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The Online Handbook has not yet been revised to include information in this Update.

ForwardHealth UPDATE

Wisconsin serving you

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TEMPORARY EXPANSION OF PROVIDER ENROLLMENT FOR MEDICAID-ONLY PROVIDERS

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]). This authority was approved for Wisconsin on April 20, 2020, with a retroactive date of March 1, 2020. As a result, these changes are in effect for this 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 ForwardHealth Update when the temporary policies related to COVID-19 expire.

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

AFFECTED PROGRAMS
BadgerCare Plus, Medicaid

TO
All Providers, HMOs and Other Managed Care Programs

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]).

WISCONSIN DEPARTMENT of HEALTH SERVICES

Temporary Provider Enrollment Process Changes

The provider enrollment process for providers not currently enrolled in Medicare, identified as 'Medicaid-Only' providers for the remainder of this Update, is being expedited by ForwardHealth.

Effective immediately, all providers will be able to temporarily enroll in Wisconsin Medicaid.

Providers must complete 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 purpose 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.

Application Fee Requirement Temporarily Suspended

Medicaid-only providers will **not** be required to submit the application fee prior to obtaining temporary enrollment.

Providers are expected to complete this requirement before obtaining full enrollment.

Fingerprint-Based Background Check Required

Medicaid-only providers must be fingerprinted, if applicable, to complete a background check before temporary enrollment.

On-Site Visit Requirement Temporarily Suspended

Medicaid-only providers will **not** be required to complete an enrollment on-site visit prior to temporary enrollment.

Providers are expected to complete this requirement, if applicable to them, before obtaining full enrollment.

Enrollment Start Date Can Be Backdated

Per ForwardHealth Update 2020-14, 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. Providers must request backdating when submitting their application.

RESOURCES

Medicare-enrolled providers should refer to the March 2020 ForwardHealth Update (2020-14), titled "Temporary Changes to the Provider Enrollment Process."

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]).

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.

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.

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