

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

## ForwardHealth Introduces Real-Time Eligibility Determinations for Qualified Applicants

Effective October 24, 2015, ForwardHealth will implement a new process to automate online eligibility determinations for BadgerCare Plus and/or Family Planning Only Services applicants who meet pre-screening criteria and whose reported information can be verified in real-time using online data sources. As a result, providers will begin to see new temporary identification cards from members enrolled as a result of real-time eligibility.

### New Real-Time Eligibility Application in ACCESS

Provisions in the Affordable Care Act of 2010 require states to complete real-time eligibility determinations, whenever possible, for applicants whose eligibility is determined under Modified Adjusted Gross Income (MAGI) rules. Effective October 24, 2015, ForwardHealth will implement a new process to automate online eligibility determinations for BadgerCare Plus and/or Family Planning Only Services applicants who meet pre-screening criteria and whose reported information can be verified in real time while applying in ACCESS Apply for Benefits (AFB) at [www.access.wi.gov/](http://www.access.wi.gov/).

*Note:* Real-time eligibility is separate from presumptive eligibility (PE), which is determined through the online or paper Express Enrollment (EE) application process, and provides up to two months of temporary enrollment.

Once an applicant is determined eligible through the real-time eligibility process, the member is considered eligible for

BadgerCare Plus and/or Family Planning Only Services and will be enrolled for 12 months, unless changes that affect eligibility occur before the 12-month period ends.

### Real-Time Eligibility Determinations

When an applicant completes the ACCESS AFB application, AFB will use a number of pre-screening criteria to determine whether a real-time eligibility determination can be provided. ACCESS will ask the same questions about household members, earned and unearned income, tax deductions, expenses, and access to health insurance coverage, regardless of the potential for a real-time eligibility determination.

Once the application has been submitted, if the applicant appears to qualify for real-time eligibility, an option to complete Identity Proofing will appear. Identity Proofing is new to ACCESS and is only required if the applicant wants a real-time eligibility determination. In most cases, if the application meets the real-time eligibility pre-screening criteria, the applicant successfully completes Identity Proofing, and applicant-reported information can be verified using data exchanges, ACCESS will display a real-time eligibility determination of whether the applicant is eligible for BadgerCare Plus and/or Family Planning Only Services.

If the application does **not** meet the real-time eligibility pre-screening criteria, or if the application needs additional verification or other worker follow-up before an eligibility decision can be made, it will continue to be processed as a

regular ACCESS application and no real-time eligibility determination will occur.

### **Temporary Identification Cards**

For applicants who are able to get a real-time eligibility determination, a PDF titled “Your Health Care Results” will be created in ACCESS. This PDF will include eligibility information for each applicant. For members who are eligible in the current month or next month, the PDF will include a temporary identification card for BadgerCare Plus and/or Family Planning Only Services. The temporary ID card will be valid for the dates listed on the card and will allow the applicant and/or household members to get immediate health care or pharmacy services. Each approved applicant will get his or her own card, and each card will include the member’s ForwardHealth ID number. The temporary ID cards are considered a valid ForwardHealth card for the timeframe listed.

### **Verifying Eligibility**

Providers should note that while the temporary ID card can be printed immediately and used for ForwardHealth-covered services, providers will not be able to check eligibility information via Wisconsin's Enrollment Verification System (EVS) immediately. It will take up to 72 hours for providers to check a member’s eligibility via the EVS. The temporary ID card will include the date and time by which providers will be able to verify eligibility using the EVS. If a member presents a temporary ID card prior to that date and time, **the provider is still required to provide services**, even if eligibility cannot be verified. If a member presents a temporary ID card after that date and time, the provider should verify eligibility using the EVS. Refer to the Attachment of this *Update* for sample temporary ID cards.

### **Submitting Good Faith Claims**

If a provider submits a claim for a member with a real-time eligibility determination within 72 hours of the determination, the claim may deny, as the member’s information is not active in the claims processing system yet. If a member presents a temporary ID card for BadgerCare Plus or Family Planning Only Services, the provider should

check the member's enrollment via the EVS and, if the enrollment is not on file yet, make a photocopy of the member's temporary ID card. The provider should check enrollment again after the date and time indicated on the ID card, or wait up to one week to submit a claim to ForwardHealth. If, after the date and time indicated on the ID card, the EVS indicates that the member is still not enrolled, or the claim is denied with an enrollment-related explanation of benefits code, the provider should contact Provider Services at 800-947-9627 for assistance. A good faith claim may be submitted when a claim is denied due to a discrepancy between the member's enrollment information in the claims processing system and the member's actual enrollment.

### **Information Regarding Managed Care Organizations**

This *Update* contains fee-for-service policy and applies to services members receive on a fee-for-service basis only. For managed care policy, contact the appropriate managed care organization. Managed care organizations are required to provide at least the same benefits as those provided under fee-for-service arrangements.

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 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 website at [www.forwardhealth.wi.gov/](http://www.forwardhealth.wi.gov/).


P-1250


*This Update was issued on 9/29/2015 and information contained in this Update was incorporated into the Online Handbook on 10/23/2015.*

# ATTACHMENT

## Sample Temporary Identification Cards

The following are sample temporary identification cards for BadgerCare Plus and Family Planning Only Services that will be issued to applicants who are able to get a real-time eligibility determination.

<p><b>To the Provider</b></p> <p>The individual listed on this card has been enrolled in BadgerCare Plus. This card entitles the listed individual(s) to receive health care services, including pharmacy services, through BadgerCare Plus from any enrolled BadgerCare Plus / Medicaid provider. For additional information, call Provider Services at (800) 947-9627 or see the online Provider Handbook.</p> <p><b>Note:</b></p> <p>It is important to provide services when this card is presented. Providers who render services based on the enrollment dates on this card will receive payment for those services, as long as other reimbursement requirements are met. All policies regarding covered services apply for these individuals, including the prohibition against billing members. Refer to the online Provider Handbook for further information regarding this temporary ID card. Providers are encouraged to keep a photocopy of this card. If the name on this card is followed by the words "Pending Assignment", the Member ID will be assigned within one business day, the card is still valid.</p>	<div style="text-align: center;">  <p><b>WISCONSIN DEPARTMENT OF HEALTH SERVICES</b></p> <p><b>TEMPORARY IDENTIFICATION CARD FOR BADGERCARE PLUS</b></p> </div> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Name</th> <th style="text-align: left;">Program</th> <th style="text-align: left;">ID Number</th> </tr> </thead> <tbody> <tr> <td><b>Ima Member</b></td> <td>BadgerCare Plus</td> <td>0987654321</td> </tr> <tr> <td colspan="3">DOB: 09/01/1984</td> </tr> </tbody> </table> <p>This card is valid from <b>September 01, 2015 to September 30, 2015</b>.</p> <p>This individual's eligibility may not appear in the ForwardHealth Portal before 8 a.m. on <b>09/08/2015</b>. If this card is presented prior to this date, the provider should honor the individuals coverage and provide services based on good faith policies outlined in the Provider Handbook.</p> <p>For services provided as of 8 a.m. on 09/08/2015, eligibility should be verified through the ForwardHealth Portal prior to providing services.</p>	Name	Program	ID Number	<b>Ima Member</b>	BadgerCare Plus	0987654321	DOB: 09/01/1984		
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<p><b>To the Provider</b></p> <p>The individual listed on this card has been enrolled in Family Planning Only Services. This card entitles the listed individual(s) to receive health care services, including pharmacy services, through Family Planning Only Services from any enrolled Family Planning Only Services provider. For additional information, call Provider Services at (800) 947-9627 or see the online Provider Handbook.</p> <p><b>Note:</b></p> <p>It is important to provide services when this card is presented. Providers who render services based on the enrollment dates on this card will receive payment for those services, as long as other reimbursement requirements are met. All policies regarding covered services apply for these individuals, including the prohibition against billing members. Refer to the online Provider Handbook for further information regarding this temporary ID card. Providers are encouraged to keep a photocopy of this card. If the name on this card is followed by the words "Pending Assignment", the Member ID will be assigned within one business day, the card is still valid.</p>	<div style="text-align: center;">  <p><b>WISCONSIN DEPARTMENT OF HEALTH SERVICES</b></p> <p><b>TEMPORARY IDENTIFICATION CARD FOR FAMILY PLANNING ONLY SERVICES</b></p> </div> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Name:</th> <th style="text-align: left;">Program</th> <th style="text-align: left;">ID Number</th> </tr> </thead> <tbody> <tr> <td><b>Ima Member</b></td> <td>Family Planning Only Services</td> <td>0987654321</td> </tr> <tr> <td colspan="3">DOB: 09/01/1984</td> </tr> </tbody> </table> <p>This card is valid from <b>September 01, 2015 to September 30, 2015</b>.</p> <p>This individual's eligibility may not appear in the ForwardHealth Portal before 8 a.m. on <b>09/08/2015</b>. If this card is presented prior to this date, the provider should honor the individuals coverage and provide services based on good faith policies outlined in the Provider Handbook.</p> <p>For services provided as of 8 a.m. on 09/08/2015, eligibility should be verified through the ForwardHealth Portal prior to providing services.</p>	Name:	Program	ID Number	<b>Ima Member</b>	Family Planning Only Services	0987654321	DOB: 09/01/1984		
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