

Scott Walker  
Governor



**DIVISION OF MEDICAID SERVICES**

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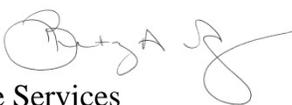
Linda Seemeyer  
Secretary

**State of Wisconsin**  
Department of Health Services

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DATE: August 24, 2017

TO: MCO Contracted Providers

FROM: Betsy Genz, Associate Director  
Bureau of Adult Long Term Care Services 

RE: Required Provider Enrollment with the State of Wisconsin

Due to recent legislation in the federal Managed Care Rule and the 21st Century Cures Act, the Department of Health Services (DHS) must execute a provider enrollment agreement with each managed care organization (MCO) contracted provider. For your reference, this language is included below.

All MCO contracted providers must complete the enclosed provider enrollment agreement in order to continue receiving payment for services provided to individuals enrolled in the Family Care, Family Care Partnership, or PACE (Program of All-Inclusive Care for the Elderly) programs beginning January 1, 2018. This agreement must be signed and returned to the MCO no later than October 31, 2017. Instructions regarding where to send the agreement will be provided by each MCO.

**Failure to sign and return the agreement will result in termination of your contract with the MCO effective January 1, 2018.**

Federal language in §§ 42 CFR 438.602 (b) and 438.608(b) requires: *“Screening and enrollment and revalidation of providers no later than January 1, 2019. (1) The State must screen and enroll, and periodically revalidate, all network providers of managed care organizations (MCOs), prepaid inpatient health plans (PIHPs), and prepaid ambulatory health plan (PAHPs), in accordance with the requirements of part 455, subparts B and E of this chapter. This provision does not require the network provider to render services to fee-for-service (FFS) beneficiaries.”*

Further, the Cures Act states, *“Beginning not later than January 1, 2018, a State shall require that, in order to participate as a provider in the network of a managed care entity that provides services to, or orders, prescribes, refers, or certifies eligibility for services for, individuals who are eligible for medical assistance under the State plan under this title (or under a waiver of the plan) and who are enrolled with the entity, the provider is enrolled consistent with section 1902(kk) with the State agency administering the State plan under this title. Such enrollment shall include providing to the State agency the provider’s identifying information, including the name, specialty, date of birth, Social Security number, national provider identifier, Federal taxpayer identification number, and the State license or certification number of the provider.”*

We appreciate your cooperation. Please call your MCO’s Provider Services with any questions.