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Providers Are Required to Enroll in Wisconsin Medicaid to Be Reimbursed

To be reimbursed for services provided to members enrolled in Wisconsin Medicaid, BadgerCare Plus, or SeniorCare, providers are required to be enrolled in Wisconsin Medicaid as described in Wis. Admin. Code ch. DHS 105.

How to Enroll in Wisconsin Medicaid

To enroll in Wisconsin Medicaid, providers are required to complete the application process. Failure to complete the enrollment application process will cause a delay, and may cause denial, of enrollment. Providers have 10 calendar days to complete an application on the ForwardHealth Portal once they begin it. As part of the enrollment application, providers are required to sign a provider agreement with the Wisconsin Department of Health Services (DHS).

Providers sign the provider agreement electronically by selecting the box acknowledging and agreeing to the terms of the agreement. By electronically signing the provider agreement, the provider attests that the provider and each person employed by the provider, for the purpose of providing services, holds all licenses or similar entitlements and meets other requirements specified in Wis. Admin. Code chs. DHS 101–109 and required by federal or state statute, regulation, or rule for the provision of the service.

How ForwardHealth Uses Personal Information

Personally identifiable information about Medicaid providers, persons with ownership or control interest in the provider, managing employees, agents, or other provider personnel is only used for purposes directly related to Medicaid administration, such as determining the enrollment of providers and monitoring providers for waste, fraud, and abuse. All information provided is protected under federal and/or state confidentiality laws.

Failure to supply the information requested on the application may result in denial of Medicaid payment for the services.

Duration of the Provider Agreement

The provider agreement remains in effect as long as the provider is enrolled in Wisconsin Medicaid.

Termination of Enrollment

A provider's enrollment in Wisconsin Medicaid may be terminated in one of the following ways:

- By the provider as specified in Wis. Admin. Code § DHS 106.05
- By DHS upon grounds set forth in Wis. Admin. Code § DHS 106.06

Affordable Care Act

Affordable Care Act Background

In 2010, the federal government signed into law the Affordable Care Act (ACA), also known as federal health care reform. The final rule is available online on the Federal Register. To meet federally mandated requirements, ForwardHealth implemented changes to align with the ACA.

ACA ForwardHealth Updates

ForwardHealth has published the following *ForwardHealth Updates* with ACA-related enrollment information:

2016	2016-53, New Revalidation Application Fee for Provider Organizations and Important Reminders About the Revalidation Process 2016-17, New Fingerprinting and Criminal Background Check Screening Requirements Due to the Affordable Care Act
2015	2015-01, Affordable Care Act Primary Care Rate Increase Ended December 31, 2014
2014	2014-12, Changes to BadgerCare Plus Due to the Affordable Care Act and 2013-15 Wisconsin Act 20 2014-04, Reminder Regarding Home Health and Personal Care Agency Personnel Reporting Requirements and Revalidation Information 2014-03, Providers Are Required to Report a Change in Ownership Within 35 Days 2014-02, Health Care Providers and Partners Are Now Required to Apply on the ForwardHealth Portal to Become Express Enrollment Providers
2013	2013-66, Medicaid-Enrolled Providers Are Required to Change Demographic Information Through the ForwardHealth Portal 2013-43, New Requirements for In-State Emergency Providers and Out-of-State Providers Due to the Affordable Care Act 2013-40, Policy Clarification for Services That Are Prescribed, Referred, or Ordered 2013-36, New Requirements for Dentists Who Provide Only Urgent or Emergency Services to BadgerCare Plus or Medicaid Members 2013-34, New Requirements for Prescribing/Referring/Ordering Providers Due to the Affordable Care Act 2013-28, Changes to Provider Revalidation Process Due to the Affordable Care Act 2013-12, Affordable Care Act Risk Level Classifications by Provider Type 2013-11, New Provider Enrollment Application Fee for Provider Organizations Due to the Affordable Care Act
2012	2012-37, New Requirements for Home Health and Personal Care Agencies to Report Personnel Information to ForwardHealth 2012-32, ForwardHealth to Implement New Provider Enrollment and Screening Requirements

Border-Status Providers

A provider in a state that borders Wisconsin may be eligible for enrollment as a border-status provider. Providers may need to verify in writing to ForwardHealth that it is common practice for members in a particular area of Wisconsin to seek their medical services.

How to Become a Border-Status Provider

To become a border-status provider, apply by completing an enrollment application.

Who Is Eligible for Border Status

The following out-of-state providers may be eligible to enroll in Wisconsin Medicaid as border-status providers:

- Providers in a state that borders Wisconsin
- All out-of-state independent laboratories, regardless of location in the United States

Who Is Not Eligible for Border Status

Nursing homes and public entities (for example, cities and counties) outside Wisconsin are **not** eligible for border status.

Providers will be automatically denied border status enrollment when providers were denied enrollment in their own state **unless** they were denied because the services they provide are not a covered benefit in their state.

Program Requirements for Border-Status Providers

Enrolled border-status providers are subject to the same program requirements as in-state providers, including coverage of services, prior authorization, and claims submission procedures.

Reimbursement for Border-Status Providers

Wisconsin Medicaid reimburses providers in accordance with its policies.

For More Information

For more information about out-of-state providers, refer to Wis. Admin. Code § DHS 105.48.

Categories of Enrollment

Provider Billing Categories

Wisconsin Medicaid enrolls providers in three billing categories. Each billing category has specific designated uses and restrictions. These categories include the following:

- Billing and rendering provider
- Rendering-only provider
- Billing-only provider (including group billing)

Providers should refer to the service-specific information on the Information for Specific Provider Types page to identify which category of enrollment is applicable.

Billing and Rendering Provider

Enrollment as a billing and rendering provider allows providers to identify themselves on claims (and other forms) as either the provider billing for the services or the provider rendering the services.

Rendering-Only Provider

Enrollment as a rendering-only provider is given to providers who practice under the professional supervision of another provider (for example, physician assistants). Providers with a rendering provider enrollment cannot submit claims to ForwardHealth directly, but they have a reimbursement rate established for their provider type. Claims for services provided by a rendering provider must include the supervising provider or group provider as the billing provider.

Billing-Only Provider (Including Group Billing)

Enrollment as a billing-only provider is given to certain provider types when a separate rendering provider is required on claims.

Group Billing

Groups of individual practitioners are enrolled as billing-only providers as an accounting convenience. This allows the group to receive one reimbursement, one Remittance Advice, and the 835 Health Care Claim Payment/Advice Transaction for covered services rendered by individual practitioners within the group.

Providers may not have more than one group practice enrolled in Wisconsin Medicaid with the same zip+4 code address, National Provider Identifier (NPI), and taxonomy code combination. Provider group practices located at the same zip+4 code address are required to differentiate their enrollment using an NPI or taxonomy code that uniquely identifies each group practice.

Individual practitioners within group practices are required to be Medicaid-enrolled because these groups are required to identify the provider who rendered the service on claims. Claims indicating these group billing providers that are submitted without a rendering provider are denied.

Change in Ownership

Providers Have 35 Days to Report a Change in Ownership

Medicaid-enrolled providers are required to notify ForwardHealth of a change in ownership within 35 calendar days after the effective date of the change, in accordance with the Centers for Medicare & Medicaid Services Final Rule 42 C.F.R. § 455.104 (c)(1)(iv).

Failure to report a change in ownership within 35 calendar days may result in denial of payment, per 42 C.F.R. § 455.104(e).

Note: For demographic changes that do not constitute a change in ownership, providers should update their current information using the demographic maintenance tool.

Written Notification and a New Enrollment Application Are Required

Any time a change in ownership occurs, providers are required to do **one** of the following:

- Mail a change in ownership notification to ForwardHealth. After mailing the notification, providers are required to complete a new Medicaid provider enrollment application on the Portal.
- Upload a change in ownership notification as an attachment when completing a new Medicaid provider enrollment application on the Portal.

ForwardHealth must receive the change in ownership notification, which must include the affected provider number (National Provider Identifier [NPI] or provider ID), within 35 calendar days **after** the effective date of the change in ownership.

Providers will receive written notification of their new Medicaid enrollment effective date in the mail once their provider file is updated with the change in ownership.

Special Requirements for Specific Provider Types

The following provider types require Medicare enrollment and/or Wisconsin Division of Quality Assurance certification with current provider information before submitting a Medicaid enrollment change in ownership:

- Ambulatory surgery centers
- Community health centers
- End-stage renal disease services providers
- Home health agencies
- Hospice providers
- Hospitals (inpatient and outpatient)
- Nursing homes
- Outpatient rehabilitation facilities
- Rehabilitation agencies
- Rural health clinics
- Tribal federally qualified health centers

Events That ForwardHealth Considers a Change in Ownership

ForwardHealth defines a change in ownership as an event where a different party purchases (buys out) or otherwise obtains ownership or effective control over a practice or facility.

The following events are considered a change in ownership and require the completion of a new provider enrollment application:

- Change from one type of business structure to another type of business structure. Business structures include the following:
  - Sole proprietorships

    - Corporations
    - Partnerships
    - Limited Liability Companies
- Change of name and tax identification number associated with the provider's submitted enrollment application (for example, Employer Identification Number).
- Change (addition or removal) of names identified as owners of the provider.

Examples of a Change in Ownership

Examples of a change in ownership include the following:

- A sole proprietorship transfers title and property to another party.
- Two or more corporate clinics or centers consolidate, and a new corporate entity is created.
- There is an addition, removal, or substitution of a partner in a partnership.
- An incorporated entity merges with another incorporated entity.
- An unincorporated entity (sole proprietorship or partnership) becomes incorporated.

End Date of Previous Owner's Enrollment

The end date of the previous owner's enrollment will be one day prior to the effective date for the change in ownership. When the Wisconsin Department of Health Services (DHS) is notified of a change in ownership, the original owner's enrollment will automatically be end-dated.

Repayment Following a Change in Ownership

Medicaid-enrolled providers who sell or otherwise transfer their business or business assets are required to repay ForwardHealth for any erroneous payments or overpayments made to them. If the previous owner does not repay ForwardHealth for any erroneous payments or overpayments, the new owner's application will be denied.

If necessary, ForwardHealth will hold responsible for repayment the provider to whom a transfer of ownership is made prior to the final transfer of ownership. The provider acquiring the business is responsible for contacting ForwardHealth to ascertain if they are liable under this provision.

The provider acquiring the business is responsible for full repayment within 30 days after receiving such a notice from ForwardHealth.

Providers may send inquiries about the determination of any pending liability to the following address:

Office of the Inspector General
PO Box 309
Madison WI 53701-0309

ForwardHealth has the authority to enforce these provisions within four years following the transfer of a business or business assets. Refer to Wis. Stat. § 49.45(21) for complete information.

Automatic Recoupment Following a Change in Ownership

ForwardHealth will automatically recover payments made to providers whose enrollment has ended in the ForwardHealth system due to a change in ownership. This automatic recoupment for previous owners occurs about 45 days after DHS is notified of the change in ownership. The recoupment will apply to all claims processed with dates of service after the provider's new end date.

New Prior Authorization Requests Must Be Submitted After a Change in Ownership

Medicaid-enrolled providers are required to submit new prior authorization (PA) requests when there is a change in billing providers. New PA requests must be submitted with the new billing provider's name and billing provider number. The expiration date of the new PA request will remain the same as the original PA request.

The provider is required to send the following to ForwardHealth with the new PA request:

- A copy of the original PA request, if possible
- The new PA request, including the required attachments and supporting documentation indicating the new billing provider's name, address, and billing provider number
- A letter requesting to enddate the original PA request (may be a photocopy), which should include the following information:
  - The previous billing provider's name and billing provider number, if known
  - The new billing provider's name and billing provider number
  - The reason for the change of billing provider (The new billing provider may want to verify with the member that the services from the previous billing provider have ended. The new billing provider may include this verification in the letter.)
  - The requested effective date of the change

Submitting Claims After a Change in Ownership

The provider acquiring the business may submit claims with dates of service on and after the change in ownership effective date.

Additional information on submission of timely filing requests or adjustment reconsideration requests is available.

How to Bill for a Hospital Stay That Spans a Change in Ownership

When a change in hospital ownership occurs, use the NPI that is current on the date of discharge. For example: A change in ownership occurs on July 1. A patient stay has dates of service from June 26 to July 2. The hospital submits the claim using the NPI effective July 1.

How to Bill for a Nursing Home Stay That Spans a Change in Ownership

When a change in nursing home ownership occurs, use the NPI that is current on the date of discharge. For example: A change in ownership occurs on July 1. A nursing home patient stay has dates of service from June 26 to July 2. The nursing home submits the claim using the NPI effective July 1.

For Further Questions

Providers with questions about changes in ownership may call Provider Services.

Effective Date of Medicaid Enrollment

How ForwardHealth Determines the Medicaid Enrollment Effective Date

The initial effective date of a provider's enrollment will be based on the date Wisconsin Medicaid receives the provider's complete and accurate enrollment application materials.

An application is considered complete when all required information has been accurately submitted and all supplemental documents have been received.

The date the applicant submits their online provider enrollment application is the earliest effective date possible and will be the effective date if the following are true:

- The applicant meets all applicable screening requirements, licensure, certification, authorization, or other credential requirements as a prerequisite for Wisconsin Medicaid on the date of submission.
- Supplemental documents required to enroll have been received within 30 calendar days of the date the applicant submitted the enrollment application. To avoid a delay of the enrollment effective date, providers are encouraged to upload documents during the enrollment process.

If any applicable supplemental documents are received more than 30 calendar days after the provider submits the enrollment application, the provider's enrollment effective date will be the date that ForwardHealth receives the last applicable supplemental document.

How to Request a Review of the Enrollment Effective Date

If providers believe their initial enrollment effective date is incorrect, they may request a review of the effective date. The request should include documentation indicating the enrollment criteria that may have been incorrectly considered. Requests for changes in enrollment effective dates should be uploaded using the demographic maintenance tool or mailed to Provider Enrollment at the following address:

ForwardHealth
Provider Enrollment
313 Blettner Blvd
Madison WI 53784

Group Billing

Group billing enrollments are given as a billing convenience. Groups (except providers of mental health services) may submit a written request to obtain group billing enrollment with an enrollment effective date 365 days prior to the originally assigned effective date. Providers should upload requests using the demographic maintenance tool or mail requests to backdate group billing enrollment to Provider Enrollment.

Effective Date for Medicare Providers

ForwardHealth requires certain types of providers to be enrolled in Medicare as a condition for Medicaid enrollment. The enrollment process for Medicare is separate from Wisconsin Medicaid's enrollment process. It may be possible for ForwardHealth to assign a Medicaid enrollment effective date that is the same as the Medicare enrollment date.

Enrollment Application and Tracking Process

How to Enroll in Wisconsin Medicaid

Providers interested in enrolling in Wisconsin Medicaid may complete an enrollment application. The ForwardHealth Portal supports the following internet browsers: Internet Explorer, Firefox, and Safari. The web page will time out after 30 minutes.

Notification of an Approved Enrollment

Providers are required to wait for the Notice of Enrollment Decision as official notification that ForwardHealth has approved their enrollment. This notice will contain information that the provider needs to conduct business with Wisconsin Medicaid, BadgerCare Plus, or SeniorCare. An approved or enrolled status alone does not allow the provider to begin providing or billing for services.

Ability to Save Partially Completed Enrollment Applications

Providers are not required to complete their enrollment application in one session; they can save their partially completed application and return to complete it within 10 calendar days.

Applicants will receive an enrollment key and will be able to set their own password for re-entry into their application. Applicants are solely responsible for their enrollment key and password.

If more than 10 calendar days have passed since beginning an enrollment application, providers will lose their progress and be required to start a new application.

File Types That May Be Uploaded With an Enrollment Application

Providers may upload any needed documentation or forms during the application process.

Providers may upload documents in the following formats:

- Joint Photographic Experts Group (JPEG) (.jpg or .jpeg)
- PDF (.pdf)
- Rich Text Format (.rtf)
- Text File (.txt)
- Comma-separated values (.csv)

JPEG files must be stored with a ".jpg" or ".jpeg" extension; PDF files must be stored with a ".pdf" extension; Rich Text Format files must be stored with an ".rtf" extension; and text files must be stored with a ".txt" extension.

How to Track Enrollment Application Status

Providers will receive an application tracking number (ATN) once they have submitted their enrollment application through the Portal.

ForwardHealth allows providers to track the status of their submitted enrollment application either through the Portal or by calling Provider Services.

Tracking Through the Portal

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.

Tracking Through Provider Services

Providers may also check on the status of their submitted enrollment application by contacting Provider Services and providing their ATN.

Express Enrollment

COVID-19 Update: Presumptive eligibility (PE) for BadgerCare Plus Express Enrollment (EE) through the **online** EE application in ACCESS for Partners and Providers has been expanded.

The table below lists the populations that will be included in expanded PE, the populations that are currently included in PE, and the qualified entities that may complete EE for those populations.

	Qualified Hospitals	Qualified Providers	Qualified Partners
PE is expanded to include:			
Adults age 65 and older with an income of up to 100% of the federal poverty level (FPL)	x		
Adults who are blind or disabled and who are enrolled in Medicare with an income of up to 100% of the FPL	x		
PE continues to include:			
Non-blind, non-disabled adults with an income of up to 100% of the FPL	x		
Pregnant women with an income of up to 306% of the FPL	x	x	
Individuals with an income of up to 306% of the FPL who want family planning only services	x	x	
Children younger than age 1 in households with an income of up to 306 percent of the FPL	x	x	x
Children ages 1–5 in households with an income of up to 191 percent of the FPL	x	x	x
Children ages 6–18 in households with an income of up to 156 percent of the FPL	x	x	x

Note: The online EE application in ACCESS for Partners and Providers and the process for submitting an application have not changed.

More information is available in Alert 014, titled "ForwardHealth Will Expand Presumptive Eligibility for Express Enrollment (Hospitals)," which is available on the COVID-19: ForwardHealth Provider News and Resources Portal page.

Overview

State and federal laws allow qualified entities to temporarily enroll children, pregnant women, and certain adults in BadgerCare Plus and individuals in Family Planning Only Services when these individuals are determined to be "presumptively eligible" based on preliminary information about family size and income. In Wisconsin, the process of making presumptive eligibility (PE) determinations and temporarily enrolling individuals in these programs is known as Express Enrollment (EE).

Definition of a Qualified Entity

Qualified entities may include health care providers, government agencies, and community-based organizations. ForwardHealth refers to providers and partners who meet the criteria to make PE determinations as "qualified providers and partners."

No Application Fee

There is no fee for applying to become a qualified provider or partner for making PE determinations.

Applicants for Whom Qualified Providers and Partners May Make PE Determinations

Qualified **hospitals** may make PE determinations for children, pregnant women, and certain adults for BadgerCare Plus; they may also make PE determinations for individuals applying for Family Planning Only Services.

Qualified **providers** may make PE determinations for children and pregnant women for BadgerCare Plus; they may also make PE determinations for individuals applying for Family Planning Only Services.

Qualified **partners** may only make PE determinations for children.

How to Become a Qualified Entity for Determining PE

Refer to information for becoming a qualified hospital for EE of children, pregnant women, and certain adults in BadgerCare Plus and of Individuals Applying for Family Planning Only Services.

Refer to information for becoming a qualified provider for EE of children and pregnant women in BadgerCare Plus and of individuals applying for Family Planning Only Services.

Refer to information for becoming a qualified provider or partner for Express Enrollment of children only in BadgerCare Plus.

How to Become a Qualified Hospital for Determining PE

Hospitals are required to meet the applicable enrollment criteria to qualify to make PE determinations. Hospitals that qualify to make PE determinations may do so for certain adults, children, and pregnant women, as well as for individuals applying for Family Planning Only Services.

Hospitals do not need to submit separate provider enrollment applications to be qualified to make PE determinations for each of these populations.

Enrollment Criteria

To be designated as a qualified hospital for making PE determinations, hospitals must meet **both** of the following requirements:

- The hospital must be enrolled in Wisconsin Medicaid and BadgerCare Plus.
- The hospital must agree, through a one-time attestation, to:
    - Conduct PE determinations internally and only for patients of the hospital (inpatient or outpatient). Hospitals may not delegate their PE determination authority to an outside entity.
    - Allow only hospital staff who have received training on PE policies and procedures to conduct PE determinations.
    - Assist applicants in completing a full Medicaid and BadgerCare Plus application.

How to Apply for EE

Medicaid-enrolled hospitals interested in making PE determinations may access the online provider enrollment application via their secure Provider Portal account. The link to the Express Enrollment for Adults provider application is located in the Quick Links box on the right side of the secure Provider home page.

Notification of the Application Decision

ForwardHealth will notify hospitals in writing whether their application is approved or denied. When an application is approved, ForwardHealth sends the hospital two communications:

- The approval letter includes a provider number that identifies the hospital as qualified to use the EE tool to temporarily enroll children, pregnant women, and certain adults in BadgerCare Plus and individuals in Family Planning Only Services.
- An email sent to the hospital's security administrator includes a one-time-use PIN. Once the security administrator receives

the PIN, they are able to log in and set up administrative rights for individuals in the agency to begin using the EE application on the ACCESS website. The hospital also receives information about where to find instructional materials and information needed to begin using the EE tool.

How to Become a Qualified Provider for Determining PE

Providers are required to meet the applicable enrollment criteria to qualify to make PE determinations. Providers who qualify to make PE determinations for pregnant women are also automatically qualified to make PE determinations for children for BadgerCare Plus and for individuals applying for Family Planning Only Services. Providers do not need to submit separate provider enrollment applications for these programs.

Enrollment Criteria

Providers are required to meet the enrollment criteria to qualify to make PE determinations for pregnant women, which will also qualify them to make PE determinations for children for BadgerCare Plus and for individuals applying for Family Planning Only Services.

Providers who do not meet these enrollment criteria may still qualify to make PE determinations for children only.

How to Apply for EE

Medicaid-enrolled providers interested in making PE determinations for pregnant women may access the online provider enrollment application via their secure Provider Portal account. The Express Enrollment for Pregnant Women provider application link is located in the Quick Links box on the right side of the secure Provider home page.

Notification of the Application Decision

ForwardHealth will notify providers in writing whether their application is approved or denied. When an application is approved, ForwardHealth sends the provider two communications:

- The approval letter includes a provider number that identifies the provider as qualified to use the EE tool to temporarily enroll pregnant women in BadgerCare Plus.
- An email sent to the provider's security administrator includes a one-time-use PIN. Once the security administrator receives the PIN, they are able to log in and set up administrative rights for individuals in the agency to begin using the EE application on the ACCESS website. The provider also receives information about where to find instructional materials and information needed to begin using BadgerCare Plus EE.

How to Become a Qualified Provider or Partner for Determining PE for Children Only

State and federal laws allow children younger than age 19 to be temporarily enrolled in BadgerCare Plus. Under these laws, certain qualified providers or partners are allowed to temporarily enroll children based on preliminary information about family income.

Enrollment Criteria

Medicaid-enrolled providers or partners are required to meet the enrollment criteria to qualify to make PE determinations—for children only—for BadgerCare Plus.

How to Apply for EE

Medicaid-enrolled providers or partners interested in making PE determinations—for children only—for BadgerCare Plus may access the online provider enrollment application via their secure Provider Portal account. The Express Enrollment for Children provider application link is located in the Quick Links box on the right side of the secure Provider home page.

Partners who do not have a secure Portal account may access the application from the Portal home page.

Note: Interested partners may only make PE determinations for children; they may not make PE determinations for pregnant women for BadgerCare Plus or for individuals applying for Family Planning Only Services.

Notification of the Application Decision

ForwardHealth will notify providers or partners in writing whether their application is approved or denied. When an application is approved, ForwardHealth sends the provider or partner two communications:

- The approval letter includes a provider or partner number that identifies the provider or partner as qualified to use the EE tool to temporarily enroll children in BadgerCare Plus.
- An email sent to the provider's or partner's security administrator includes a one-time-use PIN. Once the security administrator receives the PIN, they are able to log in and set up administrative rights for individuals in the agency to begin using the EE application on the ACCESS website. The provider or partner also receives information about where to find instructional materials and information needed to begin using BadgerCare Plus EE.

How to Report a Change of Address

Express Enrollment providers are required to notify ForwardHealth of a change in their address by completing the online Express Enrollment Change of Address. Reporting a change of address using the online Express Enrollment Change of Address will only update the information ForwardHealth has on file for EE programs; it will not update a provider's address information on file for other ForwardHealth programs. Providers are required to report a change of address for other ForwardHealth programs using the demographic maintenance tool.

Fingerprint Requirement Overview

- **Medicare-approved applicants do not need to complete fingerprints and a background check prior to temporary enrollment but will need to complete this step prior to full enrollment.**
- **Medicaid-only applicants do need to complete fingerprints and a background check prior to temporary enrollment.**

Fingerprint-Based Criminal Background Check Screening Requirement

In accordance with the Affordable Care Act (ACA), providers classified as high risk during Medicaid enrollment, re-enrollment, or revalidation are required to be fingerprinted. This requirement applies to high-risk providers, as well as any person with a 5 percent or more direct or indirect ownership interest in the provider. All providers are responsible for identifying any individuals with a 5 percent or more direct or indirect ownership interest to ensure that **all** appropriate individuals are fingerprinted.

High-risk providers are not required to be fingerprinted if they are enrolled in and have already been fingerprinted as an enrollee in one of the following:

- Another state Medicaid agency
- The Children's Health Insurance Program (CHIP)
- Medicare as a high-risk provider

Exempt providers may submit proof of their exemption (being sure to include their application tracking number [ATN] on the documentation) to ForwardHealth by fax at 608-221-0885 or mail at the following address at any time:

ForwardHealth
Provider Enrollment
313 Blettner Blvd
Madison WI 53784

Providers will be denied enrollment or revalidation, as applicable, if they or any person with a 5 percent or more direct or indirect ownership in the provider have been convicted of a criminal offense related to their involvement with Medicare, Medicaid, or CHIP in the last 10 years.

Who Is Required to Provide Fingerprints

Providers are notified of a high-risk level classification and screening activities, if applicable, via the Fingerprint Notification panel when they submit their Medicaid enrollment, re-enrollment, or revalidation application on the ForwardHealth Portal.

Additional information about the fingerprint-based criminal background check screening is provided within the application process. This includes information about use of the Wisconsin Medicaid Fieldprint code and the ATN, which are required for scheduling appointments to be fingerprinted.

The provider submitting the application is responsible for making any person with a 5 percent or more direct or indirect ownership interest in the provider aware of the required screening activities and sharing the Fieldprint code and the assigned ATN.

Time Allowed to Submit Fingerprints

All applicable individuals are required to be fingerprinted within 30 calendar days from the Medicaid application submission date, or the application will be denied. ForwardHealth will process the Medicaid application once all fingerprints are submitted. For revalidations, providers are required to be fingerprinted within their revalidation window.

FieldPrint

The Wisconsin Department of Administration has contracted with the company Fieldprint to collect fingerprints and submit them to the Wisconsin Department of Justice for processing.

How to Use Fieldprint's Services

After completing the Medicaid application, high-risk providers, as well as any person with a 5 percent or more direct or indirect ownership interest in the provider, must schedule an appointment by clicking Schedule an Appointment on the Fieldprint website.

Individuals are prompted to create a secure user account and enter information, including the Fieldprint code and their assigned ATN received by the provider who submitted the Medicaid application, via the secure Fieldprint online application. Once complete, individuals may search for a fingerprinting location to schedule an appointment.

Individuals are required to pay a fee of $7.75 for fingerprinting. The fee is collected when the fingerprinting appointment is scheduled with Fieldprint. The fee may be adjusted in the future.

Refer to the Fieldprint FAQs for more information. Providers should contact Fieldprint by phone at 877-614-4364 or via email with any additional questions about the fingerprinting process.

Providers should continue to contact Provider Services for questions about provider enrollment.

In-State Emergency Providers

Wisconsin Medicaid Enrollment Is Required for Providing In-State Emergency Services

ForwardHealth requires all in-state providers who render emergency medical or dental services to BadgerCare Plus, Medicaid, or SeniorCare members to be enrolled in Wisconsin Medicaid.

Definition of Emergency Medical Services

Emergency medical services are defined in Wis. Admin. Code § DHS 101.03(52) as "those services which are necessary to prevent the death or serious impairment of the health of the individual."

Definition of Emergency Dental Services

Emergency dental services are immediate services that must be provided to relieve the member from pain, an acute infection, swelling, trismus, fever, or trauma.

Medicaid Enrollment for Providers Who Only Prescribe, Refer, or Order Services

In-state emergency providers who only prescribe, refer, or order services should enroll as prescribing/referring/ordering providers by completing a Medicaid Prescribing/Referring/Ordering Provider Enrollment Application.

Medicaid Enrollment for In-State Emergency Providers

Providers may apply for Medicaid enrollment as an in-state emergency provider by completing the Medicaid In-State Emergency Enrollment Application.

Effective Date of Enrollment

The effective date of enrollment as an in-state emergency provider is the date the provider rendered the service to the BadgerCare Plus, Medicaid, or SeniorCare member. In-state emergency providers are only Medicaid-enrolled for that date of service. Each time a provider renders emergency services to a BadgerCare Plus, Medicaid, or SeniorCare member, the provider is required to re-enroll as an in-state emergency provider for that date in order to be reimbursed.

Limited Risk Level Assigned

ForwardHealth assigns all Medicaid-enrolled providers one of three risk levels (limited, moderate, or high) based on provider type. During the enrollment process, ForwardHealth performs certain screening activities based on the provider's risk level assignment. In-state emergency providers are assigned a limited risk level. Refer to the Risk Level Classification by Provider Type page for screening activities for providers assigned a limited risk level.

Application Fee

Providers who apply for Medicaid enrollment as an in-state emergency provider are assessed an application fee. This fee has been federally mandated and may be adjusted annually.

The provider application fee will only be assessed to provider organizations. A provider will not be required to pay ForwardHealth the application fee if the provider is currently enrolled or is in the process of enrolling in Medicare or another state's Medicaid or Children's Health Insurance Program (CHIP). Instead, ForwardHealth will verify the provider's enrollment in Medicare or with the other state and will confirm that the fee has been paid.

Medicaid-Enrolled Providers May Not Charge Members as Private-Pay Patients

While in-state emergency providers are enrolled in Wisconsin Medicaid, they may not charge BadgerCare Plus, Medicaid, or

SeniorCare members directly for services that are covered by Wisconsin Medicaid.

Full Medicaid Enrollment for Dentists Who Routinely Provide Urgent or Emergency Services

Dentists who routinely provide urgent or emergency services to BadgerCare Plus, Medicaid, or SeniorCare members, such as dentists who receive hospital referrals for urgent or emergency services, should apply for full Medicaid enrollment. Providers may apply for full Medicaid enrollment by completing the Medicaid Provider Enrollment Application.

Note: Dentists who fully enroll in Wisconsin Medicaid but only provide urgent or emergency services may choose to be excluded from the Medicaid dental provider list. Providers should contact Provider Services to request their information be removed.

Information for Specific Provider Types

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Print

Enrollment Criteria	ı The provider is required to meet the criteria per Wis. Admin. Code § DHS 105.38. ı The provider is required to have an Entity Type 2 National Provider Identifier.
Terms of Reimbursement	Ambulance Terms of Reimbursement, P-01642
Risk Level	ı At enrollment: Moderate ı Upon revalidation: Moderate
Disclosure Information	ı Final Rule disclosure information, 42 C.F.R. § 455.104 ı Terminations and criminal convictions information, 42 C.F.R. § 455.106
Category of Enrollment	Billing and rendering provider
Border Status Eligibility	Eligible
Other Important Information	ı Ambulance providers who operate an air ambulance or specialized medical vehicle (SMV) are required to be separately enrolled for these services to be eligible for reimbursement. ı Wisconsin Medicaid requires an air ambulance provider to be licensed by the Department of Health Services under Wis. Stat. § DHS 105.38. ı If a provider makes more than 12 transports a year in Wisconsin, a Wisconsin license is required.
Application Fee	Yes

src="$UrlReplaceImage$altmenu_plus.gif" alt="open content"> src="$UrlReplaceImage$altmenu_minus.gif" alt="close content"> Ambulatory Surgery Centers

Print

Enrollment Criteria	ı The provider is required to meet the criteria per Wis. Admin. Code § DHS 105.49. ı The provider is required to have an Entity Type 2 National Provider Identifier.
Terms of Reimbursement	Ambulatory Surgical Centers Terms of Reimbursement, P-01643
Risk Level	ı At enrollment: Limited ı Upon revalidation: Limited
Disclosure Information	ı Final Rule disclosure information, 42 C.F.R. § 455.104

- Terminations and criminal convictions information, 42 C.F.R. § 455.106

Category of Enrollment Billing and rendering provider
Border Status Eligibility Eligible
Application Fee Yes

src="$UrlReplaceImage$altmenu_plus.gif" alt="open content"> src="$UrlReplaceImage$altmenu_minus.gif" alt="close content"> Anesthetist

Print

Enrollment Criteria
- The provider is required to meet the criteria per Wis. Admin. Code § DHS 105.055.
- The provider is required to have an Entity Type 1 National Provider Identifier.

Terms of Reimbursement Anesthetist Terms of Reimbursement, P-01644

Risk Level
- At enrollment: Limited
- Upon revalidation: Limited

Disclosure Information
- Final Rule disclosure information, 42 C.F.R. § 455.104
- Terminations and criminal convictions information, 42 C.F.R. § 455.106

Category of Enrollment Billing and rendering provider
Border Status Eligibility Eligible
Application Fee No

src="$UrlReplaceImage$altmenu_plus.gif" alt="open content"> src="$UrlReplaceImage$altmenu_minus.gif" alt="close content"> Audiologist

Print

Enrollment Criteria
- The provider is required to meet the criteria per Wis. Admin. Code § DHS 105.31.
- The provider is required to have an Entity Type 1 National Provider Identifier.

Terms of Reimbursement Audiologist Terms of Reimbursement, P-01645

Risk Level
- At enrollment: Limited
- Upon revalidation: Limited

Disclosure Information
- Final Rule disclosure information, 42 C.F.R. § 455.104
- Terminations and criminal convictions information, 42 C.F.R. § 455.106

Category of Enrollment Billing and rendering provider
Border Status Eligibility Eligible
Application Fee No

src="$UrlReplaceImage$altmenu_plus.gif" alt="open content"> src="$UrlReplaceImage$altmenu_minus.gif" alt="close content"> Behavioral Treatment

src="$UrlReplaceImage$altmenu_plus.gif" alt="open content"> src="$UrlReplaceImage$altmenu_minus.gif" alt="close content">Behavioral Treatment Licensed Supervisor

Print

Enrollment Criteria

- The provider is required to meet **one** of the following options:
  - **Option 1:**
    - The provider has a license as a behavior analyst issued by the Wisconsin Department of Safety and Professional Services (DSPS).
    - The provider has at least 4,000 hours of documented experience as a supervisor of less experienced clinicians delivering the Wisconsin-approved treatment model.
  - **Option 2:**
    - The provider has a license as a psychiatrist, psychologist, behavior analyst, clinical social worker, professional counselor, or marriage and family therapist issued by the DSPS.
    - The provider has at least 4,000 hours of documented experience as a supervisor of less experienced clinicians delivering the Wisconsin-approved treatment model.
    - The provider has a certificate of Early Start Denver Model from the University of California, Davis program.
- The provider is required to have an Entity Type 1 National Provider Identifier.

Terms of Reimbursement

Behavioral Treatment Terms of Reimbursement, P-01683

Risk Level

- At enrollment: Limited
- Upon revalidation: Limited

Disclosure Information

- Final Rule disclosure information, 42 C.F.R. § 455.104
- Terminations and criminal convictions information, 42 C.F.R. § 455.106

Category of Enrollment

Billing and rendering provider

Border Status Eligibility

Eligible

Other Important Information

Providers are required to submit to ForwardHealth, via the ForwardHealth Portal, a letter or document stating their total hours of experience. This letter or document must be signed by the provider, by a current or prior employer of the provider, or by the provider's supervisor. This required format applies to **both** documentation of experience delivering treatment and documentation

of experience supervising treatment.

Application Fee No

src="$UrlReplaceImage$altmenu_plus.gif" alt="open content"> src="$UrlReplaceImage$altmenu_minus.gif" alt="close content">Behavioral Treatment Therapist

Print

Enrollment Criteria The provider is required to meet **one** of the following options:

- **Option 1:** The provider has a certificate as a Board Certified Assistant Behavior Analyst issued by the Behavior Analyst Certification Board.
- **Option 2:**
  - The provider has a master's degree from an institution found on the national accreditation database.
  - The provider has, and attests to, at least 400 hours of documented supervised experience delivering a Wisconsin-approved treatment model.
- **Option 3:**
  - The provider has a bachelor's degree from an institution found on the national accreditation database.
  - The provider has, and attests to, at least 2,000 hours of documented training and supervised experience delivering a Wisconsin-approved treatment model.

Terms of Reimbursement Behavioral Treatment Terms of Reimbursement, P-01683

Risk Level

- At enrollment: Limited
- Upon revalidation: Limited

Disclosure Information

- Final Rule disclosure information, 42 C.F.R. § 455.104
- Terminations and criminal convictions information, 42 C.F.R. § 455.106

Category of Enrollment Rendering-only provider

Border Status Eligibility Eligible

Other Important Information

- Provider enrollment applications for therapists must include the National Provider Identifier of the therapist's supervisor within the Declaration of Supervision area of the enrollment application on the ForwardHealth Portal. The supervisor is required to be Wisconsin Medicaid-enrolled as either a behavioral treatment licensed supervisor or focused treatment licensed supervisor before the therapist's application can be processed.
- Providers are required to submit to ForwardHealth, via the Portal, a letter or document stating their total hours of experience. This letter or document must be signed by the provider, by a current or prior employer of the provider, or by the provider's supervisor. This required format applies to **both** documentation of experience delivering treatment and documentation of experience supervising treatment.
- Therapists who are enrolling under the master's or bachelor's degree qualification are required to

submit documentation of degree completion. Documentation can be either a degree or transcript.

Application Fee No

src="$UrlReplaceImage$altmenu_plus.gif" alt="open content"> src="$UrlReplaceImage$altmenu_minus.gif" alt="close content">Behavioral Treatment Technician

Print

Enrollment Criteria The provider is required to meet **one** of the following:

- The provider has a high school diploma or a General Educational Development certificate and has 40 hours of documented training following the standard core curriculum requirements.
- The provider has a certificate as a Registered Behavior Technician issued by the Behavior Analyst Certification Board.

Terms of Reimbursement Behavioral Treatment Terms of Reimbursement, P-01683

Risk Level

- At enrollment: Limited
- Upon revalidation: Limited

Disclosure Information

- Final Rule disclosure information, 42 C.F.R. § 455.104
- Terminations and criminal convictions information, 42 C.F.R. § 455.106

Category of Enrollment Rendering-only provider

Border Status Eligibility Eligible

Other Important Information

- Provider enrollment applications for technicians must include the National Provider Identifier of the technician's supervisor within the Declaration of Supervision area of the enrollment application on the ForwardHealth Portal. The supervisor is required to be Wisconsin Medicaid-enrolled as either a behavioral treatment licensed supervisor or focused treatment licensed supervisor before the technician's application can be processed.
- Providers are required to attest to completion of high school or the equivalent when completing the enrollment application. Providers are required to produce documentation upon request from the Wisconsin Department of Health Services or federal auditors.

Application Fee No

src="$UrlReplaceImage$altmenu_plus.gif" alt="open content"> src="$UrlReplaceImage$altmenu_minus.gif"

alt="close content">Focused Treatment Licensed Supervisor

Print

Enrollment Criteria

- The provider is required to meet **one** of the following:
  - The provider has a license as a psychiatrist, psychologist, behavior analyst, clinical social worker, professional counselor, or marriage and family therapist issued by the Wisconsin Department of Safety and Professional Services.
  - The provider has at least 2,000 hours of documented supervised experience delivering a Wisconsin-approved focused treatment model.
- The provider is required to have an Entity Type 1 National Provider Identifier.

Terms of Reimbursement

Behavioral Treatment Terms of Reimbursement, P-01683

Risk Level

- At enrollment: Limited
- Upon revalidation: Limited

Disclosure Information

- Final Rule disclosure information, 42 C.F.R. § 455.104
- Terminations and criminal convictions information, 42 C.F.R. § 455.106

Category of Enrollment

Billing and rendering provider

Border Status Eligibility

Eligible

Other Important Information

Providers are required to submit to ForwardHealth, via the ForwardHealth Portal, a letter or document stating their total hours of experience. This letter or document must be signed by the provider, by a current or prior employer of the provider, or by the provider's supervisor. This required format applies to both documentation of experience delivering treatment and documentation of experience supervising treatment.

Application Fee

No

src="$UrlReplaceImage$altmenu_plus.gif" alt="open content"> src="$UrlReplaceImage$altmenu_minus.gif" alt="close content">Focused Treatment Therapist

Print

Enrollment Criteria

- The provider is required to meet **one** of the following:
  - **Option 1:** The provider has a certification as a Board Certified Assistant Behavior Analyst issued by the Behavior Analyst Certification Board (BACB).
  - **Option 2:**
    - The provider has a master's degree from an institution found on the national accreditation database.
    - The provider has, and attests to, at least 400 hours of documented training and supervised experience delivering a Wisconsin-approved treatment model.

- **Option 3:**
  - The provider has a bachelor's degree from an institution found on the national accreditation database.
  - The provider has, and attests to, at least 2,000 hours of documented training and supervised experience delivering a Wisconsin-approved treatment model.
- **Option 4:**
  - The provider has a certificate as a Registered Behavior Technician issued by the BACB.
  - The provider has, and attests to, at least 2,000 hours of documented training and supervised experience delivering a Wisconsin-approved treatment model.

Terms of Reimbursement	Behavioral Treatment Terms of Reimbursement, P-01683
Risk Level	At enrollment: Limited Upon revalidation: Limited
Disclosure Information	Final Rule disclosure information, 42 C.F.R. § 455.104 Terminations and criminal convictions information, 42 C.F.R. § 455.106
Category of Enrollment	Rendering-only provider
Border Status Eligibility	Eligible
Other Important Information	Provider enrollment applications for therapists must include the National Provider Identifier of the therapist's supervisor within the Declaration of Supervision area of the enrollment application on the ForwardHealth Portal. The supervisor is required to be Wisconsin Medicaid-enrolled as either a behavioral treatment licensed supervisor or focused treatment licensed supervisor before the therapist's application can be processed. Providers are required to submit to ForwardHealth, via the Portal, a letter or document stating their total hours of experience. This letter or document must be signed by the provider, by a current or prior employer of the provider, or by the provider's supervisor. This required format applies to both documentation of experience delivering treatment and documentation of experience supervising treatment. Therapists who are enrolling under the master's or bachelor's degree qualification are required to submit documentation of degree completion. Documentation can be either a degree or transcript.
Application Fee	No

src="$UrlReplaceImage$altmenu_plus.gif" alt="open content"> src="$UrlReplaceImage$altmenu_minus.gif" alt="close content"> Case Management

Print

Enrollment Criteria	The provider is required to meet the criteria per Wis. Admin. Code § DHS 105.51. The provider is required to have an Entity Type 2 National Provider Identifier.
Terms of Reimbursement	Case Management Terms of Reimbursement, P-0649

Risk Level	ı At enrollment: Limited ı Upon revalidation: Limited
Disclosure Information	ı Final Rule disclosure information, 42 C.F.R. § 455.104 ı Terminations and criminal convictions information, 42 C.F.R. § 455.106
Category of Enrollment	Billing and rendering provider
Border Status Eligibility	Not eligible
Other Important Information	The following private, nonprofit entities are eligible for enrollment: ı Independent Living Centers, as defined under Wis. Stat. § 46.96(1)(ah). ı Private, nonprofit agencies funded by the Wisconsin Department of Health Services under Wis. Stat. § 252.12(2)(a)8 for purposes of providing life care services to persons diagnosed with HIV.
Application Fee	Yes

src="$UrlReplaceImage$altmenu_plus.gif" alt="open content"> src="$UrlReplaceImage$altmenu_minus.gif" alt="close content"> Chiropractor

Print

Enrollment Criteria	ı The provider is required to meet the criteria per Wis. Admin. Code § DHS 105.26. ı The provider is required to have an Entity Type 1 National Provider Identifier.
Terms of Reimbursement	Chiropractor Terms of Reimbursement, P-01650
Risk Level	ı At enrollment: Limited ı Upon revalidation: Limited
Disclosure Information	ı Final Rule disclosure information, 42 C.F.R. § 455.104 ı Terminations and criminal convictions information, 42 C.F.R. § 455.106
Category of Enrollment	Billing and rendering provider
Border Status Eligibility	Eligible
Application Fee	No

src="$UrlReplaceImage$altmenu_plus.gif" alt="open content"> src="$UrlReplaceImage$altmenu_minus.gif" alt="close content"> Community Recovery Services

Print

Enrollment Criteria	ı The provider must be a local county or tribal agency with Division of Mental Health and

Substance Abuse Services Certification.
- The provider is required to have an Entity Type 2 National Provider Identifier.

Terms of Reimbursement	Community Recovery Services, 1915(i) Home and Community-Based Services Terms of Reimbursement, P-01640.
Risk Level	- At enrollment: Limited - Upon revalidation: Limited
Disclosure Information	- Final Rule disclosure information, 42 C.F.R. § 455.104 - Terminations and criminal convictions information, 42 C.F.R. § 455.106
Category of Enrollment	Billing and rendering provider
Border Status Eligibility	Not eligible
Application Fee	Yes

src="$UrlReplaceImage$altmenu_plus.gif" alt="open content"> src="$UrlReplaceImage$altmenu_minus.gif" alt="close content"> Dental

Print

Enrollment Criteria	- The provider is required to meet the criteria per Wis. Admin. Code § DHS 105.06. - The provider is required to have an Entity Type 1 National Provider Identifier.
Terms of Reimbursement	Dental / Dental Hygienists Terms of Reimbursement, P-01651
Risk Level	- At enrollment: Limited - Upon revalidation: Limited
Disclosure Information	- Final Rule disclosure information, 42 C.F.R. § 455.104 - Terminations and criminal convictions information, 42 C.F.R. § 455.106
Category of Enrollment	Billing and rendering provider
Border Status Eligibility	Eligible
Application Fee	No

src="$UrlReplaceImage$altmenu_plus.gif" alt="open content"> src="$UrlReplaceImage$altmenu_minus.gif" alt="close content"> End-Stage Renal Disease

Print

Enrollment Criteria	- The provider is required to meet the criteria per Wis. Admin. Code § DHS 105.45. - The provider is required to have an Entity Type 2 National Provider Identifier.

	The provider is required to be Medicare Part A and Part B-enrolled.
Terms of Reimbursement	Freestanding End-Stage Renal Disease Provider Terms of Reimbursement, P-01652 Hospital-Affiliated End-Stage Renal Disease Provider Terms of Reimbursement, P-01653
Risk Level	At enrollment: Limited Upon revalidation: Limited
Disclosure Information	Final Rule disclosure information, 42 C.F.R. § 455.104 Terminations and criminal convictions information, 42 C.F.R. § 455.106
Category of Enrollment	Billing and rendering provider
Border Status Eligibility	Not eligible
Other Important Information	With the exception of a limited number of emergency dialysis treatments, hospital providers are required to be separately enrolled as a Medicaid end-stage renal disease provider with a specialty of "hospital affiliated" to receive reimbursement for renal disease-related services provided to a member enrolled in BadgerCare Plus or Medicaid.
Application Fee	Yes

src="$UrlReplaceImage$altmenu_plus.gif" alt="open content"> src="$UrlReplaceImage$altmenu_minus.gif" alt="close content"> Family Planning Clinic

Print

Enrollment Criteria	The provider is required to meet the criteria per Wis. Admin. Code § DHS 105.36 The provider is required to have an Entity Type 2 National Provider Identifier.
Terms of Reimbursement	Family Planning Clinic Terms of Reimbursement, P-01654
Risk Level	At enrollment: Limited Upon revalidation: Limited
Disclosure Information	Final Rule disclosure information, 42 C.F.R. § 455.104 Terminations and criminal convictions information, 42 C.F.R. § 455.106
Category of Enrollment	Billing and rendering provider
Border Status Eligibility	Not eligible
Application Fee	Yes

src="$UrlReplaceImage$altmenu_plus.gif" alt="open content"> src="$UrlReplaceImage$altmenu_minus.gif" alt="close content"> Federally Qualified Health Center

Print

Enrollment Criteria	▪ A **Federally Qualified Health Center (FQHC)**, also known as a Community Health Center (CHC), is a clinic that meets one of the following:
	  ▫ Receives a grant under the Public Health Service Act, Section 329, 330, or 340
	  ▫ Has been designated by the Secretary of the federal Department of Health and Human Services (HHS) as a facility that meets the requirements of receiving a grant (FQHC Look Alike)
	  ▫ Has been granted a temporary waiver of the grant requirements by the Secretary of the federal HHS
	▪ A **Tribal FQHC** is an outpatient health program or facility operated by a tribe or tribal organization receiving funds under the Indian Self-Determination Act (Public Law 93-638).
	▪ The provider is required to have an Entity Type 2 National Provider Identifier.

Terms of Reimbursement	▪ Tribal Federally Qualified Health Center Terms of Reimbursement, P-01655 ▪ Nontribal Federally Qualified Health Center Terms of Reimbursement, P-02098
Risk Level	▪ At enrollment: Limited ▪ Upon revalidation: Limited
Disclosure Information	▪ Final Rule disclosure information, 42 C.F.R. § 455.104 ▪ Terminations and criminal convictions information, 42 C.F.R. § 455.106
Category of Enrollment	Billing-only provider
Border Status Eligibility	Not eligible
Other Important Information	Non-tribal FQHC providers (CHCs) must be associated to an active CHC Group Site. This relationship should be disclosed during the enrollment application flow.
Application Fee	Yes

src="$UrlReplaceImage$altmenu_plus.gif" alt="open content"> src="$UrlReplaceImage$altmenu_minus.gif" alt="close content"> HealthCheck

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Print

Enrollment Criteria	▪ The provider is required to meet the criteria per Wis. Admin. Code § DHS 105.37 ▪ The provider is required to have an Entity Type 2 National Provider Identifier.

Terms of Reimbursement	HealthCheck Screener and Case Management Provider Terms of Reimbursement, P-01657
Risk Level	ı At enrollment: Limited ı Upon revalidation: Limited
Disclosure Information	ı Final Rule disclosure information, 42 C.F.R. § 455.104 ı Terminations and criminal convictions information, 42 C.F.R. § 455.106
Category of Enrollment	Billing and rendering provider
Border Status Eligibility	Eligible
Other Important Information	ı Wisconsin Medicaid-enrolled primary care physicians, certified pediatric nurses, or family nurse practitioners are automatically enrolled as HealthCheck providers. ı Other physician specialties, physician assistants, and nurse practitioners are encouraged to request enrollment as HealthCheck providers. ı Public health agencies and certain other providers, where physician supervision is available, may apply for enrollment as a HealthCheck agency.
Additional Documents	ı HealthCheck Screener Affirmation, F-11285 ı HealthCheck Outreach Case Management Plan, F-11289
Application Fee	ı Organizations: Yes ı Individuals: No

src="$UrlReplaceImage$altmenu_plus.gif" alt="open content"> src="$UrlReplaceImage$altmenu_minus.gif" alt="close content">Pediatric Community Care

Print

Risk Level	ı At enrollment: Limited ı Upon revalidation: Limited
Disclosure Information	ı Final Rule disclosure information, 42 C.F.R. § 455.104 ı Terminations and criminal convictions information, 42 C.F.R. § 455.106
Category of Enrollment	Billing and rendering provider
Border Status Eligibility	Eligible
Other Important Information	State approval is required for enrollment.
Application Fee	Yes

src="$UrlReplaceImage$altmenu_plus.gif" alt="open

content"> src="$UrlReplaceImage$altmenu_minus.gif" alt="close content">Residential Community Care

Print

Risk Level
- At enrollment: Limited
- Upon revalidation: Limited

Disclosure Information
- Final Rule disclosure information, 42 C.F.R. § 455.104
- Terminations and criminal convictions information, 42 C.F.R. § 455.106

Category of Enrollment Billing and rendering provider

Border Status Eligibility Eligible

Other Important Information State approval is required for enrollment.

Application Fee Yes

src="$UrlReplaceImage$altmenu_plus.gif" alt="open content"> src="$UrlReplaceImage$altmenu_minus.gif" alt="close content"> Hearing Instrument Specialist

Print

Enrollment Criteria
- The provider is required to meet the criteria per Wis. Admin. Code § DHS 105.41.
- The provider is required to have an Entity Type 1 National Provider Identifier.

Terms of Reimbursement
- Hearing Instrument Specialist Terms of Reimbursement, P-01647

Risk Level
- At enrollment: Limited
- Upon revalidation: Limited

Disclosure Information
- Final Rule disclosure information, 42 C.F.R. § 455.104
- Terminations and criminal convictions information, 42 C.F.R. § 455.106

Category of Enrollment Billing and rendering provider

Border Status Eligibility Eligible

Application Fee No

src="$UrlReplaceImage$altmenu_plus.gif" alt="open content"> src="$UrlReplaceImage$altmenu_minus.gif" alt="close content"> Home Health Agency / Personal Care Agency

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Print

Enrollment Criteria	ı The provider is required to meet the criteria per Wis. Admin. Code § DHS 105.16. ı The provider is required to have an Entity Type 2 National Provider Identifier.
Terms of Reimbursement	ı Home Health Services Terms of Reimbursement, P-01658 ı Private Duty Nursing Terms of Reimbursement, P-01665 ı Private Duty Nursing to Ventilator-Dependent Members Terms of Reimbursement, P-01664
Risk Level	ı At enrollment: High ı Upon revalidation: Moderate
Disclosure Information	ı Final Rule disclosure information, 42 C.F.R. § 455.104 ı Terminations and criminal convictions information, 42 C.F.R. § 455.106
Category of Enrollment	Billing and rendering provider
Border Status Eligibility	Eligible
Other Important Information	ı Home health agencies planning to bill personal care services in addition to home health services are required to request enrollment for both service areas. ı No separate enrollment is necessary for a Wisconsin Medicaid-enrolled home health agency to provide private duty nursing (PDN), durable medical equipment (DME), disposable medical supply (DMS), or enteral nutrition products. When providing PDN, DME, DMS, or enteral nutrition products, the home health agency is required to comply with the prior authorization, billing, and other requirements for those products. ı Medicaid program requirements do not supersede the provisions for registration or licensure under Wis. Stat. § 50.49. Refer to the Wisconsin Department of Safety and Professional Services website and the Wisconsin Department of Health Services Certification, Licenses, and Permits website for more information about registration and licensure requirements. ı Home health agencies are required to report additional information when enrolling in Medicaid in order to ensure appropriate licensing and to prevent waste, fraud, and abuse. Refer to the Requirements for Home Health and Personal Care Agencies to Report Personnel Information to ForwardHealth topic (#14358) in the ForwardHealth Online Handbook for more information regarding reporting requirements. ı If a provider enrolls as a home health/personal care agency, later terminates their home health enrollment, and then only wants to perform personal care services, they are required to enroll as a free-standing agency.
Additional Documents	Personal Care Providers Addendum, F-11271
Application Fee	Yes

src="$UrlReplaceImage$altmenu_plus.gif" alt="open content"> src="$UrlReplaceImage$altmenu_minus.gif" alt="close content">Personal Care Agency

Print

Enrollment Criteria	ı The provider is required to meet the criteria per Wis. Admin. Code § 105.17. ı To be eligible for Wisconsin Medicaid enrollment as a freestanding personal care agency, providers are required to have Division of Quality Assurance (DQA) provisional approval as a freestanding personal care agency. The effective date with Wisconsin Medicaid will be the date DQA approves the provider's provisional freestanding certification. ı No National Provider Identifier (NPI) is required for providers who are only enrolled as personal care agencies. Providers enrolled as both home health and personal care agencies require an NPI of Entity Type 2.
Terms of Reimbursement	Personal Care Terms of Reimbursement, P-01672
Risk Level	ı At enrollment: High ı Upon revalidation: Moderate
Disclosure Information	ı Final Rule disclosure information, 42 C.F.R. § 455.104 ı Terminations and criminal convictions information, 42 C.F.R. § 455.106
Category of Enrollment	Billing and rendering provider
Border Status Eligibility	Not eligible
Other Important Information	Personal care agencies are required to report additional information when enrolling in Medicaid in order to ensure appropriate licensing and to prevent waste, fraud, and abuse. Refer to the Requirements for Home Health and Personal Care Agencies to Report Personnel Information to ForwardHealth topic (#14358) in the Online Handbook for more information regarding reporting requirements.
Additional Documents	Personal Care Providers Addendum, F-11271
Application Fee	Yes

src="$UrlReplaceImage$altmenu_plus.gif" alt="open content"> src="$UrlReplaceImage$altmenu_minus.gif" alt="close content"> Hospice

Print

Enrollment Criteria	ı The provider is required to meet the criteria per Wis. Admin. Code § 105.50.

- The provider is required to have an Entity Type 2 National Provider Identifier.

Terms of Reimbursement	Hospice Terms of Reimbursement, P-01659
Risk Level	- At enrollment: Moderate - Upon revalidation: Moderate
Disclosure Information	- Final Rule disclosure information, 42 C.F.R. § 455.104 - Terminations and criminal convictions information, 42 C.F.R. § 455.106
Category of Enrollment	Billing and rendering provider
Border Status Eligibility	Eligible
Application Fee	Yes

src="$UrlReplaceImage$altmenu_plus.gif" alt="open content"> src="$UrlReplaceImage$altmenu_minus.gif" alt="close content"> Independent Lab

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Print

Enrollment Criteria	- The provider is required to meet the criteria per Wis. Admin. Code § DHS 105.43. - The provider is required to have an Entity Type 2 National Provider Identifier.
Terms of Reimbursement	Laboratories Terms of Reimbursement, P-01662
Risk Level	- At enrollment: Moderate - Upon revalidation: Moderate
Disclosure Information	- Final Rule disclosure information, 42 C.F.R. § 455.104 - Terminations and criminal convictions information, 42 C.F.R. § 455.106
Category of Enrollment	Billing and rendering provider
Border Status Eligibility	Eligible (*Note*: Independent laboratories may receive border-status enrollment regardless of their location in the United States.)
Application Fee	Yes

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content"> src="$UrlReplaceImage$altmenu_minus.gif" alt="close content">Blood Bank

Print

Enrollment Criteria	ı The provider is required to meet the criteria per Wis. Admin. Code § DHS 105.46. ı The provider is not required to have a National Provider Identifier.
Terms of Reimbursement	Blood Banks Terms of Reimbursement, P-01663
Risk Level	ı At enrollment: Limited ı Upon revalidation: Limited
Disclosure Information	ı Final Rule disclosure information, 42 C.F.R. § 455.104 ı Terminations and criminal convictions information, 42 C.F.R. § 455.106
Category of Enrollment	Billing and rendering provider
Border Status Eligibility	Not eligible
Application Fee	Yes

src="$UrlReplaceImage$altmenu_plus.gif" alt="open content"> src="$UrlReplaceImage$altmenu_minus.gif" alt="close content"> Individual Medical Supply

Print

Enrollment Criteria	ı The provider is required to meet the criteria per Wis. Admin. Code § DHS 105.40(2). ı The provider is required to have an Entity Type 1 or 2 National Provider Identifier (NPI).
Terms of Reimbursement	Medical Supply and Equipment Vendor Terms of Reimbursement, P-01667
Risk Level	ı At enrollment: Limited ı Upon revalidation: Limited
Disclosure Information	ı Final Rule disclosure information, 42 C.F.R. § 455.104 ı Terminations and criminal convictions information, 42 C.F.R. § 455.106
Category of Enrollment	Billing and rendering provider
Border Status Eligibility	Eligible
Other Important Information	If a medical supply vendor is an individual, an NPI of Entity Type 1 is required. If a medical supply vendor is an organization, an NPI of Entity Type 2 is required. Ensure that each practice location, if there is more than one, has its own unique NPI.

Application Fee	Organizations: Yes Individuals: No

src="$UrlReplaceImage$altmenu_plus.gif" alt="open content"> src="$UrlReplaceImage$altmenu_minus.gif" alt="close content"> Inpatient / Outpatient Hospital

Print

Enrollment Criteria	The provider is required to meet the criteria per Wis. Admin. Code §§ 105.07, 105.075, and 105.21. The provider is required to have an Entity Type 2 National Provider Identifier (NPI).
Terms of Reimbursement	Border-Status Hospitals Terms of Reimbursement, P-01660 Hospital Terms of Reimbursement, P-01661
Risk Level	At enrollment: Limited Upon revalidation: Limited
Disclosure Information	Final Rule disclosure information, 42 C.F.R. § 455.104 Terminations and criminal convictions information, 42 C.F.R. § 455.106
Category of Enrollment	Billing and rendering provider
Border Status Eligibility	Eligible
Other Important Information	Hospitals are asked to provide ForwardHealth with all subpart NPIs they use with other payers, including Medicare. Providers are required to provide ForwardHealth with only those subpart NPIs that represent hospital units that are not separately enrolled in Wisconsin Medicaid. ForwardHealth uses subpart NPIs as additional identifiers that are linked to the hospital's enrollment. Once a subpart NPI is on file with Wisconsin Medicaid, a hospital provider may use the subpart NPI as the billing provider on claims. On adjustments, providers are reminded that the billing provider NPI on the original claim and the billing provider NPI on the adjustment must match. Providers may add or revise subpart NPI information on file with ForwardHealth using the demographic maintenance tool. In addition to subpart NPIs, providers may add to or revise the taxonomy codes corresponding to the subpart using the demographic maintenance tool. Subpart NPIs on file with ForwardHealth may be used on claim transactions, prior authorization requests, WiCall, enrollment verification, provider enrollment, Provider Services inquiries, and the ForwardHealth Portal.
Application Fee	Yes

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alt="close content"> Licensed Midwife

Print

Enrollment Criteria	ı The provider is required to be licensed by the Wisconsin Department of Safety and Professional Services under Wis. Stat. § 440.982. ı The provider is required to have an Entity Type 1 National Provider Identifier.
Terms of Reimbursement	Licensed Midwife Terms of Reimbursement, P-01684
Risk Level	ı At enrollment: Limited ı Upon revalidation: Limited
Disclosure Information	ı Final Rule disclosure information, 42 C.F.R. § 455.104 ı Terminations and criminal convictions information, 42 C.F.R. § 455.106
Category of Enrollment	Billing and rendering provider
Border Status Eligibility	Eligible
Application Fee	No

src="$UrlReplaceImage$altmenu_plus.gif" alt="open content"> src="$UrlReplaceImage$altmenu_minus.gif" alt="close content"> Medical Equipment Vendor

Print

Enrollment Criteria	ı The provider is required to meet the criteria per Wis. Admin. Code DHS 105.40(1). ı The provider is required to have an Entity Type 1 or 2 National Provider Identifier (NPI).
Terms of Reimbursement	Medical Supply and Equipment Vendor Terms of Reimbursement, P-01667
Risk Level	ı At enrollment: High ı Upon revalidation: Moderate
Disclosure Information	ı Final Rule disclosure information, 42 C.F.R. § 455.104 ı Terminations and criminal convictions information, 42 C.F.R. § 455.106
Category of Enrollment	Billing and rendering provider
Border Status Eligibility	Eligible
Other Important Information	If a durable medical equipment (DME) vendor is an individual, an NPI of Entity Type 1 is required. If a DME vendor is an organization, an NPI of Entity Type 2 is required. Ensure that each practice location, if there is more than one, has its own unique NPI.
Application Fee	ı Organizations: Yes ı Individuals: No

src="$UrlReplaceImage$altmenu_plus.gif" alt="open content"> src="$UrlReplaceImage$altmenu_minus.gif" alt="close content"> Mental Health / Substance Abuse Agencies

src="$UrlReplaceImage$altmenu_plus.gif" alt="open content"> src="$UrlReplaceImage$altmenu_minus.gif" alt="close content">Community Support Program

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Enrollment Criteria	ı Agencies are required to obtain a Wisconsin Department of Health Services (DHS) certificate to provide community support program (CSP) services as authorized under Wis. Admin. Code ch. DHS 63, which meets Wisconsin Medicaid's Wis. Admin. Code ch. DHS 105 requirement. Agencies that do not meet this criteria will qualify as a billing-only provider and will be allowed to bill for CSP services. ı An allowable Medicaid rendering provider is required to perform the service. ı The billing agency is required to make available the nonfederal share needed to provide CSP services. ı The provider is required to have an Entity Type 2 National Provider Identifier.
Terms of Reimbursement	Mental Health / Substance Abuse Services Terms of Reimbursement, P-01668
Risk Level	ı At enrollment: Limited ı Upon revalidation: Limited
Disclosure Information	ı Final Rule disclosure information, 42 C.F.R. § 455.104 ı Terminations and criminal convictions information, 42 C.F.R. § 455.106
Category of Enrollment	ı County/Tribal with Division of Quality Assurance (DQA) Certificate: Billing and rendering provider ı County/Tribal without DQA Certificate: Billing-only provider ı Not County/Tribal but with DQA Certificate: Rendering-only provider ı Please ensure the appropriate provider type and specialty is chosen based on your DQA Certification. For further clarification, contact Provider Services before completing the enrollment process.
Border Status Eligibility	Eligible
Other Important Information	Only local county or tribal agencies may be Medicaid-enrolled to bill CSP services.

Application Fee Yes

src="$UrlReplaceImage$altmenu_plus.gif" alt="open content"> src="$UrlReplaceImage$altmenu_minus.gif" alt="close content">Comprehensive Community Services

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Enrollment Criteria

There are two types of Comprehensive Community Services (CCS) program providers:

- **Regional providers** are counties or tribes that operate a regional CCS program under one of the following four regional service models defined by the Division of Care and Treatment Services (DCTS):

Regional Service Model	Definition
Population-Based Model	A single county with a population exceeding 350,000 residents tha operates a regional CCS program within its own county borders c single tribe, regardless of population size, that operates a regional program within its tribe.
Shared Services Model	Multiple counties and tribes partner together to operate a regional program across their counties and tribes; no lead county or tribe is identified.
Multi-County Model	Multiple counties and tribes partner together to operate a regional program across their counties and tribes; a lead county or tribe is identified.
51.42 Model	Multiple counties that have partnered together to form a separate legal entity operate a regional CCS program through the 51.42 ent

ForwardHealth provides the federal and non-federal share of Wisconsin Medicaid and BadgerCare Plus program costs to regional CCS providers.

To operate a regional CCS program, counties and tribes must first complete the following three steps in order:

- **DCTS Approval**—Counties and tribes are required to obtain approval of their proposed regional CCS program from DCTS, which will confirm that the proposed regional CCS program meets the requirements of the regional service model under which it will operate.
- **Division of Quality Assurance (DQA) Certification**—Counties and tribes are required to obtain either a single DQA certification or separate DQA certifications for each county or tribe within the region for the regional CCS program based on the regional service model approved by DCTS for the CCS program.

Regional Service Model Approved by	Type of DQA Certification Required for the CCS

	DCTS
Population-Based Model	Single DQA certification
Shared Services Model	Separate DQA certification for each county or tribe within t
Multi-County Model	Single DQA certification
51.42 Model	Single DQA certification

Through the DQA certification process, the DQA confirms that the proposed regional CCS program meets all requirements within Wis. Admin. Code ch. DHS 36.

- **Medicaid Enrollment**—Following DCTS approval and DQA certification, counties and tribes are required to enroll with ForwardHealth in Wisconsin Medicaid as a regional CCS provider based on the following requirements for each regional service model:

Regional Service Model	Requirements
Population-Based Model	The single county or single tribe within the region must enrol
Shared Services Model	Each county or tribe within the region must enroll separately
Multi-County Model	Each county or tribe within the region must enroll separately
51.42 Model	The 51.42 entity must enroll; individual counties within the do not need to separately enroll.

Providers who have multiple Medicaid enrollments are required to provide a unique taxonomy on their CCS enrollment.

Counties and tribes that are already enrolled in the Medicaid program as CCS providers do not need to re-enroll as regional CCS providers but do still need to complete DCTS approval and DQA certification. ForwardHealth is notified by the DQA of any changes to the provider's regional CCS program and automatically updates the provider's Medicaid enrollment file.

Counties and tribes that are not already enrolled in Wisconsin Medicaid as CCS providers must complete a Medicaid enrollment application.

- **Non-regional providers** are counties or tribes that operate a CCS program within their own county or tribe on a non-regional basis. ForwardHealth provides only the federal share of Medicaid and BadgerCare Plus program costs to non-regional CCS providers. Non-regional providers are required to be certified in **either** of the following ways:
  - The provider is required to be a local county or tribal agency with DCTS certification and DQA certification.
  - The agency is required to obtain a Wisconsin Department of Health Services certificate to provide CCS as authorized under Wis. Admin. Code ch. DHS 36, which meets Wisconsin Medicaid's Wis. Admin. Code ch. DHS 105 requirement.

  Agencies that do not meet this criteria will qualify as a billing-only provider and will be allowed to bill for CCS. An allowable Medicaid rendering provider is required to perform the service.

  The billing agency is required to have an agency resolution stating that the county or tribe agrees to make available the non-federal share needed to provide CCS.
- The provider is required to have an Entity Type 2 National Provider Identifier.

Terms of Reimbursement	Mental Health / Substance Abuse Services Terms of Reimbursement, P-01668
Risk Level	At enrollment: Limited Upon revalidation: Limited
Disclosure Information	Final Rule disclosure information, 42 C.F.R. § 455.104 Terminations and criminal convictions information, 42 C.F.R. § 455.106
Category of Enrollment	**Regional Providers** are billing and rendering providers, with the exception of the non-lead county or tribe under the multi-county regional service model: **Population-Based Model**—Billing and rendering provider **Shared Services Model**—Billing and rendering provider **Multi-County Model:** **Lead county or tribe**—billing and rendering provider **Other county or tribe within the region**—rendering-only provider **51.42 Model**—Billing and rendering provider. **Non-regional providers have a category of enrollment based on agency type and DQA certification**: **County or tribal agency with DQA Certificate**—Billing and rendering provider **County or tribal agency without DQA Certificate**—Billing-only provider **Neither county nor tribal agency but with DQA certificate**—Rendering-only provider Ensure the appropriate provider type and specialty is chosen based on DQA certification. For further clarification, contact Provider Services before completing the enrollment process.
Border Status Eligibility	Eligible
Other Important Information	Only local county or tribal agencies may be Medicaid-enrolled to bill CCS.
Application Fee	Yes

src="$UrlReplaceImage$altmenu_plus.gif" alt="open content"> src="$UrlReplaceImage$altmenu_minus.gif" alt="close content">Crisis Intervention Services

Print

Enrollment Criteria

The agency is required to obtain a Wisconsin Department of Health Services certificate to provide crisis intervention services as authorized under Wis. Admin. Code ch. DHS 34, subchapter III, which meets Wisconsin Medicaid's Wis. Admin. Code ch. DHS 105 requirement.

Agencies that do not meet this criteria will qualify as a billing-only provider and will be allowed to bill for crisis intervention services. An allowable Medicaid rendering provider is required to

perform the service.

The agency is required to make available the non-federal share needed to provide crisis intervention services.

- The provider is required to have an Entity Type 2 National Provider Identifier.

Terms of Reimbursement	Mental Health / Substance Abuse Services Terms of Reimbursement, P-01668
Risk Level	- At enrollment: Limited - Upon revalidation: Limited
Disclosure Information	- Final Rule disclosure information, 42 C.F.R. § 455.104 - Terminations and criminal convictions information, 42 C.F.R. § 455.106
Category of Enrollment	- County or tribal agency with Division of Quality Assurance (DQA) certificate: Billing and rendering provider - County or tribal agency without DQA Certificate: Billing-only provider - Neither county nor tribal agency but with DQA Certificate: Rendering-only provider - Please ensure the appropriate provider type and specialty is chosen based on your DQA certification. For further clarification contact Provider Services before completing the enrollment process.
Border Status Eligibility	Eligible
Other Important Information	Only local county or tribal agencies may be Medicaid-enrolled to bill crisis intervention services.
Application Fee	Yes

src="$UrlReplaceImage$altmenu_plus.gif" alt="open content"> src="$UrlReplaceImage$altmenu_minus.gif" alt="close content">Day Treatment Services

Print

Enrollment Criteria

- **Adult Mental Health Day Treatment Services** agencies are required to obtain a Wisconsin Department of Health Services (DHS) certificate to provide mental health day treatment services as authorized under Wis. Admin. Code § DHS 61.75, which meets Wisconsin Medicaid's Wis. Admin. Code ch. DHS 105 requirement. Agencies that do not meet this requirement can be a billing-only provider for mental health day treatment services. An allowable Medicaid rendering provider is required to perform the service.
- **Substance Abuse Day Treatment Services** agencies are required to obtain a DHS certificate to provide substance abuse day treatment services as authorized under Wis. Admin. Code § DHS 75.12, which meets Wisconsin Medicaid's Wis. Admin. Code ch. DHS 105 requirement. Agencies that do not meet this requirement can be a billing-only provider for substance abuse day treatment services. An allowable Medicaid rendering provider is required to perform the service.
- **Child/Adolescent Day Treatment Services (HealthCheck "Other Services")** agencies are

required to obtain a DHS certificate to provide child/adolescent day treatment services as authorized under Wis. Admin. Code ch. DHS 40, which meets Wisconsin Medicaid's Wis. Admin. Code ch. DHS 105 requirement. Agencies that do not meet this requirement can be a billing-only provider for child/adolescent day treatment. An allowable Medicaid rendering provider is required to perform the service.
- The agency is required to meet the criteria per Wis. Admin. Code § DHS 105.24.
- The provider is required to have an Entity Type 2 National Provider Identifier.

Terms of Reimbursement

Mental Health / Substance Abuse Services Terms of Reimbursement, P-01668

Risk Level

- At enrollment: Limited
- Upon revalidation: Limited

Disclosure Information

- Final Rule disclosure information, 42 C.F.R. § 455.104
- Terminations and criminal convictions information, 42 C.F.R. § 455.106

Category of Enrollment

- With Division of Quality Assurance (DQA) certificate: Billing and rendering provider
- Without DQA certificate and a county or tribal agency: Billing-only provider

Border Status Eligibility

Eligible

Application Fee

Yes

src="$UrlReplaceImage$altmenu_plus.gif" alt="open content"> src="$UrlReplaceImage$altmenu_minus.gif" alt="close content">In-Home Mental Health Substance Abuse Treatment Services for Children

Print

Enrollment Criteria

- The agency is required to obtain a Wisconsin Department of Health Services (DHS) certificate to provide outpatient mental health or substance abuse services as authorized under Wis. Admin. Code ch. DHS 35 or, in situations where substance abuse counseling is the only service provided, as authorized under Wis. Admin. Code § DHS 75.13, which meets Wisconsin Medicaid's Wis. Admin. Code ch. DHS 105 requirement.

  The agency providing the service may qualify as an outpatient mental health clinic billing and rendering provider or outpatient substance abuse clinic billing and rendering provider. The agency billing for the service for an outpatient mental health clinic may qualify as a billing-only provider for an outpatient substance abuse clinic in situations where substance abuse counseling is the only service provided. An allowable Medicaid rendering provider is required to perform the service.
- The provider is required to meet the criteria per Wis. Admin. Code § DHS 105.24.
- The provider is required to have an Entity Type 2 National Provider Identifier.

Terms of Reimbursement	Mental Health / Substance Abuse Services Terms of Reimbursement, P-01668
Risk Level	At enrollment: Limited Upon revalidation: Limited
Disclosure Information	Final Rule disclosure information, 42 C.F.R. § 455.104 Terminations and criminal convictions information, 42 C.F.R. § 455.106
Category of Enrollment	With Division of Quality Assurance (DQA) certificate: Billing and rendering provider Without DQA certificate: Billing-only provider
Border Status Eligibility	Not eligible
Application Fee	Yes

src="$UrlReplaceImage$altmenu_plus.gif" alt="open content"> src="$UrlReplaceImage$altmenu_minus.gif" alt="close content">Outpatient Services

Print

Enrollment Criteria

- **Outpatient Mental Health Services (Evaluation, Psychotherapy, Pharmacologic Management)** agencies are required to obtain a Wisconsin Department of Health Services (DHS) certificate to provide outpatient mental health services as authorized under Wis. Admin. Code ch. DHS 35, which meets Wisconsin Medicaid's Wis. Admin. Code ch. DHS 105 requirement. Agencies that do not meet this requirement can be a billing-only provider for outpatient mental health services. An allowable Medicaid rendering provider is required to perform the service.

  Outpatient hospitals utilizing master's level therapists are required to be certified as a Division of Quality Assurance (DQA)-certified mental health clinic under Wis. Admin. Code ch. DHS 35. Only covered services provided by an approved hospital facility are eligible for payment under Medicaid's outpatient hospital payment formula. Medicaid defines "hospital facility" as the physical entity, surveyed and approved by the DQA under Wis. Stat. ch. 50.
- **Outpatient Substance Abuse Services** agencies are required to obtain a DHS certificate to provide outpatient substance abuse services as authorized under Wis. Admin. Code § DHS 75.13, which meets Wisconsin Medicaid's Wis. Admin. Code ch. DHS 105 requirement. Agencies that do not meet this requirement can be a billing-only provider for outpatient substance abuse services. An allowable Medicaid rendering provider is required to perform the service.
- **Outpatient Mental Health and Substance Abuse Services in the Home or Community for Adults** agencies are required to obtain a DHS certificate to provide outpatient mental health services as authorized under Wis. Admin. Code ch. DHS 35 or § DHS 75.13, which meets Wisconsin Medicaid's Wis. Admin. Code ch. DHS 105 requirement. Agencies that do not meet this criteria will qualify as a billing-only provider and will be allowed to bill for outpatient mental health and substance abuse services in the home or community services. An allowable Medicaid rendering provider is required to perform the service. The agency is required to have an agency resolution stating that the county or tribe agrees to make available the non-federal share needed to

	provide outpatient mental health and substance abuse services in the home or community. - The provider is required to meet the criteria per Wis. Admin. Code § DHS 105.24. - The provider is required to have an Entity Type 2 National Provider Identifier.
Terms of Reimbursement	Mental Health / Substance Abuse Services Terms of Reimbursement, P-01668
Risk Level	- At enrollment: Limited - Upon revalidation: Limited
Disclosure Information	- Final Rule disclosure information, 42 C.F.R. § 455.104 - Terminations and criminal convictions information, 42 C.F.R. § 455.106
Category of Enrollment	- With DQA certificate: Billing and rendering provider - Local county or tribal agency without DQA certificate: Billing-only provider
Border Status Eligibility	Not eligible
Other Important Information	- Only local county or tribal agencies may be Medicaid-enrolled to bill outpatient mental health and substance abuse services in the home or community. - County or tribal agencies providing services to adults in the home or community must submit the agency resolution stating that the local county or tribal agency agrees to make available the non-federal share needed to provide Medicaid mental health and substance abuse outpatient services in a home or community setting. - Advanced practice nurse prescribers with a psychiatric specialty and psychiatrists are the only mental health providers who can submit claims for psychotherapy services that include a medical evaluation and management component. Additionally, advanced practice nurse prescribers with a psychiatric specialty are required to be separately enrolled in Medicaid as a nurse practitioner in order to be reimbursed for an evaluation and management service.
Additional Documents	Matching Funds Resolution
Application Fee	Yes

src="$UrlReplaceImage$altmenu_plus.gif" alt="open content"> src="$UrlReplaceImage$altmenu_minus.gif" alt="close content"> Mental Health / Substance Abuse Individual Practitioners

src="$UrlReplaceImage$altmenu_plus.gif" alt="open content"> src="$UrlReplaceImage$altmenu_minus.gif" alt="close content">Alcohol and Other Drug Abuse

(AODA)-Certified Counselor Services

Print

Enrollment Criteria

- The provider is required to meet the following:
  - Work in a clinic certified under Wis. Admin. Code § DHS 75.13 and meet the requirements in Wis. Admin. Code §§ DHS 75.02(84)(a) and (b), which meets Wisconsin Medicaid's Wis. Admin. Code ch. DHS 105 requirement.
  - Have a license as a Substance Abuse Counselor, Certified Substance Abuse Counselor, or a Certified Substance Abuse Counselor in-training, issued by the Wisconsin Department of Safety and Professional Services.
- The provider is required to meet the criteria per Wis. Admin. Code § DHS 105.23.
- The provider is required to have an Entity Type 1 National Provider Identifier.

Terms of Reimbursement

Mental Health / Substance Abuse Services Terms of Reimbursement, P-01668

Risk Level

- At enrollment: Limited
- Upon revalidation: Limited

Disclosure Information

- Final Rule disclosure information, 42 C.F.R. § 455.104
- Terminations and criminal convictions information, 42 C.F.R. § 455.106

Category of Enrollment

Rendering-only provider

Border Status Eligibility

Eligible

Application Fee

No

src="$UrlReplaceImage$altmenu_plus.gif" alt="open content"> src="$UrlReplaceImage$altmenu_minus.gif" alt="close content">Advanced Practice Nurse Prescriber with Psychiatric Specialty

Print

Enrollment Criteria

- The provider is required to meet **both** of the following:
  - The provider is licensed as an Advanced Practice Nurse Prescriber by the Wisconsin Department of Safety and Professional Services.
  - The provider has a certificate issued by the American Nurses Credentialing Center for Psychiatric-Mental Health Nursing Certification (RN-BC).
- The provider is required to meet the criteria per Wis. Admin. Code § DHS 105.22.
- The provider is required to have an Entity Type 1 National Provider Identifier.

Terms of Reimbursement

Mental Health / Substance Abuse Services Terms of Reimbursement ,P-01668

Risk Level	▪ At enrollment: Limited ▪ Upon revalidation: Limited
Disclosure Information	▪ Final Rule disclosure information, 42 C.F.R. § 455.104 ▪ Terminations and criminal convictions information, 42 C.F.R. § 455.106
Category of Enrollment	Billing and rendering provider
Border Status Eligibility	Eligible
Border Status Eligibility	Advanced practice nurse prescribers with a psychiatric specialty and psychiatrists are the only mental health providers who can submit claims for psychotherapy services that include a medical evaluation and management component. Additionally, advanced practice nurse prescribers with a psychiatric specialty are required to be separately enrolled in Wisconsin Medicaid as a nurse practitioner in order to be reimbursed for an evaluation and management service.
Application Fee	No

src="$UrlReplaceImage$altmenu_plus.gif" alt="open content"> src="$UrlReplaceImage$altmenu_minus.gif" alt="close content">Certified Psychotherapist

Print

Enrollment Criteria	▪ The provider is required to meet the following:
	  ▫ The provider works in a certified mental health clinic as required under Wis. Admin. Code ch. DHS 35, which meets Wisconsin Medicaid's Wis. Admin. Code ch. DHS 105 requirement.
	  ▫ The provider has a certificate as an Advanced Practice Social Worker or Independent Social Worker issued by the Wisconsin Department of Safety and Professional Services (DSPS).
	▪ The provider is required to meet the criteria per Wis. Admin. Code § DHS 105.22.
	▪ The provider is required to have an Entity Type 1 National Provider Identifier.

Terms of Reimbursement	Mental Health / Substance Abuse Services Terms of Reimbursement, P-01668
Risk Level	▪ At enrollment: Limited ▪ Upon revalidation: Limited
Disclosure Information	▪ Final Rule disclosure information, 42 C.F.R. § 455.104 ▪ Terminations and criminal convictions information, 42 C.F.R. § 455.106
Category of Enrollment	Rendering-only provider

Border Status Eligibility	Eligible
Other Important Information	A provider whose practice address is in a state that borders Wisconsin is considered a border-status provider. To be eligible as a Certified Psychotherapist as a border-status provider with Wisconsin Medicaid, a provider is required to hold a current Wisconsin license or a license from the state in which they are rendering services. Contact the DSPS for a streamlined licensing process for providers who are already licensed in a different state. DSPS will issue a Wisconsin license without requiring such providers to complete the full, typical license application. Some Certified Psychotherapists may be working toward their 3,000 clinical hours to become licensed as a clinical social worker. Upon completion of their 3,000 clinical hours, the provider may obtain a license for clinical social work through DSPS and update their provider status using the demographic maintenance tool, which can be accessed through their secure ForwardHealth Portal account.
Application Fee	No

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Print

Enrollment Criteria

- The provider is required to meet the following:
  - The provider works in a certified clinic and meets the requirements listed under Wis. Admin. Code § DHS 75.13 or Wis. Admin. Code ch. DHS 35, which meets Wisconsin Medicaid's Wis. Admin. Code ch. DHS 105 requirement.
  - The provider has a certificate as an Advanced Practice Social Worker, Independent Social Worker, or registered nurse with a master's degree in psychiatric mental health nursing or community mental health nursing issued by the Wisconsin Department of Safety and Professional Services (DSPS).
  - The provider has a certificate as a Substance Abuse Counselor, Certified Substance Abuse Counselor, or Substance Abuse Specialty issued by the DSPS.
- The provider is required to meet the criteria per Wis. Admin. Code §§ DHS 105.22 and 105.23.
- The provider is required to have an Entity Type 1 National Provider Identifier.

Terms of Reimbursement

Mental Health / Substance Abuse Services Terms of Reimbursement, P-01668

Risk Level

- At enrollment: Limited
- Upon revalidation: Limited

Disclosure Information

- Final Rule disclosure information, 42 C.F.R. § 455.104
- Terminations and criminal convictions information, 42 C.F.R. § 455.106

Category of Enrollment	Rendering-only provider
Border Status Eligibility	Eligible
Other Important Information	A provider whose practice address is in a state that borders Wisconsin is considered a border-status provider. To be eligible as a Certified Psychotherapist/Substance Abuse Counselor as a border-status provider with Medicaid, a provider is required to hold either current Wisconsin licenses or licenses from the state in which they are rendering services for psychotherapy and substance abuse. Some Certified Psychotherapists/Substance Abuse Counselors may be working toward their 3,000 clinical hours to become licensed as a clinical social worker. Upon completion of their 3,000 clinical hours, the provider may obtain a license for clinical social work through DSPS and update their provider status using the demographic maintenance tool, which can be accessed through their secure ForwardHealth Portal account.
Application Fee	No

src="$UrlReplaceImage$altmenu_plus.gif" alt="open content"> src="$UrlReplaceImage$altmenu_minus.gif" alt="close content">Licensed Psychotherapist

Print

Enrollment Criteria

- The provider is required to be licensed as a Clinical Social Worker, Marriage and Family Therapist, or Professional Counselor by the Wisconsin Department of Safety and Professional Services.
- The provider is required to meet the criteria per Wis. Admin. Code § DHS 105.22.
- The provider is required to have an Entity Type 1 National Provider Identifier.

Terms of Reimbursement	Mental Health / Substance Abuse Services Terms of Reimbursement, P-01668
Risk Level	At enrollment: Limited Upon revalidation: Limited
Disclosure Information	Final Rule disclosure information, 42 C.F.R. § 455.104 Terminations and criminal convictions information, 42 C.F.R. § 455.106
Category of Enrollment	Billing and rendering provider
Border Status Eligibility	Eligible
Other Important Information	A provider whose practice address is in a state that borders Wisconsin is considered a border-status provider. To be eligible as a Licensed Psychotherapist as a border-status provider with Wisconsin Medicaid, a provider is required to hold a current Wisconsin license, as stated above.

Application Fee	No

src="$UrlReplaceImage$altmenu_plus.gif" alt="open content"> src="$UrlReplaceImage$altmenu_minus.gif" alt="close content">Master's Level Nurse with Psychiatric Specialty

Print

Enrollment Criteria

- The provider is required to meet **all** of the following:
  - The provider works in a certified mental health clinic as required under Wis. Admin. Code ch. DHS 35, which meets Wisconsin Medicaid's Wis. Admin. Code ch. DHS 105 requirement.
  - The provider is licensed as a registered nurse by the Wisconsin Department of Safety and Professional Services.
  - The provider has a master's degree in psychiatric mental health nursing or community mental health nursing.
- The provider is required to meet the criteria per Wis. Admin. Code § DHS 105.22.
- The provider is required to have an Entity Type 1 National Provider Identifier.

Terms of Reimbursement	Mental Health / Substance Abuse Services Terms of Reimbursement, P-01668
Risk Level	At enrollment: Limited Upon revalidation: Limited
Disclosure Information	Final Rule disclosure information, 42 C.F.R. § 455.104 Terminations and criminal convictions information, 42 C.F.R. § 455.106
Category of Enrollment	Rendering-only provider
Border Status Eligibility	Eligible
Application Fee	No

src="$UrlReplaceImage$altmenu_plus.gif" alt="open content"> src="$UrlReplaceImage$altmenu_minus.gif" alt="close content">Ph.D. Psychologist Services

Print

Enrollment Criteria

- The provider is required to have a license to practice as a psychologist, according to Wis. Stat.

ch. 455. This must be at the independent practice level, which meets Wisconsin Medicaid's Wis. Admin. Code ch. DHS 105 requirement.
- The provider is required to meet the criteria per Wis. Admin. Code § DHS 105.22.
- The provider is required to have an Entity Type 1 National Provider Identifier.

Terms of Reimbursement	Mental Health / Substance Abuse Services Terms of Reimbursement, P-01668
Risk Level	- At enrollment: Limited - Upon revalidation: Limited
Disclosure Information	- Final Rule disclosure information, 42 C.F.R. § 455.104 - Terminations and criminal convictions information, 42 C.F.R. § 455.106
Category of Enrollment	Billing and rendering provider
Border Status Eligibility	Eligible
Application Fee	No

src="$UrlReplaceImage$altmenu_plus.gif" alt="open content"> src="$UrlReplaceImage$altmenu_minus.gif" alt="close content">Qualified Treatment Trainee

Print

Enrollment Criteria

- Qualified treatment trainees (QTTs) with a graduate degree, as defined in Wis. Admin. Code § DHS 35.03(17m)(b), are required to meet **both** of the following criteria:
  - The provider has a graduate degree from an accredited institution with course work in psychology, counseling, marriage and family therapy, social work, nursing, or a closely related field.
  - The provider has not yet completed the applicable supervised practice requirements described under Wis. Admin. Code chs. MPSW 4, 12, or 16 or Psy 2, as applicable.
- To qualify for enrollment in Wisconsin Medicaid, QTTs with a graduate degree are required to meet **one** of the following options:
  - **Option 1:**
    - The provider has a doctoral degree from an accredited institution.
    - The provider is working toward full Wisconsin Department of Safety and Professional Services (DSPS) licensure as a licensed psychologist.
  - **Option 2:** The provider is licensed by DSPS as **one** of the following:
    - The provider is licensed by DSPS as a professional counselor in training.
    - The provider is licensed by DSPS as a marriage and family therapist in training.
- The provider is required to meet the criteria per Wis. Admin. Code § DHS 105.22.
- The provider is required to have an Entity Type 1 National Provider Identifier.

Terms of Reimbursement	Mental Health / Substance Abuse Services Terms of Reimbursement, P-01668

Risk Level	ı At enrollment: Limited ı Upon revalidation: Limited
Disclosure Information	ı Final Rule disclosure information, 42 C.F.R. § 455.104 ı Terminations and criminal convictions information, 42 C.F.R. § 455.106
Category of Enrollment	Rendering-only provider
Border Status Eligibility	Not eligible
Other Important Information	As a QTT, the provider is working toward their 3,000 clinical hours to become licensed as a professional counselor or marriage and family therapist. Upon completion of their 3,000 clinical hours, the provider plans to become a licensed professional counselor or marriage and family therapist through DSPS and update their provider status using the demographic maintenance tool, which can be accessed through their secure ForwardHealth Portal account.
Application Fee	No

src="$UrlReplaceImage$altmenu_plus.gif" alt="open content"> src="$UrlReplaceImage$altmenu_minus.gif" alt="close content"> Narcotic Treatment Services

src="$UrlReplaceImage$altmenu_plus.gif" alt="open content"> src="$UrlReplaceImage$altmenu_minus.gif" alt="close content">Agency

Print

Enrollment Criteria	ı The agency is required to obtain a Wisconsin Department of Health Services certificate to provider narcotic treatment services for opiate addiction as authorized under Wis. Admin. Code § DHS 75.15, which meets Wisconsin Medicaid's Wis. Admin. Code ch. DHS 105 requirement. ı The provider is required to have an Entity Type 2 National Provider Identifier.
Terms of Reimbursement	Mental Health / Substance Abuse Services Terms of Reimbursement, P-01668
Risk Level	ı At enrollment: Limited ı Upon revalidation: Limited
Disclosure Information	ı Final Rule disclosure information, 42 C.F.R. § 455.104 ı Terminations and criminal convictions information, 42 C.F.R. § 455.106

Category of Enrollment	Billing-only provider
Border Status Eligibility	Eligible
Application Fee	No

src="$UrlReplaceImage$altmenu_plus.gif" alt="open content"> src="$UrlReplaceImage$altmenu_minus.gif" alt="close content">Individual

Print

Enrollment Criteria

- The provider is required to meet the following:
  - The provider works in a narcotic treatment service certified under Wis. Admin. Code § DHS 75.15, which meets Wisconsin Medicaid's Wis. Admin. Code ch. DHS 105 requirement.
  - The provider has a state of Wisconsin Registered Nurse License or a state of Wisconsin Practical Nurse License issued by the Wisconsin Department of Safety and Professional Services as required under Wis. Stat. §§ 441.06 and 441.10.
- The provider is required to have an Entity Type 1 National Provider Identifier.

Terms of Reimbursement

Mental Health / Substance Abuse Services Terms of Reimbursement, P-01668

Risk Level

- At enrollment: Limited
- Upon revalidation: Limited

Disclosure Information

- Final Rule disclosure information, 42 C.F.R. § 455.104
- Terminations and criminal convictions information, 42 C.F.R. § 455.106

Category of Enrollment	Rendering-only provider
Border Status Eligibility	Eligible
Application Fee	No

src="$UrlReplaceImage$altmenu_plus.gif" alt="open content"> src="$UrlReplaceImage$altmenu_minus.gif" alt="close content"> Nurse in Independent Practice

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content"> src="$UrlReplaceImage$altmenu_minus.gif" alt="close content">Nurse Midwife

Print

Enrollment Criteria	ı The provider is required to meet the criteria per Wis. Admin. Code § DHS 105.201. ı The provider is required to have an Entity Type 1 National Provider Identifier.
Terms of Reimbursement	Nurse Midwife Terms of Reimbursement, P-01666
Risk Level	ı At enrollment: Limited ı Upon revalidation: Limited
Disclosure Information	ı Final Rule disclosure information, 42 C.F.R. § 455.104 ı Terminations and criminal convictions information, 42 C.F.R. § 455.106
Category of Enrollment	Billing and rendering provider
Border Status Eligibility	Eligible
Additional Document	HealthCheck Screener Affirmation, F-11285
Application Fee	No

src="$UrlReplaceImage$altmenu_plus.gif" alt="open content"> src="$UrlReplaceImage$altmenu_minus.gif" alt="close content">Registered Nurse and Licensed Practical Nurse

Print

Enrollment Criteria	ı The provider is required to meet the criteria per Wis. Admin. Code § DHS 105.19. ı The provider is required to have an Entity Type 1 National Provider Identifier. ı A Registered Nurse or Licensed Practical Nurse license is required (not an American Psychiatric Nurses Association license).
Terms of Reimbursement	ı Private Duty Nursing Terms of Reimbursement, P-01665
Risk Level	ı At enrollment: Limited ı Upon revalidation: Limited
Disclosure Information	ı Final Rule disclosure information, 42 C.F.R. § 455.104 ı Terminations and criminal convictions information, 42 C.F.R. § 455.106

Category of Enrollment	Billing and rendering provider
Border Status Eligibility	Eligible
Additional Documents	ı Copy of cardiopulmonary resuscitation card from the American Red Cross or the American Heart Association, if applicable ı Copy of Adult Ventilator Certificate, if applicable ı Copy of Pediatric Ventilation Certificate, if applicable
Application Fee	No

src="$UrlReplaceImage$altmenu_plus.gif" alt="open content"> src="$UrlReplaceImage$altmenu_minus.gif" alt="close content">Respiratory Care Services

Print

Enrollment Criteria	ı The provider is required to meet the criteria per Wis. Admin. Code § DHS 105.19. ı The provider is required to have an Entity Type 1 National Provider Identifier.
Terms of Reimbursement	ı Private Duty Nursing to Ventilator-Dependent Members Terms of Reimbursement, P-01664 ı Private Duty Nursing Terms of Reimbursement, P-01665
Risk Level	ı At enrollment: Limited ı Upon revalidation: Limited
Disclosure Information	ı Final Rule disclosure information, 42 C.F.R. § 455.104 ı Terminations and criminal convictions information, 42 C.F.R. § 455.106
Category of Enrollment	Billing and rendering provider
Border Status Eligibility	Eligible
Additional Documents	ı Copy of cardiopulmonary resuscitation card from the American Red Cross or the American Heart Association, if applicable ı Copy of Adult Ventilator Certificate, if applicable ı Copy of Pediatric Ventilation Certificate, if applicable
Application Fee	No

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alt="close content"> Nurse Practitioner

src="$UrlReplaceImage$altmenu_plus.gif" alt="open content"> src="$UrlReplaceImage$altmenu_minus.gif" alt="close content">Nurse Midwife

Print

Enrollment Criteria	ı The provider is required to meet the criteria per Wis. Admin. Code § DHS 105.201. ı The provider is required to have an Entity Type 1 National Provider Identifier.
Terms of Reimbursement	ı Nurse Practitioner Terms of Reimbursement, P-01669 ı HealthCheck Screener and Case Management Provider Terms of Reimbursement, P-01657
Risk Level	ı At enrollment: Limited ı Upon revalidation: Limited
Disclosure Information	ı Final Rule disclosure information, 42 C.F.R. § 455.104 ı Terminations and criminal convictions information, 42 C.F.R. § 455.106
Category of Enrollment	Billing and rendering provider
Border Status Eligibility	Eligible
Additional Documents	ı Degree Addendum, F-11260 ı HealthCheck Screener Affirmation, F-11285
Application Fee	No

src="$UrlReplaceImage$altmenu_plus.gif" alt="open content"> src="$UrlReplaceImage$altmenu_minus.gif" alt="close content">Nurse Practitioner

Print

Enrollment Criteria	ı The provider is required to meet the criteria per Wis. Admin. Code § DHS 105.20. ı The provider is required to have an Entity Type 1 National Provider Identifier. ı A Registered Nurse license is required (not an American Psychiatric Nurses Association license).
Terms of Reimbursement	ı Nurse Practitioner Terms of Reimbursement, P-01669 ı HealthCheck Screener and Case Management Provider Terms of Reimbursement, P-

	01657
Risk Level	ı At enrollment: Limited ı Upon revalidation: Limited
Disclosure Information	ı Final Rule disclosure information, 42 C.F.R. § 455.104 ı Terminations and criminal convictions information, 42 C.F.R. § 455.106
Category of Enrollment	Billing and rendering provider
Border Status Eligibility	Eligible
Additional Documents	ı HealthCheck Screener Affirmation, F-11285 ı Copy of cardiopulmonary resuscitation card from the American Red Cross or the American Heart Association, if applicable ı Copy of Adult Ventilator Certificate, if applicable ı Copy of Pediatric Ventilation Certificate, if applicable
Application Fee	No

src="$UrlReplaceImage$altmenu_plus.gif" alt="open content"> src="$UrlReplaceImage$altmenu_minus.gif" alt="close content"> Nursing Homes

Print

Enrollment Criteria	ı The provider is required to meet the criteria per Wis. Admin. Code §§ DHS 105.08, DHS 105.10, DHS 105.11 and DHS 105.12. ı The provider is required to have an Entity Type 2 National Provider Identifier.
Risk Level	ı At enrollment: Limited ı Upon revalidation: Limited
Disclosure Information	ı Final Rule disclosure information, 42 C.F.R. § 455.104 ı Terminations and criminal convictions information, 42 C.F.R. § 455.106
Category of Enrollment	Billing and rendering provider
Border Status Eligibility	Not eligible
Other Important Information	ı The provider is required to meet the criteria per Wis. Admin. Code § DHS 105.02(2)(b). ı For enrollment requirements specific to nursing facilities or facilities for the developmentally disabled, contact the Office of Quality Assurance.
Application Fee	Yes

src="$UrlReplaceImage$altmenu_plus.gif" alt="open content"> src="$UrlReplaceImage$altmenu_minus.gif" alt="close content"> Occupational Therapy Individual Practitioners

src="$UrlReplaceImage$altmenu_plus.gif" alt="open content"> src="$UrlReplaceImage$altmenu_minus.gif" alt="close content">Occupational Therapist

Print

Enrollment Criteria	▪ The provider is required to meet the criteria per Wis. Admin. Code § DHS 105.28. ▪ The provider is required to have an Entity Type 1 National Provider Identifier.
Terms of Reimbursement	Occupational Therapy Terms of Reimbursement, P-01670
Risk Level	▪ At enrollment: Limited ▪ Upon revalidation: Limited
Disclosure Information	▪ Final Rule disclosure information, 42 C.F.R. § 455.104 ▪ Terminations and criminal convictions information, 42 C.F.R. § 455.106
Category of Enrollment	Billing and rendering provider
Border Status Eligibility	Eligible
Application Fee	No

src="$UrlReplaceImage$altmenu_plus.gif" alt="open content"> src="$UrlReplaceImage$altmenu_minus.gif" alt="close content">Occupational Therapist Assistant

Print

Enrollment Criteria	▪ The provider is required to meet the criteria per Wis. Admin. Code § DHS 105.28(2). ▪ The provider is required to have an Entity Type 1 National Provider Identifier.
Terms of Reimbursement	Occupational Therapy Terms of Reimbursement, P-01670
Risk Level	▪ At enrollment: Limited ▪ Upon revalidation: Limited

Disclosure Information	ı Final Rule disclosure information, 42 C.F.R. § 455.104 ı Terminations and criminal convictions information, 42 C.F.R. § 455.106
Category of Enrollment	Rendering-only provider
Border Status Eligibility	Eligible
Application Fee	No

src="$UrlReplaceImage$altmenu_plus.gif" alt="open content"> src="$UrlReplaceImage$altmenu_minus.gif" alt="close content"> Optician

Print

Enrollment Criteria	ı The provider is required to meet the criteria per Wis. Admin. Code § DHS 105.33. ı The provider is required to have an Entity Type 1 or 2 National Provider Identifier.
Terms of Reimbursement	Optometrist / Optician Terms of Reimbursement, P-01671
Risk Level	ı At enrollment: Limited ı Upon revalidation: Limited
Disclosure Information	ı Final Rule disclosure information, 42 C.F.R. § 455.104 ı Terminations and criminal convictions information, 42 C.F.R. § 455.106
Category of Enrollment	Billing and rendering provider
Border Status Eligibility	Eligible
Application Fee	ı Organizations: Yes ı Individuals: No

src="$UrlReplaceImage$altmenu_plus.gif" alt="open content"> src="$UrlReplaceImage$altmenu_minus.gif" alt="close content"> Optometrist

Print

Enrollment Criteria	ı The provider is required to meet the criteria per Wis. Admin. Code § DHS 105.32. ı The provider is required to have an Entity Type 1 National Provider Identifier.
Terms of Reimbursement	Optometrist / Optician Terms of Reimbursement, P-01671
Risk Level	ı At enrollment: Limited ı Upon revalidation: Limited
Disclosure Information	ı Final Rule disclosure information, 42 C.F.R. § 455.104 ı Terminations and criminal convictions information, 42 C.F.R. § 455.106

Category of Enrollment	Billing and rendering provider
Border Status Eligibility	Eligible
Application Fee	No

src="$UrlReplaceImage$altmenu_plus.gif" alt="open content"> src="$UrlReplaceImage$altmenu_minus.gif" alt="close content"> Pharmacy

Print

Enrollment Criteria

- The provider is required to meet the criteria per Wis. Admin. Code § DHS 105.15.
- The provider is required to have an Entity Type 2 National Provider Identifier.

Terms of Reimbursement Pharmacy Terms of Reimbursement, P-01673

Risk Level

- At enrollment: Limited
- Upon revalidation: Limited

Disclosure Information

- Final Rule disclosure information, 42 C.F.R. § 455.104
- Terminations and criminal convictions information, 42 C.F.R. § 455.106

Category of Enrollment	Billing and rendering provider
Border Status Eligibility	Eligible
Application Fee	Yes

src="$UrlReplaceImage$altmenu_plus.gif" alt="open content"> src="$UrlReplaceImage$altmenu_minus.gif" alt="close content"> Physical Therapy Individual Practitioners

src="$UrlReplaceImage$altmenu_plus.gif" alt="open content"> src="$UrlReplaceImage$altmenu_minus.gif" alt="close content">Physical Therapist

Print

Enrollment Criteria

- The provider is required to meet the criteria per Wis. Admin. Code § DHS 105.27.
- The provider is required to have an Entity Type 1 National Provider Identifier.

Terms of Reimbursement Physical Therapy Terms of Reimbursement, P-01674

Risk Level

- At enrollment: Moderate

	▪ Upon revalidation: Moderate
Disclosure Information	▪ Final Rule disclosure information, 42 C.F.R. § 455.104 ▪ Terminations and criminal convictions information, 42 C.F.R. § 455.106
Category of Enrollment	Billing and rendering provider
Border Status Eligibility	Eligible
Application Fee	No

src="$UrlReplaceImage$altmenu_plus.gif" alt="open content"> src="$UrlReplaceImage$altmenu_minus.gif" alt="close content">Physical Therapist Assistant

Print

Enrollment Criteria	▪ The provider is required to meet the criteria per Wis. Admin. Code § DHS 105.27(2). ▪ The provider is required to have an Entity Type 1 National Provider Identifier.
Terms of Reimbursement	Physical Therapy Terms of Reimbursement, P-01674
Risk Level	▪ At enrollment: Limited ▪ Upon revalidation: Limited
Disclosure Information	▪ Final Rule disclosure information, 42 C.F.R. § 455.104 ▪ Terminations and criminal convictions information, 42 C.F.R. § 455.106
Category of Enrollment	Rendering-only provider
Border Status Eligibility	Eligible
Application Fee	No

src="$UrlReplaceImage$altmenu_plus.gif" alt="open content"> src="$UrlReplaceImage$altmenu_minus.gif" alt="close content"> Physician

Print

Enrollment Criteria	▪ The provider is required to meet the criteria per Wis. Admin. Code § DHS 105.05. ▪ Psychiatry providers are also required to meet the criteria per Wis. Admin. Code § DHS 105.22. ▪ The provider is required to have an Entity Type 1 National Provider Identifier.
Terms of Reimbursement	▪ Physicians and Physician Assistants Terms of Reimbursement, P-01675 ▪ HealthCheck Screener and Case Management Provider Terms of Reimbursement, P-01657 ▪ Mental Health / Substance Abuse Services Terms of Reimbursement, P-01668 (For Psychiatry

Only)

Risk Level
- At enrollment: Limited
- Upon revalidation: Limited

Disclosure Information
- Final Rule disclosure information, 42 C.F.R. § 455.104
- Terminations and criminal convictions information, 42 C.F.R. § 455.106

Category of Enrollment: Billing and rendering provider

Border Status Eligibility: Eligible

Other Important Information
- To be enrolled in Wisconsin Medicaid, physicians and residents are required to be licensed to practice medicine and surgery pursuant to Wis. Stat. §§ 448.05 and 448.07 and Wis. Admin. Code chs. Med 1, 2, 3, 4, 5 and 14.
- Physicians are asked to identify their practice specialty at the time of Medicaid enrollment. Reimbursement for certain services is limited to physicians with specific specialties.

Additional Document: HealthCheck Screener Affirmation, F-11285

Application Fee: No

src="$UrlReplaceImage$altmenu_plus.gif" alt="open content"> src="$UrlReplaceImage$altmenu_minus.gif" alt="close content"> Physician Assistant

Print

Enrollment Criteria
- The provider is required to meet the criteria per Wis. Admin. Code § DHS 105.05.
- The provider is required to have an Entity Type 1 National Provider Identifier.

Terms of Reimbursement: Physicians and Physician Assistants Terms of Reimbursement, P-01675

Risk Level
- At enrollment: Limited
- Upon revalidation: Limited

Disclosure Information
- Final Rule disclosure information, 42 C.F.R. § 455.104
- Terminations and criminal convictions information, 42 C.F.R. § 455.106

Category of Enrollment: Rendering-only provider

Border Status Eligibility: Eligible

Other Important Information: To be Wisconsin Medicaid-enrolled, physician assistants are required to be licensed and registered pursuant to Wis. Stat. §§ 448.05 and 448.07, and Wis. Admin. Code chs. Med 8 and 14. All physician assistants are required to be individually enrolled in Wisconsin Medicaid for their services to be reimbursed.

Additional Document	HealthCheck Screener Affirmation, F-11285
Application Fee	No

src="$UrlReplaceImage$altmenu_plus.gif" alt="open content"> src="$UrlReplaceImage$altmenu_minus.gif" alt="close content"> Podiatrist

Print

Enrollment Criteria

- The provider is required to meet the criteria per Wis. Admin. Code § DHS 105.265.
- The provider is required to have an Entity Type 1 National Provider Identifier.

Terms of Reimbursement Podiatrist Terms of Reimbursement, P-01676

Risk Level

- At enrollment: Limited
- Upon revalidation: Limited

Disclosure Information

- Final Rule disclosure information, 42 C.F.R. § 455.104
- Terminations and criminal convictions information, 42 C.F.R. § 455.106

Category of Enrollment	Billing and rendering provider
Border Status Eligibility	Eligible
Application Fee	No

src="$UrlReplaceImage$altmenu_plus.gif" alt="open content"> src="$UrlReplaceImage$altmenu_minus.gif" alt="close content"> Portable X-Ray

src="$UrlReplaceImage$altmenu_plus.gif" alt="open content"> src="$UrlReplaceImage$altmenu_minus.gif" alt="close content">Portable X-Ray

Print

Enrollment Criteria

- The provider is required to meet the criteria per Wis. Admin. Code § DHS 105.44.
- The provider is required to have an Entity Type 2 National Provider Identifier.

Terms of Reimbursement Portable X-Ray Terms of Reimbursement, P-01677

Risk Level

- At enrollment: Moderate
- Upon revalidation: Moderate

Disclosure Information

- Final Rule disclosure information, 42 C.F.R. § 455.104

- Terminations and criminal convictions information, 42 C.F.R. § 455.106

Category of Enrollment	Billing and rendering provider
Border Status Eligibility	Eligible
Application Fee	Yes

src="$UrlReplaceImage$altmenu_plus.gif" alt="open content"> src="$UrlReplaceImage$altmenu_minus.gif" alt="close content">Independent Diagnostic Testing Facility

Print

Enrollment Criteria

- The provider is required to have an Entity Type 2 National Provider Identifier.
- One or more supervising physicians must provide general supervision of Independent Diagnostic Testing Facility (IDTF) personnel:
  - The supervising physician must be licensed in the state where the diagnostic tests will be performed.
  - The supervising physician must be enrolled in Wisconsin Medicaid.
- IDTF technicians must be qualified to perform IDTF-allowable tests.

Terms of Reimbursement

Portable X-Ray Terms of Reimbursement, P-01677

Risk Level

- At enrollment: Moderate
- Upon revalidation: Moderate

Disclosure Information

- Final Rule disclosure information, 42 C.F.R. § 455.104
- Terminations and criminal convictions information, 42 C.F.R. § 455.106

Category of Enrollment	Billing and rendering provider
Border Status Eligibility	Eligible
Application Fee	Yes

src="$UrlReplaceImage$altmenu_plus.gif" alt="open content"> src="$UrlReplaceImage$altmenu_minus.gif" alt="close content"> Prenatal Care Coordination

Print

Enrollment Criteria

- The provider is required to meet the criteria per Wis. Admin. Code § DHS 105.52.
- The provider is required to have an Entity Type 2 National Provider Identifier.

Terms of Reimbursement	Prenatal Care Coordination Agency Terms of Reimbursement, P-01678
Risk Level	ı At enrollment: High ı Upon revalidation: Moderate
Disclosure Information	ı Final Rule disclosure information, 42 C.F.R. § 455.104 ı Terminations and criminal convictions information, 42 C.F.R. § 455.106
Category of Enrollment	Billing and rendering provider
Border Status Eligibility	Not eligible
Additional Documents	Resumes are required for **all** agency staff.
Application Fee	Yes

src="$UrlReplaceImage$altmenu_plus.gif" alt="open content"> src="$UrlReplaceImage$altmenu_minus.gif" alt="close content"> Provider Groups

Print

Group Types	Anesthetist, Audiologist, Chiropractor, Dentist, Hearing Instrument Specialist, Mental Health and Substance Abuse, Nurse Practitioner, Occupational Therapist, Optometrist, Physical Therapist, Physician, Podiatrist, Speech and Language Pathology, Therapy
Enrollment Criteria	ı Only one group practice can be enrolled per location unless there is a separate National Provider Identifier (NPI) or taxonomy to identify the location where services were performed. Provider group practices do not need to enroll every location from which they provide services. Only those locations responsible for billing are required to be enrolled. ı A group practice must include two or more Medicaid-enrolled providers within the same provider specialty, except as noted under Other Important Information below. ı The provider is required to have an Entity Type 2 NPI.
Terms of Reimbursement	Refer to the Terms of Reimbursement for the respective individual practitioner.
Risk Level	ı At enrollment: Limited ı Upon revalidation: Limited ı Exception for physical therapy groups: Moderate risk level at both enrollment and revalidation
Disclosure Information	ı Final Rule disclosure information, 42 C.F.R. § 455.104 ı Terminations and criminal convictions information, 42 C.F.R. § 455.106
Category of Enrollment	Billing-only provider
Border Status Eligibility	Eligible
Other Important Information	ı A group of practitioners means two or more health care practitioners who practice their profession at a common location (whether or not they share common facilities, common supporting staff, or common equipment). ı Individual providers within a physician clinic or group practice are required to be Medicaid-enrolled.

- To be enrolled as a therapy group, there must be two or more combined physical therapists, occupational therapists, and speech-language pathologists enrolled in Wisconsin Medicaid.
- To be enrolled in a group as a dental hygienist, at least one Medicaid-enrolled dentist must be part of the group.
- For additional information, refer to *ForwardHealth Update* (2011-46), titled "Policy for Provider Group Practice Certification."
- Provider groups are required to report all individual Medicaid-enrolled providers working for the group to ForwardHealth. This information must be reported during initial enrollment, when revalidating enrollment, and any time a change occurs.
- Not keeping this information current could result in loss of group enrollment status.

Application Fee No

src="$UrlReplaceImage$altmenu_plus.gif" alt="open content"> src="$UrlReplaceImage$altmenu_minus.gif" alt="close content"> Rehabilitation Agencies

Print

Enrollment Criteria
- The provider is required to meet the criteria per Wis. Admin. Code § DHS 105.34.
- The provider is required to have an Entity Type 2 National Provider Identifier.

Terms of Reimbursement Rehabilitation Agency Terms of Reimbursement, P-01679

Risk Level
- At enrollment: Limited
- Upon revalidation: Limited

Disclosure Information
- Final Rule disclosure information, 42 C.F.R. § 455.104
- Terminations and criminal convictions information, 42 C.F.R. § 455.106

Category of Enrollment Billing and rendering provider

Border Status Eligibility Eligible

Application Fee Yes

src="$UrlReplaceImage$altmenu_plus.gif" alt="open content"> src="$UrlReplaceImage$altmenu_minus.gif" alt="close content"> Residential Substance Use Disorder Treatment

Print

Enrollment Criteria
- **Clinically Managed High-Intensity Services** agencies are required to be certified by Division of Quality Assurance (DQA) as a medically monitored treatment facility according to Wis. Admin. Code § DHS 75.11.
- **Clinically Managed Low-Intensity Services** agencies are required to be certified by DQA as a transitional residential treatment facility according to Wis. Admin. Code § DHS 75.14.
- **Institution for Mental Disease High-Intensity** agencies are required to be certified by DQA as

a medically monitored treatment facility according to Wis. Admin. Code § DHS 75.11.
- **Institution for Mental Disease Low-Intensity** agencies are required to be certified by DQA as a transitional residential treatment facility according to Wis. Admin. Code § DHS 75.14.
- The provider is required to complete and submit the Request for Institution of Mental Disease Determination for Residential Substance Use Disorder Facilities form, F-02746 (12/2020), for the facility they wish to enroll as a residential substance use disorder treatment provider.
- The provider is required to include the institution of mental disease determination letter resulting from the completion and submission of the institution of mental disease determination form.
- The provider is required to have an Entity Type 2 National Provider Identifier.

Terms of Reimbursement: Mental Health / Substance Abuse Services Terms of Reimbursement, P-01668

Risk Level
- At enrollment: Limited
- Upon revalidation: Limited

Disclosure Information
- Final Rule disclosure information, 42 C.F.R. § 455.104
- Terminations and criminal convictions information, 42 C.F.R. § 455.106

Category of Enrollment: Billing and rendering provider

Border Status Eligibility: Eligible

Application Fee: Yes

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Print

Enrollment Criteria
- The provider is required to meet the criteria per Wis. Admin. Code § DHS 105.35.
- The provider is required to have an Entity Type 2 National Provider Identifier.

Terms of Reimbursement: Rural Health Clinic Terms of Reimbursement, P-01680

Risk Level
- At enrollment: Limited
- Upon revalidation: Limited

Disclosure Information
- Final Rule disclosure information, 42 C.F.R. § 455.104
- Terminations and criminal convictions information, 42 C.F.R. § 455.106

Category of Enrollment: Billing-only provider

Border Status Eligibility: Eligible

Application Fee: Yes

src="$UrlReplaceImage$altmenu_plus.gif" alt="open content"> src="$UrlReplaceImage$altmenu_minus.gif"

alt="close content"> School-Based Services

Print

Enrollment Criteria
- The provider is required to meet the criteria per Wis. Admin. Code § DHS 105.53.
- The provider is required to have an Entity Type 2 National Provider Identifier.

Terms of Reimbursement
School-Based Services Terms of Reimbursement, P-01681

Risk Level
- At enrollment: Limited
- Upon revalidation: Limited

Disclosure Information
- Final Rule disclosure information, 42 C.F.R. § 455.104
- Terminations and criminal convictions information, 42 C.F.R. § 455.106

Category of Enrollment
Billing and rendering provider

Border Status Eligibility
Not eligible

Other Important Information
- Because the Wisconsin Department of Public Instruction (DPI) licenses individual providers in Wisconsin schools only, out-of-state schools are ineligible to apply for Wisconsin Medicaid school-based services (SBS) enrollment.
- Medicaid requires individual rendering providers to be licensed by DPI for reimbursement under the SBS benefit, with the exception of nurses. Nurses are not required to obtain a DPI license but are encouraged to do so.

Application Fee
Yes

src="$UrlReplaceImage$altmenu_plus.gif" alt="open content"> src="$UrlReplaceImage$altmenu_minus.gif" alt="close content"> Specialized Medical Vehicle

Print

Enrollment Criteria
- The provider is required to meet the criteria per Wis. Admin. Code § DHS 105.39.
- The provider is not required to have a National Provider Identifier.

Terms of Reimbursement
Specialized Medical Vehicle Terms of Reimbursement, P-01682

Risk Level
- At enrollment: High
- Upon revalidation: Moderate

Disclosure Information
- Final Rule disclosure information, 42 C.F.R. § 455.104
- Terminations and criminal convictions information, 42 C.F.R. § 455.106

Category of Enrollment
Billing and rendering provider

Border Status Eligibility	Eligible
Other Important Information	All new specialized medical vehicle (SMV) providers who are enrolled or re-enrolled after a one-year lapse and providers who have a change in ownership will be approved for provisional enrollment, during which time an audit will be scheduled. No electronic billing will be approved before the audit is conducted and completed and the provider is granted approval to bill electronically. Provisional enrollment and audit applies to the new owner(s) from a change of ownership. Provisional enrollment varies from temporary enrollment, which is approved for any SMV provider when they send an insurance binder to ForwardHealth before sending the actual insurance policy.

Additional Documents	▪ Specialized Medical Vehicle Providers Affidavit, F-11237
	▪ Letter of payment receipt for current vehicle insurance
	▪ Workers' compensation certificate of insurance
	▪ One of the following:
	  ▫ Copy of current vehicle commercial insurance policy
	  ▫ Certificate of insurance with schedule of vehicles
	▪ Copy of current cardiopulmonary resuscitation training completion card or digital certificate from the American Heart Association or the American Red Cross for each driver

Application Fee	Yes

src="$UrlReplaceImage$altmenu_plus.gif" alt="open content"> src="$UrlReplaceImage$altmenu_minus.gif" alt="close content"> Speech and Hearing Clinic

Print

Enrollment Criteria	▪ The provider is required to meet the criteria per Wis. Admin. Code § DHS 105.29. ▪ The provider is required to have an Entity Type 2 National Provider Identifier.
Terms of Reimbursement	▪ Hearing Instrument Specialist Terms of Reimbursement, P-01647 ▪ Speech-Language Pathology Therapy Terms of Reimbursement, P-01648 ▪ Audiology Terms of Reimbursement, P-01645
Risk Level	▪ At enrollment: Limited ▪ Upon revalidation: Limited
Disclosure Information	▪ Final Rule disclosure information, 42 C.F.R. § 455.104 ▪ Terminations and criminal convictions information, 42 C.F.R. § 455.106
Category of Enrollment	Billing-only provider
Border Status Eligibility	Eligible
Additional Document	American Speech-Language-Hearing Association Certificate
Application Fee	Yes

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alt="close content"> Speech-Language Pathologist

src="$UrlReplaceImage$altmenu_plus.gif" alt="open content"> src="$UrlReplaceImage$altmenu_minus.gif" alt="close content">Bachelor's Level

Print

Enrollment Criteria	ı The provider is required to meet the criteria per Wis. Admin. Code § DHS 105.30. ı The provider is required to have an Entity Type 1 National Provider Identifier.
Terms of Reimbursement	Speech-Language Pathology Therapy Terms of Reimbursement, P-01648
Risk Level	ı At enrollment: Limited ı Upon revalidation: Limited
Disclosure Information	ı Final Rule disclosure information, 42 C.F.R. § 455.104 ı Terminations and criminal convictions information, 42 C.F.R. § 455.106
Category of Enrollment	Rendering-only provider
Border Status Eligibility	Eligible
Other Important Information	ı Individuals with a bachelor's degree (B.A. or B.S.) in speech and language pathology (SLP) may become enrolled as an SLP nonbilling rendering provider. SLP nonbilling providers, also referred to as SLP provider assistants, are required to submit a copy of their degree transcript. ı SLP provider assistants are required to be under the direct, immediate, on-premises supervision of an American Speech-Language-Hearing Association-certified and Medicaid-enrolled supervisor who is responsible and liable for performance of services delivered in accordance with Wis. Admin. Code § DHS 107.18(1)(a)."Direct, immediate, on-premises supervision" is defined as face-to-face contact between the supervisor and the person being supervised, as necessary, with the supervisor being physically present in the same building when the service is being performed by the person being supervised. ı SLP provider assistants are required to notify Medicaid immediately using the demographic maintenance tool when they have a change in supervisor, employer, or work address.
Application Fee	No

src="$UrlReplaceImage$altmenu_plus.gif" alt="open content"> src="$UrlReplaceImage$altmenu_minus.gif"

alt="close content">Master's Level

Print

Enrollment Criteria

- The provider is required to meet the criteria per Wis. Admin. Code § DHS 105.30.
- The provider is required to have an Entity Type 1 National Provider Identifier.

Terms of Reimbursement

- Speech-Language Pathology Therapy Terms of Reimbursement, P-01648

Risk Level

- At enrollment: Limited
- Upon revalidation: Limited

Disclosure Information

- Final Rule disclosure information, 42 C.F.R. § 455.104
- Terminations and criminal convictions information, 42 C.F.R. § 455.106

Category of Enrollment Billing and rendering provider

Border Status Eligibility Eligible

Application Fee No

src="$UrlReplaceImage$altmenu_plus.gif" alt="open content"> src="$UrlReplaceImage$altmenu_minus.gif" alt="close content"> Wisconsin Medicaid Cost Reporting (WIMCR) Regionalization

Print

Enrollment Criteria

- Wisconsin Medicaid Cost Reporting (WIMCR) regionalization enrollment is based on the type of service:
  - **Case Management** providers are required to meet the criteria per Wis. Admin. Code § DHS 105.51.
  - **Community Support Program (CSP)** agencies are required to obtain a Division of Quality Assurance (DQA) certificate to provide CSP services as authorized under Wis. Admin Code ch. DHS 63, which meets Wisconsin Medicaid's Wis. Admin. Code ch. DHS 105 requirements.

    The agency is required to make available the nonfederal share needed to provide CSP services.

  - **Crisis Intervention Services** agencies are required to obtain a DQA certificate to provide crisis intervention services as authorized under Wis. Admin. Code § DHS 34, Subchapter III, which meets Wisconsin Medicaid's Wis. Admin. Code ch. DHS 105 requirements.

    The agency is required to make available the nonfederal share needed to provide crisis intervention services.

  - **Outpatient Substance Abuse Services** agencies are required to obtain a DQA certificate to provide outpatient substance abuse services as authorized under Wis. Admin. Code §

DHS 75.13, which meets Wisconsin Medicaid's requirements under Wis. Admin. Code ch. DHS 105.
- The provider is required to have an Entity Type 2 National Provider Identifier..

Terms of Reimbursement	Mental Health / Substance Abuse Services Terms of Reimbursement, P-01668
Risk Level	- At enrollment: Limited - Upon revalidation: Limited
Disclosure Information	- Final Rule disclosure information, 42 C.F.R. § 455.104 - Terminations and criminal convictions information, 42 C.F.R. § 455.106
Category of Enrollment	The lead county will be the billing and rendering provider. The other county or counties within the region will be the rendering-only provider(s).
Border Status Eligibility	Not eligible
Other Important Information	Only local county agencies may be Medicaid-enrolled to become WIMCR regions with approval from the Wisconsin Department of Health Services.
Application Fee	Yes

src="$UrlReplaceImage$altmenu_plus.gif" alt="open content"> src="$UrlReplaceImage$altmenu_minus.gif" alt="close content"> Women, Infants, and Children Agencies (WIC)

Print

Enrollment Criteria	- Special Supplemental Nutrition Program for Women, Infants, and Children agencies must be contracted with the Wisconsin Division of Public Health. - The provider is required to have an Entity Type 2 National Provider Identifier.
Terms of Reimbursement	- HealthCheck "Other Services" WIC Agency Provider Terms of Reimbursement, P-01641
Risk Level	- At enrollment: Limited - Upon revalidation: Limited
Disclosure Information	- Final Rule disclosure information, 42 C.F.R. § 455.104 - Terminations and criminal convictions information, 42 C.F.R. § 455.106
Category of Enrollment	Billing and rendering provider
Border Status Eligibility	Not eligible
Application Fee	Yes

Multiple Locations and Services

ForwardHealth may require providers who offer a variety of services to complete a separate Medicaid enrollment application for each specified service and provider type. The number of Medicaid enrollments allowed or required per location is based on licensure, registration, and certification by a state agency, federal agency, or an accreditation association identified in the Wisconsin Administrative Code. Providers may call Provider Services with questions.

If a Medicaid-enrolled provider begins offering a new service after their initial enrollment, it is recommend that they call Provider Services to inquire whether they are required to complete another enrollment application.

Multiple Locations

Providers with multiple locations should call Provider Services to inquire whether they are required to complete multiple applications when applying for Medicaid enrollment.

Notice of Enrollment Decision

Time of Enrollment Decision Notification

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.

Approval of an Enrollment Application

ForwardHealth will send providers who meet the enrollment requirements a welcome letter and a copy of the provider agreement. Included with the letter is important information, such as effective dates and assigned provider type and specialty. This information is used when conducting business with Wisconsin Medicaid. The welcome letter also notifies non-healthcare providers (for example, specialized medical vehicle providers, personal care agencies, and blood banks) of their Medicaid provider number. This number is used on claim submissions, prior authorization requests, and other communications with Wisconsin Medicaid.

Denial of an Enrollment Application

If ForwardHealth denies the enrollment application, it will inform the applicant in writing about the reasons for the denial.

Out-of-State Providers

Out-of-State Providers Are Required to Enroll in Wisconsin Medicaid

ForwardHealth requires all out-of-state providers who render services to BadgerCare Plus, Medicaid, or SeniorCare members to be enrolled in Wisconsin Medicaid.

Enrollment Qualifications for Out-of-State Providers

To be eligible for enrollment as an out-of-state provider, a provider is required to meet all of the following:

- Have a valid National Provider Identifier (NPI) per 45 C.F.R. Part 162
- Be licensed in the United States (and its territories), Mexico, or Canada
- Be licensed in their own state of practice

Reimbursement for Providing Services to BadgerCare Plus, Medicaid, or SeniorCare Members

Wisconsin Medicaid reimburses out-of-state providers in the following situations:

- The provider renders emergency medical services as defined in Wis. Admin. Code § DHS 101.03(52).
- The provider renders services during a state of emergency, as designated by the Wisconsin governor. The provider is required to sufficiently document the state of emergency on claims.
- The provider obtains prior authorization (PA) from ForwardHealth before providing a nonemergency service.

Reimbursement Rates for Out-of-State Services

Reimbursement rates are consistent with rates for other Wisconsin Medicaid-enrolled providers providing the same service.

Note: Wisconsin Medicaid is prohibited from paying providers located outside of the United States and its territories, including the District of Columbia, Puerto Rico, the Virgin Islands, Guam, the Northern Mariana Islands, and American Samoa.

Medicaid Enrollment for Providers Who Only Prescribe, Refer, or Order Services

Out-of-state providers who only prescribe, refer, or order services should enroll as prescribing/referring/ordering providers by completing a Medicaid Prescribing/Referring/Ordering Provider Enrollment Application.

For more information regarding the requirements for prescribing/referring/ordering providers, refer to the Prescribing/Referring/Ordering Providers page.

Medicaid Enrollment for Out-of-State Providers

Providers may apply for Medicaid enrollment as an out-of-state provider by completing the Medicaid Out-of-State Provider Enrollment Application.

Effective Date of Enrollment

The effective date of enrollment as an out-of-state provider is the date the provider rendered the service to the BadgerCare Plus, Medicaid, or SeniorCare member. Out-of-state providers continue to be Medicaid-enrolled until it is time to revalidate their enrollment.

Note: Out-of-state providers should not complete a new enrollment application each time they submit a PA request or claim.

When to Revalidate Enrollment

ForwardHealth requires out-of-state providers to revalidate their Medicaid enrollment every three years. ForwardHealth will mail out-of-state providers a Provider Revalidation Notice when it is time to revalidate enrollment. An application fee may be assessed to organizations at revalidation.

For more information on the revalidation process, refer to Medicaid Provider Revalidation Medicaid Provider Revalidation.

Risk Level Assignment

ForwardHealth assigns all Medicaid-enrolled providers one of three risk levels (limited, moderate, or high) based on provider type. During the enrollment process, ForwardHealth performs certain screening activities based on the provider's risk level assignment.

Refer to the Risk Level Classification by Provider Type page for additional information on risk level assignments and the screening activities for each risk level.

Application Fee

Providers who apply for Medicaid enrollment as an out-of-state provider are assessed an application fee. This fee is federally mandated and may be adjusted annually.

The provider application fee will only be assessed to provider organizations. A provider will not be required to pay ForwardHealth the application fee if the provider is currently enrolled in or is in the process of enrolling in Medicare or another state's Medicaid or Children's Health Insurance Program. Instead, ForwardHealth will verify the provider's enrollment in Medicare or with the other state and will confirm that the fee has been paid.

Medicaid-Enrolled Providers May Not Charge Members as Private-Pay Patients

While out-of-state providers are enrolled in Wisconsin Medicaid, they may not charge BadgerCare Plus, Medicaid, or SeniorCare members directly for services that are covered by Wisconsin Medicaid.

Out-of-State Youth Program

Out-of-State Youth Program Overview

The Out-of-State Youth (OSY) program is responsible for health care services provided to Wisconsin children placed outside the state in foster and subsidized adoption situations. These children are eligible for coverage. The objective is to ensure that these children receive quality medical care.

How to Enroll as an OSY Provider

ForwardHealth requires all OSY providers who render services to BadgerCare Plus, Medicaid, or SeniorCare members to be enrolled in Wisconsin Medicaid. Providers may apply for Medicaid enrollment as an OSY provider by completing both of the following steps:

- Apply for enrollment as an out-of-state provider. To apply for enrollment as an out-of-state provider, complete the Medicaid Out-of-State Provider Enrollment Application.

  For information on the requirements for out-of-state providers, refer to Out-of-State Providers page.
- At the end of the enrollment application, upload a letter requesting enrollment as an OSY provider.

Prescribing/Referring/Ordering Providers

Medicaid Enrollment Requirements for Prescribing/Referring/Ordering Providers

ForwardHealth requires all physicians and other professionals who prescribe, refer, or order services for members enrolled in Wisconsin Medicaid, BadgerCare Plus, or SeniorCare to be enrolled in Wisconsin Medicaid. This includes the following providers and professionals:

- Chiropractors
- Dentists
- Mental health professionals
- Nurse midwives
- Nurse practitioners
- Optometrists
- Physician assistants
- Podiatrists
- All other Medicaid-enrolled professionals who can prescribe, refer, or order

Only individual providers may prescribe, refer, or order services. Providers may only prescribe, refer, or order services within their legal scope of practice.

Medicaid Enrollment for Prescribing/Referring/Ordering Providers

Medicaid enrollment specifically for prescribing/referring/ordering providers is available for physicians and other professionals who do not wish to be reimbursed for services provided to ForwardHealth members.

How to Enroll as a Prescribing/Referring/Ordering Provider

Providers who want to enroll in Wisconsin Medicaid as a prescribing/referring/ordering provider may do so by completing a Medicaid Prescribing/Referring/Ordering Provider Enrollment Application. This type of enrollment does not allow Wisconsin Medicaid to reimburse providers for rendering services.

Full Medicaid Enrollment for Providers Wishing to Render and Be Reimbursed for Services

Physicians and other professionals who wish to render and be reimbursed for services as a Medicaid provider are required to apply for full Medicaid enrollment. Providers interested in enrolling fully in Wisconsin Medicaid may do so by completing the standard Medicaid Provider Enrollment Application.

Effective Date of Enrollment

The effective date of enrollment as a prescribing/referring/ordering provider is the first date the provider saw a ForwardHealth member and prescribed, referred, or ordered services for them. (During the enrollment process, providers are required to indicate the date they first saw a ForwardHealth member.) The earliest effective date that ForwardHealth may assign is up to one year in the past from the date the provider's application is submitted.

Limited Risk Level Assigned

ForwardHealth assigns all Medicaid-enrolled providers one of three risk levels (limited, moderate, or high) based on provider type. During the enrollment process, ForwardHealth performs certain screening activities based on the provider's risk level assignment. ForwardHealth typically assigns prescribing/referring/ordering providers a limited risk level. Refer to the Risk Level Classification by Provider Type page for screening activities for providers assigned a limited risk level.

Termination of Enrollment Due to Inactivity

If a Medicaid-enrolled prescribing/referring/ordering provider does not prescribe, refer, or order services for any ForwardHealth member for more than 12 consecutive months, ForwardHealth may terminate the provider's Medicaid enrollment. The provider will then be required to re-enroll either using the enrollment process for prescribing/referring/ordering providers or the enrollment process for full Medicaid enrollment.

Provider Addresses

ForwardHealth has the capability to store the following types of addresses and contact information:

- **Practice location address and related information**—This address is where the provider's office is physically located and where records are normally kept. Additional information for the practice location includes the provider's office telephone number and the telephone number for members' use. With limited exceptions, the practice location and telephone number for members' use are published in a provider directory made available to the public.
- **Mailing address**—This address is where ForwardHealth will mail general information and correspondence. Providers should indicate accurate address information to aid in proper mail delivery.
- **Prior authorization (PA) address**—This address is where ForwardHealth will mail PA information.
- **Financial addresses**—Two separate financial addresses are stored for ForwardHealth. The checks address is where ForwardHealth will mail paper checks. The 1099 mailing address is where ForwardHealth will mail IRS Form 1099.

Providers may submit additional address information or modify their current information using the demographic maintenance tool.

Note: Providers are cautioned that any changes to their practice location on file with Wisconsin Medicaid may alter their zip+4 code information required on transactions. Providers may verify the zip+4 code for their address on the U.S. Postal Service website.

Provider Application Fee

Pay Application Fees on the ForwardHealth Portal

At the end of the provider enrollment and revalidation applications, providers can submit their application fee to complete enrollment or revalidation; otherwise, providers may pay the application fee through the Portal within 10 business days after submitting their application. If a provider does not pay the application fee within 10 business days after submitting their application, then their application will be denied, and a new enrollment application must be completed.

ForwardHealth will not accept paper checks or cash for application fee payments.

Submit Application Fee or Hardship Request.

Application Fee Amount

The application fee is currently $599. The federal Centers for Medicare & Medicaid Services (CMS) establishes the fee, which is used to offset the cost of federally mandated screening activities associated with the Affordable Care Act. CMS may adjust the fee on January 1 of each year.

Provider Organizations Are Required to Pay Application Fees

Provider organizations are assessed a provider application fee when they apply for Wisconsin Medicaid enrollment. This includes newly enrolling providers, providers who are re-enrolling after their previous enrollment with Wisconsin Medicaid lapsed, and providers who are revalidating. Provider application fees do **not** apply to individual providers or professional provider groups.

Application fee information (whether or not an application fee is required for specific provider types) is located within the Information for Specific Provider Types page under each provider type.

Note: The list of provider organizations assessed an application fee is subject to change.

Providers who are currently enrolled in or are in the process of enrolling in Medicare or another state's Medicaid or Children's Health Insurance Program are not required to also pay ForwardHealth the application fee. Instead, ForwardHealth will verify the provider's enrollment in Medicare or with the other state and confirm that the provider organization has paid the application fee.

Timely Application Fee Payment Affects Application Processing Time

ForwardHealth will not start processing an application until the application fee is paid. If ForwardHealth does not receive the payment within 10 business days after the provider submits the application, the application will be denied. If an application fee is not paid due to insufficient funds, the application will be denied.

Provider Application Fees Are Non-Refundable

Once a provider has submitted an application and paid the application fee, the fee is non-refundable, unless ForwardHealth denies the application due to a temporary moratorium on enrollment of new providers or provider types imposed by CMS or Wisconsin Medicaid.

Hardship Exception Requests

Providers may request a hardship exception to the application fee **only** at the time they are newly enrolling, re-enrolling, or revalidating on the ForwardHealth Portal. ForwardHealth must receive a hardship request within 10 business days of the application's submission date.

Providers can submit hardship requests through the Portal if submitting the hardship request within 10 business days of their application submission date. The payment process includes instructions for submitting hardship requests.

Providers are required to describe the hardship and why the hardship deserves an exception. Starting a new business is not a sufficient reason for receiving a hardship exception. CMS will evaluate the hardship request within 60 days and send a letter to the provider indicating whether or not it has approved the request.

Providers will not be enrolled, re-enrolled, or revalidated until CMS reviews and makes a decision regarding the hardship request. If CMS denies the request, providers will have an additional 10 business days from the date on the return letter to pay the application fee, or ForwardHealth will deny the provider enrollment in Wisconsin Medicaid.

Provider Identification

Health Care Providers

Health care providers are required to indicate a National Provider Identifier (NPI) on enrollment applications and electronic and paper transactions submitted to ForwardHealth.

The NPI is a 10-digit number obtained through the National Plan and Provider Enumeration System (NPPES).

Providers should ensure that they have obtained an appropriate NPI prior to beginning their enrollment application. There are two kinds of NPIs:

- Entity Type 1 NPIs are for individuals who provide health care, such as physicians, dentists, and chiropractors.
- Entity Type 2 NPIs are for organizations that provide health care, such as hospitals, group practices, pharmacies, and home health agencies.

It is possible for a provider to qualify for both Entity Type 1 and Entity Type 2 NPIs. For example, an individual physical therapist may also be the owner of a therapy group that is a corporation and have two Wisconsin Medicaid enrollments?one enrollment as an individual physical therapist and the other enrollment as the physical therapy group. A Type 1 NPI for the individual enrollment and a Type 2 NPI for the group enrollment are required.

NPIs and classifications may be viewed on the NPPES website. The federal Centers for Medicare & Medicaid Services website includes more information on Type 1 and Type 2 NPIs.

Health care providers who are federally required to have an NPI are responsible for obtaining the appropriate certification for their NPI.

Non-Healthcare Providers

Non-healthcare providers, such as specialized medical vehicle providers, personal care agencies, and blood banks, are exempt from federal NPI requirements. Providers exempt from federal NPI requirements are assigned a Medicaid provider number once their enrollment application is accepted; they are required to indicate this Medicaid provider number on electronic and paper transactions submitted to ForwardHealth.

Re-enrollment

Providers whose Medicaid enrollment has ended for any reason other than criminal convictions, sanctions, or failure to be revalidated may be re-enrolled as long as all licensure and enrollment requirements are met. When re-enrolling, there may be a lapse in Medicaid enrollment depending on the date the enrollment is completed.

The provider will have to re-enroll as a "new" provider.

The provider can re-enroll by completing and submitting a new application through the ForwardHealth Portal. When providers re-enroll, application fees and screening activities may apply.

Reporting Group Member Information and Group Affiliations

Each Group and Individual Provider Is Responsible for Reporting Group Member Information or Group Affiliations

Medicaid-enrolled organizations and clinics (group providers) are required to report all individual Medicaid-enrolled providers working for the organization or clinic (group members) to ForwardHealth.

In addition, individual Medicaid-enrolled providers are required to report all Medicaid-enrolled organizations and clinics for which they work (group affiliations).

Providers are required to report this information during initial enrollment, when revalidating enrollment, and any time a change occurs.

Group Member Information and Group Affiliations Are Not Automatically Updated

Each group and individual provider is responsible for reporting their own group member information or group affiliations. When an organization or clinic reports its group members, ForwardHealth does not automatically update the group affiliations of those individual providers.

Similarly, when an individual provider reports their group affiliations, ForwardHealth does not automatically update the group member information for those organizations or clinics.

Requirements for Specific Types of Group Affiliations

Providers are responsible for requirements that apply to them based on their type of group affiliation:

- Refer to requirements for organizations and clinics.
- Refer to requirements for group providers.
- Refer to requirements for individual providers working for an organization or clinic.

Requirements for Organizations and Clinics
How to Report Group Member Information During Initial Enrollment and Revalidation

During initial enrollment and revalidation on the ForwardHealth Portal, organizations and clinics complete a Group panel. On this panel, organizations and clinics enter the National Provider Identifier (NPI) or Medicaid ID of each group member.

How to Report Changes in Group Member Information

Medicaid-enrolled organizations and clinics enter or update group member information using the demographic maintenance tool. Organizations and clinics are required to enter or update group member information any time a change occurs (for example, a new provider joins or leaves the organization or clinic). Medicaid-enrolled organizations and clinics are strongly encouraged to provide this information prior to revalidation to ensure ForwardHealth has the most current information on file.

Note: Changes made to group member information do not impact other demographic information ForwardHealth has on file for the organization or clinic (for example, address or payee information).

Requirements for Group Providers
How to Report Group Member Information During Initial Enrollment and Revalidation

During initial enrollment and revalidation on the Portal, group providers are required to enter at least two actively enrolled individual providers employed by the group on the Group panel. On this panel, group providers enter the NPI or Medicaid ID of each group member.

How to Report Changes in Group Member Information

Medicaid-enrolled group providers are required to enter or update group member information using the demographic maintenance tool. Group member information must be entered or updated any time a change occurs (for example, a new provider joins or leaves the group). Failure to keep group information current may cause loss of your group enrollment.

Note: Changes made to group member information do not impact other demographic information ForwardHealth has on file for the organization or clinic (for example, address or payee information).

Requirements for Individual Providers Working for an Organization or Clinic

How to Report Group Member Information During Initial Enrollment and Revalidation

During initial enrollment and revalidation on the Portal, individual providers complete a Group Member panel. On this panel, individual providers enter the NPI or Medicaid ID of each group with which they are affiliated.

How to Report Changes in Group Affiliations

Individual Medicaid-enrolled providers enter or update information about their group affiliations using the demographic maintenance tool. Providers are required to enter or update information about group affiliations anytime a change occurs (for example, the provider joins or leaves a new clinic). ForwardHealth strongly encourages individual Medicaid-enrolled providers to provide this information prior to revalidation to ensure ForwardHealth has the most current information on file.

Note: Changes made to information about group affiliations do not impact other demographic information ForwardHealth has on file for the individual provider (for example, address or payee information).

Keeping Information Current

Providers are required to notify ForwardHealth of any changes to demographic information as they occur. Group and individual providers are required to use the demographic maintenance tool to report these changes. Failure to keep group information current may cause providers to lose group enrollment. Entering new information on a claim form or prior authorization request is not adequate notification.

Reporting Ownership Information

ForwardHealth Requires Ownership Information

At the time of provider enrollment and revalidation, ForwardHealth collects personal information about:

- All persons with an ownership or controlling interest. This includes a person or corporation for which one or more of the following applies:
  - Has an ownership interest totaling five percent or more in a disclosing entity
  - Has an indirect ownership interest equal to five percent or more in a disclosing entity
  - Has a combination of direct and indirect ownership interest equal to five percent or more in a disclosing entity
  - Has an ownership interest of five percent or more in any mortgage, deed of trust, note, or other obligation secured by the disclosing entity if that interest equals at least five percent of the value of the property or asset of the disclosing entity
  - Is an officer or a director of a disclosing entity that is organized as a corporation
  - Is a person in a disclosing entity that is organized as a partnership
- Agents. An agent is any person who has been delegated the authority to obligate or act on behalf of a provider.
- Managing employees. A managing employee is a general manager, business manager, administrator, director, or other individual who exercises operational or managerial control over, or who directly or indirectly conducts the day-to-day operation of an institution, organization, or agency.

ForwardHealth will only use the provided information for provider enrollment and revalidation. All information provided will be protected under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) privacy rule.

Providers Are Required to Report Changes in Ownership Within 35 Days

If a provider submits the required ownership information at enrollment or revalidation but undergoes a change in ownership, they are required to submit a change in ownership notification within 35 calendar days after the effective date of the change and complete a new enrollment application.

Information to Be Submitted for an Individual Owner With a Controlling Interest

Providers are required to submit the following information for each **individual owner** with a controlling interest in the provider:

- First and last name
- Owner's Social Security number (SSN)
- Date of birth
- Street address, city, state, and zip+4 code

Information to Be Submitted for an Organizational Owner With a Controlling Interest

Providers are required to submit the following information for each **organizational owner** with a controlling interest in the provider:

- Legal business name
- Tax ID number
- Business street address, city, state, zip+4 code

Information to Be Submitted for an Agent or Managing Employee

Providers are required to submit the following information for each managing employee and agent:

- First and last name
- Managing employee's and agent's SSN

- Date of birth
- Street address, city, state, and zip+4 code

Risk Level Classification by Provider Type

Risk Level Classifications Are Federally Required

ForwardHealth has implemented provider requirements and provider screening processes to comply with the Affordable Care Act (ACA), such as risk level classifications assigned by provider type. The risk level classifications have been established by the Centers for Medicare & Medicaid Services (CMS), and ForwardHealth has adopted the same guidelines. In cases where provider types are not classified by CMS, ForwardHealth has established the risk level classification.

Risk Level Classifications

All Wisconsin Medicaid-enrolled providers are assigned one of the following three risk levels, based on provider type:

- Limited
- Moderate
- High

Refer to this chart of risk level classification by provider type and specialty.

Note: A provider's assigned risk level classification may be subject to change at any time.

Provider Types and Specialties

The provider type is how the provider is enrolled with Wisconsin Medicaid. Provider types are divided into subtypes, referred to as provider specialty. The specialty refers to services the provider is licensed or qualified to provide. For example, a registered nurse may enroll as a nurse practitioner (provider type) with Wisconsin Medicaid and provide services to members as a midwife (provider specialty).

Screening Requirements Are Based on Risk Level Classification

ForwardHealth performs certain screening activities for each provider during enrollment and again at revalidation, corresponding to the appropriate risk level classification. For example, moderate- and high-risk providers are required to have onsite visits before and after enrollment to comply with the CMS final rule 42 C.F.R. § 455.432. High-risk providers are required to submit fingerprints and undergo criminal background checks prior to enrollment.

Refer to this chart detailing the screening activities for each risk level.

ForwardHealth automatically screens all enrolling and enrolled providers monthly using federal databases. ForwardHealth also verifies that providers' licenses are in accordance with applicable state laws and that there are no current limitations on the license.

Screening Exceptions

If a provider has already been screened by Medicare or another state's Medicaid program or Children's Health Insurance Program in the last 12 months, ForwardHealth will not conduct additional screenings.

Circumstances That Lead to a High Risk Reclassification

To be compliant with CMS final rule 42 C.F.R. § 455.450.e.(2), ForwardHealth will adjust a provider's risk level from "limited" or "moderate" to "high" when one of the following situations occurs:

- ForwardHealth imposes a payment suspension on a provider based on a credible allegation of fraud.
- The provider has been excluded by Medicare or another state's Medicaid program within the last 10 years.
- ForwardHealth or CMS lifted a temporary moratorium for a particular provider type in the previous six months, and a provider that was prevented from enrolling due to the moratorium applies for enrollment within six months from the date the

moratorium was lifted.

Revalidation May Reduce a High-Risk Level Classification

Providers who were enrolled at a high-risk level will be revalidated at a moderate-risk level, assuming there were no other circumstances that would constitute the high-risk level. For example, a home health agency that was enrolled at a high-risk level classification will be reassigned a moderate-risk level during revalidation. At the time of revalidation, they will then be screened using the moderate-risk level screening activities.

Terms of Reimbursement

The Terms of Reimbursement (TOR) is the current reimbursement methodology applicable to each provider type. TORs are listed below.

Ambulance Terms of Reimbursement (P-01642)
Ambulatory Surgical Center Terms of Reimbursement (P-01643)
Anesthetist Terms of Reimbursement (P-01644)
Audiology Terms of Reimbursement (P-01645)
Behavioral Treatment Terms of Reimbursement (P-01683)
Blood Banks Terms of Reimbursement (P-01663)
Border-Status Hospitals Terms of Reimbursement (P-01660)
Case Management Terms of Reimbursement (P-01649)
Chiropractor Terms of Reimbursement (P-01650)
Dental / Dental Hygienists Terms of Reimbursement (P-01651)
Freestanding End-Stage Renal Disease Provider Terms of Reimbursement (P-01652)
HealthCheck "Other Services" Provider Terms of Reimbursement (P-01656)
HealthCheck "Other Services" WIC Agency Provider Terms of Reimbursement (P-01641)
HealthCheck Screener and Case Management Provider Terms of Reimbursement (P-01657)
Hearing Instrument Specialist Terms of Reimbursement (P-01647)
Home Health Services Terms of Reimbursement (P-01658)
Hospice Terms of Reimbursement (P-01659)
Hospital Terms of Reimbursement (P-01661)
Hospital-Affiliated End-Stage Renal Disease Provider Terms of Reimbursement (P-01653)
Laboratories Terms of Reimbursement (P-01662)
Medical Supply and Equipment Vendor Terms of Reimbursement (P-01667)
Mental Health / Substance Abuse Services Terms of Reimbursement (P-01668)
Nontribal Federally Qualified Health Center Terms of Reimbursement (P-02098)
Nurse Midwife Terms of Reimbursement (P-01666)
Nurse Practitioner Terms of Reimbursement (P-01669)
Occupational Therapy Terms of Reimbursement (P-01670)
Optometrist / Optician Terms of Reimbursement (P-01671)
Personal Care Terms of Reimbursement (P-01672)
Physical Therapy Terms of Reimbursement (P-01674)
Physicians and Physician Assistants Terms of Reimbursement (P-01675)
Podiatrist Terms of Reimbursement (P-01676)
Portable X-Ray Terms of Reimbursement (P-01677)
Prenatal Care Coordination Agency Terms of Reimbursement (P-01678)
Private Duty Nursing Terms of Reimbursement (P-01665)
Private Duty Nursing to Ventilator-Dependent Members Terms of Reimbursement (P-01664)

Rehabilitation Agency Terms of Reimbursement (P-01679)

Rural Health Clinic Terms of Reimbursement (P-01680)

School-Based Services Terms of Reimbursement (P-01681)

Specialized Medical Vehicle Terms of Reimbursement (P-01682)

Speech-Language Pathology Therapy Terms of Reimbursement (P-01648)

Tribal Federally Qualified Health Center Terms of Reimbursement (P-01655)