FORWARDHEALTH
NURSE AIDE TRAINING AND COMPETENCY TEST REIMBURSEMENT REQUEST
INSTRUCTIONS

The information on this reimbursement request is required to enable ForwardHealth to reimburse Medicaid-certified long-term care nursing facilities (NFs) for certified nursing assistant (CNA) training and/or testing. NFs should only submit reimbursement requests for CNAs employed by the NF. **The use of this form is mandatory; use an exact copy of this form.**

NFs are required to give full, correct, and truthful information for ForwardHealth reimbursement. This information includes, but is not limited to, the CNA's name, Social Security number (SSN), and date of hire.

Under Wis. Stat. § 49.45(4), personally identifiable information is confidential and is used for purposes directly related to ForwardHealth administration, such as processing provider requests for reimbursement. Failure to supply all the information requested on this form will result in a denial of the reimbursement request.

Reference the Wisconsin Nurse Aide Registry website prior to submitting this reimbursement request to obtain or verify certification information. To access the Wisconsin Nurse Aide Registry website, go to www.dhs.wisconsin.gov/caregiver/. Click on the "Nurse Aide Training and Registry" link, and then click on "Search Nurse Aide Registry." Do a "Search by SSN" to verify the CNA's SSN and competency test date. Inclusion date is the competency test date for newly certified CNAs. A reimbursement request will deny if either the SSN or the competency test date on the request does not match what is on the Wisconsin Nurse Aide Registry.

Per 42 C.F.R. pt. 431 and § 483.152(c), NFs are eligible to seek reimbursement when they have incurred training and/or testing costs for an employee or when they have hired a CNA who incurred training and or testing costs within 365 days of their employment by the NF. Wisconsin Medicaid has established a maximum amount that CNAs have to be reimbursed. NFs receive a percentage of that maximum amount based on their Medicaid utilization, number of Medicaid patient days divided by their total patient days.

Wisconsin Medicaid implemented this reimbursement methodology on October 1, 1997. It ensures that CNA training and testing costs are properly allocated between Medicaid, Medicare, and private pay residents.

Submit completed reimbursement requests by mail to the following address:

ForwardHealth
Claims and Adjustments
313 Blettner Blvd.
Madison, WI 53784

This form is available via the ForwardHealth Portal. To access and print the form and completion instructions, go to www.forwardhealth.wi.gov/, click on the "Providers" link, and then click on "Forms" in the Quick Links box on the right-hand side of the screen. Forms are listed in alphabetical order.

INSTRUCTIONS
Name – NF
Enter the NF's practice location name (or the "doing business as" name), not a corporate name, in this element. The NF name and National Provider Identifier (NPI) on the form must match the NF name and NPI on the ForwardHealth file. If the NF name and NPI do not match what is on file, the request will be denied.

The NF name should not be abbreviated. For example, Maple Leaf Retirement Community must enter "Maple Leaf Retirement Community." An abbreviated version of the name, such as "MLRC," would cause the request to be denied. If the NF name on the ForwardHealth provider file includes a common abbreviation (that is, "WI" for Wisconsin or "ST" for Saint), that abbreviation is required on the request.

POP ID
Enter the Permanent Operation Provider Identification number (POP ID), a three-digit number assigned to the NF by the Division of Long Term Care. This number never changes, even with a change of ownership. This number is on the NF's Medicaid Rate Letter.

National Provider Identifier – NF
Enter the NF's 10-digit NPI. Contact the NF's billing department or administrator to obtain this number.

Last Name – CNA
Enter the CNA's last name.

First Name – CNA
Enter the CNA's first name.

SSN – CNA
Enter the CNA's SSN. Prior to submitting this request to ForwardHealth, access the Wisconsin Nurse Aide Registry and verify that the SSN entered in this element is the SSN on file for this CNA. If the SSN entered in this element does not match the SSN on the Registry, the request will be denied.

Registration Number – CNA
Enter the CNA's 14-digit registration number. This number is available on the Wisconsin Nurse Aide Registry website. It may be obtained by entering either the CNA's name or SSN.

Date of Hire
Enter the date the CNA was hired by the NF in MM DD CCYY format. If the CNA was hired prior to obtaining his or her CNA certification, enter that initial hire date in this element. If this element is not completed, the request will be denied.

Training Completion Date
Enter the date the CNA completed the required classroom clinical hours in MM DD CCYY format. If the training occurred in Wisconsin, enter the date that appears on the CNA's training certificate.

Competency Test Date
Enter the date the CNA completed all testing requirements in MM DD CCYY format. For newly certified CNAs, this date is their "Inclusion Date."

If a CNA is required to retest to renew his or her certification, the "Employment Eligibility Expiration Date" will be updated to reflect a date that is exactly two years (or 730 days) past the recertification test date.

Inclusion Date
This date is available on the Wisconsin Nurse Aide Registry website. It may be obtained by entering either the CNA's name or SSN. This date is never updated.

Training and Testing Questions
For questions 1-3, check the box for the applicable answer.

Name and Email – NF Contact
Enter the name and email of the employee ForwardHealth should contact if needed.

Signature and Date Signed – Provider
An authorized representative of the NF must read the certification statement and sign and date this form. If either the signature or the date is omitted, it will result in a denial of the request.