

**Affected Programs:** All Programs

**To:** All Providers, HMOs and Other Managed Care Programs

## Enrollment Verification for Members Enrolled in ForwardHealth Programs

This *ForwardHealth Update* contains information about methods for verifying enrollment with the implementation of ForwardHealth interChange in October 2008. This *Update* provides information about enhancements for some programs or new information for other programs.

### Implementation of ForwardHealth interChange

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.

### Verifying Enrollment

Providers should always verify a member's enrollment before providing services, both to determine enrollment

for the current date (since a member's enrollment status may change) and to discover any limitations to the member's coverage. Each enrollment verification method allows providers to verify the following prior to services being rendered:

- A member's enrollment in a ForwardHealth program(s).
- State-contracted managed care organization (MCO) enrollment.
- Medicare enrollment.
- Limited benefits categories.
- Any other commercial health insurance coverage.
- Exemption from copayments for BadgerCare Plus members.

With implementation, member identification numbers are changing from the current numbers (based on the member's Social Security number) to random 10-digit numbers. Many methods of enrollment verification will return the new member ID number. Providers should refer to the August 2008 *Update* (2008-154), titled "ForwardHealth Is Issuing New Member Identification Cards with New Member Identification Numbers," for more information.

### Enrollment Verification System

Effective in October 2008, providers will be able to verify enrollment for members using Wisconsin's Enrollment Verification System (EVS). When making an enrollment inquiry through the EVS, the returned

response will provide information on the member's enrollment in benefit plans based on financial payers.

There are three financial payers under ForwardHealth:

- Medicaid (Medicaid is the financial payer for Wisconsin Medicaid, BadgerCare Plus, and SeniorCare).
- Wisconsin Chronic Disease Program (WCDP).
- Wisconsin Well Woman Program (WWWP).

Within each financial payer are benefit plans. Each member is enrolled under at least one of the three financial payers, and under each financial payer, is enrolled in at least one benefit plan. An individual member may be enrolled under more than one financial payer. (For instance, a member with chronic renal disease may have health care coverage under the BadgerCare Plus Standard Plan and the WCDP Chronic Renal Disease Program. The member is enrolled under two financial payers, Medicaid and WCDP.)

Alternatively, a member may have multiple benefits under a single financial payer. (For example, a member may be covered by the Tuberculosis-Related Services Only Benefit and the Family Planning Waiver at the same time, both of which are administered by Medicaid.)

See Attachments 1-6 of this *Update* for information on each financial payer and the benefit plans under each financial payer.

### ***Member Enrollment***

Most members receive a member identification card, but possession of a program identification card does not guarantee enrollment. Periodically, members may become ineligible for enrollment, only to re-enroll at a later date. Members are told to keep their cards even though they may have gaps in enrollment periods. It is possible that a member will present a card when he or she is not enrolled; therefore, it is essential that providers verify enrollment before providing services.

### **Future Dates**

Enrollment information will be provided based on a "From" date of service (DOS) and a "To" DOS that the provider enters when making the enrollment inquiry. For enrollment inquiries, a "From" DOS is the earliest date for which the provider is requesting enrollment information and the "To" DOS is the latest date for which the provider is requesting enrollment information.

### ***Wisconsin Medicaid and Wisconsin Chronic Disease Program***

Providers should use the following guidelines for entering DOS when verifying enrollment for Wisconsin Medicaid, BadgerCare Plus, SeniorCare, or WCDP members:

- The "From" DOS may be up to one year prior to the current date.
- If the date of the request is prior to the 20<sup>th</sup> of the current month, then providers may enter a "From" DOS and "To" DOS up to the end of the current calendar month.
- If the date of the request is on or after the 20<sup>th</sup> of the current month, then providers may enter a "From" DOS and "To" DOS up to the end of the following calendar month.

For example, if the date of the request was November 15, 2008, the provider could request dates up to and including November 30, 2008. If the date of the request was November 25, 2008, the provider could request dates up to and including December 31, 2008.

### ***Wisconsin Well Woman Program***

Providers should use the following guidelines for entering DOS when verifying enrollment for WWWP members:

- The "From" DOS may be up to one year prior to the current date.
- The "From" DOS may be no greater than the date of the request.

- The “To” DOS may be no greater than 365 days from the entered “From” DOS.

For example, if the “From” DOS is November 15, 2008, the provider will be allowed to enter a “To” DOS up to and including November 14, 2009. All enrollment information found within this date span will be reported back.

## **Methods for Verifying Enrollment**

Providers may verify member enrollment for ForwardHealth programs through one of the following EVS methods:

- ForwardHealth Portal.
- WiCall.
- Commercial Enrollment Vendors.
- 270/271 Health Care Enrollment/Benefit Inquiry and Information Response transactions.
- Provider Services.

### ***Portal***

The secure ForwardHealth Portal offers real-time member enrollment verification for all ForwardHealth programs. Providers will be able to use this tool to determine:

- The benefit plan(s) in which the member is enrolled.
- If the member is enrolled in a state-contracted managed care program (for Medicaid and BadgerCare Plus members).
- If the member has any other coverage, such as Medicare or commercial health insurance.
- If the member is exempted from copayments (BadgerCare Plus members only).

To access enrollment verification via the ForwardHealth Portal, providers will need to do the following:

- Go to the ForwardHealth Portal at [www.forwardhealth.wi.gov/](http://www.forwardhealth.wi.gov/).
- Establish a provider account.
- Log into the secure Portal.
- Click on the menu item for enrollment verification.

Refer to the July 2008 *Update* (2008-124), titled “Establishing a Provider Account on the ForwardHealth Portal,” for more information about establishing a provider account on the ForwardHealth Portal. Refer to the July 2008 *Update* (2008-94), titled “Introducing the ForwardHealth Portal,” for additional information about functions that can be performed after setting up a provider account on the ForwardHealth Portal.

Providers will receive a unique transaction number for each enrollment verification inquiry. Providers may access a history of their enrollment inquiries using the Portal, which will list the date the inquiry was made and the enrollment information that was given on the date that the inquiry was made. For a more permanent record of inquiries, providers are advised to use the “print screen” function to save a paper copy of enrollment verification inquiries for their records or document the transaction number at the beginning of the response, for tracking or research purposes. This is a new feature that allows providers to access enrollment verification history when researching claim denials due to enrollment issues.

The Provider Portal is available 24 hours a day, seven days a week.

### ***WiCall***

WiCall is an automated voice response service that allows providers with touch-tone telephones direct access to real-time enrollment information. Providers may obtain enrollment information from WiCall by calling (800) 947-3544. It also allows providers to access provider CheckWrite information, claim status information, and PA status information. A similar service is currently available to Medicaid, BadgerCare Plus and SeniorCare providers and will be available to WCDP and WWWP providers following implementation of ForwardHealth interChange. Refer to Attachment 7 for a WiCall quick reference guide.

Information from WiCall will be returned in the following order if applicable to the member's current enrollment:

- **Transaction number:** A number will be given as a transaction confirmation that providers should keep for their records.
- **Benefit enrollment:** All benefit plans the member is enrolled in on the DOS or within the DOS range selected for the financial payer.
- **County Code:** The member's county code will be provided if available. The county code is a two-digit code between 01 and 72 that represents the county in which member resides. If the enrollment response reflects that the member resides in a designated Health Personnel Shortage Area (HPSA) on the DOS or within the DOS range selected, HPSA information will be given.
- **Managed Care Organization:** All information about state-contracted MCO enrollment, including MCO names and telephone numbers (that exists on the DOS or within the DOS range selected), will be listed. This information is applicable to Medicaid and BadgerCare Plus members only.
- **Hospice:** If the member is enrolled in the Hospice benefit on the DOS or within the DOS range that the provider selected, the hospice information will be given. This information is applicable to Medicaid and BadgerCare Plus members only.
- **Lock-in:** Information about member lock-in that exists on the DOS or within the DOS range selected will be provided. This information is applicable to Medicaid, BadgerCare Plus, and SeniorCare members only.
- **Medicare:** All information about Medicare coverage, including type of coverage and Medicare number, if available, that exists on the DOS or within the DOS range selected will be listed.
- **Other Commercial Insurance Coverage:** All information about commercial coverage, including carrier names and telephone numbers, if available, that exists on the DOS or within the DOS range selected will be listed.

- **Transaction Completed:** After the member's enrollment information has been given using the financial payer that was selected, providers will be given the following options:
  - ✓ To hear the information again.
  - ✓ To request enrollment information for the same member using a different financial payer.
  - ✓ To hear another member's enrollment information using the same financial payer.
  - ✓ To hear another member's enrollment information using a different financial payer.
  - ✓ To return to the main menu.

WiCall is available 24 hours a day, seven days a week. If for some reason the system is unavailable, providers may call Provider Services at (800) 947-9627.

### ***Commercial Enrollment Vendors***

ForwardHealth has agreements with several commercial enrollment verification vendors to offer enrollment verification technology to ForwardHealth providers. Commercial enrollment verification vendors have up-to-date access to the ForwardHealth enrollment files to ensure that providers have access to the most current enrollment information. Providers may access the EVS to verify member enrollment through one or more of the following methods available from commercial enrollment verification vendors:

- Magnetic stripe card readers.
- Personal computer software.
- Internet.

Some of the cards have a magnetic stripe and signature panel on the back, and a unique, 16-digit card number on the front. The 16-digit card number is valid only for use with a magnetic card reader. Magnetic card readers and related EVS services are supported by enrollment verification vendors.

Refer to the ForwardHealth Portal at [www.forwardhealth.wi.gov/](http://www.forwardhealth.wi.gov/) for a list of commercial

enrollment verification vendors that provide these services.

### **270/271 Health Care Enrollment/Benefit Inquiry and Information Response Transactions**

The 270/271 transactions allow for batch enrollment verification, including information for the current benefit period and previous 365 days, through a secure Internet connection. The 270 is the electronic transaction for inquiring about a member's enrollment. The 271 is received in response to the inquiry.

ForwardHealth exchanges nationally recognized electronic transactions with trading partners. A "trading partner" is defined as a covered entity that exchanges electronic health care transactions. In order to perform a 270/271 transaction, a provider needs to be a trading partner or needs to perform this transaction through a third party trading partner. The following covered entities are considered trading partners:

- Providers who exchange electronic transactions directly with the ForwardHealth Electronic Data Interchange (EDI) Department.
- Billing services and clearinghouses that exchange electronic transactions directly with the EDI Department on behalf of a billing provider.

For more information on exchanging 270/271, contact the EDI Department at (866) 416-4979.

### **Provider Services**

Providers can request enrollment information by calling Provider Services at (800) 947-9627 from 7:00 a.m. until 6:00 p.m. (Central Time), Monday through Friday, with the exception of state-observed holidays. Providers can obtain enrollment information beyond 365 days prior to the current DOS and other member information not available through the other EVS methods.

For additional information about Provider Services, refer to the August 2008 *Update* (2008-157), titled "Provider

Service and Other Informational Resources Available with ForwardHealth interChange Implementation."

### **Copayment Information**

If a member is enrolled in BadgerCare Plus and is exempted from paying copayments for services, providers will receive the following response to an enrollment query from all methods of enrollment verification:

- The name of the benefit plan.
- The member's enrollment dates.
- The message, "No Copay."

If a member is enrolled in BadgerCare Plus and is required to pay copayments, providers will be given the name of the benefit plan in which the member is enrolled and the member's enrollment dates for the benefit plan only.

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). The 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/).

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# ATTACHMENT 1

## Wisconsin Medicaid and BadgerCare Plus

<b>Wisconsin Medicaid and BadgerCare Plus</b>	
Medicaid	<p>Medicaid is a joint federal/state program established in 1965 under Title XIX of the Social Security Act to pay for medical services for selected groups of people who meet the program’s financial requirements.</p> <p>Some needy and low-income people become enrolled in Wisconsin Medicaid by qualifying for programs such as:</p> <ul style="list-style-type: none"> <li>• Katie Beckett.</li> <li>• Subsidized adoption and foster care programs.</li> <li>• Supplemental Security Income.</li> </ul>
BadgerCare Plus	<p>BadgerCare Plus merges family Medicaid, BadgerCare and Healthy Start into a single program and expands enrollment to the following:</p> <ul style="list-style-type: none"> <li>• All uninsured children.</li> <li>• More pregnant women.</li> <li>• More parents and caretaker relatives.</li> <li>• Parents with children in foster care who are working to reunify their families.</li> <li>• Young adults exiting out-of-home care, such as foster care, because they have turned 18 years of age.</li> <li>• Certain farmers and other self-employed parents and caretaker relatives.</li> </ul> <p>BadgerCare Plus is comprised of two benefit plans, the BadgerCare Plus Standard Plan and the BadgerCare Plus Benchmark Plan. The services covered under the Standard Plan are the same as Wisconsin Medicaid. The Benchmark Plan is a more limited plan, modeled after commercial health insurance.</p>
Wisconsin Well Woman Medicaid	<p>Wisconsin Well Woman Medicaid provides full Medicaid benefits to underinsured or uninsured women ages 35 to 64 who have been screened and diagnosed by the Wisconsin Well Woman Program or the Family Planning Waiver, meet all other enrollment requirements, and are in need of treatment of any of the following:</p> <ul style="list-style-type: none"> <li>• Breast cancer.</li> <li>• Cervical cancer.</li> <li>• Precancerous condition of the cervix.</li> </ul>

# ATTACHMENT 2

## Medicaid Limited Benefit Categories

Certain Medicaid members are enrolled in programs with limited Medicaid benefits. Providers are strongly encouraged to verify dates of enrollment and other coverage information to determine whether a member is in a limited benefit category or is enrolled in Wisconsin Medicaid, BadgerCare Plus Standard Plan, or BadgerCare Plus Benchmark Plan.

<b>Medicaid Limited Benefit Categories</b>	
BadgerCare Plus Express Enrollment (EE) for Pregnant Women	Express Enrollment is temporary enrollment for pregnant women who are applying for BadgerCare Plus.
Alien Emergency Services Only (AE)	This benefit applies to qualified aliens under the Immigration Reform and Control Act of 1986. This benefit is eligible only for services relating to an emergency.
Tuberculosis-Related Services-Only (TB-Only) Benefit	The TB-Only Benefit is a limited benefit category that allows individuals with the TB infection or disease to receive Medicaid-covered TB-related outpatient services.
Family Planning Waiver (FPW)	The FPW program is a limited benefit category that provides routine contraceptive-related services to prevent or delay pregnancy to low-income women who are not otherwise eligible for Wisconsin Medicaid or BadgerCare Plus.
Qualified Medicare Beneficiary-Only (QMB-Only)	Qualified Medicare Beneficiary-only members are a limited benefit category of Medicaid members who receive only the following: <ul style="list-style-type: none"> <li>• Medicare monthly premium payments for Part A, Part B, or both.</li> <li>• Coinsurance, copayments, and deductible for Medicare-allowed services.</li> </ul>
Specified Low-Income Medicare Beneficiaries (SLMBs)	Specialized Low-Income Medicare Beneficiary members are a limited benefit category of Medicaid members who receive payment of their Medicare monthly premiums for Medicare Part B.
Qualifying Individual 1 Members	Qualifying individual 1 members are a limited benefit category of Medicaid members who receive payment of their Medicare monthly premiums for Part B.
Qualified Disabled Working Individual	Qualifying Disabled Working Individual members who are a limited benefit category of Medicaid members who receive payment of the Medicare monthly premiums for Part A.
SeniorCare	SeniorCare is a Wisconsin program of prescription drug assistance for eligible elderly persons established under Wisconsin statute and funded in part through an 1115 waiver.

# ATTACHMENT 3

## Medicaid and BadgerCare Plus Managed Care Enrollment

Wisconsin Medicaid and BadgerCare Plus enroll members in state-contracted HMOs.

<b>Medicaid and BadgerCare Plus Managed Care Enrollment</b>	
BadgerCare Plus HMOs	Where available, all BadgerCare Plus Standard Plan and BadgerCare Plus Benchmark Plan members will be enrolled in state-contracted HMOs.
Supplemental Security Income (SSI) Managed Care Organizations (MCOs)	Supplemental Security Income members and SSI-related Medicaid members may enroll in one of the SSI MCOs.



# ATTACHMENT 4

## Medicaid Special Managed Care Programs

<b>Medicaid Special Managed Care Programs</b>	
Family Care	Family Care is a managed care program that delivers long-term care services to eligible persons in selected counties. Family Care Medicaid members are eligible for Medicaid services as well as long-term care services through a Family Care Management Organization (CMO).
Wraparound Milwaukee (WAM)	Wraparound Milwaukee is a community-based service for children with severe emotional disturbance (SED). Wraparound Milwaukee will only provide selected mental health, substance abuse, and targeted case management services to enrollees. (Milwaukee County)
Children Come First (CCF)	Children Come First is a community-based service for children with SED. Children Come First will only provide selected mental health, substance abuse, and targeted case management services to enrollees. (Dane County)
Community Living Alliance, Inc. (CLA)	Community Living Alliance, Inc. is a program of coordinated Medicaid and partnership programs to provide a service to eligible members who live in Dane, Columbia, Green, and Dodge Counties. The goals of CLAs are to contain acute and long term care costs while providing quality community-based services to persons who meet the criteria. The CLA program will provide the full range of care needed to allow the members to remain in their homes as long as possible. (Dane, Columbia, Green, and Dodge Counties)
Community Care for the Elderly (CCE)	Community Care for the Elderly is a community based, long term care program. The goals of CCE are to provide all services to help the elderly remain at home as long as feasible while reducing the cost of caring for the population. The program provides all medical, social, and nutritional services. (Milwaukee and Racine Counties)
Community Health Partnership (CHP)	The Community Health Partnership is a partnership program for members who are physically disabled or elderly, providing the full range of care needed to allow the members to remain in their homes as long as possible. (Eau Claire, Chippewa, and Dunn Counties)
Elder Care Organization (ECO/ECP)	Elder Care of Dane County-Program of All Inclusive Care for the Elderly/Partnership is a program of coordinated Medicaid and social services for nursing home-eligible members. The goals of Elder Care are to contain acute and long term care costs while providing quality community-based services to persons who meet nursing home enrollment standards. The program provides full range of care needed to allow the frail elderly to remain in their homes as long as feasible. (Dane County)

# ATTACHMENT 5

## Wisconsin Chronic Disease Program Benefit Plans

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

<b>Wisconsin Chronic Disease Program Benefit Plans</b>	
Chronic Renal Disease Program	Chronic Renal Disease Program offers assistance to Wisconsin residents with chronic renal disease.
Hemophilia Home Care Program	Hemophilia Home Care Program offers assistance to Wisconsin residents with hemophilia.
Adult Cystic Fibrosis Program	Adult Cystic Fibrosis offers assistance to Wisconsin residents with adult cystic fibrosis.

# ATTACHMENT 6

## Wisconsin Well Woman Program Benefit

Wisconsin Well Woman Program Benefit	
Wisconsin Well Woman Program (WWWP)	A state/federal limited benefit plan intended to help uninsured or underinsured low income women from ages 45 to 64 obtain screenings for breast and cervical cancers.

# ATTACHMENT 7

## WiCall Quick Reference Guide

Dial (800) 947-3544 to access WiCall, ForwardHealth Automated Voice Response system. Press "1" to begin.

