ForwardHealth
Wisconsin serving you

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

New Requirements for Prescribing/Referring/Ordering Providers Due to the Affordable Care Act

This *ForwardHealth Update* provides information about new requirements for prescribing/referring/ordering providers due to the Affordable Care Act.

This *ForwardHealth Update* provides information about new requirements for prescribing/referring/ordering providers due to the Affordable Care Act (ACA), which was signed into law in 2010. The ACA, also known as federal health care reform, is extensive legislation that affects several aspects of Wisconsin health care. ForwardHealth has been working toward ACA compliance by implementing new provider requirements and provider screening processes.

Information in this *Update* addresses the following:

- ForwardHealth will require all physicians and other professionals who prescribe, refer, or order services for ForwardHealth members on and after July 15, 2013, to be enrolled in Wisconsin Medicaid.
- Prior authorization (PA) requests received on and after July 15, 2013, and claims with dates of service (DOS) on and after July 15, 2013, for services that are prescribed, referred, or ordered will be returned or denied if they do not include the National Provider Identifier (NPI) of a Medicaid-enrolled provider.

To help meet these requirements, ForwardHealth is introducing a new limited enrollment process for prescribing/referring/ordering providers, which will be available June 14, 2013. ForwardHealth is also revising PA request forms to add fields for the name and NPI of the prescribing/referring/ordering provider.

Impacted Programs

The following programs are impacted by information in this *Update*:

- Wisconsin Medicaid.
- BadgerCare Plus Standard Plan.
- BadgerCare Plus Benchmark Plan.
- BadgerCare Plus Core Plan.
- BadgerCare Plus Basic Plan.
- SeniorCare.

Note: The Wisconsin Chronic Disease Program, the Wisconsin Well Woman Program, and the Wisconsin AIDS/HIV Drug Assistance Program are **not** impacted by information in this *Update*. Managed care organizations are **not** affected by the new requirements included in this *Update*.

Prescribing/Referring/Ordering Providers Will Be Required to Be Medicaid-Enrolled

ForwardHealth will require all physicians and other professionals who prescribe, refer, or order services for ForwardHealth members on and after July 15, 2013, to be enrolled in Wisconsin Medicaid. Prescribing/referring/ordering providers who are not already enrolled in

Wisconsin Medicaid are encouraged to begin the Medicaid enrollment process as soon as possible to ensure they meet the July 15 deadline. The following list of providers will be required to enroll in Wisconsin Medicaid in order to prescribe, refer, or order services for ForwardHealth members on and after July 15, 2013:

- Chiropractors.
- Dentists.
- Mental Health Professionals.
- Nurse Midwives.
- Nurse Practitioners.
- Optometrists.
- Physician Assistants.
- Podiatrists.
- All other Medicaid-enrolled professionals who can prescribe, refer, or order.

A limited Medicaid enrollment will be available for physicians and other professionals who do not wish to routinely render or be reimbursed for services provided to ForwardHealth members. The limited Medicaid enrollment process for prescribing/referring/ordering providers will be available June 14, 2013. The benefits of a limited enrollment process include the following:

- Providers do not need to sign a provider agreement.
- There are fewer panels to complete during the enrollment process, as compared to a full enrollment.
- Providers only need to complete basic address information along with additional personal data information for persons with an ownership or controlling interest, managing employees, and agents.

Physicians and other professionals who wish to routinely render and be reimbursed for services as a Medicaid provider will be required to apply for full Medicaid enrollment by completing a standard enrollment application on the ForwardHealth Portal at *www.forwardhealth.wi.gov/*.

Note: As a reminder, only individual providers may prescribe, refer, or order services. Providers may only prescribe, refer, or order services within their legal scope of practice.

Limited Medicaid Enrollment for Prescribing/Referring/Ordering Providers

Beginning June 14, 2013, physicians and other professionals who *only* prescribe, refer, or order services and who are not interested in full Medicaid enrollment may apply for limited Medicaid enrollment as a prescribing/referring/ordering provider.

Like the full Medicaid enrollment process, the limited enrollment process for prescribing/referring/ordering providers is completed on the Portal. To access the prescribing/referring/ordering Medicaid enrollment application on the Portal, providers should follow these steps:

1. Access the Portal at *www.forwardhealth.wi.gov/*.
2. Select the Become a Provider link on the left side of the Portal home page. The Provider Enrollment Information home page will be displayed.
3. On the upper left side of the Provider Enrollment Information home page, select the Start or Continue Your Enrollment Application link.
4. In the box titled, "To Start a New Prescribing/Referring/Ordering Enrollment," select the Medicaid Prescribing/Referring/Ordering Provider Enrollment Application link.

Completing and Submitting Enrollment Application

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

At the end of the enrollment application, providers will be required to do the following:

1. Attest to the following:
   - ✓ That the information provided in the application is true and accurate.
   - ✓ That the provider will inform Wisconsin Medicaid of any change to the information in the application immediately.

- ✓ That the provider understands that Wisconsin Medicaid will not reimburse services rendered by a prescribing/referring/ordering provider.

2. Select the Submit link to submit the enrollment application.
3. Upload any additional supporting documents (e.g., licenses or certifications).
4. Print the enrollment documents for their records.

Providers will receive a message confirming that the enrollment application has been submitted. Within 60 days of receiving a provider's completed enrollment application, ForwardHealth will notify the provider by mail of his or her enrollment status. The 60 days allows ForwardHealth to review the application and conduct applicable screening activities (see "Screening Activities for Providers Assigned a Limited Risk Level" under the Additional Enrollment Requirements Due to the Affordable Care Act section of this *Update*). If ForwardHealth needs to verify licensure or credentials, the notification may take longer.

Tracking Enrollment Through the Portal

Upon submission of their enrollment application, providers will receive an application tracking number (ATN), which will allow them to track their enrollment application through the Portal. To check on the status of their enrollment application, providers should follow these steps:

1. Access the Portal home page.
2. Select the Enrollment Tracking Search quick link.
3. Enter the ATN.

Providers will receive current information on their application, such as whether it is being processed or has been returned for more information.

Effective Date of Enrollment

The effective date of enrollment as a prescribing/referring/ordering provider is the first date the provider saw a ForwardHealth member and prescribed, referred, or ordered services. (During the enrollment process, providers will be required to indicate the date they first saw a ForwardHealth member.)

Enrollment May Be Terminated Due to Inactivity

If a Medicaid-enrolled prescribing/referring/ordering provider does not prescribe, refer, or order services for any ForwardHealth member for over 12 consecutive months, the provider's Medicaid enrollment may be terminated. The provider will then be required to re-enroll — either using the limited enrollment process for prescribing/referring/ordering providers or the enrollment process for full Medicaid enrollment.

Additional Enrollment Requirements Due to the Affordable Care Act

Additional Information Required for Persons with an Ownership or Controlling Interest, Managing Employees, and Agents

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

ForwardHealth will only use the information submitted for provider enrollment. 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 enrollment for each of their *individual owners* with a controlling interest:

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

Providers are required to submit the following information at the time of enrollment 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 enrollment 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.

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.

Screening Activities for Providers Assigned a Limited Risk Level

All Medicaid-enrolled providers are assigned one of three risk levels (limited, moderate, high) based on provider type. During the enrollment process, ForwardHealth performs certain screening activities based on the provider's risk level assignment. Prescribing/referring/ordering providers are assigned a limited risk level, which involves the following screening activities:

- License verification.
- Office of the Inspector General List of Excluded Individuals and Entities/Social Security Administration/Excluded Provider List System screen.
- Owner/controlling interest information verification.
- Medicare Exclusion Database screen.

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 these screenings.

National Provider Identifier of Medicaid-Enrolled Provider Required on Prior Authorization Requests and Claims

Current ForwardHealth policy already requires that PA requests and claims for services that are prescribed, referred, or ordered include the NPI of the provider who prescribed, referred, or ordered the service. Due to the ACA, ForwardHealth is implementing additional system changes to enforce this requirement and ensure the provider is Medicaid-enrolled.

Prior Authorization Requests for Services Prescribed, Referred, or Ordered

Prior authorization requests received on and after July 15, 2013, for services that are prescribed, referred, or ordered must include the NPI of the Medicaid-enrolled provider who prescribed, referred, or ordered the service. Prior authorization requests that do not include the NPI of a Medicaid-enrolled provider will be returned.

Revised Prior Authorization Request Forms

ForwardHealth has revised the following PA request forms to add fields for the name and NPI of the provider who prescribed, referred, or ordered the service:

- The Prior Authorization Request Form (PA/RF), F-11018 (05/13).
- The Prior Authorization Request for Hearing Instrument and Audiological Services (PA/HIAS1) form, F-11020 (05/13).

Copies of the revised forms are included in Attachments 1 and 2 of this *Update*. Providers may refer to the applicable service area of the Online Handbook on the Portal for revised service area-specific completion instructions for the PA/RF. Providers may refer to the Forms page of the Portal for revised completion instructions for the PA/HIAS1 form.

Effective Date of Revised Prior Authorization Request Forms

The revised PA/RF and PA/HIAS1 form will be effective July 15, 2013. All PA requests submitted on and after July 15, 2013, must be submitted using the revised forms or they will be returned to the requesting provider.

Prior authorization requests submitted on the PA/RF or the PA/HIAS1 may be submitted on the Portal, by fax, or by mail.

Claims for Services Prescribed, Referred, or Ordered

Claims with DOS on and after July 15, 2013, for services that are prescribed, referred, or ordered must include the NPI of the Medicaid-enrolled provider who prescribed, referred, or ordered the service. Claims that do not include the NPI of a Medicaid-enrolled provider will be denied. (However, providers should *not* include the NPI of a provider who prescribes, refers, or orders services on claims for services that are not prescribed, referred, or ordered, as those claims will also deny if the provider is not Medicaid-enrolled.)

Contacting Prescribing/Referring/Ordering Provider After a Claims Denial

If a claim for services prescribed, referred, or ordered is denied because the prescribing/referring/ordering provider was not Medicaid-enrolled, the rendering provider should contact the prescribing/referring/ ordering provider and do the following:

- Communicate that the prescribing/referring/ordering provider is required to be Medicaid-enrolled.
- Inform the prescribing/referring/ordering provider of the limited enrollment available for prescribing/referring/ordering providers.
- Resubmit the claim once the prescribing/referring/ ordering provider has enrolled in Wisconsin Medicaid.

Exception for Services Prescribed, Referred, or Ordered Prior to a Member's Medicaid Enrollment

Providers may submit claims for services prescribed, referred, or ordered by a non-Medicaid-enrolled provider if the member was not yet enrolled in Wisconsin Medicaid at the time the prescription, referral, or order was written (and the member has since enrolled in Wisconsin Medicaid). However, once the prescription, referral, or order expires, the prescribing/referring/ordering provider is required to enroll in Wisconsin Medicaid if he or she continues to prescribe, refer, or order services for the member.

The procedures for submitting claims for this exception depend on the type of claim submitted:

- Institutional, professional, and dental claims for this exception must be sent to the following address:

  ForwardHealth
  P.R.O. Exception Requests
  Ste 50
  313 Blettner Blvd
  Madison WI 53784

  A copy of the prescription, referral, or order must be included with the claim.
- Pharmacy and compound claims for this exception do *not* require any special handling. These claims include a prescription date, so they can be processed to bypass the prescriber Medicaid enrollment requirement in situations where the provider prescribed services before the member was Medicaid-enrolled.

Managed Care organizations are **not** affected by the new requirements included in this *Update*.

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/*.

P-1250

This *Update* was issued on 06/13/2013 and information contained in this *Update* was incorporated into the Online Handbook on 07/19/2013.

ATTACHMENT 1
Revised Prior Authorization Request Form (PA/RF)

(A copy of the revised "Prior Authorization Request Form [PA/RF])" is located on the following page.)

DEPARTMENT OF HEALTH SERVICES
ForwardHealth
F-11018 (05/13)

STATE OF WISCONSIN
DHS 106.03(4), Wis. Admin. Code
DHS 152.06(3)(h), 153.06(3)(g), 154.06(3)(g), Wis. Admin. Code

FORWARDHEALTH
PRIOR AUTHORIZATION REQUEST FORM (PA/RF)

Providers may submit prior authorization (PA) requests by fax to ForwardHealth at (608) 221-8616 or by mail to: ForwardHealth, Prior Authorization, Suite 88, 313 Blettner Boulevard, Madison, WI 53784. **Instructions:** Type or print clearly. Before completing this form, read the service-specific Prior Authorization Request Form (PA/RF) Completion Instructions.

SECTION I — PROVIDER INFORMATION

1. Check only if applicable ❑ HealthCheck "Other Services" ❑ Wisconsin Chronic Disease Program (WCDP)	2. Process Type	3. Telephone Number — Billing Provider
4. Name and Address — Billing Provider (Street, City, State, ZIP+4 Code)		5a. Billing Provider Number 5b. Billing Provider Taxonomy Code
6a. Name — Prescribing / Referring / Ordering Provider		6b. National Provider Identifier — Prescribing / Referring / Ordering Provider

SECTION II — MEMBER INFORMATION

7. Member Identification Number	8. Date of Birth — Member	9. Address — Member (Street, City, State, ZIP Code)
10. Name — Member (Last, First, Middle Initial)	11. Gender — Member ❑ Male ❑ Female	

SECTION III — DIAGNOSIS / TREATMENT INFORMATION

12. Diagnosis — Primary Code and Description	13. Start Date — SOI	14. First Date of Treatment — SOI
15. Diagnosis — Secondary Code and Description	16. Requested PA Start Date	

17. Rendering Provider Number	18. Rendering Provider Taxonomy Code	19. Service Code	20. Modifiers 1	2	3	4	21. POS	22. Description of Service	23. QR	24. Charge

An approved authorization does not guarantee payment. Reimbursement is contingent upon enrollment of the member and provider at the time the service is provided and the completeness of the claim information. Payment will not be made for services initiated prior to approval or after the authorization expiration date. Reimbursement will be in accordance with ForwardHealth payment methodology and policy. If the member is enrolled in a BadgerCare Plus Managed Care Program at the time a prior authorized service is provided, ForwardHealth reimbursement will be allowed only if the service is not covered by the Managed Care Program.

	25. Total Charges	
26. **SIGNATURE** — Requesting Provider	27. Date Signed	

DT-PA049-049

ATTACHMENT 2
Revised Prior Authorization Request for Hearing Instrument and Audiological Services (PA/HIAS1)

(A copy of the revised "Prior Authorization Request for Hearing Instrument and Audiological Services [PA/HIAS1]" form is located on the following page.)

DEPARTMENT OF HEALTH SERVICES
ForwardHealth
F-11020 (05/13)

STATE OF WISCONSIN
DHS 106.03(4), Wis. Admin. Code

FORWARDHEALTH

PRIOR AUTHORIZATION REQUEST FOR HEARING INSTRUMENT AND AUDIOLOGICAL SERVICES (PA/HIAS1)

Instructions: Type or print clearly. Providers may submit prior authorization (PA) requests with attachments to ForwardHealth by fax at (608) 221-8616 or by mail to: ForwardHealth, Prior Authorization, Suite 88, 313 Blettner Boulevard, Madison, WI 53784. Refer to the Prior Authorization Request for Hearing Instrument and Audiological Services (PA/HIAS1) Completion Instructions, F-11020A, for information on completing this form.

SECTION I — PROVIDER INFORMATION

1. Process Type	3. Name and Address — Testing Center (Street, City, State, ZIP+4 Code)
123	
2. Telephone Number — Testing Center	

4a. Testing Center Provider Number	4b. Testing Center Taxonomy Code
5a. Name — Prescribing Physician	5b. National Provider Identifier — Prescribing Physician

SECTION II — MEMBER INFORMATION

6. Name and Address — Member (Last, First, Middle Initial; Street, City, State, ZIP Code)	7. Member Identification Number	8. Gender — Member ❑ Male ❑ Female
	9. Date of Birth — Member	

SECTION III — DIAGNOSIS / TREATMENT INFORMATION

10. Diagnosis — Code and Description

11. Rendering Provider Number	12. Rendering Provider Taxonomy	13. Procedure Code	14. Modifiers 1	2	3	4	15. POS	16. Description of Service	17. QR	18. Charge

An approved authorization does not guarantee payment. Reimbursement is contingent upon enrollment of the member and provider at the time the service is provided and the completeness of the claim information. Payment will not be made for services initiated prior to approval or after the authorization expiration date. Reimbursement will be in accordance with Medicaid and BadgerCare Plus payment methodology and policy. If the member is enrolled in a BadgerCare Plus Managed Care Program at the time a prior authorized service is provided, Medicaid reimbursement will be allowed only if the service is not covered by the Managed Care Program.

	19. Total Charges	

20. **SIGNATURE** — Requesting Provider	21. Provider Type ❑ Audiologist ❑ Hearing Instrument Specialist	22. Date Signed

DT-PA022-022