



# **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

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# 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.

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# 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 <https://www.forwardhealth.wi.gov/> 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

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Home Search Providers Enrollment Claims Prior Authorization Remittance Advices Trade Files HealthCheck Max Fee Home Account Contact Information Online Handbooks Site Map Certification User Guides

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[Enrollment Criteria](#)

## Provider Enrollment Information

[Start or Continue Your Enrollment Application](#)

Medicaid Criteria

- [Home](#)
- [Affordable Care Act](#)
- [Border-Status Providers](#)
- [Categories of Enrollment](#)
- [Change in Ownership](#)
- [Effective Date of Medicaid Enrollment](#)
- [Enrollment Application and Tracking Process](#)
- [Express Enrollment](#)
- [In-State Emergency Providers](#)
- [Information for Specific Provider Types](#)
- [Multiple Locations and Services](#)
- [Notice of Enrollment Decision](#)
- [Out-of-State Providers](#)
- [Out-of-State Youth Program](#)
- [Prescribing/Referring/Ordering Providers](#)
- [Provider Addresses](#)
- [Provider Enrollment Application Fee](#)
- [Provider Identification](#)
- [Re-enrollment](#)

[Home](#)

To be reimbursed for services provided to members enrolled in Wisconsin Medicaid, BadgerCare Plus, or SeniorCare, providers are required to be enrolled in Wisconsin Medicaid as described in [DHS 105](#), Wis. Admin. Code.

Personally identifiable information about Medicaid providers, persons with ownership or control interest in the provider, managing employees, agents, or other provider personnel is only used for purposes directly related to Medicaid administration, such as determining the enrollment of providers and monitoring providers for waste, fraud, and abuse. All information provided is protected under federal and/or state confidentiality laws. Failure to supply the information requested by the application may result in denial of Medicaid payment for the services.

To be enrolled in Wisconsin Medicaid, providers are required to complete the application process. Failure to complete the enrollment application process will cause a delay, and may cause denial, of enrollment. As part of the enrollment application, providers are required to sign a provider agreement with the Department of Health Services (DHS). Providers sign the provider agreement electronically by selecting the box acknowledging and agreeing to the terms of the agreement. 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 [DHS 101 through DHS 109](#), Wis. Admin. Code, and required by federal or state statute, regulation, or rule for the provision of the service.

The provider's enrollment in Wisconsin Medicaid may be terminated by the provider as specified in [DHS 106.05](#), Wis. Admin. Code, or by the DHS upon grounds set forth in [DHS 106.06](#), Wis. Admin. Code.

The provider agreement remains in effect as long as the provider is enrolled in Wisconsin Medicaid.

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# Provider Enrollment on the Portal

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[Certification Home Page](#)

**To Start a New Medicaid Enrollment**

- Select the link below to start the enrollment process.
- Applicants have the ability to save their application and return later to finish.

[Medicaid/Border Status Provider Enrollment Application](#)

**To Start a New ADAP Enrollment**

- Select the link below to start the enrollment process.
- Medicaid-enrolled providers must complete a separate application to be an ADAP provider.

[ADAP Provider Enrollment Application](#)

**To Start a New Prescribing/Referring/Ordering Enrollment**

- Select the link below to start the enrollment process.
- Applicants have the ability to save their application and return later to finish.

[Medicaid Prescribing/Referring/Ordering Provider Enrollment Application](#)

**To Start a New In-State Emergency/Out-of-State Enrollment**

- Select the link below to start the enrollment process.
- Applicants have the ability to save their application and return later to finish.

[Medicaid In-State Emergency/Out-of-State Enrollment Application](#)

**To Continue a Previous Medicaid Enrollment**

- Enter your Enrollment Key and Password and select Login.
- Enrollment process will start from the beginning; however, previously entered data will be displayed for review.
- ADAP enrollment cannot be completed in this section. Please start a new ADAP Provider Certification Application to enroll as an ADAP provider.

Enrollment Key

Password

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# 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 <https://www.forwardhealth.wi.gov/>.
  - 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 with 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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