

Affected Programs: All Programs

To: All Providers, HMOs and Other Managed Care Programs

Status of Claims and Adjustment Requests in Process at the Time of ForwardHealth interChange Implementation

Claims and adjustment requests submitted either on paper or electronically that have not completed processing at the time of the switch from the Medicaid Management Information System (MMIS) to ForwardHealth interChange will be denied and will require resubmission. Providers will be notified specifically about which claims and adjustment requests need to be resubmitted.

Implementation of ForwardHealth interChange

In November 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.

Claims and Adjustment Requests in Process at the Implementation of ForwardHealth interChange

Claims and adjustment requests that have not completed processing at the time of ForwardHealth interChange implementation will be denied. One of the most common reasons a claim does not complete processing is because it is suspended for manual adjudication. Providers will see any denied claims in the last remittance from the current claims processing system. Claims still in process at the time of implementation will not be able to be moved from the current system to ForwardHealth interChange because the new system will require additional and/or modified data on claims and adjustment requests.

Every effort is being made to enter, adjudicate, and process all claims received before the claim deadline dates in order to minimize the need for resubmission after implementation.

Providers may resubmit these denied claims after ForwardHealth interChange is implemented. When resubmitting, providers are reminded to include all newly required and/or modified information on their claims and adjustment requests. To ensure that all of the required and/or modified information is included, providers should refer to their program-specific service-

specific post-implementation *Updates* regarding changes to paper and electronic claims submission. These *Updates* include post-implementation claim form completion instructions and the revised adjustment request form and instructions.

Providers are encouraged to consider submitting claims and adjustment requests well in advance of ForwardHealth interChange implementation or waiting to submit claims and adjustment requests until after implementation to avoid implementation-related resubmission.

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/.

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