

Update October 2008

No. 2008-186

Affected Programs: BadgerCare Plus, Medicaid, Wisconsin Chronic Disease Program To: All Providers, HMOs and Other Managed Care Programs

Designating an Address for Prior Authorization Correspondence

Effective with implementation of the ForwardHealth interChange system, providers may designate an address for prior authorization (PA) correspondence. Prior authorization responses will no longer be sent to an address indicated on the PA request. Providers can use the ForwardHealth Portal or the Provider Change of Address or Status form, F-1181 (10/08), to designate a PA address.

Prior Authorization Address

After implementation of ForwardHealth interChange, correspondence related to prior authorization (PA) will be sent to the practice location address (formerly referred to as the "physical address") on file with ForwardHealth unless the provider designates a separate address for receipt of PA correspondence. The Prior Authorization Request Form, F-11018 (10/08), and other PA forms and attachments (submitted on paper or through the ForwardHealth Portal) do not include a return address for PA correspondence. This policy applies to all PA correspondence, including decision notice letters, returned provider review letters, returned amendment provider letters, and returned supplemental documentation such as X-rays and photographs.

Providers who want to designate a separate address for PA correspondence have the following options:

• Update demographic information online via the ForwardHealth Portal at *www.forwardhealth.wi.gov/.* (This option is only available to providers who have established a provider account on the Portal.)

• Submit a Provider Change of Address or Status form, F-1181 (10/08). A copy of the completion instructions and the form are included as Attachments 1-2 of this *Update*.

Providers should note that these options are available on and after the date of ForwardHealth interChange implementation.

The PA address is a new feature under ForwardHealth interChange, which has a greater capacity to store provider addresses for different business functions. The PA address feature improves security and efficiency by establishing one location to send all PA responses.

For more information about provider addresses and maintenance of addresses with ForwardHealth, BadgerCare Plus and Medicaid providers should refer to the August 2008 *Update* (2008-136), titled "Certification Policy and Procedure Changes for Medicaid Providers Due to ForwardHealth interChange." Wisconsin Chronic Disease Program providers should refer to the August 2008 *Update* (2008-138), titled "Certification Changes for Wisconsin Chronic Disease Program Providers Due to ForwardHealth interChange."

Providers should refer to the July 2008 *Update* (2008-124), titled "Establishing a Provider Account on the

ForwardHealth Portal," for more information about the 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). 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/*.

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.)

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Division of Health Care Access and Accountability F-1181A (10/08)

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.

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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).

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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)

- Wisconsin Medicaid
- Wisconsin Chronic Disease Program
- 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. St	ate	13. ZIP+4 Code

14. County

SECTION III — PROVIDER FINANCIAL INFORMATION				
Taxpayer Information				
15. Taxpayer Identification Number (TIN)		16. Name —	Taxpayer	
17. TIN Type	18. TIN Effective Date	3	19. TIN End Date	

Continued



SECTION III — PROVIDER FINANCIAL INFORMATION (Continued)				
Checks and Remittance Advice Address				
20. Address Line 1		21. Address Line 2		
22. City	23. S	tate	24. ZIP+4 Code	
25. Name — Financial Contact Person		26. Telephone Numb	ber — Contact Person	
SECTION IV — IRS FORM 1099 MAILING ADDRES	S			
IMPORTANT: Only one 1099 will be sent per TIN. If the provider should not complete this sector		completing this form is r	not responsible for receiving the 1099, the	
27. Address Line 1		28. Address Line 2		
29. City	30. S	itate	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. S	tate	38. ZIP+4 Code	
SECTION VI - PRIOR AUTHORIZATION INFORMA				
39. Name — Provider		40. Name — Attentio	on Line	
41. Address Line 1	1		42. Address Line 2	
43. City	44. State	9	45. ZIP+4 Code	
46. Fax Number		47. Telephone Numb	per — Contact Person	
		1	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. St	tate	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? Q Yes Q	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?	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)