version D.0 transactions, except for the 270/271 and 276/277 transactions.

For the 270/271 and 276/277 transactions, the transition period during which ForwardHealth will accept versions 4010 and 5010 will be from November 12 to December 31, 2011.