

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

Changes to Provider Revalidation Process Due to the Affordable Care Act

This *ForwardHealth Update* contains information regarding changes to the Medicaid provider revalidation process (formerly known as recertification). The changes, which will be effective for all revalidations completed on and after May 13, 2013, are part of ForwardHealth's ongoing implementation of the requirements of the Affordable Care Act.

In 2010, the federal government signed into law the Affordable Care Act (ACA), also known as federal health care reform, which is extensive legislation that affects several aspects of Wisconsin healthcare. ForwardHealth has been working toward ACA compliance by implementing some new provider requirements and provider screening processes.

ForwardHealth is currently working on changes to the Medicaid provider revalidation process (formerly known as recertification), which will be effective for all revalidations completed on and after May 13, 2013. Some of the changes include the following:

- The provider revalidation process will be almost completely paperless (similar to the initial enrollment process).
- Providers will be asked to provide additional information for persons with an ownership or controlling interest, managing employees, and agents.
- Providers will be subject to additional screening activities based on their risk level assignment.

In mid-May, a list of providers undergoing revalidation in May will be posted on the Revalidation home page of the ForwardHealth Portal at www.forwardhealth.wi.gov/. The Revalidation home page can be accessed by selecting the Provider Revalidation (currently titled Provider Recertification) link on the left side of the Portal home page. ForwardHealth will also notify providers by mail if they are required to undergo revalidation in May.

The changes detailed in this *Update* only affect the BadgerCare Plus and Medicaid programs.

Revalidation Requirements

All Medicaid-enrolled providers are required to revalidate their enrollment information every three years to continue their participation with Wisconsin Medicaid. During the revalidation process, providers update their enrollment information and sign the Wisconsin Medicaid Provider Agreement and Acknowledgement of Terms of Participation.

Provider Revalidation Process

Providers will receive a Provider Revalidation Notice in the mail from ForwardHealth when it is time to undergo revalidation. The Provider Revalidation Notice will specify the provider's revalidation date. Providers will have 30 days from their revalidation date to submit their revalidation application. Providers are strongly encouraged to begin the revalidation process as soon as possible on or after their revalidation date.

Providers who fail to submit their revalidation application by the deadline will be terminated from Wisconsin Medicaid. To reactivate Medicaid enrollment, the provider will be required to complete a new provider enrollment application and undergo additional screening activities. The provider may be required to pay another application fee.

After providers receive their Provider Revalidation Notice, the remaining steps in the revalidation process will be completed on the Portal, through the provider's secure Provider Portal account.

Establishing a Provider Portal Account

Providers who do not have a Provider Portal account will need to establish one in order to complete the revalidation process.

Having a secure Provider Portal account allows providers to conduct business online with ForwardHealth via a secure connection. Some of the functions that can be performed via a secure Provider Portal account include the following:

- Submitting, adjusting, and correcting claims.
- Verifying member enrollment.
- Viewing Remittance Advices.
- Updating and maintaining provider information on file with ForwardHealth.
- Receiving electronic notifications and provider publications from ForwardHealth.
- Enrolling in electronic funds transfer.
- Completing revalidations.

Establishing a Provider Portal account involves submitting a request on the Portal and receiving a PIN letter in the mail, so providers who need to establish one are encouraged to do so as soon as possible to avoid delays in revalidating their enrollment.

For detailed instructions on establishing a Provider Portal account, providers may refer to the Account User Guide on the Portal User Guides page of the Portal at www.forwardhealth.wi.gov/WIPortal/content/Provider/userguides/userguides.htm.spage.

Beginning the Revalidation Process on the Portal

To access the provider revalidation application and begin the revalidation process, providers should follow these steps:

1. Access the Portal at www.forwardhealth.wi.gov/.
2. From the Portal home page, log in to their secure Provider Portal account. (Providers may also log in to their secure Provider Portal account from the Revalidation home page.)
3. Once in their secure Provider Portal account, select the Revalidate Your Provider Enrollment link and enter their National Provider Identifier (NPI) or provider ID, Social Security number (SSN), federal tax ID number, and ZIP code.

Note: Providers will *not* be able to access the revalidation application (using the Revalidate Your Provider Enrollment link) prior to their revalidation date or after the 30-day deadline for revalidating. If a provider has not submitted the revalidation application by the deadline, he or she will be terminated from Wisconsin Medicaid. To reactivate Medicaid enrollment, the provider will be required to complete a new enrollment application and undergo additional screening activities.

Example:

If a provider's revalidation date is June 1, 2013, the provider will not be able to access the revalidation application prior to June 1 or after June 30, 2013.

If the provider has not submitted the revalidation application by July 1, he or she will be terminated from Wisconsin Medicaid effective July 1.

Completing and Submitting Revalidation Application

After providers have accessed the revalidation application on the Portal, they will be guided through a series of different screens, on which they will be asked to complete or verify specific information based on their provider type.

On the last screen of the revalidation application, providers will be required to do the following:

1. E-sign the provider agreement.
2. Select the Submit link to submit the revalidation application.
3. Print the revalidation documents to keep for their records.

When the provider submits the revalidation application, a message will display indicating that the revalidation application has been submitted. On the same screen, one of two additional messages will also display:

- **Revalidated** — This message indicates that the provider submitted all the requested information and the revalidation process was successfully completed.
- **In Process** — This message indicates that the revalidation process is not complete and the provider's revalidation application will be reviewed by ForwardHealth. (*Note:* The application is still considered submitted, however, for the purposes of meeting the revalidation deadline.)

Checking Status of Revalidation

After submitting the revalidation application, providers may check on the status of their revalidation at any time by accessing the Revalidation area of the Portal and selecting the Search link.

Providers will see one of the following status responses:

- **"Approved."** ForwardHealth has reviewed the revalidation materials and all requirements have been met. ForwardHealth is completing updates to provider files. Once the updates are complete, the provider's status will be changed to "Revalidated."
- **"Awaiting Additional Info."** ForwardHealth has reviewed the revalidation materials and has requested additional information from the provider. The provider will receive a letter in the mail from ForwardHealth specifying the additional information needed.
- **"Denied."** The provider's revalidation has been denied. The provider will receive a termination letter from ForwardHealth. To reactivate Medicaid enrollment, the

provider will be required to complete a new provider enrollment application and undergo additional screening activities.

- **"In Process."** The revalidation materials are in the process of being reviewed by ForwardHealth.
- **"Revalidated."** The provider has successfully completed revalidation. There are no actions necessary by the provider.
- **"Referred To DHS."** ForwardHealth has referred the provider revalidation materials to the state Enrollment Specialist for a revalidation determination. The provider will be notified by ForwardHealth if there is any additional action required.

Additional Information Required During Revalidation

Additional Information from All Providers for Persons with an Ownership or Controlling Interest, Managing Employees, and Agents

During the revalidation process, all providers will be required to submit additional personal data information for persons with an ownership or controlling interest, agents, and managing employees (similar to the requirement during the enrollment process).

ForwardHealth will only use the information submitted for provider revalidation. All information submitted will be protected under the Health Insurance Portability and Accountability Act of 1996 privacy rule.

Providers are required to submit the following information at the time of revalidation for each of their *individual owners* with a controlling interest:

- First and last name.
- Social Security number.
- Date of birth.
- Street address, city, state, and ZIP+4 code.

Providers are required to submit the following information at the time of revalidation for each of their *organizational owners* with a controlling interest:

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

Providers are required to submit the following information at the time of revalidation for each of their *managing employees* and *agents*:

- First and last name.
- Employee's or agent's SSN.
- Date of birth.
- Street address, city, state, and ZIP+4 code.

Providers are responsible for supplying this information to ForwardHealth and keeping it current via the demographic maintenance tool on the Portal.

To access the demographic maintenance tool, providers should follow these steps:

- Log in to the secure Provider area of the Portal.
- Select the link for the demographic maintenance tool in the upper right corner of the secure Provider home page.
- Once on the demographic maintenance home page, select the Update Personnel Information link.

For additional guidance on using the demographic maintenance tool, providers may refer to the Demographic Maintenance User Guide on the Portal User Guides page of the Providers area of the Portal.

ForwardHealth cannot advise providers on how to determine owner data and controlling interest requirements. For full disclosure requirements, refer to the Centers for Medicare and Medicaid Services Final Rule 42 CFR Part 455, Subpart B.

Additional Information from Specialized Medical Vehicle Providers

Specialized medical vehicle providers will still need to mail the following additional documentation to ForwardHealth to complete the revalidation process:

- A current, notarized Specialized Medical Vehicle Providers Affidavit form, F-11237 (03/10).
- Proof of insurance for every new vehicle being added during revalidation.
- Cardiopulmonary resuscitation cards for each driver.

Additional Information from Home Health and Personal Care Providers

As a reminder, home health and personal care agencies are required to maintain certain personnel information on file with ForwardHealth. Home health and personal care providers are required to update personnel information, as necessary, during the revalidation process; they are required to keep it current on an ongoing basis via the demographic maintenance tool on the Portal.

For details about the specific information that needs to be maintained, home health and personal care providers may refer to the Requirements for Home Health and Personal Care Agencies to Report Personnel Information to ForwardHealth topic (topic #14358), which is located in the Ongoing Responsibilities chapter of the Provider Enrollment and Ongoing Responsibilities section of the Home Health and Personal Care service areas of the Online Handbook on the Portal.

Additional Screening Activities Based on Risk Level Assignment

Providers will be subject to certain screening activities during revalidation based on their risk level assignment (limited, moderate, or high).

Note: Providers who were enrolled at a high risk level will be revalidated at a moderate risk level, assuming there were no other circumstances that would constitute the high risk level.

Providers may refer to the Provider Enrollment Information page on the Portal for more information about risk level classifications and screenings. To access a chart detailing the screening activities for each risk level, providers should follow these steps:

- Access the Provider Enrollment Information page by selecting the Become a Provider link from the Providers box on the left side of the Portal home page.
- Select the Risk Level Classifications by Provider Type link on the left side of the page.
- Once on the Risk Level Classifications by Provider Type page, scroll down the page to the first chart link (detailing the screening activities for each risk level) and select the link.

If a provider has already been screened by Medicare or another state's Medicaid program or Children's Health Insurance Program in the last 12 months, ForwardHealth will not conduct additional screenings.

Failure to Revalidate Enrollment

Providers who fail to revalidate their Medicaid enrollment by their revalidation deadline will have their Medicaid enrollment terminated. The provider will receive a termination letter from ForwardHealth. To reactivate Medicaid enrollment, the provider will be required to complete a new provider enrollment application and undergo additional screening activities. The provider may be required to pay another application fee.

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 AIDS/HIV Drug Assistance Program and the Wisconsin Well Woman Program are 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 05/03/2013, and information in this *Update* was incorporated into the Revalidation home page on the ForwardHealth Portal on 05/13/2013 and into the Online Handbook on 07/29/2013.