

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

New Revalidation Application Fee for Provider Organizations and Important Reminders About the Revalidation Process

Effective January 1, 2017, provider organizations that are subject to an application fee when enrolling in Wisconsin Medicaid will also be subject to the application fee when revalidating their Medicaid enrollment. This *ForwardHealth Update* includes additional information regarding the provider revalidation application fee and revalidation process.

Provider Revalidation Application Fee

Effective January 1, 2017, provider organizations that are subject to an application fee when enrolling in Wisconsin Medicaid will also be subject to the application fee when revalidating their Medicaid enrollment. The application fee is established by the Centers for Medicare and Medicaid Services (CMS) and is used to offset the cost of federally mandated screening activities required by the Affordable Care Act (ACA). The application fee for 2017 is \$560. Providers are reminded that CMS may adjust the fee on January 1 of each year.

Provider application fees do **not** apply to individual providers or professional provider groups. For complete information regarding the provider organizations that are assessed application fees, refer to the Provider Enrollment Information home page on the ForwardHealth Portal. Application fee information for a particular provider type can be accessed by clicking the Information for Specific

Provider Types link and then the applicable provider type link.

Providers will not be required to pay ForwardHealth the application fee if they are currently enrolled or are in the process of enrolling in Medicare or another state's Medicaid or Children's Health Insurance Program (CHIP). ForwardHealth will verify the provider's enrollment in Medicare or with another state and will verify that the provider has paid the application fee.

Provider Revalidation Process Reminder

Providers will receive a Provider Revalidation Notice in the mail that will specify the date the provider may begin the revalidation process and the provider's revalidation due date. Providers will have 30 days from their revalidation date to submit their revalidation application. Providers are strongly encouraged to begin the revalidation process within the 30-day window to avoid missing their revalidation deadline and having their enrollment terminated.

Note: Providers may check their revalidation due date at any time by logging in to their secure ForwardHealth Provider Portal account and selecting the Check My Revalidation Date link on the right side of the Portal home page.

Providers are responsible for supplying contact and other personal information to ForwardHealth and for keeping it

current via the demographic maintenance tool on the Portal to avoid missing their revalidation notice and other important documents and deadlines. The Provider Revalidation Notice is sent to the “mail to” address on file with ForwardHealth. Providers who update their addresses with the Division of Quality Assurance or other divisions within the Wisconsin Department of Health Services (DHS) are still required to update their addresses with ForwardHealth. Updating an address with other divisions of DHS does not change a provider’s address with ForwardHealth.

Providers who fail to submit their revalidation application by the deadline will be terminated from Wisconsin Medicaid, causing a lapse in enrollment until the provider reapplies. 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 through the provider’s secure Provider Portal account. Providers should complete the following steps to access the provider revalidation application and begin the revalidation process:

1. Access the Portal at www.forwardhealth.wi.gov/.
2. Log in to their secure ForwardHealth Provider Portal account from the home page.
3. Select the Revalidate Your Provider Enrollment link and enter their National Provider Identifier (NPI) or Provider ID, Social Security number (SSN) or federal tax identification number, and ZIP code.

After submitting the revalidation application, providers may check the status of their revalidation at any time by accessing the Portal home page, selecting the Enrollment Tracking Search link, and entering their application tracking number (ATN). Providers should track their revalidation so they are aware of any delays in enrollment and if any additional information is needed to process their application.

Application Fee Payments Made via the Portal

At the end of the provider revalidation application, providers can submit their revalidation application fee or hardship request to complete revalidation. Providers may also pay the application fee within 10 business days after the application is submitted by clicking the Submit Application Fee or Hardship Request link on the Provider Application Fee page in the Provider Enrollment Information area on the Portal.

ForwardHealth will not accept paper checks or cash for application fee payments.

Note: ForwardHealth will not start processing a provider’s revalidation application until the application fee is paid. If ForwardHealth does not receive the payment within 10 business days after the application is submitted, the application will be denied. If an application fee is not paid due to insufficient funds, the application will be denied.

Provider Enrollment Application Fees Non-Refundable

Once a provider has submitted the provider revalidation application and paid the application fee, the fee is non-refundable, with the following exceptions:

- If a provider’s revalidation application is denied as a result of a temporary moratorium on enrollment of new providers or provider types imposed by CMS or Wisconsin Medicaid
- If a provider’s revalidation application is denied before any initiation of the screening process

In either exception, the application fee will be refunded in full to the provider.

Reminders

Specialized Medical Vehicle Providers Affidavit

Specialized medical vehicle providers are required to upload a notarized copy of the Specialized Medical Vehicle Providers Affidavit form, F-11237 (04/14), during enrollment and revalidation.

License Information

Providers who are not required to be licensed as part of their enrollment criteria should not indicate license information on the License panel during the enrollment process. If license information is entered, application processing may be delayed.

Hardship Exception Requests

Providers may request a hardship exception to the application fee **only** at the time they are newly enrolling, re-enrolling, or revalidating on the Portal. Wisconsin Medicaid must receive a hardship request within 10 business days of the application's submission date. Instructions related to the hardship request are given during the payment process.

Providers are required to describe the hardship and why the hardship deserves an exception. The Centers for Medicare and Medicaid Services will evaluate the hardship request within 60 days and send a letter to the provider indicating whether or not the request has been approved. The provider will not be enrolled, re-enrolled, or revalidated until CMS reviews and makes a decision regarding the hardship request. If CMS does not approve the request, the provider will have an additional 10 business days from the date on the return letter to pay the application fee; otherwise, the provider will be denied enrollment in Wisconsin Medicaid.

Information Required from Persons with Ownership or Controlling Interest, Agents, and Managing Employees

Providers are required to submit personal information about all persons with an ownership or controlling interest, agents, and managing employees at the time of revalidation.

Revalidation application processing will be delayed if this information is missing.

Note: For information about the specific terminology used during enrollment and revalidation, refer to the Terminology to Know for Provider Enrollment topic (#14317) of the Provider Enrollment chapter of the Provider Enrollment and Ongoing Responsibilities section of the Online Handbook.

Providers who submitted the required ownership information during a previous enrollment and have

undergone a change in ownership since that time are required to submit a change in ownership notification within 35 days of the change and complete a new enrollment application. For more information, refer to the Change in Ownership page in the Provider Enrollment Information area on the Portal.

At the time of enrollment and revalidation, providers are required to submit the following information for each **individual owner** with a controlling interest in the provider:

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

If a provider organization does not have an owner or a person with a controlling interest of five percent or more, "No Individual Owners" should be entered in the Name field on the Owner/Controlling Interest in Applicant — Detail panel, and filler information should be entered in the other required fields so that the panel can be bypassed. All appropriate individuals must be entered on the Managing Employee panel instead.

At the time of enrollment and revalidation, providers are required to submit the following information for each **organizational owner** with a controlling interest in the provider:

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

At the time of enrollment and revalidation, providers are required to submit the following information for each **managing employee and agent**:

- First and last name
- SSN
- Date of birth
- Street address, city, state, and ZIP+4 code

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/.

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This *Update* was issued on 11/30/16 and information contained in this *Update* was incorporated in the Online Handbook and Provider Enrollment Information area on the Portal on 1/3/17.