

## Wisconsin Medicaid Residential Substance Use Disorder Treatment Provider Training

Module 2: Provider and Member Enrollment Information

January 12, 2021

Wisconsin Department of Health Services
Division of Medicaid Services
Bureau of Benefits Policy



## **Agenda**

#### **Morning Session**

- 8:30am Overview of Service Area and Covered Services
- 9:30am Provider and Member Enrollment Information

#### **Afternoon Session**

- 11am Prior Authorization (PA)
- 12pm Claims



# Provider Enrollment Criteria and Process

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#### **Provider Enrollment**

- Beginning November 1, 2019, facilities were able to enroll as providers for the new residential SUD treatment benefit.
- Providers who are already enrolled will need to complete the IMD Determination form, but we will be able to adjust their enrollment category on the back-end.



#### **IMD Status Determination Form**

- All providers must complete the IMD Status Determination form before proceeding with enrollment.
- The Department will make a determination and will send written notice of status.
- Once the provider receives confirmation of their status, they may proceed with the enrollment application.
- The status determination notice must be uploaded with application.



#### **Provider Enrollment**

Wisconsin Medicaid requires providers to be certified by the Division of Quality Assurance as one or both of the following:

- Medically monitored treatment service (high intensity) per Wis. Admin. Code § DHS 75.11.
- Transitional residential treatment service (low intensity) per Wis. Admin. Code § DHS 75.14.

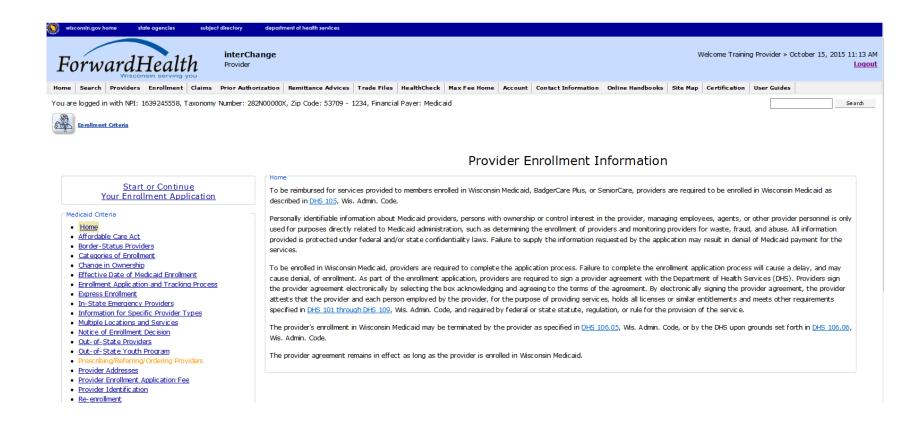


#### **Provider Enrollment on the Portal**

- To enroll, providers will access the ForwardHealth Portal at <a href="https://www.forwardhealth.wi.gov/">https://www.forwardhealth.wi.gov/</a> and select the Become a Provider link.
- To use the online enrollment tool, providers need to complete the necessary information and navigate using the Previous and Next buttons.

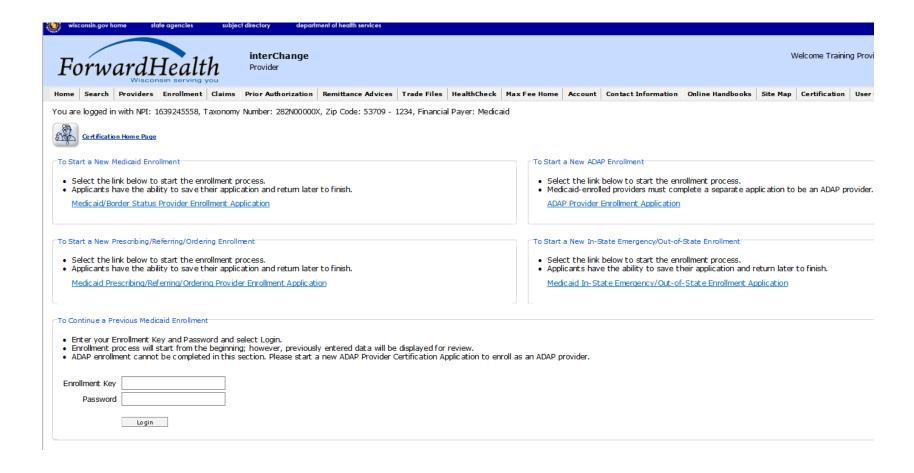


#### Provider Enrollment on the Portal





#### **Provider Enrollment on the Portal**





#### **Notice of Enrollment Decision**

ForwardHealth usually notifies the provider of their enrollment status within 10 business days of receiving the **complete** enrollment application, but it can take up to 60 days.



### **Enrollment Application Status**

- If the application is approved, the provider will be enrolled.
- The provider will receive a welcome letter including:
  - A copy of the provider agreement.
  - An attachment containing important information such as effective dates and the assigned provider type and specialty.
- If an application is denied, the provider will receive the reason for the denial in writing.



#### **Effective Dates**

- The provider's enrollment effective date will be based on the date a complete and correct application was received.
- The earliest effective date will be the date the complete application was submitted online if both of the following are true:
  - The applicant meets all applicable screening requirements.
  - Wisconsin Medicaid receives any applicable supplemental documents within 30 days of application.



#### **Secure Portal Account**

- Once enrolled, providers will need to establish a secure Portal account.
- Providers may request Portal access and the necessary PIN by:
  - Accessing the Portal at <a href="https://www.forwardhealth.wi.gov/">https://www.forwardhealth.wi.gov/</a>.
  - Clicking the Providers icon.
  - Clicking Request Portal Access.
  - Searching for the provider's National Provider Identifier.
  - Selecting the provider.



# An Introduction to Member Enrollment

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#### **Member Enrollment**

Always verify the following before requesting and providing services:

- The member's enrollment for the current date.
- Any limitations to the member's coverage.
- Any state-contracted managed care enrollment.
- Medicare enrollment.
- Commercial health insurance coverage.
- Exemption from copays for BadgerCare Plus members.



#### **Member Enrollment**

Providers can access Wisconsin's Electronic Verification System to get the most current enrollment information through the following methods:

- ForwardHealth Portal.
- 270/271 Health Care Eligibility Benefit Inquiry/Response transaction.



#### **Member Enrollment**

- WiCall, the ForwardHealth Automated Voice Response system, gives responses to questions about claim status (800-947-3544).
- Commercial enrollment verification vendors (access through software, magnetic stripe card readers, and the internet).
- Provider Services (800-947-9627)-



### Retroactive Enrollment for Medicaid Enrollees

- Retroactive enrollment occurs when an individual applies for Wisconsin Medicaid and enrollment is granted within an effective date prior to the eligibility determination.
- Retroactive enrollment may be backdated up to three months.
- Eligibility may be granted more than three months prior if there were delays in determining eligibility or if court orders, fair hearing, or appeals were involved.



### Retroactive Enrollment for Medicaid Enrollees

- Wis. Admin. Code § DHS 104.01(11) gives members who are retroactively enrolled the right to ask for the return of payments made to a Medicaid-enrolled provider.
- A Medicaid-enrolled provider is required to submit claims and PA requests to ForwardHealth for covered services provided to a member during retroactive enrollment.
- If a service requires PA, the provider is required to submit a PA request.



### Retroactive Enrollment for Medicaid Enrollees

• If a claim cannot be filed within 365 days of the date of service due to delayed determination of a retroactive enrollment, the provider must submit the claim to Timely Filing within 180 days of the date the retroactive enrollment is entered into Wisconsin's Electronic Verification System.



# Members With Limited Benefit Programs

- Members may be enrolled in:
  - Full-benefit Wisconsin Medicaid or BadgerCare Plus.
  - Limited benefit programs.
  - More than one benefit category.
- Residential SUD services are only reimbursed for members enrolled in a full-benefit Medicaid plan.



# Members With Limited Benefit Programs

#### Limited benefit programs include:

- Specified Low-Income Medicare Beneficiary (SLMB)
- Qualified Medicare Beneficiary Only (QMB)
- Qualified Disabled Working Individuals (QDWI)
- Qualified Individuals 1 (QI-1)



# Members With Limited Benefit Programs

- Family Planning Only Services (FPOS)
- Tuberculosis-Related Medicaid (TB Only)
- BadgerCare Plus Prenatal Program
- Express Enrollment for Pregnant Women
- Express Enrollment for Children



# Questions

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