

PROVIDER CHECKLIST

PROVIDER APPEALS



This document is meant to assist users as they access and submit an appeal in the new Provider Appeals Portal. Along with the [recorded training video](#) and the [Provider Appeals Portal User Guide](#), this checklist will guide users through the process of registering, accessing, and navigating the new Provider Appeals Portal and submitting and reviewing submitted appeals. This checklist is intended for use by providers. Detailed information for HMOs and third-party administrators can be found in the [Provider Appeals Portal User Guide](#).

1. ACCESSING NEW PROVIDER APPEALS

- Access the ForwardHealth Portal at <https://www.forwardhealth.wi.gov/>.
- On the ForwardHealth Portal homepage, click the **Acute and Primary Managed Care** icon. The Acute and Primary Managed Care page will be displayed.
- Click **HMO Providers**. The HMO Providers page will be displayed.
- Click the **Provider Appeals Information** tab to display the provider appeals information links. Note: Users can also click the ForwardHealth Provider Appeals Page link under the Popular Resources box on the HMO Providers page.
- Click **ForwardHealth Provider Appeals Page**. The BadgerCare Plus or Medicaid SSI HMO Provider Appeals or Children's Specialty Managed Care Prepaid Inpatient Health Plan Provider Appeals page will be displayed.
- Click one of the Provider Appeals Portal Links. The Provider Appeals Portal Login page will be displayed.

2. REGISTERING

Prior to registering, the user should have these things ready:

- Medicaid Provider ID or National Provider Identifier (NPI) and primary taxonomy code.
- Zip code for the provider's mailing address.

Register by following these steps:

- Click **Provider Registration** on the landing page. The Portal displays a registration form.
- Fill out the required provider fields under the Provider Demographic Information section.
- Click **Search Provider**. A Confirm Demographics box will be displayed.
- Complete the remaining required fields under the Contact Information section and click **Submit**.

3. LOGGING IN

To log in to the Portal, the user must have completed registration and received an assigned username and password:

- Enter the username.
- Enter the password. Click **Go**.

4. SUBMITTING PROVIDER APPEAL

Prior to submitting an appeal, providers will need to have the following ready:

- Member's Medicaid ID
- Provider's NPI and taxonomy or Medicaid Provider ID
- Dates of service
- Documents to upload (acceptable file types: .pdf, .png, .jpeg, .xls, .xlsx, .tiff, and .zip):
 - Original claims submitted to HMO
 - HMO's denial remittances
 - Provider's written appeal to HMO
 - HMO's response to appeal
 - Other relevant documentation (that is, medical records, contract details)

Create a new provider appeal by doing the following:

- Click the **Create New Appeal** button from the home screen.
- Click the drop-down menu and select **Provider Appeal** in the Case Type box.
- Click **Save**. The next screen will display an assigned appeal number (1 and 2) and the provider information that was used to initially register. The Case Status is "Not Submitted."
- Fill out the required provider fields in the first section of the form.
- Select **Yes** or **No** to the question "Is the provider a Behavioral Treatment, Blood Bank, Personal Care Agency, or Specialized Medical Vehicle?"
- Confirm that the provider zip code entered matches the provider's mailing address on file with ForwardHealth.
- Select **Medicaid** from the drop-down menu.
- Click **Search Provider**. A Confirm Demographics box will be displayed. Click **Accept**.

- Confirm the Appeal Contact Information section is populated with the provider’s contact information.
- Complete the HMO Information section.
- Complete the Member Information section.
 - Click **Search Member**. A Confirm Demographics box will be displayed.
 - Click **Accept**. The member data will be populated in the Member Information section.
- Complete the Appeal Information and final section on the Provider Appeal case form. Required fields are marked with an asterisk.
 - Click **Save** to verify all information without submitting. If there are errors with the submission, Workflow Messages will be displayed at the top of the page in red text, and the user will not be allowed to submit until the errors are corrected. Refer to the [Provider Appeals Portal User Guide](#) for additional information.
 - Click **Submit**.
- Confirm that the Case Status is in Submitted status and the **Save** and **Submit** buttons are no longer available at the bottom of the Provider Appeal case form.

5. DECISION NOTIFICATION

Once the decision is made, an email notification will be sent to the provider and HMO, prompting a user to log in to view the decision letter:

- Click the link from the email notification or go to the Provider Appeals Portal to open the decision letter.
- Go to the bottom of the appeal form to find the **Provider Decision Letter** to access the notification in the Provider Appeals Portal. From there the letter can be viewed and downloaded.