

Affected Programs: Wisconsin Chronic Disease Program Providers

To: All Providers

Certification Changes for Wisconsin Chronic Disease Program Providers Due to ForwardHealth interChange

This *ForwardHealth Update* addresses changes to policies and procedures for provider certification for Wisconsin Chronic Disease Program effective with the implementation of ForwardHealth interChange in October 2008.

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 (PA) 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.

This *Update* addresses changes to policies and procedures for Wisconsin Chronic Disease Program (WCDP) provider certification effective with the implementation

of ForwardHealth interChange. The following certification and related topics are addressed:

- Applying for Certification.
- Tracking Certification Materials.
- Notice of Certification Decision.
- Effective Date of Certification.
- Provider Types.
- Categories of Certification.
- Provider Addresses in ForwardHealth interChange.
- Submitting Changes in Address or Status.
- Provider Communications.

To participate in WCDP, providers are required to be certified under their respective programs as described in HFS 152-154, Wis. Admin Code. Providers certified by WCDP may render services to WCDP members.

Applying for Certification

Effective with ForwardHealth interChange implementation, providers applying for certification with WCDP will be required to complete the WCDP Provider Application Information and Instructions, F-1540 (10/08), and the WCDP Provider Agreement and Acknowledgment of Terms of Participation, F-1541 (10/08), instead of a data sheet. The information gathered on these certification materials is necessary to conduct business with ForwardHealth interChange.

Existing providers will not be required to complete the new certification materials.

Certification Requirements

Wisconsin Administrative Code contains requirements that providers are required to meet in order to be certified with WCDP; applicable Administrative Code and any special certification materials for the applicant's provider type are included in the certification requirements.

To become certified for WCDP, providers are required to do the following:

- Meet all certification requirements for their provider type, found in both the WCDP Provider Handbook and HFS 152-154, Wis. Admin. Code.
- Submit a properly completed provider application.

Providers should carefully complete the certification materials and send all applicable documents demonstrating that they meet the stated WCDP certification criteria. Providers may call Provider Services at (800) 947-9627 for assistance with completing these materials.

Provider Application

A key part of the certification process is the completion of the WCDP provider application. On the provider application, the applicant furnishes contact, address, provider type and specialty, license, and other information needed by the program to make a certification determination.

Providers will be required to use the new certification materials for applications received after ForwardHealth implementation. Data sheets received after this date will be returned to the provider unprocessed.

Provider Agreement and Acknowledgment of Terms of Participation

As part of the application for certification, providers are now required to sign a provider agreement with the

DHS. Providers completing the provider application will need to sign and date the provider agreement and submit it with the other certification materials. *Existing providers do not need to sign a new provider agreement to continue providing WCDP services at this time.*

By signing a provider agreement, the provider certifies that the provider and each person employed by the provider, for the purpose of providing WCDP services, holds all licenses or similar entitlements and meets other requirements for their program as specified in HFS 152-154, Wis. Admin. Code, and required by federal or state statute, regulation, or rule for the provision of the service.

The provider's certification to participate in WCDP may be terminated by the provider or by the DHS as stated by the WCDP Provider Handbook. This provider agreement remains in effect as long as the provider is certified to participate in WCDP.

Obtaining and Submitting Certification Materials

Wisconsin Chronic Disease Program providers may only submit certification materials on paper. To request a WCDP provider application, providers should do one of the following:

- Contact Provider Services at (800) 947-9627.
- Click the "Contact Us" link on the Portal and send the request via e-mail.
- Send a request in writing to:

ForwardHealth
Provider Enrollment
6406 Bridge Rd
Madison WI 53784-0006

Written requests for certification materials must include the following:

- The number of provider applications requested and each applicant's/provider's name, address, and telephone number (a provider application must be completed for each applicant/provider).

- The provider’s National Provider Identifier (for health care providers) that corresponds to the type of application being requested.
- The program for which certification is requested (WCDP).
- The type of provider (e.g., physician, physician clinic or group) *or* the type of services the provider intends to provide.

Paper provider applications are assigned an Application Tracking Number (ATN) at the time the materials are requested; because of this, examples of the provider application will be available on the Portal *for reference purposes only*. These examples should *not* be downloaded and submitted to WCDP. For the same reason, providers are not able to make copies of a single paper provider application and submit them for multiple applicants. These policies allow WCDP to efficiently track certifications and assign effective dates.

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

Tracking Certification Materials

Wisconsin Chronic Disease Program allows providers to track the status of their certification application either through the Portal or by calling Provider Services. Providers will receive an ATN on the application cover letter sent with their certification materials; this number should be used in communications with ForwardHealth regarding the application for certification.

Note: Providers are required to wait for the Notice of Certification Decision as official notification that certification has been approved. This notice will contain information that the provider needs to conduct business with WCDP; therefore, an approved or enrolled status alone does not mean the provider may begin providing or billing for services.

Tracking Through the Portal

Providers are able to track the status of a certification application through the Portal. By clicking on the “Certification Tracking Search” quick link in the Provider area of the Portal and entering their ATN, providers will receive current information on their application, such as whether it’s being processed or has been returned for more information.

Tracking Through Provider Services

Providers who wish to check on the status of their submitted application may contact Provider Services and give their ATN.

Notice of Certification Decision

Wisconsin Chronic Disease Program will notify the provider of the status of the certification usually within 10 business days, but no longer than 60 days, after receipt of the complete application for certification. The program will either approve the application and issue the certification or deny the application. If the application for certification is denied, WCDP will give the applicant reasons, in writing, for the denial.

Providers who meet the certification requirements will be sent a welcome letter and a copy of the signed provider agreement. Included with the letter is an attachment with important information such as effective dates, assigned provider type and specialty, and taxonomy code. This information will be used when conducting business with WCDP; for example, health care providers will need to include their taxonomy code, designated by WCDP, on claim submissions and requests for PA.

The welcome letter will also notify non-healthcare providers (e.g., blood banks) of their WCDP provider number. This number will be used on claim submissions, PA requests, and other communications with WCDP.

Effective Date of Certification

When assigning an initial effective date, WCDP follows these regulations:

1. The date the provider contacts WCDP for a provider application is the earliest effective date possible and will be the initial effective date if the following are true:
 - The provider meets all applicable licensure, certification, authorization, or other credential requirements as a prerequisite for WCDP on the date of notification. Providers should not hold their application for pending licensure, Medicare, or other required certification but submit it to WCDP. Wisconsin Chronic Disease Program will keep the provider's application on file and providers should send WCDP proof of eligibility documents immediately, once available, for continued processing.
 - Wisconsin Chronic Disease Program received the provider application, provider agreement, and any supplemental documentation within 30 days of being mailed a paper application.
2. If WCDP receives the provider's incomplete or unclear application within the 30-day deadline, the provider will be granted one 30-day extension. The program must receive a response to the request for additional information within 30 days from the date on the letter requesting the missing information or item(s). This extension allows the provider additional time to obtain proof of eligibility (such as license verification, transcripts, or other certification).
3. If the provider does not send complete information within the original 30-day deadline or 30-day extension, the initial effective date will be based on the date WCDP receives the complete and accurate application materials.

Group Certification Effective Dates

Group billing certifications (formerly called group billing provider numbers) are given as a billing convenience. Groups may submit a written request to

obtain group billing certification with a certification effective date back 365 days from the effective date assigned. Providers should mail requests to backdate group billing certification to the following address:

ForwardHealth
Provider Enrollment
6406 Bridge Rd
Madison WI 53784-0006

Refer to the "Categories of Certification" section in this *Update* for more information on types of certification.

Request for Change of Effective Date

If providers believe their initial certification effective date is incorrect, they may request a review of the effective date. The request should include documentation that indicates the certification criteria that were incorrectly considered. Requests for changes in certification effective dates should be sent to Provider Maintenance.

Medicare Enrollment

Wisconsin Chronic Disease Program requires providers administering chronic renal and hemophilia services to be Medicare enrolled as a condition for WCDP certification. This requirement is specified in Wisconsin Administrative Code and the WCDP section of the Online Handbook.

The enrollment process for Medicare is separate from WCDP's certification process. Providers applying for both Medicare enrollment and WCDP certification are encouraged to apply for WCDP certification *at the same time* that they apply for Medicare enrollment, even though Medicare enrollment must be finalized first. By applying for Medicare enrollment and WCDP certification simultaneously, it may be possible for WCDP to assign a certification effective date that is the same as the Medicare enrollment date.

Provider Types

The types of providers that may be certified to provide WCDP services include the following:

- Ambulance providers (air, water, land).
- Ambulatory surgery centers.
- Anesthesiology assistants.
- Certified registered nurse anesthetists.
- End-stage renal disease service providers (free standing or hospital affiliated).
- Federally Qualified Health Centers.
- Hospitals.
- Independent labs (blood banks).
- Medical supply providers (orthotists, prosethetists, orthotists/prosthetists).
- Medical vendors/durable medical equipment providers.
- Nursing Homes.
- Nurse practitioners (certified pediatric nurse practitioners, certified family nurse practitioners, other nurse practitioners).
- Nurse services (Private duty/respiratory care service providers, Private duty nurses, registered nurses, licensed practical nurses).
- Pharmacies.
- Physician assistants.
- Physician groups/clinics.
- Physicians.
- Portable X-ray providers.

Physicians and physician groups/clinics are also required to specify their area of provider specialty. Refer to the WCDP provider application for more information.

Categories of Certification

Wisconsin Chronic Disease Program certifies providers in four billing categories. Each billing category has specific designated uses and restrictions. These categories include the following:

- Billing/rendering provider.
- Rendering provider.
- Group billing that requires a rendering provider.

- Group billing that does not require a rendering provider.

Billing/Rendering Provider

Certification as billing/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 Provider

Certification as a rendering provider is given to those providers who practice under the professional supervision of another provider (e.g., physician assistants). Providers with a rendering provider certification cannot submit claims to WCDP directly, but have reimbursement rates 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.

Group Billing

Certification as a group billing provider is issued primarily as an accounting convenience. This allows a group billing provider to receive one reimbursement, one Remittance Advice (RA), and the 835 Health Care Claim Payment/Advice transaction for covered services rendered by individual providers within the group.

Group Billing That Requires a Rendering Provider

Individual providers within certain groups are required to be Medicaid certified 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.

Group Billing That Does Not Require a Rendering Provider

Other groups (e.g., hospitals, medical equipment vendors) are not required to indicate a rendering provider on claims.

Group billing providers should refer to their certification materials or service-specific publications to determine whether or not a rendering provider is required on claims.

Border Status Certification

A provider in a state that borders Wisconsin may be eligible for border-status certification. Border-status providers need to notify WCDP in writing that it is common practice for members in a particular area of Wisconsin to seek their medical services, as stated for the respective programs in HFS 152.05, 153.05, and 154.05, Wis. Admin. Code.

Certified border-status providers are subject to the same program requirements as in-state providers, including coverage of services and PA and claims submission procedures. Reimbursement is made in accordance with WCDP policies.

Public Entities

Public entities (e.g., cities, counties) outside Wisconsin are not eligible for border status.

Provider Addresses in ForwardHealth interChange

ForwardHealth interChange has the capability of storing the following types of addresses and related information, such as contact information and telephone numbers:

- *Practice location address and related information (formally known as physical address).* 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 telephone number for member's use. With limited exceptions, the practice location and telephone number for member's use are published in a provider directory made available to the public.
- *Mailing address.* This address is where WCDP will mail general information and correspondence.

Providers should indicate concise address information to aid in proper mail delivery.

- *Prior authorization address.* This address is where WCDP will mail PA information.
- *Financial address (formally known as payee address).* Two separate financial addresses are stored in ForwardHealth interChange. The checks and RA address is where WCDP will mail checks and RA information. The 1099 mailing address is where WCDP will mail IRS Form 1099.

With the implementation of ForwardHealth interChange, information from the former MMIS, which included only physical and payee address information, is converted to the new system. Until new address information is provided, WCDP will use the converted physical address information for the practice location address, mailing address, and PA address. The converted payee address will be used for the checks and RA address as well as the 1099 mailing address. Providers are encouraged to provide WCDP with information for these additional addresses as soon as possible after implementation of ForwardHealth interChange. Providers may submit additional address information or update their current information through the Portal or by using the Provider Change of Address or Status form, F-1181 (10/08). Refer to Attachments 1 and 2 of this *Update* for completion instructions and the revised Provider Change of Address or Status form for photocopying.

Provider addresses are stored separately for each program (i.e., Medicaid, WCDP, and the Wisconsin Well Woman Program) for which the provider is certified. Providers should consider this when supplying additional address information and keeping address information updated. Providers who are certified for multiple programs and have an address change that applies to more than one program will need to provide this information for each program. Providers who submit these changes on paper need to use only one

Provider Change of Address or Status form if changes are applicable for multiple programs.

Changes in Address or Status

It is the provider's responsibility to keep his or her practice information updated. Providers are required to notify WCDP of the following types of changes:

- Practice, mailing, PA, or financial address.
- Contact name.
- Telephone number.
- Business name.
- Federal Tax ID number.
- Group affiliation.
- Licensure.
- Ownership.
- Professional certification.
- Provider specialty.

Failure to notify WCDP of any changes may result in the following:

- Incorrect reimbursement.
- Misdirected payment.
- Claim denial.
- Suspension of payments in the event that provider mail is returned to WCDP for lack of a current address.

Entering new information on a claim form or PA request is *not* adequate notification of change and may result in denied claims.

Portal Submission of Changes

After establishing a provider account on the Portal, WCDP providers may make changes to their demographic information online. Changes made through the Portal instantly update the provider's information in ForwardHealth interChange; in addition, since the provider is allowed to make changes directly to his or her information, the process does not require re-entry by WCDP, which may improve data accuracy.

Providers should note, however, that the demographic update function of the Portal limits certain providers from updating some types of information. Providers who are not able to update certain information through the Portal may make these changes using the Provider Change of Address or Status form.

Paper Submission of Changes

The Provider Change of Address or Status form may be downloaded from the Portal, obtained from Provider Services, or copied from Attachment 2. The form has been revised to accommodate the additional data that ForwardHealth interChange is capable of storing. Copies of the old version of the Provider Change of Address or Status form will not be accepted following implementation of ForwardHealth interChange; changes submitted on old versions of this form will be returned to the provider so that he or she may complete the new version or submit changes through the Portal.

Change Notification Letter

When a change is made to a provider's key information, either through the use of the Provider Change of Address or Status form or through the Portal, WCDP will send a letter notifying the provider of the change(s) made. Providers should carefully review the Provider File Information Change Summary included with the letter. If any information on this summary is incorrect, providers may do one of the following:

- If the provider made an error while submitting information on the Portal, he or she should correct the information through the Portal.
- If the provider submitted incorrect information using the Provider Change of Address or Status form, he or she should either submit a corrected form or correct the information through the Portal.
- If the provider submitted correct information on the Provider Change of Address or Status form and believes an error was made in processing, he or she can contact Provider Services to have the error corrected or submit the correct information via the Portal.

Provider Communications

On an ongoing basis, providers should refer to the Online Handbook for the most current WCDP information and should watch for changes in policies and procedures published in *Updates*. Wisconsin Chronic Disease Program providers are bound by the rules, policies, and regulations set forth in WCDP publications. *Updates* are available for viewing and downloading on the Portal.

For More Information

Refer to the following *Updates* for more information on topics related to the implementation of ForwardHealth interChange:

- July 2008 *Update* (2008-94), titled “Introducing the ForwardHealth Portal.”
- July 2008 *Update* (2008-124), titled “Establishing a Provider Account on the ForwardHealth Portal.”

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/.

P-1250

ATTACHMENT 1

Provider Change of Address or Status Completion Instructions

(A copy of the "Provider Change of Address or Status Completion Instructions" is located on the following pages.)

(This page was intentionally left blank.)

FORWARDHEALTH PROVIDER CHANGE OF ADDRESS OR STATUS COMPLETION INSTRUCTIONS

ForwardHealth requires certain information to enable the programs to certify providers and to authorize and pay for medical services provided to eligible members.

Personally identifiable information about providers is used for purposes directly related to program administration such as determining the certification of providers or processing provider claims for reimbursement. Non-submission of changes in address or status may result in incorrect reimbursement, misdirected payment, claim denial, or suspension of payments.

Provision of the information requested on this form is mandatory; however, the use of this version of the form is voluntary. Providers may develop their own version of this form as long as it includes all the information on this form.

INSTRUCTIONS

If a request is made to change an individual provider's file, ForwardHealth requires the individual provider's signature on the Provider Change of Address or Status form, F-1181. Signature stamps are not allowed.

Complete all areas of the form affected by change. A change in ownership, group affiliation, federal tax identification number (Internal Revenue Service [IRS] number), etc., must be reported to ForwardHealth before the change. A change in address must be reported immediately after moving.

Section I is required to be filled out in addition to the sections where the change to the provider file is indicated. It is imperative that the information in Section I is provided in order for ForwardHealth to update the correct provider file.

SECTION I — IDENTIFYING INFORMATION

The information in this section pertains to the provider who performs ForwardHealth services and the location where the provider office is physically located and where the records are normally kept.

Element 1 — Name — Provider

This is a required field. Enter the individual provider's first name, middle initial, and last name, or the name of the clinic or facility.

Element 2 — Provider ID

This is a required field. Enter the provider's National Provider Identifier (NPI). Non-healthcare providers are required to enter the provider number assigned by ForwardHealth at the time of certification.

Element 3 — Taxonomy Code

This is a required field for health care providers and not applicable to specialized medical vehicle and personal care-only agencies. Enter the provider's taxonomy code assigned by ForwardHealth to be used to identify the provider file to be updated.

Element 4 — ZIP+4 Code

This is a required field. Enter the complete ZIP+4 code for the practice location on file with ForwardHealth.

Element 5 — Updates on this form are applicable to the following programs.

This is a required field. Check all programs to which the provider file changes apply. Only choose programs for which the provider is certified.

SECTION II — PRACTICE LOCATION INFORMATION

Practice location is the street address where a provider office is physically located and where the records are normally kept.

Elements 6 and 7 — Name and Telephone Number — Contact Person

Enter the name and telephone number for the contact person. The contact person's telephone number is required when a contact person's name is entered. The contact person's information is used for ForwardHealth administrative purposes only.

Element 8 — Telephone Number — For Member Use

Enter the telephone number that members should use to contact the provider. This telephone number will be listed in a provider directory that is available to the public.

Elements 9-13 — Practice Location Address

Enter the provider's complete practice location address (street, city, state, ZIP+4 code). This address is where the provider's office is physically located and where records are normally kept. It is not acceptable to indicate a drop box or P.O. Box for the practice location address.

Element 14 — County

Enter the county of the provider's practice location.

SECTION III — PROVIDER FINANCIAL INFORMATION

ForwardHealth will generate payments to the provider and report income to the IRS using this information. This information must be the current taxpayer information on file with the IRS.

Taxpayer Information

Element 15 — Taxpayer Identification Number (TIN)

This is a required field. Enter the TIN that should be used to report income to the IRS.

Element 16 — Name — Taxpayer

This is a required field. Enter the taxpayer's name for the TIN indicated in Element 15. The name entered must be the same name that is on file with the IRS.

Element 17 — TIN Type

This is a required field. Indicate whether the TIN indicated in Element 15 is an Employer Identification Number (EIN) or a Social Security number (SSN).

Element 18 — TIN Effective Date

Enter the effective date of the TIN.

Element 19 — TIN End Date

Enter the end date of the TIN.

Checks and Remittance Advice Address

Elements 20-24 — Address

These are required fields. Enter the complete address to which checks and remittance advices should be mailed.

Elements 25-26 — Name and Telephone Number — Contact Person

Enter the financial contact person's name and telephone number.

SECTION IV — IRS FORM 1099 MAILING ADDRESS

ForwardHealth will mail the IRS Form 1099 to this address.

IMPORTANT: Only one 1099 will be sent per TIN. If the provider completing this form is not responsible for receiving the 1099, the provider should not complete this section.

Elements 27-31 — IRS Form 1099 Mailing Address

Enter the complete address to which the IRS Form 1099 should be sent. (Enter either a P.O. Box or street address [include a suite number, if applicable], city, state, and ZIP+4 code).

SECTION V — MAILING INFORMATION

Indicate the address where ForwardHealth should send general information and correspondence.

Element 32 — Name — Mail To

Enter the first name, middle initial, last name, or the name of the office, clinic, facility, or place of business for the mailing address.

Element 33 — Name — Attention Line

Enter attention line information ForwardHealth should use for mailing general information and correspondence.

Elements 34-38 — Mailing Address

Enter the provider's complete mailing address (enter either a P.O. Box or street address [include a suite number, if applicable], city, state, and ZIP+4 code).

SECTION VI — PRIOR AUTHORIZATION INFORMATION

Indicate the address where ForwardHealth should send prior authorization (PA) information. This section is not applicable for Wisconsin Well Woman Program providers.

Element 39 — Name — Provider

Enter the first name, middle initial, last name, and title or the name of the office, clinic, facility, or place of business for the PA address.

Element 40 — Name — Attention Line

Enter the attention line information that ForwardHealth should use for mailing PA information.

Elements 41-45 — Address

Enter the provider's complete PA address. (Enter either a P.O. Box or street address [include a suite number, if applicable], city, state, and ZIP+4 code).

Elements 46 — Fax Number

Enter the fax number.

Elements 47 — Telephone Number — Contact Person

Enter the telephone number for the contact person.

SECTION VII — SUPERVISING PROVIDER INFORMATION

For non-billing providers only. Indicate the following information for the non-billing provider's supervisor.

Element 48 — Name — Supervisor

Enter the supervisor's first name, middle initial, and last name.

Element 49 — Telephone Number — Supervisor

Enter the supervisor's telephone number, including the area code.

Elements 50-54 — Address

Enter the supervisor's complete address. (Enter either a P.O. Box or street address [include a suite number, if applicable], city, state, and ZIP+4 code).

Elements 55 — Effective Date of Supervision

Enter the date the supervisor began supervising the non-billing provider.

SECTION VIII — GENERAL INFORMATION

Enter other miscellaneous information regarding the provider.

Elements 56 — Language(s)

Indicate the language(s) spoken by the organization's staff who are available to interpret for members. This information will be used in a provider directory that will be made available to the public. Check all that apply.

Element 57a-d — Drug Enforcement Agency (DEA) Information

Enter the DEA number(s) for the provider. Additional space is provided to allow for multiple DEA numbers.

Elements 58-63

Indicate the provider's Medicare enrollment(s) and the effective date(s). If an organization has identified subparts for the purpose of submitting claims to Medicare, and the NPIs will only appear on automatic crossover claims to ForwardHealth, enter the Secondary NPIs.

SECTION IX — AUTHORIZED SIGNATURE INFORMATION

Element 64 — Signature — Provider

The signature of the individual provider or authorized representative of a clinic or facility provider is required. Signature stamps and electronic signatures are not acceptable.

Element 65 — Date Signed

This is a required field. Enter the month, day, and year (in MM/DD/CCYY format) this form was completed and signed.

ATTACHMENT 2

Provider Change of Address or Status

(A copy of the “Provider Change of Address or Status” is located on the following pages.)

**FORWARDHEALTH
PROVIDER CHANGE OF ADDRESS OR STATUS**

Instructions: Type or print clearly. Before completing this form, read the Provider Change of Address or Status Completion Instructions, F-1181A. Submit the completed form to ForwardHealth, Provider Enrollment, 6406 Bridge Road, Madison, WI 53784-0006.

Providers may contact Provider Services at (800) 947-9627 for more information.

SECTION I — IDENTIFYING INFORMATION

1. Name — Provider (Required)	2. Provider ID (Required)
3. Taxonomy Code (Required for Health Care Providers)	4. ZIP+4 Code (Required)
5. Updates on this form are applicable to the following programs. (Required) <input type="checkbox"/> Wisconsin Medicaid <input type="checkbox"/> Wisconsin Chronic Disease Program <input type="checkbox"/> Wisconsin Well Woman Program	

SECTION II — PRACTICE LOCATION INFORMATION

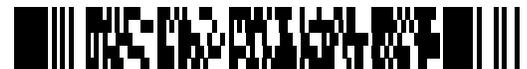
6. Name — Contact Person		
7. Telephone Number — Contact Person	8. Telephone Number — For Member Use	
9. Address Line 1	10. Address Line 2	
11. City	12. State	13. ZIP+4 Code
14. County		

SECTION III — PROVIDER FINANCIAL INFORMATION

Taxpayer Information

15. Taxpayer Identification Number (TIN)	16. Name — Taxpayer	
17. TIN Type <input type="checkbox"/> EIN <input type="checkbox"/> SSN	18. TIN Effective Date	19. TIN End Date

Continued



F-1181

SECTION III — PROVIDER FINANCIAL INFORMATION (Continued)

Checks and Remittance Advice Address

20. Address Line 1		21. Address Line 2	
22. City	23. State	24. ZIP+4 Code	
25. Name — Financial Contact Person		26. Telephone Number — Contact Person	

SECTION IV — IRS FORM 1099 MAILING ADDRESS

IMPORTANT: Only one 1099 will be sent per TIN. If the provider completing this form is not responsible for receiving the 1099, the provider should not complete this section.

27. Address Line 1		28. Address Line 2	
29. City	30. State	31. ZIP+4 Code	

SECTION V — MAILING INFORMATION

32. Name — Mail To		33. Name — Attention Line	
34. Address Line 1		35. Address Line 2	
36. City	37. State	38. ZIP+4 Code	

SECTION VI — PRIOR AUTHORIZATION INFORMATION

39. Name — Provider		40. Name — Attention Line	
41. Address Line 1		42. Address Line 2	
43. City	44. State	45. ZIP+4 Code	
46. Fax Number		47. Telephone Number — Contact Person	

Continued

SECTION VII — SUPERVISING PROVIDER INFORMATION (For Non-billing Providers Only)

48. Name — Supervisor		49. Telephone Number — Supervisor	
50. Address Line 1		51. Address Line 2	
52. City	53. State	54. ZIP+4 Code	
55. Effective Date of Supervision			

SECTION VIII — GENERAL INFORMATION

56. Language(s)
 English Spanish Other _____
 Russian Hmong

57a. Drug Enforcement Agency (DEA) Number(s)	57b. DEA Number(s)
57c. DEA Number(s)	57d. DEA Number(s)

58. Is the provider Medicare Part A enrolled? Yes No Effective Date _____

59. List Secondary NPIs for Medicare Part A.

60. Is the provider Medicare Part B enrolled? Yes No Effective Date _____

61. List Secondary NPIs for Medicare Part B.

62. Is the provider DMERC enrolled? Yes No Effective Date _____

63. List Secondary NPIs for DMERC.

Note: If an organization has identified subparts for the purpose of submitting claims to Medicare and the NPIs will only appear on automatic crossover claims to ForwardHealth, the NPIs submitted to Medicare on claims are considered to be secondary NPIs.

SECTION IX — AUTHORIZED SIGNATURE INFORMATION

64. SIGNATURE — Provider (Required)	65. Date Signed (Required)
--	----------------------------
