

Affected Programs: Wisconsin Well Woman Program

To: All Providers

Local Coordinating Agencies Submit Wisconsin Well Woman Program Enrollment Forms

With the implementation of interChange, only local coordinating agencies can enroll members and submit the Wisconsin Well Woman Program (WWWP) Enrollment Form, F-4818 (10/08), to WWWP.

Implementation of ForwardHealth interChange

In November 2008, the Department of Health Services (DHS) will implement ForwardHealth interChange, which replaces Wisconsin's existing Medicaid Management Information System (MMIS).

ForwardHealth interChange will be supported as part of the State's new fiscal agent contract with EDS. With ForwardHealth interChange, providers and trading partners will have more ways to verify member enrollment and submit electronic claims, adjustments, and prior authorization requests through the secure ForwardHealth Portal. Refer to the March 2008 *ForwardHealth Update* (2008-24), titled "Introducing ForwardHealth interChange, a New Web-Based Information System for State Health Care Programs," for an overview of the implementation and a more detailed outline of the many business process enhancements and added benefits the new system and fiscal agent contract will provide.

With the implementation of interChange, only local coordinating agencies (LCAs) can enroll members and submit the Wisconsin Well Woman Program (WWWP) Enrollment Form, F-4818 (10/08), to the WWWP.

Providers will no longer be allowed to submit enrollment forms to WWWP. Enrollment forms submitted to WWWP by providers on and after Wednesday, November 5, 2008, will not be accepted and will be returned unprocessed.

Providers should contact the LCA to refer members for enrollment in the WWWP.

Benefits to Providers

Local coordinating agencies enrolling members and submitting all WWWP enrollment forms benefits providers in the following ways:

- Streamlines the enrollment process.
- Enhances capacity for case management between the WWWP and providers.
- Increases collaboration and communication between the LCA and providers.
- Helps expedite provider reimbursement.

Providers should contact the LCA for more information.

The *ForwardHealth Update* is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Health Care Access and Accountability, Wisconsin Department of Health Services (DHS). The Wisconsin Well Woman Program is administered by the Division of Public Health, Wisconsin DHS.

For questions, call Provider Services at (800) 947-9627 or visit our Web site at dhs.wisconsin.gov/forwardhealth/.

P-1250

WISCONSIN WELL WOMAN PROGRAM (WWWP) ENROLLMENT

Read instructions on reverse prior to completing this form. Print clearly. Client information in this document is confidential under Wis. Stats 146.82

PERSONAL INFORMATION - Completed by Client

1. Last Name: 2. First Name: 3. Middle Initial: 4. Previous Last Name: 5. Street Address: 6. City: 7. State: 8. Zip: 9. County of Residence: 10. Native American Tribe: 11. Date of Birth: 12. Client Identification No.: 13. Social Security No.: 14. Day Telephone No.: 15. Other/Cell Phone No.: 16. Mailing Address: 17. City: 18. State: 19. Zip: 20. Race: 21. Ethnicity: 22. Emergency contact, not living with you: 23. Relationship: 24. Address: 25. City: 26. State: 27. Zip: 28. Contact Person's Day Telephone No.: 29. Other/Cell Phone No.:

INSURANCE INFORMATION - Completed by Client

30. Do you have Medicaid (including Family Planning Waiver)? 31. Do you have Medicare Part B? 32. Do you have health insurance? 33. Do you have disability health insurance?

HEALTH CARE PROVIDER INFORMATION - Completed by Client

34. Do you have a primary health care provider? 35. If Yes, Name of Provider: 36. Clinic Name: 37. Street Address: 38. City: 39. State: 40. Zip: 41. How did you hear about this program?

CLIENT PARTICIPATION AGREEMENT

I understand and agree to the following: the Wisconsin Well Woman Program (WWWP) will use the personally identifiable information only for program enrollment, program administration and case management. I give WWWP permission to release my medical information to the Local Coordinating Agency (LCA), other service providers, referral agencies and the State of Wisconsin. I understand that WWWP pays for preventive screening services, but does not pay for medical treatment services. I have seen the current program eligibility criteria and, to the best of my knowledge, my annual income does not exceed them. All of the information I have given is true and correct. I will inform the WWWP LCA if I move or if I no longer wish to participate.

I understand the enrollment is valid for one (1) year from the date signed.

43. SIGNATURE - Applicant: 44. Date Signed: 45. SIGNATURE - Witness: 46. Date Signed:

Office Use Only

47. Enrollment Re-Enrollment Dis-Enrollment Date (mm/dd/yyyy): Deceased Date of death (mm/dd/yyyy): 48. Certifying Agency No.: 49. Certifying Agency Name: 50. Enrollment Start Date (mm/dd/yyyy): 51. Enrollment End Date (mm/dd/yyyy): 52. Age >= 35: 53. Income <= 250% of Federal Poverty Level: 54. Uninsured 55. Underinsured 56. Translation services needed: 57. Language: 58. Household size: 59. Meets Eligibility Requirements Eligibility Confirmed By: 62. Printed name: 63. Signature: