

User Guide

ForwardHealth Portal Demographic Maintenance Tool

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WISCONSIN DEPARTMENT
of HEALTH SERVICES

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1 Introduction

The demographic maintenance tool on the ForwardHealth Portal allows providers to securely, efficiently, and conveniently update provider information, such as addresses and financial information, with fewer data entry mistakes.

When a provider updates information using the demographic maintenance tool, in most cases, ForwardHealth immediately updates the provider's information, which allows for more efficient business practices. Information that cannot be immediately updated is manually verified, which may take additional processing time.

2 Access the Demographic Maintenance Tool

1. Access the ForwardHealth Portal at www.forwardhealth.wi.gov/.

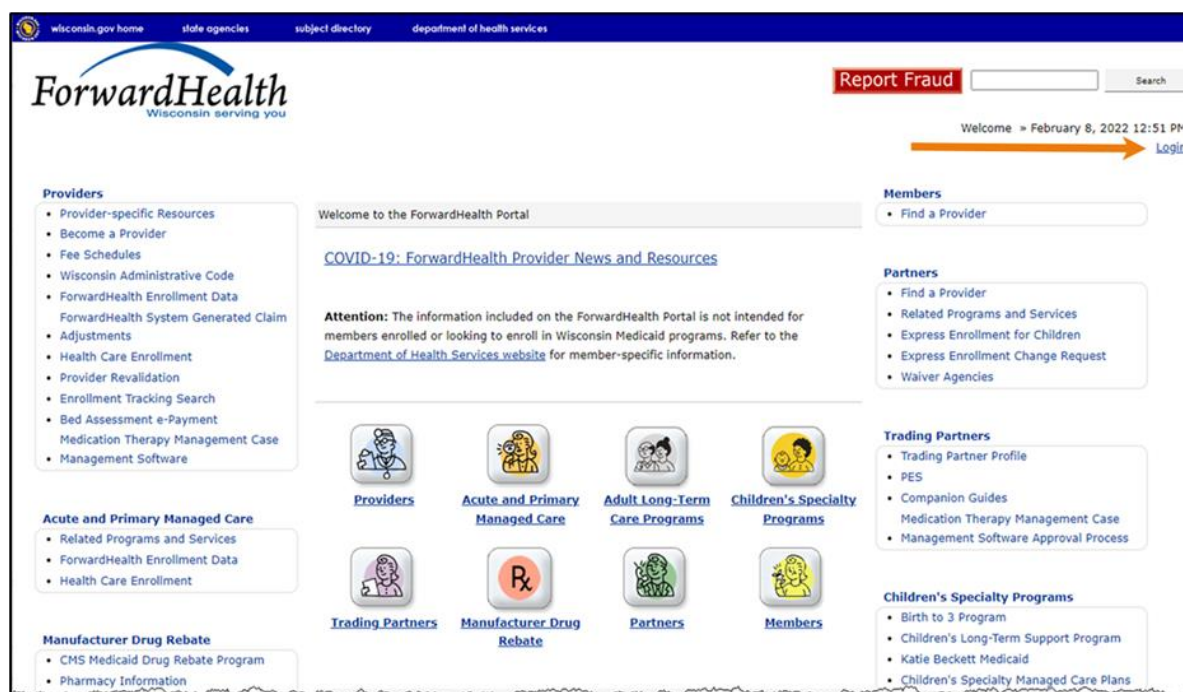


Figure 1 ForwardHealth Portal Home Page

2. Click **Login**. A Sign In box will be displayed.

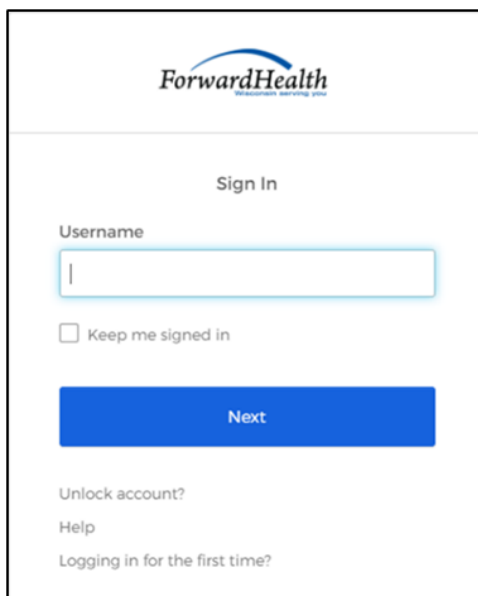
The image shows a 'Sign In' box for the ForwardHealth portal. At the top is the ForwardHealth logo with the tagline 'Information. Empowering you.' Below the logo is the title 'Sign In'. There is a text input field for 'Username' with a cursor inside. Below the input field is a checkbox labeled 'Keep me signed in'. A large blue button labeled 'Next' is positioned below the checkbox. At the bottom of the box, there are three links: 'Unlock account?', 'Help', and 'Logging in for the first time?'.

Figure 2 Sign In Box

Note: The Sign In box can also be accessed by clicking the Partners icon on the home page of the ForwardHealth Portal.

3. Enter the user's username.
4. Click **Next**. A Verify with your password box will be displayed.

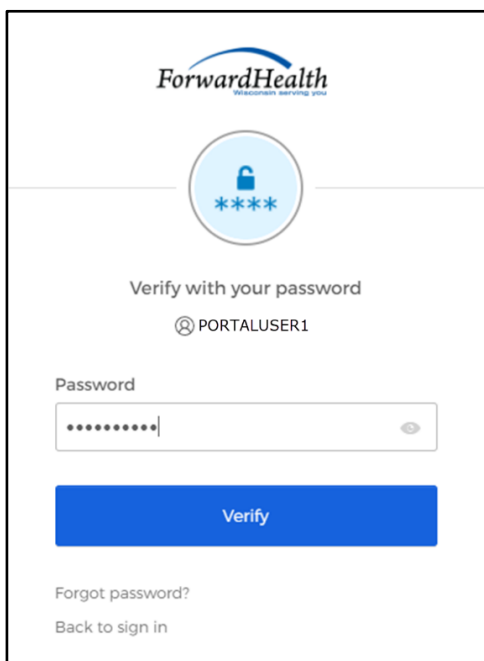
The image shows a 'Verify with your password' box for the ForwardHealth portal. At the top is the ForwardHealth logo with the tagline 'Information. Empowering you.' Below the logo is a circular icon containing a blue padlock and the text '****'. Below the icon is the title 'Verify with your password'. Underneath the title is the text 'PORTALUSER1' preceded by a small icon. There is a text input field for 'Password' with masked characters (dots) and a toggle icon on the right. A large blue button labeled 'Verify' is positioned below the password field. At the bottom of the box, there are two links: 'Forgot password?' and 'Back to sign in'.

Figure 3 Verify With Your Password Box

5. Enter the user's password.
6. Click **Verify**. The Secure Provider page will be displayed.

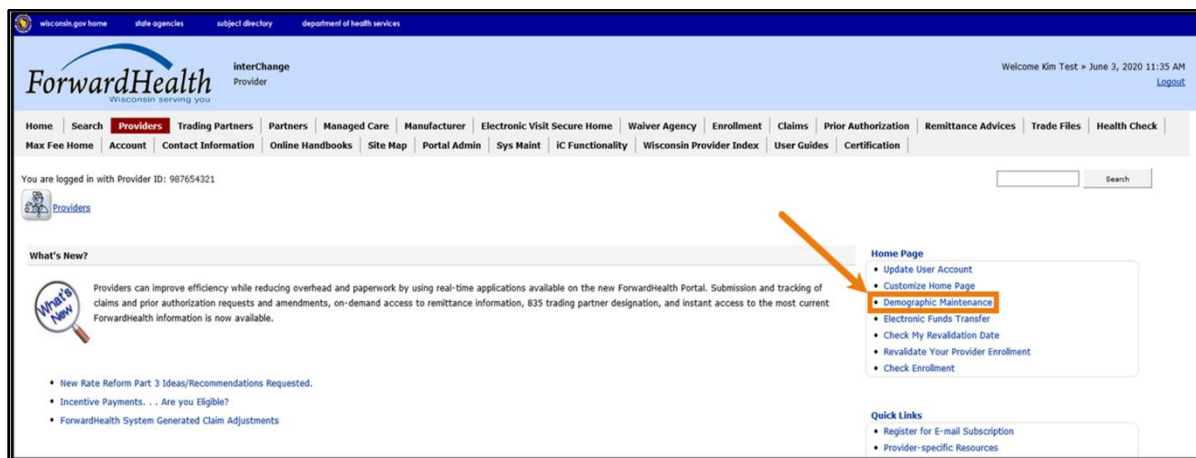


Figure 4 Secure Provider Page

- Click **Demographic Maintenance** located in the Home Page box on the right of the secure Provider page. The Introduction panel will be displayed.

Note: The Demographic Maintenance option is only displayed for administrative accounts or for clerk accounts that have been assigned the Demographic Maintenance role. For information about assigning clerk roles, refer to the ForwardHealth Provider Portal Account User Guide, which is located on the [Portal User Guides page](#) of the ForwardHealth Portal.

The screenshot displays the 'Providers » Demographic Maintenance' interface. At the top, there's a breadcrumb trail. Below it, the 'Base Information' section shows details for 'JEAN DOE', including their NPI, taxonomy code, specialty (Audiologist), and address. A 'Notes' section follows, providing instructions on effective dates and supported browsers. A horizontal menu of links is present, with an orange arrow pointing to 'Group Member'. Below the menu, an orange instruction says 'Click a link to navigate to a specific panel.' The 'Introduction' panel is active, showing a list of instructions and another orange instruction: 'Click to navigate to the next panel in the demographic maintenance tool.' At the bottom, there are 'Next' and 'Exit' buttons, with an orange arrow pointing to the 'Next' button.

Providers » Demographic Maintenance

Base Information

Name: JEAN DOE Address: 123 PARK ST
Provider ID: 777777773 NPI MADISON, WI 53562-1111
Taxonomy Code: 231H00000X (608) 123-4567
Provider Type / Specialty: Audiologist/Audiologist

Notes

- The effective date of a change is the date the change is entered.
- Attention:** ForwardHealth Portal supports the following browsers: Internet Explorer, Firefox and Safari.

[Introduction](#) » [Individual Information](#) » [Practice Location Address](#) » [Audit Address](#)
[Mailing Address](#) » [Prior Authorization Address](#) » [Financial Information](#) » [Additional Information](#)
[License Information](#) » [Medicare Information](#) » [Taxonomy](#) » [Group Member](#)
[Upload Files and Submit](#)

Click a link to navigate to a specific panel.

Introduction

Required fields are indicated with an asterisk (*).

- Select one of the above links to make updates to your information. When all changes are complete, select the "Submit" button to complete the change process.

Click to navigate to the next panel in the demographic maintenance tool.

Next Exit

Figure 5 Introduction Panel

The “Base Information” section displays basic information about the account to which the user is logged in, such as the provider’s name, National Provider Identifier (NPI), taxonomy code, provider type and specialty, address, and telephone number.

To navigate the demographic maintenance tool, either click the buttons at the bottom of the demographic maintenance tool panels, or click a link above the displayed panel to navigate to a specific panel.

Note: Available panels differ depending on provider type and specialty.

For additional information about what changes should be reported to ForwardHealth, refer to the Keeping Information Current topic (#217) in the Ongoing Responsibilities chapter of the Provider Enrollment and Ongoing Responsibilities section of the [ForwardHealth Online Handbook](#).

8. To begin updating information, click either **Next** or a specific panel's navigation link.

Note: If the user tries to navigate away from the Demographic Maintenance Tool before submitting their information, a dialog box will be displayed.

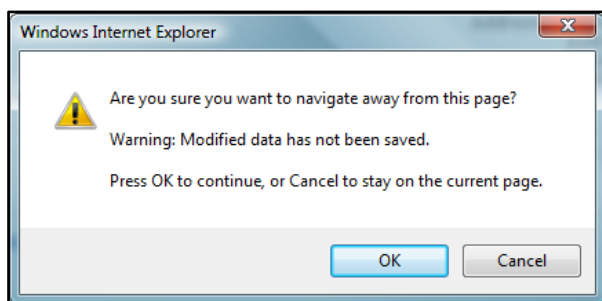


Figure 6 Dialog Box

To return to the demographic maintenance tool to submit the modified information, click **Cancel**. To continue **without** submitting the modified information, click **OK**.

3 Individual Information Panel

On the Individual Information Panel, individual providers may update their date of birth, gender, and Social Security number (SSN).

1. Click **Individual Information** from the navigation links above the current panel. The Individual Information panel will be displayed.

[Introduction](#) » [Individual Information](#) » [Practice Location Address](#) » [Audit Address](#)
[Mailing Address](#) » [Prior Authorization Address](#) » [Financial Information](#) » [Additional Information](#)
[License Information](#) » [Medicare Information](#) » [Accepting New Patients](#) » [Taxonomy](#)
[Specialty Change](#) » [Group Member](#) » [Upload Files and Submit](#)

Individual Information ?

Required fields are indicated with an asterisk (*).

- Upload a copy of Social Security Number (SSN) Card on the Upload and Submit panel when changes are made to the existing Social Security Number (SSN) displayed on the panel.
- Upload a copy of Driver's License or State Identification Card on the Upload and Submit panel when changes are made to the existing Date of Birth displayed on the panel.

Date of Birth*

Gender ☐ Female ☐ Male

Social Security Number*

Previous Next Exit

Figure 7 Individual Information Panel

Note: Required fields are indicated with an asterisk.

2. Add new information or delete the information that needs to be changed and enter new information.
3. When finished entering information, one of three options may be chosen:
 - Click **Next** to go to the next panel on the list.
 - Click one of the links at the top of the panel to go to any of the other demographic maintenance tool panels.
 - Click the **Upload Files and Submit** link above the panel to submit the information. For information about submitting your updates, refer to the [Upload Files and Submit](#) section of this guide.

Note: Information is not saved until it is submitted to ForwardHealth via the Upload Files and Submit panel. If the demographic maintenance tool is exited before the information is submitted, the information will be lost and will need to be re-entered.

If there is a problem with the information entered, an error message will be displayed at the top of the panel when leaving the page. Correct the error and choose one of the above choices for continuing to another panel or submitting your information.

4 Practice Location Address Panel

On the Practice Location Address panel, users may update the contact information for the provider's location. Some users may also be able to update additional addresses. With limited exceptions, the practice location and telephone number for member's use are published in a provider directory made available to the public.

1. Click **Practice Location Address** from the navigation links above the current panel. The Practice Location Address panel will be displayed.

Practice Location Address ?

Required fields are indicated with an asterisk (*).

- Practice location is the street address where a provider office is physically located and where the records are normally kept.
- A provider directory search will be made available to the public. The address and telephone for member use will be included in a provider directory for BadgerCare Plus, Medicaid and WCDP providers (does not apply to WWWP).
- Contact Person and Telephone Number for Contact Person will be used for administrative purposes only.

Street Address Line 1* 123 MAIN ST

Street Address Line 2

City* MADISON

State/ZIP WI 53713 - 1234

County Dane

Contact Person* JANE DOE

Telephone Number - Contact Person* (608)000-0000 Ext.

Telephone Number - Member Use* (608)111-1111

Previous Next Exit

Figure 8 Practice Location Address Panel

2. Delete the information that needs to be changed and enter new information.

Any changes to the practice location on file with ForwardHealth may alter the zip+4 code information required on transactions. Users should verify the zip+4 code for the address on the [U.S. Postal Service website](#).

3. When finished entering information, one of three options may be chosen:
 - Click **Next** to go to the next panel on the list.
 - Click one of the links at the top of the panel to go to any of the other demographic maintenance tool panels.

- Click the **Upload Files and Submit** link above the panel to submit the information. For information about submitting your updates, refer to the [Upload Files and Submit](#) section of this guide.

Note: Information is not saved until it is submitted to ForwardHealth via the Upload Files and Submit panel. If the demographic maintenance tool is exited before the information is submitted, the information will be lost and will need to be re-entered.

If there is a problem with the information entered, an error message will be displayed at the top of the panel when leaving the page. Correct the error and choose one of the above choices for continuing to another panel or submitting your information.

5 Audit Address Panel

On the Audit Address panel, users may update contact and address information for where audit correspondence should be sent.

1. Click **Audit Address** from the navigation links above the current panel. The Audit Address panel will be displayed.

Audit Address

Required fields are indicated with an asterisk (*).

- Indicate the address where audit correspondence should be sent.
- Audit correspondence may be sent certified mail. Failure to sign for certified mail could result in disenrollment.

Name - Contact Person*

Address Line 1*

Address Line 2

City*

State/ZIP* -

Email Address

Previous Next Exit

Figure 9 Audit Address Panel

2. Delete the information that needs to be changed, if applicable, and enter new information.
3. When finished entering information, one of three options may be chosen:
 - Click **Next** to go to the next panel on the list.
 - Click one of the links at the top of the panel to go to any of the other demographic maintenance tool panels.
 - Click the **Upload Files and Submit** link above the panel to submit the information. For information about submitting your updates, refer to the [Upload Files and Submit](#) section of this guide.

Note: Information is not saved until it is submitted to ForwardHealth via the Upload Files and Submit panel. If the demographic maintenance tool is exited before the information is submitted, the information will be lost and will need to be re-entered.

If there is a problem with the information entered, an error message will be displayed at the top of the panel when leaving the page. Correct the error and choose one of the above choices for continuing to another panel or submitting your information.

6 Mailing Address Panel

On the Mailing Address panel, users may update the address to which ForwardHealth should send general information and correspondence. Proper address information aids in successful mail delivery.

1. Click **Mailing Address** from the navigation links above the current panel. The Mailing Address will be displayed.

Mailing Address ?

Required fields are indicated with an asterisk (*).

- Indicate the address where ForwardHealth should send general information and correspondence. Official certification and audit correspondence for Medicaid will be sent by certified mail. Failure to sign for official correspondence could result in decertification.

Name - Contact Person* Jane Doe

Street Address Line 1* 101 Main St.

Street Address Line 2 Rm. 100

City* Madison

State/ZIP* WI 53701 -

Email Address jdoe@isp.com

Previous Next Exit

Figure 10 Mailing Address Panel

2. Delete the information that needs to be changed and enter new information.
3. When finished entering information, one of three options may be chosen:
 - Click **Next** to go to the next panel on the list.
 - Click one of the links at the top of the panel to go to any of the other demographic maintenance tool panels.
 - Click the **Upload Files and Submit** link above the panel to submit the information. For information about submitting your updates, refer to the [Upload Files and Submit](#) section of this guide.

Note: Information is not saved until it is submitted to ForwardHealth via the Upload Files and Submit panel. If the demographic maintenance tool is exited before the information is submitted, the information will be lost and will need to be re-entered.

If there is a problem with the information entered, an error message will be displayed at the top of the panel when leaving the page. Correct the error and choose one of the above choices for continuing to another panel or submitting your information.

7 Prior Authorization Address Panel

On the Prior Authorization Address panel, users may update the address where ForwardHealth should send prior authorization information.

1. Click **Prior Authorization** from the navigation links above the current panel. The Prior Authorization Address panel will be displayed.

Prior Authorization Address ?

Required fields are indicated with an asterisk (*).

- Indicate the address where ForwardHealth should send prior authorization information.

Name - Contact Person* PA CONTACT

Street Address Line 1* 123 MAIN ST.

Street Address Line 2

City* MADISON

State/ZIP* WI 53710 - 1234

Fax Number (123)456-7890

Telephone Number - Contact Person (987)654-3210 Ext.

Previous Next Exit

Figure 11 Prior Authorization Address Panel

2. Delete the information that needs to be changed and enter new information.
3. When finished entering information, one of three options may be chosen:
 - Click **Next** to go to the next panel on the list.
 - Click one of the links at the top of the panel to go to any of the other demographic maintenance tool panels.
 - Click the **Upload Files and Submit** link above the panel to submit the information. For information about submitting your updates, refer to the [Upload Files and Submit](#) section of this guide.

Note: Information is not saved until it is submitted to ForwardHealth via the Upload Files and Submit panel. If the demographic maintenance tool is exited before the information is submitted, the information will be lost and will need to be re-entered.

If there is a problem with the information entered, an error message will be displayed at the top of the panel when leaving the page. Correct the error and choose one of the above choices for continuing to another panel or submitting your information.

8 Financial Information Panel

On the Financial Information panel, users may update a provider's tax information.

1. Click **Financial Information** from the navigation links above the current panel. The Financial Information panel will be displayed.

Financial Information ?

Required fields are indicated with an asterisk (*).

Tax Information

Taxpayer Identification Number (TIN)* 123456789

Name TIN NAME

TIN Type* ☒ EIN ☐ SSN

Checks and Remittance Advice Address

Indicate the address where checks and remittance advice information should be sent.

Street Address Line 1* 123 MAIN ST.

Street Address Line 2

City* MADISON

State/ZIP* WI 53713 - 1234

Name - Financial Contact Person JOHN SMITH

Telephone Number - Contact Person (123)456-7890

1099 Mailing Address

Wisconsin Medicaid generates and sends one IRS Form 1099 per TIN. It is recommended that you verify this address with the person in your organization who receives IRS Form 1099

Address 123 MAIN ST

City MADISON

State/ZIP WI 53711 - 1234

Previous Next Exit

Figure 12 Financial Information Panel

2. Delete the information that needs to be changed and enter new information.

The Financial Information panel contains three sections:

- “Tax Information”:
 - o For an organization:
 - If the organization’s Tax Identification Number (TIN) is on file with ForwardHealth, the TIN Name field will be available for editing.
 - If the TIN is not on file, the TIN Name field is required.
 - o For an individual:
 - If the TIN is a Social Security number (type SSN) on file with ForwardHealth, the TIN Name field will be available for editing.
 - If the TIN is a Federal Employer Identification Number (type FEIN) on file with ForwardHealth, the TIN Name field will not be available for editing.
 - If the TIN is not on file with ForwardHealth, the TIN Name field will be required.

If the TIN number on the Financial Information panel is changed and the user clicks **Next** or a link to go to another panel, the page will refresh and the “Reason for Tax ID Change” section will be displayed at the bottom of the panel. Refer to [Section 6.1 Reason for Tax ID Change](#) of this guide for more information.

- “Checks and Remittance Advice Address”: Contains the address and contact information where ForwardHealth should send checks and Remittance Advices.
- “1099 Mailing Address”: Contains the address where ForwardHealth generates and sends IRS Form 1099 for the indicated TIN.
 - o Organizations:
 - If the TIN is on file with ForwardHealth, this section will be available for editing.
 - If the TIN is not on file with ForwardHealth, providers are required to enter an address.
 - o Organizations who recently changed their TINs:
 - If the TIN is on file with ForwardHealth, this section will be available for editing.
 - If the TIN is not on file with ForwardHealth, providers are required to enter an address.
 - o Individuals:
 - If the TIN is an SSN on file with ForwardHealth, this section will be available for editing.

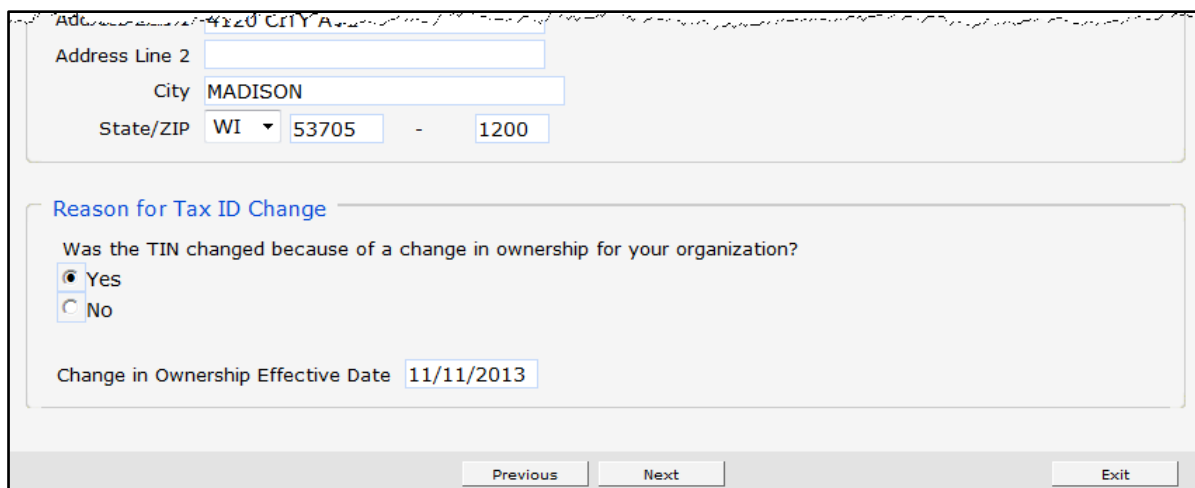
- If the TIN is an FEIN on file with ForwardHealth, the TIN Name section will not be available for editing.
 - o Individuals who recently changed their TINs:
 - If the TIN is an SSN on file with ForwardHealth, providers will be able to edit the address information in this section.
 - If the TIN is an FEIN on file with ForwardHealth, this section will not be available for editing.
 - If the TIN is not on file with ForwardHealth, the 1099 field will be required.
3. When finished entering information, one of three options may be chosen:
- Click **Next** to go to the next panel on the list.
 - Click one of the links at the top of the panel to go to any of the other demographic maintenance tool panels.
 - Click the **Upload Files and Submit** link above the panel to submit the information. For information about submitting your updates, refer to the [Upload Files and Submit](#) section of this guide.

Note: Information is not saved until it is submitted to ForwardHealth via the Upload Files and Submit panel. If the demographic maintenance tool is exited before the information is submitted, the information will be lost and will need to be re-entered.

If there is a problem with the information entered, an error message will be displayed at the top of the panel when leaving the page. Correct the error and choose one of the above choices for continuing to another panel or submitting your information.

8.1 Reason for Tax ID Change Section

If the TIN number on the Financial Information panel is changed and the user clicks **Next** or a link to go to another panel, the page will refresh and the Reason for Tax ID Change section will be displayed at the bottom of the panel.



The screenshot shows a web form titled "Reason for Tax ID Change". Above the title, there are input fields for "Address Line 2", "City" (containing "MADISON"), and "State/ZIP" (containing "WI", "53705", and "1200"). The main section contains the question "Was the TIN changed because of a change in ownership for your organization?" with two radio button options: "Yes" (selected) and "No". Below this is a text input field for "Change in Ownership Effective Date" containing "11/11/2013". At the bottom of the form are three buttons: "Previous", "Next", and "Exit".

Figure 13 Reason for Tax ID Change Section (Financial Information Panel)

Organizations that change the TIN number on the Financial Information panel are required to enter information on this panel.

9 Additional Information Panel

On the Additional Information panel, users may identify which languages are spoken by the staff at the provider's practice or clinic and enter their Drug Enforcement Administration (DEA) number(s) if they have any.

1. Click **Additional Information** from the navigation links above the current panel. The Additional Information panel will be displayed.

Additional Information ?

Required fields are indicated with an asterisk (*).

Languages

| Language | Description | Effective Date | End Date |
|----------|----------------|----------------|------------|
| ENG | ENGLISH | 10/02/2013 | 12/31/2299 |
| SPA | SPANISH | 10/02/2013 | 10/31/2013 |
| FRE | FRENCH | 10/02/2013 | 10/07/2013 |
| SCR | SERBO-CROATIAN | 10/02/2013 | 10/07/2013 |
| HMN | HMONG | 10/31/2013 | 12/31/2299 |

Type changes below.

Language Detail

Language*

Effective Date

End Date

☐ No Longer Applies

DEA Information

Do you have a Drug Enforcement Administration(DEA) Number?* ☐ Yes ☒ No

DEA Numbers

Figure 14 Additional Information Panel

9.1 Add a Language

To add a language, complete the following steps:

1. Select the applicable language from the Language drop-down menu in the “Language Detail” section.

The Effective Date and End Date fields are read-only. These fields will be populated with information after the row is added.

2. Click **Add**. The language will be added to the list at the top of the panel. The start date will be the current date, and the end date will be 12/31/2299.
3. Click **Save**. The selected language information will be saved. Complete the above steps to enter additional languages.
4. When finished entering information, one of three options may be chosen:
 - Click **Next** to go to the next panel on the list.
 - Click one of the links at the top of the panel to go to any of the other demographic maintenance tool panels.
 - Click the **Upload Files and Submit** link above the panel to submit the information. For information about submitting your updates, refer to the [Upload Files and Submit](#) section of this guide.

Note: Information is not saved until it is submitted to ForwardHealth via the Upload Files and Submit panel. If the demographic maintenance tool is exited before the information is submitted, the information will be lost and will need to be re-entered.

If there is a problem with the information entered, an error message will be displayed at the top of the panel when leaving the page. Correct the error and choose one of the above choices for continuing to another panel or submitting your information.

9.2 End Date a Language

To end date a language, complete the following steps:

1. Click the row for the language to end date in the “Languages” section. The selected information will populate the fields on the panel.
2. Check the **No Longer Applies** box under the “Language Detail” section.

Additional Information ?

Required fields are indicated with an asterisk (*).

Languages

| Language | Description | Effective Date | End Date |
|----------|----------------|----------------|------------|
| ENG | ENGLISH | 10/02/2013 | 12/31/2299 |
| SPA | SPANISH | 10/02/2013 | 10/31/2013 |
| FRE | FRENCH | 10/02/2013 | 10/07/2013 |
| SCR | SERBO-CROATIAN | 10/02/2013 | 10/07/2013 |
| HMN | HMONG | 10/31/2013 | 12/31/2299 |

Type data below for new record.

Language Detail

Language* FRENCH

Effective Date 10/02/2013

End Date 10/07/2013

☒ No Longer Applies

Save

Figure 15 End Date Language

- Click **Save**. The selected language information will be saved, and the fields will become blank. The language information will remain on the list at the top of the panel; however, the current date will be displayed as the end date. Complete the above steps to end date any additional languages.
- When finished entering information, one of three options may be chosen:
 - Click **Next** to go to the next panel on the list.
 - Click one of the links at the top of the panel to go to any of the other demographic maintenance tool panels.
 - Click the **Upload Files and Submit** link above the panel to submit the information. For information about submitting your updates, refer to the [Upload Files and Submit](#) section of this guide.

Note: Information is not saved until it is submitted to ForwardHealth via the Upload Files and Submit panel. If the demographic maintenance tool is exited before the information is submitted, the information will be lost and will need to be re-entered.

When leaving the page, if there is a problem with the information entered an error message will be displayed at the top of the panel. Correct the error and choose one of the above choices for continuing to another panel or submitting your information.

9.3 Add Drug Enforcement Administration Information

To add DEA information, complete the following steps:

1. Click the **Yes** radio button in the “DEA Information” section to indicate you have a DEA number.
2. Enter one or more DEA numbers in the DEA Numbers field.

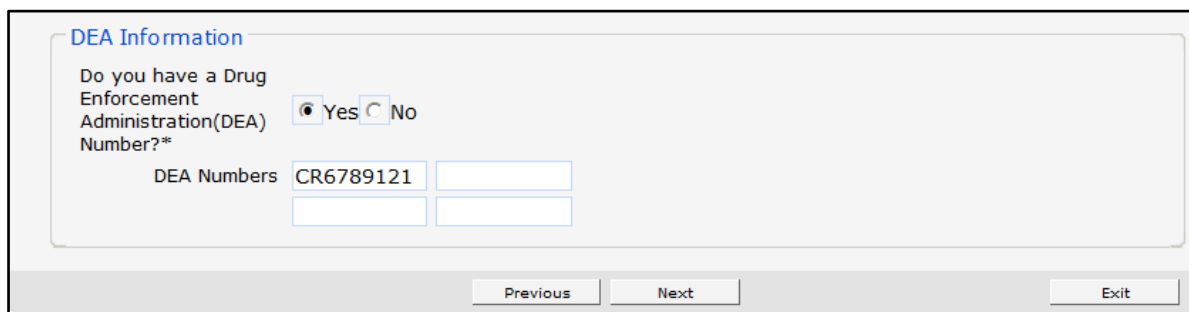


Figure 16 DEA Information Section

3. When finished entering information, one of three options may be chosen:
 - Click **Next** to go to the next panel on the list.
 - Click one of the links at the top of the panel to go to any of the other demographic maintenance tool panels.
 - Click the **Upload Files and Submit** link above the panel to submit the information. For information about submitting your updates, refer to the [Upload Files and Submit](#) section of this guide.

Note: Information is not saved until it is submitted to ForwardHealth via the Upload Files and Submit panel. If the demographic maintenance tool is exited before the information is submitted, the information will be lost and will need to be re-entered.

If there is a problem with the information entered, an error message will be displayed at the top of the panel when leaving the page. Correct the error and choose one of the above choices for continuing to another panel or submitting your information.

10 License Information Panel

On the License Information panel, users can report a provider's licensure information, including license number, grant and expiration dates, and physical location as applicable (for example, hospital providers).

1. Click **License Information** from the navigation links above the current panel. The License Information panel will be displayed.

License Information

Required fields are indicated with an asterisk (*).

- Only add licenses which are applicable to your Forwardhealth Enrollment.
- The following providers are no longer required to upload licenses. ForwardHealth is able to verify licenses directly.
 - Individual providers licensed through DSPS
 - Physicians and Physician Assistants with Minnesota license
 - Physicians with Iowa license
- You are allowed to enter up to five active licenses.

License Information List

| License Number | License State | License Effective Date | License End Date | License Type |
|----------------|---------------|------------------------|------------------|--------------|
| D12345 | WI | 01/01/2015 | 01/01/2018 | Regular |

Type changes below.

License Information

License Number*

Issuing State*

License Effective Date*

License End Date*

License Type* ☒ Regular ☐ Temporary

☐ License number is correct and valid.

Add Cancel

Previous Next Exit

Figure 17 License Information Panel

The License Information panel displays current and expired licensure information that providers have on file with ForwardHealth. Providers can use this panel to add or update their licensure information. Providers should only add licenses that are applicable to their ForwardHealth enrollment.

Providers may have a maximum of five active licenses applicable to the provider's type of enrollment. All license effective dates and end dates will be verified through applicable state

licensing boards prior to being added to the provider's file. If the provided dates do not correspond with the dates given by the applicable state licensing board, the dates given by the state licensing board will be retained and will be displayed.

10.1 Update a License

Providers will only be able to update the effective and end dates of current licenses.

1. Click the row for the license you wish to update from the “License Information List” section. The panel will refresh and the fields on the panel will populate with the information for the selected license.

License Information

Required fields are indicated with an asterisk (*).

- Only add licenses which are applicable to your Forwardhealth Enrollment.
- The following providers are no longer required to upload licenses. ForwardHealth is able to verify licenses directly.
 - Individual providers licensed through DSPS
 - Physicians and Physician Assistants with Minnesota license
 - Physicians with Iowa license
- You are allowed to enter up to five active licenses.

License Information List

| License Number | License State | License Effective Date | License End Date | License Type |
|----------------|---------------|------------------------|------------------|--------------|
| D12345 | WI | 01/01/2015 | 01/01/2027 | Regular |

Type changes below.

License Information

License Number*

Issuing State*

License Effective Date*

License End Date*

License Type* ☒ Regular ☐ Temporary

☒ License number is correct and valid.

Figure 18 License Information Section with Populated License Information

2. Enter the new date or dates in the *License Effective Date* field and/or the *License End Date* field.
3. Click **Save**.
4. When finished entering information, one of three options may be chosen:
 - Click **Next** to go to the next panel on the list.

- Click one of the links at the top of the panel to go to any of the other demographic maintenance tool panels.
- Click the **Upload Files and Submit** link above the panel to submit the information. For information about submitting your updates, refer to the [Upload Files and Submit](#) section of this guide.

Note: Information is not saved until it is submitted to ForwardHealth via the Upload Files and Submit panel. If the demographic maintenance tool is exited before the information is submitted, the information will be lost and will need to be re-entered.

If there is a problem with the information entered, an error message will be displayed at the top of the panel when leaving the page. Correct the error and choose one of the above choices for continuing to another panel or submitting your information.

10.2 Add a License

1. Enter licensure information in all the fields in the “License Information List” section. All fields must be completed in order to save the new license information.
2. Click **Add**.

If the information can be verified by ForwardHealth, a new row will be added to the License Information List.

If the information cannot be verified, an error message will be displayed at the top of the panel and a check box will be displayed asking for the user to validate the information entered.

The following messages were generated:

License number can not be verified, verify the data entered is correct.

License Information ?

Required fields are indicated with an asterisk (*).

- Only add licenses which are applicable to your Forwardhealth Enrollment.
- The following providers are no longer required to upload licenses. ForwardHealth is able to verify licenses directly.
 - Individual providers licensed through DSPS
 - Physicians and Physician Assistants with Minnesota license
 - Physicians with Iowa license
- You are allowed to enter up to five active licenses.

[License Information List](#)

| License Number | License State | License Effective Date | License End Date | License Type |
|----------------|---------------|------------------------|------------------|--------------|
| 4321D | WI | 04/03/2015 | 04/03/2022 | Regular |
| D1234 | WI | 06/02/2011 | 06/02/2021 | Regular |

Type changes below.

License Information

License Number* 4321D

Issuing State* WI

License Effective Date* 04/03/2015

License End Date* 04/03/2022

License Type* ☒ Regular ☐ Temporary

☐ License number is correct and valid.

Verify the information is correct and valid

Add Cancel

Previous Next Exit

Figure 19 New License Information Not Validated by ForwardHealth

- If the information is correct, check the box next to *License number is correct and valid* and click **Add**.
- When finished entering information, one of three options may be chosen:
 - Click **Next** to go to the next panel on the list.
 - Click one of the links at the top of the panel to go to any of the other demographic maintenance tool panels.
 - Click the **Upload Files and Submit** link above the panel to submit the information. For information about submitting your updates, refer to the [Upload Files and Submit](#) section of this guide.

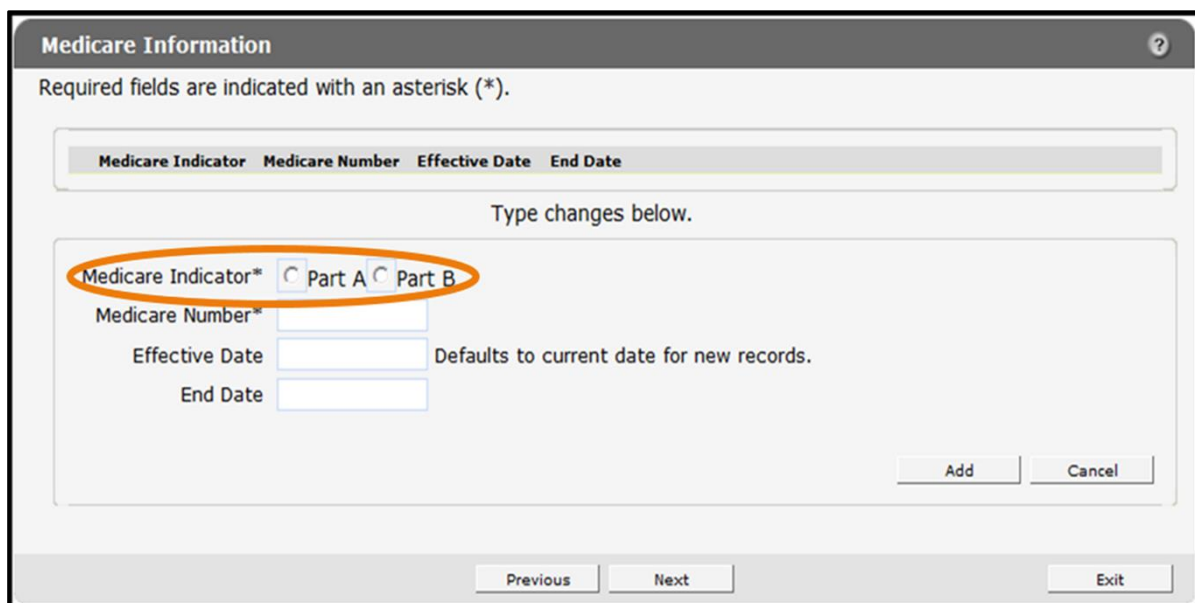
Note: Information is not saved until it is submitted to ForwardHealth via the Upload Files and Submit panel. If the demographic maintenance tool is exited before the information is submitted, the information will be lost and will need to be re-entered. Some providers (for example, out-of-state providers) will be required to upload a copy of their license using the Upload Files and Submit panel.

If there is a problem with the information entered, an error message will be displayed at the top of the panel when leaving the page. Correct the error and choose one of the above choices for continuing to another panel or submitting your information.

11 Medicare Information Panel

On the Medicare Information panel, users may add or end date a provider's Medicare number. The panel for organizations includes Medicare Indicator radio buttons, which allow a user to designate whether the Medicare number is for Part A or Part B.

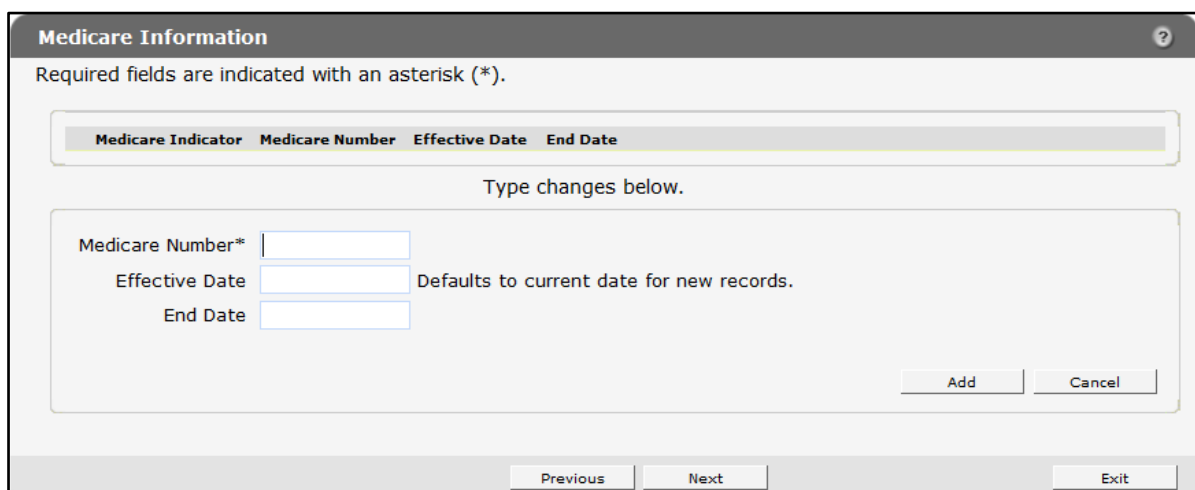
1. Click **Medicare Information** from the navigation links above the current panel. The Medicare Information will be displayed.



The screenshot shows the 'Medicare Information' panel for organizations. At the top, a header bar contains the title 'Medicare Information' and a help icon. Below the header, a message states: 'Required fields are indicated with an asterisk (*).' A tabbed interface shows four tabs: 'Medicare Indicator', 'Medicare Number', 'Effective Date', and 'End Date'. The 'Medicare Indicator' tab is selected. Below the tabs, a message says 'Type changes below.' The main form area contains the following fields: 'Medicare Indicator*' with two radio buttons labeled 'Part A' and 'Part B' (this section is circled in orange), 'Medicare Number*' (text input), 'Effective Date' (text input), and 'End Date' (text input). A note next to the date fields states 'Defaults to current date for new records.' At the bottom right of the form are 'Add' and 'Cancel' buttons. At the very bottom of the panel are 'Previous', 'Next', and 'Exit' buttons.

Figure 20 Medicare Information Panel Organization

The panel for individuals will not contain the radio buttons since it is presumed the providers will only have a Part B Medicare number.



The screenshot shows the 'Medicare Information' panel for individuals. It has the same header and message as Figure 20. The 'Medicare Indicator' tab is selected, but it does not contain the radio buttons. The form fields are: 'Medicare Number*' (text input), 'Effective Date' (text input), and 'End Date' (text input). The note 'Defaults to current date for new records.' is present next to the date fields. 'Add' and 'Cancel' buttons are at the bottom right of the form. 'Previous', 'Next', and 'Exit' buttons are at the bottom of the panel.

Figure 21 Medicare Information Panel Individual

To add a Medicare number, complete the following steps:

1. Enter the number in the Medicare Number field.
2. If the Medicare number is for an organization, click the radio button to select if the number refers to Medicare Part A or Part B.
3. Click **Add**. The number will be added to the list at the top of the panel. The start date will be the current date, and the end date will be 12/31/2299.

Medicare Information ?

Required fields are indicated with an asterisk (*).

| Medicare Indicator | Medicare Number | Effective Date | End Date |
|--------------------|-----------------|----------------|------------|
| Part B | 1111111111 | 11/05/2013 | 12/31/2299 |

Type changes below.

Medicare Number*

Effective Date Defaults to current date for new records.

End Date

Figure 22 Medicare Number Added

11.1 End Date a Medicare Number

To end date a Medicare number, complete the following steps:

1. Click the row for the number to end date. The selected information will populate the fields on the panel.
2. Check the **No Longer Applies** box.
3. Click **Save**.

A message will display at the top indicating that the update was successful.

If there are problems with the submission, the details of the error will display here. The Medicare number will remain on the list at the top of the panel; however, the current date will be displayed as the end date.

The following messages were generated:
Your information was updated successfully.

Medicare Information

Required fields are indicated with an asterisk (*).

| Medicare Indicator | Medicare Number | Effective Date | End Date |
|--------------------|-----------------|----------------|------------|
| Part B | 1423012453 | 11/04/2013 | 12/31/2299 |

Type changes below.

Medicare Number

Effective Date Defaults to current date for new records.

End Date Date the change is made is displayed as end date.

☒ No Longer Applies

Figure 23 Medicare Number End Dated

4. When finished entering information, one of three options may be chosen:
 - Click **Next** to go to the next panel on the list.
 - Click one of the links at the top of the panel to go to any of the other demographic maintenance tool panels.
 - Click the **Upload Files and Submit** link above the panel to submit the information. For information about submitting your updates, refer to the [Upload Files and Submit](#) section of this guide.

Note: Information is not saved until it is submitted to ForwardHealth via the Upload Files and Submit panel. If the demographic maintenance tool is exited before the information is submitted, the information will be lost and will need to be re-entered.

If there is a problem with the information entered, an error message will be displayed at the top of the panel when leaving the page. Correct the error and choose one of the above choices for continuing to another panel or submitting your information.

12 Taxonomy Panel

On the Taxonomy panel, users may update taxonomy code information. Taxonomy codes are standard code sets used to provide information about provider type and specialty for the provider's enrollment. ForwardHealth uses taxonomy codes as one piece of data for correctly identifying the provider's file.

This panel is not available to Home Health/Personal Care Agencies, Independent Labs, or Transportation/Specialized Medical Vehicle (SMV) providers.

1. Click **Taxonomy** from the navigation links above the current panel. The Taxonomy panel will be displayed.

| Primary Indicator | Taxonomy | Description |
|-------------------|------------|-----------------------------|
| Y | 282N00000X | General Acute Care Hospital |

Type changes below.

Taxonomy* [Search]

Taxonomy Description

Primary Taxonomy ☐

Add Cancel

Previous Next Exit

Figure 24 Taxonomy Panel

Providers may report multiple taxonomy codes to ForwardHealth as long as the codes accurately describe the provider type and specialty for the provider's enrollment.

12.1 Add a Taxonomy Code

To add a taxonomy code, complete the following steps:

1. Enter the new taxonomy code in the Taxonomy field or use the search link to search for the code. After entering the code, click anywhere in the gray area of the panel. The description of the code will be displayed in the Taxonomy Description field, and the code and description will be displayed in a row at the top of the panel.

To search for a taxonomy code, complete the following steps:

- a. Click **Search** to the right of the Taxonomy field. The Taxonomy search box will be displayed.

Taxonomy [Close]

Search ?

Taxonomy Effective Date

End Date Active Date

Inactive Date

search clear

Search Results

*** No rows found ***

Figure 25 Taxonomy Search Box

- b. Enter information in any of the search fields. To narrow the results, enter as much information as possible.
- c. Click **Search**. The results will be displayed in the “Search Results” section.

Taxonomy [Close]

Search ?

Taxonomy Effective Date

End Date Active Date

Inactive Date

search clear

Search Results

| Taxonomy ▲ | Description | Effective Date | End Date | Active Date | Inactive Date |
|----------------------------|---|--------------------------------|--------------------------|-----------------------------|-------------------------------|
| 282E00000X | Long Term Care Hospital | 10/01/2006 | 12/31/2299 | 10/01/2006 | 12/31/2299 |
| 282J00000X | Religious Nonmedical Health Care Institution | 10/01/2006 | 12/31/2299 | 10/01/2006 | 12/31/2299 |
| 282N00000X | General Acute Care Hospital | 01/01/1995 | 12/31/2299 | 01/01/1995 | 12/31/2299 |
| 282NC0060X | General Acute Care Hospital - Critical Access | 10/01/2003 | 12/31/2299 | 10/01/2003 | 12/31/2299 |
| 282NC2000X | General Acute Care Hospital - Children | 01/01/1995 | 12/31/2299 | 01/01/1995 | 12/31/2299 |
| 282NR1301X | General Acute Care Hospital - Rural | 01/01/1995 | 12/31/2299 | 01/01/1995 | 12/31/2299 |
| 282NW0100X | General Acute Care Hospital - Women | 01/01/1995 | 12/31/2299 | 01/01/1995 | 12/31/2299 |

Figure 26 Search Results Section

- d. Select the applicable taxonomy code. The Taxonomy search box will close and the selected information will populate the Taxonomy and Taxonomy Description fields. The code and description will also be displayed in a row at the top of the panel.

Taxonomy ?

Required fields are indicated with an asterisk (*).

| Primary Indicator | Taxonomy | Description |
|-------------------|------------|---|
| N | 282NC0060X | General Acute Care Hospital - Critical Access |
| Y | 282N00000X | General Acute Care Hospital |

Type changes below.

Taxonomy* [Search]

Taxonomy Description

Primary Taxonomy ☐

Add Cancel

Previous Next Exit

Figure 27 Taxonomy Panel with Populated Information

If the system does not recognize the entered or selected taxonomy code as reflecting the user's provider type and specialty, a message indicating the provider type and entered or selected taxonomy code will be displayed above the panel. Confirm that the correct taxonomy code was entered or selected. If the taxonomy code is correct, check the **Ignore Message** box. ForwardHealth will manually verify the taxonomy code once it is submitted.

The following messages were generated:

This enrollment is for provider type Hospital and taxonomy entered is 282E00000X. If this is correct, check ignore message to submit the taxonomy.

Taxonomy ?

Required fields are indicated with an asterisk (*).

| Primary Indicator | Taxonomy | Description |
|-------------------|------------|-----------------------------|
| N | 282E00000X | Long Term Care Hospital |
| Y | 282N00000X | General Acute Care Hospital |

Type data below for new record.

Taxonomy* [Search]

Taxonomy Description

Primary Taxonomy ☐

☐ Ignore Message

Add Cancel

Previous Next Exit

Figure 28 Confirm the Entered or Selected Taxonomy Code Message

2. If the taxonomy code is the primary code, check the **Primary Taxonomy** box; otherwise, leave the box unchecked.

Providers who report multiple taxonomy codes can only designate **one** of the codes as the primary code. If a new taxonomy code is designated to be the primary code, the Primary Indicator for the old code will then display as “N” or not primary. ForwardHealth uses the primary code for identification purposes.

3. Click **Add**.

The taxonomy code will be added to the list at the top of the panel, and the top row and the fields on the panel will become blank. Repeat the procedure to add any additional taxonomy codes.

4. When finished adding codes, one of three options may be chosen:

- Click **Next** to go to the next panel on the list.
- Click one of the links at the top of the panel to go to any of the other Demographic Maintenance Tool panels.
- Click the **Upload Files and Submit** link above the panel to submit the information. For information about submitting your updates, refer to the Upload section of this guide.

Note: Information is not saved until it is submitted to ForwardHealth via the Upload Files and Submit panel. If the demographic maintenance tool is exited before the information is submitted, the information will be lost and will need to be re-entered.

If there is a problem with the information entered, an error message will be displayed at the top of the panel when leaving the page. Refer to the [Upload Files and Submit](#) section of this guide for information about correcting error messages.

12.2 Delete a Taxonomy Code

To delete a taxonomy code, complete the following steps:

1. Click the row containing the taxonomy code to be deleted. The selected information will populate the fields on the panel.
2. Click **Delete**. The taxonomy code will be removed from the panel. Repeat the procedure for any other taxonomy codes to be deleted.
3. When finished entering information, one of three options may be chosen:
 - Click **Next** to go to the next panel on the list.
 - Click one of the links at the top of the panel to go to any of the other demographic maintenance tool panels.
 - Click the **Upload Files and Submit** link above the panel to submit the information. For information about submitting your updates, refer to the [Upload Files and Submit](#) section of this guide.

Note: Information is not saved until it is submitted to ForwardHealth via the Upload Files and Submit panel. If the demographic maintenance tool is exited before the information is submitted, the information will be lost and will need to be re-entered.

If there is a problem with the information entered, an error message will be displayed at the top of the panel when leaving the page. Correct the error and choose one of the above choices for continuing to another panel or submitting your information.

13 Accepting New Patients Panel

Dental providers may limit the number of Medicaid and BadgerCare Plus members they accept in several ways: certain demographic information, certain days of the week, or certain times of the day. However, dental providers are prohibited from limiting their acceptance of Medicaid and BadgerCare Plus members in a way that discriminates against a protected class, as defined in federal and state anti-discrimination laws.

The Accepting New Patients panel is only available to dental providers.

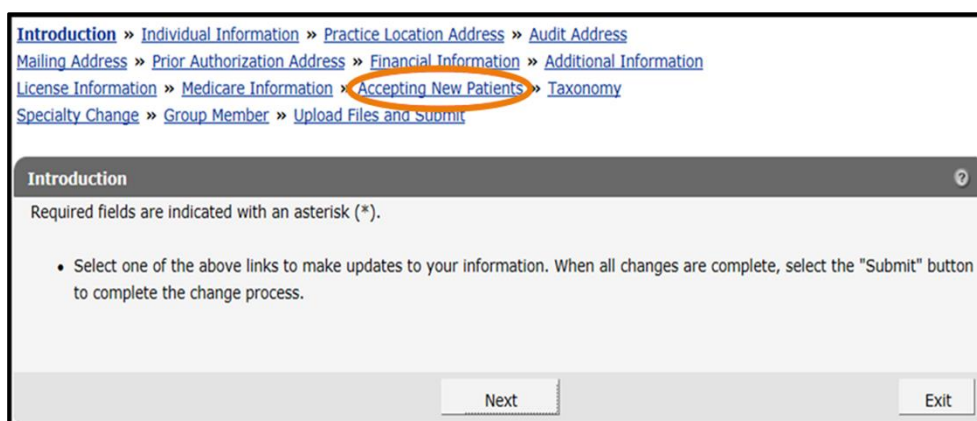


Figure 29 Accepting New Patients Link

1. Click **Accepting New Patients** from the navigation links above the current panel. The Accepting New Patients panel will be displayed.

A screenshot of the 'Accepting New Patients' panel. It shows a form with a title bar, instructions, a table header for 'Accepting New Patients Indicator' and 'Limitation', and a form area with a dropdown menu for 'Are you accepting new patients?' and a text input for 'Limitation'. There are 'Add', 'Cancel', 'Previous', 'Next', and 'Exit' buttons.

Figure 30 Accepting New Patients Panel

13.1 Add Information

To add information, complete the following steps:

1. Select **Yes**, **No**, or **Limited** from the Are you accepting new patients? drop-down menu.

If **Limited** is selected, choose a specific limitation on patients from the Limitation drop-down menu.

2. Click **Add**. A row indicating your selection will be displayed at the top of the panel.

The screenshot shows a web application window titled "Accepting New Patients". At the top, it says "Required fields are indicated with an asterisk (*)". Below this is a table with two columns: "Accepting New Patients Indicator" and "Limitation". The first row of the table has "Limited" under the first column and "Children Only" under the second column. An orange arrow points to the "Limitation" column header. Below the table, it says "Type changes below." There is a form section with the question "Are you accepting new patients?" followed by a dropdown menu. Below that is a "Limitation" label followed by another dropdown menu. At the bottom right of the form are "Add" and "Cancel" buttons. At the very bottom of the window are "Previous", "Next", and "Exit" buttons.

Figure 31 Accepting New Patients Panel with Added Row

3. When finished entering information, one of three options may be chosen:
 - Click **Next** to go to the next panel on the list.
 - Click one of the links at the top of the panel to go to any of the other demographic maintenance tool panels.
 - Click the **Upload Files and Submit** link above the panel to submit the information. For information about submitting your updates, refer to the [Upload Files and Submit](#) section of this guide.

Note: Information is not saved until it is submitted to ForwardHealth via the Upload Files and Submit panel. If the demographic maintenance tool is exited before the information is submitted, the information will be lost and will need to be re-entered.

If there is a problem with the information entered, an error message will be displayed at the top of the panel when leaving the page. Correct the error and choose one of the above choices for continuing to another panel or submitting your information.

13.2 Change Information

To change information, complete the following steps:

1. Click the row containing the information to be revised. The selected information will populate the fields on the panel.
2. Change the necessary information.

Accepting New Patients

Required fields are indicated with an asterisk (*).

| Accepting New Patients Indicator | Limitation |
|----------------------------------|---------------|
| Limited | Children Only |

Type data below for new record.

Are you accepting new patients?

Limitation

Figure 32 Selections to Change Information

If **Yes** or **No** is selected from the drop-down menu, the Limitations field must be blank before saving the change.

- Click **Save**. The changed information will be displayed in the row at the top of the panel.

Accepting New Patients

Required fields are indicated with an asterisk (*).

| Accepting New Patients Indicator | Limitation |
|----------------------------------|------------|
| Yes | |

Type changes below.

Are you accepting new patients?

Limitation

Figure 33 Selection Saved

- When finished entering information, one of three options may be chosen:
 - Click **Next** to go to the next panel on the list.
 - Click one of the links at the top of the panel to go to any of the other demographic maintenance tool panels.
 - Click the **Upload Files and Submit** link above the panel to submit the information. For information about submitting your updates, refer to the [Upload Files and Submit](#) section of this guide.

Note: Information is not saved until it is submitted to ForwardHealth via the Upload Files and Submit panel. If the demographic maintenance tool is exited before the information is submitted, the information will be lost and will need to be re-entered.

If there is a problem with the information entered, an error message will be displayed at the top of the panel when leaving the page. Correct the error and choose one of the above choices for continuing to another panel or submitting your information.

13.3 Delete Information

To delete information, complete the following steps:

1. Select the row to be deleted. The selected information will populate the fields on the panel.

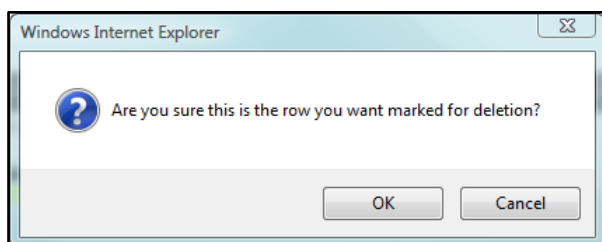
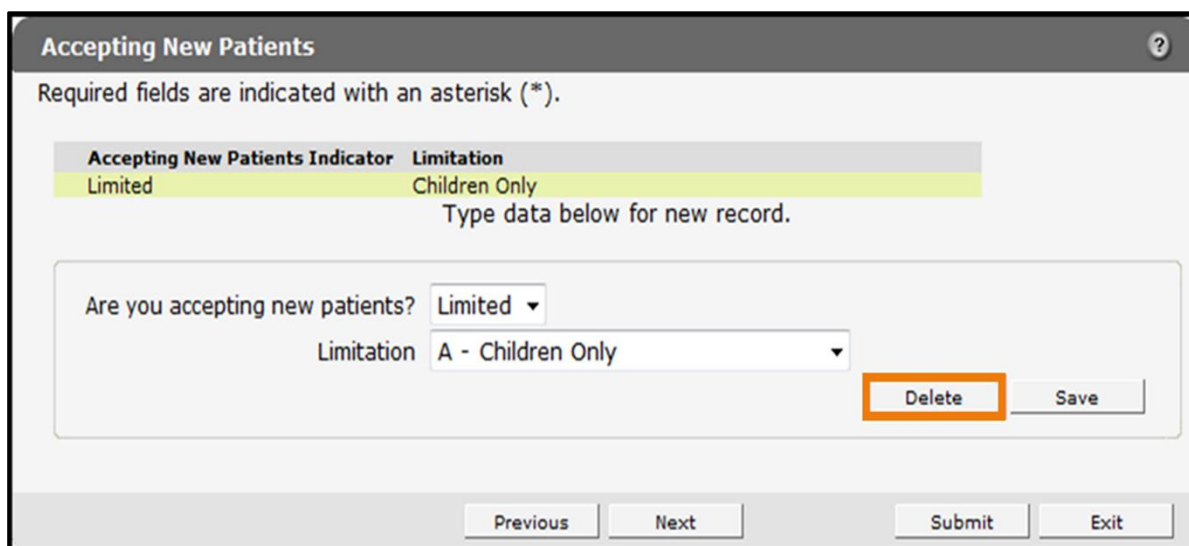


Figure 34 Accepting New Patients Panel

2. Click **Delete**. A dialog box will be displayed.

Figure 35 Dialog Box

3. Click **OK**. The row will be removed from the panel.
4. When finished entering information, one of three options may be chosen:
 - Click **Next** to go to the next panel on the list.
 - Click one of the links at the top of the panel to go to any of the other demographic maintenance tool panels.

- Click the **Upload Files and Submit** link above the panel to submit the information. For information about submitting your updates, refer to the [Upload Files and Submit](#) section of this guide.

Note: Information is not saved until it is submitted to ForwardHealth via the Upload Files and Submit panel. If the demographic maintenance tool is exited before the information is submitted, the information will be lost and will need to be re-entered.

If there is a problem with the information entered, an error message will be displayed at the top of the panel when leaving the page. Correct the error and choose one of the above choices for continuing to another panel or submitting your information.

14 Case Management Target Population Panel

On the Case Management Target Population panel, providers may change the target populations they are serving. Providers only need to indicate changes to existing information. Existing information will not display on the panel.

The Case Management Target Population panel is only available to Case Management providers.

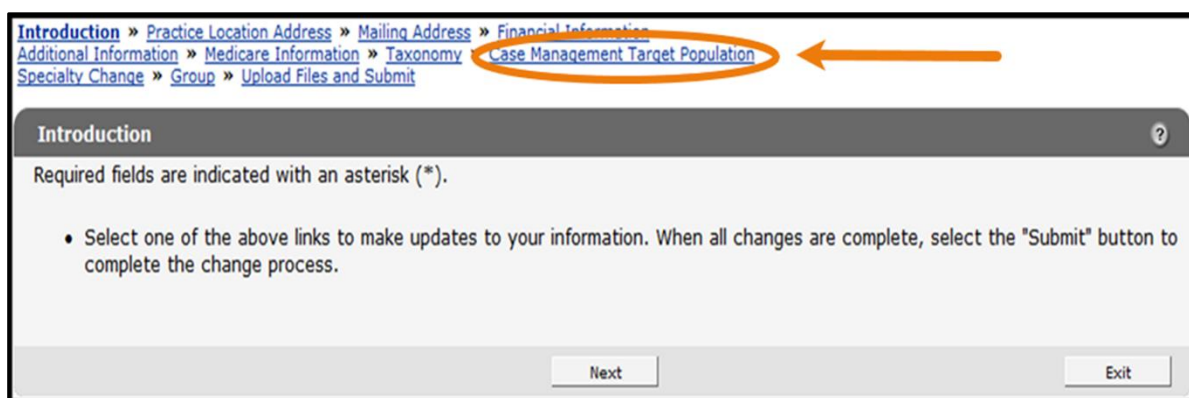


Figure 36 Case Management Target Population Link

1. Click **Case Management Target Population** from the navigation links above the current panel. The Case Management Target Population panel will be displayed.

Case Management Target Population ?

Required fields are indicated with an asterisk (*).

- Existing data does not pre-populate for this screen. Only enter information on the screen when you have changes.

Please indicate the population(s) you will be serving (you may check more than one):

- ☐ Persons age 65 or over.
- ☐ Persons with a diagnosis of Alzheimer's disease or related dementia, as defined in s. 46.87(1)(a), Stats.
- ☐ Persons with a developmental disability as defined in s. 51.01(5)(a), Stats.
- ☐ Persons who are age 21 or older with a chronic mental illness as defined in s. 51.01(3g), Stats.
- ☐ Persons with a physical or sensory disability, as defined in s. HFS 101.03, Wis. Admin. Code.
- ☐ Persons having an alcohol or drug dependency, as defined in s. 51.01(1), Stats. or s. 51.01(8), Stats.
- ☐ Persons diagnosed as having HIV infection, as defined in s. 252.01(2), Stats.
- ☐ Persons who are severely emotionally disturbed and under age 21, as defined in s. 49.45(25)(a), Stats.
- ☐ Persons diagnosed with asthma and under age 21.
- ☐ Persons infected with tuberculosis.
- ☐ Women 45 to 64 years old.
- ☐ Children enrolled in a Birth to 3 Program certified under HFS 90, Wis. Admin. Code.
- ☐ Families with a child(ren) under age 21 who is at risk of a physical, mental or emotional dysfunction.

This target population includes the following five subgroups:

1. Families with a child(ren) with special health care needs, including lead poisoning.
2. Families with a child(ren) who is at risk of maltreatment.
3. Families with a child(ren) involved in the juvenile justice system.
4. Families where the primary caregiver has a mental illness, developmental disability, or substance abuse disorder that is affecting their child's growth and development.
5. Families where the mother required or met the criteria to receive prenatal care coordination services under s. HFS 107.34 and coordination services continue to be required.

Previous Next Exit

Figure 37 Case Management Target Population Panel

2. Check the box for any new populations to be added. More than one population may be checked.
3. When finished entering information, one of three options may be chosen:
 - Click **Next** to go to the next panel on the list.
 - Click one of the links at the top of the panel to go to any of the other demographic maintenance tool panels.
 - Click the **Upload Files and Submit** link above the panel to submit the information. For information about submitting your updates, refer to the [Upload Files and Submit](#) section of this guide.

Note: Information is not saved until it is submitted to ForwardHealth via the Upload Files and Submit panel. If the demographic maintenance tool is exited before the information is submitted, the information will be lost and will need to be re-entered.

If there is a problem with the information entered, an error message will be displayed at the top of the panel when leaving the page. Correct the error and choose one of the above choices for continuing to another panel or submitting your information.

15 Driver and Vehicle Information Chart Panels

The Driver Information Chart and Vehicle Information Chart panels are only available to SMV providers.

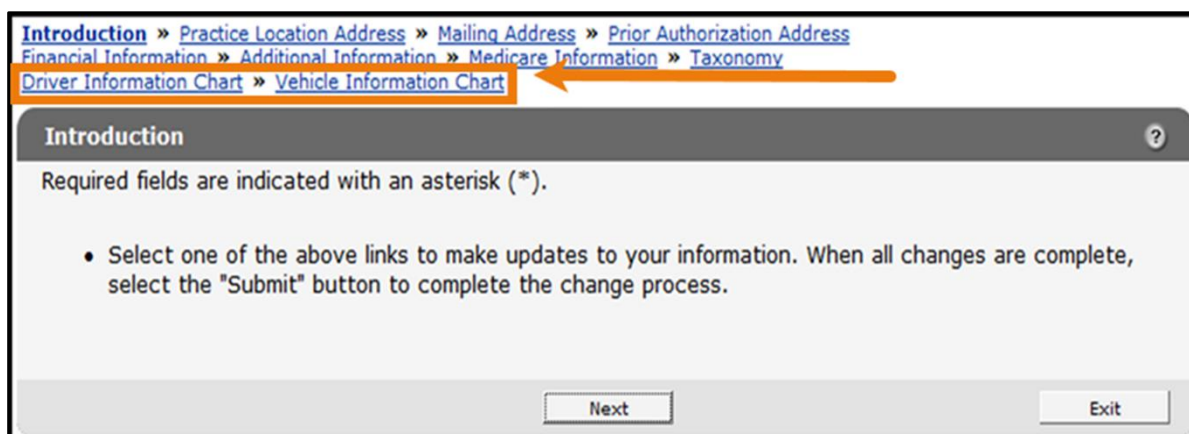


Figure 38 Driver Information Chart and Vehicle Information Chart Links

15.1 Driver Information Chart Panel

Using this panel, SMV providers are required to maintain current information for all drivers and report any changes to ForwardHealth **before** they take effect.

Note: Although changes to driver information will immediately display in the demographic maintenance tool, the changed vehicle or driver information is not considered approved until 10 business days after the information was changed.

1. Click **Driver Information Chart** from the navigation links above the current panel. The Driver Information Chart panel will be displayed.

Driver Information Chart

Required fields are indicated with an asterisk (*).

| Driver Name | Driver License Number | License Expiration Date | Verified |
|-------------|-----------------------|-------------------------|----------|
| | | | N |

Type changes below.

Driver Name* First name, MI, Last name

Driver's License Number*

Driver's License Expiration Date*

License Type* ☐ Regular ☐ Commercial

Regular or Commercial Drivers License Restrictions and Violations

First Aid Course Date

CPR Course Date

Ramp/Lift/Restraints Training Date

Seizure Training Date

Add Cancel

Previous Next Exit

Figure 39 Driver Information Chart Panel

15.1.1 Adding a Driver

To add a driver, complete the following steps:

1. Enter all the required information.

If the driver has any restrictions on their driver's license, such as having to wear prescription glasses or traffic violations, enter them in the space provided.

2. After all of the required information has been added, click **Add**. The page will refresh and the new driver will be added to the list at the top of the panel.

Driver Information Chart

Required fields are indicated with an asterisk (*).

| Driver Name | Driver License Number | License Expiration Date | Verified |
|---------------|-----------------------|-------------------------|----------|
| John D Driver | 11111111111 | 12/31/2020 | N |

Type changes below.

Driver Name* First name, MI, Last name

Driver's License Number*

Driver's License Expiration Date*

License Type* ☐ Regular ☐ Commercial

Regular or Commercial Drivers License Restrictions and Violations

First Aid Course Date

CPR Course Date

Ramp/Lift/Restraints Training Date

Siezure Training Date

Figure 40 New Driver Added to List

3. To add additional drivers, enter the information for another driver.
4. Click **Add**. The page will refresh and the new driver will be added to the list at the top of the panel.
5. When finished entering information, one of three options may be chosen:
 - Click **Next** to go to the next panel on the list.
 - Click one of the links at the top of the panel to go to any of the other demographic maintenance tool panels.
 - Click the **Upload Files and Submit** link above the panel to submit the information. For information about submitting your updates, refer to the [Upload Files and Submit](#) section of this guide.

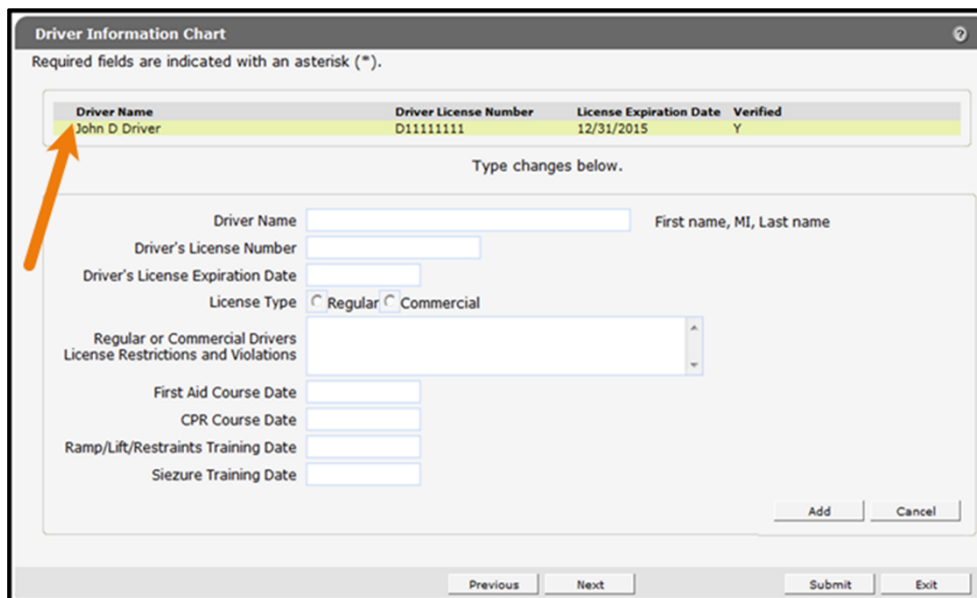
Note: Information is not saved until it is submitted to ForwardHealth via the Upload Files and Submit panel. If the demographic maintenance tool is exited before the information is submitted, the information will be lost and will need to be re-entered.

If there is a problem with the information entered, an error message will be displayed at the top of the panel when leaving the page. Correct the error and choose one of the above choices for continuing to another panel or submitting your information.

15.1.2 Changing Driver Information

To change driver information, complete the following steps:

1. Click the row for the driver whose information is to be revised.



Driver Information Chart

Required fields are indicated with an asterisk (*).

| Driver Name | Driver License Number | License Expiration Date | Verified |
|---------------|-----------------------|-------------------------|----------|
| John D Driver | D11111111 | 12/31/2015 | Y |

Type changes below.

Driver Name First name, MI, Last name

Driver's License Number

Driver's License Expiration Date

License Type ☐ Regular ☐ Commercial

Regular or Commercial Drivers License Restrictions and Violations

First Aid Course Date

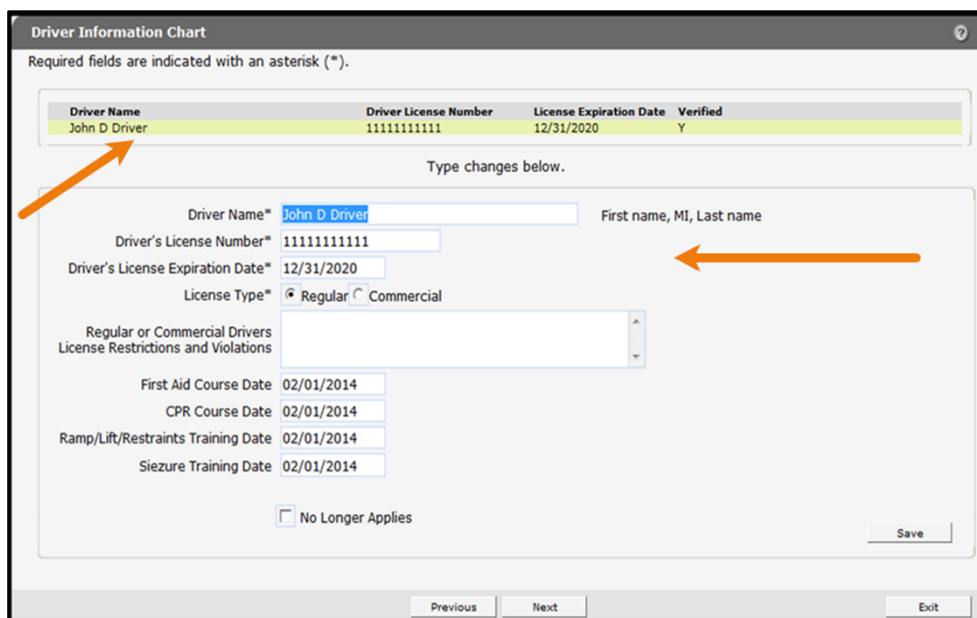
CPR Course Date

Ramp/Lift/Restraints Training Date

Siezure Training Date

Figure 41 Select Driver

The fields on the panel will populate with the selected driver's information.



Driver Information Chart

Required fields are indicated with an asterisk (*).

| Driver Name | Driver License Number | License Expiration Date | Verified |
|---------------|-----------------------|-------------------------|----------|
| John D Driver | 1111111111 | 12/31/2020 | Y |

Type changes below.

Driver Name* First name, MI, Last name

Driver's License Number*

Driver's License Expiration Date*

License Type* ☒ Regular ☐ Commercial

Regular or Commercial Drivers License Restrictions and Violations

First Aid Course Date

CPR Course Date

Ramp/Lift/Restraints Training Date

Siezure Training Date

☐ No Longer Applies

Figure 42 Selected Driver

2. Change the necessary information. In this example, the Seizure Training Date is being changed.

First Aid Course Date 01/01/2010

CPR Course Date 01/01/2010

Ramp/Lift/Restraints Training Date 01/01/2010

Seizure Training Date 01/01/2014

☐ No Longer Applies

Save

Previous Next Exit

Figure 43 Seizure Training Date Change

Driver Information Chart

Required fields are indicated with an asterisk (*).

| Driver Name | Driver License Number | License Expiration Date | Verified |
|---------------|-----------------------|-------------------------|----------|
| John D Driver | 1111111111 | 12/31/2020 | Y |

Type changes below.

Driver Name* First name, MI, Last name

Driver's License Number*

Driver's License Expiration Date*

License Type* ☐ Regular ☐ Commercial

Regular or Commercial Drivers License Restrictions and Violations

First Aid Course Date

CPR Course Date

Ramp/Lift/Restraints Training Date

Seizure Training Date

Add Cancel

Previous Next Exit

3. Click **Save**. The page will refresh and a blank yellow row will be added to the top of the panel.

Figure 44 Driver Information Saved

If there are any errors, an error message will be displayed at the top of the panel.

The following messages were generated:

Driver License Expiration Date can not be less than today.

Driver Information Chart

Required fields are indicated with an asterisk (*).

| Driver Name | Driver License Number | License E |
|-------------|-----------------------|-----------|
| Im A Driver | D111111111 | 01/01/20 |

Type changes below.

Driver Name

Driver's License Number

Driver's License Expiration Date

Figure 45 Example Error Message

Correct the information indicated in the error message and click **Save** to save the information.

4. When finished entering information, one of three options may be chosen:
 - Click **Next** to go to the next panel on the list.
 - Click one of the links at the top of the panel to go to any of the other demographic maintenance tool panels.
 - Click the **Upload Files and Submit** link above the panel to submit the information. For information about submitting your updates, refer to the [Upload Files and Submit](#) section of this guide.

Note: Information is not saved until it is submitted to ForwardHealth via the Upload Files and Submit panel. If the demographic maintenance tool is exited before the information is submitted, the information will be lost and will need to be re-entered.

If there is a problem with the information entered an error message will be displayed at the top of the panel when leaving the page. Correct the error and choose one of the above choices for continuing to another panel or submitting your information.

15.1.3 Delete a Driver

To delete a driver, complete the following steps:

1. Click the row containing the driver to be deleted. Information on the selected driver will populate the fields on the panel.

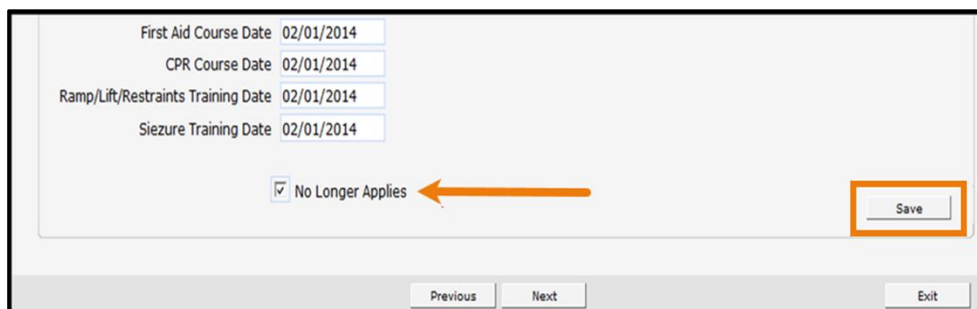


Figure 46 Delete Driver

The page will refresh and the panels will be blank. The row for the deleted driver will remain on the panel until the change is submitted to ForwardHealth via the Upload Files and Submit panel.

2. Check the No Longer Applies box.
3. Click **Save**.
4. Repeat the procedure for any other driver to be deleted.
5. When finished entering information, one of three options may be chosen:
 - Click **Next** to go to the next panel on the list.
 - Click one of the links at the top of the panel to go to any of the other demographic maintenance tool panels.
 - Click the **Upload Files and Submit** link above the panel to submit the information. For information about submitting your updates, refer to the [Upload Files and Submit](#) section of this guide.

Note: Information is not saved until it is submitted to ForwardHealth via the Upload Files and Submit panel. If the demographic maintenance tool is exited before the information is submitted, the information will be lost and will need to be re-entered.

If there is a problem with the information entered, an error message will be displayed at the top of the panel when leaving the page. Correct the error and choose one of the above choices for continuing to another panel or submitting your information.

15.2 Vehicle Information Chart Panel

On the Vehicle Information Chart panel, SMV providers are required to maintain current information for all vehicles and report any changes to ForwardHealth **before** they take effect.

Note: Although changes to vehicle information will immediately display in the demographic maintenance tool, the changed vehicle or driver information is not considered approved until 10 business days after the information was changed.

1. Click **Vehicle Information Chart** from the navigation links above the current panel. The Vehicle Information Chart panel will be displayed.

Vehicle Information Chart ?

Required fields are indicated with an asterisk (*).

| Year | Make | Model | License Plate Number | VIN | Verified |
|------|------|-------|----------------------|-----|----------|
| | | | | | N |

Type changes below.

Vehicle Identification Number (VIN)*

License Plate Number*

Registration Expiration Date*

Vehicle Year*

Vehicle Make*

Vehicle Model*

Wheelchair Ramp ☐ Yes ☐ No

Wheelchair Lift ☐ Yes ☐ No

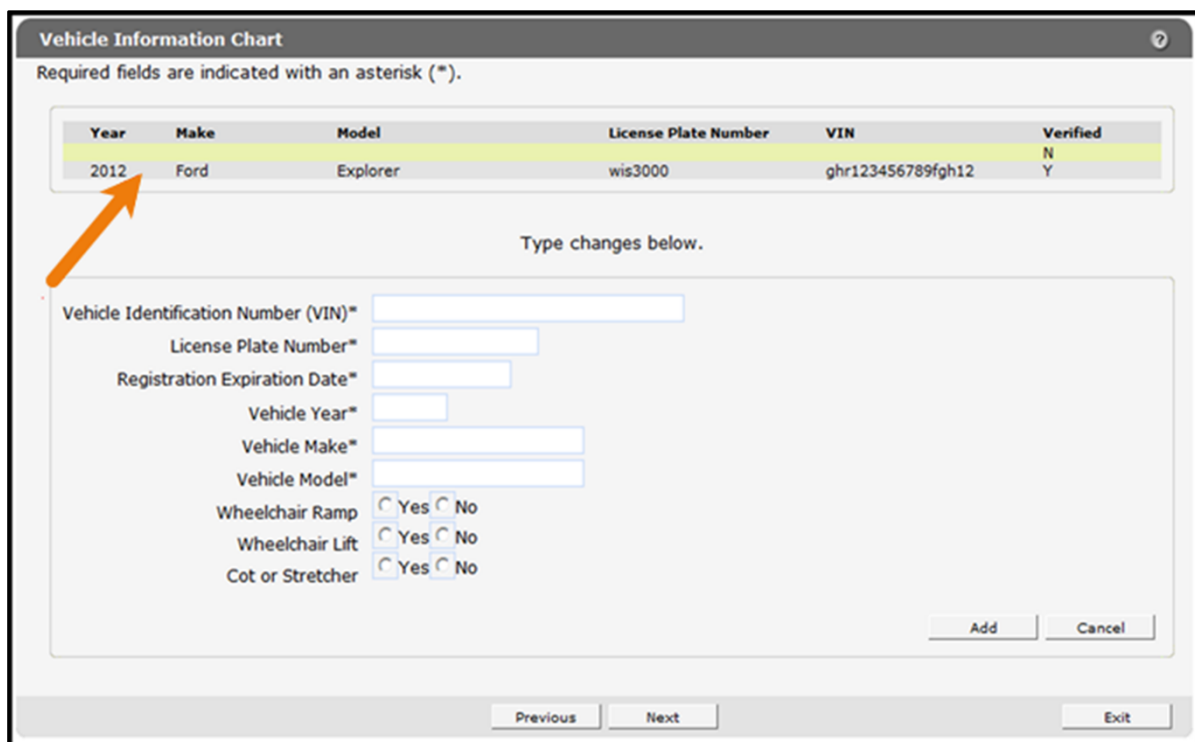
Cot or Stretcher ☐ Yes ☐ No

Figure 47 Vehicle Information Chart Panel

15.2.1 Adding a Vehicle

To add a vehicle, complete the following steps:

1. Enter all the required information.
2. After all the required information has been added, click **Add**. The page will refresh and the new vehicle will be added to the list at the top of the panel.



Vehicle Information Chart

Required fields are indicated with an asterisk (*).

| Year | Make | Model | License Plate Number | VIN | Verified |
|------|------|----------|----------------------|-------------------|----------|
| 2012 | Ford | Explorer | wis3000 | ghr123456789fgh12 | N |
| | | | | | Y |

Type changes below.

Vehicle Identification Number (VIN)*

License Plate Number*

Registration Expiration Date*

Vehicle Year*

Vehicle Make*

Vehicle Model*

Wheelchair Ramp ☐ Yes ☐ No

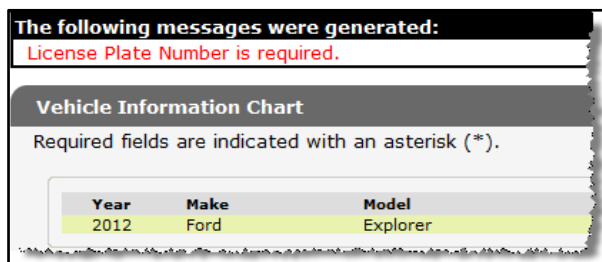
Wheelchair Lift ☐ Yes ☐ No

Cot or Stretcher ☐ Yes ☐ No

Figure 48 New Vehicle Added to List

- To add any additional vehicles, enter the information for another vehicle.
- Click **Add**. The page will refresh and the new vehicle will be added to the list at the top of the panel.

If the addition was not successful, an error message will display above the panel indicating what additional information is required or needs to be changed.



The following messages were generated:

License Plate Number is required.

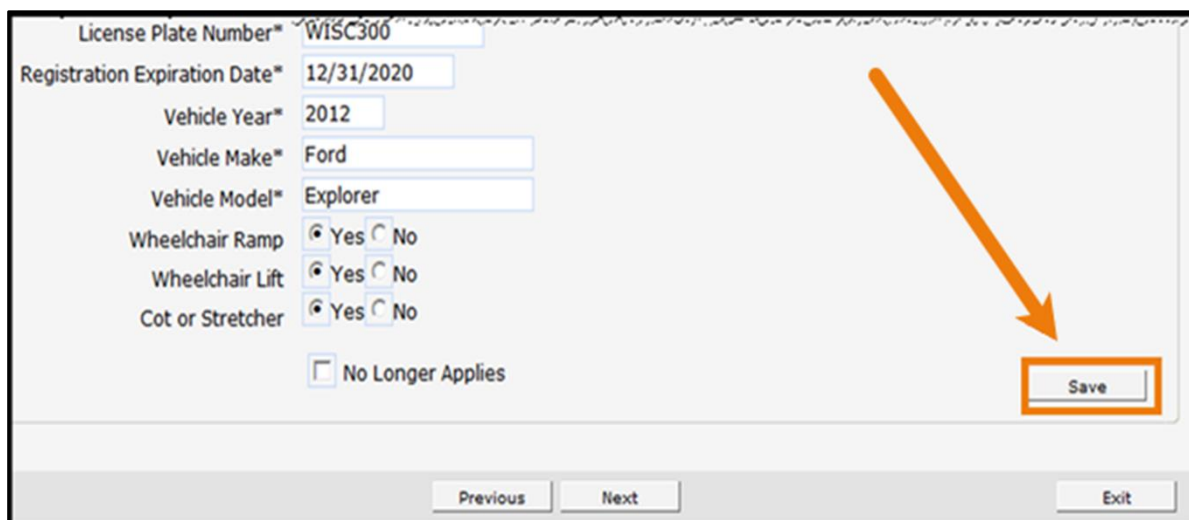
Vehicle Information Chart

Required fields are indicated with an asterisk (*).

| Year | Make | Model |
|------|------|----------|
| 2012 | Ford | Explorer |

Figure 49 Example Error Message

Make the needed correction(s) on the panel and click **Save**.



The screenshot shows a web form for vehicle information. The fields are as follows:

| Field | Value |
|--|---|
| License Plate Number* | WISC300 |
| Registration Expiration Date* | 12/31/2020 |
| Vehicle Year* | 2012 |
| Vehicle Make* | Ford |
| Vehicle Model* | Explorer |
| Wheelchair Ramp | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| Wheelchair Lift | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| Cot or Stretcher | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| <input type="checkbox"/> No Longer Applies | |

At the bottom right, the **Save** button is highlighted with an orange rectangle and an orange arrow points to it from the top right. At the bottom of the form, there are three buttons: **Previous**, **Next**, and **Exit**.

Figure 50 Save Button

5. When finished entering information, one of three options may be chosen:
- Click **Next** to go to the next panel on the list.
 - Click one of the links at the top of the panel to go to any of the other demographic maintenance tool panels.
 - Click the **Upload Files and Submit** link above the panel to submit the information. For information about submitting your updates, refer to the [Upload Files and Submit](#) section of this guide.

Note: Information is not saved until it is submitted to ForwardHealth via the Upload Files and Submit panel. If the demographic maintenance tool is exited before the information is submitted, the information will be lost and will need to be re-entered.

If there is a problem with the information entered, an error message will be displayed at the top of the panel when leaving the page. Correct the error and choose one of the above choices for continuing to another panel or submitting your information.

15.2.2 Changing Vehicle Information

To change vehicle information, complete the following steps:

1. Click the row containing the vehicle information to be revised.

Vehicle Information Chart ?

Required fields are indicated with an asterisk (*).

| Year | Make | Model | License Plate Number | VIN | Verified |
|------|------|----------|----------------------|-------------------|----------|
| 2012 | Ford | Explorer | wis3000 | ghr123456789fgh12 | N |
| | | | | | Y |

Type changes below.

Vehicle Identification Number (VIN)*

License Plate Number*

Registration Expiration Date*

Vehicle Year*

Vehicle Make*

Vehicle Model*

Wheelchair Ramp ☐ Yes ☐ No

Wheelchair Lift ☐ Yes ☐ No

Cot or Stretcher ☐ Yes ☐ No

Figure 51 Select Vehicle

Vehicle Information Chart ?

Required fields are indicated with an asterisk (*).

| Year | Make | Model | License Plate Number | VIN | Verified |
|------|------|----------|----------------------|-------------------|----------|
| 2012 | FORD | EXPLORER | WIS3000 | GHR123456789FGH12 | Y |

Type changes below.

Vehicle Identification Number (VIN)*

License Plate Number*

Registration Expiration Date*

Vehicle Year*

Vehicle Make*

Vehicle Model*

Wheelchair Ramp ☒ Yes ☐ No

Wheelchair Lift ☒ Yes ☐ No

Cot or Stretcher ☒ Yes ☐ No

☐ No Longer Applies

The fields on the panel will populate with the selected vehicle's information.

Figure 52 Vehicle Selected

2. Change the necessary information. In this example, the Registration Expiration Date is being changed.

Registration Expiration Date* 12/31/2015

Vehicle Year* 2012

Vehicle Make* FORD

Vehicle Model* EXPLORER

Wheelchair Ramp ☒ Yes ☐ No

Wheelchair Lift ☒ Yes ☐ No

Cot or Stretcher ☒ Yes ☐ No

☐ No Longer Applies

Save

Figure 53 Seizure Training Date Change

| Vehicle Information Chart | | | | | |
|---|------|----------|----------------------|-------------------|----------|
| Required fields are indicated with an asterisk (*). | | | | | |
| Year | Make | Model | License Plate Number | VIN | Verified |
| 2012 | FORD | EXPLORER | WIS3000 | GHR123456789FGH12 | N |
| | | | | | Y |

3. Click **Save**. The page will refresh and a blank yellow row will be added to the top of the panel.

Figure 54 Vehicle Information Saved

If there are any errors, an error message will be displayed at the top of the panel.

Figure 55 Save Error

Correct the information indicated in the error message and click **Save** to save the information.

4. When finished entering information, one of three options may be chosen:

The following messages were generated:

Registration Expiration Date can not be less than today.

| Vehicle Information Chart | | | | | |
|---|------|----------|----------------------|-------------------|----------|
| Required fields are indicated with an asterisk (*). | | | | | |
| Year | Make | Model | License Plate Number | VIN | Verified |
| 2012 | FORD | EXPLORER | WIS3000 | GHR123456789FGH12 | N |

- Click **Next** to go to the next panel on the list.

- Click one of the links at the top of the panel to go to any of the other demographic maintenance tool panels.
- Click the **Upload Files and Submit** link above the panel to submit the information. For information about submitting your updates, refer to the [Upload Files and Submit](#) section of this guide.

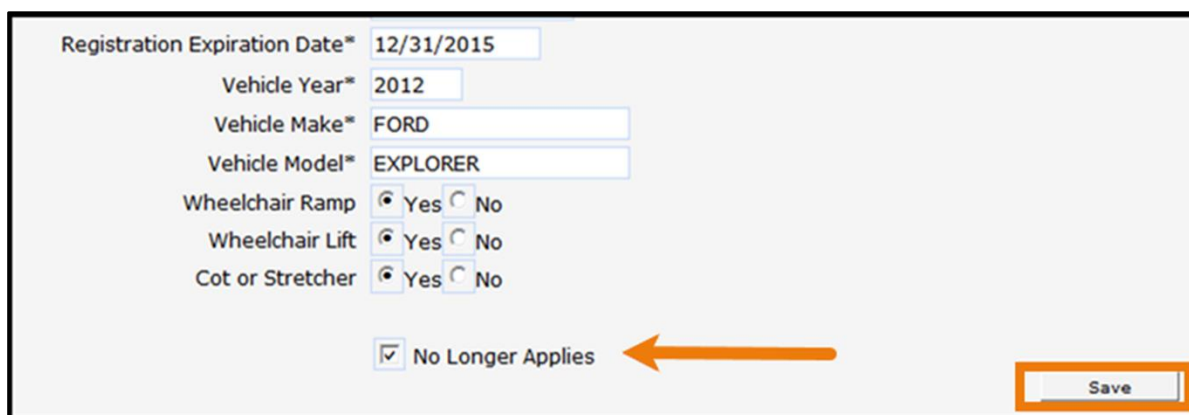
Note: Information is not saved until it is submitted to ForwardHealth via the Upload Files and Submit panel. If the demographic maintenance tool is exited before the information is submitted, the information will be lost and will need to be re-entered.

If there is a problem with the information entered, an error message will be displayed at the top of the panel when leaving the page. Correct the error and choose one of the above choices for continuing to another panel or submitting your information.

15.2.3 Delete a Vehicle

To delete a vehicle, complete the following steps:

1. Click the row containing the vehicle to be deleted. Information on the selected vehicle will populate the fields on the panel.
2. Check the **No Longer Applies** box.



The screenshot shows a form with the following fields and options:

- Registration Expiration Date*: 12/31/2015
- Vehicle Year*: 2012
- Vehicle Make*: FORD
- Vehicle Model*: EXPLORER
- Wheelchair Ramp: ☒ Yes ☐ No
- Wheelchair Lift: ☒ Yes ☐ No
- Cot or Stretcher: ☒ Yes ☐ No
- ☒ No Longer Applies (highlighted by an orange arrow)
- Save (button highlighted with an orange border)

Figure 56 Delete Vehicle

The page will refresh and the panels will be blank. The row for the deleted vehicle will remain on the panel until the change is submitted to ForwardHealth via the Upload Files and Submit panel.

3. Click **Save**.
4. Repeat the procedure for any other vehicle to be deleted.
5. When finished entering information, one of three options may be chosen:
 - Click **Next** to go to the next panel on the list.

- Click one of the links at the top of the panel to go to any of the other demographic maintenance tool panels.
- Click the **Upload Files and Submit** link above the panel to submit the information. For information about submitting your updates, refer to the [Upload Files and Submit](#) section of this guide.

Note: Information is not saved until it is submitted to ForwardHealth via the Upload Files and Submit panel. If the demographic maintenance tool is exited before the information is submitted, the information will be lost and will need to be re-entered.

If there is a problem with the information entered, an error message will be displayed at the top of the panel when leaving the page. Correct the error and choose one of the above choices for continuing to another panel or submitting your information.

16 Group Panel

The Group panel is only available to Medicaid-enrolled organizations and clinics.

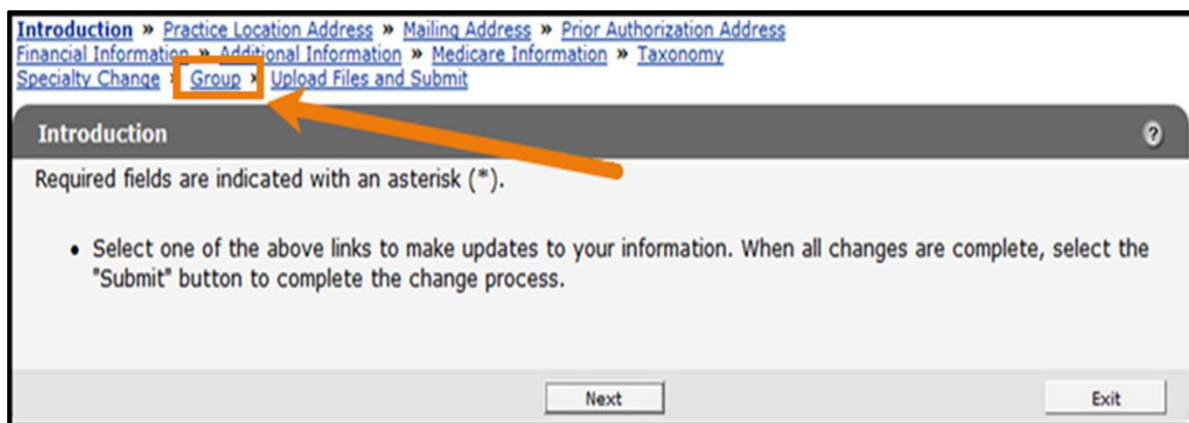


Figure 57 Group Link

1. Click **Group** from the navigation links above the current panel. The Group panel will be displayed.

Group ?

Required fields are indicated with an asterisk (*).

- Enter or update the individual providers who are working for your organization. Remove any providers no longer working for the organization.

| NPI | Provider ID | Name | Address | ZIP | ZIP + 4 | Taxonomy | Provider Type |
|------------|-------------|---------------|--------------|-------|---------|------------|---------------|
| 7777777770 | 100000000 | DOE, JON | 520 MAIN | 53711 | 4545 | 000L00000X | Physician |
| 7777777773 | 100000001 | DOE, JANICE E | 400 E 3RD ST | 53715 | 1000 | 000P00000T | Physician |

Provider ID* [Search]

Provider Name

Address

City

State

ZIP

ZIP + 4

Taxonomy

Provider Type

Effective Date*

Add Cancel

Previous Next Exit

Figure 58 Group Panel

16.1 Add a Provider

To add an individual Medicaid-enrolled provider to the organization or clinic, complete the following steps:

1. Click the **Search** link next to the Provider ID field. The Provider ID Search panel will be displayed.

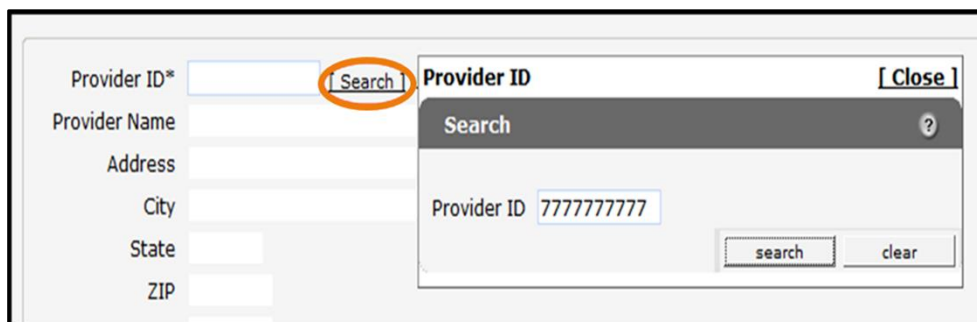
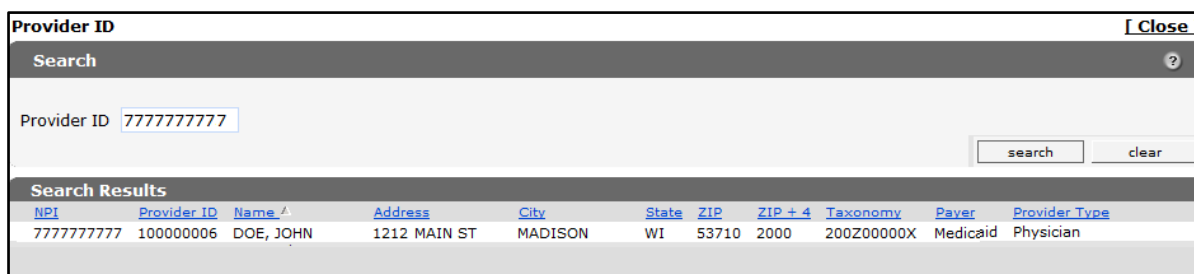


Figure 59 Provider ID Search Sub-panel

2. Enter the Provider ID for the provider to be added.
3. Click **Search**. The Provider ID Search Results panel will populate with the information for the selected provider.



| NPI | Provider ID | Name | Address | City | State | ZIP | ZIP + 4 | Taxonomy | Payer | Provider Type |
|------------|-------------|-----------|--------------|---------|-------|-------|---------|------------|----------|---------------|
| 7777777777 | 100000006 | DOE, JOHN | 1212 MAIN ST | MADISON | WI | 53710 | 2000 | 200Z00000X | Medicaid | Physician |

Figure 60 Provider ID Search Results Panel

4. Click the row for the selected provider. The Search Results panel will close and the fields on the Group panel will populate with the provider's information.

Group ?

Required fields are indicated with an asterisk (*).

- Enter or update the individual providers who are working for your organization. Remove any providers no longer working for the organization.

| NPI | Provider ID | Name | Address | ZIP | ZIP + 4 | Taxonomy | Provider Type |
|------------|-------------|---------------|--------------|-------|---------|------------|---------------|
| 7777777770 | 100000000 | DOE, JON | 520 MAIN | 53711 | 4545 | 000L00000X | Physician |
| 7777777773 | 100000001 | DOE, JANICE E | 400 E 3RD ST | 53715 | 1000 | 000P00000T | Physician |

Provider ID* [Search]

Provider Name

Address

City

State

ZIP

ZIP + 4

Taxonomy

Provider Type

Effective Date*

Figure 61 Group Panel Populated with Provider's Information

- In the **Effective Date** field, enter the effective date for when the provider is to be added to the group.
- Click **Add**. The selected provider will be added to the list at the top of the panel.

Group ?

Required fields are indicated with an asterisk (*).

- Enter or update the individual providers who are working for your organization. Remove any providers no longer working for the organization.

| NPI | Provider ID | Name | Address | ZIP | ZIP + 4 | Taxonomy | Provider Type |
|-----------|-------------|---------------|--------------|-------|---------|------------|---------------|
| 777777777 | 100000002 | DOE, JOHN | 1212 MAIN ST | 53710 | 2000 | 200Z00000X | Physician |
| 777777770 | 100000000 | DOE, JON | 520 MAIN | 53711 | 4545 | 000L00000X | Physician |
| 777777773 | 100000001 | DOE, JANICE E | 400 E 3RD ST | 53715 | 1000 | 000P00000T | Physician |

Provider ID* [Search]

Provider Name

Address

City

State

ZIP

ZIP + 4

Taxonomy

Provider Type

Effective Date*

Figure 62 Provider Added

7. When finished entering information, one of three options may be chosen:
- Click **Next** to go to the next panel on the list.
 - Click one of the links at the top of the panel to go to any of the other demographic maintenance tool panels.
 - Click the **Upload Files and Submit** link above the panel to submit the information. For information about submitting your updates, refer to the [Upload Files and Submit](#) section of this guide.

Note: Information is not saved until it is submitted to ForwardHealth via the Upload Files and Submit panel. If the demographic maintenance tool is exited before the information is submitted, the information will be lost and will need to be re-entered.

If there is a problem with the information entered, an error message will be displayed at the top of the panel when leaving the page. Correct the error and choose one of the above choices for continuing to another panel or submitting your information.

16.2 Remove a Provider

To remove a provider from the Group panel:

1. Click the row for the provider to be removed from the list at the top of the panel. The fields on the Group panel will populate with the selected provider's information.

Group

Required fields are indicated with an asterisk (*).

- Enter or update the individual providers who are working for your organization. Remove any providers no longer working for the organization.

| NPI | Provider ID | Name | Address | ZIP | ZIP + 4 | Taxonomy | Provider Type |
|------------|-------------|-----------------|--------------|-------|---------|------------|---------------|
| 1234510216 | 100000960 | BIPOLE, ANNA I | 1114 HILL | 90210 | 9997 | 2084P0800X | Physician |
| 3541005617 | 100001275 | PHYSICIAN, BILL | 789 TEST DR | 53711 | 4561 | 208D00000X | Physician |
| 1451450203 | 100001281 | PHYSICIAN, JIM | 789 TEST DR | 53710 | 1354 | 207P00000X | Physician |
| 3333333334 | 100001523 | PHYSICIAN, JOHN | 159 TEST AVE | 53710 | 1561 | 207Q00000X | Physician |

Provider ID* [\[Search \]](#)

Provider Name

Address

City

State

ZIP

ZIP + 4

Taxonomy

Provider Type

Effective Date*

End Date

[Save](#)

[Previous](#) [Next](#) [Exit](#)

Figure 63 Provider Selected

2. In the **End Date** field, enter the date when the provider will no longer be part of the group.
3. Click **Save**. The fields on the panel will become blank. Repeat the procedure for any other providers to be removed from the group. After the changes are submitted, the provider will be removed from the list once the end date is reached.
4. When finished entering information, one of three options may be chosen:
 - Click **Next** to go to the next panel on the list.
 - Click one of the links at the top of the panel to go to any of the other demographic maintenance tool panels.

- Click the **Upload Files and Submit** link above the panel to submit the information. For information about submitting your updates, refer to the [Upload Files and Submit](#) section of this guide.

Note: Information is not saved until it is submitted to ForwardHealth via the Upload Files and Submit panel. If the demographic maintenance tool is exited before the information is submitted, the information will be lost and will need to be re-entered.

If there is a problem with the information entered, an error message will be displayed at the top of the panel when leaving the page. Correct the error and choose one of the above choices for continuing to another panel or submitting your information.

17 Group Member Panel

The Group Member panel is available to all individual Medicaid-enrolled providers to enter or update information about their group affiliations.

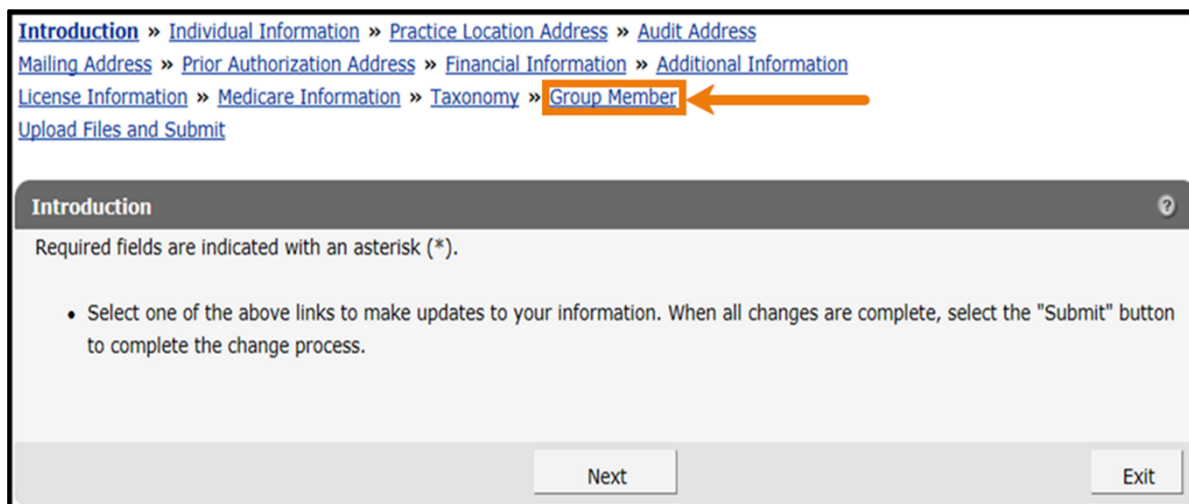


Figure 64 Group Member Link

1. Click **Group Member** from the navigation links above the current panel. The Group panel will be displayed.

| NPI | Provider ID | Name | Address | ZIP | ZIP + 4 | Taxonomy | Provider Type |
|------------|-------------|------------------|-----------------|-------|---------|------------|---------------|
| 7777777700 | 41201600 | CHILDRENS CENTER | 2935 EAST AVE S | 54601 | 1234 | 261QR0400X | Therapy Group |
| 7777777777 | 100000876 | HR HOSPITAL | 100 HOSPITAL ST | 53718 | 6545 | 101YP2500X | Hospital |

Provider ID* [Search]

Provider Name

Address

City

State

ZIP

ZIP + 4

Taxonomy

Provider Type

Effective Date*

[Add] [Cancel]

[Previous] [Next] [Exit]

Figure 65 Group Member Panel

17.1 Add a Group Affiliation

To add a group affiliation, complete the following steps:

1. Click the **Search** link next to the Provider ID field. The Provider ID Search sub-panel will be

Provider ID* [Search]

Provider Name

Address

City

State

ZIP

Provider ID [Close]

Search

Provider ID

[search] [clear]

displayed.

Figure 66 Provider ID Search Sub-panel

2. Enter the Provider ID for the provider to be added.
3. Click **Search**. The Provider ID Search Results panel will populate with the information for the selected provider.

| NPI | Provider ID | Name | Address | City | State | ZIP | ZIP + 4 | Taxonomy | Payer | Provider Type |
|------------|-------------|----------------|----------------|---------|-------|-------|---------|------------|----------|----------------------------------|
| 1204132017 | 100000831 | ASC OF MADISON | 651 RANDOM AVE | MADISON | WI | 53711 | 3120 | 261QA1903X | Medicaid | Ambulatory Surgical Center (ASC) |

Figure 67 Provider ID Search Results Panel

4. Click the row for the selected provider. The Search Results panel will close, and the fields on the Group Member panel will populate with the group's information.

Required fields are indicated with an asterisk (*).

- Enter or update the organizations or clinics that you are working for. Remove any that you are no longer working for.

| NPI | Provider ID | Name | Address | ZIP | ZIP + 4 | Taxonomy | Provider Type |
|------------|-------------|------------------|-----------------|-------|---------|------------|---------------|
| 7777777700 | 41201600 | CHILDRENS CENTER | 2935 EAST AVE S | 54601 | 1234 | 261QR0400X | Therapy Group |
| 7777777777 | 100000876 | HR HOSPITAL | 100 HOSPITAL ST | 53718 | 6545 | 101YP2500X | Hospital |

Provider ID* 1204132017 [Search]

Provider Name ASC OF MADISON

Address 651 RANDOM AVE

City MADISON

State WI

ZIP 53711

ZIP + 4 3120

Taxonomy 261QA1903X

Provider Type Ambulatory Surgical Center (ASC)

Effective Date*

Add Cancel

Previous Next Exit

Figure 68 Group Member Panel Populated with Group's Information

5. In the **Effective Date** field, enter the effective date for when the group affiliation is to be added to the provider.
6. Click **Add**. The selected group affiliation will be added to the list at the top of the panel.

Group Member

Required fields are indicated with an asterisk (*).

- Enter or update the organizations or clinics that you are working for. Remove any that you are no longer working for.

| NPI | Provider ID | Name | Address | ZIP | ZIP + 4 | Taxonomy | Provider Type |
|------------|-------------|------------------|-----------------|-------|---------|------------|----------------------------------|
| 1204132017 | 100000831 | ASC OF MADISON | 651 RANDOM AVE | 53711 | 3120 | 261QA1903X | Ambulatory Surgical Center (ASC) |
| 7777777773 | 41201600 | CHILDRENS CENTER | 2935 EAST AVE S | 54601 | 1234 | 261QR0400X | Therapy Group |
| 7777777773 | 100000876 | HR HOSPITAL | 100 HOSPITAL ST | 53718 | 6545 | 101YP2500X | Hospital |

Provider ID* [Search]

Provider Name

Address

City

State

ZIP

ZIP + 4

Taxonomy

Provider Type

Effective Date*

Add Cancel

Previous Next Exit

Figure 69 Group Affiliation Added

7. When finished entering information, one of three options may be chosen:
- Click **Next** to go to the next panel on the list.
 - Click one of the links at the top of the panel to go to any of the other demographic maintenance tool panels.
 - Click the **Upload Files and Submit** link above the panel to submit the information. For information about submitting your updates, refer to the [Upload Files and Submit](#) section of this guide.

Note: Information is not saved until it is submitted to ForwardHealth via the Upload Files and Submit panel. If the demographic maintenance tool is exited before the information is submitted, the information will be lost and will need to be re-entered.

If there is a problem with the information entered, an error message will be displayed at the top of the panel when leaving the page. Correct the error and choose one of the above choices for continuing to another panel or submitting your information.

17.2 Remove a Group Affiliation

To remove a group affiliation from the Group Member panel:

- Click the row for the group affiliation to be removed from the list at the top of the panel.

The fields on the panel will populate with the information for the selected group affiliation.

Group Member ?

Required fields are indicated with an asterisk (*).

- Enter or update the organizations or clinics that you are working for. Remove any that you are no longer working for.

| NPI | Provider ID | Name | Address | ZIP | ZIP + 4 | Taxonomy | Provider Type |
|------------|-------------|------------------|-----------------|-------|---------|------------|----------------------------------|
| 1204132017 | 100000831 | ASC OF MADISON | 651 RANDOM AVE | 53711 | 3120 | 261QA1903X | Ambulatory Surgical Center (ASC) |
| 777777773 | 41201600 | CHILDRENS CENTER | 2935 EAST AVE S | 54601 | 1234 | 261QR0400X | Therapy Group |
| 777777777 | 100000876 | HR HOSPITAL | 100 HOSPITAL ST | 53718 | 6545 | 101YP2500X | Hospital |

Provider ID* 777777773 [Search]

Provider Name CHILDRENS CENTER

Address 2935 EAST AVE S

City LACROSSE

State WI

ZIP 54601

ZIP + 4 1234

Taxonomy 261QR0400X

Provider Type Therapy Group

Effective Date* 01/01/2000

End Date

Save

Previous Next Exit

Figure 70 Group Affiliation Selected

- In the **End Date** field, enter the date when the provider will no longer be affiliated with the group.
- Click **Save**.

The fields on the panel will become blank. Repeat the procedure for any other group affiliations to be removed. After the changes are submitted, the group affiliation will be removed from the list once the end date is reached.

- When finished entering information, one of three options may be chosen:
 - Click **Next** to go to the next panel on the list.
 - Click one of the links at the top of the panel to go to any of the other demographic maintenance tool panels.
 - Click the **Upload Files and Submit** link above the panel to submit the information. For information about submitting your updates, refer to the [Upload Files and Submit](#) section of this guide.

Note: Information is not saved until it is submitted to ForwardHealth via the Upload Files and Submit panel. If the demographic maintenance tool is exited before the information is submitted, the information will be lost and will need to be re-entered.

If there is a problem with the information entered, an error message will be displayed at the top of the panel when leaving the page. Correct the error and choose one of the above choices for continuing to another panel or submitting your information.

18 NPI Subpart Information Panel

On the National Provider Identifier (NPI) Subpart Information panel, hospitals may provide NPI subpart numbers to ForwardHealth. Providers are required to provide ForwardHealth with only those NPI subparts that represent hospital units that are not separately enrolled in Wisconsin Medicaid. ForwardHealth uses NPI subparts as additional identifiers that are linked to the hospital's enrollment.

The NPI Subpart Information panel is only available to hospital providers.

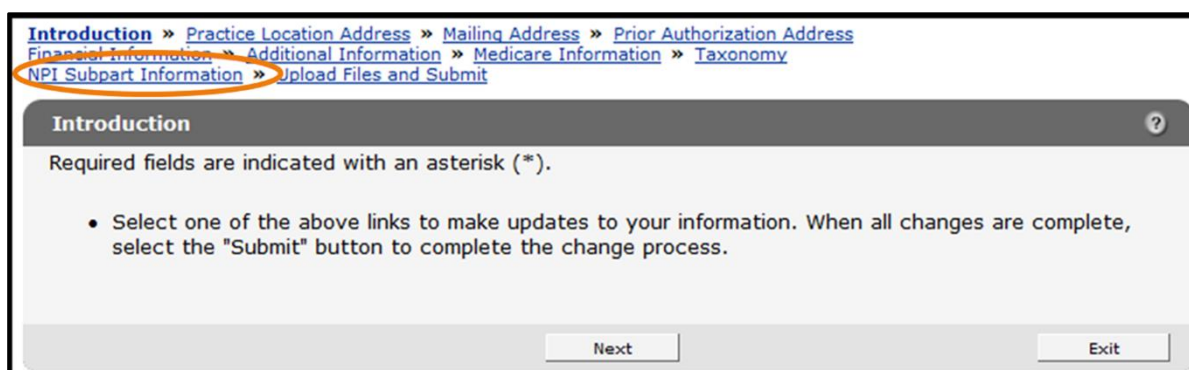


Figure 71 NPI Subpart Information Link

1. Click **NPI Subpart Information** from the navigation links above the current panel from the navigation links above the current panel. The NPI Subpart Information panel will be displayed.

A screenshot of the 'NPI Subpart Information' panel. The panel has a title bar with the text 'NPI Subpart Information' and a help icon. Below the title bar, it says 'Required fields are indicated with an asterisk (*)'. There is a message box that says '*** No rows found ***'. Below this, it says 'Type changes below.'. There are two input fields: 'NPI Subpart Number*' and 'Associated Taxonomy*'. To the right of these fields are two buttons: 'Add' and 'Delete'. At the bottom of the panel are two buttons: 'Previous' and 'Exit'.

Figure 72 NPI Subpart Information Panel

18.1 Add a National Provider Identifier Subpart

To add a NPI subpart, complete the following steps:

1. Enter the subpart number to be added in the NPI Subpart Number field.

2. Enter the taxonomy number associated with the NPI subpart in the Associated Taxonomy field.
3. Click **Add**. A row containing the NPI subpart will be added at the top of the panel.

The screenshot shows a web application window titled "NPI Subpart Information". At the top, a message states: "Required fields are indicated with an asterisk (*)." Below this is a table with two columns: "NPI Subpart Number" and "Associated Taxonomy". The first row contains the values "1000000000" and "282N00000X". Below the table, the text "Type changes below." is displayed. Underneath, there are two input fields: "NPI Subpart Number*" and "Associated Taxonomy*", both with asterisks indicating they are required. To the right of these fields are two buttons: "Add" and "Delete". At the bottom of the panel, there are two buttons: "Previous" and "Exit".

Figure 73 NPI Subpart Information Panel with Added Row

4. When finished entering information, one of three options may be chosen:
 - Click **Next** to go to the next panel on the list.
 - Click one of the links at the top of the panel to go to any of the other demographic maintenance tool panels.
 - Click the **Upload Files and Submit** link above the panel to submit the information. For information about submitting your updates, refer to the [Upload Files and Submit](#) section of this guide.

Note: Information is not saved until it is submitted to ForwardHealth via the Upload Files and Submit panel. If the demographic maintenance tool is exited before the information is submitted, the information will be lost and will need to be re-entered.

If there is a problem with the information entered, an error message will be displayed at the top of the panel when leaving the page. Correct the error and choose one of the above choices for continuing to another panel or submitting your information.

18.2 Delete a National Provider Identifier Subpart

To delete an NPI subpart, complete the following steps:

1. Click the row containing the NPI subpart to be deleted. The NPI subpart information will populate the fields on the panel.
2. Click **Delete**. The NPI subpart information will be removed from the panel.
3. When finished entering information, one of three options may be chosen:
 - Click **Next** to go to the next panel on the list.

- Click one of the links at the top of the panel to go to any of the other demographic maintenance tool panels.
- Click the **Upload Files and Submit** link above the panel to submit the information. For information about submitting your updates, refer to the [Upload Files and Submit](#) section of this guide.

Note: Information is not saved until it is submitted to ForwardHealth via the Upload Files and Submit panel. If the demographic maintenance tool is exited before the information is submitted, the information will be lost and will need to be re-entered.

If there is a problem with the information entered, an error message will be displayed at the top of the panel when leaving the page. Correct the error and choose one of the above choices for continuing to another panel or submitting your information.

19 Home Health Personal Care Agency Personnel Information

On the Personnel Information panels, home health and personal care agencies are required to report personnel information to ensure appropriate licensing. Reporting EVV workers in this panel is optional.

The Personnel Information panel is only available to home health and personal care agency providers.

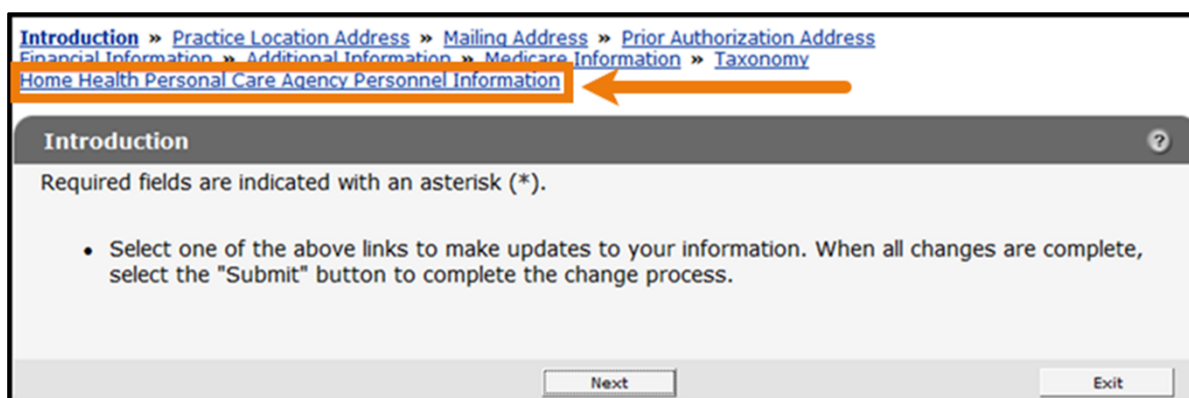


Figure 74 Personnel Information Link

1. Click **Home Health Personal Care Agency Personnel Information** from the links above the current panel. The Home Health/Personal Care Agency Personnel Information panel will be displayed.

Home Health Personal Care Agency Personnel Information

Required fields are indicated with an asterisk (*).

- Leave all fields blank and select Search to display all active personnel.
- Enter all Home Health/Personal Care Personnel who are seeing Wisconsin Medicaid patients. Failure to report all employees may result in delayed application processing or denial.
- EVV Worker Identification is Optional.

Last Name

First Name

License Number

Position/Title/Role

search

clear

| Last Name | First Name | Position/Title/Role | License Number | Employment End Date | Status |
|-----------|------------|---------------------|----------------|---------------------|--------|
|-----------|------------|---------------------|----------------|---------------------|--------|

Type changes below.

First Name*

Middle Initial

Last Name*

Date of Birth*

Social Security Number*

Employment Effective Date*

License Number

Issuing State

Position/Title/Role*

Add

Cancel

Report

[Generate Personnel Report](#)

Previous

Next

Exit

Figure 75 Home Health/Personal Care Agency Personnel Information Panel

Note: Required fields are indicated with an asterisk.

19.1 Searching Personnel

To search for active on-file personnel, complete the following steps:

1. Enter information for the individual in any combination in the “Personnel Search” section at the top of the Home Health/Personal Care Agency Personnel Information panel.

Home Health Personal Care Agency Personnel Information

Required fields are indicated with an asterisk (*).

- Leave all fields blank and select Search to display all active personnel.
- Enter all Home Health/Personal Care Personnel who are seeing Wisconsin Medicaid patients. Failure to report all employees may result in delayed application processing or denial.
- EVV Worker Identification is Optional.

Last Name

First Name

License Number

Position/Title/Role

Figure 76 Personnel Search Section

2. Click **Search**.
3. Click the row containing the individual's name.

Home Health Personal Care Agency Personnel Information

Required fields are indicated with an asterisk (*).

- Leave all fields blank and select Search to display all active personnel.
- Enter all Home Health/Personal Care Personnel who are seeing Wisconsin Medicaid patients. Failure to report all employees may result in delayed application processing or denial.
- EVV Worker Identification is Optional.

Last Name

First Name

License Number

Position/Title/Role

| Last Name | First Name | Position/Title/Role | License Number | Employment End Date | Status |
|-----------|------------|---------------------|----------------|---------------------|--------|
| EMPLOYEE | IM | RN | 111111111 | | Pass |

Figure 77 Search Results Section

The individual's information will populate.

| Last Name | First Name | Position/Title/Role | License Number | Employment End Date | Status |
|-----------|------------|---------------------|----------------|---------------------|--------|
| EMPLOYEE | IM | RN | 111111111 | | Pass |

Type changes below.

First Name*

Middle Initial

Last Name*

Employment Effective Date*

Employment End Date

License Number

Issuing State

Position/Title/Role*

[Save](#)

[Report](#)

[Generate Personnel Report](#)

[Previous](#) [Next](#) [Exit](#)

Figure 78 Personnel List Section

19.2 Add New Personnel

To add new employees, complete the following steps:

1. Enter the employee's first name in the First Name field.
2. Enter the employee's last name in the Last Name field.
3. Enter the employee's date of birth (DOB) using MMDDCCYY format in the Date of Birth field.
4. Enter the employee's SSN in the Social Security Number field. Enter numbers only. The SSN will be automatically formatted.
5. Enter the date the employee started working at the agency using MMDDCCYY format in the Employment Effective Date field.
6. If applicable, enter the employee's license number in the License Number field.

- If applicable, select the state that issued the employee's license from the Issuing State drop-down menu. If a state other than Wisconsin issued the employee's license, ForwardHealth will manually review and update the employee's information once it is submitted.

Note: A license number and issuing state are required for all personnel except home health workers and personal care workers.

- Select the employee's job title or position with the agency from the Position/Role/Title drop-down menu.

Note: Click **Cancel** at any time to delete all entered information from the fields on the panel.

- Click **Add**. If a license number is entered that cannot be immediately verified, an error message will display at the top of the panel, the License Number field will be highlighted, and a License number is correct and valid check box will display at the bottom of the panel.

The following messages were generated:
 Wisconsin license number cannot be verified. Verify the data entered is correct then continue updating personnel.

Home Health Personal Care Agency Personnel Information ?

Required fields are indicated with an asterisk (*).

| Last Name | First Name | Position/Title/Role | License Number | Employment End Date | Status |
|-----------|------------|---------------------|----------------|---------------------|--------|
| EMPLOYEE | IM | RN | 1111111111 | | |

Type changes below.

First Name* IM

Middle Initial A

Last Name* EMPLOYEE

Date of Birth* 01/01/1976

Social Security Number* 000-00-0000

Employment Effective Date* 04/01/2008

License Number 1111111111

Issuing State WI

Position/Role/Title* RN

☐ License number is correct and valid.

Save

Previous Next Exit

Figure 79 License Number Cannot Be Immediately Verified

- Verify that the entered license number is correct. If the number is correct, check the **License number is correct and valid** box.

11. Click **Save**. A row displaying the entered information will be added at the top of the panel.

Home Health / Personal Care Agency Personnel Information

Required fields are indicated with an asterisk (*).

| Last Name | First Name | Position/Title/Role | License Number | Employment End Date |
|-----------|------------|---------------------|----------------|---------------------|
| EMPLOYEE | IM | RN | 111111111 | |

Type changes below.

First Name*

Middle Initial

Last Name*

Date of Birth*

Social Security Number*

Employment Effective Date*

License Number

Issuing State

Position/Role/Title*

Add Cancel

Next Exit

Figure 80 Home Health/Personal Care Agency Personnel Information Panel with Added Row

12. When finished entering information, one of three options may be chosen:

- Click **Next** to go to the next panel on the list.
- Click one of the links at the top of the panel to go to any of the other demographic maintenance tool panels.
- Click the **Upload Files and Submit** link above the panel to submit the information. For information about submitting your updates, refer to the [Upload Files and Submit](#) section of this guide.

Note: Information is not saved until it is submitted to ForwardHealth via the Upload Files and Submit panel. If the demographic maintenance tool is exited before the information is submitted, the information will be lost and will need to be re-entered.

If there is a problem with the information entered, an error message will be displayed at the top of the panel when leaving the page. Correct the error and choose one of the above choices for continuing to another panel or submitting your information.

19.3 Change Unsubmitted Personnel Information

Note: This section applies to personnel information that has been added to the Home Health/Personal Care Agency Information panel but not yet submitted to ForwardHealth from the Upload Files and Submit panel.

To change employee information that has not been submitted, complete the following steps:

1. Click the row containing the employee information to be revised. The employee's information will populate the fields on the panel.
2. Change the necessary information.

Figure 81 Home Health Personal Care Agency Personnel Information Panel

3. Click **Save**. The row at the top of the panel will be updated with the changed information.
4. When finished entering information, one of three options may be chosen:
 - Click **Next** to go to the next panel on the list.
 - Click one of the links at the top of the panel to go to any of the other demographic maintenance tool panels.
 - Click the **Upload Files and Submit** link above the panel to submit the information. For information about submitting your updates, refer to the [Upload Files and Submit](#) section of this guide.

Note: Information is not saved until it is submitted to ForwardHealth via the Upload Files and Submit panel. If the demographic maintenance tool is exited before the information is submitted, the information will be lost and will need to be re-entered.

If there is a problem with the information entered, an error message will be displayed at the top of the panel when leaving the page. Correct the error and choose one of the above choices for continuing to another panel or submitting your information.

19.4 Delete Unsubmitted Personnel Information

Note: Only employee information that has not yet been submitted can be deleted. Once an employee's information is submitted, the information cannot be deleted; however, submitted employee information can be ended.

To delete employee information that has not been submitted, complete the following steps:

1. Click the row containing the information to be deleted.

The employee's information will populate the fields on the panel.

Home Health Personal Care Agency Personnel Information

Required fields are indicated with an asterisk (*).

- Leave all fields blank and select Search to display all active personnel.
- Enter all Home Health/Personal Care Personnel who are seeing Wisconsin Medicaid patients. Failure to report all employees may result in delayed application processing or denial.
- EVV Worker Identification is Optional.

Last Name:
 First Name:
 License Number:
 Position/Title/Role:

search
clear

| Last Name | First Name | Position/Title/Role | License Number | Employment End Date | Status |
|------------------|------------|---------------------|----------------|---------------------|--------|
| EMPLOYEE | TONY | Physical Therapist | | | Pass |
| MARRIED EMPLOYEE | BM | Home Health Aide | | | Pass |

Type changes below.

First Name* TONY
 Middle Initial B
 Last Name* EMPLOYEE
 Date of Birth* 05/05/1968
 Social Security Number* 666-86-6666
 Employment Effective Date* 09/10/2010
 License Number:
 Issuing State:
 Position/Title/Role* Personal Care Worker

delete Save

Report
Generate Personnel Report

Previous Next Exit

Figure 82 Home Health Personal Care Agency Personnel Information Panel

2. Click **Delete**. A dialog box will be displayed.

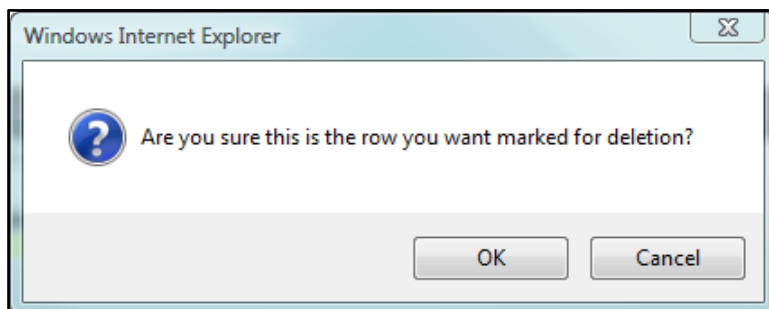


Figure 83 Dialog Box

3. Click **OK**. The row will be removed from the panel.
4. When finished entering information, one of three options may be chosen:
 - Click **Next** to go to the next panel on the list.
 - Click one of the links at the top of the panel to go to any of the other demographic maintenance tool panels.
 - Click the **Upload Files and Submit** link above the panel to submit the information. For information about submitting your updates, refer to the [Upload Files and Submit](#) section of this guide.

Note: Information is not saved until it is submitted to ForwardHealth via the Upload Files and Submit panel. If the demographic maintenance tool is exited before the information is submitted, the information will be lost and will need to be re-entered.

If there is a problem with the information entered, an error message will be displayed at the top of the panel when leaving the page. Correct the error and choose one of the above choices for continuing to another panel or submitting your information.

19.5 Change Submitted Personnel Information

Note: This section applies to personnel information that has been previously submitted.

1. Click the row containing the employee information to be revised. The employee's information will populate the fields on the panel.

Note: To protect personal information, an employee's SSN and DOB will not display once submitted.

2. Change the necessary information.

Home Health Personal Care Agency Personnel Information

Required fields are indicated with an asterisk (*).

- Leave all fields blank and select Search to display all active personnel.
- Enter all Home Health/Personal Care Personnel who are seeing Wisconsin Medicaid patients. Failure to report all employees may result in delayed application processing or denial.
- EVV Worker Identification is Optional.

Last Name

First Name

License Number

Position/Title/Role

search

clear

| Last Name | First Name | Position/Title/Role | License Number | Employment End Date | Status |
|-----------|------------|---------------------|----------------|---------------------|--------|
| EMPLOYEE | TONY | Physical Therapist | | | Pass |
| EMPLOYEE | BM | Home Health Aide | | | Pass |

Type changes below.

First Name* BM

Middle Initial A

Last Name* MARRIED EMPLOYEE

Date of Birth* 04/01/1989

Social Security Number* 666-86-6666

Employment Effective Date* 04/01/2008

License Number

Issuing State

Position/Title/Role* Home Health Aide

delete Save

Report

Generate Personnel Report

Previous Next Exit

Figure 84 Home Health Personal Care Agency Personnel Information Panel

3. Click **Save**. The row at the top of the panel will be updated with the changed information.
4. When finished entering information, one of three options may be chosen:
 - Click **Next** to go to the next panel on the list.
 - Click one of the links at the top of the panel to go to any of the other demographic maintenance tool panels.
 - Click the **Upload Files and Submit** link above the panel to submit the information. For information about submitting your updates, refer to the [Upload Files and Submit](#) section of this guide.

Note: Information is not saved until it is submitted to ForwardHealth via the Upload Files and Submit panel. If the demographic maintenance tool is exited before the information is submitted, the information will be lost and will need to be re-entered.

If there is a problem with the information entered, an error message will be displayed at the top of the panel when leaving the page. Correct the error and choose one of the above choices for continuing to another panel or submitting your information.

19.6 Enddate Submitted Personnel Information

Note: This section applies to personnel information that has been previously submitted.

1. Click the row containing the employee information to be enddated. The employee's information will populate the fields on the panel.
2. Enter the last day the employee was or will be employed at the agency in the Employment End Date field.

Figure 85 Home Health Personal Care Agency Personnel Information Panel

3. Click **Save**. The row at the top of the panel will be updated with the changed information.

Figure 86 Home Health Personal Care Agency Personnel Information Panel

4. When finished entering information, one of three options may be chosen:
 - Click **Next** to go to the next panel on the list.
 - Click one of the links at the top of the panel to go to any of the other demographic maintenance tool panels.
 - Click the **Upload Files and Submit** link above the panel to submit the information. For information about submitting your updates, refer to the [Upload Files and Submit](#) section of this guide.

Note: Information is not saved until it is submitted to ForwardHealth via the Upload Files and Submit panel. If the demographic maintenance tool is exited before the information is submitted, the information will be lost and will need to be re-entered.

If there is a problem with the information entered, an error message will be displayed at the top of the panel when leaving the page. Correct the error and choose one of the above choices for continuing to another panel or submitting your information.

19.7 Generate Personnel Report

1. Click **Generate Personnel Report** at the bottom of the Home Health Personal Care Agency Personnel Information panel. A list of the on-file personnel and personnel newly added via the panel associated with the provider will be displayed in an Excel spreadsheet.

Note: A dialog box may display for some users. Click **Open**.

The screenshot shows a web form for adding personnel. It includes fields for 'Employment Effective Date', 'License Number', 'Issuing State' (a dropdown menu), and 'Position/Title/Role' (a dropdown menu). There are 'Add' and 'Cancel' buttons on the right. Below these fields is a 'Report' section with a link 'Generate Personnel Report' highlighted by an orange box. At the bottom of the form are 'Previous', 'Next', and 'Exit' buttons.**Figure 87** Generate Personnel Report Link

Note: Users who do not have Excel or a similarly compatible application will not be able to view this spreadsheet. In addition, while the spreadsheet is generated by the Portal, the user should save a copy of the spreadsheet for their records as it will not be saved automatically.

20 Qualified Professional Staff and Trained Paraprofessional Staff

The Qualified Professional Staff and Trained Paraprofessional Staff panel is only available to prenatal care coordination providers.

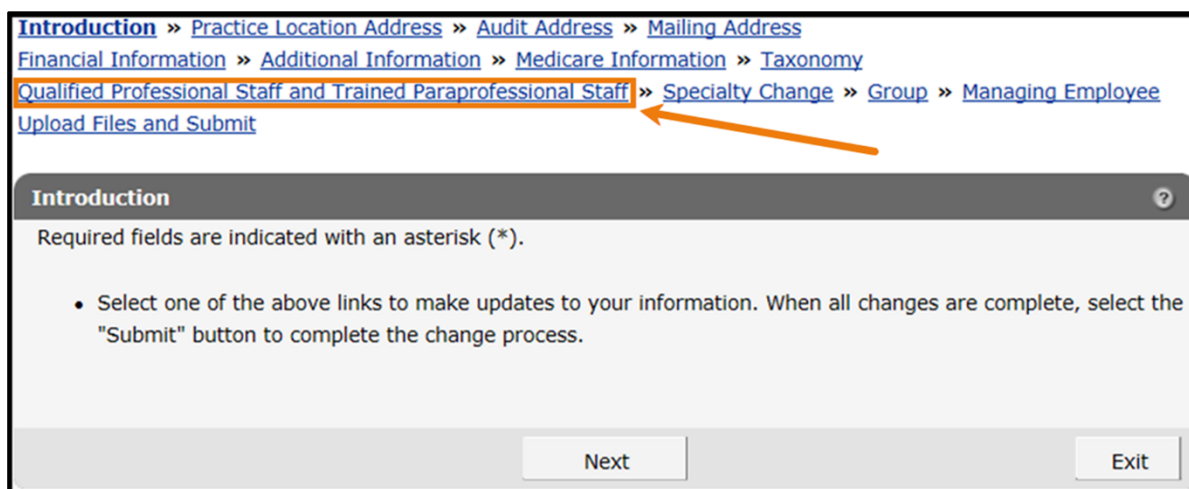


Figure 88 Qualified Professional Staff and Trained Paraprofessional Staff Link

1. Click **Qualified Professional Staff and Trained Paraprofessional Staff** from the links above the current panel. The Qualified Professional Staff and Trained Paraprofessional Staff panel will be displayed.

Qualified Professional Staff and Trained Paraprofessional Staff ?

Required fields are indicated with an asterisk (*).

- Enter all Qualified Professional and Trained Paraprofessional staff who are seeing Wisconsin Medicaid patients. Failure to report all Qualified Professional staff and Trained Paraprofessional staff may result in delayed application processing or denial.
- Enter Credentials information for qualified professional(s).
- Applicant must upload a current resume for each Qualified Professional and Trained Paraprofessional staff listed below on the Upload Supporting Documents Panel.

Last Name

First Name

License Number

Position/Title/Role

search

clear

[Employee List](#)

| Last Name | First Name | Position/Title/Role | Credentials | License Number | Employment End Date | Status |
|-----------|------------|---------------------|-------------|----------------|---------------------|--------|
|-----------|------------|---------------------|-------------|----------------|---------------------|--------|

Type changes below.

First Name*

Middle Initial

Last Name*

Date of Birth*

Social Security Number*

Employment Effective Date*

License Number

Issuing State

Position/Title/Role*

Credentials

Employment Type*

Years of Experience*

Qualified Professional Type
(Wis. Admin. Code § DHS 105.52[2][b])

Add

Cancel

[Report](#)

[Generate Personnel Report](#)

Previous

Next

Exit

Figure 89 Qualified Professional Staff and Trained Paraprofessional Staff Information Panel

Note: Required fields are indicated with an asterisk.

20.1 Searching Employees

To search for active on-file employees, complete the following steps:

1. Enter information for the employee in any combination in the “Employee Search” section at the top of the Qualified Professional Staff and Trained Paraprofessional Staff panel.

Qualified Professional Staff and Trained Paraprofessional Staff

Required fields are indicated with an asterisk (*).

- Enter all Qualified Professional and Trained Paraprofessional staff who are seeing Wisconsin Medicaid patients. Failure to report all Qualified Professional staff and Trained Paraprofessional staff may result in delayed application processing or denial.
- Enter Credentials information for qualified professional(s).
- Applicant must upload a current resume for each Qualified Professional and Trained Paraprofessional staff listed below on the Upload Supporting Documents Panel.

Last Name
 First Name
 License Number
 Position/Title/Role

search clear

Figure 90 Employee Search Section

2. Click **Search**.
3. Click the row containing the employee’s name.

Qualified Professional Staff and Trained Paraprofessional Staff

Required fields are indicated with an asterisk (*).

- Enter all Qualified Professional and Trained Paraprofessional staff who are seeing Wisconsin Medicaid patients. Failure to report all Qualified Professional staff and Trained Paraprofessional staff may result in delayed application processing or denial.
- Enter Credentials information for qualified professional(s).
- Applicant must upload a current resume for each Qualified Professional and Trained Paraprofessional staff listed below on the Upload Supporting Documents Panel.

Last Name
 First Name
 License Number
 Position/Title/Role

search clear

Employee List

| Last Name | First Name | Position/Title/Role | Credentials | License Number | Employment End Date | Status |
|-----------|------------|------------------------|-------------|----------------|---------------------|--------|
| DOE | JOHN | Qualified Professional | | 23495 | | Pass |

Figure 91 Search Results Section

The employee's information will populate in the "Employee List" section.

Employee List

| Last Name | First Name | Position/Title/Role | Credentials | License Number | Employment End Date | Status |
|-----------|------------|------------------------|-------------|----------------|---------------------|--------|
| DOE | JOHN | Qualified Professional | | 23495 | | Pass |

Type changes below.

First Name* JOHN

Middle Initial

Last Name* DOE

Date of Birth* 02/25/1978

Social Security Number* 111-22-3333

Employment Effective Date* 01/01/2008

License Number 23495

Issuing State WI

Position/Title/Role* Qualified Professional

Credentials

Employment Type* Employed by Agency

Years of Experience* Greater than two years of Experience

Qualified Professional Type (Wis. Admin. Code § DHS 105.52[2][b]) Physician Assistant

☒ License number is correct and valid.

delete Save

Report

[Generate Personnel Report](#)

Previous Next Exit

Figure 92 Employee List Section

20.2 Add New Employees

To add new employees, complete the following steps:

1. Enter the employee's first name in the First Name field.
2. Enter the employee's last name in the Last Name field.
3. Enter the employee's DOB using MMDDCCYY format in the Date of Birth field.
4. Enter the employee's SSN in the Social Security Number field. Enter numbers only. The SSN will be automatically formatted.
5. Enter the date the employee started working at the agency using MMDDCCYY format in the Employment Effective Date field.

6. If applicable, enter the employee's license number in the License Number field.
7. If applicable, select the state that issued the employee's license from the Issuing State drop-down menu. If a state other than Wisconsin issued the employee's license, ForwardHealth will manually review and update the employee's information once it is submitted.
8. Select the employee's job title or position with the agency from the Position/Role/Title drop-down menu.
9. If applicable, enter the employee's credentials (for example, MD, DO, PhD).
10. Select the employee's employment type from the Employment Type drop-down menu.
11. Select the employee's years of experience from the Years of Experience drop-down menu.
12. If applicable, enter the employee's qualified professional type from the Qualified Professional Type drop-down menu. At least one active qualified professional must have credentials of at least two years of experience.

Note: Click **Cancel** at any time to delete all entered information from the fields on the panel.

13. Click **Add**. If a license number is entered that cannot be immediately verified, an error message will display at the top of the panel.

The following messages were generated:
License number cannot be verified. Verify the data entered is correct then continue with the enrollment process.

Qualified Professional Staff and Trained Paraprofessional Staff
Required fields are indicated with an asterisk (*).

- Enter all Qualified Professional and Trained Paraprofessional staff who are seeing Wisconsin Medicaid patients. Failure to report all Qualified Professional staff and Trained Paraprofessional staff may result in delayed application processing or denial.
- Enter Credentials information for qualified professional(s).
- Applicant must upload a current resume for each Qualified Professional and Trained Paraprofessional staff listed below on the Upload Supporting Documents Panel.

Last Name

First Name

License Number

Position/Title/Role

search

clear

Employee List

| Last Name | First Name | Position/Title/Role | Credentials | License Number | Employment End Date | Status |
|-----------|------------|---------------------|-------------|----------------|---------------------|--------|
|-----------|------------|---------------------|-------------|----------------|---------------------|--------|

Type changes below.

First Name* IM

Middle Initial A

Last Name* EMPLOYEE

Date of Birth* 01/01/1976

Social Security Number* 111-22-3333

Figure 93 License Number Cannot Be Immediately Verified

14. Verify that the entered license number is correct. If the number is correct, check the **License number is correct and valid** box.

[Employee List](#)

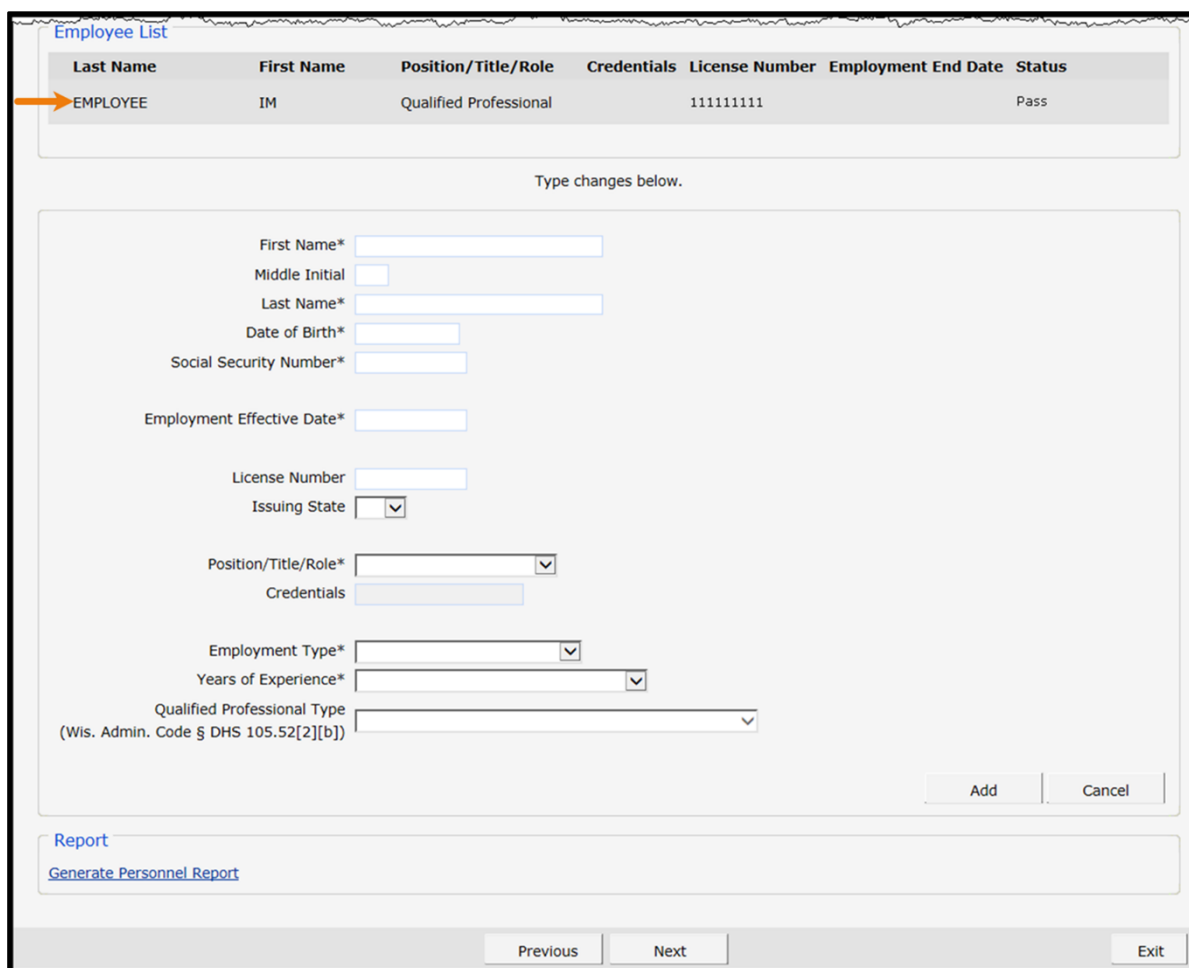
| Last Name | First Name | Position/Title/Role | Credentials | License Number | Employment End Date | Status |
|-----------|------------|---------------------|-------------|----------------|---------------------|--------|
|-----------|------------|---------------------|-------------|----------------|---------------------|--------|

Type changes below.

First Name* IM
Middle Initial A
Last Name* EMPLOYEE
Date of Birth* 01/01/1976
Social Security Number* 111-22-3333
Employment Effective Date* 04/01/2008
License Number 1111111111
Issuing State WI
Position/Title/Role* Qualified Professional
Credentials
Employment Type* Employed by Agency
Years of Experience* Greater than two years of Experience
Qualified Professional Type (Wis. Admin. Code § DHS 105.52[2][b]) Registered Nurse
☒ License number is correct and valid.
delete Save
[Report](#)
[Generate Personnel Report](#)
Previous Next Exit

Figure 94 License Number is Correct and Valid Box

15. Click **Save**. A row displaying the entered information will be added at the top of the panel.



Employee List

| Last Name | First Name | Position/Title/Role | Credentials | License Number | Employment End Date | Status |
|-----------|------------|------------------------|-------------|----------------|---------------------|--------|
| EMPLOYEE | IM | Qualified Professional | | 111111111 | | Pass |

Type changes below.

First Name*

Middle Initial

Last Name*

Date of Birth*

Social Security Number*

Employment Effective Date*

License Number

Issuing State

Position/Title/Role*

Credentials

Employment Type*

Years of Experience*

Qualified Professional Type (Wis. Admin. Code § DHS 105.52[2][b])

[Add](#) [Cancel](#)

[Report](#)

[Generate Personnel Report](#)

[Previous](#) [Next](#) [Exit](#)

Figure 95 Qualified Professional Staff and Trained Paraprofessional Staff With Added Row

Note: If the license is a valid match to that individual, the row will write to the Employee List with a Status of "Pass." The text "Verification Required" will appear only to licenses where automatic verification was unsuccessful for any reason and the application will require manual review.

16. When finished entering information, one of three options may be chosen:

- Click **Next** to go to the next panel on the list.
- Click one of the links at the top of the panel to go to any of the other demographic maintenance tool panels.
- Click the **Upload Files and Submit** link above the panel to submit the information. For information about submitting your updates, refer to the [Upload Files and Submit](#) section of this guide.

Note: Prenatal care coordination providers are expected to upload and keep all employees' resumes on file. If employees are added in the demographic maintenance

tool, those employees' resumes must also be uploaded on "Upload Files and Submit" panel, otherwise desired changes may be returned to the provider.

Information is not saved until it is submitted to ForwardHealth via the Upload Files and Submit panel. If the demographic maintenance tool is exited before the information is submitted, the information will be lost and will need to be re-entered.

If there is a problem with the information entered, an error message will be displayed at the top of the panel when leaving the page. Correct the error and choose one of the above choices for continuing to another panel or submitting your information.

20.3 Change Unsubmitted Personnel Information

Note: This section applies to personnel information that has been added to the Qualified Professional Staff and Trained Paraprofessional Staff panel but not yet submitted to ForwardHealth from the Upload Files and Submit panel.

To change employee information that has not been submitted, complete the following steps:

1. Click the row containing the employee information to be revised. The employee's information will populate the fields on the panel.

2. Change the necessary information.

Employee List

| Last Name | First Name | Position/Title/Role | Credentials | License Number | Employment End Date | Status |
|--------------|------------|--------------------------|-------------|----------------|---------------------|--------|
| EMPLOYEE | IM | Qualified Professional | | 23491 | | Pass |
| PROFESSIONAL | IM | Qualified Professional | | 37290 | | Pass |
| DOE | JOHN | Trained Paraprofessional | | 24613 | | Pass |

Type changes below.

First Name* IM
 Middle Initial A
 Last Name* EMPLOYEE
 Date of Birth* 01/01/1976
 Social Security Number* 399-50-2323
Employment Effective Date* 04/01/2008
 License Number 23491
 Issuing State WI
 Position/Title/Role* Qualified Professional
 Credentials
 Employment Type* Employed by Agency
 Years of Experience* Less than two years of Experience
 Qualified Professional Type (Wis. Admin. Code § DHS 105.52[2][b]) Registered Nurse
 License Number 23491
 Issuing State WI
 Position/Title/Role* Qualified Professional
 Credentials
 Employment Type* Employed by Agency
 Years of Experience* Less than two years of Experience
 Qualified Professional Type (Wis. Admin. Code § DHS 105.52[2][b]) Registered Nurse
☒ License number is correct and valid.
 delete Save
 Report
[Generate Personnel Report](#)
 Previous Next Exit

Figure 96 Qualified Professional Staff and Trained Paraprofessional Staff Information Panel

- Click **Save**. The row at the top of the panel will be updated with the changed information.
- When finished entering information, one of three options may be chosen:
 - Click **Next** to go to the next panel on the list.

- Click one of the links at the top of the panel to go to any of the other demographic maintenance tool panels.
- Click the **Upload Files and Submit** link above the panel to submit the information. For information about submitting your updates, refer to the [Upload Files and Submit](#) section of this guide.

Note: Information is not saved until it is submitted to ForwardHealth via the Upload Files and Submit panel. If the demographic maintenance tool is exited before the information is submitted, the information will be lost and will need to be re-entered.

If there is a problem with the information entered, an error message will be displayed at the top of the panel when leaving the page. Correct the error and choose one of the above choices for continuing to another panel or submitting your information.

20.4 Delete Unsubmitted Personnel Information

Note: Only employee information that has not yet been submitted can be deleted. Once an employee's information is submitted, the information cannot be deleted; however, submitted employee information can be enddated.

To delete employee information that has not been submitted, complete the following steps:

1. Click the row containing the information to be deleted.

The employee's information will populate the fields on the panel.

Employee List

| Last Name | First Name | Position/Title/Role | Credentials | License Number | Employment End Date | Status |
|--------------|------------|-----------------------------|-------------|----------------|---------------------|--------|
| EMPLOYEE | IM | Qualified Professional | | 23491 | | Pass |
| PROFESSIONAL | IM | Qualified Professional | | 37290 | | Pass |
| DOE | JOHN | Trained Paraprofessional | | 24613 | | Pass |

Type changes below.

First Name* IM
Middle Initial A
Last Name* EMPLOYEE
Date of Birth* 01/01/1976
Social Security Number* 399-50-2323
Employment Effective Date* 04/01/2008
License Number 23491
Issuing State WI
Position/Title/Role* Qualified Professional
Credentials
Employment Type* Employed by Agency
Years of Experience* Less than two years of Experience
Qualified Professional Type (Wis. Admin. Code § DHS 105.52[2][b]) Registered Nurse
☒ License number is correct and valid.
delete Save
Report
Generate Personnel Report
Previous Next Exit

Figure 97 Qualified Professional Staff and Trained Paraprofessional Staff Information Panel

2. Click **Delete**. A dialog box will be displayed.

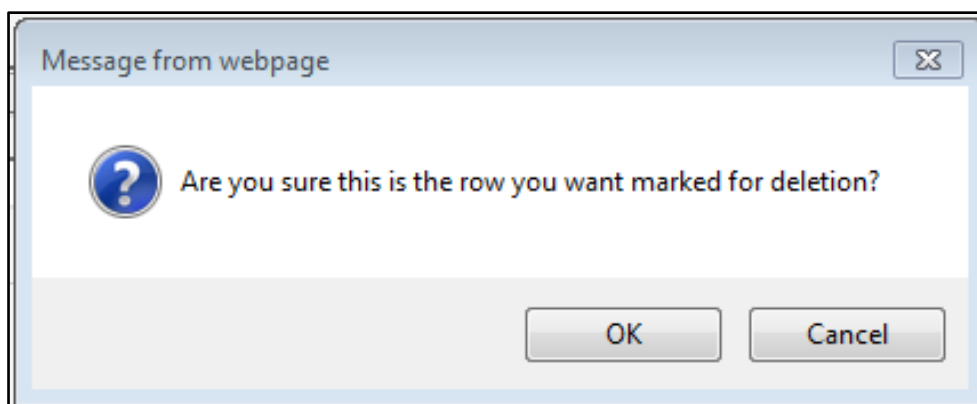


Figure 98 Dialog Box

3. Click **OK**. The row will be removed from the panel.
4. When finished entering information, one of three options may be chosen:
 - Click **Next** to go to the next panel on the list.
 - Click one of the links at the top of the panel to go to any of the other demographic maintenance tool panels.
 - Click the **Upload Files and Submit** link above the panel to submit the information. For information about submitting your updates, refer to the [Upload Files and Submit](#) section of this guide.

Note: Information is not saved until it is submitted to ForwardHealth via the Upload Files and Submit panel. If the demographic maintenance tool is exited before the information is submitted, the information will be lost and will need to be re-entered.

If there is a problem with the information entered, an error message will be displayed at the top of the panel when leaving the page. Correct the error and choose one of the above choices for continuing to another panel or submitting your information.

20.5 Change Submitted Personnel Information

Note: This section applies to personnel information that has been previously submitted.

1. Click the row containing the employee information to be revised. The employee's information will populate the fields on the panel.

Note: To protect personal information, an employee's SSN and DOB will not display once submitted.

2. Change the necessary information.

Employee List

| Last Name | First Name | Position/Title/Role | Credentials | License Number | Employment End Date | Status |
|-----------|------------|------------------------|-------------|----------------|---------------------|--------|
| DOE | JOHN | Qualified Professional | | 37290 | | Pass |

Type changes below.

First Name[®] JOHN

Middle Initial

Last Name[®] DOE

Employment Effective Date[®] 03/02/2013

Employment End Date[®] 07/12/2018

License Number 37290

Issuing State WI

Position/Title/Role[®] Qualified Professional

Credentials

Employment Type[®]

Years of Experience[®]

Qualified Professional Type
(Wis. Admin. Code § DHS 105.52[2][b])

Save

Report

[Generate Personnel Report](#)

Previous Next Exit

Figure 99 Qualified Professional Staff and Trained Paraprofessional Staff Information Panel

3. Click **Save**. The row at the top of the panel will be updated with the changed information.
4. When finished entering information, one of three options may be chosen:
 - Click **Next** to go to the next panel on the list.
 - Click one of the links at the top of the panel to go to any of the other demographic maintenance tool panels.
 - Click the **Upload Files and Submit** link above the panel to submit the information. For information about submitting your updates, refer to the [Upload Files and Submit](#) section of this guide.

Note: Information is not saved until it is submitted to ForwardHealth via the Upload Files and Submit panel. If the demographic maintenance tool is exited before the information is submitted, the information will be lost and will need to be re-entered.

If there is a problem with the information entered, an error message will be displayed at the top of the panel when leaving the page. Correct the error and choose one of the above choices for continuing to another panel or submitting your information.

20.6 Enddate Submitted Personnel Information

Note: This section applies to personnel information that has been previously submitted.

1. Click the row containing the employee information to be enddated. The employee's information will populate the fields on the panel.
2. Enter the last day the employee was or will be employed at the agency in the Employment End Date field.

Employee List

| Last Name | First Name | Position/Title/Role | Credentials | License Number | Employment End Date | Status |
|---------------------|------------|-----------------------------|-------------|----------------|---------------------|--------------------------|
| MARRIED EMPLOYEE | IM | Qualified Professional | | 23491 | | Verification Required |
| PROFESSIONAL | IM | Qualified Professional | | 37290 | 08/10/2018 | Pass |
| DOE | JOHN | Trained Paraprofessional | | 24613 | | Pass |

Type changes below.

First Name* JOHN
 Middle Initial
 Last Name* DOE

Employment Effective Date* 08/15/2003
Employment End Date 10/10/2017

License Number 24613
 Issuing State WI

Position/Title/Role* Trained Paraprofessional
 Credentials

Employment Type*
 Years of Experience*
 Qualified Professional Type (Wis. Admin. Code § DHS 105.52[2][b])

Save

Report
[Generate Personnel Report](#)

Previous Next Exit

Figure 100 Qualified Professional Staff and Trained Paraprofessional Staff Information Panel

3. Click **Save**. The row at the top of the panel will be updated with the changed information.

Employee List

| Last Name | First Name | Position/Title/Role | Credentials | License Number | Employment End Date | Status |
|------------------|------------|--------------------------|-------------|----------------|---------------------|-----------------------|
| MARRIED EMPLOYEE | IM | Qualified Professional | | 23491 | | Verification Required |
| PROFESSIONAL | IM | Qualified Professional | | 37290 | 08/10/2018 | Pass |
| DOE | JOHN | Trained Paraprofessional | | 24613 | 10/10/2017 | Pass |

Type changes below.

First Name*

Middle Initial

Last Name*

Employment Effective Date*

Employment End Date

License Number

Issuing State

Position/Title/Role*

Credentials

Employment Type*

Years of Experience*

Qualified Professional Type (Wis. Admin. Code § DHS 105.52[2][b])

Save

Report

[Generate Personnel Report](#)

Previous **Next** **Exit**

Figure 101 Qualified Professional Staff and Trained Paraprofessional Staff Information Panel

4. When finished entering information, one of three options may be chosen:
- Click **Next** to go to the next panel on the list.
 - Click one of the links at the top of the panel to go to any of the other demographic maintenance tool panels.
 - Click the **Upload Files and Submit** link above the panel to submit the information. For information about submitting your updates, refer to the [Upload Files and Submit](#) section of this guide.

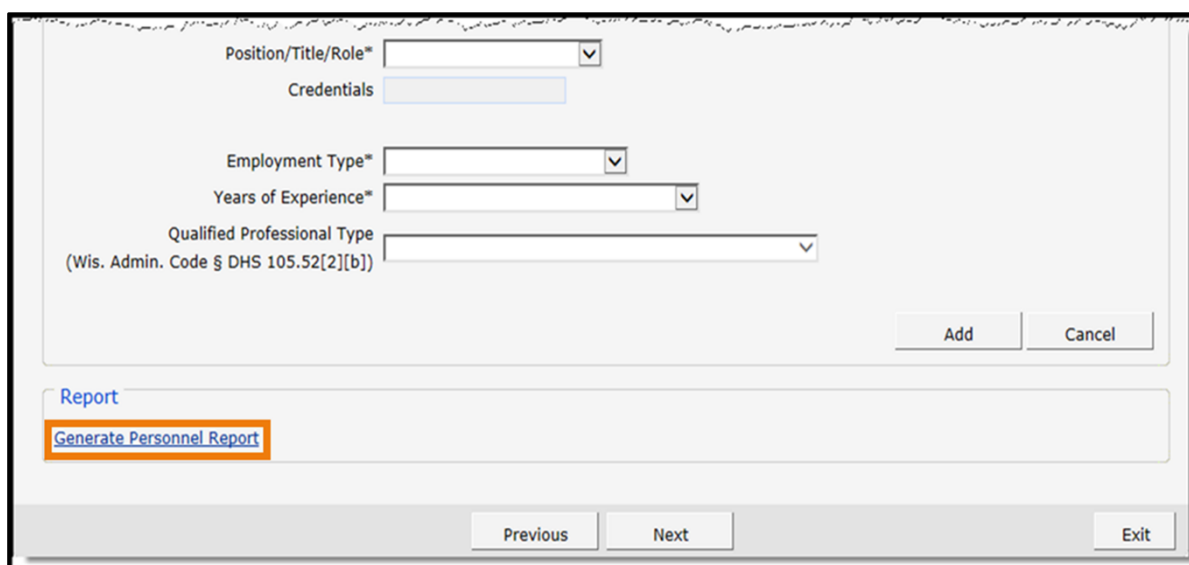
Note: Information is not saved until it is submitted to ForwardHealth via the Upload Files and Submit panel. If the demographic maintenance tool is exited before the information is submitted, the information will be lost and will need to be re-entered.

If there is a problem with the information entered, an error message will be displayed at the top of the panel when leaving the page. Correct the error and choose one of the above choices for continuing to another panel or submitting your information.

20.7 Generate Personnel Report

1. Click **Generate Personnel Report** at the bottom of the Home Health Personal Care Agency Personnel Information panel. A list of the on-file personnel and personnel newly added via the panel associated with the provider will be displayed in an Excel spreadsheet.

Note: A dialog box may display for some users. Click **Open**.



The screenshot displays a web form for personnel information. At the top, there are dropdown menus for 'Position/Title/Role*' and 'Employment Type*', and text input fields for 'Credentials' and 'Years of Experience*'. Below these is a dropdown for 'Qualified Professional Type' with the text '(Wis. Admin. Code § DHS 105.52[2][b])' underneath. To the right of these fields are 'Add' and 'Cancel' buttons. At the bottom of the form, there is a 'Report' section containing a link labeled 'Generate Personnel Report', which is highlighted with a red rectangular box. At the very bottom of the page, there are 'Previous', 'Next', and 'Exit' buttons.

Figure 102 Generate Personnel Report Link

Note: Users who do not have Excel or a similarly compatible application will not be able to view this spreadsheet. In addition, while the spreadsheet is generated by the Portal, the user should save a copy of the spreadsheet for their records as it will not be saved automatically.

21 Private Duty Nursing for Ventilator Dependent Members Life-Support Addendum Panel

The Private Duty Nursing for Ventilator Dependent Members Life-Support Addendum panel is only available to home health and personal care agencies and replaces the Private Duty Nursing for Members for Ventilator-Dependent Life-Support Addendum paper form, F-11252.

The screenshot displays a web application interface. At the top, a horizontal navigation menu contains several blue, underlined links: [Introduction](#), [Practice Location Address](#), [Audit Address](#), [Mailing Address](#), [Prior Authorization Address](#), [Financial Information](#), [Additional Information](#), [Medicare Information](#), [Taxonomy](#), [Home Health Personal Care Agency Personnel Information](#), [Specialty Change](#), [Group Managing Employee](#), [Private Duty Nursing for Ventilator Dependent Members Life-Support Addendum](#), and [Upload Files and Submit](#). The link for 'Private Duty Nursing for Ventilator Dependent Members Life-Support Addendum' is circled in orange. Below the navigation menu is a panel titled 'Introduction' with a question mark icon in the top right corner. The panel contains the text: 'Required fields are indicated with an asterisk (*).' followed by a bullet point: '• Select one of the above links to make updates to your information. When all changes are complete, select the "Submit" button to complete the change process.' At the bottom of the panel are two buttons: 'Next' and 'Exit'.

Figure 103 Private Duty Nursing for Ventilator Dependent Members Life-Support Addendum Link

To access the Private Duty Nursing for Ventilator Dependent Members Life-Support Addendum panel:

1. Click **Private Duty Nursing for Ventilator Dependent Members Life-Support Addendum** from the links above the current panel. The Private Duty Nursing for Ventilator Dependent Members Life-Support Addendum panel will be displayed.

Private Duty Nursing for Ventilator Dependent Members Life-Support Addendum
?

Required fields are indicated with an asterisk (*).

I hereby affirm that STAR HEALTH HOME HEALTHCARE is or employs one or more registered nurse(s) (RN) registered pursuant to s. 441.06, Stats. or licensed practical nurse(s) (LPN) licensed pursuant to s. 441.10, Stats. that are credentialed by the National Board of Respiratory Care and who are qualified to perform the following services necessary for providing adequate care for a home ventilator-assisted member under the Wisconsin Medicaid Program:

1. Airway management, including:
 - A. Tracheostomy care (types of tracheostomy tubes, stoma care, changing a tracheostomy tube, and emergency procedures for tracheostomy care).
 - B. Tracheal suctioning technique.
 - C. Airway humidification.
2. Oxygen therapy (operation of oxygen systems and auxiliary oxygen delivery devices).
3. Respiratory assessment (knowledge of and skills in respiratory assessment to include, but not limited to, monitoring of breath sounds, patient color, chest excursion, secretions, and vital signs).
4. Ventilator Management:
 - A. Operation of positive pressure ventilator by means of tracheostomy to include, but not limited to, different modes of ventilation, types of alarms and responding to alarms, troubleshooting ventilator dysfunction, operation and assembly of ventilator circuit (delivery system) and proper cleaning and disinfection of equipment;
 - B. Operation of a manual resuscitator.
 - C. Emergency assessment and management, including cardiopulmonary resuscitation (CPR).
5. Other modes of ventilatory support:
 - A. Positive pressure ventilation via nasal mask or mouthpiece.
 - B. Continuous positive airway pressure (CPAP) via tracheostomy tube or mask.
 - C. Negative pressure ventilation (iron lung, chest shell or pulmowrap).
 - D. Pneumobelts.
 - E. Diaphragm pacing.
6. Operation and interpretation of monitoring devices:
 - A. Cardio-respiratory monitoring.
 - B. Pulse oximetry.
 - C. Capnography.
7. Knowledge of and skills in weaning from the ventilator.
8. Adjunctive techniques:
 - A. Chest physiotherapy.
 - B. Aerosolized medications.

I further affirm that all ventilator-assisted members cared for at home are:

1. Medically dependent on a ventilator for life support at least six (6) hours per day; and
2. Have been so dependent for at least 30 consecutive days at any point in time as an inpatient in one or more hospitals, skilled nursing facilities (SNFs), or intermediate care facilities (ICFs).

Affirm *

☐ I Affirm
☐ I Do Not Affirm

Previous
Next
Exit

Figure 104 Private Duty Nursing Addendum Panel

2. Click either **I Affirm** or **I Do Not Affirm** to the addendum.
3. When finished entering information, one of three options may be chosen:
 - Click **Next** to go to the next panel on the list.
 - Click one of the links at the top of the panel to go to any of the other demographic maintenance tool panels.
 - Click the **Upload Files and Submit** link above the panel to submit the information. For information about submitting your updates, refer to the [Upload Files and Submit](#) section of this guide.

Note: Information is not saved until it is submitted to ForwardHealth via the Upload Files and Submit panel. If the demographic maintenance tool is exited before the information is submitted, the information will be lost and will need to be re-entered.

If there is a problem with the information entered, an error message will be displayed at the top of the panel when leaving the page. Correct the error and choose one of the above choices for continuing to another panel or submitting your information.

22 Respiratory Care Panels

On the Respiratory Care panels, nurse practitioners and nurses in independent practice (NIP) who provide respiratory care services (RCS) may update the skills and knowledge requirements necessary to provide RCS to members enrolled in Wisconsin Medicaid and BadgerCare Plus. Providers are also required to specify how and when they complied with the requirements.

The Respiratory Care Pediatric and Respiratory Care Adult panels are only available to nurse practitioners and NIP who provide RCS.

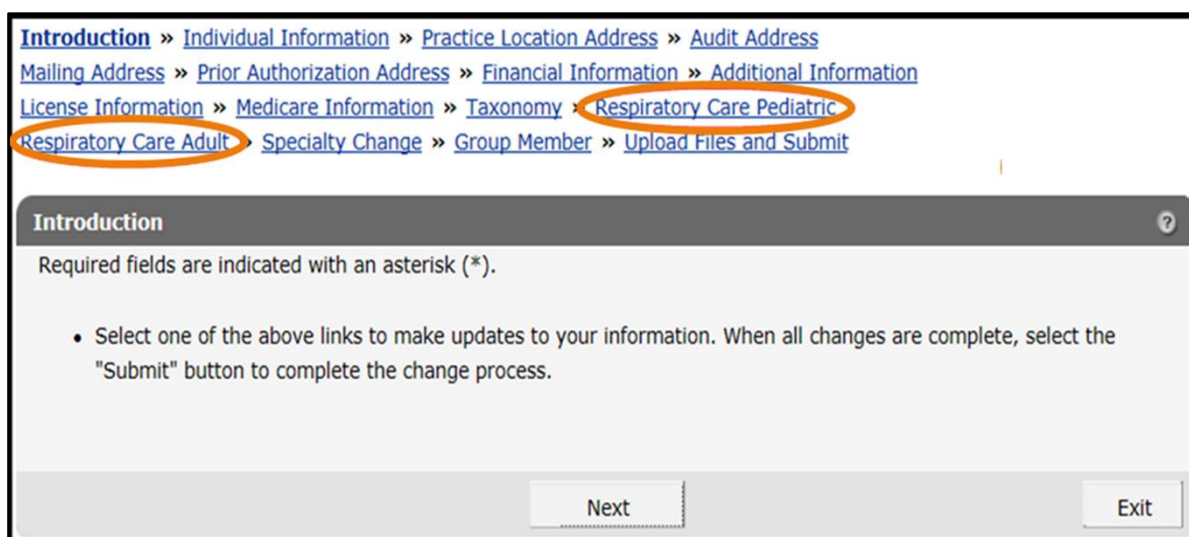


Figure 105 Respiratory Care Pediatric Links

Note: The Respiratory Care Pediatric and Adult panels are the same except for the links to the Declaration of Skill Acquisition forms. The following procedure applies to both panels.

To access the Respiratory Care Pediatric panel:

1. Click **Respiratory Care Pediatric** from the links above the current panel. The Respiratory Care Pediatric panel will be displayed.

Respiratory Care Pediatric

Required fields are indicated with an asterisk (*).

- Existing data does not pre-populate for this screen. Only enter information on the screen when you have changes.

Within the past two years has the provider been recognized by an approved facility as having successfully demonstrated the respiratory care skills that are listed in Elements 1-14 of this form?

☐ Yes ☐ No

Date of Successful Completion of Skills Demonstration

[Declaration of Skill Acquisition - Pediatric](#)

Does the provider possess from an approved facility listed in Element 15 a cardiopulmonary resuscitation skills (CPR) card that documents within the past two years that the provider has successfully completed a CPR course for the professional rescuer?

☐ Yes ☐ No

Indicate where you received your CPR training

Facility Name

Instructor Name

Contact Person Telephone Number Ext.

Street Address Line 1

Street Address Line 2

City

State/ZIP* -

Provide the following information from your CPR Card

Candidate

Issue Date

Renewal/Expiration Date

Figure 106 Respiratory Care Pediatric Panel

- Click either **Yes** or **No** regarding whether or not the provider has been recognized by an approved facility for having successfully demonstrated the respiratory care skills listed in Elements 1–14 of the Declaration of Skill Acquisition — Pediatric form.

If necessary, click the **Declaration of Skill Acquisition — Pediatric** link to view the form.

- Enter the Date of Successful Completion of Skills Demonstration in the following format: mm/dd/yyyy.
- Click either **Yes** or **No** regarding whether or not the provider possesses a current cardiopulmonary resuscitation (CPR) card from an approved facility that documents successfully completion of a CPR skills course for the professional rescuer.

5. Enter the information for the facility where CPR training was received.
6. Enter the indicated information from your CPR Card.
7. When finished entering information, one of three options may be chosen:
 - Click **Next** to go to the next panel on the list.
 - Click one of the links at the top of the panel to go to any of the other demographic maintenance tool panels.
 - Click the **Upload Files and Submit** link above the panel to submit the information. For information about submitting your updates, refer to the [Upload Files and Submit](#) section of this guide.

Note: Information is not saved until it is submitted to ForwardHealth via the Upload Files and Submit panel. If the demographic maintenance tool is exited before the information is submitted, the information will be lost and will need to be re-entered.

If there is a problem with the information entered, an error message will be displayed at the top of the panel when leaving the page. Correct the error and choose one of the above choices for continuing to another panel or submitting your information.

23 Private Duty Nursing Addendum Panel

The Private Duty Nursing Addendum panel is only available to NIP.

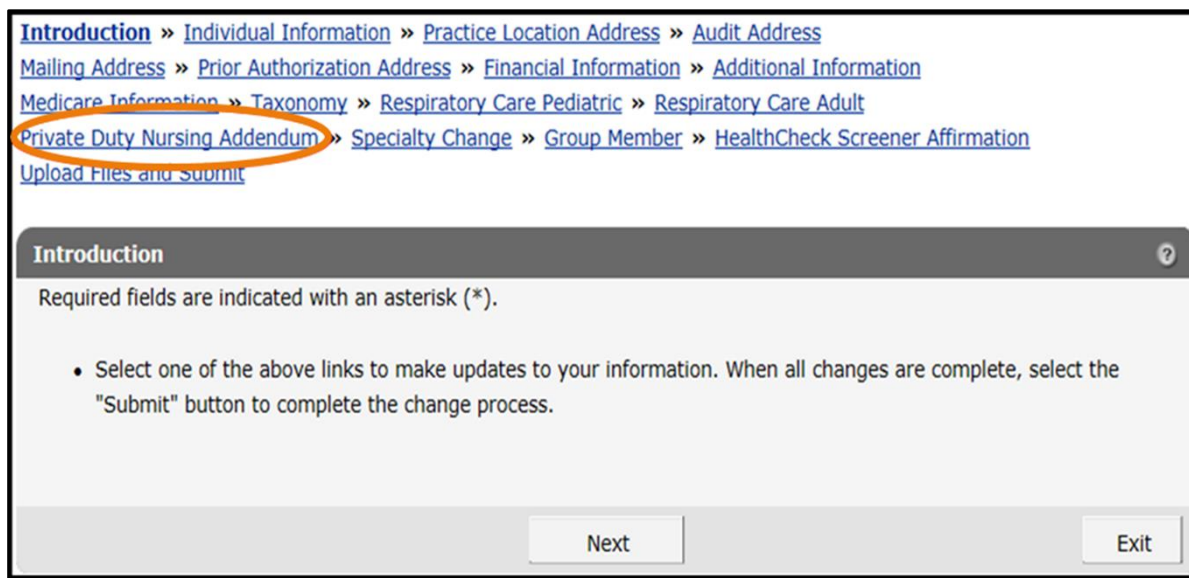


Figure 107 Private Duty Nursing Addendum Link

To access the Private Duty Nursing Addendum panel:

1. Click **Private Duty Nursing Addendum** from the links above the current panel. The Private Duty Nursing Addendum panel will be displayed.

The screenshot shows the 'Private Duty Nursing Addendum' panel. It has a title bar with the text 'Private Duty Nursing Addendum' and a help icon. Below the title bar, it says 'Required fields are indicated with an asterisk (*).'. There is a bullet point: 'Existing data does not pre-populate for this screen. Only enter information on the screen when you have changes.' Below this is a text area containing the following text: 'As an individual PDN-enrolled provider, I understand that I am required to meet and follow s. DHS 105.19, Wis. Admin. Code, enrollment regulations. I understand that if I obtain training for ventilator-dependent members and my training and declaration of skills should lapse, I will become an individual PDN-enrolled provider.' Below the text area are two radio buttons: 'I Agree' and 'I Do Not Agree'. At the bottom of the panel are three buttons: 'Previous', 'Next', and 'Exit'.

Figure 108 Private Duty Nursing Addendum Panel

2. Click either **I Agree** or **I Do Not Agree** to the addendum.
3. When finished entering information, one of three options may be chosen:

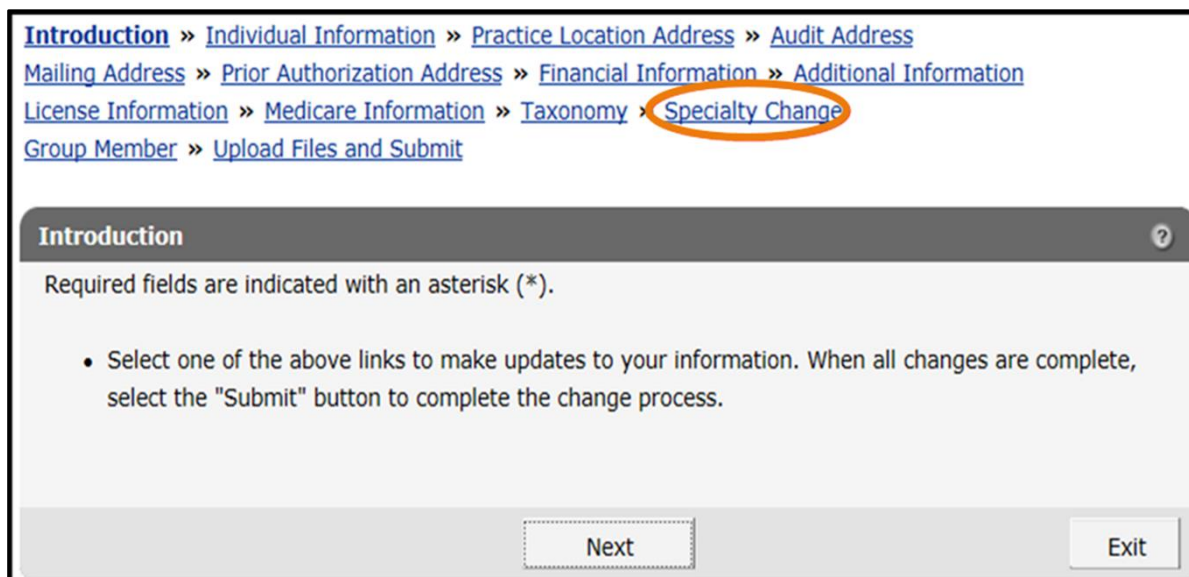
- Click **Next** to go to the next panel on the list.
- Click one of the links at the top of the panel to go to any of the other demographic maintenance tool panels.
- Click the **Upload Files and Submit** link above the panel to submit the information. For information about submitting your updates, refer to the [Upload Files and Submit](#) section of this guide.

Note: Information is not saved until it is submitted to ForwardHealth via the Upload Files and Submit panel. If the demographic maintenance tool is exited before the information is submitted, the information will be lost and will need to be re-entered.

If there is a problem with the information entered, an error message will be displayed at the top of the panel when leaving the page. Correct the error and choose one of the above choices for continuing to another panel or submitting your information.

24 Specialty Change Panel

The Specialty Change panel is only available to Medicaid providers whose provider type allows for more than one specialty.



[Introduction](#) » [Individual Information](#) » [Practice Location Address](#) » [Audit Address](#)
[Mailing Address](#) » [Prior Authorization Address](#) » [Financial Information](#) » [Additional Information](#)
[License Information](#) » [Medicare Information](#) » [Taxonomy](#) » [Specialty Change](#)
[Group Member](#) » [Upload Files and Submit](#)

Introduction ?

Required fields are indicated with an asterisk (*).

- Select one of the above links to make updates to your information. When all changes are complete, select the "Submit" button to complete the change process.

Next Exit

Figure 109 Specialty Change Link

1. Click **Specialty Change** from the links above the current panel. The Specialty Change panel will be displayed.

Specialty Change ?

Required fields are indicated with an asterisk (*).

- Please ensure the appropriate provider specialty is chosen based on your license or certification. For further clarification please contact Provider Services before submitting a change.

Current Provider Specialty

Current Specialty Family Practice

New Provider Specialty

Provider Specialties

| | | |
|--|---|---|
| <input type="radio"/> No change needed | <input type="radio"/> Nephrology | <input type="radio"/> Pediatrician |
| <input type="radio"/> Allergy & Immunology | <input type="radio"/> Neurological Surgery | <input type="radio"/> Physical Medicine and Rehab |
| <input type="radio"/> Anesthesiology | <input type="radio"/> Neurology | <input type="radio"/> Plastic Surgery |
| <input type="radio"/> Cardiovascular Disease | <input type="radio"/> Nuclear Medicine | <input type="radio"/> Preventative Medicine |
| <input type="radio"/> Dermatology | <input type="radio"/> Obstetrics and Gynecology | <input type="radio"/> Proctology |
| <input type="radio"/> Emergency Medicine | <input type="radio"/> Oncology and Hematology | <input type="radio"/> Psychiatry |
| <input type="radio"/> Gastroenterology | <input type="radio"/> Ophthalmology | <input type="radio"/> Pulmonary Disease |
| <input type="radio"/> General Practice | <input type="radio"/> Orthopedic Surgery | <input type="radio"/> Radiology |
| <input type="radio"/> General Surgery | <input type="radio"/> Otolaryngology | <input type="radio"/> Thoracic and Cardiovascular Surgery |
| <input type="radio"/> Geriatrics | <input type="radio"/> Pathology | <input type="radio"/> Urology |
| <input type="radio"/> Internal Medicine | | |

Previous Next Exit

Figure 110 Specialty Change Panel

The panel will display different choices depending on the provider's provider type.

2. Click the radio button to select a new provider specialty.
3. When finished entering information, one of three options may be chosen:
 - Click **Next** to go to the next panel on the list.
 - Click one of the links at the top of the panel to go to any of the other demographic maintenance tool panels.
 - Click the **Upload Files and Submit** link above the panel to submit the information. For information about submitting your updates, refer to the [Upload Files and Submit](#) section of this guide.

Note: Information is not saved until it is submitted to ForwardHealth via the Upload Files and Submit panel. If the demographic maintenance tool is exited before the information is submitted, the information will be lost and will need to be re-entered.

If there is a problem with the information entered, an error message will be displayed at the top of the panel when leaving the page. Correct the error and choose one of the above choices for continuing to another panel or submitting your information.

25 Wisconsin Medicaid Declaration of Supervision for Nonbilling Providers Panel

The Wisconsin Medicaid Declaration of Supervision for Nonbilling Providers panel allows a provider to enter supervisor information and is required if a provider changes their practice location address; however, if there is a change of supervisors, the provider is **not** required to change their practice location unless a change is warranted.

The Wisconsin Medicaid Declaration of Supervision for Nonbilling Providers panel will only be available to the following providers: physician assistants, physical therapy assistants, occupational therapist assistants, and speech-language pathology (SLP) Bachelor Level (BA).

[Introduction](#) » [Individual Information](#) » [Practice Location Address](#) » [Audit Address](#)
[Mailing Address](#) » [Prior Authorization Address](#) » [Additional Information](#) » [Medicare Information](#)
[Taxonomy](#) » [Wisconsin Medicaid Declaration of Supervision for Nonbilling Providers](#) » [Group Member](#) » [HealthCheck Screener Affirmation](#)
[Upload Files and Submit](#)

Introduction ⓘ

Required fields are indicated with an asterisk (*).

- Select one of the above links to make updates to your information. When all changes are complete, select the "Submit" button to complete the change process.

[Next](#) [Exit](#)

Figure 111 Wisconsin Medicaid Declaration of Supervision for Nonbilling Providers Link

1. Click **Wisconsin Medicaid Declaration of Supervision for Nonbilling Providers** from the links above the current panel. The Wisconsin Medicaid Declaration of Supervision for Nonbilling Providers panel will be displayed.

Wisconsin Medicaid Declaration of Supervision for Nonbilling Providers

Required fields are indicated with an asterisk (*).

- If you updated/changed your supervision information, please verify your practice location information is correct and up to date.

Name - Supervisor *

Address - Supervisor

Street Address Line 1*

Street Address Line 2

City*

State/ZIP* -

Telephone Number - Supervisor Ext.

Supervisor's Effective Date*

Figure 112 Wisconsin Medicaid Declaration of Supervision for Nonbilling Providers Panel

2. Enter the required information.
3. When finished entering information, one of three options may be chosen:
 - Click **Next** to go to the next panel on the list.
 - Click one of the links at the top of the panel to go to any of the other demographic maintenance tool panels.
 - Click the **Upload Files and Submit** link above the panel to submit the information. For information about submitting your updates, refer to the [Upload Files and Submit](#) section of this guide.

Note: Information is not saved until it is submitted to ForwardHealth via the Upload Files and Submit panel. If the demographic maintenance tool is exited before the information is submitted, the information will be lost and will need to be re-entered.

If there is a problem with the information entered, an error message will be displayed at the top of the panel when leaving the page. Correct the error and choose one of the above choices for continuing to another panel or submitting your information.

26 HealthCheck Screener Affirmation Panel

On the HealthCheck Screener Affirmation panel, users may enter a provider's name and attest to the statements included in the HealthCheck Screener Affirmation form. A link to the HealthCheck Screener Affirmation form is also included on the panel. The panel only available to certain physicians and physician groups, nurse practitioners, HealthCheck providers, physician assistants, and nurses in independent practice. If a provider has already completed this form, there is no need to complete it again.

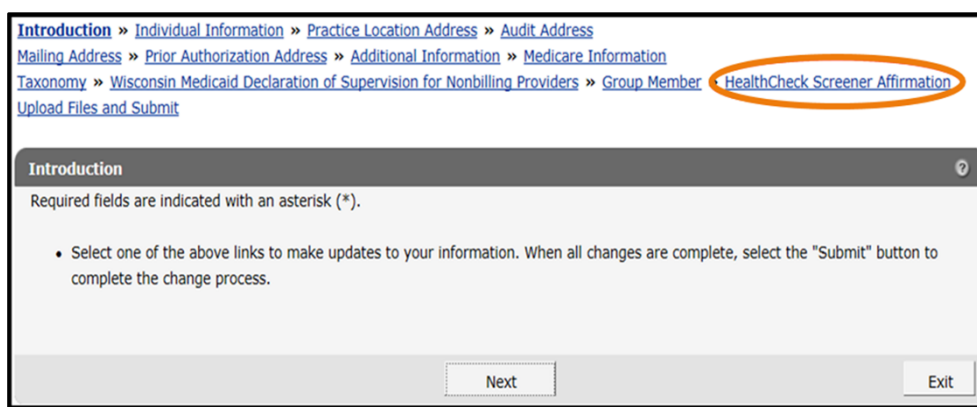


Figure 113 HealthCheck Screener Affirmation Link

1. Click **HealthCheck Screener Affirmation** from the navigation links above the current panel. The HealthCheck Screener Affirmation panel will be displayed.

A screenshot of the HealthCheck Screener Affirmation panel. The panel has a title bar 'HealthCheck Screener Affirmation' with a help icon. The main content area contains the text: 'Required fields are indicated with an asterisk (*)', 'I hereby affirm that, provider entered in the text below, is eligible for certification under s. DHS 105.37, Wis. Admin. Code as a provider of HealthCheck health assessment and evaluation services.', and 'Submit [HealthCheck Screener Affirmation](#) form on the *Upload Files and Submit* panel.' Below this text is a form with a 'Provider Name' label and a text input field. Below the input field is a checkbox with the text 'I attest to the statements listed in the HealthCheck Screener Affirmation form.' At the bottom of the panel are three buttons: 'Previous', 'Next', and 'Exit'.

Figure 114 HealthCheck Screener Affirmation Panel

2. Click the **HealthCheck Screener Affirmation** link to download the form. If the user chooses to attest to the statements on the form, they should complete, save, and upload the form on the [Upload Files and Submit](#) panel.
3. Enter the provider's name and check the box stating "I attest to the statements listed in the HealthCheck Screener Affirmation form."
4. When finished entering information, one of three options may be chosen:
 - Click **Next** to go to the next panel on the list.
 - Click one of the links at the top of the panel to go to any of the other demographic maintenance tool panels.
 - Click the **Upload Files and Submit** link above the panel to submit the information. For information about submitting your updates, refer to the [Upload Files and Submit](#) section of this guide.

Note: Information is not saved until it is submitted to ForwardHealth via the Upload Files and Submit panel. If the demographic maintenance tool is exited before the information is submitted, the information will be lost and will need to be re-entered.

If there is a problem with the information entered, an error message will be displayed at the top of the panel when leaving the page. Correct the error and choose one of the above choices for continuing to another panel or submitting your information.

27 Upload Files and Submit Panel

After completing all revisions, the changes must be submitted to ForwardHealth from the Upload Files and Submit panel. Information is not saved until it is submitted to ForwardHealth via the Upload Files and Submit panel. If the demographic maintenance tool is exited before the information is submitted, the information will be lost and will need to be re-entered.

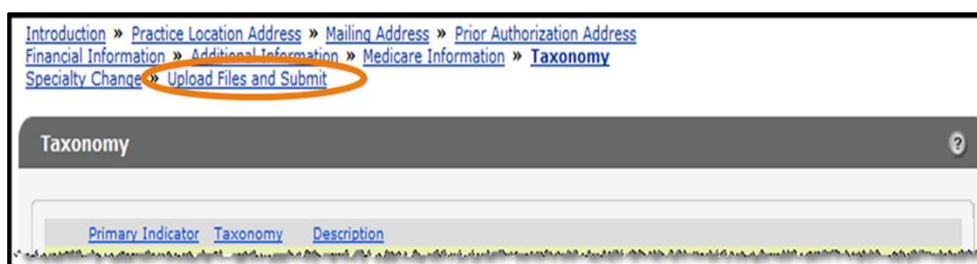


Figure 115 Upload Files and Submit Link

1. Click **Upload Files and Submit** from the links above the current panel. The Upload Files and Submit panel will be displayed.

A screenshot of the 'Upload Files and Submit' panel. The panel has a title bar with the text 'Upload Files and Submit' and a help icon. Below the title bar, there is a note: 'Required fields are indicated with an asterisk (*).' followed by a list of instructions: 'Upload any supporting documentation needed (i.e. licenses, certifications, etc.).', 'If you have no files to upload, select the submit button to save your changes.', 'Select "Browse" to locate each file you wish to upload.', 'Select "Upload" when you are ready to upload each file.', and 'Please Note: JPG, JPEG, and PDF file formats are accepted for supporting document uploads.' Below the instructions, there is a section titled 'Upload File' containing a 'File Path' input field, a 'Browse...' button, and an 'Upload' button. Below this section, there is a section titled 'List of Files Uploaded' with an empty table. At the bottom of the panel, there are three buttons: 'Previous', 'Submit', and 'Exit'.

Figure 116 Upload Files and Submit Panel

To upload files if necessary, complete the following steps:

- a. Click **Browse**. The Choose file window will be displayed.

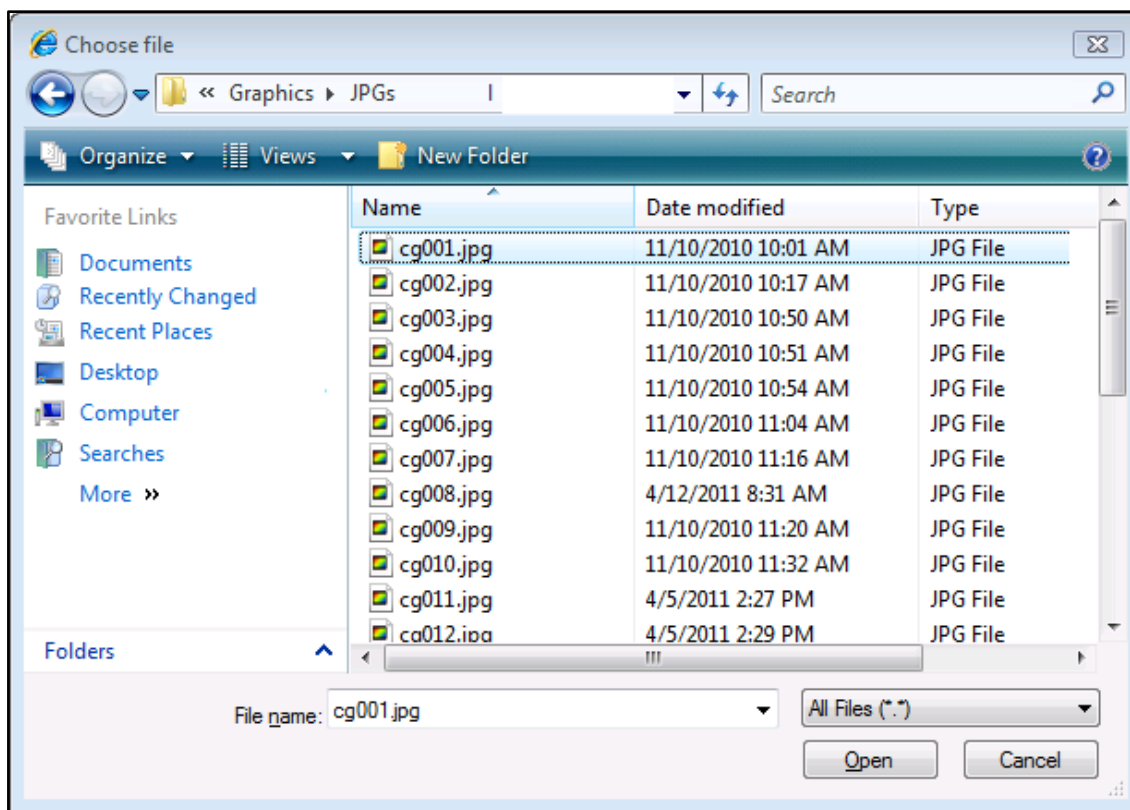


Figure 117 Choose File Window

- Navigate to the appropriate computer or network location and select the file to be uploaded.
- Click **Open**. The Choose File window will close and the file path will be displayed in the File Path field.
- Click **Upload**.

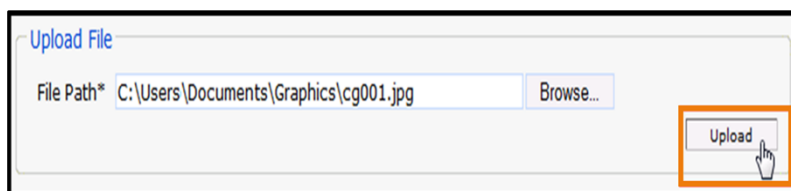
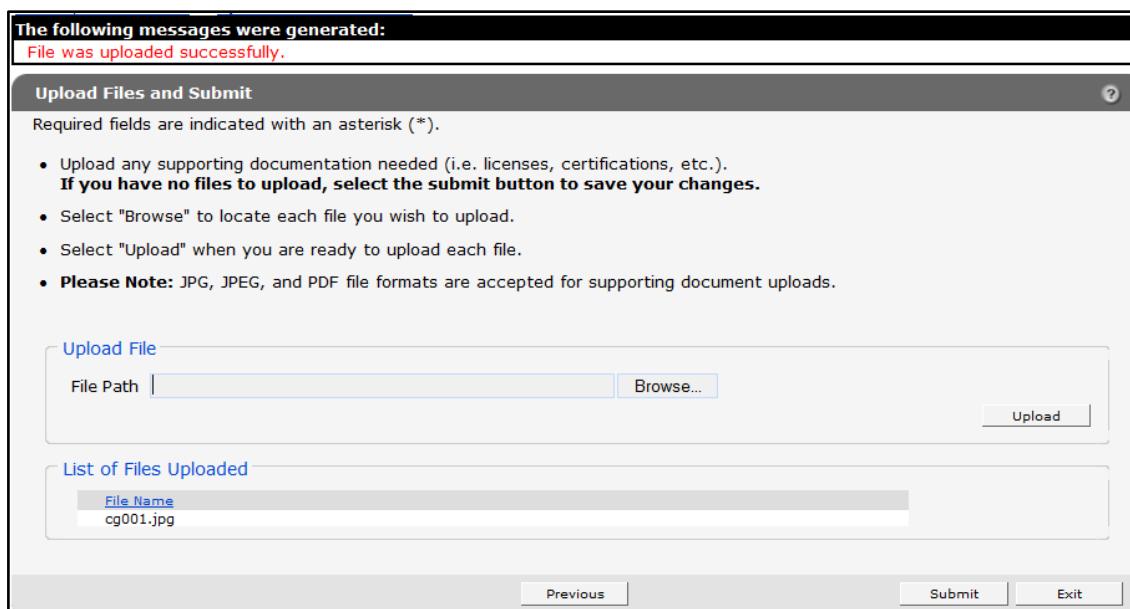


Figure 118 Upload File Section

The uploaded file will be displayed in the “List of Files Uploaded” section at the bottom of the panel, and a confirmation message will be displayed above the panel.



The following messages were generated:

File was uploaded successfully.

Upload Files and Submit

Required fields are indicated with an asterisk (*).

- Upload any supporting documentation needed (i.e. licenses, certifications, etc.).
If you have no files to upload, select the submit button to save your changes.
- Select "Browse" to locate each file you wish to upload.
- Select "Upload" when you are ready to upload each file.
- **Please Note:** JPG, JPEG, and PDF file formats are accepted for supporting document uploads.

[Upload File](#)

File Path

[List of Files Uploaded](#)

| File Name |
|-----------|
| cg001.jpg |

Figure 119 File Uploaded Successfully

2. Upload as many files as necessary.
3. Click **Submit** to submit the change(s).

If there was a problem with the submission, an error message indicating the reason the record was not updated will be displayed. Correct the error and click **Submit** again.

If ForwardHealth needs to review the entered information, the Application Submitted panel will display the following message: "Your information was uploaded successfully."
ForwardHealth will verify the entered information and, once the information is verified, update the provider's file, if applicable.

The following messages were generated:
Your information was uploaded successfully.

Application Submitted ?

Your request has been submitted.

Next Steps

- [Save](#) a copy of the request for your records only. Do not send this copy to ForwardHealth.
- ForwardHealth will review your request within 10 business days. The information you changed is **not** considered approved until 10 business days after you submitted your request (**regardless of when or if the information displays in the demographic maintenance tool**).

Note: Not all information submitted through the demographic maintenance tool will display.

- **Check the demographic maintenance tool 10 business days after submitting your request.** If your information is displaying, ForwardHealth was able to verify the information. If your information is not displaying, ForwardHealth may not have been able to verify the information. You will receive a letter if your provider file was not updated.
- Refer to the Demographic Maintenance Tool User Guide for further information.

[Exit](#)

Figure 120 Application Submitted Panel

4. Click **Save** to view and print a Provider Change of Address or Status form indicating the changes made in the demographic maintenance tool.
5. Click **Exit** to return to the secure Provider page.

If there are no problems with the submission and the entered information is updated automatically, the Application Submitted panel will display the following message, “Your information was updated successfully.”

[Financial Information](#) [Languages](#) [Locality](#)

The following messages were generated:
Your information was updated successfully.

Prior Authorization Address ?

Required fields are indicated with an asterisk (*).

- Indicate the address where ForwardHealth should send prior authorization information.

Figure 121 Confirmation Message