APRIL 2020 | ALERT NO. 012



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Advanced Practice Nurse Prescribers With Psychiatric Specialty, Case Management Providers, Child/Adolescent Day Treatment Providers, Community Health Centers, Family Planning Clinics, HealthCheck Providers, HealthCheck "Other Services" Providers, Hospital Providers, Intensive In-Home Mental Health and Substance Abuse Treatment Services for Children Providers, Master's-Level Psychotherapists, Nurse Midwives, Nurse Practitioners, Nurses in Independent Practice, Outpatient Mental Health Clinics, Outpatient Substance Abuse Clinics, Physician Assistants, Physician Clinics, Physicians, Psychiatrists, Psychologists, Qualified Treatment Trainees, Rural Health Clinics, School-Based Services Providers, Special Supplemental Nutrition Program for Women, Infants, and Children [WIC] Agencies, Substance Abuse Counselors, Tribal Federally Qualified Health Centers, HMOs and Other Managed Care Programs

REGARDING

ForwardHealth Will Expand Presumptive Eligibility for Express Enrollment

In response to the COVID-19 pandemic, ForwardHealth is temporarily altering certain policy requirements in order to prevent further spread of the disease and effectively treat existing cases. These altered policy requirements will only be in effect during the public health emergency declared by Governor Tony Evers for the State of Wisconsin under Executive Order 72.

ForwardHealth Will Expand Presumptive Eligibility for Express Enrollment

Effective April 11, 2020, until the end of the public health emergency under Executive Order 72, ForwardHealth will expand presumptive eligibility (PE) for BadgerCare Plus Express Enrollment (EE) to include children through age 18 in households with an income of up to 306 percent of the federal poverty level.

Qualified hospitals, providers, and partners may make expanded PE determinations for these children through the online EE application in ACCESS for Partners and Providers but **not** through paper applications. As a reminder, qualified hospitals may make PE determinations for children, pregnant women, and certain adults for BadgerCare Plus; they may also make PE determinations for individuals applying for Family Planning Only Services. Qualified providers may make PE determinations for children and pregnant women for BadgerCare Plus; they may also make PE determinations for individuals applying for Family Planning Only Services. Qualified partners may only make PE determinations for children. Chapter 12 of the <u>ACCESS Handbook</u> provides detailed information about using ACCESS to make PE determinations.



Note: The online EE application in ACCESS for Partners and Providers and the process for submitting an application have not changed. As a reminder, a PE determination made through the online EE application in ACCESS for Partners and Providers is based on both the applicant's self-reported information and information on file with ForwardHealth.

All other policy regarding PE and EE continues to apply. The <u>Express Enrollment in Wisconsin Medicaid</u> <u>or BadgerCare Plus</u> service area of the ForwardHealth Online Handbook contains information about EE. The <u>Express Enrollment</u> page of the ForwardHealth Portal contains information about becoming a qualified hospital, provider, or partner for making PE determinations. Per the March 2020 ForwardHealth Update (2020-14), titled "Temporary Changes to the Provider Enrollment Process," providers who are actively enrolled in Medicare will be temporarily enrolled in Wisconsin Medicaid. Providers who are temporarily enrolled in Wisconsin Medicaid and meet the enrollment criteria may apply to become a qualified provider for making PE determinations.

Because enrollment through the EE process is temporary, it is important for members to apply for ongoing BadgerCare Plus, Family Planning Only Services, or Medicaid coverage. Additionally, ongoing coverage is necessary for long-term care. Providers are encouraged to assist members with this process. If the member does not want or need assistance with the application for ongoing coverage, the provider should refer the member to the <u>ACCESS website</u> or to their income maintenance agency to apply for ongoing coverage.