

Affected Programs: BadgerCare Plus, Medicaid, SeniorCare

To: In-State Emergency Providers, Out-of-State Providers, HMOs and Other Managed Care Programs

New Requirements for In-State Emergency Providers and Out-of-State Providers Due to the Affordable Care Act

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This *ForwardHealth Update* provides information about new requirements for in-state emergency providers and out-of-state 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.

As a reminder, out-of-state providers are only reimbursed for services that are provided in an emergency or for which they have obtained prior authorization (PA) from ForwardHealth.

Information in this *Update* applies to the BadgerCare Plus Standard Plan, the BadgerCare Plus Benchmark Plan, the BadgerCare Plus Core Plan, the BadgerCare Plus Basic Plan, Wisconsin Medicaid, and SeniorCare. Managed care organizations are **not** affected by information included in this *Update*.

ForwardHealth has published an *Update* that specifically addresses requirements for dentists who provide only urgent or emergency services to BadgerCare Plus or Medicaid

members. For more information, refer to the June 2013 *Update* (2013-36), titled “New Requirements for Dentists Who Provide Only Urgent or Emergency Services to BadgerCare Plus or Medicaid Members.”

In-State Emergency Providers and Out-of-State Providers Will Be Required to Be Medicaid-Enrolled

ForwardHealth will require all in-state emergency providers and out-of-state providers who render services to BadgerCare Plus, Medicaid, or SeniorCare members on and after August 9, 2013, to be enrolled in Wisconsin Medicaid.

In-State Emergency Provider Data Sheet and Out-of-State Provider Data Sheet Will Be Obsolete

Effective for dates of service (DOS) on and after August 9, 2013, in-state emergency providers and out-of-state providers will no longer need to submit the In-State Emergency Provider Data Sheet, F-11002 (07/12), or the Out-of-State Provider Data Sheet, F-11001 (07/12), with claims for services provided to BadgerCare Plus, Medicaid, or SeniorCare members. The forms will become obsolete effective August 9, 2013, and will be removed from the Forms page of the ForwardHealth Portal.

Providers Who Only Prescribe, Refer, or Order Services

In-state emergency providers or out-of-state providers who only prescribe, refer, or order services must enroll as prescribing/referring/ordering providers using the new abbreviated enrollment process for prescribing/referring/ordering providers on the ForwardHealth Portal at www.forwardhealth.wi.gov/. For more information about the new requirements for prescribing/referring/ordering providers, refer to the June 2013 *Update* (2013-34), titled “New Requirements for Prescribing/Referring/Ordering Providers Due to the Affordable Care Act.”

Medicaid Enrollment Process for In-State Emergency Providers and Out-of-State Providers

Providers may apply for Medicaid enrollment as an in-state emergency provider or an out-of-state provider on the Portal.

To access the in-state emergency provider enrollment application or the out-of-state provider 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. Select the Start or Continue Your Enrollment Application link at the top of the Provider Enrollment Information home page.
4. Select the Medicaid In-State Emergency/Out-of-State Provider Enrollment Application link.

Completing and Submitting Enrollment Application

After providers have accessed the appropriate 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. Providers may call Provider Services at (800) 947-9627 if

they have questions or need assistance while completing the enrollment application.

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

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

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 an in-state emergency provider or an out-of-state provider will be the date the provider rendered the service to the BadgerCare Plus, Medicaid, or SeniorCare member. In-state emergency providers will only be Medicaid-enrolled for that DOS. Each time a provider renders emergency services to a BadgerCare Plus, Medicaid, or SeniorCare member, the provider will be required to re-enroll as an in-state emergency provider for that date in order to be reimbursed. Out-of-state providers will continue to be Medicaid-enrolled until it is time to revalidate their enrollment.

Out-of-State Providers Required to Revalidate Their Enrollment

Out-of-state providers will be required to revalidate their Medicaid enrollment every three years. Out-of-state

providers will receive a Provider Revalidation Notice in the mail from ForwardHealth when it is time to undergo revalidation. For more information on the revalidation process, providers may access the Medicaid Provider Revalidation page on the Portal by selecting the Provider Revalidation link on the left side of the Portal home page.

Medicaid-Enrolled Providers May Not Charge Members as Private-Pay Patients

Providers are reminded that while they are enrolled in Wisconsin Medicaid, they may not charge any BadgerCare Plus, Medicaid, or SeniorCare members directly for services that are covered by the Medicaid program.

Additional Enrollment Requirements Due to the Affordable Care Act

During the enrollment process, providers will be subject to additional enrollment requirements due to the ACA including the following:

- Reporting of personal data information for persons with an ownership or controlling interest, managing employees, and agents.
- Screening activities based on their risk level assignment.
- Application fees, if applicable.

For more information on additional enrollment requirements due to the ACA, refer to the Provider Enrollment Information home page by selecting the Become a Provider link from the Portal home page.

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

Prior Authorization Requests for Non-Emergency Services Rendered by Out-of-State Providers

Prior authorization requests received on and after August 9, 2013, for non-emergency services rendered by out-of-state providers to BadgerCare Plus, Medicaid, or SeniorCare members must include the National Provider Identifier (NPI) of the Medicaid-enrolled out-of-state provider who

rendered the service. Prior authorization requests that do not include the NPI of a Medicaid-enrolled provider will be returned.

Note: Emergency services do not require PA.

Claims for Services Rendered by In-State Emergency Providers or Out-of-State Providers

Claims with DOS on and after August 9, 2013, for services rendered by in-state emergency providers or out-of-state providers to BadgerCare Plus, Medicaid, or SeniorCare members must include the NPI of the Medicaid-enrolled provider who rendered the service. Claims that do not include the NPI of a Medicaid-enrolled provider will be denied.

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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