

Wisconsin AIDS Drug Assistance Program

ProviderEnrollmentArchive_NON_TXIX_20180307

Wisconsin AIDS Drug Assistance Program

The Wisconsin AIDS Drug Assistance Program (ADAP) provides access to life-saving anti-retroviral medications and other medications used in the treatment of Human Immunodeficiency Virus (HIV) to eligible low-income Wisconsin residents who are uninsured or under-insured. Wisconsin ADAP is supported by federal Ryan White funds, state funds, and rebates from pharmaceutical companies. Wisconsin ADAP reimburses pharmacies for ADAP formulary medications at the Wisconsin Medicaid rate and dispensing fee in effect on the date of service (DOS). ADAP is the payer of last resort and pharmacy providers are required to bill all other payers before billing ADAP.

Portal Enrollment Application

Currently Medicaid-enrolled pharmacy providers, including out-of-state pharmacy providers, who provide ADAP services are required to re-enroll as ADAP providers via the ADAP Provider Enrollment Application in order to submit and adjust claims and receive reimbursement for services covered by ADAP.

Notifying ForwardHealth of Changes

Providers are required to notify ForwardHealth of any changes to their demographic information as they occur. ForwardHealth strongly encourages providers enrolled in ADAP to update their demographic information using the [demographic maintenance tool](#). If providers enrolled in ADAP are unable to update their information online, they can complete and mail the [Provider File Update Request](#) form, F-00916 (12/13), to ForwardHealth. Alternate versions of this form will not be accepted and will be returned to providers.

Providers Enrolled in Multiple Programs

If demographic information changes, providers enrolled in multiple programs (e.g., Wisconsin Medicaid and ADAP) will need to change the demographic information for each program. By toggling between accounts using the Switch Organization function of the Portal, providers who have a Portal account for each program may change their information for each program using the demographic maintenance tool. The Account User Guide provides specific information about switching organizations.

Providers Licensed or Certified by the Division of Quality Assurance

Providers licensed or certified by the Division of Quality Assurance (DQA) are required to notify the DQA of changes to physical address, changes of ownership, and facility closures by calling (608) 266-8481. Since the DQA will inform ForwardHealth of the changes, providers do not need to also notify ForwardHealth.

ADAP Contact Information

Contact Provider Services at (800) 947-9627 for questions regarding the ADAP provider enrollment application. Contact the ADAP Coordinator at (800) 991-5532 with questions about ADAP billing, policy, and member enrollment.

For additional information, refer to the [ForwardHealth Update \(2012-60\)](#), titled "Implementation of ForwardHealth interChange for the Wisconsin AIDS/HIV Drug Assistance Program."

Wisconsin Chronic Disease Program

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Wisconsin Chronic Disease Program (WCDP) offers assistance to Wisconsin residents with chronic renal disease, hemophilia, and adult cystic fibrosis. Wisconsin Chronic Disease Program is funded entirely by state dollars. The program pays health care providers for disease-related services and supplies provided to enrolled WCDP members after all other sources of payment have been exhausted.

Providers interested in enrolling in WCDP may submit a provider application on paper. To request a paper provider application, providers should do one of the following:

- Contact [Provider Services](#).
- Click the "Contact Us" link on the Portal and send the request via e-mail.
- Send a request in writing to the following address:

ForwardHealth
Provider Enrollment
313 Blettner Blvd
Madison WI 53784

Written requests for enrollment materials must include the following:

- The number of provider applications requested and each applicant's/provider's name, address, and telephone number (a provider application must be completed for each applicant/provider).
- The provider's National Provider Identifier (for health care providers) that corresponds to the type of application being requested.
- The program for which enrollment is being requested (WCDP).
- The type of provider or the type of services the provider intends to provide.

Paper provider applications are assigned an application tracking number at the time the materials are requested. As a result, [examples of the provider application](#) that are available on the Portal are for reference purposes only. These examples should not be downloaded and submitted to ForwardHealth. For the same reason, providers cannot make copies of a single paper provider application and submit them for multiple applicants. These policies allow ForwardHealth to efficiently process and track enrollment and assign effective dates.

Once completed, providers should mail enrollment materials to the address indicated on the application cover letter. Sending enrollment materials to any other ForwardHealth address may cause a delay.

Notifying ForwardHealth of Changes

Providers are required to notify ForwardHealth of any changes to their demographic information as they occur. ForwardHealth strongly encourages providers enrolled in WCDP to update their demographic information using the [demographic maintenance tool](#). If providers enrolled in WCDP are unable to update their information online, they can complete and mail the [Provider File Update Request](#) form, F-00916 (12/13), to ForwardHealth. Alternate versions of this form will not be accepted and will be returned to providers.

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Wisconsin Well Woman Program

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The Wisconsin Well Woman Program (WWWP) provides breast and cervical cancer screening services to women with little or no health insurance coverage. The WWWP pays for mammograms, Pap tests, certain breast and cervical cancer diagnosis tests, and multiple sclerosis (MS) testing for women with high risk signs of MS. Interested providers may call [Provider Services](#) for more information on enrollment for the WWWP.

Providers interested in enrolling in the WWWP may submit a provider application on paper. To request a paper provider application, providers should do one of the following:

- Contact [Provider Services](#).
- Click the "Contact Us" link on the Portal and send the request via e-mail.
- Send a request in writing to the following address:

ForwardHealth
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Madison WI 53784

Written requests for enrollment materials must include the following:

- The number of provider applications requested and each applicant's/provider's name, address, and telephone number (a provider application must be completed for each applicant/provider).
- The provider's National Provider Identifier (for health care providers) that corresponds to the type of application being requested.
- The program for which enrollment is being requested (the WWWP).
- The type of provider or the type of services the provider intends to provide.

Paper provider applications are assigned an application tracking number at the time the materials are requested. As a result, [examples of the provider application](#) that are available on the ForwardHealth Portal are for reference purposes only. These examples should not be downloaded and submitted to ForwardHealth. For the same reason, providers cannot make copies of a single paper provider application and submit them for multiple applicants. These policies allow ForwardHealth to efficiently process and track enrollment and assign effective dates.

Once completed, providers should mail enrollment materials to the address indicated on the application cover letter. Sending enrollment materials to any other ForwardHealth address may cause a delay.

Notifying ForwardHealth of Changes

Providers are required to notify ForwardHealth of any changes to their demographic information as they occur. ForwardHealth strongly encourages providers enrolled in WWWP to update their demographic information using the [demographic maintenance tool](#). If providers enrolled in WWWP are unable to update their information online, they can complete and mail the [Provider File Update Request](#) form, F-00916 (12/13), to ForwardHealth. Alternate versions of this form will not be accepted and will be returned to providers.

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