

Retroactive Enrollment

Brown Bag Training 2016

Purpose of Today's Training

Help providers navigate the ForwardHealth system when a member has received retroactive enrollment. Providers should obtain clear understanding of claim and prior authorization (PA) requirements.

Retroactive Enrollment

Retroactive enrollment occurs when an individual has applied for BadgerCare Plus or Wisconsin Medicaid and enrollment is granted with an effective date prior to the date the enrollment determination was made:

- A member's enrollment may be backdated to allow retroactive coverage for medical bills incurred prior to the date of application.
- The retroactive enrollment period may be backdated up to three months prior to the month of application if all enrollment requirements were met during that period.
- Enrollment may be backdated more than three months if there were delays in determining enrollment or if court orders, fair hearings, or appeals were involved.

Retroactive Enrollment (Cont.)

A Medicaid-enrolled provider is required to submit claims to ForwardHealth for covered services provided to a Wisconsin Medicaid or BadgerCare Plus member during periods of retroactive enrollment.

If a provider performed a service that required PA before the member was enrolled in Medicaid or BadgerCare Plus, the provider should request that the PA be backdated and receive approval from ForwardHealth *before* submitting a claim.

Retroactive Enrollment (Cont.)

When a member receives retroactive enrollment, he or she has the right to request the return of payments made to a Medicaid-enrolled provider for a covered service during the period of retroactive enrollment.

If a provider receives reimbursement from Medicaid for services provided to a retroactively enrolled member and the member has paid for the service, the provider is required to reimburse the member or authorized person acting on behalf of the member (e.g., local General Relief agency) the full amount that the member paid for the service.

Retroactive Enrollment (Cont.)

Retroactive PAs can be submitted two ways:

- On paper, using the Prior Authorization Request Form (PA/RF), F-11018, Prior Authorization Dental Request Form (PA/DRF), F-11035, or Prior Authorization Request for Hearing Instrument and Audiological Services (PA/HIAS1), F-11020.
 - Write “Retroactive Enrollment” at the top of the PA request.
- Via the provider’s secure Portal account.
 - Indicate the words “Retroactive Enrollment” under the service code description field.

Providers are still required to follow all service-specific PA requirements and processes to achieve PA approval.

Retroactive Enrollment (Cont.)

Submitting Claims for Members with Retroactive Enrollment

- Providers can submit claims for dates of service (DOS) within the 365-day time frame through their normal process.
- When a claim's DOS is beyond the 365-day time frame, a Timely Filing Appeals Request form, F-13047, will need to accompany each paper claim submitted with the appropriate box checked.

Timely Filing Appeals Requests

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

- A properly completed Timely Filing Appeals Request form for each claim, which must be submitted within 180 days from the date the backdated enrollment was added to the member's enrollment information.
- A legible, properly completed paper claim request.
 - Claim forms are processed using Optical Character Recognition (OCR) software that recognizes printed, alphanumeric text.
 - Alignment within each field on the claim form needs to be accurate.
 - Anchor fields are areas on the claim form that the OCR software uses to identify what type of form is being processed.
 - Refer to your service area of the Online Handbook for specific information regarding alignment, clarity, and anchor fields for your claim type.

Timely Filing Appeals Requests (Cont.)

Instructions:

- Attach one Timely Filing Appeals Request form for each claim submitted.
- Complete the Timely Filing Appeals Request by choosing the correct reason for the filing. Briefly explain the nature of the submission.
- Sign and date the Timely Filing Appeals Request.
- On the top of each claim form, the provider should indicate “Retroactive enrollment.”
- Complete the paper claim form according to claim form instructions in your service-specific area of the Online Handbook.
- Submission address:

ForwardHealth
Timely Filing
Ste 50
313 Blettner Blvd
Madison WI 53784

Timely Filing Appeals Requests (Cont.)

Decisions on Timely Filing Appeals Requests cannot be appealed. Providers may resubmit the claim to Timely Filing if both of the following occur:

- The provider submits additional documentation as requested.
- ForwardHealth receives the documentation before the specified deadline for the exception to the submission deadline.

Resources

- ForwardHealth Portal at www.forwardhealth.wi.gov/
- Provider Services — for policy and billing questions, call (800) 947-9627.
- Professional Relations Representatives, see map.

Questions

Thank You
