

**Affected Programs:** BadgerCare Plus, Medicaid, SeniorCare, Wisconsin AIDS Drug Assistance Program, Wisconsin Chronic Disease Program, Wisconsin Well Woman Program

**To:** All Providers, HMOs and Other Managed Care Programs

## Important ForwardHealth Provider Enrollment Process Reminders

This *ForwardHealth Update* contains overviews and reminders of the Wisconsin Medicaid provider enrollment process. These reminders apply to all currently enrolled providers, as well as those providers seeking to enroll. If a particular reminder is applicable only to certain provider types, this will be specifically noted in the reminder.

### Enrollment and Revalidation Reminders

All providers should review the enrollment criteria for their specialty before applying for enrollment or revalidation. Medicaid enrollment criteria can be found in the Provider Enrollment Information area of the ForwardHealth Portal by clicking the Become a Provider link; provider-specific criteria can also be found in the Provider Enrollment and Ongoing Responsibilities section of each service area of the ForwardHealth Online Handbook. Reviewing enrollment criteria before each enrollment or revalidation will facilitate quick and timely processing of applications and prevent delays in provider reimbursement.

In addition to reviewing their enrollment criteria, providers are encouraged to follow these reminders:

- Ensure the provider's name matches exactly on all forms and submitted documentation, including their license or enrollment report. If a middle name or suffix is included on one form or document, it must be included on all forms or documents.
- Use the demographic maintenance tool on the Portal when any enrollment information changes, and verify

the information frequently. For more information, refer to the Demographic Maintenance Tool section of this *Update*.

- Update all information regarding group affiliations, group members, and the status of those providers' enrollments when these changes occur, including adding or removing individual providers to or from the group.
- Ensure the application being submitted is for full Medicaid enrollment and not a Prescribing, Referring, and Ordering enrollment. For more clarification on the difference between these enrollments, refer to the Clarification Regarding Prescribing, Referring, and Ordering Applications section of this *Update*.

### Revalidation

Providers who must revalidate their enrollment have 30 days from their revalidation date to have submitted all required components, including forms, documentation, and enrollment fees. For more information about revalidation and enrollment fees, refer to the Provider Application Fee page of the Revalidation area of the Portal. ForwardHealth mails providers a revalidation letter to the mailing address listed on the provider's file 10 days prior to the revalidation date. Providers can check their enrollment status and revalidation date at any time by clicking the Check My Revalidation Date link under Quick Links on the Medicaid Provider Revalidation page of the Portal. Revalidating on time is critically important for providers, as failing to do so

will result in a lapse of enrollment, and any claims will not be payable during such a lapse.

## Demographic Maintenance Tool

Wisconsin Medicaid-enrolled providers are required to change their demographic information using the demographic maintenance tool on the Portal. The demographic maintenance tool allows providers to securely, efficiently, and conveniently update their information. In most cases, once information is submitted through the demographic maintenance tool, providers' files will be immediately updated. If providers' files are immediately updated, providers will receive a confirmation message above the panel from which they submitted their information indicating that their information was updated successfully. In some cases, ForwardHealth may need to manually verify information, which may take additional processing time.

For instruction on how to use the demographic maintenance tool, refer to the Demographic Maintenance Tool User Guide.

### **Changes That Require ForwardHealth to Be Notified**

Providers are reminded that they are required to notify ForwardHealth via the demographic maintenance tool of any changes as they occur to their demographic information, including the following:

- Unique enrollment identifiers — One of the following pieces of information must be unique for each enrollment location:
  - ✓ Address(es) — practice location and related information, mailing, prior authorization (PA), financial, and/or audit address, if applicable (*Note:* The address of a provider's practice location is required to match the physical address where services are rendered or coordinated. This may be different than the provider's mailing address. Changes to the practice location address on file with ForwardHealth may alter providers' ZIP+4 code information that is required on transactions.)

- ✓ National Provider Identifier (*Note:* When requesting a change to NPI, providers are required to also upload a letter requesting this NPI change.)
- ✓ Taxonomy code
- Other identifiers — As a reminder, any changes to names must be changed in all places that the name appears, including forms, licenses, and enrollment reports — such as:
  - ✓ Business name (*Note:* When requesting a change of business name, providers are required to also upload a letter requesting this name change.)
  - ✓ Contact name
  - ✓ Federal Tax ID number (Internal Revenue Service number)
  - ✓ Telephone number, including area code
- Professional information, such as:
  - ✓ Group affiliation (*Note:* It is the provider's responsibility to keep ForwardHealth current on the provider's affiliation with any provider groups.)
  - ✓ Licensure
  - ✓ Ownership (*Note:* When requesting a change of ownership, providers are required to submit a new enrollment application. Complete change of ownership information can be found in the Become a Provider link on the Portal.)
  - ✓ Professional certification
  - ✓ Provider specialty
  - ✓ Supervisor of non-billing providers

Failure to notify ForwardHealth of changes or knowingly providing false information may result in the following:

- Incorrect reimbursement
- Misdirected payment
- Claim denial
- Suspension of payments
- Cancellation of provider file if provider mail is returned to ForwardHealth for lack of a current address
- Sanctions or termination from the Medicaid program for failure to comply with the Provider Agreement

Entering new information on a claim form or PA request or notifying a provider relations representative of applicable

changes are **not** adequate notifications and will result in denied or suspended claims and delayed reimbursement.

### ***Manual Verification***

In some cases, ForwardHealth may need to manually verify changes before ForwardHealth provider records can be updated. If ForwardHealth needs to manually verify changes, providers will receive a confirmation message upon submission indicating that their information was uploaded successfully. An Application Submitted panel will be displayed. Providers should print a copy of the changes for their records; ForwardHealth may contact them if additional information is required. Once ForwardHealth has verified the changes and updated the records, providers will only be contacted if further verification is required.

If the provider requested a specialty change, ForwardHealth will mail providers a Change Notification letter. Providers should review the Provider File Information Change Summary included with the letter to verify the accuracy of the changes. If any of the changes are inaccurate, providers may correct the information using the demographic maintenance tool. Providers may contact Provider Services at 800-947-9627 if they have questions regarding the letter.

### ***Providers Enrolled in Other Programs***

ForwardHealth strongly encourages providers enrolled in the Wisconsin AIDS Drug Assistance Program (ADAP), Wisconsin Chronic Disease Program (WCDP), or the Wisconsin Well Woman Program (WWWP) to update their demographic information using the demographic maintenance tool since ForwardHealth records are immediately updated in most cases. If providers enrolled in ADAP, WCDP, or WWWP are unable to update their information online, they can complete and mail the Provider File Update Request form, F-00916 (12/13), to ForwardHealth. Alternate versions of this form will not be accepted and will be returned to providers.

### ***Providers Enrolled in Multiple Programs***

If demographic information changes, providers enrolled in multiple programs (e.g., Wisconsin Medicaid and WCDP) will need to change the demographic information for each

program. By toggling between accounts using the Switch Organization function of the Portal, providers who have a Portal account for each program may change their information for each program using the demographic maintenance tool. For information about switching organizations, providers should refer to the ForwardHealth Provider Portal Account User Guide.

### ***Providers Licensed or Certified by the Division of Quality Assurance***

As a reminder, providers licensed or certified by the Division of Quality Assurance (DQA) are required to notify DQA of changes to physical address, changes of ownership, and facility closures by calling 608-266-8481. Once provider changes have been processed by DQA, providers are required to notify ForwardHealth of these changes.

### ***Clarifications Regarding Prescribing, Referring, and Ordering Provider Applications***

Physicians and other professionals who only prescribe, refer, or order services may apply for limited Medicaid enrollment as a Prescribing, Referring, and Ordering provider. A Prescribing, Referring, and Ordering provider is not fully Medicaid enrolled, and as such, Wisconsin Medicaid cannot reimburse a Prescribing, Referring, and Ordering provider for their services. Any provider who wishes to be reimbursed for their services by Wisconsin Medicaid should apply for full Medicaid enrollment.

For more information on Prescribing, Referring, and Ordering providers, refer to the Prescribing/Referring/Ordering Providers page in the Provider Enrollment Information area of the Portal.

### ***Required Forms and Documentation***

The following forms and documentation are required for specific provider types whenever the provider is enrolling, re-enrolling, or revalidating their enrollment:

- Psychiatrists — Proof of psychiatric residency

- Specialized Medical Vehicle providers:
  - ✓ Cardiopulmonary Resuscitation (CPR) card from the American Red Cross or the American Heart Association
  - ✓ Completed copy of Specialized Medical Vehicle Providers Affidavit, F-11237 (07/2018)
- Out-of-State Hospital Providers:
  - ✓ Proof of licensure that is valid for all dates of service
- Qualified Treatment Trainee for Mental Health and Substance Abuse Services:
  - ✓ Educational requirements such as transcripts or a degree when indicating “I Attest” without a license
- Nurse Practitioners:
  - ✓ CPR card from the American Red Cross or the American Heart Association, if applicable
  - ✓ Current copy of Adult Ventilator Certificate, if applicable
  - ✓ Current copy of Pediatric Ventilator Certificate, if applicable
  - ✓ American Nursing Credentialing Center certificates (or equivalent) listing both effective and expiration dates
  - ✓ Registered nurse (RN) license on enrollment reports, not Advanced Practice Nurse Prescriber (APNP) license
- Nurses in Independent Practice:
  - ✓ CPR card from the American Red Cross or the American Heart Association, if applicable
  - ✓ Current copy of Adult Ventilator Certificate, if applicable
  - ✓ Current copy of Pediatric Ventilator Certificate, if applicable
  - ✓ RN license on enrollment reports, not APNP license

Submission requirements for these forms, attachments, and other documentation can be found in the Provider Enrollment and Ongoing Responsibilities section of each service area of the Online Handbook.

## Enrollment Resources for Providers

In addition to reviewing their enrollment criteria, providers with questions on the enrollment or re-enrollment processes should contact the following resources:

- The Provider Services call center at 800-947-9627
- The designated provider relations representative for their area
- The credentialing department of the provider’s organization, if applicable

For assistance with technical questions regarding Portal functions and capabilities, including Portal accounts, registrations, passwords, and submissions through the Portal, providers should contact the Portal Help Desk at 866-908-1363.

## 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.

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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