

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

ForwardHealth to Implement New Provider Enrollment and Screening Requirements

This *ForwardHealth Update* contains information regarding changes to the Wisconsin Medicaid provider enrollment process, formerly known as certification. The changes are a result of the new requirements due to the Affordable Care Act and also streamlining efforts by ForwardHealth.

The changes detailed in this *Update* only affect the BadgerCare Plus and Medicaid programs. The Wisconsin Well Woman Program and Wisconsin Chronic Disease Program are not affected by these changes.

New Requirements for Providers Due to Affordable Care Act

In 2010, the federal government signed into law the Affordable Care Act (ACA), also known as federal health care reform that affects several aspects of Wisconsin health care. ForwardHealth has begun working toward ACA compliance by implementing some new requirements for providers and provider screening processes. To meet federally mandated requirements, ForwardHealth will implement changes in phases, beginning in 2012. A high-level list of the changes included under ACA is as follows:

- Providers will be assigned a risk level of limited, moderate, or high. Most of the risk levels have been established by the Centers for Medicare and Medicaid Services (CMS) based on an assessment of potential fraud, waste, and abuse for each provider type.
- Providers will be screened according to their assigned risk level. Screenings will be conducted during initial enrollment and revalidation.

- Certain provider types will be subject to an enrollment application fee of \$523. This fee has been federally mandated and may be adjusted annually. The fee is used to offset the cost of conducting screening activities.
- Enrollment process will require additional information. During the enrollment process, providers will be required to provide additional information for persons with an ownership or control interest, managing employees, and agents. "Persons" in this instance may mean a person or a corporation.
- Revalidation will occur at least every three to five years.
- Ordering and referring physicians or other professionals will be required to be enrolled as a participating Medicaid provider.
- Payment suspensions will be imposed on providers based on a credible allegation of fraud.

This *ForwardHealth Update* will address the implementation of a portion of the changes required under ACA.

Terminology Changes and New Terms Due to the Affordable Care Act

ForwardHealth will be making changes to align ForwardHealth terminology with the ACA. The following terminology changes will be made throughout implementation of ACA requirements:

- Certification will be changed to enrollment.
- Recertification will be changed to revalidation.

Refer to the Attachment of this *Update* for a list of new terminology and definitions that will aid providers during the enrollment process.

ForwardHealth Timeline for Implementation of Affordable Care Act Requirements

ForwardHealth will begin to implement several of the ACA requirements detailed above beginning August 2012. The timeline for these implementations will be as follows:

- August 13, 2012 — ForwardHealth will implement the following changes:
 - ✓ New providers enrolling in ForwardHealth will be subject to enhanced screening activities.
 - ✓ Providers will need to supply additional information for persons with an ownership or control interest, managing employees, and agents during the enrollment process.

Note: ForwardHealth will experience a planned downtime for the first two weeks of August 2012 to implement changes to the system. Refer to the Planned Downtime for New Enrollment via the Portal section of this *Update* for more information.

- Fall 2012 — ForwardHealth will begin to implement the following changes:
 - ✓ Providers will be assigned risk levels based on their provider type. Providers will be screened as appropriate to their risk level.
 - ✓ Provider application fee will be required for certain provider types.

The changes detailed in this *Update* only affect the BadgerCare Plus and Medicaid programs. The Wisconsin Well Woman Program (WWWP) and Wisconsin Chronic Disease Program (WCDP) are not affected by these changes.

Providers should look for additional *Updates* that will be published in accordance with the implementation of ACA requirements.

The ForwardHealth Online Handbook will be updated with these changes at a later date. Providers will be notified via

Portal messaging when the Online Handbook is updated with all ACA information.

Overview of Changes for August 13, 2012, Implementation

As a result of the ACA and in an effort to streamline the Wisconsin Medicaid enrollment process, ForwardHealth is making changes to provider enrollment.

ForwardHealth is pleased to offer providers an enhanced enrollment process, which will be completely paperless, to make the enrollment process more efficient. This *Update* includes information on the following changes to the enrollment process that will be implemented August 13, 2012:

- Provider Enrollment Home Page.
- Enhanced paperless enrollment process. All future provider enrollment applications will be completed via the Portal.
- New requirements that will be implemented due to the ACA:
 - ✓ Additional provider screenings for new providers.
 - ✓ Providers will need to supply additional information for persons with an ownership or control interest, managing employees, and agents during the enrollment process. Persons in this instance may mean a person or a corporation.
- Effective date of enrollment determination changes for providers.

Provider Enrollment Home Page

On August 13, 2012, ForwardHealth will launch the new Provider Enrollment home page. The new Provider Enrollment home page, formally known as “Become a Provider,” will consolidate information providers will need for the enrollment process and make enrollment and revalidation more efficient. Some examples of information that will be available on the Provider Enrollment home page include:

- Online provider enrollment applications for each provider type and specialty eligible for enrollment with Wisconsin Medicaid.

- A list of links related to the enrollment process, including:
 - ✓ General enrollment information.
 - ✓ Links to regulations and forms.
 - ✓ Provider type specific enrollment information.
 - ✓ In-state and out-of-state emergency enrollment information.
 - ✓ Contact information.
- A provider enrollment criteria menu, which is a reference for each individual provider type detailing the information the provider may need to gather before beginning the enrollment process, including:
 - ✓ Links to enrollment criteria for each provider type.
 - ✓ Provider terms of reimbursement.
 - ✓ Disclosure information.
 - ✓ Category of enrollment.
 - ✓ Additional documents needed (when applicable).

Providers should note that although enrollment is completed on the public page of the Provider Portal, all information provided is submitted through the secure Portal. Personally identifiable information about Medicaid providers or applicants will only be used for the direct administration of the Wisconsin Medicaid program.

Enhanced Enrollment Process

Paperless Enrollment Process

The enrollment process will be completely paperless, which allows for instant submission, fewer data entry mistakes, and fewer returned applications. Effective August 1, 2012, ForwardHealth will no longer accept paper enrollment applications.

Ability to Save Partially Completed Enrollment Applications

Providers will be able to save their partially completed application as they go through the enrollment application process. Applicants will be able to start and then save their enrollment application as they go and return to the application within 10 calendar days. After 10 calendar days have passed, providers will have to start a new application.

Applicants will be given an enrollment key and will be able to set their own password for re-entry into their application.

Applicants should note that they will be solely responsible for their enrollment key and password.

Uploading Forms During the Enrollment Process

Providers no longer have to mail in paper forms to ForwardHealth that may be required for provider enrollment. With the new provider enrollment process, providers may simply upload any needed documentation or forms during the application process.

Providers will be able to upload documents in the following formats:

- Joint Photographic Experts Group (JPEG) (.jpg or .jpeg).
- Portable Document Format (PDF) (.pdf).
- Rich Text Format (.rtf).
- Text File (.txt).
- Comma Delimited (.csv).

Any JPEG files must be stored with a “.jpg” or “.jpeg” extension, text files must be stored with a “.txt” extension, rich text format files must be stored with an “.rtf” extension, and PDF files must be stored with a “.pdf” extension.

E-Signatures for Provider Agreements and Acknowledgements of Terms of Participation

Providers will no longer have to print, sign and date, and send in the Provider Agreement and Acknowledgement of Terms of Participation to ForwardHealth. Providers will now e-sign the provider agreement after completing the enrollment application on the Portal.

Tracking Enrollment Through the Portal

Wisconsin Medicaid allows providers to track their enrollment application through the Portal. Providers will receive an Application Tracking Number (ATN) upon submission. After providers submit their enrollment application to ForwardHealth, they can check on the status

of an enrollment application through the Portal by clicking on the “Enrollment Tracking Search” quick link on the Provider Enrollment home page and entering their ATN. Providers will receive current information on their application, such as whether it is being processed or has been returned for more information. Providers may still call Provider Services to check on the status of their application but are encouraged to use the Portal.

Planned Downtime for New Enrollment via the Portal

From 5:00 p.m. on Tuesday, July 31, 2012, until 8:00 a.m. on Monday, August 13, 2012, applications for Medicaid enrollment will not be accepted via the ForwardHealth Portal while the new enrollment process is implemented.

Wisconsin Medicaid will stop accepting paper enrollment application requests on July 13, 2012. Correctly completed paper enrollment applications must be received by Wisconsin Medicaid by 5:00 p.m. on Tuesday, July 31, 2012. Providers should allow for four to five days for mail delivery of the paper applications to meet the deadline. Paper enrollment applications received on and after August 1, 2012, will be returned to the provider unprocessed. Providers will then be asked to submit an application via the Portal after August 13, 2012.

Providers are reminded that this affects the Medicaid and BadgerCare Plus programs only. The WWWP and WCDP are not affected by these changes.

New Requirements Due to the Affordable Care Act

Provider Screenings

Beginning in August 2012, Wisconsin Medicaid will be enhancing screening activities for all enrolling and currently enrolled providers to accommodate the ACA limited risk level screening requirements. Limited risk level screening activities will include:

- Checking federal databases, which include:

- ✓ The Social Security Administration’s (SSA) Death Master File.
- ✓ The National Plan and Provider Enumeration System (NPES).
- ✓ Office of the Inspector General (OIG) List of Excluded Individuals/Entities (LEIE).
- ✓ The Excluded Parties List System (EPLS).
- ✓ Medicare Exclusion Database (MED).
- Verifying licenses are appropriate in accordance with state laws and that there are no current limitations on the license.

These screening activities will be conducted on applicants; providers; and any person with an ownership or control interest or who is an agent or managing employee of the provider at the time of enrollment, on a monthly basis for enrolled providers, and at revalidation.

ForwardHealth will deny enrollment or terminate the enrollment of any provider where any person with a five percent or greater direct or indirect ownership interest in the provider has been convicted of a criminal offense related to that person's involvement with the Medicare, Medicaid, or title XXI program in the last 10 years, or if invalid licensure information is found.

In the future, ForwardHealth will implement additional screenings for providers classified as “moderate” or “high” risk as mandated by ACA. For example, providers may receive unscheduled and unannounced visits for auditing purposes. Information on additional screenings will be published in an *Update* in fall 2012.

Additional Information Needed During Provider Enrollment

Due to ACA requirements, ForwardHealth will be restructuring how it collects some personal data information from persons with an ownership or control interest, agents, and managing employees. ForwardHealth will only use the provided information for provider enrollment. All information provided will be protected under the Health

Insurance Portability and Accountability Act of 1996 privacy rule.

Providers will be required to submit the following information at the time of enrollment and revalidation for their individual owners with control interest:

- First and last name.
- Provider's Social Security numbers (SSNs).
- Dates of birth.
- Street address, city, state, and ZIP+4 code.

Providers will be required to submit the following information at the time of enrollment and revalidation for their organizational owners with control interest:

- Legal business name.
- Tax identification number.
- Business street address, city, state, ZIP+4 code.

Providers will be required to submit the following information at the time of enrollment and revalidation for their managing employees and agents:

- First and last name.
- Employees' and agents' SSNs.
- Dates of birth.
- Street address, city, state, and ZIP+4 code.

It is important that providers understand definitions of the terminology used above. Please see the Attachment for a list of definitions. Providers are responsible to provide this information to ForwardHealth and to keep it current.

ForwardHealth cannot advise providers on how to determine owner data and controlling interest requirements. For full disclosure requirements, refer to the CMS final rule 42 CFR Part 455, Subpart B.

Effective Date of Enrollment

The initial effective date of a provider's enrollment will be based on the date ForwardHealth receives the complete and accurate enrollment application materials. The date the applicant submits his or her online provider enrollment application to ForwardHealth is the earliest effective date

possible, and will be the effective date if both of the following are true:

- The applicant meets all applicable screening requirements, licensure, certification, authorization, or other credential requirements as a prerequisite for Wisconsin Medicaid enrollment on the date of submission.
- Supplemental documents required by ForwardHealth that were not uploaded as part of the enrollment process are received by ForwardHealth within 30 calendar days of the date the enrollment application was submitted. To avoid a delay of your certification effective date, uploading documents during the enrollment process is encouraged.

If ForwardHealth receives any applicable supplemental documents more than 30 calendar days after the provider submitted the enrollment application the provider's effective date will be the date all supplemental documents were received by ForwardHealth.

For More Information

Providers should refer to the Provider Enrollment home page on the Portal for all published information regarding the ACA. All future *Updates* regarding the ACA will be accessible via this resource.

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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This *Update* was issued on July 5, 2012, and information contained in this *Update* was incorporated into the Online Handbook on October 3, 2012.

ATTACHMENT

Terminology to Know for Provider Enrollment

Due to the Affordable Care Act, ForwardHealth has adopted new terminology. The following table includes new terminology that will be useful to providers during the provider enrollment and revalidation processes. Providers may refer to the Medicaid rule 42 CFR s. 455.101 for more information.

New Terminology	Definition
Agent	Any person who has been delegated the authority to obligate or act on behalf of a provider.
Disclosing entity	A Medicaid provider (other than an individual practitioner or group of practitioners) or a fiscal agent.
Federal health care programs	Federal health care programs include Medicare, Medicaid, Title XX, and Title XXI.
Other disclosing agent	Any other Medicaid disclosing entity and any entity that does not participate in Medicaid but is required to disclose certain ownership and control information because of participation in any of the programs established under Title V, XVII, or XX of the Act. This includes: <ul style="list-style-type: none"> Any hospital, skilled nursing facility, home health agency, independent clinical laboratory, renal disease facility, rural health clinic, or HMO that participates in Medicare (Title XVIII). Any Medicare intermediary or carrier. Any entity (other than an individual practitioner or group of practitioners) that furnishes, or arranges for the furnishing of, health-related services for which it claims payment under any plan or program established under Title V or XX of the Act.
Indirect ownership	An ownership interest in an entity that has an ownership interest in the disclosing entity. This term includes an ownership interest in any entity that has an indirect ownership in the disclosing entity.
Managing employee	A general manager, business manager, administrator, director, or other individual who exercises operational or managerial control over, or who directly or indirectly conducts the day-to-day operation of an institution, organization, or agency.
Ownership interest	The possession of equity in the capital, the stock, or the profits of the disclosing entity.
Person with an ownership or control interest	A person or corporation for which one or more of the following applies: <ul style="list-style-type: none"> Has an ownership interest totaling five percent or more in a disclosing entity. Has an indirect ownership interest equal to five percent or more in a disclosing entity. Has a combination of direct and indirect ownership interest equal to five percent or more in a disclosing entity. Owns an interest of five percent or more in any mortgage, deed of trust, note, or other obligation secured by the disclosing entity if that interest equals at least five percent of the value of the property or asset of the disclosing entity. Is an officer or director of a disclosing entity that is organized as a corporation. Is a person in a disclosing entity that is organized as a partnership.

New Terminology	Definition
Subcontractor	<ul style="list-style-type: none"> An individual, agency, or organization to which a disclosing entity has contracted or delegated some of its management functions or responsibilities of providing medical care to its patients; <i>or</i>, An individual, agency, or organization with which a fiscal agent has entered into a contract, agreement, purchase order, or lease (or leases of real property) to obtain space, supplies, equipment, or services provided under the Medicaid agreement.
Re-enrollment	<p>Re-enrollment of a provider whose Medicaid enrollment has ended for any reason other than sanctions or failure to revalidate may be re-enrolled as long as all licensure and enrollment requirements are met. If a provider's enrollment with Wisconsin Medicaid lapses for longer than one year, they will have to re-enroll as a "new" provider. Providers should note that when they re-enroll, application fees and screening activities may apply. Re-enrollment was formally known as re-instate.</p>
Revalidation	<p>All enrolled providers are required to revalidate their enrollment information every three years to continue their participation with Wisconsin Medicaid. Revalidation was formally known as recertification.</p> <p><i>Note:</i> Providers should note that the Centers for Medicare and Medicaid Services require revalidation <i>at least</i> every five years. However, Wisconsin Medicaid will continue to revalidate providers every three years.</p>