

Affected Programs: BadgerCare Plus, Medicaid
To: All Providers, HMOs and Other Managed Care Programs

Provider Recertification Conducted on the ForwardHealth Portal

Recertification for Medicaid-certified providers is now conducted online in a secure area of the ForwardHealth Portal specifically reserved for recertification. This *ForwardHealth Update* provides general information about the recertification process. The *Update* also includes information to help affected providers prepare for the 2010 recertification.

Recertification Process

Each year approximately one-third of all Medicaid-certified providers undergo recertification. During provider recertification, providers update their information and sign the Wisconsin Medicaid Provider Agreement and Acknowledgement of Terms of Participation. Providers are required to complete the provider recertification process to continue their participation with Wisconsin Medicaid.

Since the implementation of the ForwardHealth Portal, recertification has been conducted online. Portal recertification decreases the amount of paperwork the provider is required to complete and mail back to ForwardHealth, decreases mailing costs for both ForwardHealth and the provider, and is generally more time-efficient than paper recertification applications. For many providers, recertification is approved immediately upon completion of the Portal recertification process.

The information in this *ForwardHealth Update* applies to Medicaid-certified providers. Medicaid-certified providers

may provide services to members enrolled in Wisconsin Medicaid, BadgerCare Plus, and SeniorCare.

Notification Letters

Providers undergoing recertification will receive two important letters in the mail from ForwardHealth:

- The Provider Recertification Notice. This is the first notice to providers. The Provider Recertification Notice contains identifying information about the provider who is required to complete recertification, the recertification deadline, and the application tracking number (ATN) assigned to the provider. The ATN is used when logging in to the Portal to complete recertification and also serves as the tracking number when checking the status of the provider's recertification.
- The personal identification number (PIN) letter. Providers will receive this notice a few days after the Provider Recertification Notice. The PIN letter will contain a recertification PIN and instructions on logging in to the Portal to complete recertification.

The letters are sent to the mailing address on file with Wisconsin Medicaid. Providers should read these letters carefully and keep them for reference. The letters contain information necessary to log in to the secure recertification area of the Portal to complete recertification. If a provider needs to replace one of the letters, the recertification process will be delayed.

Logging in to the Secure Recertification Area of the Portal

Once a provider has received the Provider Recertification Notice and PIN letter, the provider may log in to the Recertification area of the Portal to begin the recertification process.

The recertification area of the Portal is not part of a Provider Portal account. Providers do not need a Provider Portal account to participate in recertification via the Portal. Providers are not able to access the Recertification area of the Portal by logging in to a Provider Portal account; providers are required to use the ATN from the Provider Recertification Notice and the PIN from the PIN letter to log in to the Recertification area of the Portal.

Completing Recertification on the Portal

The Portal will guide providers through the recertification process. On each screen, providers are required to complete or verify information. Many of the fields, such as the provider's address or National Provider Identifier (NPI), will display the information currently on file with Wisconsin Medicaid. Some of the fields are new since the implementation of ForwardHealth interChange and providers will be required to supply the new information.

Providers are required to complete all of the recertification screens in a single session. The Portal will not save a provider's partial progress through the recertification screens. If a provider does not complete all of the recertification screens in a single session, the provider will be required to start over when logging in to the Recertification area of the Portal again.

It is important to read the final screen carefully and follow all instructions before exiting the recertification process. After exiting the recertification process, providers will not be able to retrieve the provider recertification documents for their records.

The final screen of the recertification process gives providers the option to print and save a Portable Document Format (PDF) version of the recertification information submitted to ForwardHealth. Providers whose recertification is approved immediately will also be able to print a copy of the approval letter and the Provider Agreement signed by the Department of Health Services (DHS).

In other cases, the final screen will give providers additional instructions to complete recertification, such as the following:

- The recertification application requires review. Providers are mailed the approval letter and other materials when the application is approved.
- Specialized medical vehicle (SMV) providers are required to send additional paper documentation to ForwardHealth. Providers are mailed the approval letter and other materials when the application is approved.

Checking the Status of a Recertification Application

Providers may check the status of their recertification via the Portal using the following instructions:

- Go to the Portal at www.forwardhealth.wi.gov/.
- Select "Certification Tracking Search" from the Providers box on the left-hand side of the page.
- Enter the ATN from the Provider Recertification Notice and press "Search."

Providers will receive one of the following status responses:

- "Approved." ForwardHealth has reviewed the recertification materials and all requirements have been met. ForwardHealth is completing updates to provider files.
- "Awaiting Additional Info." ForwardHealth has reviewed the recertification materials and has requested additional information from the provider. Providers will receive a letter via mail when

additional materials or information are required to complete processing of the recertification materials.

- “Awaiting Follow-On Documents.” ForwardHealth requires additional paper documents to process the recertification. After the provider has submitted recertification information online via the Portal, the final screen will list additional documents the provider must mail to ForwardHealth. ForwardHealth cannot complete processing until these documents are received. This status is primarily used for SMV provider recertification.
- “Denied.” The provider’s recertification has been denied.
- “Failure to Recertify.” The provider has not recertified by the established recertification deadline.
- “In Process.” The recertification materials are in the process of being reviewed by ForwardHealth.
- “Paper Requested.” The provider requested a paper recertification application and ForwardHealth has not received the paper application yet.
- “Recert Initiated.” The Provider Recertification Notice and PIN letter have been sent to the provider. The provider has not started the recertification process yet.
- “Recertified.” The provider has successfully completed recertification. There are no actions necessary by the provider.
- “Referred To DHS.” ForwardHealth has referred the provider recertification materials to the State Certification Specialist for recertification determination.

Providers Without Internet Access

Providers who do not have Internet access or who are not able to complete recertification via the Portal should contact Provider Services at (800) 947-9627 to request a paper recertification application. Providers who request a paper application are required to complete the recertification process on paper and not online via the Portal to avoid duplicate recertification submissions.

Recertification Completed by an Authorized Representative

A provider has several options for submitting information to the DHS, including electronic and Web-based submission methodologies that require the input of secure and discrete access codes but not written provider signatures.

The provider has sole responsibility for maintaining the privacy and security of any access code the provider uses to submit information to the DHS, and any individual who submits information using such access code does so on behalf of the provider, regardless of whether the provider gave the access code to the individual or had knowledge that the individual knew the access code or used it to submit information to the DHS.

Preparing for 2010 Provider Recertification

The 2010 Medicaid provider recertification comprises some of Medicaid’s largest provider groups. Physicians, physician groups, physician assistants, and pharmacies will all be required to recertify in 2010. In April of 2010 Medicaid-certified physicians, physician groups, physician assistants, and pharmacies will be sent a Provider Recertification Notice and a PIN letter containing the ATN and PIN information needed to begin the recertification process.

This information will be sent to the mailing address on file with Wisconsin Medicaid for each provider. To aid in proper mail delivery, providers should verify prior to April 2010 that the current mailing address on file with Wisconsin Medicaid is correct. Physician groups who have designated areas within their organization that handle the recertification activity for their individual providers should consider whether a change to the individual practitioner’s mailing address is needed to properly direct the mail within their organization. Providers may submit a change of address on the Portal while logged in to their secure Provider Portal account

or on the Provider Change of Address or Status form, F-1181 (10/08).

Providers who do not complete the recertification process by the deadline specified in the Provider Recertification Notice letter will have their Medicaid certification terminated.

Providers can prepare for the 2010 recertification by reviewing the Attachment of this *ForwardHealth Update*, which lists information that must be supplied or verified during the recertification process.

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/.

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ATTACHMENT

2010 Recertification Information

- National Provider Identifier (NPI). Required for all providers. Visit the following Web site, <https://nppes.cms.hhs.gov/NPPES/Welcome.do>, to obtain an NPI.
- Medicare Part B provider enrollment information. All providers are required to indicate whether they are enrolled with Medicare Part B and the enrollment effective date.
- Drug Enforcement Agency (DEA) number(s). Required for pharmacy providers. Individual providers who have a DEA number(s) should provide their information.
- License number. Required for individual providers. Provider licensing information will be verified with the appropriate licensing agency. A current license is required to continue participation as a Wisconsin Medicaid provider.
- Social Security number (SSN) and date of birth. Individual providers will be asked to verify their SSN on file with Medicaid and supply their date of birth.
- Address and contact information. All providers will be asked to verify existing address information on file with Medicaid and to supply any missing information. The following are the type of addresses and related information requested:
 - ✓ Practice location address and related information. This is the street address 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, contact person (for Medicaid use), and telephone number for members to use.
 - ✓ Mailing address. This address is where general information and correspondence is sent.
 - ✓ Prior authorization (PA) address. This address is where PA information is sent.
- Financial information. All providers (except physician assistants) will be asked to verify the Tax Identification Number (TIN) and taxpayer name that Wisconsin Medicaid should use when reporting income (i.e., claim payments) to the Internal Revenue Service (IRS). Wisconsin Medicaid uses this information to generate the IRS Form 1099. It is important that this information matches what is on file with the IRS to ensure accurate income reporting. For individual providers employed by a group, this is typically the taxpayer information of their employer. Physician assistants are non-billing providers and are not required to supply taxpayer information.
- Financial addresses. All providers (except physician assistants) will be asked to verify existing address information on file with Wisconsin Medicaid and to supply missing information. The following are the type of financial addresses requested:
 - ✓ Checks and Remittance Advice (RA) address. This address is where checks and RAs are sent.
 - ✓ 1099 mailing address. This address is where IRS Form 1099 is sent. Important — Wisconsin Medicaid generates and sends one IRS Form 1099 per TIN. Making changes to this information will change where IRS Form 1099 is sent for all Medicaid certifications that have the same TIN on file. It is recommended that you verify this address with the person in your organization who receives IRS Form 1099 before making changes.
- Supervisor information. Physician assistants are required to provide the name, address, and telephone number of their supervising provider and the effective date supervision began.
- Type of business. Required for physician group and pharmacy providers. This is the type of legal entity that owns your business (e.g., individual, corporation, partnership, government, sole proprietor, limited liability).

- Controlling interest information. Required for physician group and pharmacy providers. You will be asked to indicate whether any person and/or entity has a controlling interest in your organization and to provide the name, address, TIN type of controlling interest the person or entity has. Medicaid defines controlling interest as:

Controlling Interest: Controlling interest includes, but is not limited to, those enumerated; that is, all owners, creditors, controlling officers, administrators, mortgage holders, employees or stockholders with holdings of 5 per cent or greater of outstanding stock, or holders of any other such position or relationship who may have a bearing on the operation or administration of a medical services-related business.