

**Affected Programs:** BadgerCare Plus, Medicaid

**To:** Dentists, Family Planning Clinics, Federally Qualified Health Centers, Inpatient Hospital Providers, Medical Equipment Vendors, Opticians, Optometrists, Outpatient Hospital Providers, Physician Clinics, Physicians, Rural Health Clinics, HMOs and Other Managed Care Programs

## Submitting Paper Attachments with Electronic Claims

Providers may submit paper attachments to accompany their electronic claim transactions. This *ForwardHealth Update* provides instructions on how to submit electronic claim transactions with paper attachments.

### Background Information

In October 2008, the Department of Health Services (DHS) will implement ForwardHealth interChange, which replaces Wisconsin's existing Medicaid Management Information System (MMIS). ForwardHealth interChange will be supported as part of the State's new fiscal agent contract with EDS. With ForwardHealth interChange, providers and trading partners will have more ways to verify member enrollment and submit electronic claims, adjustments, and prior authorization requests through the secure ForwardHealth Portal. Refer to the March 2008 *ForwardHealth Update* (2008-24), titled "Introducing ForwardHealth interChange, a New Web-Based Information System for State Health Care Programs," for an overview of the implementation and a more detailed outline of the many business process enhancements and added benefits the new system and fiscal agent contract will provide.

### Submitting Paper Attachments with Electronic Claims

Effective with claims received after the implementation of ForwardHealth interChange, providers who were previously unable to submit electronic claims due to paper attachment

requirements will be able to submit electronic claim transactions and send corresponding paper attachments by mail. To do this, providers should use the instructions in this *Update* to properly submit both electronic claims and the corresponding paper attachments.

### Submitting Electronic Claims

Segments in the ForwardHealth companion documents for 837 Health Care Claim transactions have been revised and now contain instructions for providers submitting paper attachments to accompany electronic claims. Providers may use the following electronic transaction segments to indicate that a paper attachment will be submitted by mail:

- 2300/PWK02: Enter the value "BM" to indicate that claim supplemental information is being sent to ForwardHealth by mail.
- 2300/PWK05: Enter the value "AC" to indicate an Attachment Control Number (ACN). This element is required when PWK02 contains the value "BM."
- 2300/PWK06: Enter an ACN. The ACN is a number assigned by the provider. The field will accept any alphanumeric entry between two and 80 characters in length. Providers are required to indicate the ACN both in this segment and on the Claim Form Attachment Cover Page, F-13470 (10/08), which accompanies the paper attachments.

## **Submitting Paper Attachments**

Paper attachments that go with electronic claim transactions must be submitted with the Claim Form Attachment Cover Page, F-13470. Providers are required to use the Claim Form Attachment Cover Page and completion instructions included in Attachments 1 and 2 of this *Update* or downloaded from the ForwardHealth Portal. Any other format of the Claim Form Attachment Cover Page will be returned to the provider unprocessed.

The ACN selected by the provider must be indicated on the cover page in order to match the electronic claim with the paper attachment.

ForwardHealth will hold an electronic claim transaction or a paper attachment(s) for up to 30 calendar days to find a match. If a match cannot be made within 30 days, the claim will be processed without the attachment and will be denied if an attachment is required. When such a claim is denied, both the paper attachment(s) and the electronic claim will need to be resubmitted.

Providers are required to send paper attachments relating to electronic claim transactions to the following address:

ForwardHealth  
Claims and Adjustments  
6406 Bridge Rd  
Madison WI 53784-0002

## **Submitting Paper Attachments with Electronic Claim Adjustments**

Electronic claim adjustments may also be submitted with paper attachments by following the same procedures outlined in this *Update* for sending paper attachments with electronic claims.

## **Submitting Electronic Medicare Crossover Claims**

Providers should *not* submit paper Explanation of Medicare Benefits or Medicare Remittance Advice as attachments to electronic claims. An *Update* titled “Medicare Crossover

Claim Changes for BadgerCare Plus Providers” will be sent in August 2008 outlining changes for crossover claims.

## **Information Regarding Managed Care**

This *Update* contains fee-for-service policy and applies to services members receive on a fee-for-service basis. For managed care policy, contact the appropriate managed care organization. HMOs are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The *ForwardHealth Update* is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Health Care Access and Accountability, Wisconsin Department of Health Services (DHS). Wisconsin Well Woman Program is administered by the Division of Public Health, Wisconsin DHS.

For questions, call Provider Services at (800) 947-9627 or visit our Web site at [dhs.wisconsin.gov/forwardhealth/](http://dhs.wisconsin.gov/forwardhealth/).

P-1250

# **ATTACHMENT 1**

## **Claim Form Attachment Cover Page Completion Instructions**

(A copy of the “Claim Form Attachment Cover Page Completion Instructions”  
is located on the following page.)

## FORWARDHEALTH CLAIM FORM ATTACHMENT COVER PAGE COMPLETION INSTRUCTIONS

Paper attachments that correspond to electronic claim transactions must be submitted with the Claim Form Attachment Cover Page, F-13470. The use of this form is mandatory when submitting paper attachments with electronic claim submissions; any other format of the Claim Form Attachment Cover Page will be returned to the provider unprocessed.

The Attachment Control Number (ACN) selected by the provider must be indicated on the cover page in order to match the electronic claim with the paper attachment.

ForwardHealth will hold an electronic claim transaction or a paper attachment(s) for up to 30 calendar days to find a match. If a match cannot be made within 30 days, the claim will be denied. When such a claim is denied, both the paper attachment(s) and the electronic claim will need to be resubmitted.

Providers are required to send paper attachments relating to electronic claim transactions to the following address:

ForwardHealth  
Claims and Adjustments  
6406 Bridge Rd  
Madison WI 53784-0002

**Instructions:** Type or print clearly. The ACN entered on this form must match the ACN entered on the electronic claim submission.

**Date Transmitted:** Enter the date the electronic claim was submitted, if known.

**Attachment Control Number (ACN):** Enter the number selected by the provider that matches the ACN submitted on the electronic claim. The ACN can be any alphanumeric entry between two and 80 characters in length.

**Provider Number:** Enter the provider number of the billing provider.

**Member Identification Number:** Enter the member ID of the member for whom the claim was submitted.

**ATTACHMENT 2**  
**Claim Form Attachment Cover Page**  
**(for photocopying)**

(A copy of the "Claim Form Attachment Cover Page" is located on the following page.)

FORWARDHEALTH  
CLAIM FORM ATTACHMENT COVER PAGE

**Instructions:** Type or print clearly.

Date Transmitted	Attachment Control Number (ACN)
Provider Number	Member Identification Number



F-13470