

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

## Clarification of the Timely Filing Claims Submission Process

As outlined in the Submission Deadline topic (topic #547) of the ForwardHealth Online Handbook, state and federal laws provide eight exceptions to the claims submission deadline (within 365 days of the date of service [DOS]). Claims or adjustment requests that meet one of the exceptions to the submission deadline may be submitted to timely filing. This *ForwardHealth Update* clarifies the requirements for the timely filing claims submission process.

To receive consideration for an exception to the submission deadline, providers are required to submit the following:

- A properly completed Timely Filing Appeals Request form, F-13047 (08/15), for each claim and each adjustment to allow for documentation of individual claims and adjustments submitted to ForwardHealth
- A legible claim or Adjustment/Reconsideration Request form, F-13046 (08/15)
- All required documentation as specified for the exception to the submission deadline
- A properly completed Explanation of Medical Benefits form, F-01234 (04/2018), for paper claims and paper claim adjustments where other health insurance sources are indicated

*Note:* Providers are reminded to complete and submit the most current versions of these forms supported by ForwardHealth.

To receive consideration for an exception, a Timely Filing Appeals Request form must be received by ForwardHealth

before the applicable submission deadlines identified in the Attachment of this *Update*.

When completing the claim or adjustment request, providers are required to indicate the procedure code, diagnosis code, place of service code, and all other required claims data elements effective for the DOS. However, providers should use the current claim form and instructions or adjustment request form and instructions. Reimbursement for Timely Filing Appeals Requests is contingent upon the claim or adjustment request meeting program requirements for the DOS.

Refer to the Attachment for filing deadlines and additional documentation requirements as they correspond to each of the eight allowable exceptions.

### 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 (MCO). MCOs are required to provide at least the same benefits as those provided under fee-for-service arrangements. Members enrolled only in the Wisconsin Chronic Disease Program are not enrolled in MCOs.

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 Medicaid Services, the 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, DHS.

For questions, call Provider Services at 800-947-9627 or visit our website at [www.forwardhealth.wi.gov/](http://www.forwardhealth.wi.gov/).

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# ATTACHMENT

## Timely Filing Deadlines and Documentation Requirements

The following table lists the filing deadlines and additional documentation requirements as they correspond to each of the eight allowable timely filing exceptions.

<b>Change in Nursing Home Resident's Level of Care or Liability Amount</b>		
<b>Description of the Exception</b>	<b>Documentation Requirements</b>	<b>Submission Address</b>
<p>This exception occurs when a nursing home claim is initially received within the submission deadline and reimbursed incorrectly due to a change in the member's authorized level of care (LOC) or liability amount.</p>	<p>To receive consideration, the request must be submitted within 455 days from the date of service (DOS). Include the following documentation as part of the request:</p> <ul style="list-style-type: none"> <li>• The correct liability amount or LOC must be indicated on the Adjustment/Reconsideration Request form, F-13046 (08/15).</li> <li>• The most recent claim number (also known as the internal control number [ICN]) must be indicated on the Adjustment/Reconsideration Request form. This number may be the result of a ForwardHealth-initiated adjustment.</li> <li>• A copy of the Explanation of Medical Benefits form, F-01234 (04/2018), must be submitted, if applicable.</li> </ul>	<p>ForwardHealth Timely Filing Ste 50 313 Blettner Blvd Madison WI 53784</p>
<b>Decision Made by a Court, Fair Hearing, or the Wisconsin Department of Health Services</b>		
<b>Description of the Exception</b>	<b>Documentation Requirements</b>	<b>Submission Address</b>
<p>This exception occurs when a decision is made by a court, fair hearing, or the Wisconsin Department of Health Services (DHS).</p>	<p>To receive consideration, the request must be submitted within 90 days from the date of the decision of the hearing. Include the following documentation as part of the request:</p> <ul style="list-style-type: none"> <li>• A complete copy of the decision notice received from the court, fair hearing, or DHS</li> </ul>	<p>ForwardHealth Timely Filing Ste 50 313 Blettner Blvd Madison WI 53784</p>

<b>Denial Due to Discrepancy Between the Member's Enrollment Information in ForwardHealth interChange and the Member's Actual Enrollment</b>		
<b>Description of the Exception</b>	<b>Documentation Requirements</b>	<b>Submission Address</b>
<p>This exception occurs when a claim is initially received by the deadline but is denied due to a discrepancy between the member's enrollment information in ForwardHealth interChange and the member's actual enrollment.</p>	<p>To receive consideration, the request must be submitted within 455 days from the DOS. Include the following documentation as part of the request:</p> <ul style="list-style-type: none"> <li>• A copy of remittance information showing the claim was submitted in a timely manner and denied with a qualifying enrollment-related explanation.</li> <li>• A photocopy of <b>one</b> of the following indicating enrollment on the DOS: <ul style="list-style-type: none"> <li>○ Temporary Identification Card for Express Enrollment in BadgerCare Plus</li> <li>○ Temporary Identification Card for Express Enrollment in Family Planning Only Services</li> <li>○ The response received through Wisconsin's Enrollment Verification System from a commercial eligibility vendor</li> <li>○ The transaction log number received through WiCall</li> <li>○ The enrollment tracking number received through the ForwardHealth Portal</li> </ul> </li> </ul>	<p>ForwardHealth Good Faith/Timely Filing Ste 50 313 Blettner Blvd Madison WI 53784</p>
<b>ForwardHealth Reconsideration or Recoupment</b>		
<b>Description of the Exception</b>	<b>Documentation Requirements</b>	<b>Submission Address</b>
<p>This exception occurs when ForwardHealth reconsiders a previously processed claim. ForwardHealth will initiate an adjustment on a previously paid claim.</p>	<p>If a subsequent provider submission is required, the request must be submitted within 90 days from the date of the Remittance Advice (RA) message. Include the following documentation as part of the request:</p> <ul style="list-style-type: none"> <li>• A copy of the RA message that shows the ForwardHealth-initiated adjustment</li> <li>• A copy of the Explanation of Medical Benefits form, F-01234 (04/2018), if applicable</li> </ul>	<p>ForwardHealth Timely Filing Ste 50 313 Blettner Blvd Madison WI 53784</p>

<b>Retroactive Enrollment for Persons on General Relief</b>		
<b>Description of the Exception</b>	<b>Documentation Requirements</b>	<b>Submission Address</b>
<p>This exception occurs when the local county or tribal agency requests a return of a general relief (GR) payment from the provider because a member has become retroactively enrolled for Wisconsin Medicaid or BadgerCare Plus.</p>	<p>To receive consideration, the request must be submitted within 180 days from the date the backdated enrollment was added to the member's enrollment information. Include the following documentation as part of the request:</p> <ul style="list-style-type: none"> <li>• A copy of the Explanation of Medical Benefits form, F-01234 (04/2018), if applicable</li> </ul> <p><b>And</b></p> <ul style="list-style-type: none"> <li>• "GR retroactive enrollment" indicated on the claim</li> </ul> <p><b>Or</b></p> <ul style="list-style-type: none"> <li>• A copy of the letter received from the local county or tribal agency</li> </ul>	<p>ForwardHealth GR Retro Eligibility Ste 50 313 Blettner Blvd Madison WI 53784</p>
<b>Medicare Denial Occurs After the Submission Deadline</b>		
<b>Description of the Exception</b>	<b>Documentation Requirements</b>	<b>Submission Address</b>
<p>This exception occurs when claims submitted to Medicare (within 365 days of the DOS) are denied by Medicare after the 365-day submission deadline. A waiver of the submission deadline will not be granted when Medicare denies a claim for one of the following reasons:</p> <ul style="list-style-type: none"> <li>• The charges were previously submitted to Medicare.</li> <li>• The member name and ID number do not match.</li> <li>• The services were previously denied by Medicare.</li> <li>• The provider retroactively applied for Medicare enrollment and did not become enrolled.</li> </ul>	<p>To receive consideration, the request must be submitted within 90 days of the Medicare processing date. Include the following documentation as part of the request:</p> <ul style="list-style-type: none"> <li>• A copy of the Medicare remittance information</li> <li>• A copy of the Explanation of Medical Benefits form, F-01234 (04/2018), if applicable</li> </ul>	<p>ForwardHealth Timely Filing Ste 50 313 Blettner Blvd Madison WI 53784</p>

<b>Refund Request from an Other Health Insurance Source</b>		
<b>Description of the Exception</b>	<b>Documentation Requirements</b>	<b>Submission Address</b>
<p>This exception occurs when an other health insurance source reviews a previously paid claim and determines that reimbursement was inappropriate.</p>	<p>To receive consideration, the request must be submitted within 90 days from the date of recoupment notification. Include the following documentation as part of the request:</p> <ul style="list-style-type: none"> <li>• A copy of the recoupment notice</li> <li>• An updated Explanation of Medical Benefits form, F-01234 (04/2018), showing the reason for the recoupment, if applicable</li> </ul> <p><i>Note:</i> When the reason for resubmitting is due to Medicare recoupment, ensure that the associated Medicare disclaimer code (i.e., M-7 or M-8) is included on the updated Explanation of Medical Benefits form, F-01234 (04/2018).</p>	<p>ForwardHealth Timely Filing Ste 50 313 Blettner Blvd Madison WI 53784</p>
<b>Retroactive Member Enrollment into Medicaid</b>		
<b>Description of the Exception</b>	<b>Documentation Requirements</b>	<b>Submission Address</b>
<p>This exception occurs when a claim cannot be submitted within the submission deadline due to a delay in the determination of a member's retroactive enrollment into Wisconsin Medicaid.</p>	<p>To receive consideration, the request must be submitted within 180 days from the date the backdated enrollment was added to the member's enrollment information. In addition, retroactive enrollment must be indicated by selecting the "Retroactive member enrollment for ForwardHealth (attach appropriate documentation for retroactive period, if available)" box on the Timely Filing Appeals Request form, F-13047 (08/15).</p>	<p>ForwardHealth Timely Filing Ste 50 313 Blettner Blvd Madison WI 53784</p>