

# Wisconsin HIV Drug Assistance Program

# ProviderEnrollmentArchive\_NON\_TXIX\_20251230

## Wisconsin HIV Drug Assistance Program Overview

The Wisconsin HIV Drug Assistance Program (HDAP) provides access to life-saving anti-retroviral medications and other medications used in the treatment of HIV to eligible low-income Wisconsin residents who are uninsured or under-insured.

HDAP is supported by federal Ryan White funds, state funds, and rebates from pharmaceutical companies. HDAP reimburses pharmacies for HDAP formulary medications at the Wisconsin Medicaid rate and professional dispensing fee in effect on the date of service.

HDAP is the payer of last resort, and pharmacy providers are required to bill all other payers before billing HDAP.

## HDAP Enrollment

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

## How to Notify ForwardHealth of Demographic Information Changes

Providers are required to promptly notify ForwardHealth of any changes to their demographic information. ForwardHealth strongly encourages providers enrolled in HDAP to update their demographic information using the [demographic maintenance tool](#).

If providers enrolled in HDAP 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 Are Required to Update Demographic Information for Each Program*

If demographic information changes, providers enrolled in multiple programs (for example, Wisconsin Medicaid and HDAP) are required to update 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.

## *Exceptions for 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 in ownership, and facility closures by calling 608-266-8481. Providers do not need to notify ForwardHealth because the DQA will inform ForwardHealth of the changes.

## HDAP Contact Information

Contact [Provider Services](#) with questions regarding the HDAP provider enrollment application. Contact the HDAP Coordinator at 800-991-5532 with questions about HDAP billing, policy, and member enrollment.

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

# Wisconsin Chronic Disease Program

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## Wisconsin Chronic Disease Program Overview

Wisconsin Chronic Disease Program (WCDP) offers assistance to Wisconsin residents with chronic renal disease, hemophilia, and adult cystic fibrosis. WCDP 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.

## How to Request a Paper Application

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 link](#) on the Portal and send the request via email.
- | Mail a written request to the following address:

ForwardHealth  
Provider Enrollment  
313 Blettner Blvd  
Madison WI 53784

## *What to Include in a Written Application Request*

Written requests for enrollment materials must include the following:

- | The number of provider applications requested and each applicant's/provider's name, address, and phone 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

## *Do Not Submit Example Applications or Copy Paper Applications*

ForwardHealth assigns an application tracking number to paper provider applications at the time the provider requests the materials. This allows ForwardHealth to efficiently process and track enrollment and assign effective dates.

For the same reason, providers cannot make copies of a single paper provider application and submit them for multiple applicants.

Providers should mail completed enrollment materials to the address indicated on the application cover letter. Mailing enrollment materials to any other ForwardHealth address may delay processing.

## How to Notify ForwardHealth of Demographic 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.

## *Providers Enrolled in Multiple Programs Are Required to Update Demographic Information for Each Program*

If demographic information changes, providers enrolled in multiple programs (for example, Wisconsin Medicaid and WCDP) will

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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.

### *Exceptions for 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 in ownership, and facility closures by calling 608-266-8481. Providers do not need to also notify ForwardHealth because the DQA will inform ForwardHealth of the changes.

# Wisconsin Well Woman Program

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## Wisconsin Well Woman Program Overview

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.

## How to Request a Paper Application

Providers interested in enrolling in 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 link](#) on the Portal and send the request via email.
- | Mail a written request to the following address:

ForwardHealth  
Provider Enrollment  
313 Blettner Blvd  
Madison WI 53784

## *What to Include in a Written Application Request*

Written requests for enrollment materials must include the following:

- | The number of provider applications requested and each applicant's/provider's name, address, and phone 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

## *Do Not Submit Example Applications or Copy Paper Applications*

ForwardHealth assigns an application tracking number to paper provider applications at the time the provider requests the materials. This allows ForwardHealth to efficiently process and track enrollment and assign effective dates.

For the same reason, providers cannot make copies of a single paper provider application and submit them for multiple applicants.

Providers should mail completed enrollment materials to the address indicated on the application cover letter. Mailing enrollment materials to any other ForwardHealth address may delay processing.

## How to Notify ForwardHealth of Demographic 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.

## *Providers Enrolled in Multiple Programs Are Required to Update Demographic Information for Each Program*

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