



Update

August 2009

No. 2009-44

Affected Programs: BadgerCare Plus, Medicaid, Wisconsin Well Woman Program

To: Ambulatory Surgery Centers, Family Planning Clinics, Federally Qualified Health Centers, HealthCheck Providers, Hospital Providers, Nurse Practitioners, Physician Clinics, Physicians, HMOs and Other Managed Care Programs

New Location for Submitting the Wisconsin Well Woman Medicaid Determination Form and Form Revisions

Effective September 1, 2009, providers enrolling members from Family Planning Waiver and the Wisconsin Well Woman Program will be required to submit the Wisconsin Well Woman Medicaid Determination form, F-10075 (07/09), to Central Application Processing Operation for processing. Additionally, the Wisconsin Well Woman Medicaid Determination form has been revised to accommodate authorized diagnosing providers and local coordinating agencies in the enrollment of members from the BadgerCare Plus Benchmark Plan and the BadgerCare Plus Core Plan for Adults with No Dependent Children.

Change of Location for Form Submission

Effective September 1, 2009, providers enrolling members with a confirmed diagnosis of breast cancer, cervical cancer, or a precancerous condition of the cervix from Family Planning Waiver (FPW) and the Wisconsin Well Woman Program (WWWP) to Wisconsin Well Woman Medicaid (WWWMA), will be required to submit the Wisconsin Well Woman **Medicaid** Determination form, F-10075 (07/09), to Central Application Processing Operation (CAPO) for processing. The completed and signed form should be scanned and sent via e-mail to CAPO at dhsemcapo@wisconsin.gov or faxed to CAPO at (608) 267-3381.

Generally, CAPO will process the Wisconsin Well Woman Medicaid Determination form in 10 business

days but not longer than 30 calendar days from the receipt of the form. Once the determination is processed, the member's enrollment information will be updated so that providers can verify the member's status via the ForwardHealth Portal or on WiCall, ForwardHealth's Automated Voice Response system.

Providers and local coordinating agencies (LCAs) should note the form submission change of location for timely processing and to prevent delays in a member's treatment.

As previously published, authorized diagnosing providers enrolling members to WWWMA from the BadgerCare Plus Benchmark Plan or the BadgerCare Plus Core Plan for Adults with No Dependent Children should be submitting the forms to CAPO currently.

For more information on WWWMA requirements for members enrolled from the Benchmark Plan or the Core Plan, refer to the July 2009 *ForwardHealth Update* (2009-38) titled, "Women Diagnosed with Breast Cancer or Cervical Cancer While Enrolled in BadgerCare Plus Benchmark Plan or BadgerCare Plus Core Plan Are Now Eligible to Be Enrolled in Wisconsin Well Woman Medicaid."

Note: For temporary enrollment (Presumptive Eligibility), women enrolled in WWWP who meet the medical and non-financial criteria for WWWMA still may be temporarily enrolled in WWWMA for immediate access to treatment while their application for continuous enrollment is being processed by CAPO. Local coordinating agencies enrolling women from WWWP into WWWMA should continue to submit the Wisconsin Well Woman Medicaid Determination form for temporary enrollment to ForwardHealth via fax to (608) 221-8815.

Form Revisions

Beginning July 15, 2009, women enrolled in the Benchmark Plan or the Core Plan with a confirmed diagnosis of breast cancer, cervical cancer, or a precancerous condition of the cervix became eligible for enrollment in WWWMA. The Wisconsin Well Woman Medicaid Determination form has been revised to include information specific to enrolling these members into WWWMA. All authorized diagnosing providers and LCAs, including those enrolling members from FPW and WWWP, are strongly encouraged to use the new version of the Wisconsin Well Woman Medicaid Determination form.

Refer to the Attachment of this *Update* for a copy of the revised form.

Obtaining Forms

Revised Wisconsin Well Woman Medicaid Determination forms may be ordered from the Wisconsin Department of Health Services Web site at dhs.wisconsin.gov/forms/ and by selecting from the numeric list on the left side of the Web page. Information on obtaining paper forms is available by selecting the “forms center” link within the table of listed forms.

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 www.forwardhealth.wi.gov/.

P-1250

ATTACHMENT

Wisconsin Well Woman Medicaid Determination Form

(A sample copy of the “Wisconsin Well Woman Medicaid Determination” form is located on the following pages.)