TEMPORARY CHANGES TO THE PROVIDER ENROLLMENT PROCESS

In response to the COVID-19 pandemic, ForwardHealth will temporarily implement changes to the Medicaid provider enrollment process for new and existing providers beginning March 12, 2020.

For the latest information from ForwardHealth regarding COVID-19, refer to the COVID-19 ForwardHealth Provider News and Resources page on the ForwardHealth Portal.

Temporary Provider Enrollment Process for New Providers

Beginning March 12, 2020, the provider enrollment process is being expedited by ForwardHealth. These changes are implemented in response to COVID-19 pursuant to section 1135(b) of the Social Security Act (42 U.S.C. § 1320b-5[g]). These changes are in effect for this ForwardHealth Update with a retroactive date of March 12, 2020, through the end of the national public health emergency, including any extensions. ForwardHealth will publish additional guidance about
the topics addressed in this Update when the temporary policies related to COVID-19 expire. Providers who are actively enrolled in Medicare will be temporarily enrolled in Wisconsin Medicaid.

For all temporary enrollments, providers must sign the provider agreement on the enrollment application on the Portal. Providers are reminded that by electronically signing the provider agreement, the provider attests that the provider and each person employed by the provider, for the purposes of providing services, holds all licenses or similar entitlements and meets other requirements specified in Wis. Admin. Code chs. DHS 101–109 and required by federal or state statute, regulation, or rule for the provision of the service.

**Enrollment Start Date Will Be Backdated**

Beginning March 12, 2020, Wisconsin Medicaid will allow backdating of these temporary enrollment applications to allow providers to immediately deliver services in response to COVID-19. Wisconsin Medicaid will allow up to 90 days backdating, with an effective start date no earlier than March 12, 2020.

**Enrollment Status Will Be Reassessed**

As the Centers for Medicare & Medicaid Services is exercising 1135 waiver authority to offer flexibilities with Medicare provider enrollments, ForwardHealth will complete the standard screening process and notify providers of any additional actions necessary to verify their application following their temporary enrollment. To be reimbursed for services provided during the temporary period, providers are required to follow enrollment requirements as described in Wis. Admin. Code ch. DHS 105.

In the event a provider does not follow enrollment requirements as defined in the Wisconsin Administrative Code, the provider’s enrollment can be denied and all reimbursed services will be subject to recoupment.

**Temporary Revalidation Extension for Existing Providers**

Beginning March 12, 2020, ForwardHealth will extend revalidations for a minimum of 90 days for all currently enrolled Medicaid providers that are due to expire during the extent of the national public health emergency. In order to keep the providers’ enrollment status active, ForwardHealth will automatically extend the revalidations for providers for the additional period of time, and a new revalidation notification letter will be sent out to providers.
The information provided in this ForwardHealth Update is published in accordance with section 1135(b) of the Social Security Act (42 U.S.C. § 1320b-5[g]).

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 within 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 within DHS.

For questions, call Provider Services at 800-947-9627 or visit our website at www.forwardhealth.wi.gov/.

Providers who may have recently received a revalidation notification letter about their upcoming due date can check their revalidation due date on the Portal to confirm that their date has been moved forward.

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.