NEW ENROLLMENT PROCESS FOR TELEHEALTH-ONLY BORDER-STATUS PROVIDERS

ForwardHealth is expanding enrollment for out-of-state providers that deliver telehealth-only services to facilitate reimbursement for providers that may not qualify for physical border status enrollment criteria.

New Telehealth-Only Border Status Option

Beginning June 1, 2023, a new telehealth-only border-status option will allow out-of-state providers located in a state that does not physically border Wisconsin to enroll in Medicaid as a telehealth-only border-status provider.

These out-of-state providers will enroll through the border-status process but will select the newly added "telehealth" option as their county. This option will distinguish these providers from regular border-status providers that may potentially also deliver in-person services to

AFFECTED PROGRAMS
BadgerCare Plus, Medicaid

TO
All Providers, HMOs and Other Managed Care Programs

QUICK LINKS
• Telehealth-Only Providers
• Telehealth chapter
• Provider Enrollment Information
• Telehealth Expansion and Related Resources for Providers
• Interactive maximum allowable fee schedule
• Information for Specific Provider Types
members in addition to telehealth delivery. This option is only available for providers located in the United States that:

- Provide services **solely** through telehealth.
- Are located in states that do **not** physically border Wisconsin.

In-state providers located in Wisconsin that provide services solely through telehealth should enroll in Medicaid as an in-state provider, and border-status providers located in a state that physically borders Wisconsin should enroll in Medicaid as a border-status provider.

Refer to the Attachment to this ForwardHealth Update for additional guidance on which enrollment process is most appropriate to provide telehealth-only services based on the provider’s location and status.

Note: Wisconsin Medicaid is prohibited from paying providers located outside of the United States and its territories (Puerto Rico, the Virgin Islands, Guam, the Northern Mariana Islands, and American Samoa).

**Definition of Telehealth-Only Border-Status Provider**

Out-of-state providers who meet the definition of a border-status provider as described in Wis. Admin. Code § DHS 101.03(19) and who provide services to Wisconsin Medicaid members via telehealth, regardless of provider location, may apply for enrollment as a telehealth-only border-status provider if they are licensed in Wisconsin under applicable statute and administrative code and are professionally licensed/certified to provide services as defined by the Wisconsin Department of Safety and Professional Services.

Enrolled border-status providers are subject to the same program requirements as in-state providers, including coverage of services, prior authorization (PA), and claim submission procedures. Out-of-state providers that do not enroll as telehealth-only border-status providers are required to obtain PA from ForwardHealth before providing a non-emergency service.

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The information provided in this ForwardHealth Update is published in accordance with Wis. Admin. Code § DHS 105.48(2m).
Providers Eligible to Enroll
Only certain provider types and provider groups are eligible to enroll as telehealth-only border-status providers and deliver reimbursable services via telehealth.

Refer to the Provider Enrollment Information page of the ForwardHealth Portal for provider eligibility information. Providers can select their designated provider type or the Provider Groups listing to see whether or not they are eligible to enroll as a telehealth-only border-status provider.

Providers Not Eligible to Enroll
In addition to those provider types and provider groups not eligible to enroll as telehealth-only border-status providers, providers that render services not eligible for telehealth delivery or that have hands-on delivery requirements or components are also not eligible to enroll.

Refer to the Provider Enrollment Information page of the Portal for provider eligibility information. Providers can select their designated provider type or the Provider Groups listing to see whether or not they are eligible to enroll as a telehealth-only border-status provider.

Note: Providers that are not eligible for telehealth-only border-status enrollment may be eligible to enroll through other processes including in-state, border-status, or out-of-state provider.

Providers will automatically be denied telehealth-only border-status enrollment if they were denied enrollment in their own state unless they were denied because the services they provide are not a covered benefit in their state.

How to Become a Telehealth-Only Border-Status Provider
A provider can apply to become a telehealth-only border-status provider by following these steps:

- Access the Portal.
- Select the Become a Provider link on the left side the Portal homepage.
- Click Start or Continue Your Enrollment Application on the upper left side of the Provider Enrollment Information homepage.
- In the To Start a New Medicaid Enrollment box, click Medicaid/Border Status Provider Enrollment Application.
- Continue through the enrollment panels to completion.
When navigating through the enrollment panels on the Portal:

- Providers that render telehealth-only services in states that physically border Wisconsin (Illinois, Iowa, Michigan, and Minnesota) should select their county in the enrollment drop-down menu. Note: A border-state provider who has selected their state and county from the drop-down menu of the Practice Location panel is not barred from delivering telehealth services. These providers would be able to deliver any services, including telehealth, under Wisconsin Medicaid.

- Telehealth-only border-status providers located in states that do not border Wisconsin should select “telehealth” as their county in the enrollment drop-down menu and provide their appropriate state information.

**Required Attestation**

During the enrollment process, telehealth-only border-status providers must attest to understanding the limitations on the services they are delivering to members in Wisconsin and following all applicable policies, state and federal rules, regulations, and licensure requirements applicable to claims submitted to Wisconsin Medicaid. Providers must also acknowledge that, as a telehealth-only border-status provider, they may only submit claims for reimbursable services delivered through telehealth; any in-person services are subject to out-of-state provider requirements including PA for services.

**Program Limitations and Requirements**

Enrolled telehealth-only border-status providers are subject to the same program requirements as in-state providers for telehealth services, including coverage of services, PA, and claims submission procedures.

Program limitations and requirements for telehealth-only border-status providers include the following:

- Border-status providers who are located in states that do not border Wisconsin may **only** deliver services via telehealth unless they have PA. Regular border-status providers (those that physically border Wisconsin – Illinois, Iowa, Michigan, and Minnesota) may deliver services via telehealth and in-person.

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• Telehealth-only border-status providers must open a Portal account upon enrollment to conduct business via the Portal including submission of PA requests as necessary.
• Telehealth-only border-status providers are required to follow all applicable federal and state laws, policies, and regulations, including any related requirements from the state from which they are practicing when delivering services.

Reimbursement
Wisconsin Medicaid reimburses providers in accordance with its policies. Refer to the ForwardHealth Online Handbook and interactive maximum allowable fee schedules for more information on reimbursement amounts for the respective services rendered.

Documentation Retention
Providers are reminded that they must follow the documentation retention requirements per Wis. Admin. Code § DHS 106.02(9). Providers are required to produce or submit documentation, or both, to the Wisconsin Department of Health Services (DHS) upon request. Per Wis. Stat. § 49.45(3)(f), providers of services shall maintain records as required by DHS for verification of provider claims for reimbursement. DHS may audit such records to verify the actual provision of services and the appropriateness and accuracy of claims. DHS may deny or recoup payment for services that fail to meet these requirements. Refusal to produce documentation may result in sanctions including, but not limited to, termination from the Medicaid program.
Example Scenarios for Telehealth-Only Services Enrollment (Border, Out of State, or In State)

Provider Considerations

- Provider physical location (not a temporary location, for example, traveling)
- Practice address (in state, border state, or out of state)
- Type of services delivered (in person, telehealth-only, or both)

A provider may be required to dual-enroll if they wish to perform services in person and via telehealth for Wisconsin Medicaid members. For example, if a provider is enrolled with a telehealth/virtual health care company with an out-of-state practice address but physically resides in-state, they may enroll as a telehealth-only border-status provider under the out-of-state practice address to perform telehealth services. If the provider wishes to deliver in-person services (as they physically reside in-state), they would be required to submit an additional enrollment application (dual-enroll) as an in-state provider with an in-state practice address at which they would perform in-person services.

Telehealth-only border-status providers are required to follow all applicable federal and state laws, policies, and regulations, including any related requirements from the state from which they are practicing when delivering services.
For the purposes of the tables in this attachment, the following terms are defined as follows:
- Out of State—State other than Wisconsin and its border states (Illinois, Iowa, Michigan, or Minnesota)
- In State—Wisconsin
- Border State—State that borders Wisconsin (Illinois, Iowa, Michigan, or Minnesota)

<table>
<thead>
<tr>
<th>Provider's Physical Location</th>
<th>Provider's Practice Address</th>
<th>Service Type</th>
<th>Enrollment Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Out of State</td>
<td>Uses an in-state practice address (for example, employee or contracted employee of in-state group billing provider).</td>
<td>Telehealth-only services</td>
<td>Enroll as an in-state provider.</td>
</tr>
<tr>
<td></td>
<td>Uses an out-of-state practice address.</td>
<td>Telehealth-only services</td>
<td>Enroll as a telehealth-only border-status provider.</td>
</tr>
<tr>
<td></td>
<td>Uses an out-of-state practice address.</td>
<td>Telehealth and in-person services at the out-of-state practice address</td>
<td>Enroll as an out-of-state provider.</td>
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## PROVIDER ENROLLMENT SCENARIOS

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<tbody>
<tr>
<td>Border State</td>
<td>Uses a border-state practice address.</td>
<td>Telehealth-only services</td>
<td>Enroll as a border-status provider.</td>
</tr>
<tr>
<td></td>
<td>Uses an in-state practice address.</td>
<td>Telehealth-only services</td>
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</tr>
<tr>
<td></td>
<td>Uses a border-state practice address.</td>
<td>In-person services only at the border-state practice address</td>
<td>Enroll as a border-status provider.</td>
</tr>
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<td>Uses a border-state practice address.</td>
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<td>Uses in-state practice address.</td>
<td>Telehealth and in-person services at the in-state practice address</td>
<td>Enroll as an in-state provider. Note: For in-person services rendered outside of the in-state practice address, dual enrollment as a border-status or out-of-state provider is required.</td>
</tr>
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<td>Uses an out-of-state practice address.</td>
<td>Telehealth-only services</td>
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<td>In-person services only</td>
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