

User Guide

IRIS Consultant Agencies Waiver Agency

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WISCONSIN DEPARTMENT
of HEALTH SERVICES

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1 Getting Started

Both public and secure information is accessible through the ForwardHealth Portal (the Portal). Public information is accessible to all users; however, to gain access to secure information and to conduct business with ForwardHealth, users are required to establish a secure account within the Portal.

The Portal allows authorized IRIS (Include, Respect, I Self-Direct) Program users to conduct business through a secure entry point 24 hours a day, seven days a week.

1.1 New Waiver Agencies

The Wisconsin Department of Health Services (DHS) will collect the agency information and the administrator contact information to create the agency and agency administrator in the system. Once the agency administrator is created, a PIN letter will be mailed to the administrator who can begin setting up their account and using the Portal. This includes creating other users for the waiver agency. Refer to the [Clerk Maintenance](#) and [Clerk Last Logon](#) sections for more information about adding clerks and other administrative clerk functions.

Access to the secure Portal is **not** possible without a PIN. The letter also includes a Login ID, which is a health care provider's Waiver Agency ID. For security purposes, the Login ID contains only digits three–six of the Waiver Agency ID.

1.2 Help Desk Information

Users who encounter any issues with Portal functionality should contact the Portal Help Desk at 866-908-1363.

2 Accessing the Secure Waiver Agency Page

Users who are assigned the appropriate security roles by their agency administrator can access OnBase reports and IRIS program confirmation and disenrollment letters. Refer to [Appendix A: User Security Roles](#) for more information about the required user security roles. Waiver agency Portal administrators can access all reports and letters available for their agency.

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

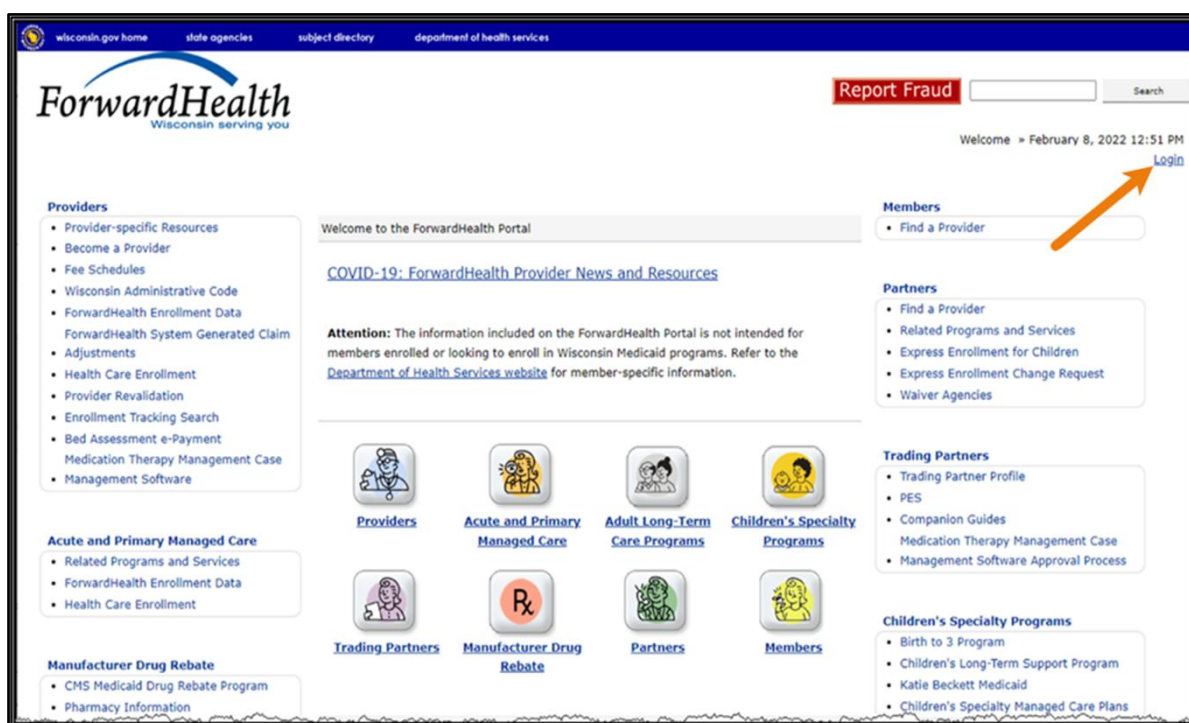


Figure 1 ForwardHealth Portal Homepage

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

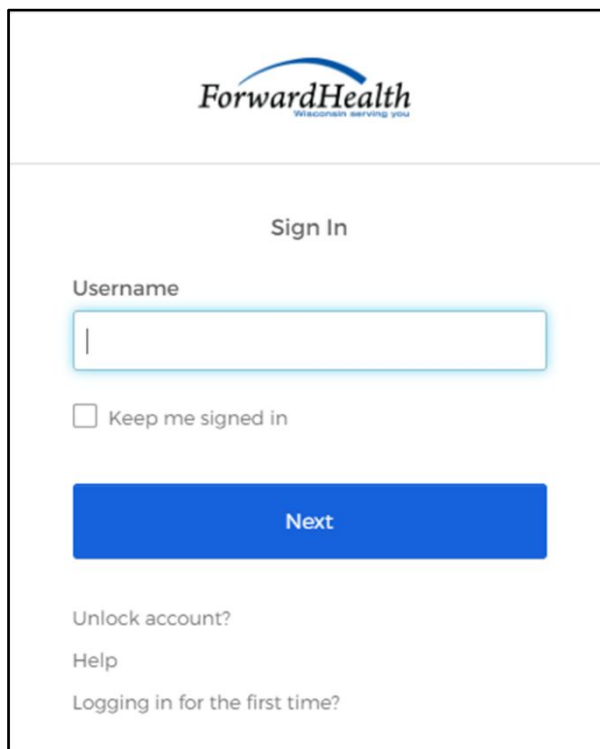
The image shows a 'Sign In' box for ForwardHealth. At the top is the ForwardHealth logo with the tagline 'wisconsin serving you'. Below the logo is the title 'Sign In'. There is a text input field labeled 'Username' with a blue border and a cursor. Below the input field is a checkbox labeled 'Keep me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

Figure 2 Sign-In Box

3. Enter the user's username.
4. Click **Next**.

A Verify with your password box will be displayed.

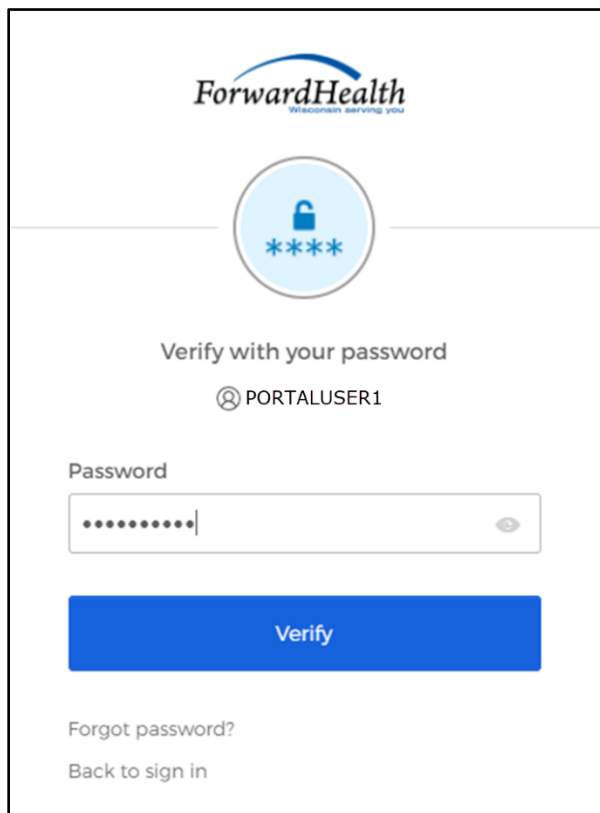
The screenshot shows a web interface for ForwardHealth. At the top is the ForwardHealth logo with the tagline 'We go beyond serving you'. Below the logo is a circular icon containing a blue padlock and the text '****'. The main heading is 'Verify with your password'. Below this, the username 'PORTALUSER1' is displayed next to a person icon. There is a 'Password' label above a text input field. The input field contains ten dots and a toggle icon on the right. Below the input field is a large blue button labeled 'Verify'. At the bottom, there are two links: 'Forgot password?' and 'Back to sign in'.

Figure 3 Verify With Your Password Box

5. Enter the user's password.

Note: If the user has access to the Portal through more than one agency, ensure that the login information is for the correct waiver agency.

6. Click **Verify**. Refer to the [Clerk Account Log in for First Time](#) section of this user guide for multi-factor authentication (MFA) instructions when logging in for the first time.

The secure Waiver Agency page will be displayed.

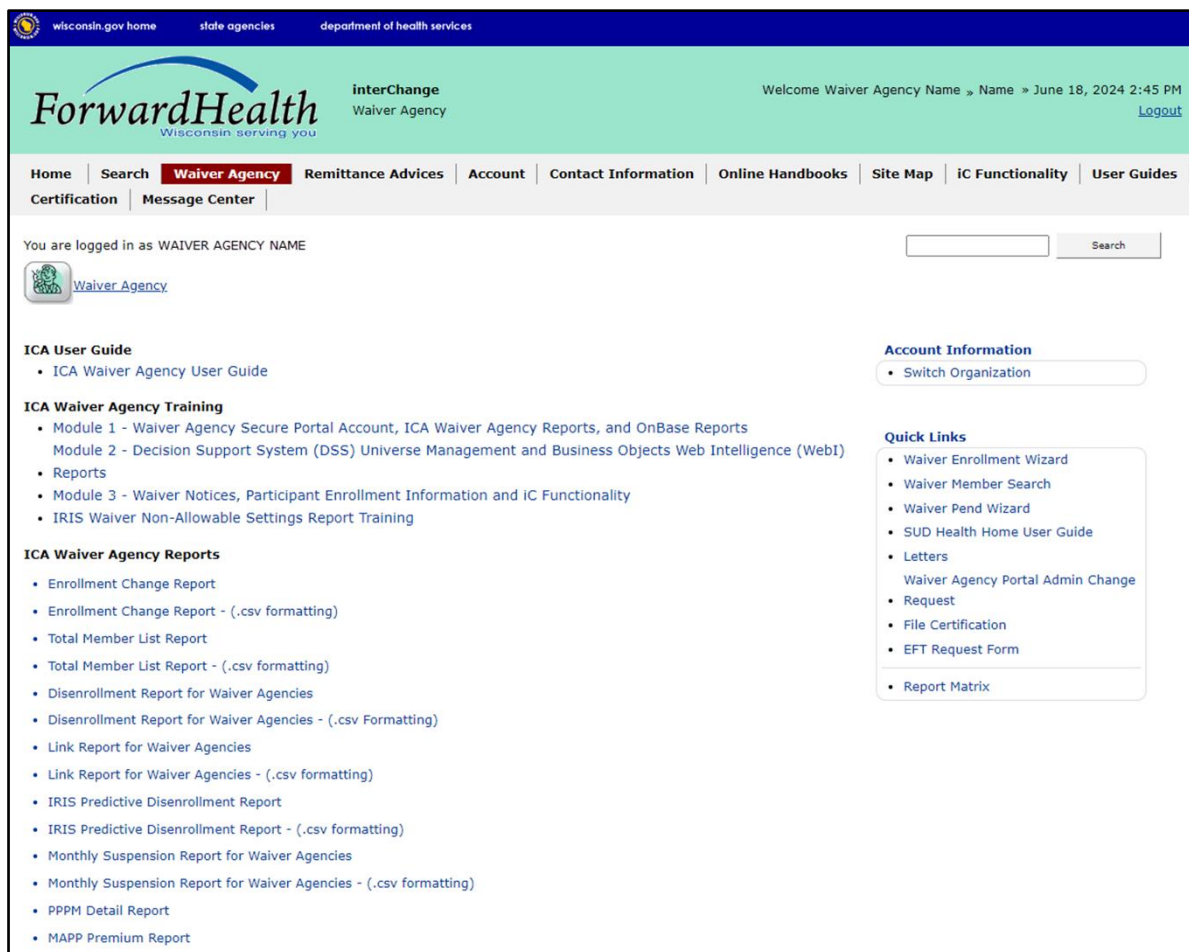


Figure 4 Secure Waiver Agency Page

Note: Information displayed above the waiver agency icon identifies the agency the user is logged in with. Also, the color of the banner should match what is displayed in the screen shot below and interChange Waiver Agency will be displayed after the ForwardHealth logo to indicate the user is logged in to the Waiver Agency area of the Portal. If Partner is displayed after the ForwardHealth logo, the user is incorrectly logged in to the Partner area of the Portal, which will not display links to the reports, letters, or user guide.

2.1 User Guides

A user can view the IRIS Consultant Agencies (ICA) Waiver Agency User Guide by clicking the link under the ICA User Guide heading on the secure Waiver Agency page. A user can view all user guides to which the user has access by clicking the User Guides tab.

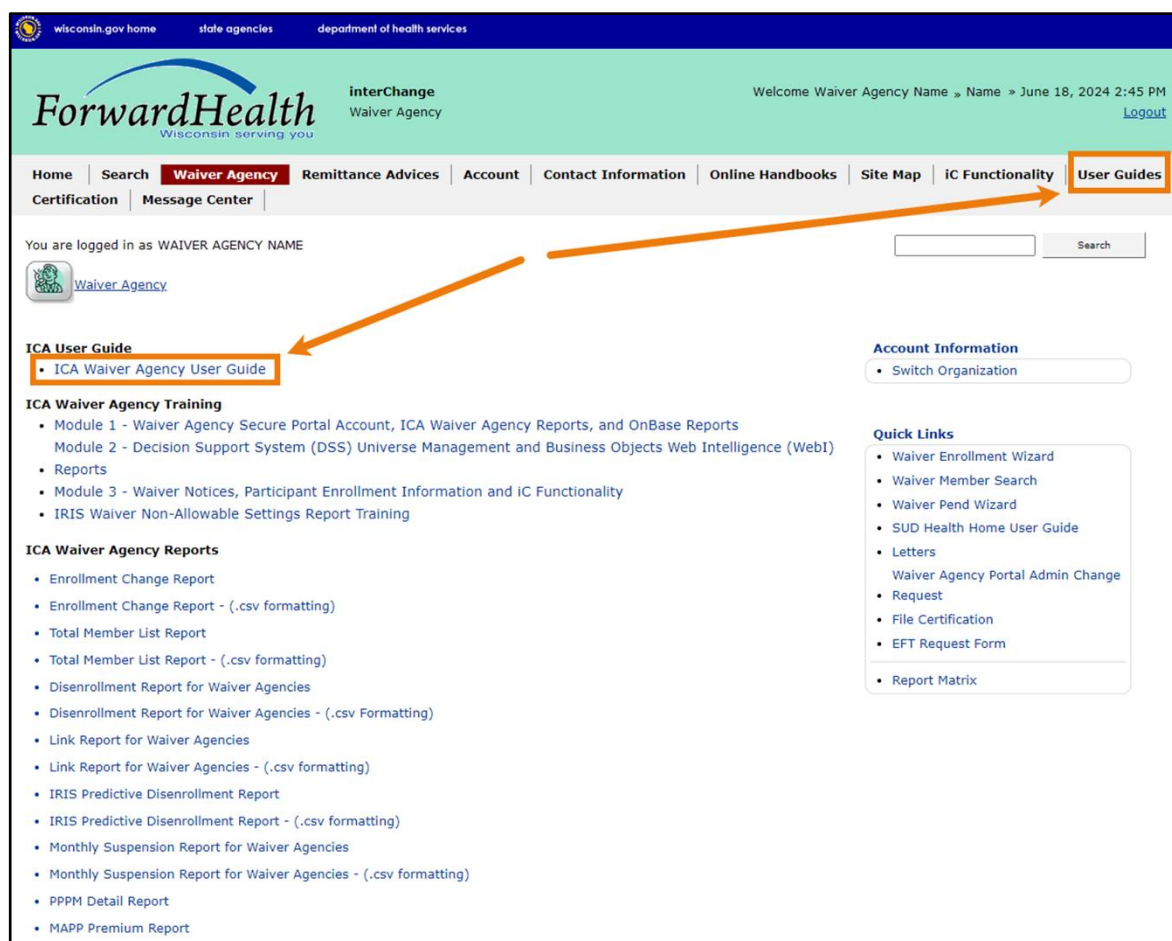


Figure 5 Secure Waiver Agency Page

Other user guides, such as the ForwardHealth Provider Portal Account User Guide, may be accessed from the [User Guides](#) page of the Portal.

3 Clerk Maintenance

Waiver agency Portal administrators will need to add clerk accounts and assign a role for each clerk to provide secure Waiver Agency Portal access to their staff. For the purposes of the waiver agency Portal account, the term “clerk” refers to each IRIS agency staff person that needs access to the Waiver Agency area of the Portal. Each clerk must be added with a security role that designates what information the clerk will be able to access via the Portal. On the Account page, click **Clerk Maintenance**. The Clerk Maintenance Search panel will be displayed.

Clerk Maintenance Search

Search Criteria

Username

First Name

Last Name

Email Address

Search

Clear

Search Results

*** No rows found ***

Selected Clerk

Username

Contact First Name

Contact Last Name

Telephone Number Ext.

E-Mail

Remove Clerk

Reset Password

Add Clerk

Cancel

Figure 6 Clerk Maintenance Search Panel

Through the Clerk Maintenance panels, users with administrative and clerk administrative accounts can search for, add, or remove clerks; assign clerk roles; and reset a clerk’s password. Refer to [Appendix A: User Security Roles](#) for more information about the required user security roles.

Note: Users with clerk administrative accounts may not administer their own accounts or other administrative or clerk administrative accounts.

3.1 Add a Clerk

The Add Clerk function allows the user to add new clerks to a provider organization and to assign specific roles.

Note: Clerks must have a unique clerk ID for the Waiver Agency Portal; they cannot reuse a clerk ID that was previously used for other ForwardHealth Portal accounts, such as the Partner Portal.

1. Click **Add Clerk** located at the bottom of the Clerk Maintenance Search panel. The Clerk Account panel will be displayed.

Clerk Account

Required fields are indicated with an asterisk (*).

- Password must contain one uppercase letter, one number, and at least 8 characters.

Clerk Details

User Name* [Search]

Contact First Name*

Contact Last Name*

Telephone Number* Ext.

E-Mail*

Confirm E-Mail*

Password*

Confirm Password*

Clerk Roles

Available Roles

- Data Warehouse
- DSS Access Mgmt
- iC Member/MC Info
- iC PA-Read only
- iC TPL-Read Only
- iC Waiver Member-RO
- Waiver Info/XREF-RO
- Waiver Info-RO
- Waiver OnBase Ltrs
- Waiver OnBase Rpts

Assigned Roles

☐ Clerk Administrator

Previous Submit Cancel

Figure 7 Clerk Account Panel

The user must complete the following steps to add a new clerk account:

- Enter a username. The username must be between six–20 characters and can only contain letters and numbers. The username is not case-sensitive.
- Enter the new clerk’s contact first name and contact last name.
- Enter the new clerk’s phone number (and extension, if applicable).

- Enter the new clerk's email (twice for confirmation).
- Enter an initial password for the new clerk (twice for confirmation).
 - o The password must be between nine–15 characters and must contain three different types of characters such as uppercase letters, lowercase letters, special characters, or numbers.
 - o The password must be unique and cannot contain information from the user name, contact first name, or contact last name.

Note: Clerks must change the password set up by the administrative account the first time they log in.

If adding a clerk account that has already been created but needs to be added to a new organization, the user should complete the following steps:

- Click **Search** to the right of the User Name field. The User Name Search box will be displayed.

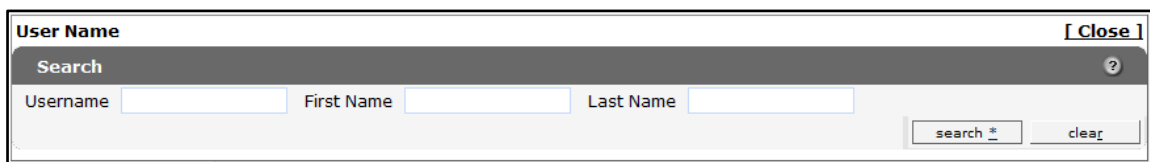
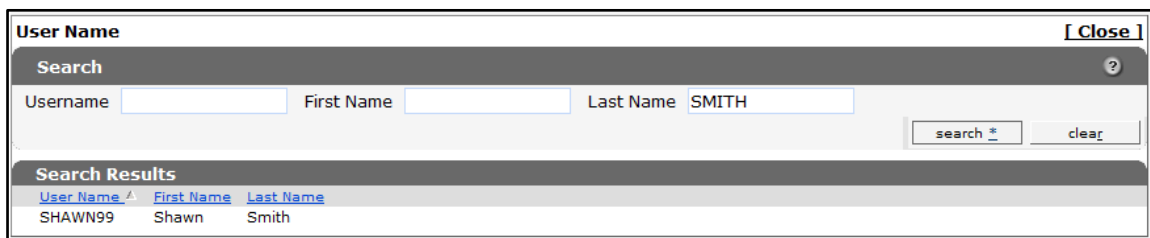


Figure 8 User Name Search Box

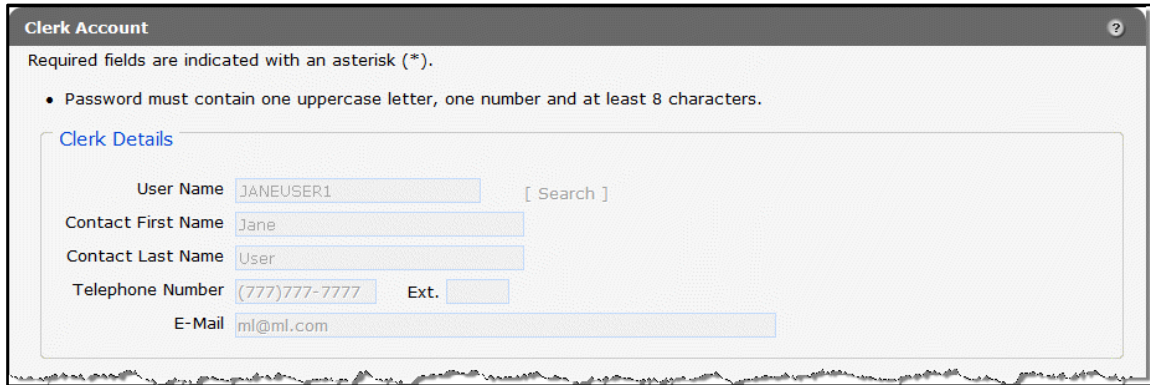
- Enter the clerk account's username, first name, or last name.
- Click **Search**. The clerk's information will be displayed in the "Clerk Details" section.



User Name	First Name	Last Name
SHAWN99	Shawn	Smith

Figure 9 Search Results Section

- Click the row of the applicable clerk account. The User Name Search box will close, and the clerk account information will be auto-populated in the “Clerk Details” section of the Clerk Account panel.



The screenshot shows a web application window titled "Clerk Account" with a help icon in the top right corner. Below the title bar, a message states: "Required fields are indicated with an asterisk (*)." followed by a bullet point: "• Password must contain one uppercase letter, one number and at least 8 characters." Below this is a section titled "Clerk Details" in blue text. Inside this section, the following fields are populated: "User Name" with the value "JANEUSER1" and a "[Search]" button to its right; "Contact First Name" with the value "Jane"; "Contact Last Name" with the value "User"; "Telephone Number" with the value "(777)777-7777" and an "Ext." field to its right; and "E-Mail" with the value "ml@ml.com".

Figure 10 Clerk Account Information Auto-Populated on Clerk Account Panel

2. Proceed to one of the following sections once clerk details have been entered or populated:
 - Step 1 of the [Assign a Clerk Administrator](#) section
 - Step 2 of the [Add a Role to a Clerk](#) section

3.2 Assign a Clerk Administrator

The Clerk Administrator checkbox allows a user to assign a clerk administrative rights. A clerk with administrative rights can create accounts for clerks and manage the roles assigned to them.

1. Click **Next**. The Clerk Account panel will be displayed.

Clerk Account ?

Required fields are indicated with an asterisk (*).

- Password must contain one uppercase letter, one number, and at least 8 characters.

Clerk Details

User Name [Search]

Contact First Name

Contact Last Name

Telephone Number Ext.

E-Mail

Clerk Roles

Available Roles

- Data Certifier
- Data Warehouse
- DSS Access Mgmt
- iC Member/MC Info
- iC PA-Read only
- iC TPL-Read Only
- iC Waiver Member-RO
- Waiver Info/XREF-RO
- Waiver Info-RO
- Waiver OnBase Ltrs

Assigned Roles

< << > >>

☐ Clerk Administrator

Previous Submit Cancel

Figure 11 Clerk Account Panel

2. In the “Clerk Roles” section, check the Clerk Administrator box.

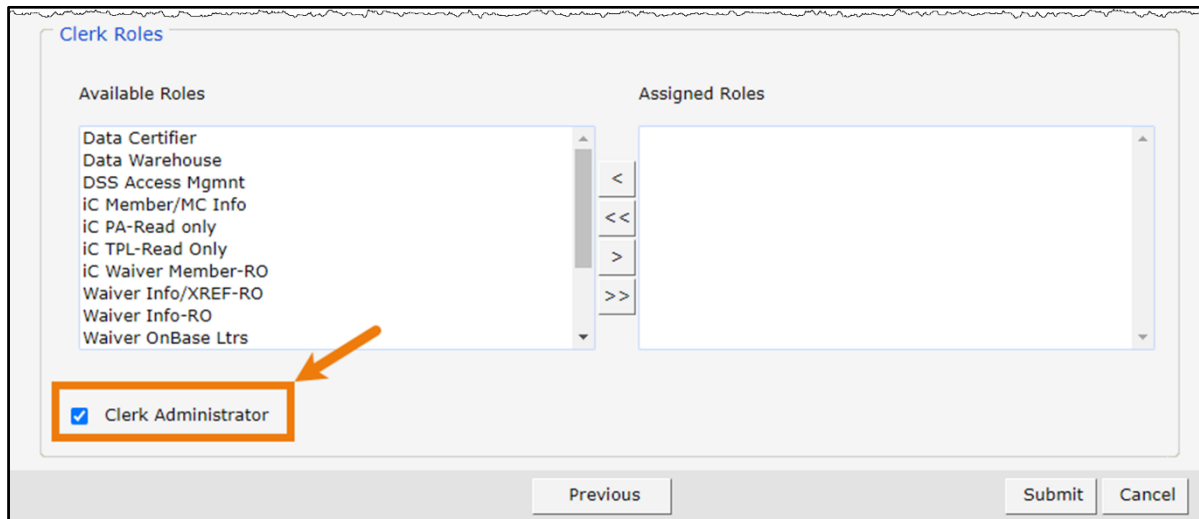


Figure 12 Clerk Roles Section With Clerk Administrator Checked

3. Click **Submit**. A confirmation message will be displayed at the top of the page.



Figure 13 Confirmation Message

3.3 Search for a Clerk

The Clerk Maintenance Search panel allows a user to select an existing clerk within the provider organization.

1. Enter information for the clerk in any combination in the “Search Criteria” section. Alternatively, leave the fields blank to bring up a list of all clerks associated with the provider organization.

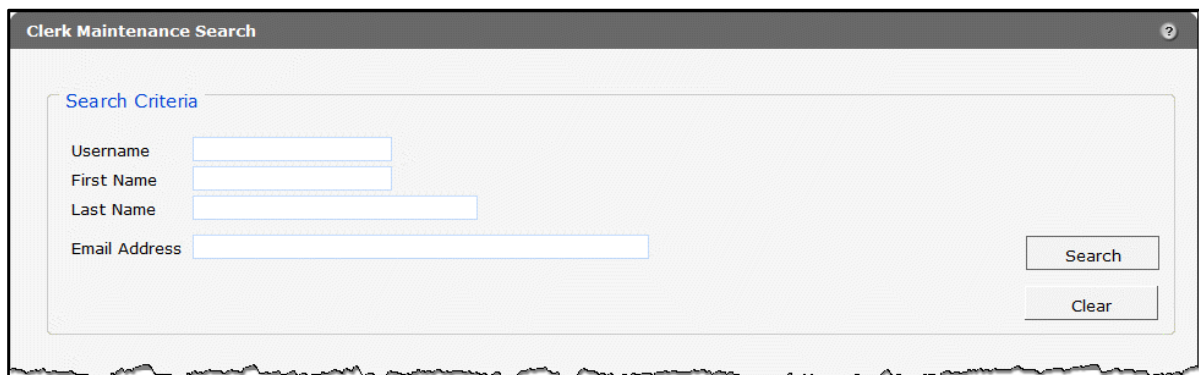
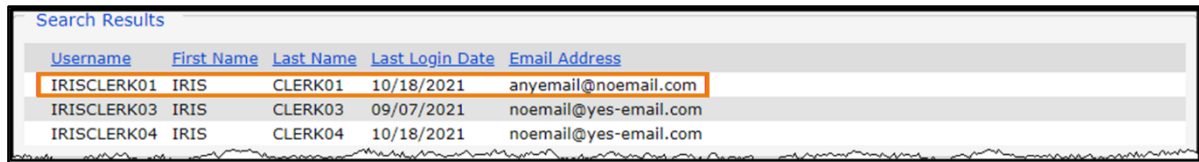


Figure 14 Search Criteria Section

2. Click **Search**.

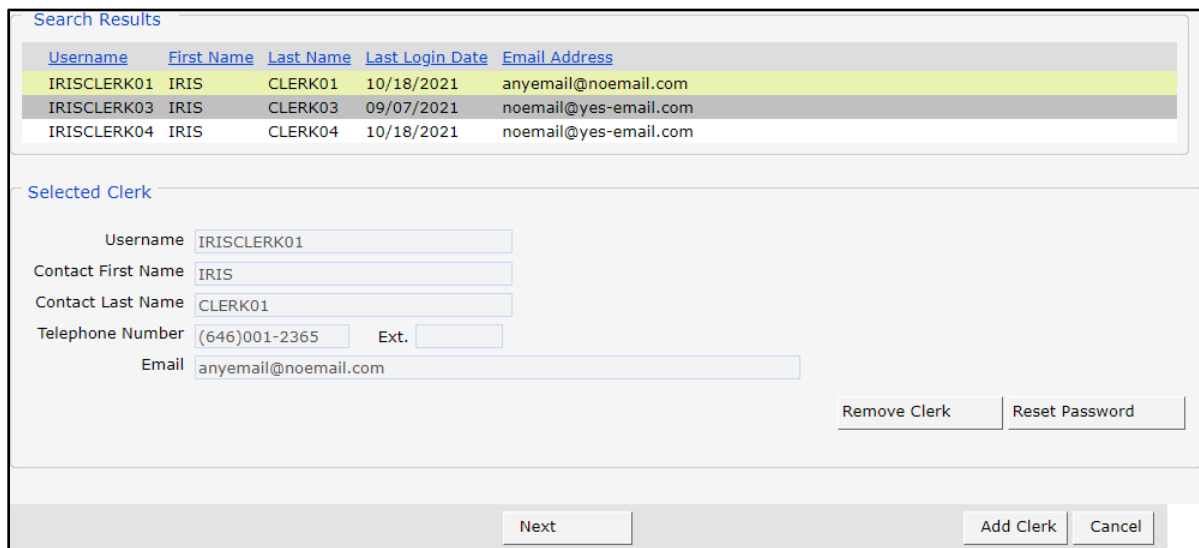
- Click the row containing the clerk's name in the "Search Results" section.



Username	First Name	Last Name	Last Login Date	Email Address
IRISCLERK01	IRIS	CLERK01	10/18/2021	anyemail@noemail.com
IRISCLERK03	IRIS	CLERK03	09/07/2021	noemail@yes-email.com
IRISCLERK04	IRIS	CLERK04	10/18/2021	noemail@yes-email.com

Figure 15 Search Results Section

The clerk's information will populate in the "Selected Clerk" section.



Username	First Name	Last Name	Last Login Date	Email Address
IRISCLERK01	IRIS	CLERK01	10/18/2021	anyemail@noemail.com
IRISCLERK03	IRIS	CLERK03	09/07/2021	noemail@yes-email.com
IRISCLERK04	IRIS	CLERK04	10/18/2021	noemail@yes-email.com

Selected Clerk

Username:

Contact First Name:

Contact Last Name:

Telephone Number: Ext.

Email:

Figure 16 Search Results and Selected Clerk Sections

- Proceed to one of the following sections once a clerk has been selected:
 - [Add a Role to a Clerk](#) section
 - [Remove a Role from a Clerk](#) section
 - [Reset a Clerk's Password](#) section
 - [Delete a Clerk Account](#) section

3.4 Add a Role to a Clerk

The Clerk Roles function allows a user to add roles to new or existing clerks. Refer to [Appendix A: User Security Roles](#) for more information about the required user security roles.

1. Click **Next**. The Clerk Account panel will be displayed.

Clerk Account ?

Required fields are indicated with an asterisk (*).

- Password must contain one uppercase letter, one number, and at least 8 characters.

Clerk Details

User Name [Search]

Contact First Name

Contact Last Name

Telephone Number Ext.

E-Mail

Clerk Roles

Available Roles

- Data Certifier
- Data Warehouse
- DSS Access Mgmt
- iC Member/MC Info
- iC PA-Read only
- iC TPL-Read Only
- iC Waiver Member-RO
- Waiver Info/XREF-RO
- Waiver Info-RO
- Waiver OnBase Ltrs

Assigned Roles

< << > >>

☐ Clerk Administrator

Previous Submit Cancel

Figure 17 Clerk Account Panel

2. In the “Clerk Roles” section, select a role from the Available Roles box. To select more than one row, hold down the Ctrl key and click all applicable roles.

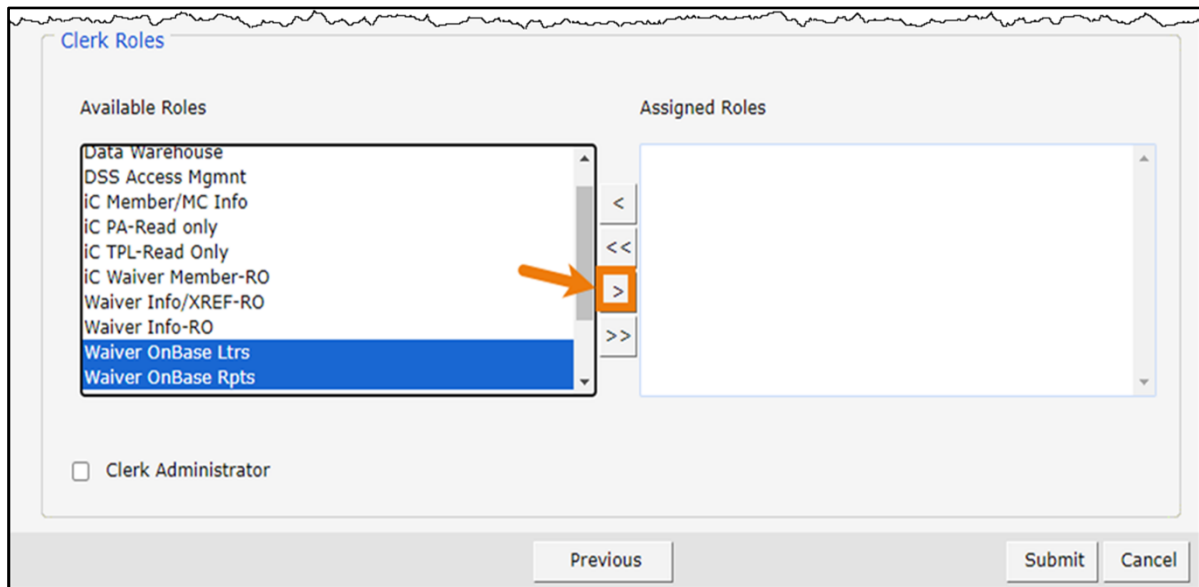


Figure 18 Clerk Roles Section With Available Roles

3. Click >. The selected role(s) will be added to the Assigned Roles box.

Note: To add all available roles to the clerk, click >>.

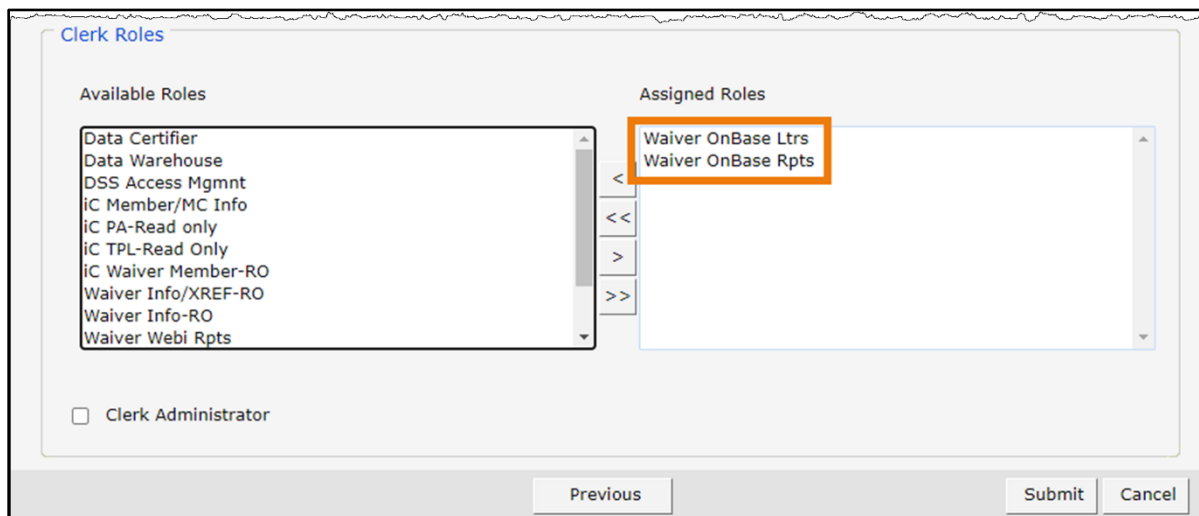


Figure 19 Clerk Roles Section With Assigned Roles

4. Click **Submit**. A confirmation message will be displayed at the top of the page.



Figure 20 User Successfully Updated Message

If an error message is received, correct the error(s), and click **Submit** again.

3.5 Remove a Role From a Clerk

1. Click **Next**. The Clerk Account panel will be displayed.

Clerk Account ?

Required fields are indicated with an asterisk (*).

- Password must contain one uppercase letter, one number, and at least 8 characters.

Clerk Details

User Name [Search]

Contact First Name

Contact Last Name

Telephone Number Ext.

E-Mail

Clerk Roles

Available Roles		Assigned Roles
Data Certifier	< << > >>	Waiver OnBase Ltrs
Data Warehouse		Waiver OnBase Rpts
DSS Access Mgmt		
iC Member/MC Info		
iC PA-Read only		
iC TPL-Read Only		
iC Waiver Member-RO		
Waiver Info/XREF-RO		
Waiver Info-RO		
Waiver Webi Rpts		

☐ Clerk Administrator

Previous Submit Cancel

Figure 21 Clerk Account Panel

- In the “Clerk Roles” section, select a role(s) from the Assigned Roles box. To select more than one row, hold down the Ctrl key and click all applicable roles.

Clerk Roles

Available Roles

- Data Certifier
- Data Warehouse
- DSS Access Mgmt
- iC Member/MC Info
- iC PA-Read only
- iC TPL-Read Only
- iC Waiver Member-RO
- Waiver Info/XREF-RO
- Waiver Info-RO
- Waiver Webi Rpts

Assigned Roles

- Waiver OnBase Ltrs
- Waiver OnBase Rpts

☐ Clerk Administrator

Previous Submit Cancel

Figure 22 Clerk Roles Section With Assigned Roles

- Click <. The selected role(s) will be transferred to the Available Roles box.

Note: To remove all of a clerk’s assigned roles, click <<.

Clerk Roles

Available Roles

- Data Certifier
- Data Warehouse
- DSS Access Mgmt
- iC Member/MC Info
- iC PA-Read only
- iC TPL-Read Only
- iC Waiver Member-RO
- Waiver Info/XREF-RO
- Waiver Info-RO
- Waiver Webi Rpts

Assigned Roles

- Waiver OnBase Rpts

☐ Clerk Administrator

Previous Submit Cancel

Figure 23 Clerk Roles Section With Role Removed

- Click **Submit**. A confirmation message will be displayed at the top of the page.

The following messages were generated:

User was successfully updated.

Figure 24 Confirmation Message

If an error message is received, correct the error(s), and click **Submit** again.

3.6 Reset a Clerk's Password

1. On the Clerk Maintenance Search panel, click **Reset Password**.

Clerk Maintenance Search

Search Criteria

Username
 First Name
 Last Name
 Email Address

Search Results

Username	First Name	Last Name	Last Login Date	Email Address
IRISCLERK01	IRIS	CLERK01	10/18/2021	anyemail@noemail.com
IRISCLERK03	IRIS	CLERK03	09/07/2021	noemail@yes-email.com
IRISCLERK04	IRIS	CLERK04	10/18/2021	noemail@yes-email.com

Selected Clerk

Username
 Contact First Name
 Contact Last Name
 Telephone Number Ext.
 Email

Figure 25 Clerk Maintenance Search Panel

The Reset Password page will be displayed.

Reset Password

User Name

New Password*

Confirm Password*

Password must contain one uppercase letter and one number.

Figure 26 Reset Password Page

2. Enter the new password (twice for confirmation). The password must be between nine–15 characters and must contain three different types of characters such as uppercase letters, lowercase letters, special characters, or numbers. The password must be unique and cannot contain information from the username, contact first name, or contact last name.

- Click **Reset Password**. A confirmation message will be displayed at the top of the page.

The following messages were generated:

Password successfully reset. Click cancel button to return to Clerk Maintenance.

Figure 27 Confirmation Message

Note: The administrator will have to manually share the new password with the clerk. Clerks must change the new password set up by the administrator the first time they log in.

If an error message is received, correct the error(s), and click **Reset Password** again.

3.7 Delete a Clerk Account

- On the Clerk Maintenance Search panel, click **Remove Clerk** to initiate the record deletion.

The screenshot shows the 'Clerk Maintenance Search' panel. It includes a 'Search Criteria' section with input fields for Username, First Name, Last Name (containing 'clerk'), and Email Address, along with 'Search' and 'Clear' buttons. Below is a 'Search Results' table with columns: Username, First Name, Last Name, Last Login Date, and Email Address. The first row is highlighted in yellow. At the bottom, the 'Selected Clerk' section displays details for 'IRISCLERK01' and includes a 'Remove Clerk' button, which is highlighted with an orange box and an arrow. Other buttons like 'Reset Password', 'Next', 'Add Clerk', and 'Cancel' are also visible.

Username	First Name	Last Name	Last Login Date	Email Address
IRISCLERK01	IRIS	CLERK01	10/18/2021	anyemail@noemail.com
IRISCLERK03	IRIS	CLERK03	09/07/2021	noemail@yes-email.com
IRISCLERK04	IRIS	CLERK04	10/18/2021	noemail@yes-email.com

Selected Clerk

Username: IRISCLERK01
 Contact First Name: IRIS
 Contact Last Name: CLERK01
 Telephone Number: (646)001-2365 Ext.
 Email: anyemail@noemail.com

Buttons: Remove Clerk, Reset Password, Next, Add Clerk, Cancel

Figure 28 Clerk Maintenance Search Panel

A dialog box confirming the deletion will be displayed.

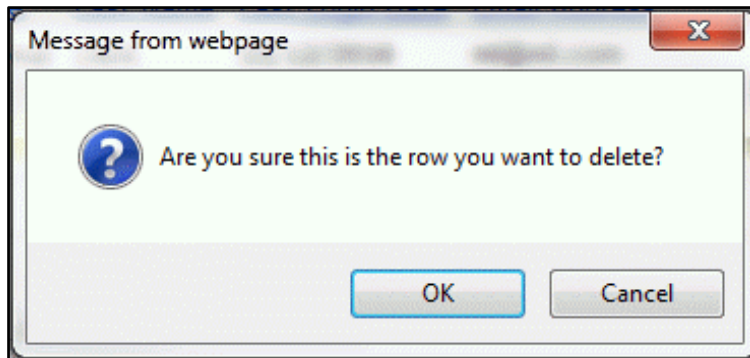


Figure 29 Dialog Box

2. Click **OK**. A confirmation message will be displayed at the top of the Clerk Maintenance Search page.



Figure 30 Confirmation Message

3.8 Clerk Account Log in for First Time

Clerk account users will be required to complete the steps for MFA when logging in for the first time and every 60 days thereafter.

With MFA, users are asked to provide two authentication methods to verify their identity when logging in to the Portal. MFA will protect Portal accounts against unauthorized access in case user login credentials are compromised.

MFA will be required to log in when a user changes any of the following account information:

- Account password
- Email address

When using MFA, a user will be sent a one-time code through their choice of email, text message (SMS), or phone call.

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

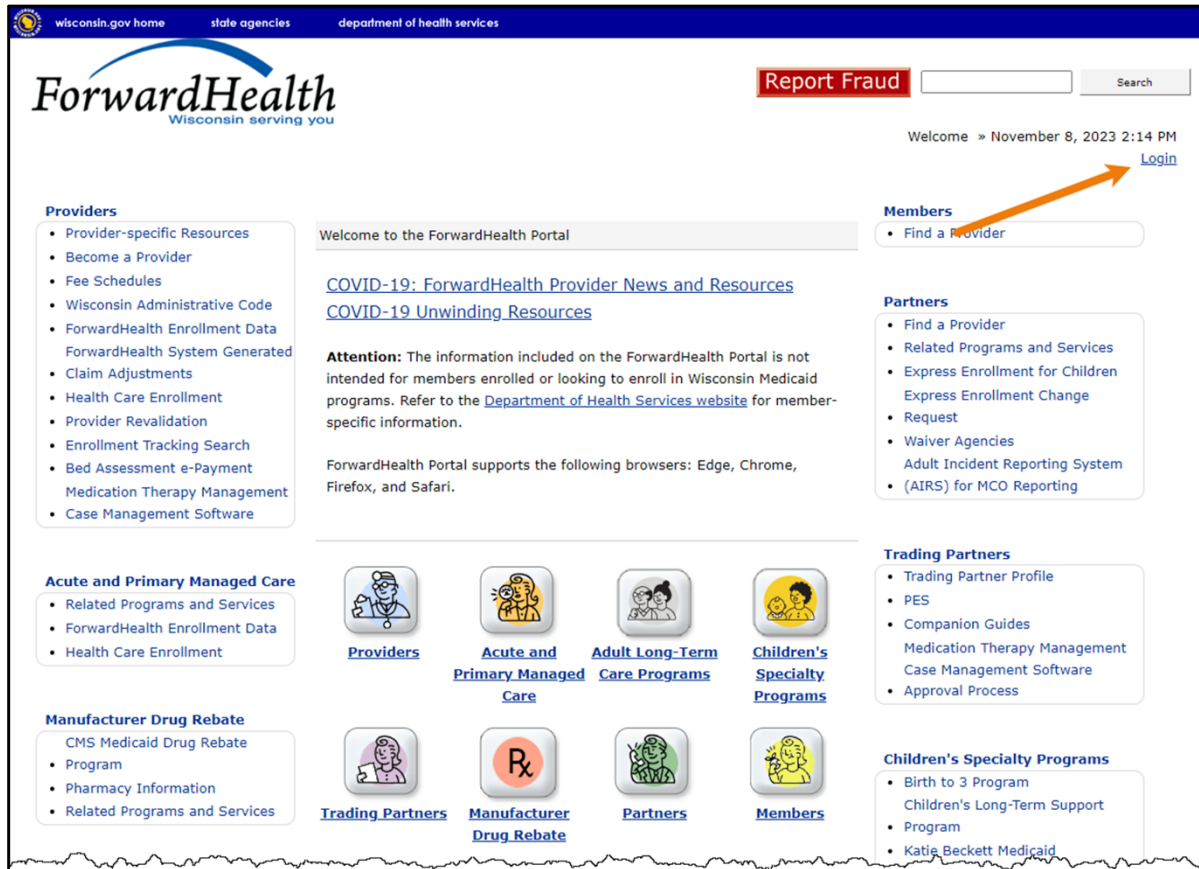


Figure 31 ForwardHealth Portal Homepage

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

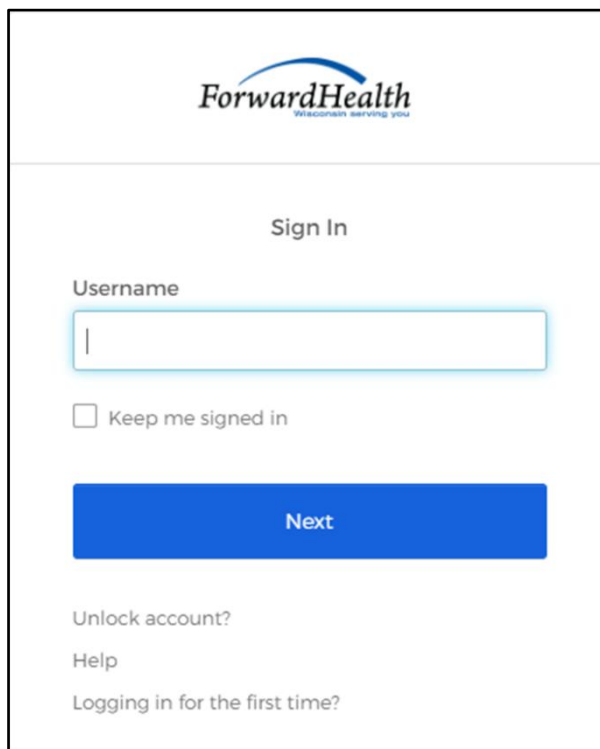
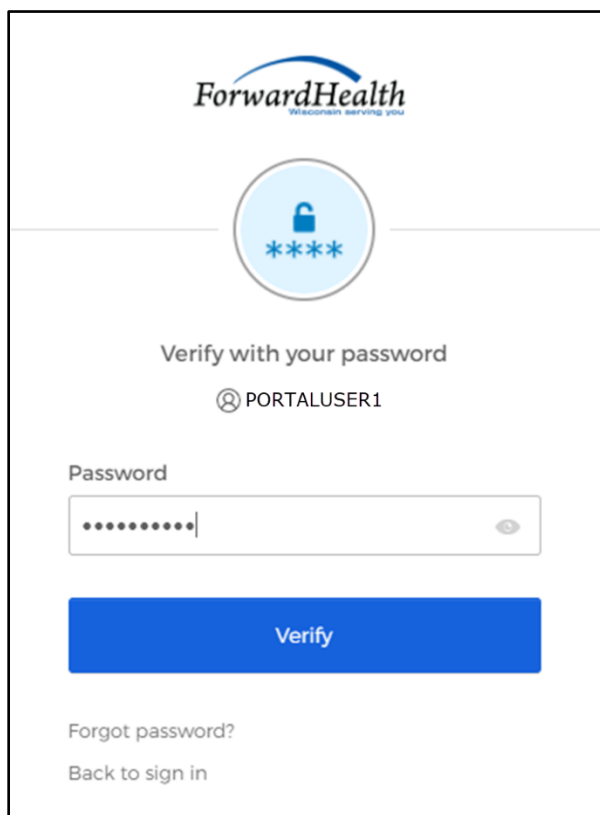
The image shows a 'Sign In' box for ForwardHealth. At the top is the ForwardHealth logo with the tagline 'wisconsin serving you'. Below the logo is the title 'Sign In'. There is a text input field labeled 'Username' with a blue border and a cursor. Below the input field is a checkbox labeled 'Keep me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

Figure 32 Sign-In Box

3. Enter the user's username.
4. Click **Next**.

A Verify with your password box will be displayed.



ForwardHealth
Transforming care, saving lives

Verify with your password

PORTALUSER1

Password

Verify

[Forgot password?](#)

[Back to sign in](#)

Figure 33 Verify With Your Password Box

5. Enter the user's password.
6. Click **Verify**.

A Get a verification email box will be displayed. Note: If the user's password expires when setting up MFA, a change password box will be displayed, and the user will be prompted to enter and re-enter their new password.

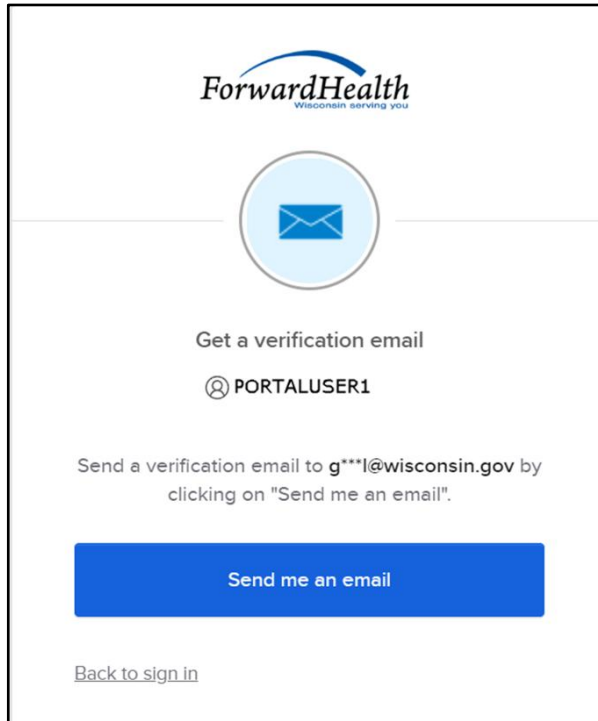


Figure 34 Get a Verification Email Box

7. Click **Send me an email**.

A box will be displayed indicating the email has been sent with a link to enter the code from the email.

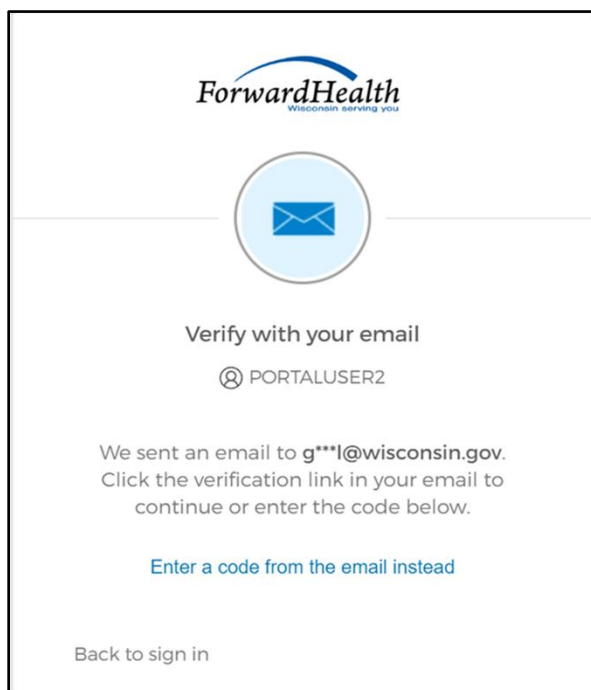


Figure 35 Verify With Your Email Box

8. The email sent to the user's email address includes a **Sign In** link (Option 1) and a verification code (Option 2).

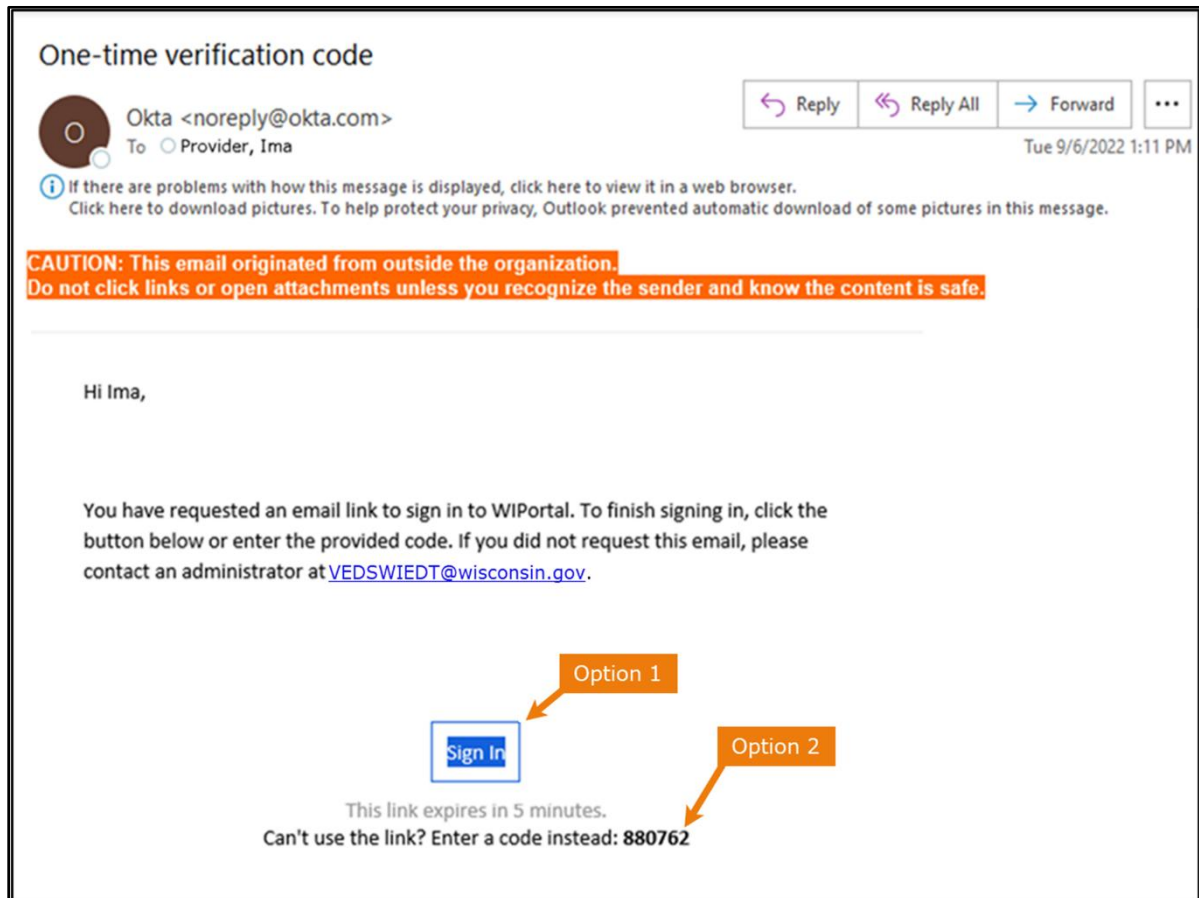
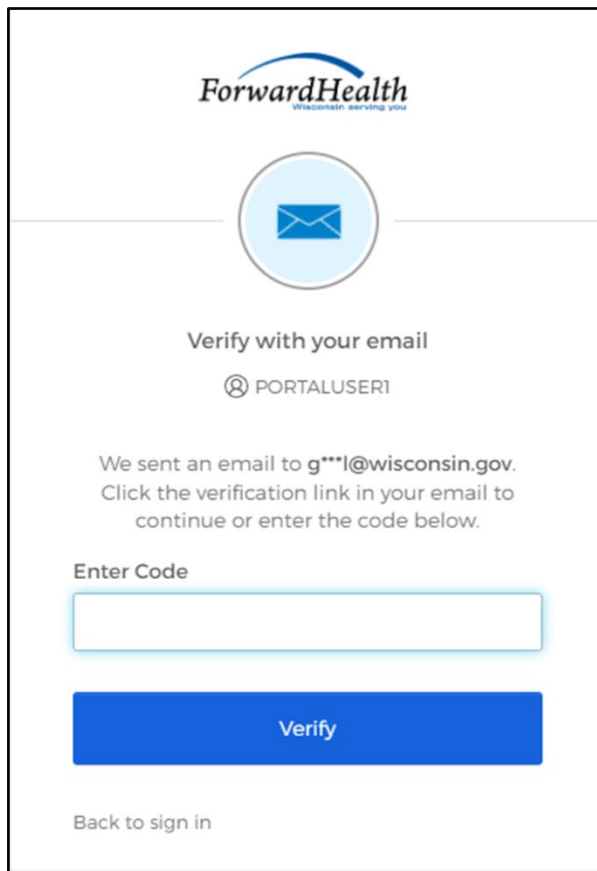


Figure 36 One-Time Verification Code Email

9. The user can choose to either:

- Click the **Sign In** link (Option 1) from the email.
- Copy the verification code in the email (Option 2), return to the Verify with your email box, and click **Enter a verification code instead**. Enter the code from the email and click **Verify**.



ForwardHealth
Wisconsin serving you



Verify with your email

 PORTALUSER1

We sent an email to g***l@wisconsin.gov.
Click the verification link in your email to
continue or enter the code below.

Enter Code

Verify

[Back to sign in](#)

Figure 37 Verify With Your Email Box

A Set up security methods box will be displayed.

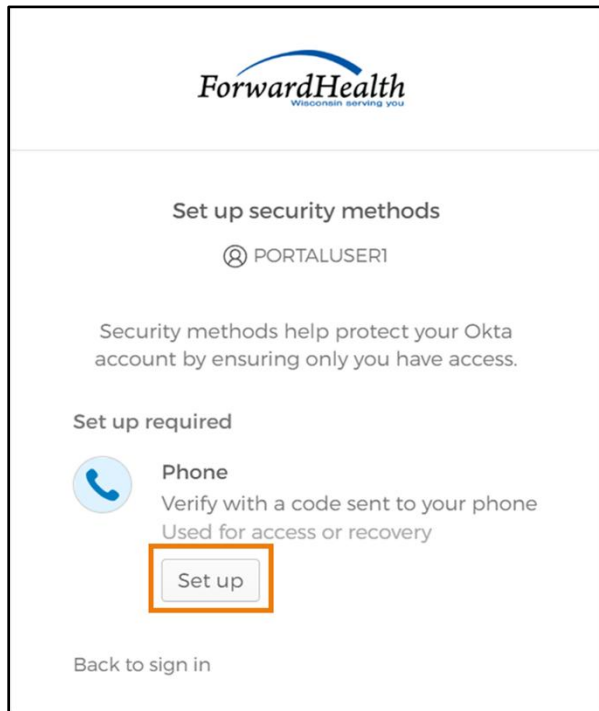


Figure 38 Set Up Security Methods Box

10. Click **Set up**.

A Set up phone authentication box will be displayed.

ForwardHealth
Wisconsin serving you



Set up phone authentication

PORTALUSER1

Enter your phone number to receive a verification code via SMS.

☒ SMS

☐ Voice call

Country

United States ▼

Phone number

+1

Receive a code via SMS

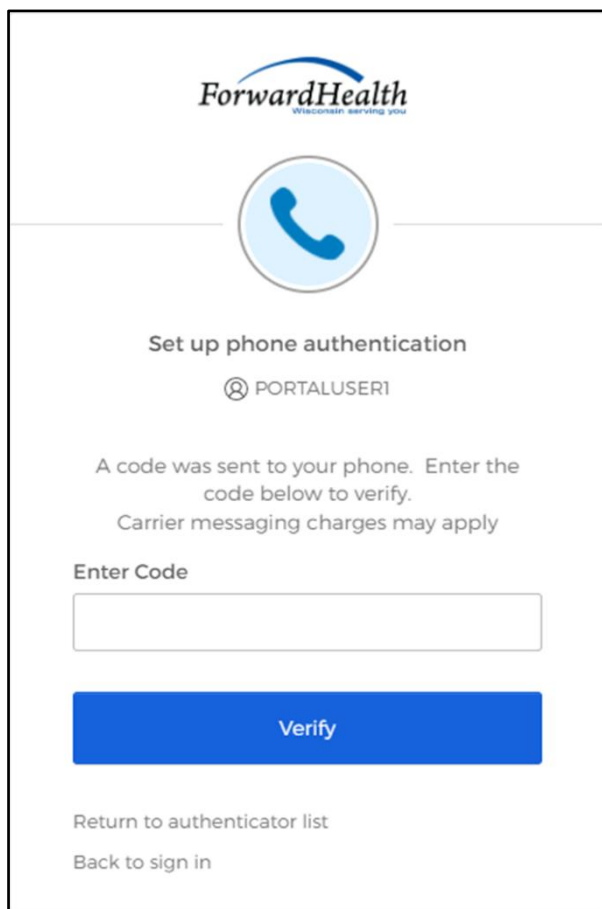
[Return to authenticator list](#)

[Back to sign in](#)

Figure 39 Set Up Phone Authentication Box

11. Select **SMS** (text) or **Voice call** for the phone authentication method.
12. Enter the phone number.
13. Click **Receive a code via SMS** or **Receive a code via voice call** depending on which option is selected.

A Set up phone authentication box will be displayed.



ForwardHealth
Wisconsin serving you



Set up phone authentication

PORTALUSER1

A code was sent to your phone. Enter the code below to verify.
Carrier messaging charges may apply

Enter Code

Verify

[Return to authenticator list](#)

[Back to sign in](#)

Figure 40 Set Up Phone Authentication Box

14. Enter the code that was sent via text or voice call in the **Enter Code** box.
15. Click **Verify**. MFA will be set up and the user will be signed in to the Portal.

4 Clerk Last Logon

This function allows users with administrative accounts to search, identify, and remove inactive clerk accounts.

On the Account page, click **Clerk Last Logon**.

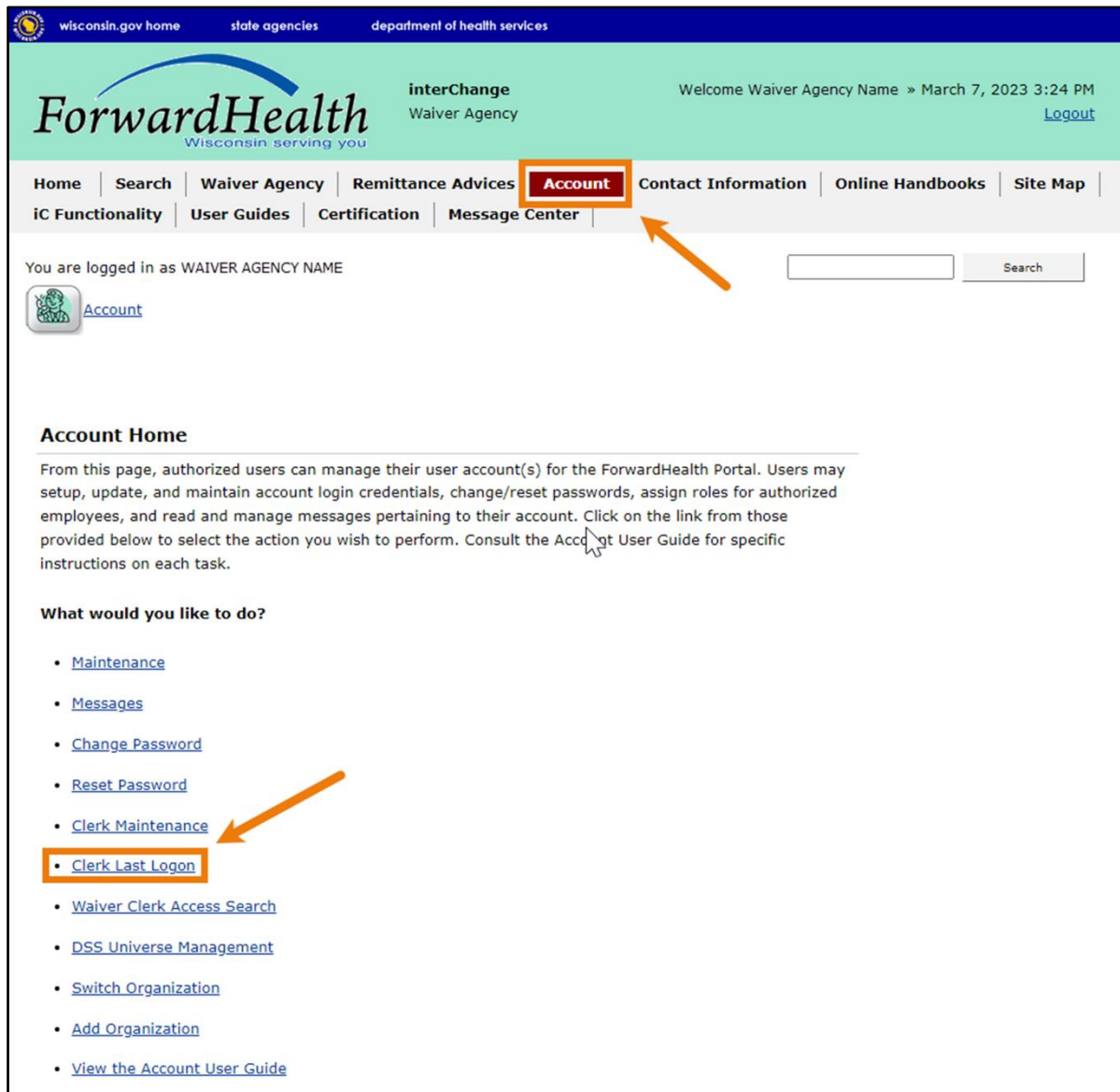


Figure 41 Waiver Agency Account Page

The Clerk Last Logon panel will be displayed.

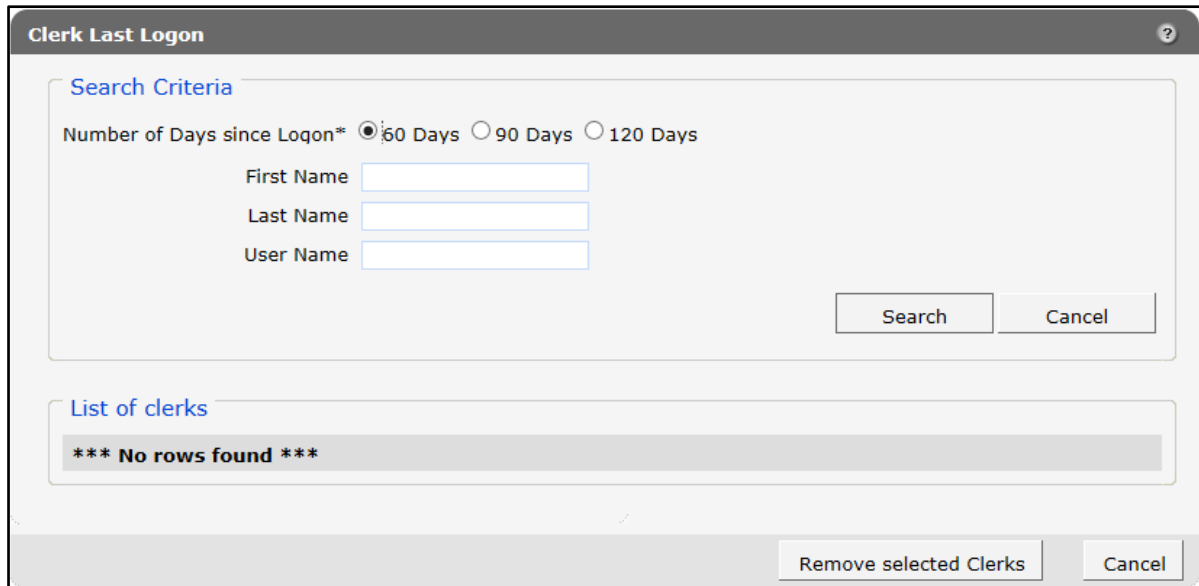
The image shows a software window titled "Clerk Last Logon" with a help icon in the top right corner. The window is divided into two main sections. The top section, titled "Search Criteria", contains a group box labeled "Number of Days since Logon*" with three radio button options: "60 Days" (which is selected), "90 Days", and "120 Days". Below these are three text input fields labeled "First Name", "Last Name", and "User Name". To the right of these fields are "Search" and "Cancel" buttons. The bottom section, titled "List of clerks", contains a single line of text: "*** No rows found ***". At the bottom right of the window are "Remove selected Clerks" and "Cancel" buttons.

Figure 42 Clerk Maintenance Search Panel

Through the Clerk Last Logon panel, users with administrative accounts can search for users with inactive accounts and can also identify and remove clerks from a list of their organization's clerk accounts.

Note: Users with clerk administrative accounts may not administer their own accounts or other administrative or clerk administrative accounts.

4.1 Search and Remove a Clerk Account

The Clerk Last Logon panel allows a user to select an existing clerk within the waiver agency organization based on the number of days since their last logon.

1. In the "Search Criteria" section, click the button indicating the number of days since the clerk's last logon. Options include periods of at least 60 days, 90 days, or 120 days from the clerk's last logon.

2. Enter any information for the clerk in any combination in the “Search Criteria” section. Alternatively, leave the First Name, Last Name, and User Name fields blank to bring up a list of all clerks associated with the provider organization based on the number of days since their last login.

Clerk Last Logon

Search Criteria

Number of Days since Logon* ☒ 60 Days ☐ 90 Days ☐ 120 Days

First Name

Last Name

User Name

Search Cancel

Figure 43 Search Criteria Section

3. Click **Search**. The clerk(s) will be listed under the “List of clerks” section.

Clerk Last Logon

Search Criteria

Number of Days since Logon* ☒ 60 Days ☐ 90 Days ☐ 120 Days

First Name

Last Name

User Name

Search Cancel

List of clerks

Clerk First Name	Clerk Last Name	Clerk User Name	E-Mail	Date Last Logon	Number of days since last logon	Remove From Org
mary	tester	SUPERCLAIM	marytester@claims.com	20080812	4608	☐
test	teststst	DEREKTEST9	ml@ml.com	20100427	3985	☐

Remove selected Clerks Cancel

Figure 44 List of Clerks Section

4. Check the box under the Remove From Org column.
5. Click **Remove selected Clerks**. The selected clerks will be removed from the ForwardHealth Portal.

Note: The user can click **Cancel** to return to their secure account homepage.

5 Switch Organization

The Switch Organization function allows users to do the following:

- Administrative and clerk administrative users may assign roles to a user for a different organization within the same account without logging off.
- Users may perform tasks on behalf of multiple organizations within the same account without logging off.
- All users may change their default login organization.

Note: Users who work under one IRIS Waiver agency will not need to use this functionality.

5.1 Search and Switch to Organization

1. Click **Account** on the main menu at the top of the page. The Account Home page will be displayed.

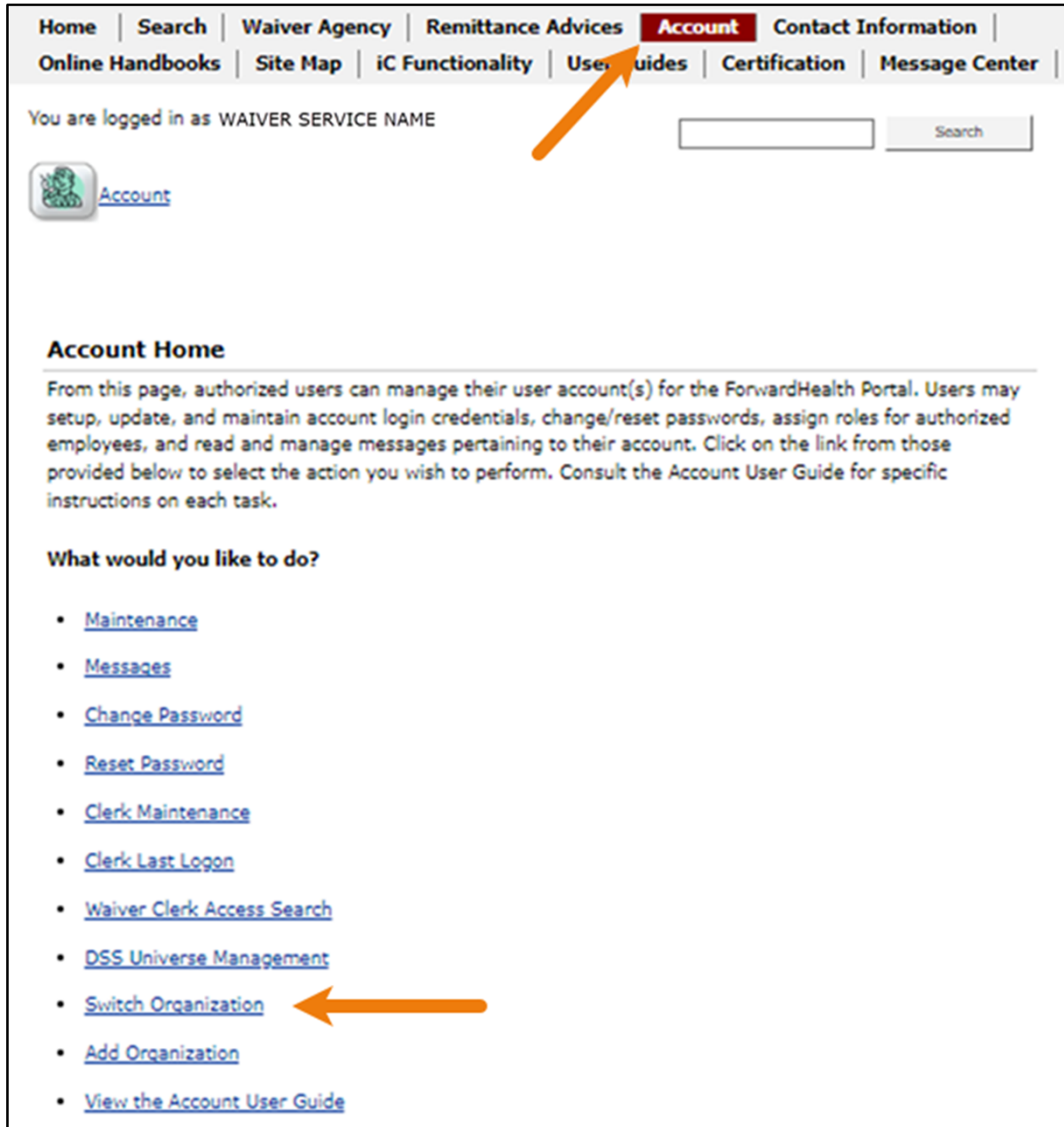


Figure 45 Account Home Page

- On the Account Home Page, click **Switch Organization**. The Select Account page will be displayed.

Select Account

Required fields are indicated with an asterisk (*).

Search Criteria

NPI Name
 Provider ID City
 ZIP Code

Search Results

*** No rows found ***

Select row above to update.

Currently Selected Provider

Current Provider

Newly Selected Provider

NPI Provider ID
 Name Payer
 Address Taxonomy
 City Provider Type
 State -

Figure 46 Select Account Page

Fields on the Select Account panel contain different pieces of information for waiver agencies. The fields and their corresponding information include:

- Current Provider—This field will show the ID of the waiver agency in which the user is actively logged.
- NPI—This field will always be blank.
- Address, City, State, ZIP—These fields will show the waiver agency’s address, city, state, and zip code.
- Provider ID—The field will show the Waiver Agency ID.
- Taxonomy—This field will be blank.
- Provider Type—This field will indicate “Waiver Agency.”
- Default Provider ID checkbox—This box will be checked for the Waiver Agency ID the user will automatically log in as when logging in to the Portal.

- Payer—This field will be blank.
- Enter any of the following search criteria for the organization in any combination in the “Search Criteria” section.
 - NPI
 - Provider ID
 - ZIP Code
 - Name
 - City
 - Click **search**. The organization(s) will be listed under the “Search Results” section.

Select Account

Required fields are indicated with an asterisk (*).

Search Criteria

NPI Name
 Provider ID 12345678 City
 ZIP Code

Search Results

NPI	Provider ID	Name	Address	City	State	ZIP	ZIP + 4	Taxonomy	Payer	Provider Type	Security Level
12345678		DEPT OF HEALTH & HUMAN SERVICES	123 MAIN ST	ALMA	WI	55555	0000	-	-	WaiverAgency	
12345678		DEPT OF HUMAN SERVICES	123 ANY ST	CHILTON	WI	11111	0000	-	-	WaiverAgency	

Select row above to update.

Currently Selected Provider

Current Provider

Newly Selected Provider

NPI Provider ID
 Name Payer
 Address Taxonomy
 City Provider Type
 State -

Figure 47 Select Account Page—Search Results

- Click the row containing the appropriate organization. The organization’s information will auto-populate in the “Currently Selected Provider” and “Newly Selected Provider” sections. Note: If only one organization is listed under the “Search Results” section, the “Newly Selected Provider” section will auto-populate with the organization’s information.

Select Account

Required fields are indicated with an asterisk (*).

Search Criteria

NPI Name
 Provider ID City
 ZIP Code

Search Results

NPI	Provider ID	Name	Address	City	State	ZIP	ZIP + 4	Taxonomy	Payer	Provider Type	Security Level
12345678		DEPT OF HEALTH & HUMAN SERVICES	123 MAIN ST	ALMA	WI	55555	0000	-	-	WaiverAgency	
12345678		DEPT OF HUMAN SERVICES	123 ANY ST	CHILTON	WI	11111	0000	-	-	WaiverAgency	

Select row above to update.

Currently Selected Provider

Current Provider

Newly Selected Provider

NPI Provider ID
 Name Payer
 Address Taxonomy
 City Provider Type
 State

Figure 48 Select Account Page—Populated

- If the user wishes to switch to the selected organization's account, click **Switch To**.
- The user will be returned to the secure Waiver Agency page. The Provider ID to which the user switched will be displayed at the top of the page.

5.2 Set As Default Login Organization

1. To make an organization the default login user, click the row of the desired organization on the Switch Organization page. The organization's information will auto-populate in the "Currently Selected Provider" and "Newly Selected Provider" sections.
2. Click **Set As Default**.

Switch Organization

Required fields are indicated with an asterisk (*).

NPI	Provider ID	Address	City	State	ZIP	ZIP + 4	Taxonomy	Provider Type	Payer	Default Provider ID
99999999	123 MAIN ST	ANYTOWN WI	5555	1111				-	☒	

Select row above to update.

Currently Selected Provider

Current Provider 99999999

Newly Selected Provider

NPI Provider ID 99999999
Address 123 MAIN ST Taxonomy
City ANYTOWN Provider Type
State WI Default ☒
ZIP 55555 - 1111 Provider ID
Payer -

Switch To **Set As Default**

Figure 49 Switch Organization Panel With Auto-Populated Information

The Switch Organization panel will refresh, and checkmarks will be displayed in the Default Provider ID boxes for the selected organization.

Switch Organization

Required fields are indicated with an asterisk (*).

NPI	Provider ID	Address	City	State	ZIP	ZIP + 4	Taxonomy	Provider Type	Payer	Default Provider ID
99999999	123 MAIN ST	ANYTOWN WI	55555	1111						☒

Select row above to update.

Currently Selected Provider

Current Provider: 99999999

Newly Selected Provider

NPI: Provider ID: 99999999
Address: 123 MAIN ST Taxonomy:
City: ANYTOWN Provider Type:
State: WI **Default Provider ID** ☒
ZIP: 55555 - 1111 Payer:

Switch To Set As Default

Figure 50 Switch Organization Panel

Each time the user logs in to their account, the user's organization will default to the Waiver Agency ID selected. A user must switch organizations after logging in to access any of their other accounts.

6 Waiver Agency Portal Administrator Change Request

This functionality allows waiver agency clerks to request a change of their agency's administrator via the Portal. Clerks can make the request for themselves or on behalf of someone else in their agency.

1. On the Secure Waiver Agency page, click **Waiver Agency Portal Admin Change Request**.

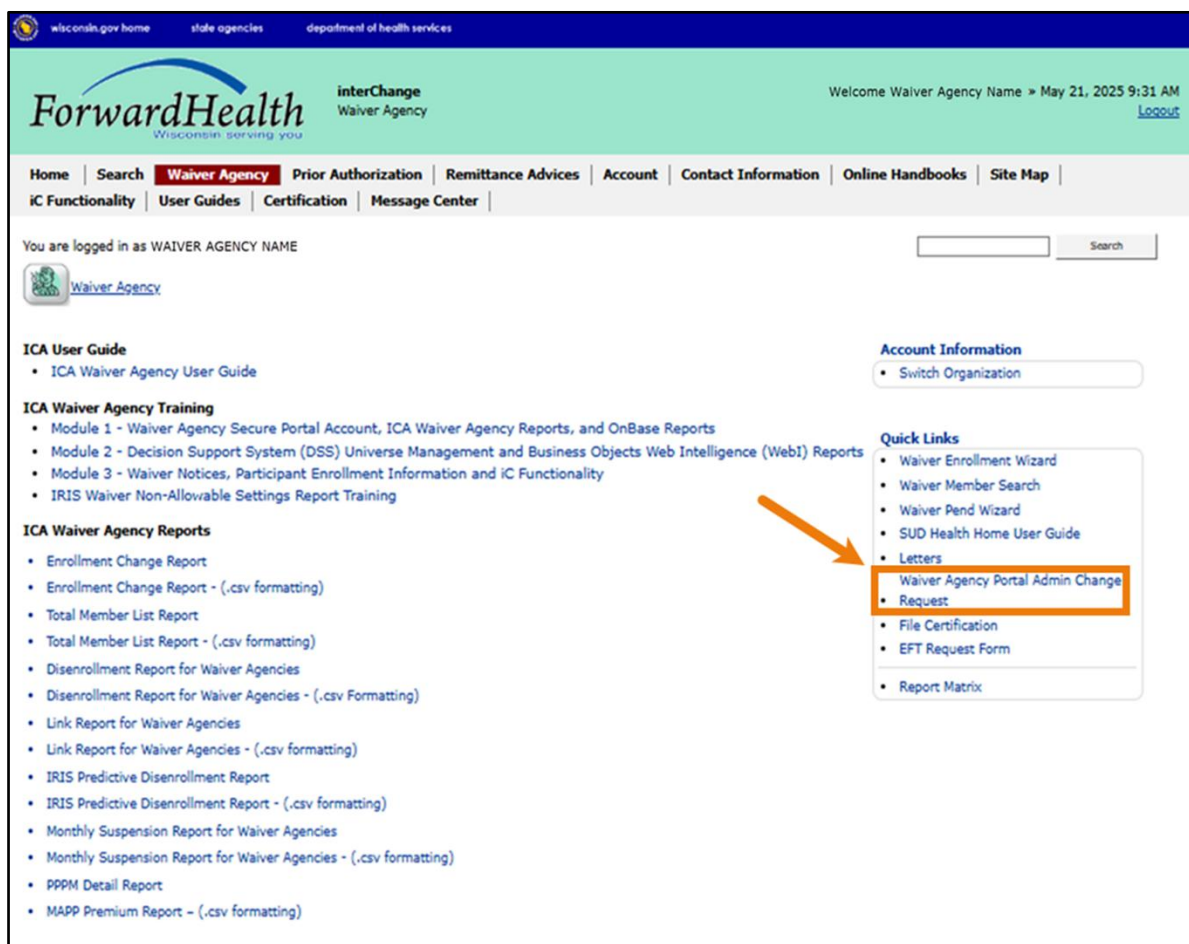
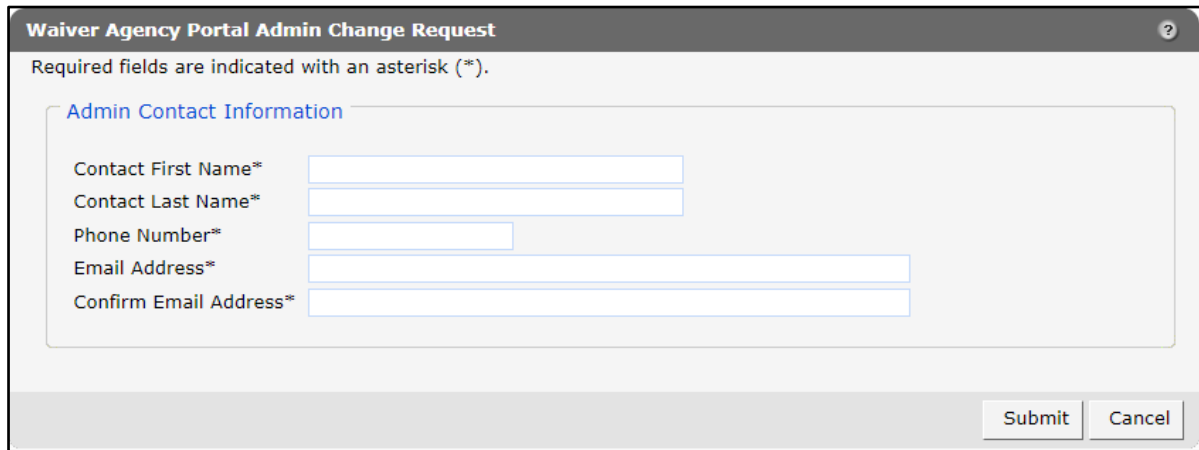


Figure 51 Secure Waiver Agency Page

The Waiver Agency Portal Admin Change Request panel will be displayed.



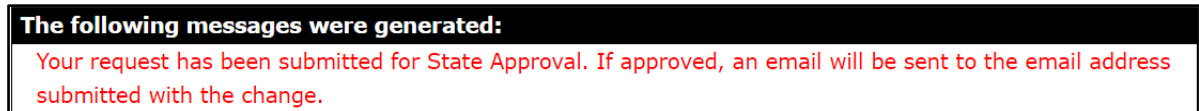
The image shows a web form titled "Waiver Agency Portal Admin Change Request". At the top, it states "Required fields are indicated with an asterisk (*)." Below this, there is a section titled "Admin Contact Information" which contains five input fields: "Contact First Name*", "Contact Last Name*", "Phone Number*", "Email Address*", and "Confirm Email Address*". Each field has a corresponding text input box. At the bottom right of the form, there are two buttons: "Submit" and "Cancel".

Figure 52 Waiver Agency Portal Admin Change Request Panel

2. Enter administrator contact information in the fields. Note: The clerk should enter the administrator contact information for the new agency administrator.

It is necessary to **complete all the fields** on this page. An error message will be displayed if any of the information is not provided.

3. Click **Submit**. A message will be displayed at the top of the page indicating the request has been submitted to DHS for approval.



The image shows a confirmation message box with a black header that reads "The following messages were generated:". Below the header, the message text is displayed in red: "Your request has been submitted for State Approval. If approved, an email will be sent to the email address submitted with the change."

Figure 53 Confirmation Message

4. An autogenerated email will be sent to administrators of the new waiver agency admin role that there is a pending request that needs to be reviewed. Once approved, an email will be sent to the new administrator announcing that the request has been approved. A PIN letter will be sent to the new administrator at the agency address on file with further instructions. Note: The agency can email the DHS IRIS Quality inbox at DHSIRISQuality@dhs.wisconsin.gov if they do not have anyone with access to the Waiver Agency area of the Portal that can submit the request.

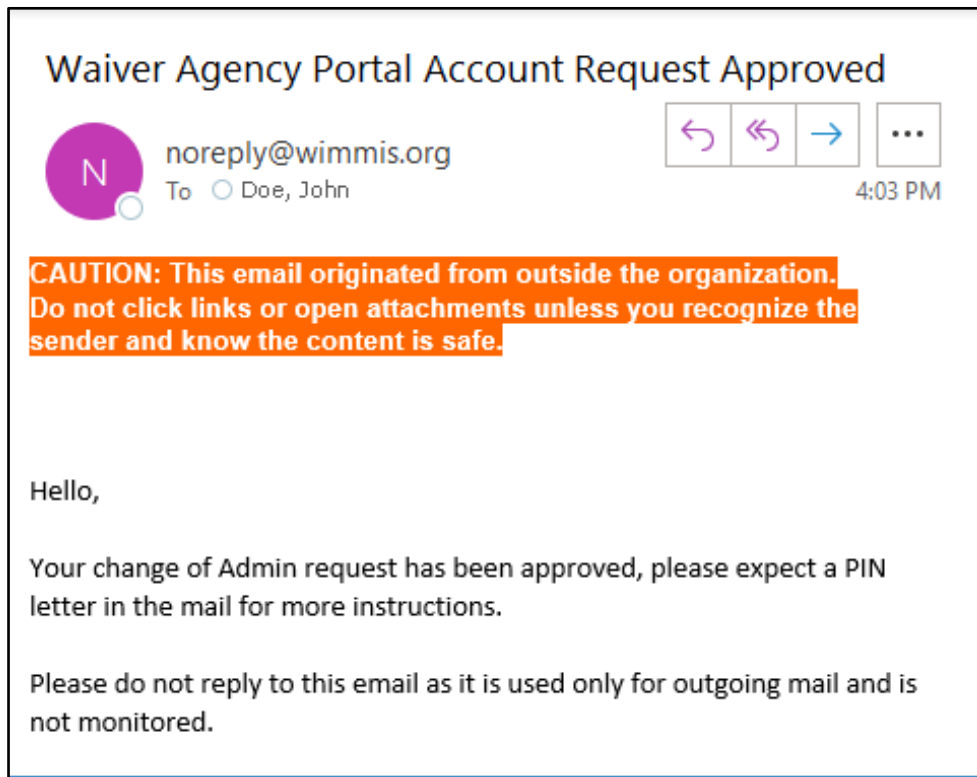


Figure 54 Waiver Agency Portal Account Request Approved Email

7 Reporting

Users with the appropriate security will access available reports from either the Secure Waiver Agency Portal or via Secure File Transfer Protocol (SFTP).

Providers can use the [Waiver Agency Report Matrix](#) to view the available reports, their description, frequency, and how they are accessed, the file name, and associated data dictionary by clicking on the report name hyperlink. Reports that were previously available through the Business Objects repository are now available through SAS, which are the software framework, servers, and application used for the Enterprise Data Warehouse/Data Analytics and Reporting (EDW/DAR) module. The EDW/DAR module consists of a centralized Wisconsin Medicaid/Long-Term Care enterprise data warehouse. Additionally, EDW/DAR consists of applications to query, report, and analyze the data.

For any issues with EDW/DAR, users can contact the DHS SAS Cloud Help Desk at wids-helpdesk@sas.com.

For training on accessing and running reports, users can email SAS Training at EDWDARtraining@sas.com.

7.1 OnBase Reports

Users who are assigned the appropriate security roles by their agency administrator can access OnBase reports from the Portal. Refer to [Appendix A: User Security Roles](#) for more information about the required user security roles and the types of reports available to them.

OnBase reports are created with data from the interChange Medicaid Management Information System (MMIS) and not from the Long-Term Care Data Warehouse (LTC DW) universe.

7.1.1 Accessing OnBase Reports

On the Secure Waiver Agency page, links to the reports are available under the ICA Waiver Agency Reports heading.

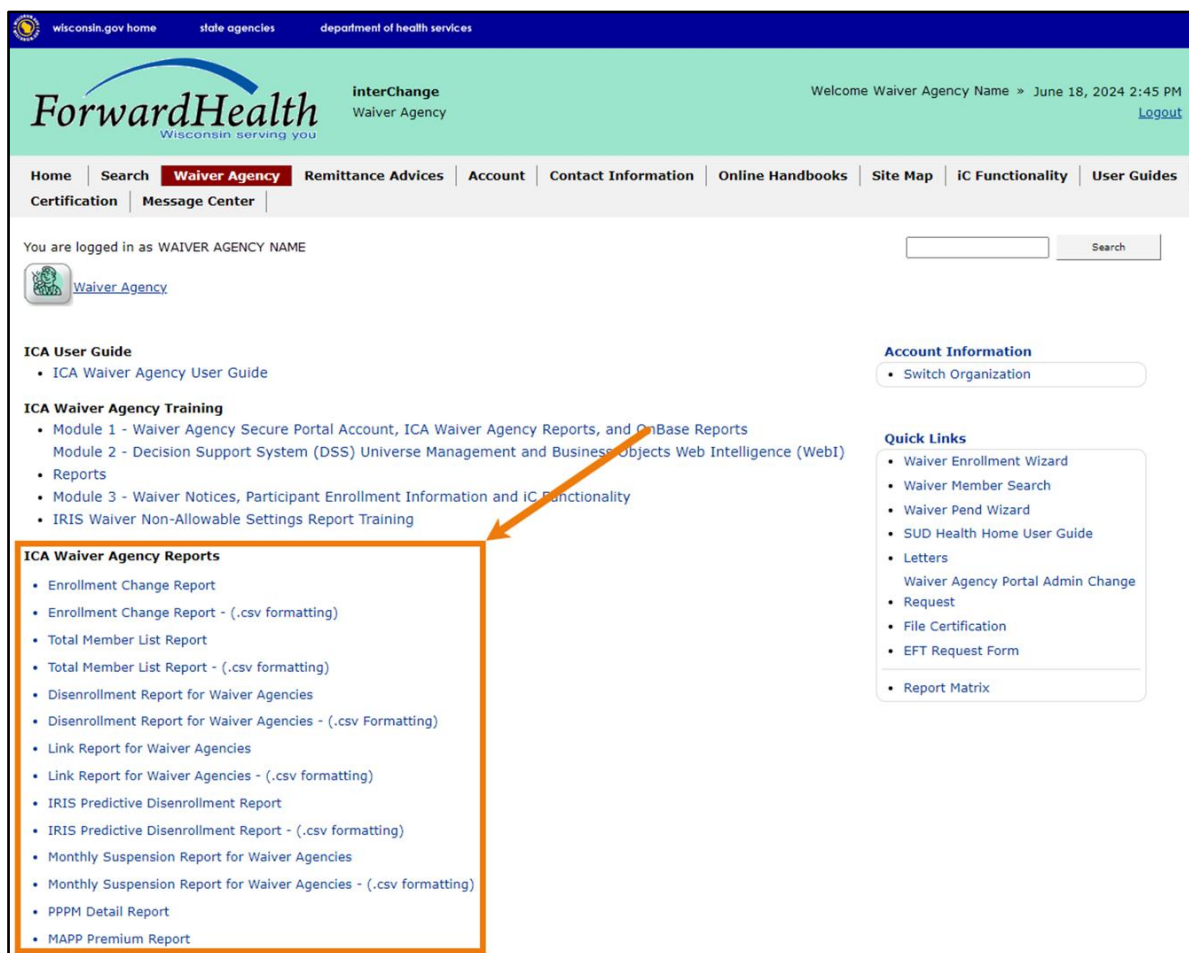


Figure 55 Secure Waiver Agency Page

Note: If the report links do not appear on the secure Waiver Agency page, the user does not have the correct security roles to access this functionality. If this user should have access and does not, the user should contact their waiver agency administrator.

The secure Waiver Agency page contains links to the OnBase reports available to ICAs with the Waiver OnBase Reports role. The user can access reports up to six months from the current date they signed in to the Portal and are limited to the agency they are logged in with.

7.1.2 Accessing OnBase Reports—Comma-Separated Value Formatting

1. Click the desired report link from the Secure Waiver Agency page. Note: Links with .csv Formatting listed after the report name are available in comma-separated format (CSV).

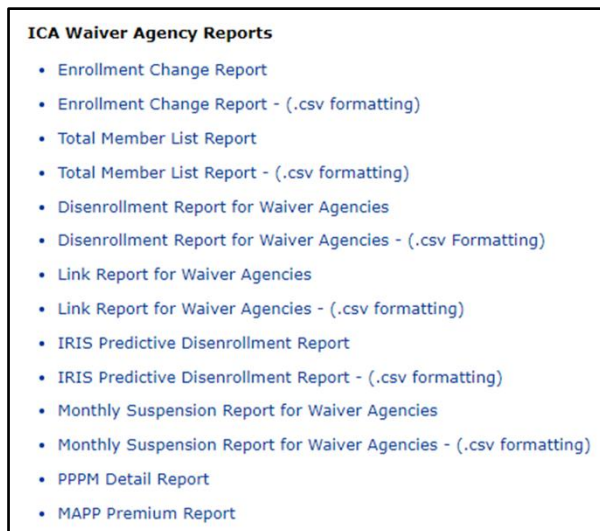


Figure 56 .CSV Format Option

2. The OnBase document viewer will open.

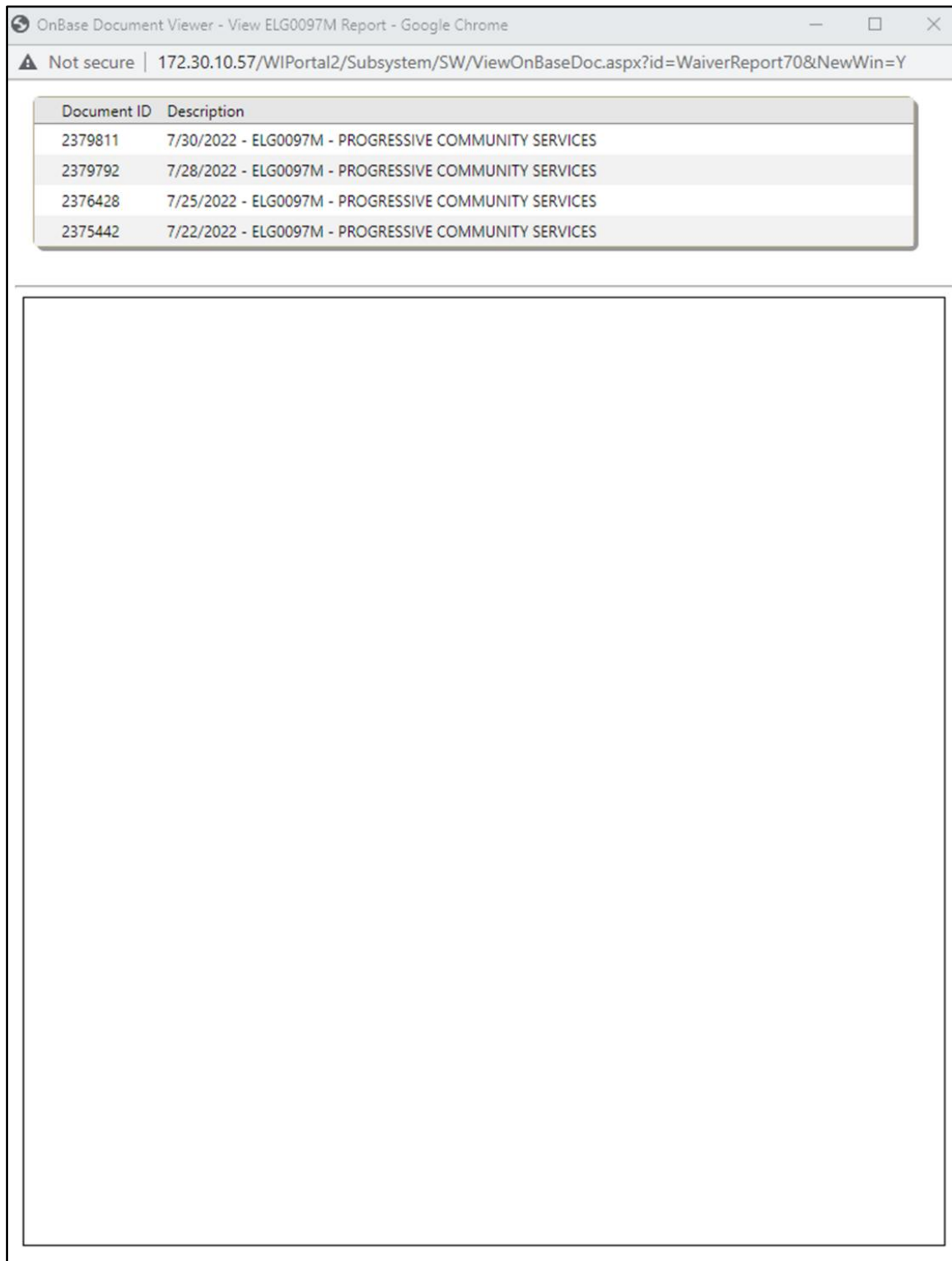


Figure 57 OnBase Document Viewer

- Click the desired report. A file download icon will be displayed in the bottom left corner of the page, and the file will download directly to the user's default download file location. The user can view all recent downloads by clicking **Show all** in the bottom right corner of the page.

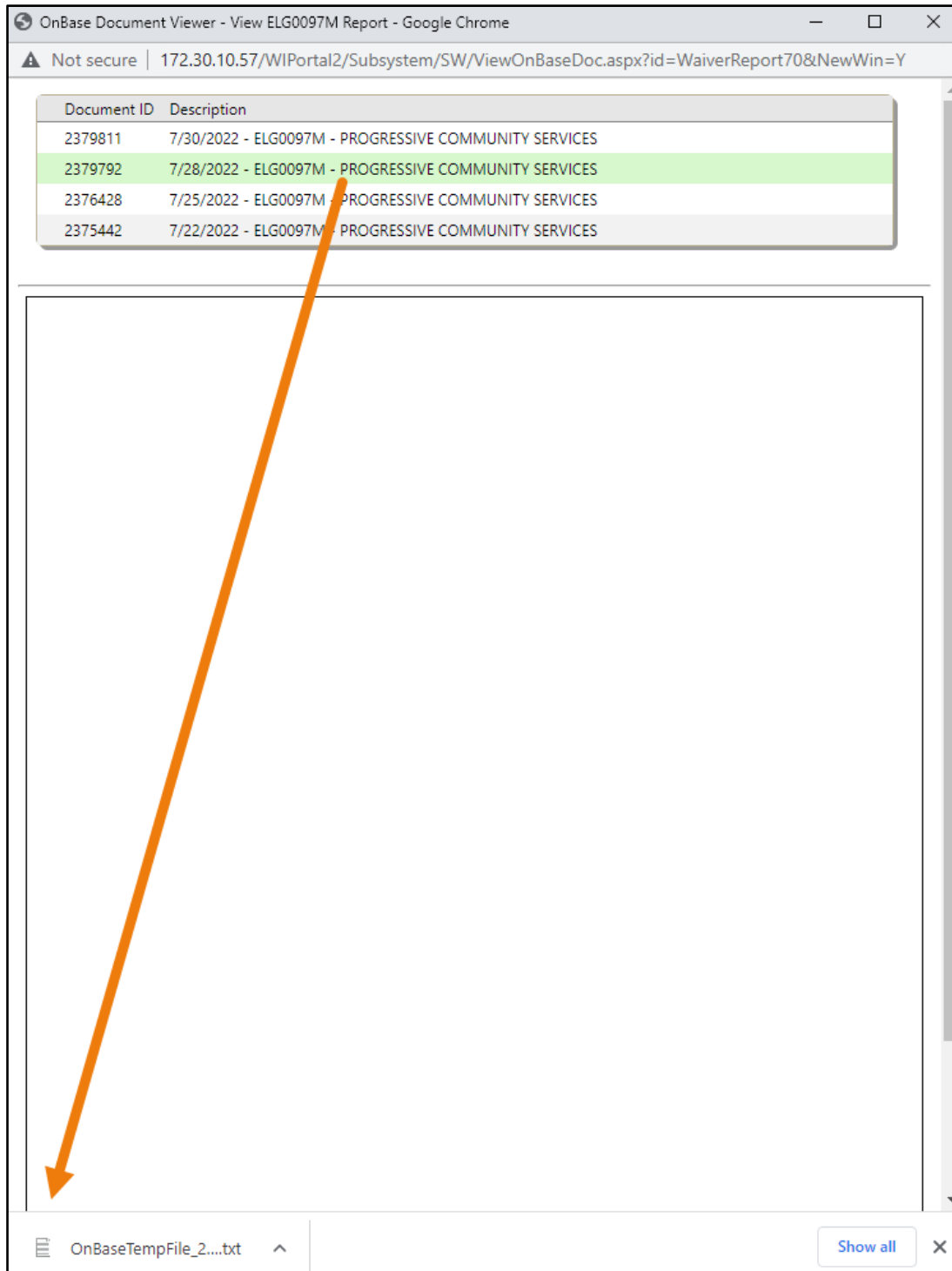


Figure 58 OnBase Document Viewer Window

- Click the icon to open the file name ending in .txt to verify that the .txt file generated is being retrieved in a format where the data is separated by commas.

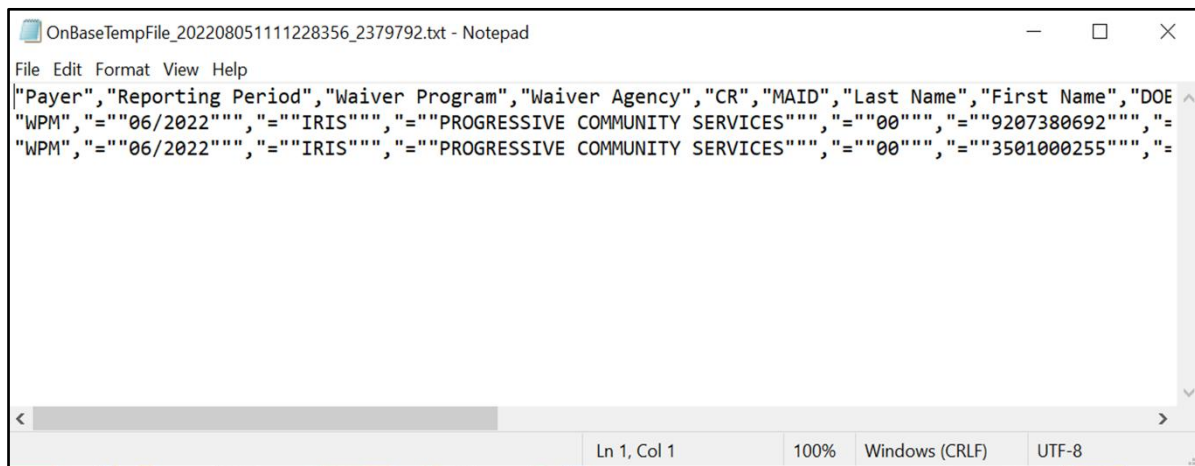


Figure 59 Comma-Separated Data

- Close the file and navigate to the location in which the .txt file was downloaded.
- Change the file extension to ".csv."

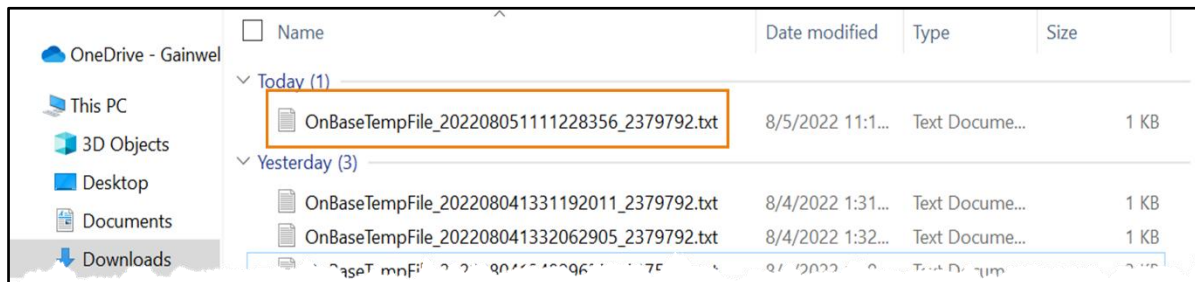


Figure 60 Downloaded File—.TXT Extension

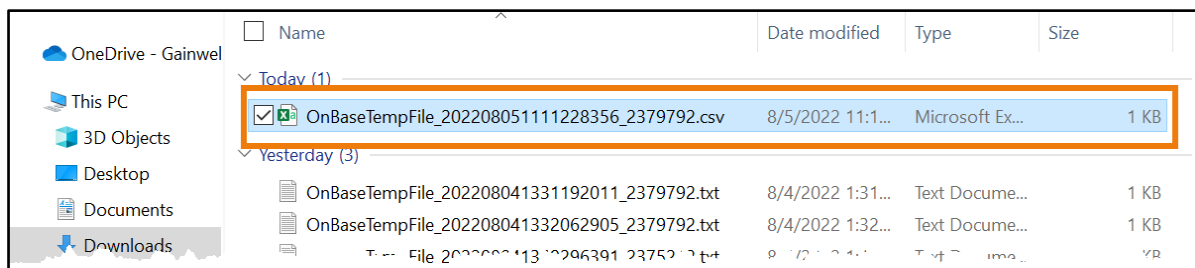


Figure 61 Downloaded File—.CSV Extension

- Double-click to open the file. Note: The fields may need to be expanded to view all of the data, but the data should be separated correctly by cell.

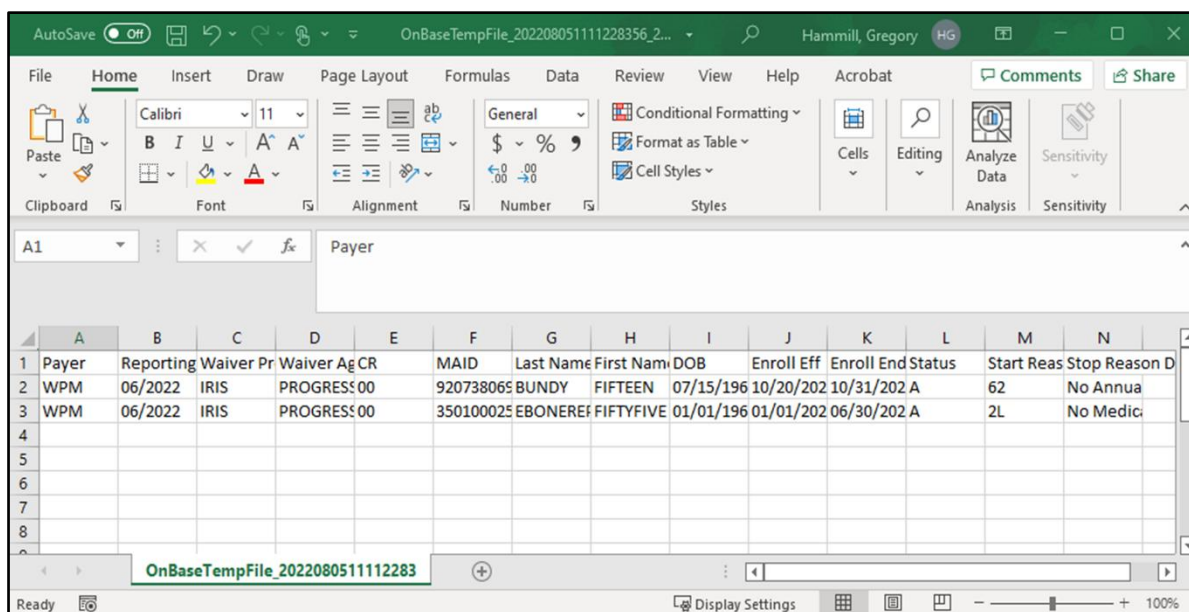


Figure 62 CSV Formatted File

	A	B	C	D	E
1	Payer	Reporting Period	Waiver Program	Waiver Agency	CR
2	WPM	06/2022	IRIS	PROGRESSIVE COMMUNITY SERVICES	00
3	WPM	06/2022	IRIS	PROGRESSIVE COMMUNITY SERVICES	00
4					
5					
6					
7					

Figure 63 Cell Width Expanded to Fit Data

7.1.3 Importing a Report to Excel

- Choose a location on the computer or network to save the report.
- Click Save As and name the report.
- Open a blank spreadsheet in Excel.

4. In the menu bar at the top of the screen, click **Data**. The Data menu will be displayed.

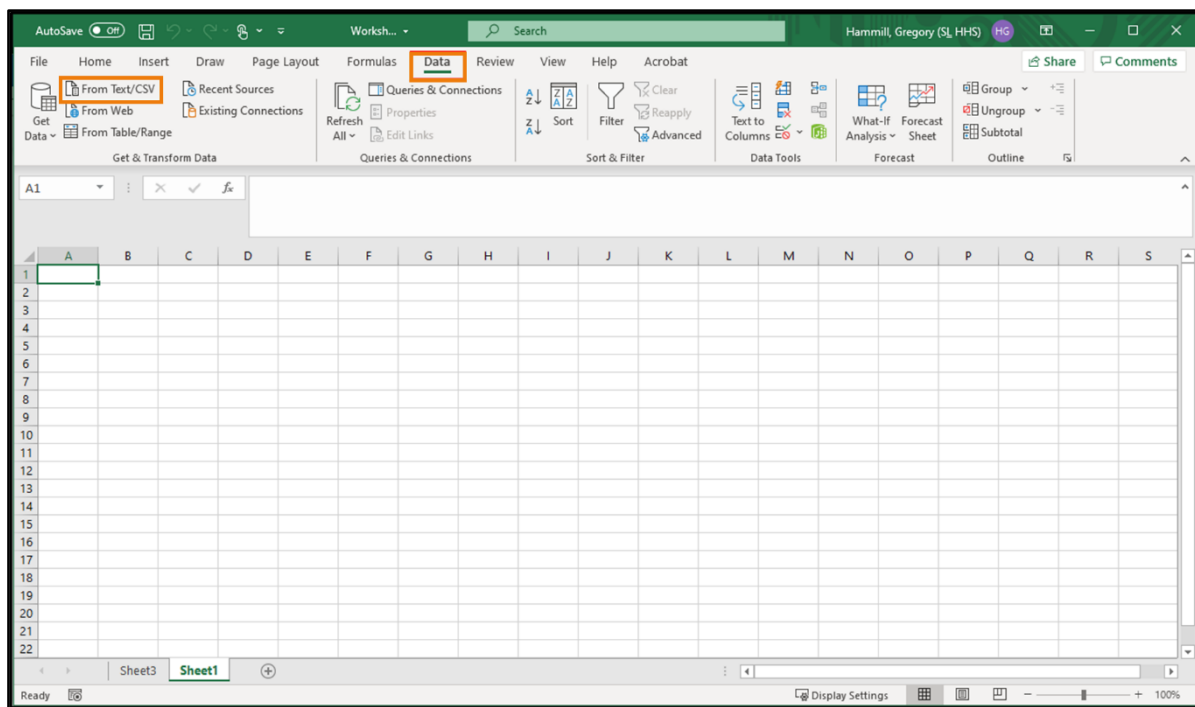


Figure 64 Blank Spreadsheet

5. Click From Text/CSV.

- Navigate to the file location of the report and double-click the document. The report data will be displayed.

The screenshot shows a window titled "OnBase Report.txt". At the top, there are three dropdown menus: "File Origin" set to "1252: Western European (Windows)", "Delimiter" set to "Tab", and "Data Type Detection" set to "Based on first 200 rows". Below these is a table with 8 columns labeled Column1 through Column8. The data in the table includes report details like "Report : ELG-0091-M FORWARDHEALTH INTERCHANGE...", "Process : ELGIM091 MEDICAID Run Time: 19:06:23", "Location: ELGPM091 MONTHLY SUSPENSION REPORT F...", "Payer : TXIX REPORT PERIOD: 08/2021", "WAIVER PROGRAM: IRIS", "WAIVER AGENCY: WAIVER NAME", "CR MAID", "LAST NAME", "FIRST NAME", "DOB", "SUSPENSION EFF", "SUSPENSION END SRT REASON STP REASON", "00 1010000048 TMSIS FORTYEIGHT 01/01/1950 08/01/...", and "WAIVER AGENCY TOTAL: 1". At the bottom right, there are three buttons: "Load" (highlighted with an orange border), "Transform Data", and "Cancel".

Figure 65 Report Data Screen

- Click Load and select Load To from the drop-down menu in the bottom right corner.
- The Import Data box will be displayed. Select how the data should be viewed and where the data should be imported and click OK.

The screenshot shows the "Import Data" dialog box. It has a title bar with a question mark and a close button. The main text says "Select how you want to view this data in your workbook." Below this are four radio button options: "Table" (selected), "PivotTable Report", "PivotChart", and "Only Create Connection". Below these is the question "Where do you want to put the data?" with two radio button options: "Existing worksheet:" (with a text box containing "=\$A\$1" and a selection icon) and "New worksheet" (selected). At the bottom, there is a checkbox "Add this data to the Data Model" which is unchecked. At the very bottom are three buttons: "Properties...", "OK" (highlighted with a blue border), and "Cancel".

Figure 66 Import Data Box

9. The information will be displayed in an Excel worksheet.

Column1	Column2	Column3	Column4	Column5	Column6	Column7	Column8
Report : ELG-0091-M	FORWARDHEALTH INTERCH						
Process : ELGJM091	MEDICAID						
Location: ELGPM091	MONTHLY SUSPENSION REPORT F						
Payer : TXIX	REPORT PERIOD: 08/2021						
WAIVER PROGRAM: IRIS							
WAIVER AGENCY: ADVOCATES4U							
CR	MAID	LAST NAME	FIRST NAME	DOB	SUSPENSION EFF	SUSPENSION END	SRT REASON STP REASON
00	1010000048	TMSIS	FORTYEIGHT	01/01/1950	08/01		
WAIVER AGENCY TOTAL:	1						

Figure 67 Populated Spreadsheet

7.2 Secure File Transfer Protocol Server Reports

SFTP is a file transfer protocol that leverages a set of utilities that provide secure access to a remote computer to deliver secure communications.

Files and reports are submitted to the SFTP server, which ICA users can access via an SFTP client such as FileZilla or WinSCP.

7.2.1 Requesting Access to the Secure File Transfer Protocol Server

Waiver agency administrators can request access for users in their waiver agency by contacting the HMO Support Help Desk at vedshmosupport@wisconsin.gov to request access. Once the request is received, a contract agreement email will be sent to the user that they must agree to. After the user agrees to the contract via email, the help desk will email login information to the user.

7.2.2 IRIS Waiver Non-Allowable Settings Report

The IRIS Waiver Non-Allowable Settings report is designed to provide the ICAs with a tool to help them determine if an enrolled participant has been residing in a non-allowable setting, including hospitals, nursing homes, and institutions for mental disease (IMDs). The report includes all IRIS participants with both active and suspended enrollment and searches Medicaid fee-for-service claims data to determine if the participant's IRIS enrollment overlaps with a non-allowable setting for more than one day.

IRIS Consultant Agencies' Expectations

ICAs should review the report and take the following action for each participant reported:

1. If they have already entered an enrollment suspension with effective and end dates that are consistent with the non-allowable setting dates in the report, then no action is needed.
2. If the ICA was aware of the participant's stay in a non-allowable setting and suspended the participant's enrollment already, the ICA should verify that the non-allowable setting dates in the report are consistent with the enrollment suspension date(s) entered into Wisconsin's Self-Directed IT System (WISITS).
 - a. If the dates are consistent, no action is needed.
 - b. If the dates are not consistent, then ICAs must follow-up with the participant to determine if the enrollment suspension dates in WISITS need to be updated.
3. If the ICA was not aware of the participant's stay in a non-allowable setting, the ICA must follow-up with the participant to determine if an enrollment suspension should be entered into WISITS for the participant. When applicable, the ICA should enter the effective and end date of the participant's stay in a non-allowable setting, which in this instance could be retroactive effective and end dates.

7.2.3 Electronic Visit Verification Enumerated Provider Agency Listing

The electronic visit verification (EVV) Enumerated Provider Agency Listing report is used for identifying EVV enumerated providers for provider agencies. By default, the report includes a listing of all available enumerated EVV provider agencies who held an active contract within the last 12 months. This report is delivered to IRIS agencies via SFTP.

7.2.4 Accessing Secure File Transfer Protocol Reports

1. Download an SFTP client such as FileZilla or WinSCP.

2. Open the application. A login box will be displayed.

The screenshot shows a 'Login' dialog box. On the left is a large empty area with a 'New Site' button at the top left. On the right is a 'Session' section containing the following fields and controls:

- 'File protocol:' dropdown menu set to 'SFTP'.
- 'Host name:' text input field.
- 'Port number:' spinner control.
- 'User name:' text input field.
- 'Password:' text input field.
- 'Save' button with a dropdown arrow.
- 'Advanced...' button with a dropdown arrow.

At the bottom of the dialog are four buttons: 'Tools' (with a dropdown arrow), 'Manage' (with a dropdown arrow), 'Login' (with a green plus icon and a dropdown arrow), and 'Close'. Below these buttons is a checked checkbox with the text 'Show Login dialog on startup and when the last session is closed'. The 'Help' button is located to the right of the 'Close' button.

Figure 68 Secure File Transfer Protocol Login Box

3. Enter the host name or enter the port number by clicking the up and down arrows.
4. Enter the user's username.
5. Enter the user's temporary (current) password.
6. Click the Login drop-down menu and select **Login**. An authentication banner box will be displayed.

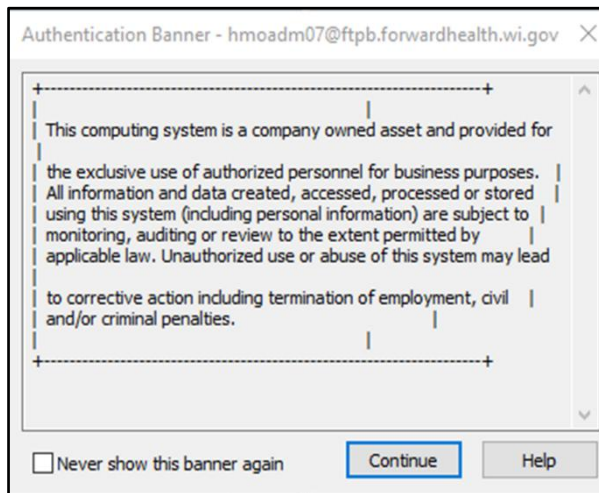


Figure 69 Authentication Banner Box

- Click **Continue**. A password prompt box will be displayed.

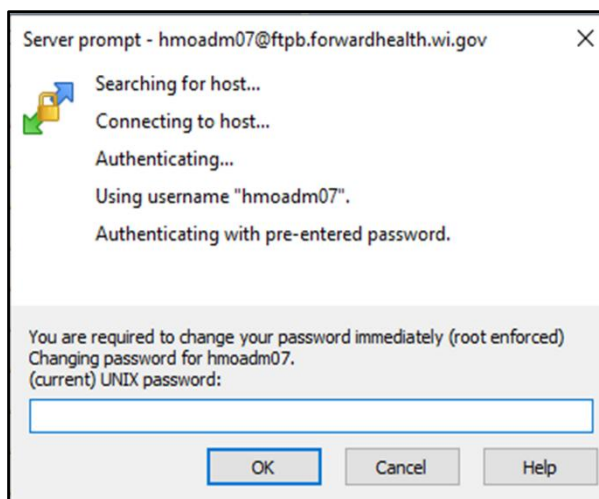


Figure 70 Password Prompt Box—Current Password

- Enter the user's temporary (current) password.
- Click **OK**. A password prompt box will be displayed.

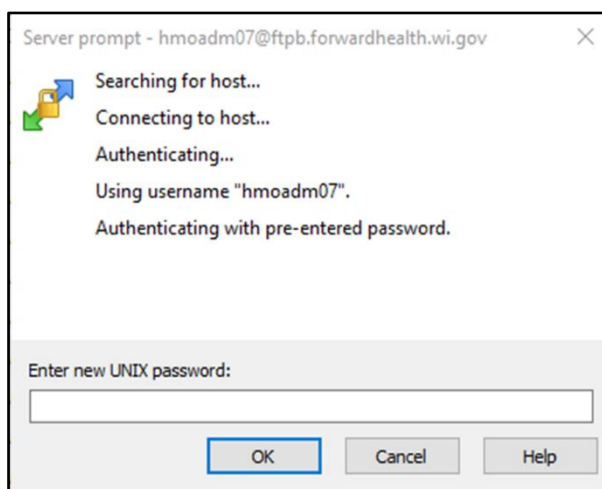


Figure 71 Password Prompt Box—New Password

10. Enter the user's new password. Refer to the [Secure File Transfer Protocol Password Policy](#) section.
11. Click **OK**. A password prompt box will be displayed.

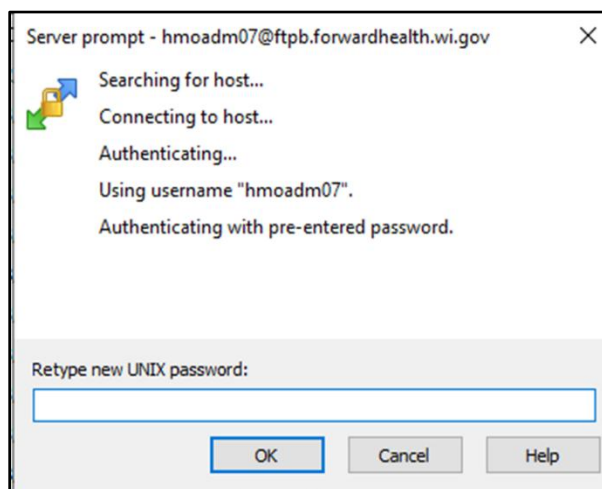


Figure 72 Password Prompt Box—Retype New Password

12. Re-enter the user's new password.

13. Click **OK**. Folders available to the user will be displayed in the column on the right side.

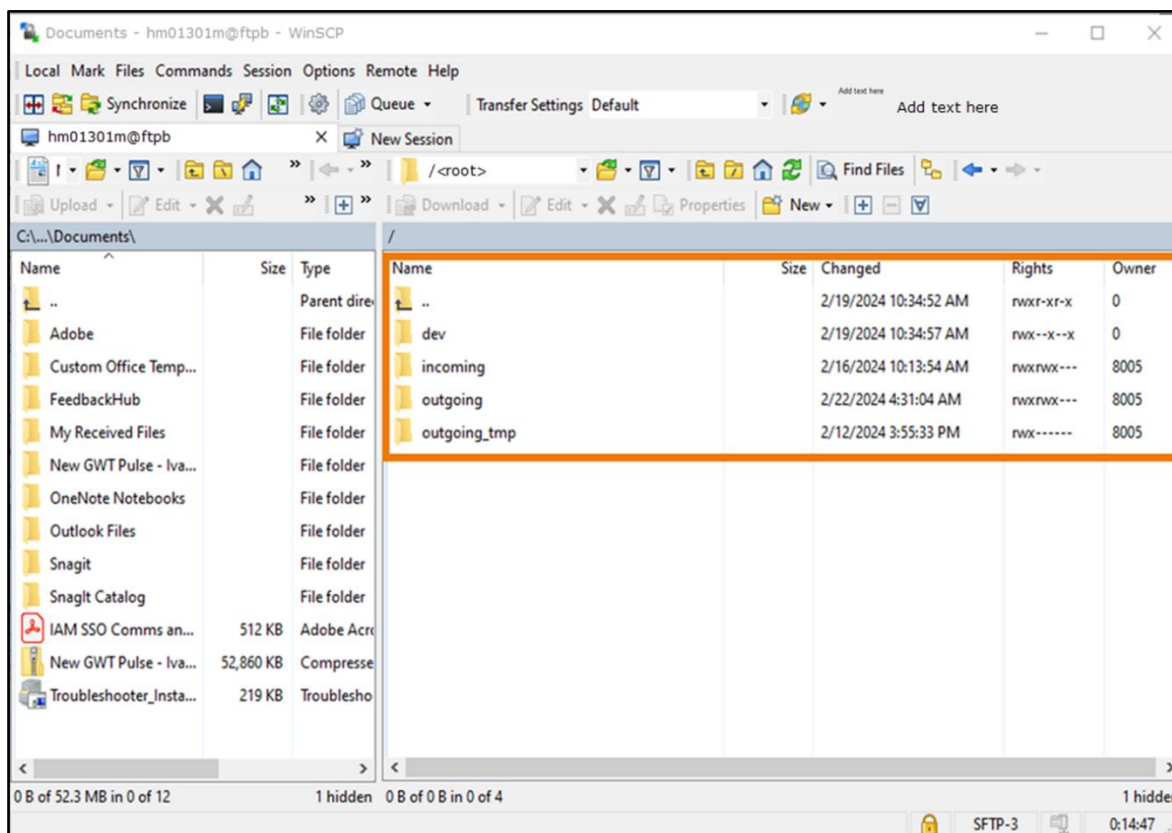


Figure 73 Secure File Transfer Protocol Folders

14. Double-click the appropriate folder. Available report documents will be displayed.

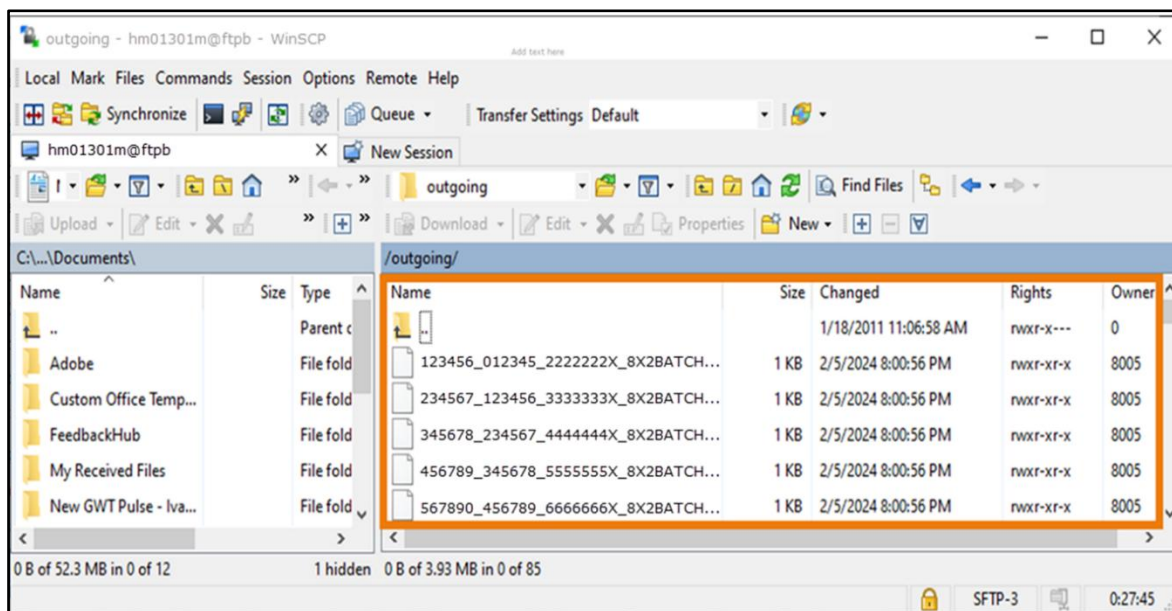


Figure 74 Secure File Transfer Protocol Report Documents

15. Right-click the desired report document and drag to a location on the user's computer.
16. Double-click the document to open.

7.2.5 Secure File Transfer Protocol Password Policy

- Passwords expire after 91 days.
- Seven-day advance notice that the password will expire is given during sign on.
- When resetting a password, none of the past 10 passwords can be reused.
- The old and new passwords must differ by at least seven positions.
- The password must contain at least one number.
- The password must contain at least one special character.
- The password must contain at least two uppercase and two lowercase alpha characters.
- The password cannot contain a space.
- The password cannot be a dictionary word or a reverse dictionary word. The minimum size word checked is three characters. Dictionary check ignores case and skips special characters as part of its word comparison.
- The password must be at least eight characters; however, only the first eight are read. Be sure to have all password requirements in the first eight positions.
- Consecutive characters cannot be the same.

7.2.6 Secure File Transfer Protocol File Retention Policy

Files are automatically deleted 15 days after they are posted to the SFTP server to conserve storage space and limit the amount of stored personal health information. For example, any files posted on June 1 will be deleted on June 16.

8 DSS Universe Management

8.1 Requesting DSS Universe Access

Waiver agency administrators can request DSS Universe access for LTC universe reports for users in their waiver agency. Requests for DSS access are submitted by the administrator via the Portal. Once submitted and approved, the user will be granted access and sent a welcome email. This access allows users to create and view reports with data from that data collection or universe.

8.2 Accessing DSS Universe Management

1. From the secure Waiver Agency page, click the **Account** tab.

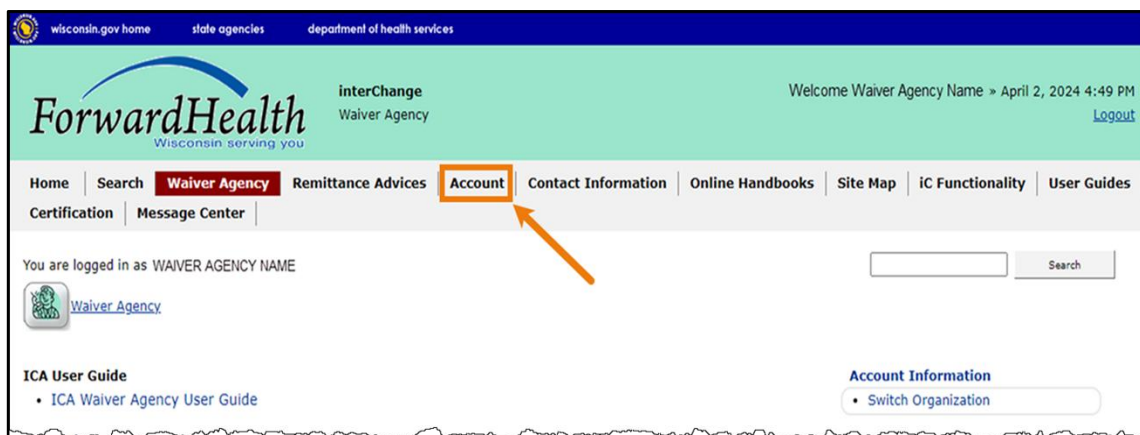


Figure 75 Secure Waiver Agency Page

2. From the Account screen, click **DSS Universe Management**.

Note: If the DSS Universe Management link does not appear on the Secure Waiver Agency page, the user either does not have access to this functionality or has accessed a different site.

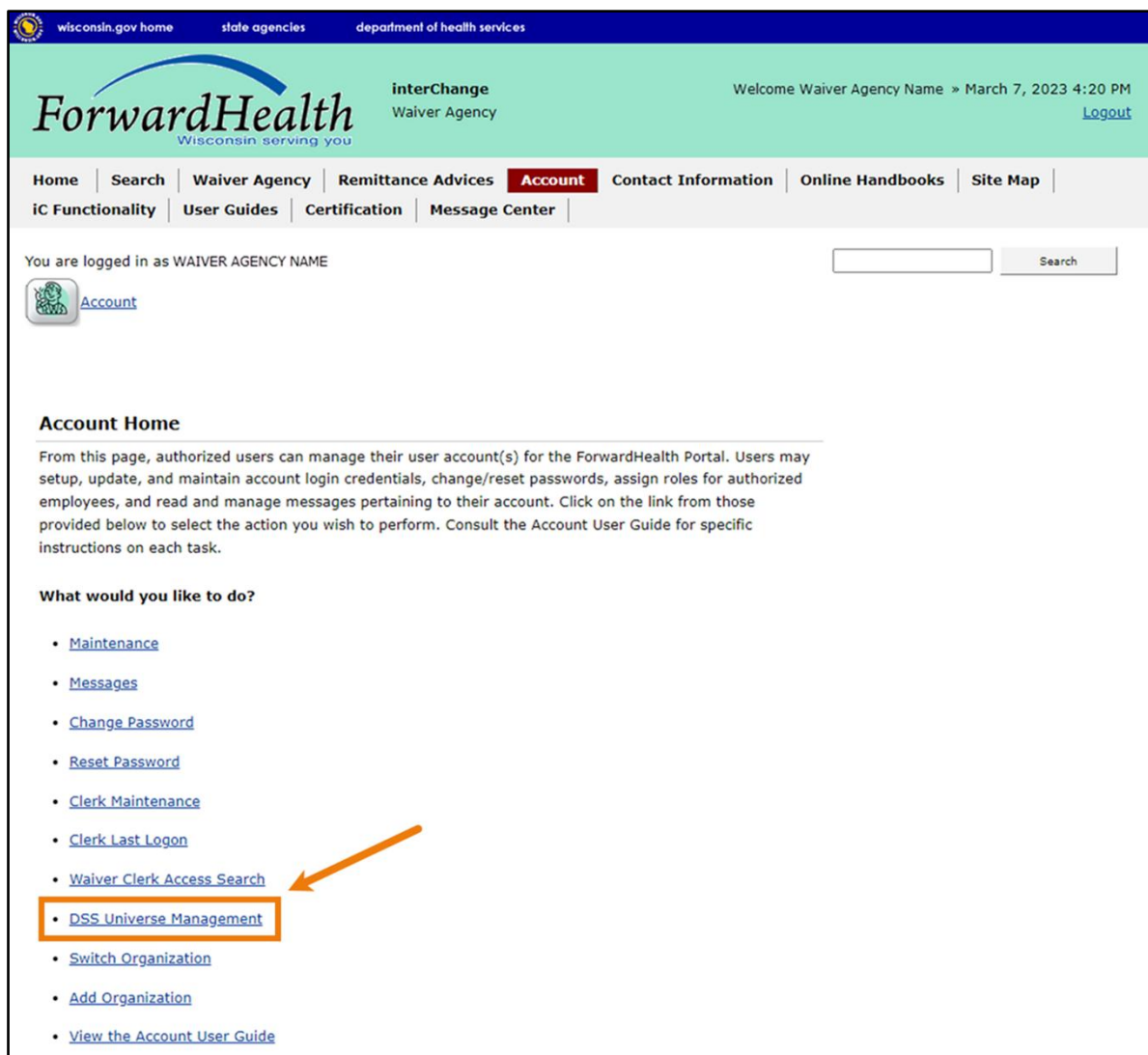
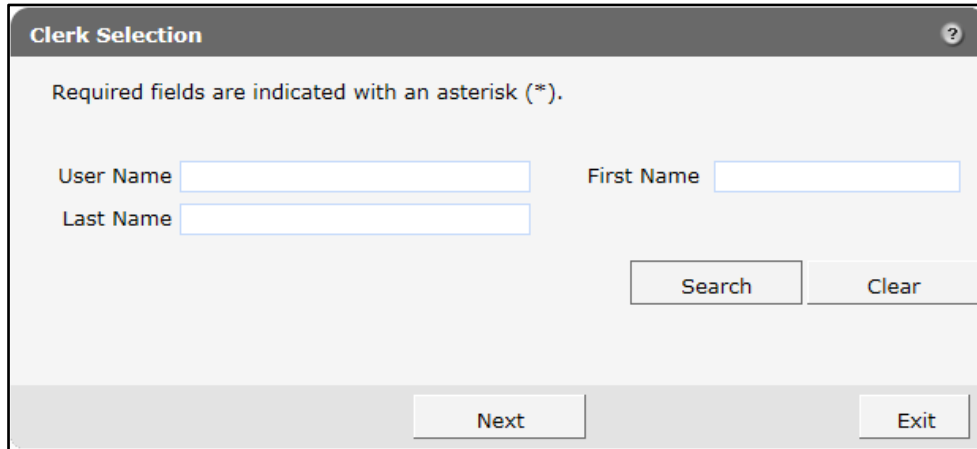


Figure 76 Account Screen

The Clerk Selection panel will be displayed.



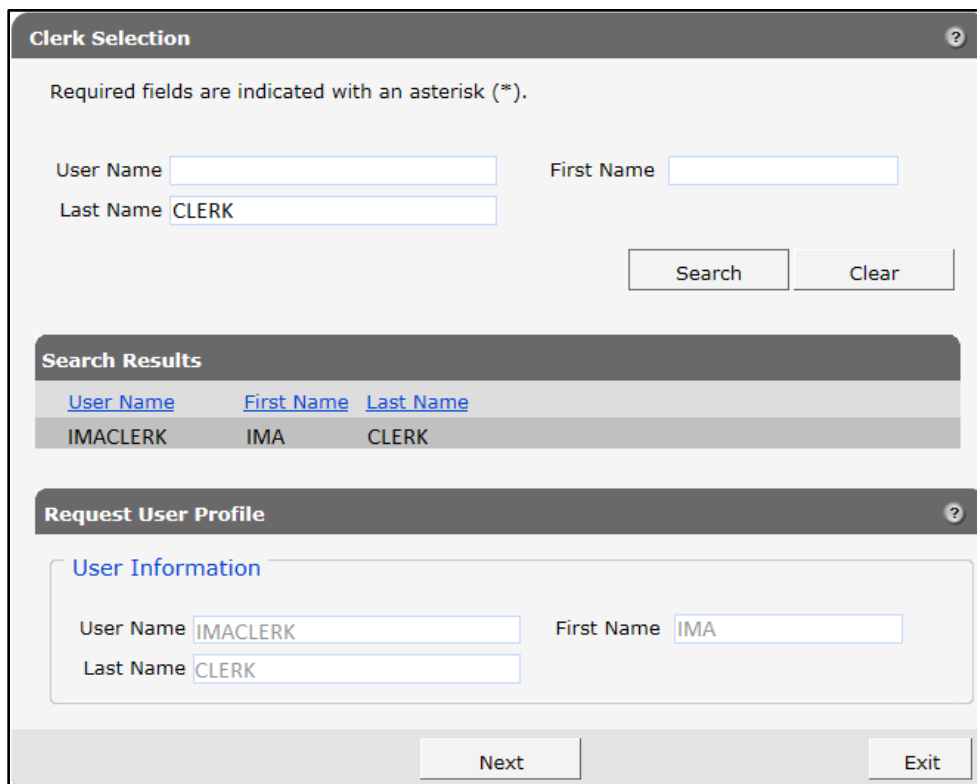
The Clerk Selection panel is a web form with a dark header bar containing the title "Clerk Selection" and a help icon. Below the header, a message states: "Required fields are indicated with an asterisk (*)." The form contains three input fields: "User Name", "First Name", and "Last Name". The "Last Name" field contains the text "CLERK". To the right of the input fields are two buttons: "Search" and "Clear". At the bottom of the panel are two buttons: "Next" and "Exit".

Figure 77 Clerk Selection Panel

3. Enter the user name, first name, or last name of the user who requires DSS access.

Note: The user must also have the necessary security role in order to be found by the search. Refer to [Appendix A: User Security Roles](#) for more information.

4. Click the Search button. Search results will be populated below in the "Search Results" section.



The Clerk Selection panel is shown after a search. The "Last Name" field now contains "CLERK". The "Search" button has been clicked, and the "Search Results" section is populated with a table. The table has three columns: "User Name", "First Name", and "Last Name". The first row of data is "IMACLERK", "IMA", and "CLERK". Below the search results is a section titled "Request User Profile" which contains a sub-section "User Information" with three input fields: "User Name" (containing "IMACLERK"), "First Name" (containing "IMA"), and "Last Name" (containing "CLERK"). The "Next" and "Exit" buttons are still at the bottom.

User Name	First Name	Last Name
IMACLERK	IMA	CLERK

Figure 78 Clerk Selection Panel With Search Results

8.3 Adding Universe Access

1. Select the user who requires DSS access. The user's information will be populated in the "Request User Profile" section.

The screenshot displays the 'Clerk Selection' panel. At the top, it states 'Required fields are indicated with an asterisk (*)'. Below this are input fields for 'User Name', 'First Name', and 'Last Name'. To the right of these fields are 'Search' and 'Clear' buttons. Below the search fields is a 'Search Results' table with columns 'User Name', 'First Name', and 'Last Name'. The table contains four rows, with the third row highlighted in yellow. Below the table is a 'Request User Profile' section, which is outlined with an orange border. This section contains a 'User Information' sub-section with input fields for 'User Name', 'First Name', and 'Last Name'. The 'User Name' field is populated with 'TSTIRISCLRK', 'First Name' with 'A', and 'Last Name' with 'B'. At the bottom of the panel are 'Next' and 'Exit' buttons.

Clerk Selection

Required fields are indicated with an asterisk (*).

User Name First Name
Last Name

Search Results

User Name	First Name	Last Name
UATWAIV1	d	b
TSTCLRK99999	tst	clrk
TSTIRISCLRK	A	B
TSTCLTCLRK	A	B

Request User Profile

User Information

User Name First Name
Last Name

Figure 79 Clerk Selection Panel

2. Click the **Next** button. The DSS Management panel will be displayed.

DSS Management ?

Required fields are indicated with an asterisk (*).

Universe Requested	Status

Select row above to update -or- click Add button below.

Universe*

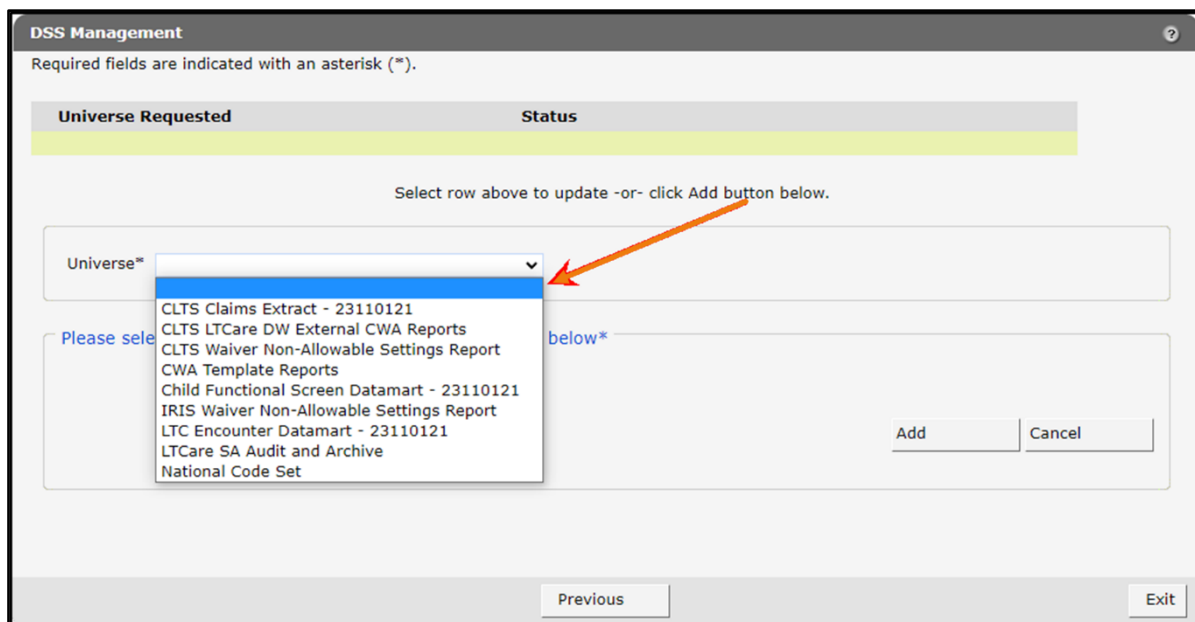
Please select one or more of the Universe Control Items below*

Add Cancel

Previous Exit

Figure 80 DSS Management Panel

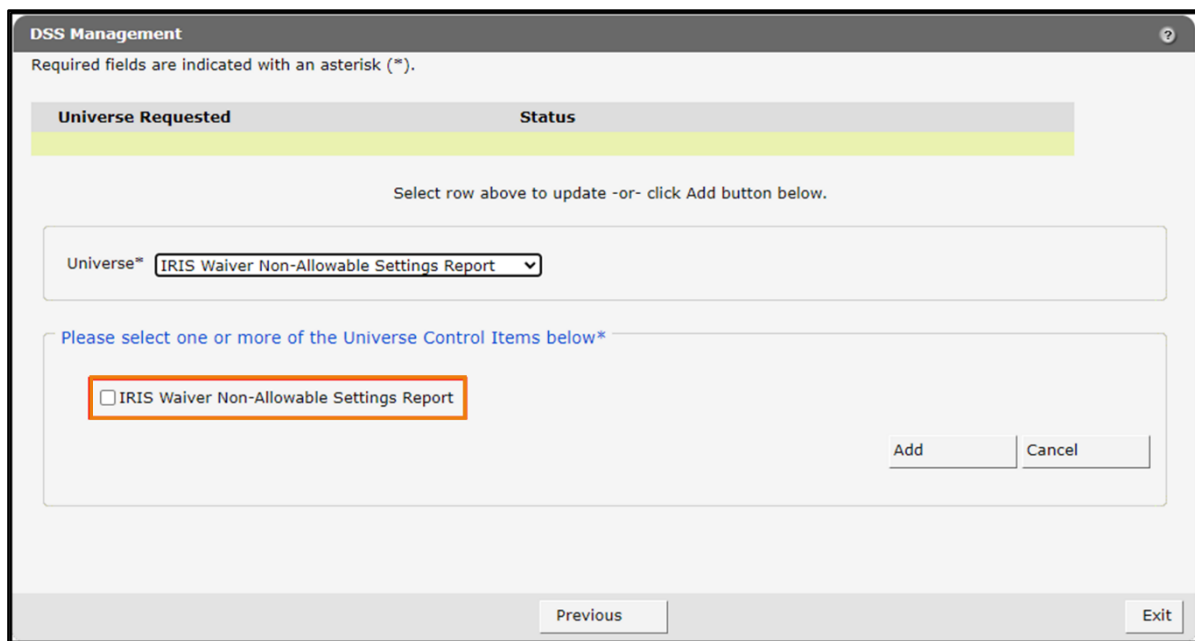
3. Select a universe from the Universe drop-down menu.



The screenshot shows the 'DSS Management' window. At the top, it says 'Required fields are indicated with an asterisk (*)'. Below this is a table with two columns: 'Universe Requested' and 'Status'. The table is currently empty. Below the table, there is a text prompt: 'Select row above to update -or- click Add button below.' Below this prompt is a form with a 'Universe*' label and a drop-down menu. The drop-down menu is open, showing a list of options: 'CLTS Claims Extract - 23110121', 'CLTS LTCare DW External CWA Reports', 'CLTS Waiver Non-Allowable Settings Report', 'CWA Template Reports', 'Child Functional Screen Datamart - 23110121', 'IRIS Waiver Non-Allowable Settings Report', 'LTC Encounter Datamart - 23110121', 'LTCare SA Audit and Archive', and 'National Code Set'. An orange arrow points to the 'IRIS Waiver Non-Allowable Settings Report' option. Below the drop-down menu is a text prompt: 'Please select one or more of the Universe Control Items below*'. Below this prompt is a form with a checkbox and the text 'IRIS Waiver Non-Allowable Settings Report'. To the right of the checkbox is an 'Add' button. Below the 'Add' button is a 'Cancel' button. At the bottom of the window are 'Previous' and 'Exit' buttons.

Figure 81 DSS Management Drop-Down Menu

4. The page will refresh, and the user's selection will be shown in the "Please select one or more of the Universe Control Items below*" section.



The screenshot shows the 'DSS Management' window. At the top, it says 'Required fields are indicated with an asterisk (*)'. Below this is a table with two columns: 'Universe Requested' and 'Status'. The table is currently empty. Below the table, there is a text prompt: 'Select row above to update -or- click Add button below.' Below this prompt is a form with a 'Universe*' label and a drop-down menu. The drop-down menu is closed, and the selected option is 'IRIS Waiver Non-Allowable Settings Report'. Below the drop-down menu is a text prompt: 'Please select one or more of the Universe Control Items below*'. Below this prompt is a form with a checkbox and the text 'IRIS Waiver Non-Allowable Settings Report'. The checkbox is checked. To the right of the checkbox is an 'Add' button. Below the 'Add' button is a 'Cancel' button. At the bottom of the window are 'Previous' and 'Exit' buttons.

Figure 82 DSS Management Panel

If more than one universe is needed, select from the drop-down menu again.

- Once all of the desired universes are shown in the “Please select one or more of the Universe Control Items below*” section, click their check boxes.
- Click **Add**. The page will be refreshed, and the universe(s) will be listed in the “Universe Requested” section with a confirmation message.

The following messages were generated:
The Universe request record was saved successfully.

DSS Management ⓘ

Required fields are indicated with an asterisk (*).

Universe Requested	Status
IRIS Waiver Non-Allowable Settings Repor	Approved

Select row above to update -or- click Add button below.

Universe*

Please select one or more of the Universe Control Items below*

Figure 83 DSS Management Panel

Once a request is added, SAS will grant the request in one business day and the user will be able to use the selected universes for reporting.

8.4 Deleting Universe Access

1. In the DSS Management panel, select the universe to remove. A new section will be displayed.

The screenshot shows the 'DSS Management' panel. At the top, a message states: 'Required fields are indicated with an asterisk (*).' Below this is a table with two columns: 'Universe Requested' and 'Status'. The table contains one row: 'IRIS Waiver Non-Allowable Settings Report' with a status of 'Approved'. An orange arrow points to the 'Universe Requested' column header. Below the table, a message says: 'Select row above to update -or- click Add button below.' Underneath is a form with two dropdown menus: 'Universe' (currently showing 'IRIS Waiver Non-Allowable Settings Report') and 'Status*' (currently showing a downward arrow). An orange box highlights these two dropdowns. Below the form is a section titled 'Please select one or more of the Universe Control Items below*'. It contains a single checkbox labeled 'IRIS Waiver Non-Allowable Settings Report' which is checked. At the bottom right of this section are 'Save' and 'Cancel' buttons. At the very bottom of the panel are 'Previous' and 'Exit' buttons.

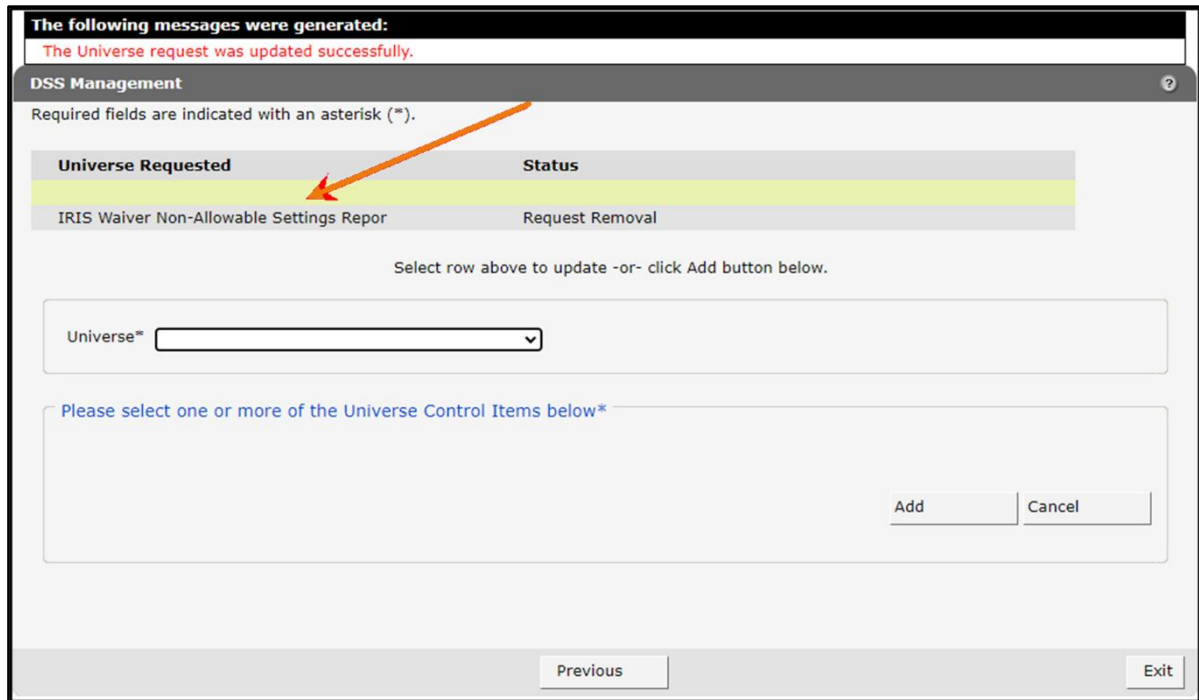
Figure 84 DSS Management Panel

2. Select **Request Removal** from the Status drop-down menu.

This screenshot shows the same 'DSS Management' panel as Figure 84, but with the 'Status*' dropdown menu open. The dropdown menu is open, showing a list of options. The option 'Request Removal' is highlighted in blue. An orange arrow points to the 'Request Removal' option. The rest of the panel, including the table, the 'Universe' dropdown, the 'Universe Control Items' section, and the bottom buttons, remains the same as in Figure 84.

Figure 85 DSS Management Panel

3. Click **Save**. The page will be refreshed, and the universe status will be listed in the “Universe Requested” section with a confirmation message.



The following messages were generated:

The Universe request was updated successfully.

DSS Management

Required fields are indicated with an asterisk (*).

Universe Requested	Status
IRIS Waiver Non-Allowable Settings Repor	Request Removal

Select row above to update -or- click Add button below.

Universe*

Please select one or more of the Universe Control Items below*

Add Cancel

Previous Exit

Figure 86 DSS Management Panel

9 Letters

Users with the necessary security roles can view the letters that are generated by ForwardHealth and sent out to members on behalf of the users' waiver agencies. Refer to [Appendix A: User Security Roles](#) for more information about the required user security roles.

Letters that are automatically generated by ForwardHealth are run in batches every Friday and mailed to users within two business days. Refer to [Appendix B: IRIS Enrollment and Disenrollment Reason Codes and Notice Information](#) for a list of which start and stop reasons generate letters automatically.

9.1 Waiver Letters

1. On the Secure Waiver Agency page, click **Letters** under Quick Links.

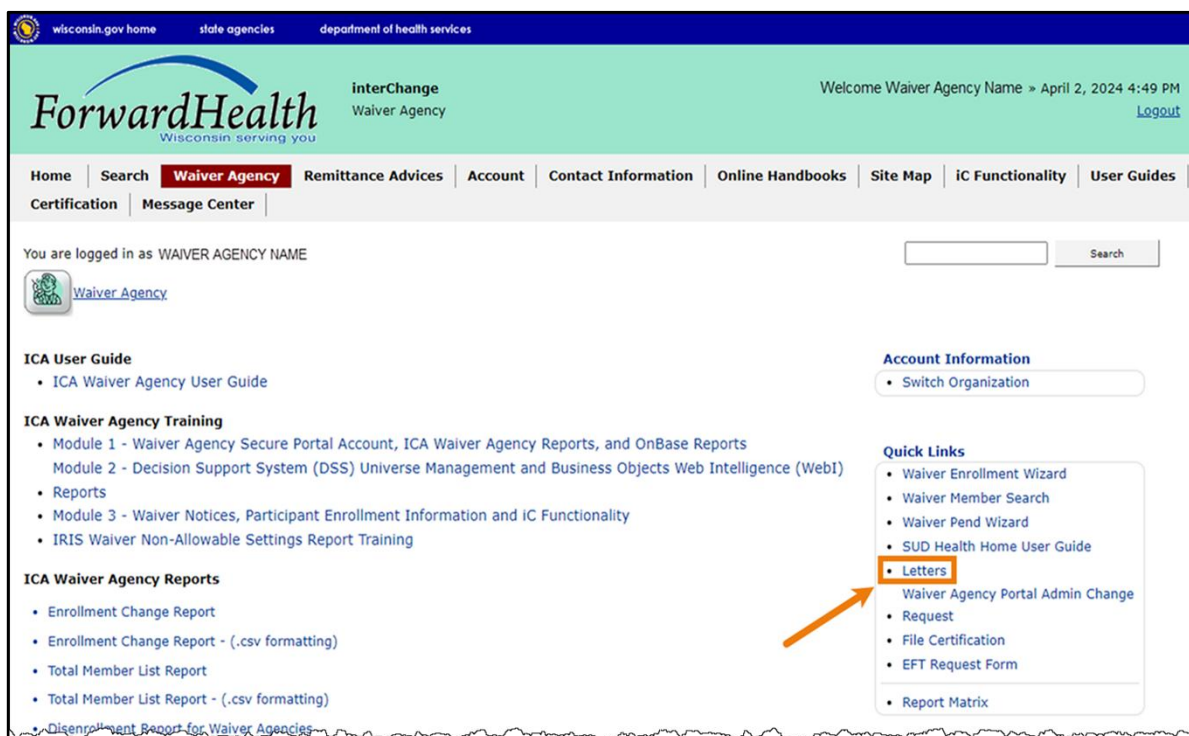


Figure 87 Secure Waiver Agency Page

The Waiver Letter page will be displayed.

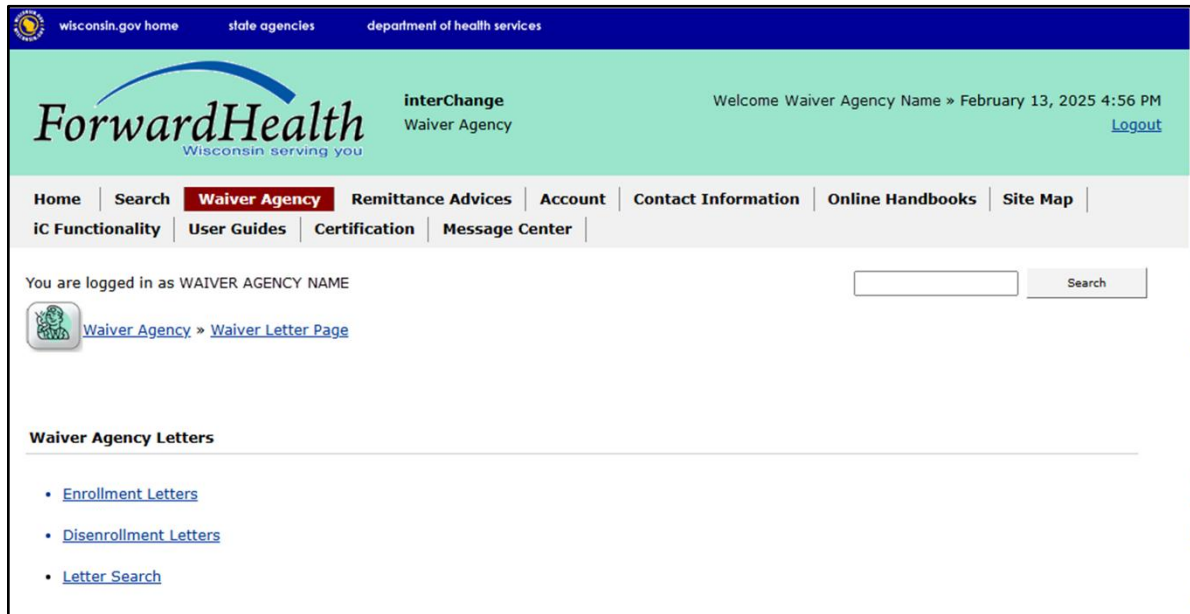


Figure 88 Waiver Letter Page

The Waiver Letter page contains links to copies of the letters that are generated for the user's agency, viewable through OnBase. The user can access letters for the agency they are logged in with. The letters available may include:

- **Enrollment Letters**—This link will show the enrollment confirmation letters sent on behalf of the user's agency in the OnBase Viewer. Users can review individual letters from the list available in OnBase. There is a limitation of the last 1,000 records created from the current date the user is signed in to the Portal.
- **Disenrollment Letters**—This link will show the disenrollment letters sent on behalf of the user's agency in the OnBase Viewer. Users can review individual letters from the list available in OnBase. There is a limitation of the last 1,000 records created from the current date the user is signed in to the Portal.
- **Letter Search**—This link will allow the user to search for enrollment confirmation and disenrollment letters sent on behalf of the user's agency in the OnBase Viewer, using a Member ID and/or date range. Users can review individual letters from the list available in OnBase. There is a limitation of 1,000 records regardless whether a Member ID or a date range is used as the search criteria.

9.2 Enrollment and Disenrollment Letters

1. On the Waiver Letter page, click **Enrollment Letters** or **Disenrollment Letters**. The OnBase Document viewer will open.

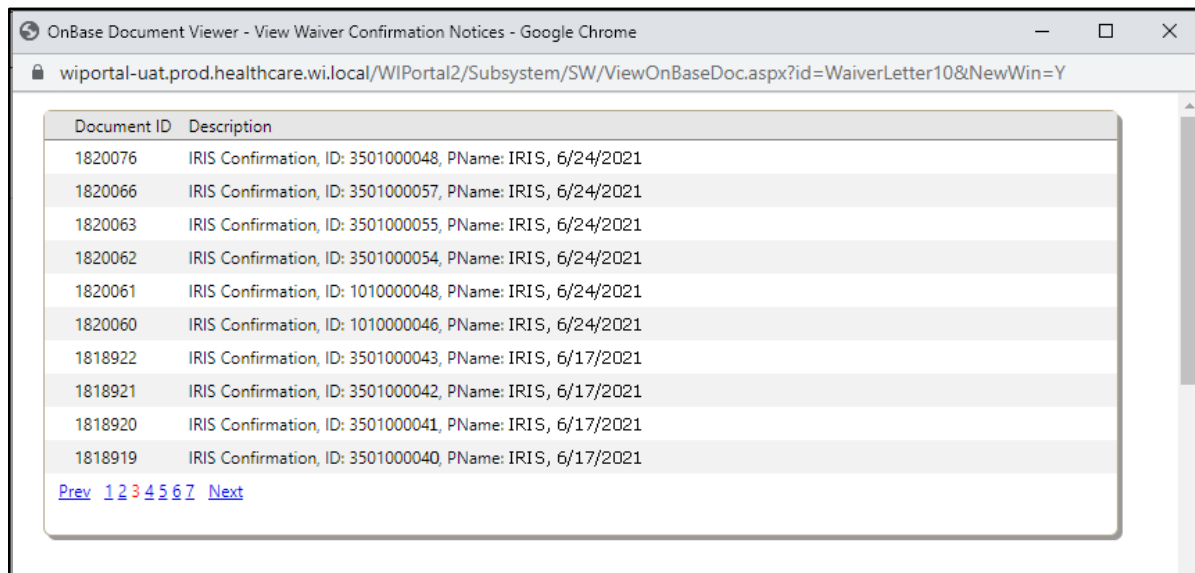


Figure 89 OnBase Document Viewer

2. To search for the letter, click **Prev** or **Next** at the bottom of the page. Letters are sorted by date with the most recent appearing first.
3. Click the row of the desired letter.

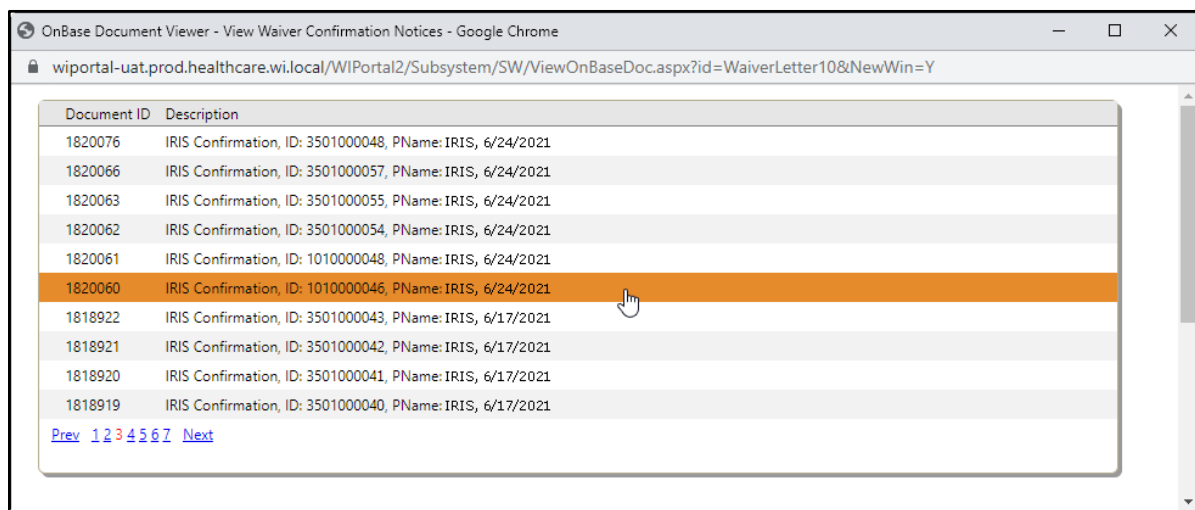


Figure 90 OnBase Document Viewer

5. The letter will be displayed at the bottom of the page. Scroll down to view.

OnBaseDocViewer.aspx 2 / 2 66%

1

2

State of Wisconsin
Department of Health Services

Division of Medicaid Services
MEMBER SERVICES
PO BOX 5130
MADISON WI 53716-0130
Telephone: 608-263-3033
Fax: 608-263-6963
TTY: 711
www.forwardhealth.wi.gov

Welcome to Wisconsin Long-Term Care Programs

Mailing Date: June 24, 2021

You have been enrolled in a long-term care program. If you have any questions, please call your agency at the phone number below.

Your agency is:
WAIVER AGENCY NAME

Medicaid Identification Number	Name
1234567890	FOURTYTWO EBONE

Your IRIS enrollment begins on: MAY 10, 2021

The telephone number for your agency is: 555-222-2222

Please contact your agency for interpreter and hearing impairment assistance. These services are free of charge.

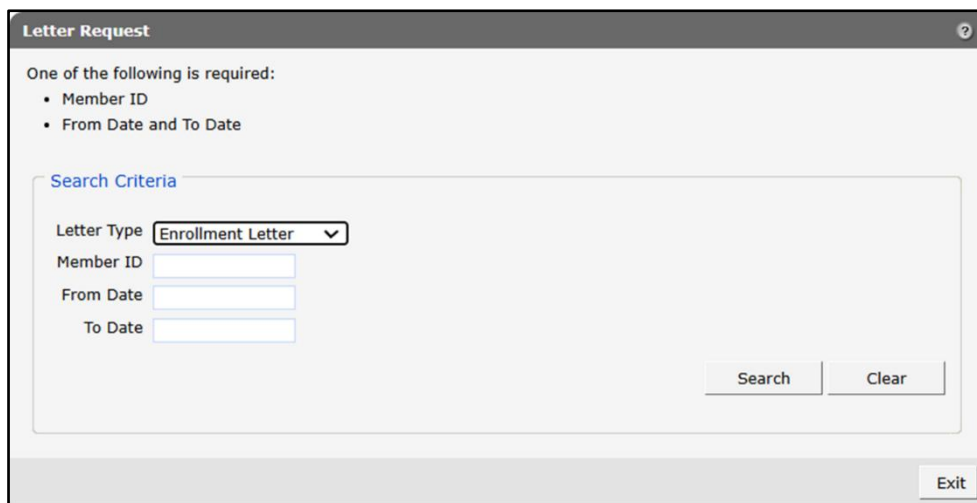
English: For help to translate or understand this, please call 555-222-2222
Spanish: Si necesita ayuda para traducir o entender este texto, por favor llame al teléfono 555-222-2222
Russian: Если вам не всё понятно в этом документе, позвоните по телефону 555-222-2222
Hmong: Yog xav tau kev pab txhais cov ntaub ntawv no kom koj totaub, hu rau 555-222-2222

F-02755 Letter (12/2020) www.dhs.wisconsin.gov

Figure 91 Waiver Letter

9.3 Letter Search

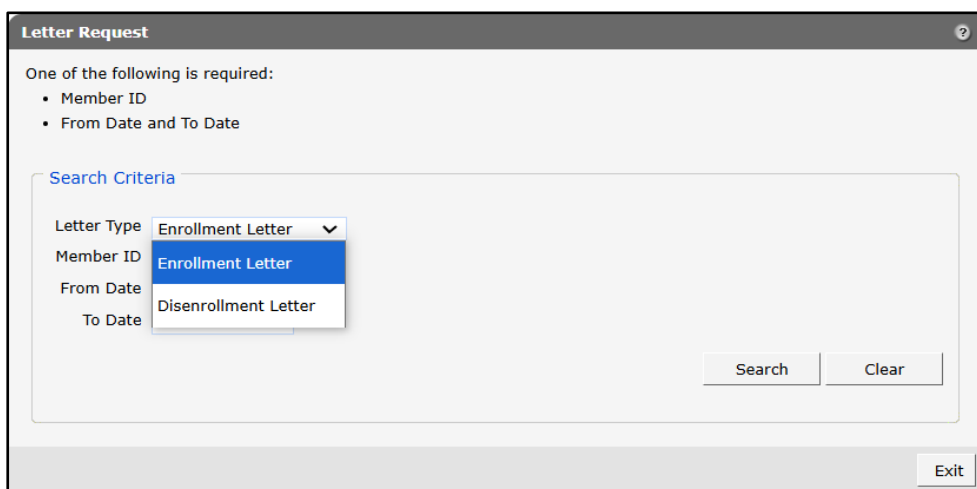
1. On the Waiver Letter page, click **Letter Search**. The Letter Request panel will be displayed.



The screenshot shows a window titled "Letter Request" with a help icon in the top right corner. Below the title bar, it states "One of the following is required:" followed by a bulleted list: "Member ID" and "From Date and To Date". Underneath is a section titled "Search Criteria" containing four input fields: "Letter Type" (a dropdown menu currently showing "Enrollment Letter"), "Member ID" (a text box), "From Date" (a text box), and "To Date" (a text box). To the right of these fields are two buttons: "Search" and "Clear". At the bottom right of the window is an "Exit" button.

Figure 92 Letter Request Panel

2. Select Enrollment Letter or Disenrollment Letter from the drop-down menu.



This screenshot is similar to the previous one, but the "Letter Type" dropdown menu is open, showing two options: "Enrollment Letter" (which is highlighted in blue) and "Disenrollment Letter". The other fields and buttons remain the same.

Figure 93 Letter Request Panel Drop-Down Menu

3. Enter the information into the fields. In order to search, users must enter at least one of the following sets of information into the appropriate fields:
 - The member's ForwardHealth 10-digit member ID in the Member ID field.

- The desired date span in the From Date and To Date fields in MM/DD/CCYY format.

Figure 94 Letter Request Panel Search Information

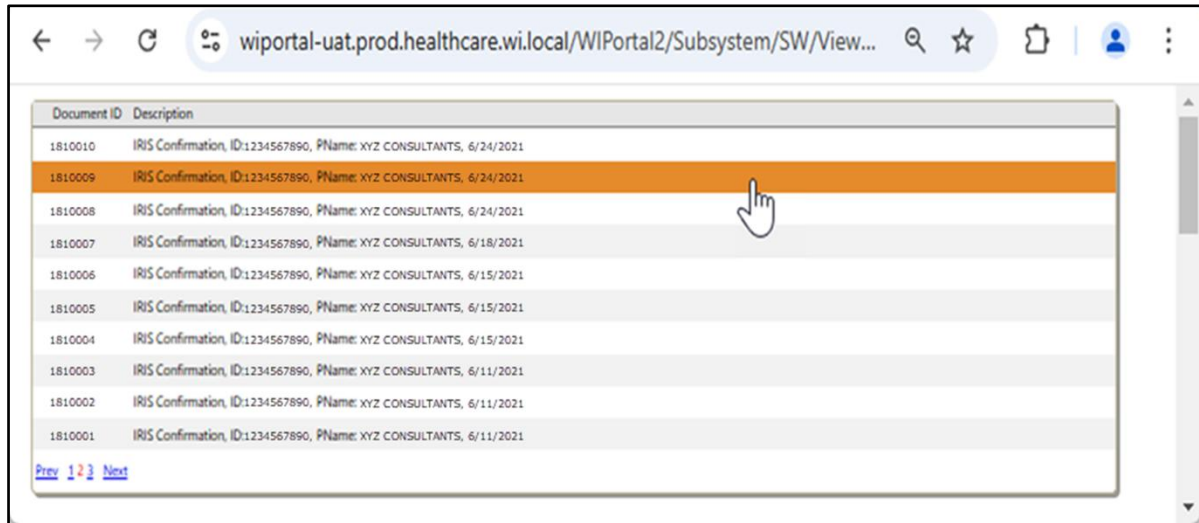
- o To clear information from all the fields on the Letter Request panel, click **Clear**.
 - o Click **Exit** to return to the secure Waiver Agency page.
4. Click **Search**. The OnBase Document Viewer will open.

Document ID	Description
1810010	IRIS Confirmation, ID: 1234567890, PName: XYZ CONSULTANTS, 6/24/2021
1810009	IRIS Confirmation, ID: 1234567890, PName: XYZ CONSULTANTS, 6/24/2021
1810008	IRIS Confirmation, ID: 1234567890, PName: XYZ CONSULTANTS, 6/24/2021
1810007	IRIS Confirmation, ID: 1234567890, PName: XYZ CONSULTANTS, 6/18/2021
1810006	IRIS Confirmation, ID: 1234567890, PName: XYZ CONSULTANTS, 6/15/2021
1810005	IRIS Confirmation, ID: 1234567890, PName: XYZ CONSULTANTS, 6/15/2021
1810004	IRIS Confirmation, ID: 1234567890, PName: XYZ CONSULTANTS, 6/15/2021
1810003	IRIS Confirmation, ID: 1234567890, PName: XYZ CONSULTANTS, 6/11/2021
1810002	IRIS Confirmation, ID: 1234567890, PName: XYZ CONSULTANTS, 6/11/2021
1810001	IRIS Confirmation, ID: 1234567890, PName: XYZ CONSULTANTS, 6/11/2021

Figure 95 OnBase Document Viewer

5. To search for the letter, click **Prev** or **Next** at the bottom of the page. Letters are sorted by date with the most recent appearing first.

- Click the row of the desired letter.



Document ID	Description
1810010	IRIS Confirmation, ID:1234567890, PName: XYZ CONSULTANTS, 6/24/2021
1810009	IRIS Confirmation, ID:1234567890, PName: XYZ CONSULTANTS, 6/24/2021
1810008	IRIS Confirmation, ID:1234567890, PName: XYZ CONSULTANTS, 6/24/2021
1810007	IRIS Confirmation, ID:1234567890, PName: XYZ CONSULTANTS, 6/18/2021
1810006	IRIS Confirmation, ID:1234567890, PName: XYZ CONSULTANTS, 6/15/2021
1810005	IRIS Confirmation, ID:1234567890, PName: XYZ CONSULTANTS, 6/15/2021
1810004	IRIS Confirmation, ID:1234567890, PName: XYZ CONSULTANTS, 6/15/2021
1810003	IRIS Confirmation, ID:1234567890, PName: XYZ CONSULTANTS, 6/11/2021
1810002	IRIS Confirmation, ID:1234567890, PName: XYZ CONSULTANTS, 6/11/2021
1810001	IRIS Confirmation, ID:1234567890, PName: XYZ CONSULTANTS, 6/11/2021

Prev 1 2 3 Next

Figure 96 OnBase Document Viewer

7. The letter will be displayed at the bottom of the page. Scroll down to view.

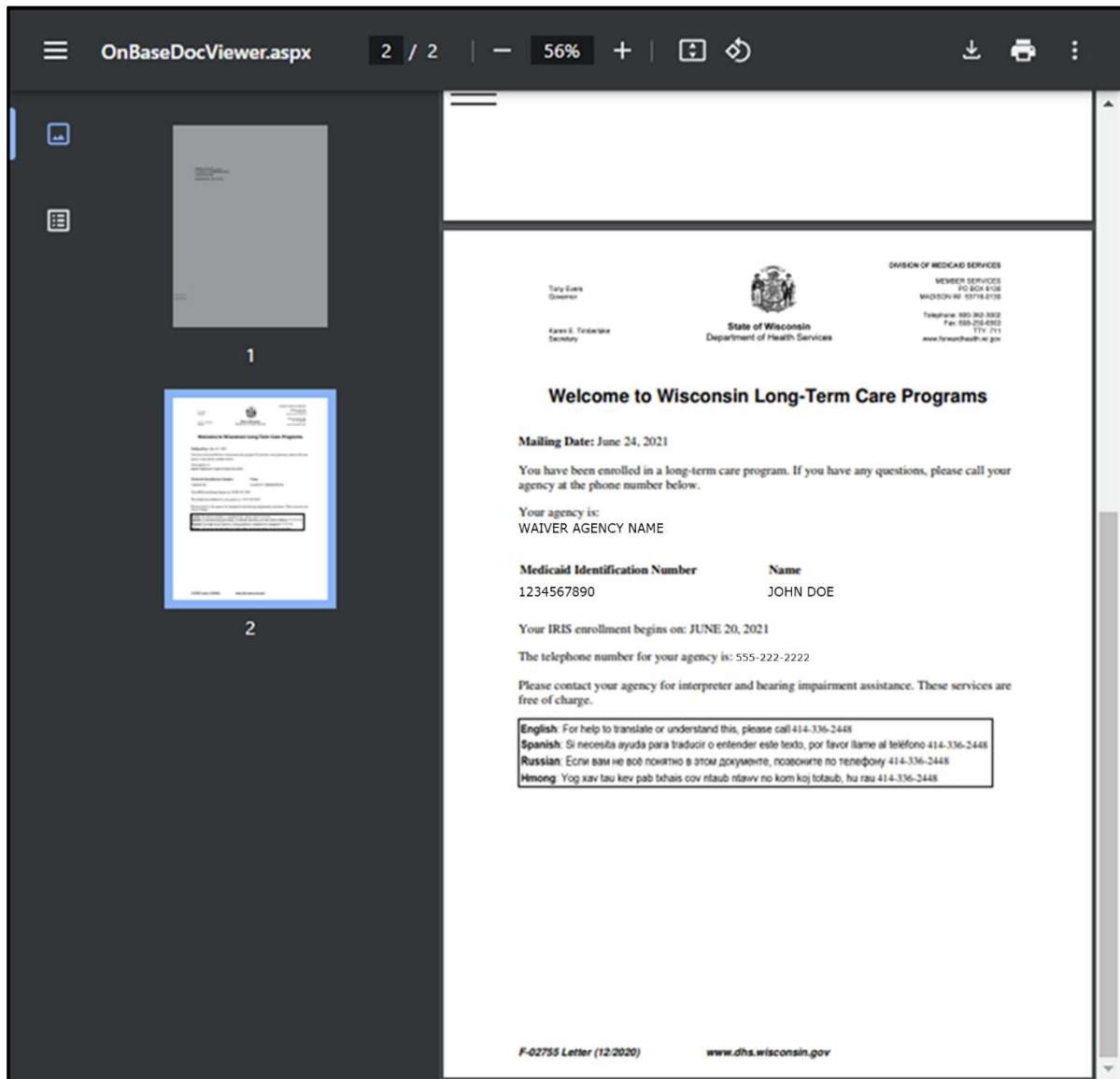


Figure 97 Waiver Letter

10 Access the Electronic Funds Transfer Request Form Page

The EFT Request Form page allows ICA users to complete and submit a standard form in order to update their electronic funds transfer (EFT) information.

1. From the secure Waiver Agency page, click the **EFT Request Form** link under the Quick Links menu.

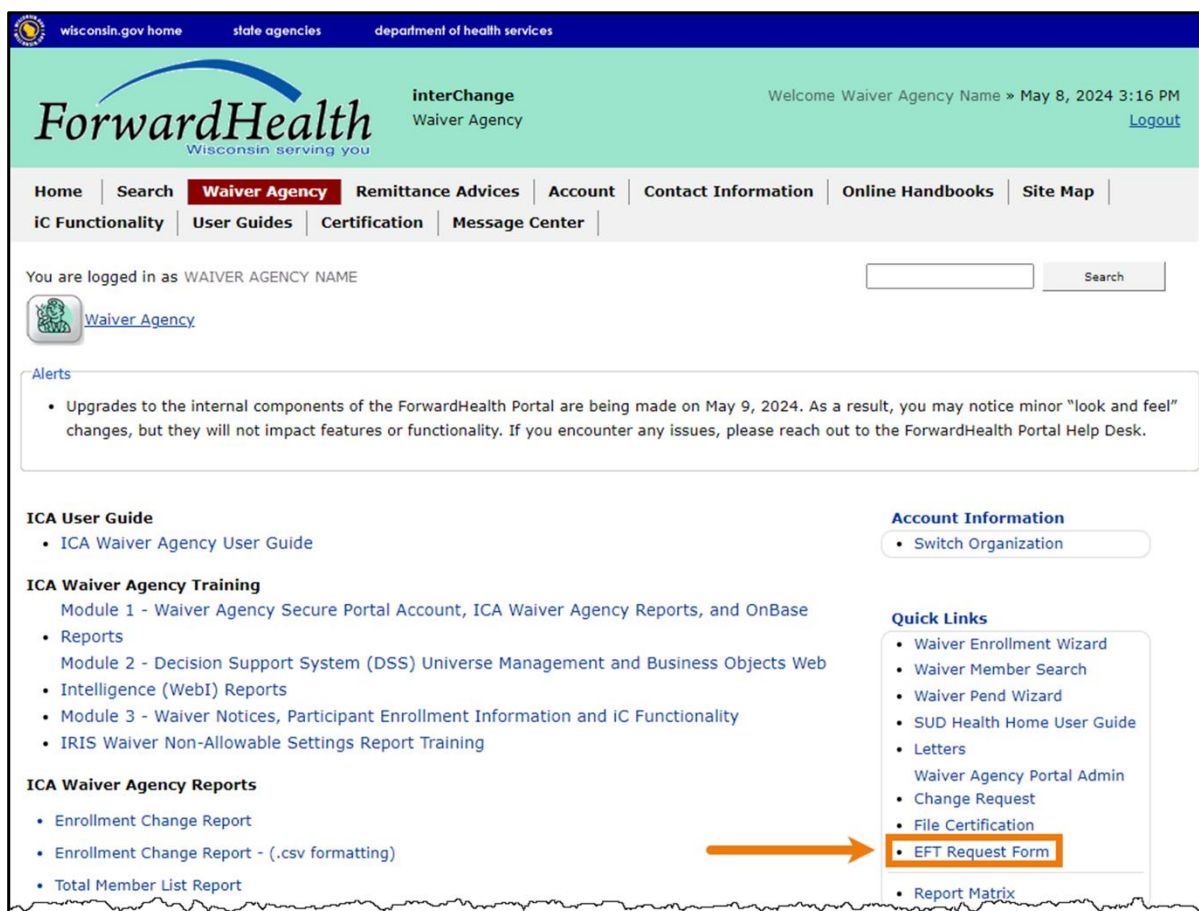


Figure 98 Secure Waiver Agency Page

The EFT Request Form page will be displayed.

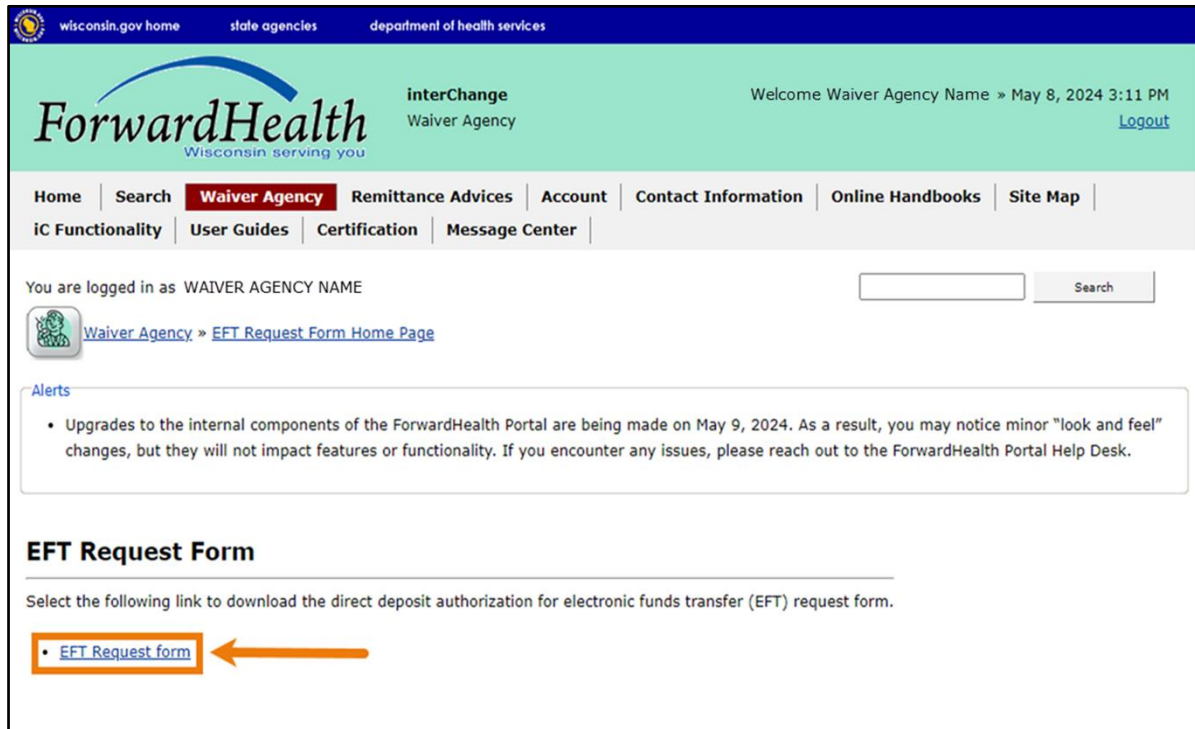


Figure 99 EFT Request Form Page

- Click the **EFT Request Form** link to download the Direct Deposit Authorization for Electronic Funds Transfer (EFT) Request form, F-13468, and instructions.
- Navigate to the location in which the form and instructions were downloaded.

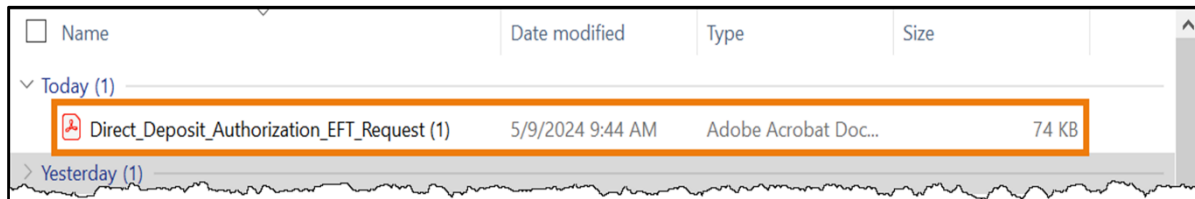


Figure 100 Downloaded File

- Double click to open a PDF of the form and instructions. Scroll down to view.

All tools Edit Convert E-Sign Find text or tools Share

DEPARTMENT OF HEALTH SERVICES
Division of Health Care Access and Accountability
F-13468A (10/08)

STATE OF WISCONSIN

FORWARDHEALTH
DIRECT DEPOSIT AUTHORIZATION FOR ELECTRONIC FUNDS TRANSFER (EFT) REQUEST COMPLETION INSTRUCTIONS

The use of this form is voluntary and providers may develop their own form as long as it includes all the information and is formatted exactly like this form.

Notice of Intent to Collect Private Data
All payment members are asked to provide the private data listed on this form to the Department of Health Services (DHS) to support the establishment of the direct deposit arrangement. State employees who support this function of the state's accounting system may have access to the data, provided their work reasonably requires access. Others who have legal access to the data include: Legislative Auditor, Attorney General, enforcement agencies with statutory authority, and any other person or entity authorized by law or court order.

Identification
The Social Security number (SSN) or Federal Employee Identification Number (FEIN) is needed for identification purposes. This number is used to match providers with payments. This number is also called a Tax Identification Number or TIN number. You are not legally required to provide this data. However, incomplete or incorrect information may cause a delay in converting to Electronic Fund Transfer (EFT).

Payment Deposit
An ABA Routing Number, Account Number, or Account Type is required to correctly deposit payments to your designated bank account. You are required by law to provide this information. Incomplete information may cause a delay in converting to EFT. Additionally, incorrect information may cause a payment to be delayed or deposited to the wrong account. For checking account deposits, a voided check must be attached to the EFT form; for savings account deposits, a deposit slip must be attached to the EFT form.

INSTRUCTIONS
Determine which bank accounts will be used for direct deposit. A separate copy of the Direct Deposit Authorization for Electronic Fund Transfer Request, F-13468, is required for each bank account.

SECTION I — PROGRAM INFORMATION
Indicate the program for which you are providing direct deposit authorization information.

SECTION II — MAILING ADDRESS (GENERAL)
Name, Address, City, State, ZIP Code
Enter the name of the business or individual and the address, including street, city, state, and ZIP code.

Vendor Number (If Applicable)
Enter the 11-digit vendor number, if you know it. If you received this form with a letter, the vendor number is located under the date on the letter. If you received this form with a duplicate warrant, the vendor number is located above your name and is listed as "Vendor Number" and "Vendor Location."

Banking Information Change Request
Check this box if you already receive payments electronically and are changing your bank and/or account number.

SECTION III — CONTACT INFORMATION
Enter the name, e-mail address, telephone number, and fax number of the person who can respond to questions regarding the information provided on this form.

SECTION IV — TAX IDENTIFICATION INFORMATION
Federal Employer Identification Number (FEIN) / Social Security Number (SSN) and Name
Enter the nine-digit FEIN for business or the nine-digit SSN. Enter the name associated with either the FEIN or SSN listed on the form.

Wisconsin State Identification Number
For businesses located in Wisconsin, enter the Wisconsin state tax identification number.

DIRECT DEPOSIT AUTHORIZATION FOR ELECTRONIC FUNDS TRANSFER (EFT) REQUEST COMPLETION INSTRUCTIONS Page 2 of 2
F-13468A (10/08)

SECTION V — FINANCIAL INSTITUTION INFORMATION
ABA Routing Number
Enter the ABA Routing Number to identify your financial institution. Contact your bank if you are not sure what number to put in this field.

Customer Account Number
Enter your bank account number. Contact your bank if you are not sure what number to put in this field.

Financial Institution Name, Address, City, State, ZIP Code
Enter the name and address of your financial institution.

Type of Account
Indicate if the account listed on this form is a checking or savings account.

SECTION VI — AUTHORIZATION TO MAKE ELECTRONIC FUND PAYMENTS
Sign the form to complete. Print your name, title (if any), and date.

DISTRIBUTION
Mail completed forms to the following address:

ForwardHealth
PO Box 6648
Madison WI 53716-0648
Telephone: 1-888-907-4455
1-608-261-1513

Figure 101 Direct Deposit Authorization for Electronic Funds Transfer (EFT) Request Completion Instructions

DEPARTMENT OF HEALTH SERVICES Division of Health Care Access and Accountability F-13468 (10/08)		STATE OF WISCONSIN	
FORWARDHEALTH DIRECT DEPOSIT AUTHORIZATION FOR ELECTRONIC FUNDS TRANSFER (EFT) REQUEST			
Instructions: Type or print clearly. Before completing this form, read the Direct Deposit Authorization for Electronic Funds Transfer (EFT) Request Completion Instructions, F-13468A.			
SECTION I — APPLICABLE PROGRAM			
☐ BadgerCare Plus / Medicaid Purchase Plan / SeniorCare / Wisconsin Medicaid ☐ Wisconsin Chronic Disease Program		☐ Supplemental Security Income Benefit ☐ Wisconsin Well Woman Program	
SECTION II — MAILING ADDRESS (GENERAL)			
Name — Business or Individual			
Address — Business or Individual (Street, City, State, ZIP Code)			Vendor Number (If Applicable)
☐ Banking Information Change Request			
SECTION III — CONTACT INFORMATION			
Name — Contact Person		E-mail Address — Contact Person	
Telephone Number — Contact Person		Fax Number — Contact Person	
SECTION IV — TAX IDENTIFICATION INFORMATION			
Federal Employee Identification No. (FEIN) / Social Security No. (SSN)		Name — FEIN / SSN	
Wisconsin State Identification Number (If a business is located within Wisconsin)			
SECTION V — FINANCIAL INSTITUTION INFORMATION			
ABA Routing Number		Customer Account Number	
Financial Institution Name			
Address — Financial Institution (Street, City, State, ZIP Code)		Type of Account	
		☐ Checking ☐ Savings	
SECTION VI — AUTHORIZATION TO MAKE ELECTRONIC FUND PAYMENTS			
I authorize the Department of Health Services (DHS) to deposit, by electronic funds transfer, payments owed to me by the state of Wisconsin and, if necessary, debit entries and adjustments for any amounts deposited electronically in error. The DHS shall deposit the payments in the financial institution and previously designated account. I recognize that if I fail to provide complete and accurate information on this authorization form, the processing of the form may be delayed or my payments may be erroneously transferred electronically.			
I consent to and agree with the National Automated Clearing House Association Rules and Regulations and the DHS's rule about electronic transfers as they exist on the date of my signature on this form or as subsequently adopted, amended, or repealed.			
SIGNATURE — Authorized Agent		Name — Authorized Agent (Printed)	
Title		Date Signed	

Figure 102 Direct Deposit Authorization for Electronic Funds Transfer (EFT) Request Form

- Follow the instructions for completing and submitting the Direct Deposit Authorization for Electronic Fund Transfer (EFT) Request form.

11 Member Enrollment Search—Read Only

Users who have access to the secure Waiver Agency page but do not have the ability to add or modify enrollment records may still search for and view a member's enrollment record information. IRIS agencies cannot add or modify participant enrollment via the ForwardHealth Portal. Instead, users can make enrollment updates and changes in WISITS, which are updated in real-time in the interChange MMIS.

1. On the secure Waiver Agency page, click **Waiver Member Search** under Quick Links. The Member Search panel will be displayed.

Figure 103 Member Search Panel

2. Enter the member's information into the fields and click **Search**. In order to search, users must enter at least one of the following sets of information into the appropriate fields:

- The member's ForwardHealth Member ID

Note: The ForwardHealth Member ID is sometimes referred to as Medicaid ID or MCI ID.

- The member's Social Security number (SSN) and date of birth (DOB)
- The member's first and last names and DOB

Note: The Member Search requires a one-to-one match with a member. If more than one result is returned, a message will be displayed above the panel instructing the user to enter more information to narrow the results. Users should review the enrollment record for the changes that have been made.

Once a one-to-one match has been found, the “Search Results” section will be displayed.

Member Search

One of the following is required:

- Member ID
- Social Security Number and Date of Birth
- Member First/Last Name and Date of Birth

Member ID: Social Security Number:

Last Name: Date of Birth:

First Name:

Search Results

Member Information

Member ID: Name:

Date of Birth: County:

Medicare Beneficiary ID: Address:

Benefit Plan

Benefit Plan	Effective Date	End Date
Medicaid Purchase Plan	08/01/2017	12/31/2299

MCO Enrollment History

*** No rows found ***

LOC - Adult

*** No rows found ***

LOC - Children's

Waiver Program	Eligibility	Target Groups	Effective Date	End Date
CLTS	ELG	DD1	01/01/2018	01/31/2019

Waiver History

Waiver Program	Waiver Agency	Effective Date	End Date	Status
CLTS	DANE - DEPT OF HUMAN SERVICES	01/01/2018	07/31/2018	ACTIVE
CLTS	DANE - DEPT OF HUMAN SERVICES	10/01/2018	10/31/2018	ACTIVE
CLTS	DANE - DEPT OF HUMAN SERVICES	08/01/2018	09/30/2018	SUSPENDED

Figure 104 Member Search Panel With “Search Results” Section

The “Search Results” section displays the member’s information, including demographics, benefit plans, LOC, and all active and suspended enrollment records for the user’s Waiver Agency.

3. Click **Exit** to return to the secure Waiver Agency page.

12 Access the Remittance Advices Page

A Remittance Advice (RA) provides important information about the processing of claims and adjustment requests as well as additional financial transactions, such as refunds or recoupment amounts withheld. ForwardHealth provides electronic RAs to providers through their secure ForwardHealth Portal accounts when at least one claim, adjustment request, or financial transaction is processed. An RA is generated regardless of how a claim or adjustment is submitted (electronically or on paper).

RAs are accessible to providers in a text (.txt) or comma-separated values (CSV) format via their secure Waiver Agency Portal accounts.

1. Click **Remittance Advices** at the top of the secure Waiver Agency Page.

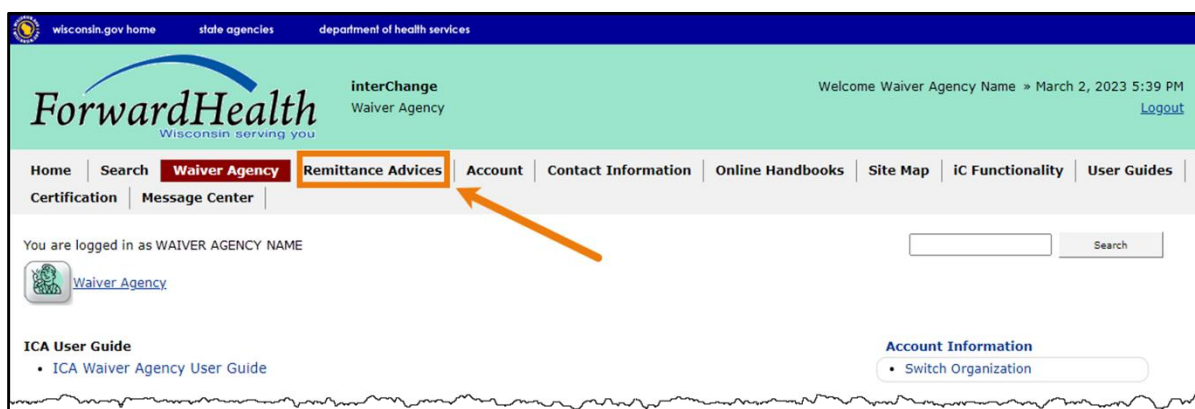
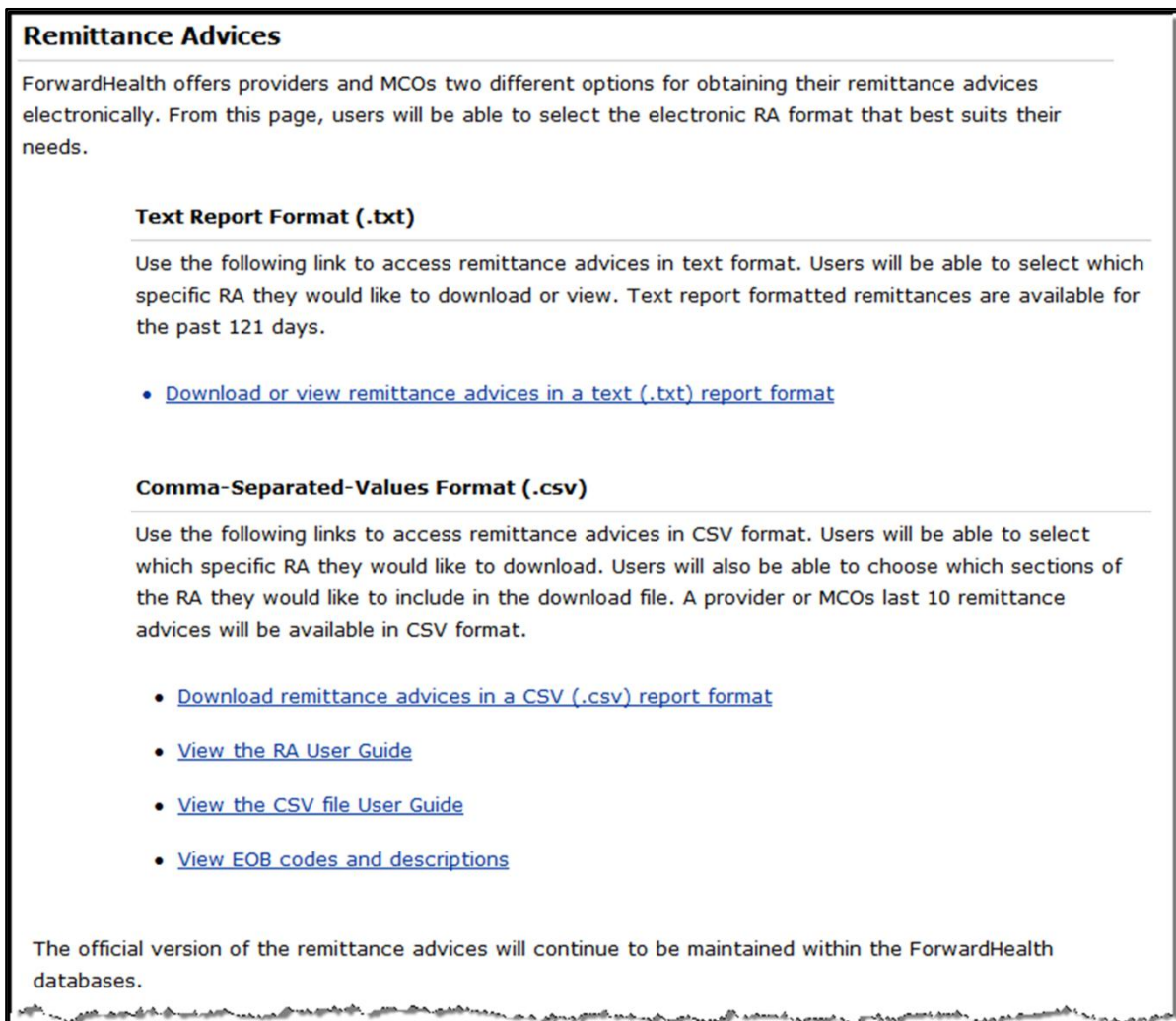


Figure 105 Secure Waiver Agency Page

The Remittance Advices page will be displayed.



Remittance Advices

ForwardHealth offers providers and MCOs two different options for obtaining their remittance advices electronically. From this page, users will be able to select the electronic RA format that best suits their needs.

Text Report Format (.txt)

Use the following link to access remittance advices in text format. Users will be able to select which specific RA they would like to download or view. Text report formatted remittances are available for the past 121 days.

- [Download or view remittance advices in a text \(.txt\) report format](#)

Comma-Separated-Values Format (.csv)

Use the following links to access remittance advices in CSV format. Users will be able to select which specific RA they would like to download. Users will also be able to choose which sections of the RA they would like to include in the download file. A provider or MCOs last 10 remittance advices will be available in CSV format.

- [Download remittance advices in a CSV \(.csv\) report format](#)
- [View the RA User Guide](#)
- [View the CSV file User Guide](#)
- [View EOB codes and descriptions](#)

The official version of the remittance advices will continue to be maintained within the ForwardHealth databases.

Figure 106 Remittance Advices Page

The Remittance Advices page displays the following links:

- Download or view remittance advices in a text (.txt) report format—Allows users to view or download .txt copies of RAs from the past 121 days.
- Download remittance advices in a CSV (.csv) report format—Allows users to download their 10 most recent RAs in a CSV format.
- View the RA User Guide—Allows users to access basic information about using RA functionality on the Portal.
- View the CSV file User Guide—Allows users to access basic information about using the CSV file containing their RA information. The CSV format is accepted by several computer software programs, including Microsoft Office Excel and Microsoft Office Access.

- View EOB codes and descriptions—Allows users to access a list of Explanation of Benefits (EOB) codes and descriptions. A list of all the EOB codes used for an RA will be displayed at the end of the RA. In .txt files, the EOB codes and their descriptions will be listed. In CSV files, only the EOB codes will be listed.

Note: Users who change their Portal account password should not access their RAs for at least 30 minutes after the password change.

12.1 View Remittance Advices in Text Report Format

1. In the “Text Report Format (.txt)” section, click **Download** or **view remittance advices in a text (.txt) report format**.

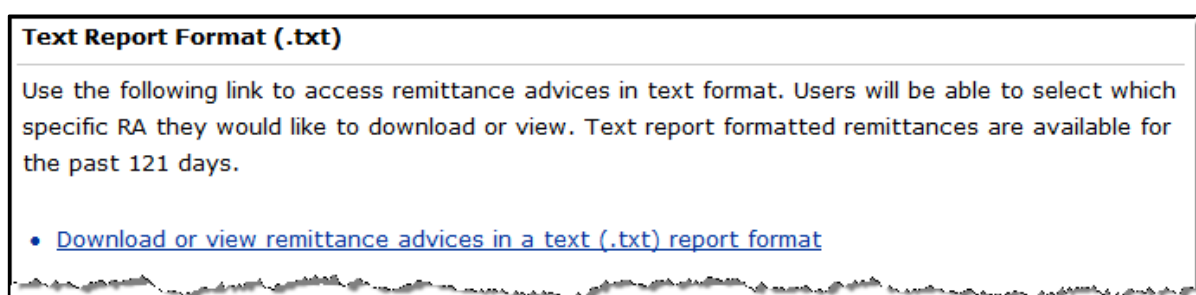


Figure 107 Text Report Format (.txt) Section

The OnBase Document Viewer showing the most recent RAs for the logged in account will open in a separate window.

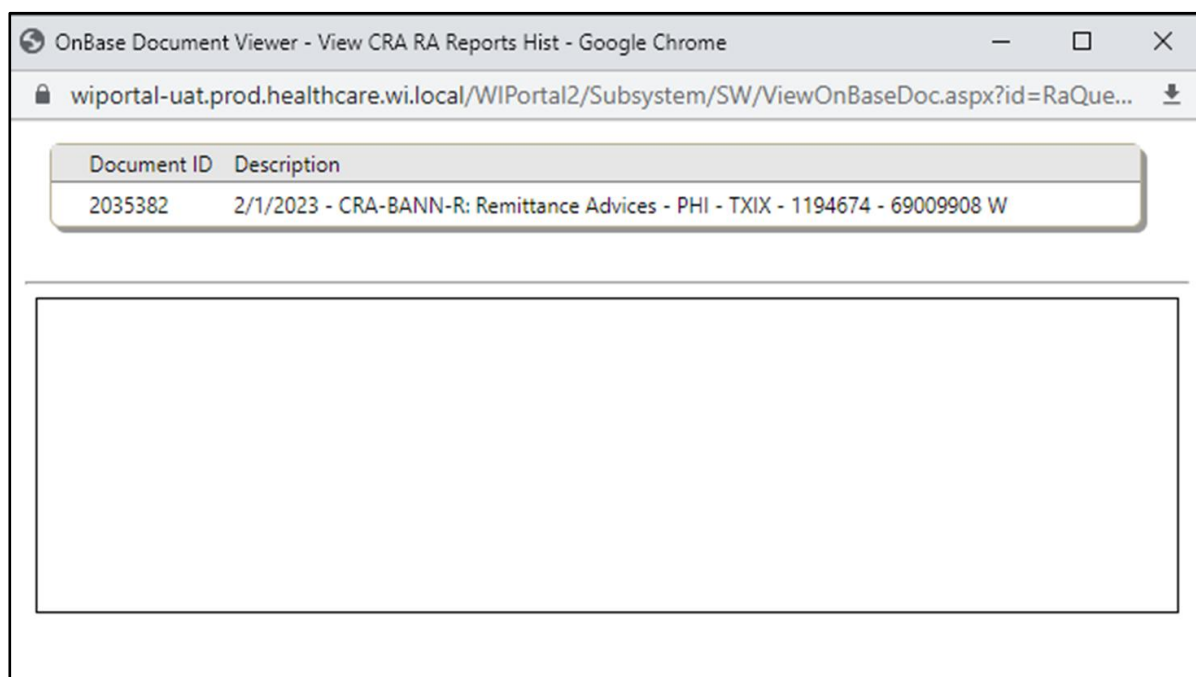


Figure 108 OnBase Document Viewer

2. Click the RA the user wishes to view. A file download icon will be displayed in the bottom left corner of the page.

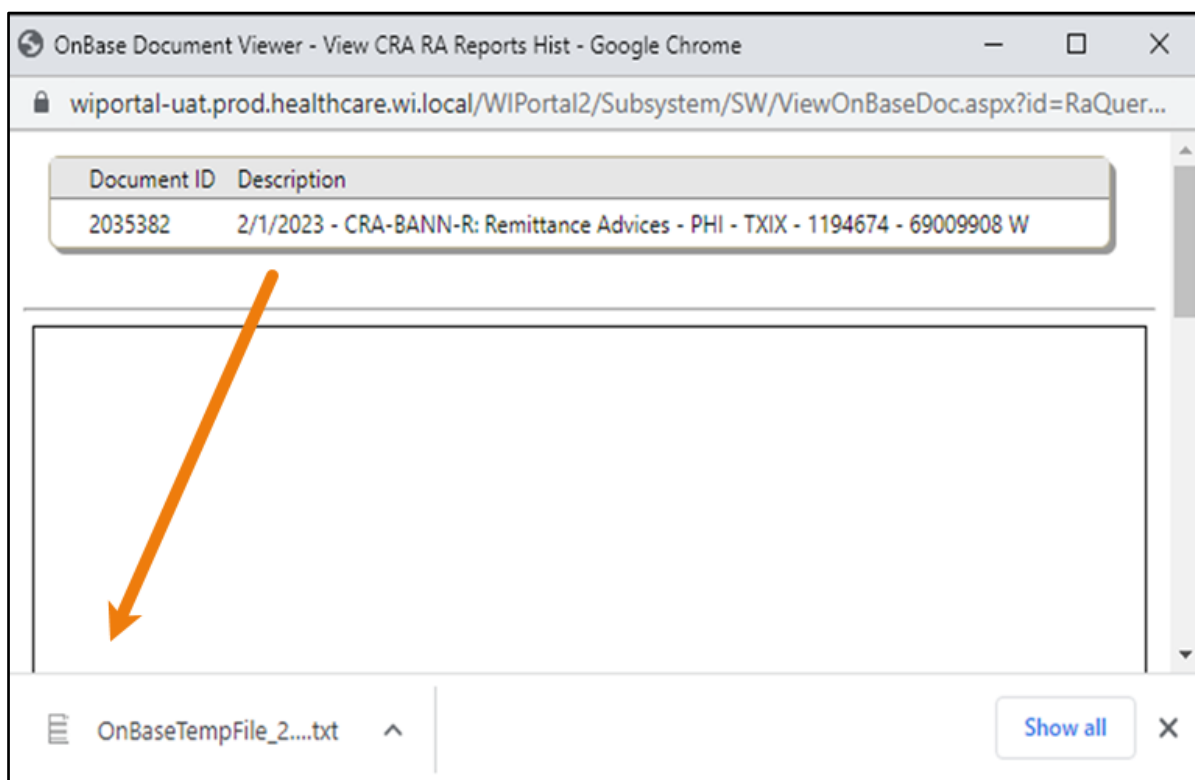


Figure 109 OnBase Document Viewer Window

- Click the download icon. The RA text report will be displayed in a separate window.

OnBaseTempFile_202303091549042197_2035382 - Notepad

File Edit Format View Help

REPORT: CRA-TRAN-R FORWARDHEALTH INTERCHANGE DATE: 02/01/2023
 RA#: 1234567 WISCONSIN FORWARDHEALTH PAGE: 1
 PAYER: TXIX PROVIDER REMITTANCE ADVICE
 FINANCIAL TRANSACTIONS

ABC CARE CONSULTANTS
 123 MAIN ST.
 SUITE A
 ANYTOWN, WI 55555-0000

PAYEE ID 00000000 W
 NPI
 CHECK/EFT NUMBER 000000000
 PAYMENT DATE 02/02/2023

-----NON-CLAIM SPECIFIC PAYOUTS TO PAYEE-----

TRANSACTION NUMBER	PAYOUT AMOUNT	REASON CODE	SERVICE DATE FROM THRU	RELATED PROVIDER ID
NO NON-CLAIM SPECIFIC PAYOUTS TO PAYEE				

-----NON-CLAIM SPECIFIC REFUNDS FROM PAYEE-----

TRANSACTION NUMBER	REFUND AMOUNT	REASON CODE	CHECK NUMBER	RECEIPT DATE
NO NON-CLAIM SPECIFIC REFUNDS FROM PAYEE				

-----ACCOUNTS RECEIVABLE-----

A/R NUMBER	SETUP DATE	ORIGINAL AMOUNT	RECOUPMENT AMOUNT TO DATE	BALANCE	REASON CODE	ADJUSTMENT --ICN--	PREVIOUS --ICN--	AMOUNT RECOUPED IN CURRENT CYCLE
NO OUTSTANDING ACCOUNTS RECEIVABLE								

Figure 110 RA Text Report

The RA text report will usually open in Notepad, which is the default text viewing and editing program for most computers; however, the report may be opened in any text program.

- Click **File** in the upper left corner of the screen and select **Save As** to save the report for record-keeping purposes.

A Save As window will be displayed.

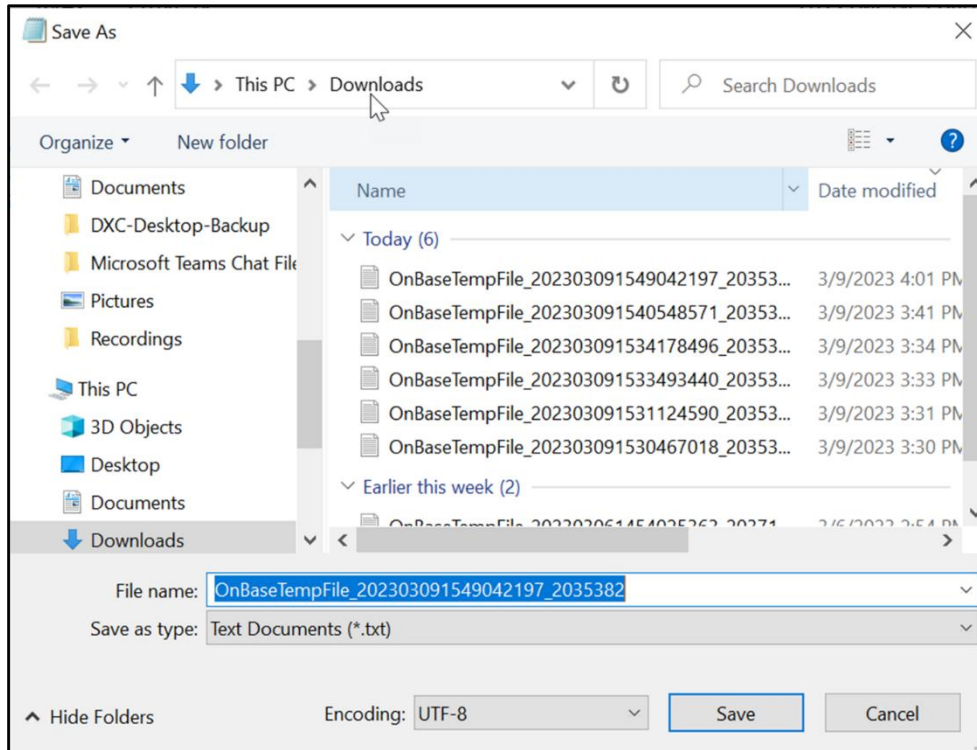


Figure 111 Save As Window

- Choose a location on the computer or network to save the RA.
- Click **Save**.

12.2 Format the Remittance Advices Text File

To properly view and print the RA text file, the user may need to make some formatting adjustments. These adjustments can be made in any text editing program; however, the examples below use Notepad.

- From the main menu at the top of the browser window, click **Format**. The Format drop-down menu will be displayed.

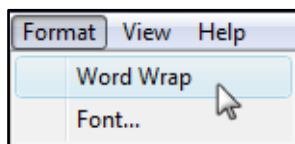


Figure 112 Format Drop-Down Menu

2. Ensure that there is *not* a checkmark next to Word Wrap. If there is a checkmark next to Word Wrap, select **Word Wrap** to uncheck the option.
3. From the Format drop-down menu, select **Font**.

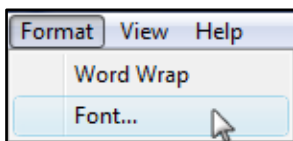


Figure 113 Format Drop-Down Menu

The Font window will open.

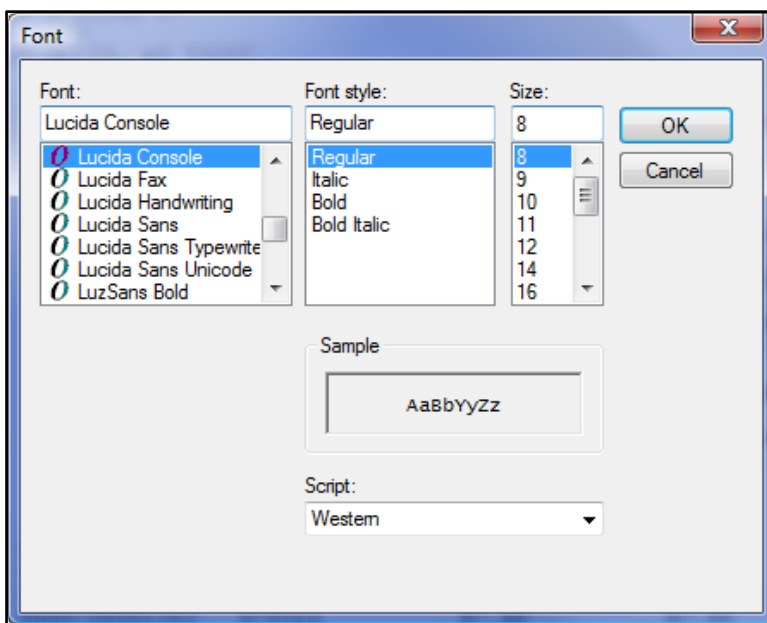


Figure 114 Font Window

4. Select **Lucida Console** as the font type if it is not already selected.

Note: The user may select any non-proportional (fixed-width) font type. A proportional font type such as Times New Roman has varying character widths and will not allow the text file to be properly aligned.

5. Change the Size to 8.

6. Click **OK**.
7. From the main menu at the top of the browser window, click **File**.

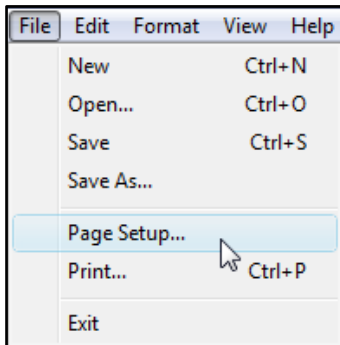


Figure 115 File Drop-Down Menu

8. From the File drop-down menu, select **Page Setup**. The Page Setup window will open.

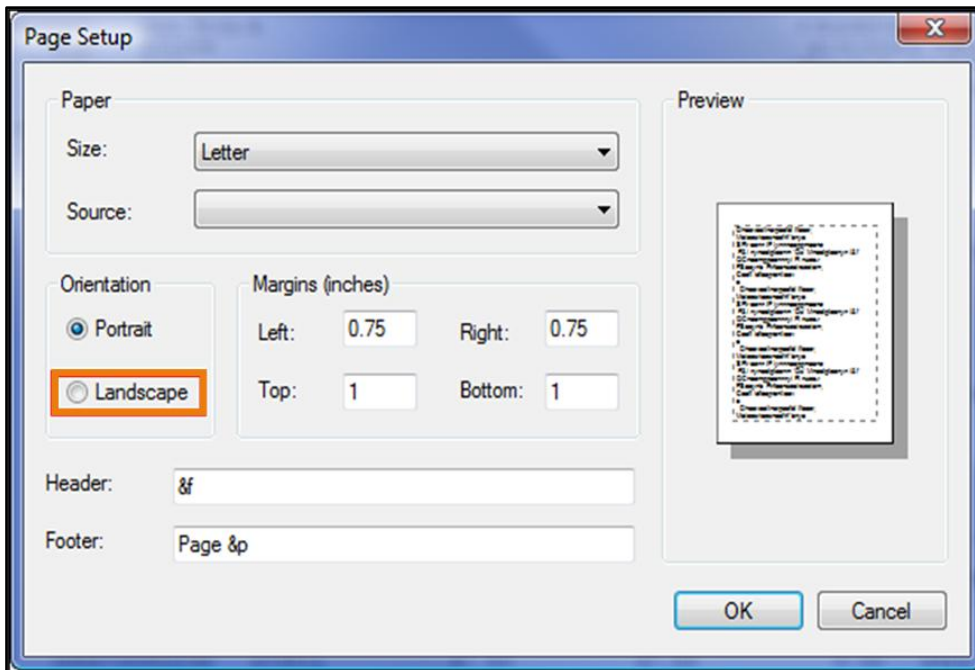


Figure 116 Page Setup Window

9. Under Orientation, click **Landscape**.
10. Click **OK**.
11. To print the file, select **Print** from the File drop-down menu.

If the user wishes to have numbered pages, open the RA in a word processing program such as Microsoft Office Word and, after making the same formatting changes as detailed above for the text file, add page numbers to the RA.

12.3 Download Remittance Advices in a Comma-Separated Values Report Format

A CSV file is a specially formatted plain text file that stores information in a format that can be easily imported into a spreadsheet or database.

1. In the “Comma-Separated-Values Format (.csv)” section of the Remittance Advices page, click **Download remittance advices in a CSV (.csv) report format**. The Download RA page will be displayed.

Download RA

ForwardHealth offers the 10 latest Remittance Advices (RAs) for download in a Comma-Separated-Values (CSV) format. Users have the option to download the full RA or to select specific sections to include in the CSV file.

To download an RA in CSV format:

- Select an RA to download from the list below
- Select "All" to download the full RA
-or-
Select the specific RA section you would like included in the file
- Click submit and save (or open) the CSV.

Remittance Advices

RA Number	RA Date	Check/EFT Number	Banner Messages
311952	06/22/2010	000000000	7 messages
311700	05/17/2010	000000000	
311683	05/13/2010	000055667	
311590	05/03/2010	000055611	
311028	03/08/2010	000055383	
310926	02/25/2010	000055332	
310882	02/19/2010	000055319	

Select an RA section to download:

☒ All
 ☐ Summary
 ☐ Medicare Crossover - Professional Claims
☐ Payment
 ☐ Inpatient Claims
 ☐ Medicare Crossover - Institutional Claims
☐ Payment Hold
 ☐ Outpatient Claims
 ☐ Compound Drug Claims
☐ Service Codes
 ☐ Professional Service Claims
 ☐ Drug Claims
☐ Financial Transactions
 ☐ Long Term Care Claims
 ☐ Dental Claims

Submit Cancel

Figure 117 Download RA Page

On the Download RA page, users can choose to download their 10 latest RAs.

If there is a banner message(s) for an RA, users can click the button in the Banner Messages column to view the message(s).

2. The user should click the row of the RA they wish to download.

In the “Select an RA section to download” section, the **All** box is checked by default. When this option is checked, the entire RA will be downloaded.

- To download specific sections of the RA, the user should uncheck the **All** box and select the sections of the RA they wish to download.

Remittance Advices

RA Number	RA Date	Check/EFT Number	Banner Messages
311952	06/22/2010	000000000	7 messages
311700	05/17/2010	000000000	
311683	05/13/2010	000055667	
311590	05/03/2010	000055611	
311028	03/08/2010	000055383	
310926	02/25/2010	000055332	
310882	02/19/2010	000055319	

Select an RA section to download:

- ☒ All
- ☐ Payment
- ☐ Payment Hold
- ☐ Service Codes
- ☐ Financial Transactions
- ☒ Summary
- ☒ Inpatient Claims
- ☒ Outpatient Claims
- ☐ Professional Service Claims
- ☐ Long Term Care Claims
- ☐ Medicare Crossover - Professional Claims
- ☐ Medicare Crossover - Institutional Claims
- ☐ Compound Drug Claims
- ☐ Drug Claims
- ☐ Dental Claims

Submit **Cancel**

Figure 118 Remittance Advices and Select an RA Section to Download Sections

- Click **Submit**. A file download icon will be displayed in the bottom left corner of the page.

Remittance Advices

RA Number	RA Date	Check/EFT Number	Banner Messages
1194674	02/01/2023	000064423	

Select an RA section to download:

- ☒ All
- ☐ Payment
- ☐ Payment Hold
- ☐ Service Codes
- ☐ Financial Transactions
- ☐ Summary
- ☐ Inpatient Claims
- ☐ Outpatient Claims
- ☐ Professional Service Claims
- ☐ Long Term Care Claims
- ☐ Medicare Crossover - Professional Claims
- ☐ Medicare Crossover - Institutional Claims
- ☐ Compound Drug Claims
- ☐ Drug Claims
- ☐ Dental Claims

Submit **Cancel**

1194674 (3).csv

Figure 119 File Download Icon

5. Click the download icon. The CSV text file will be displayed in Excel.

FileHomeInsertDrawFormulasDataReviewViewHelpAcrobat

Paste

Calibri

11

A

Figure 120 CSV Text File

6. Certain columns may show scientific notations in place of long numbers such as internal control numbers (ICNs). To correct this:
 - a. Click a column header to highlight the column.

- b. Under the Home menu item, click the Number Format dialog box (represented by a diagonal arrow in the corner).

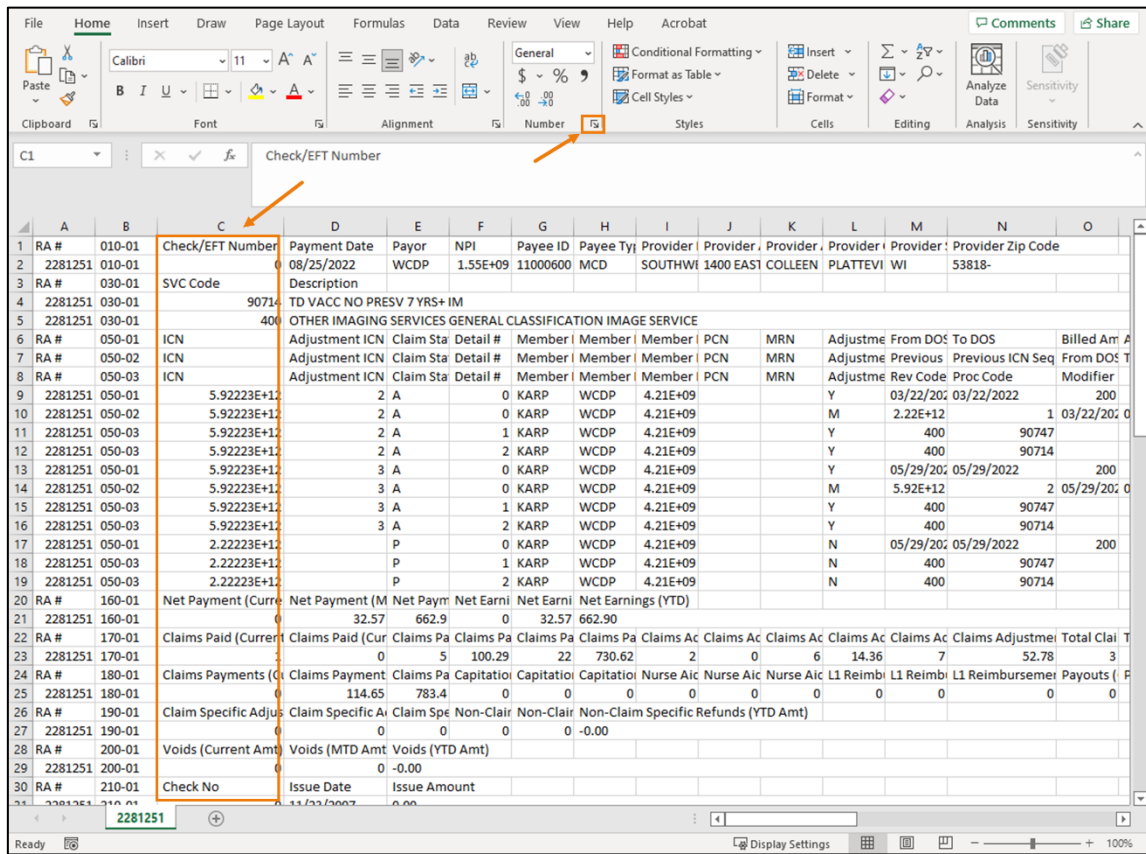


Figure 121 CSV Text File Number Fix

- c. Select **Custom** in the Category section.

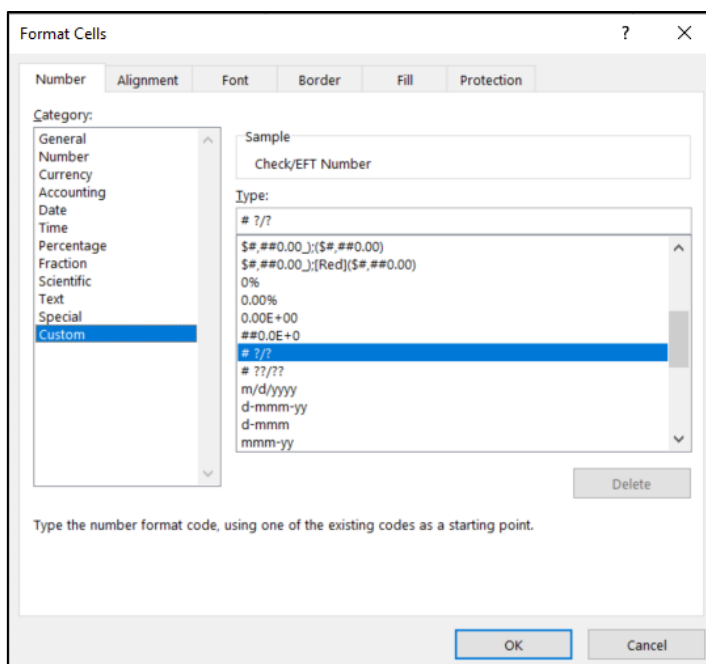


Figure 122 Number Format Dialog Box

- d. Select **# ?/?** in the Type section.
- e. Click **OK**. Once expanded, all columns with long numbers should now appear correctly.

Note: The user **must** first save the CSV text file to properly download and format the data content as a spreadsheet document.

7. Choose a location on the computer or network to save the RA CSV text file.

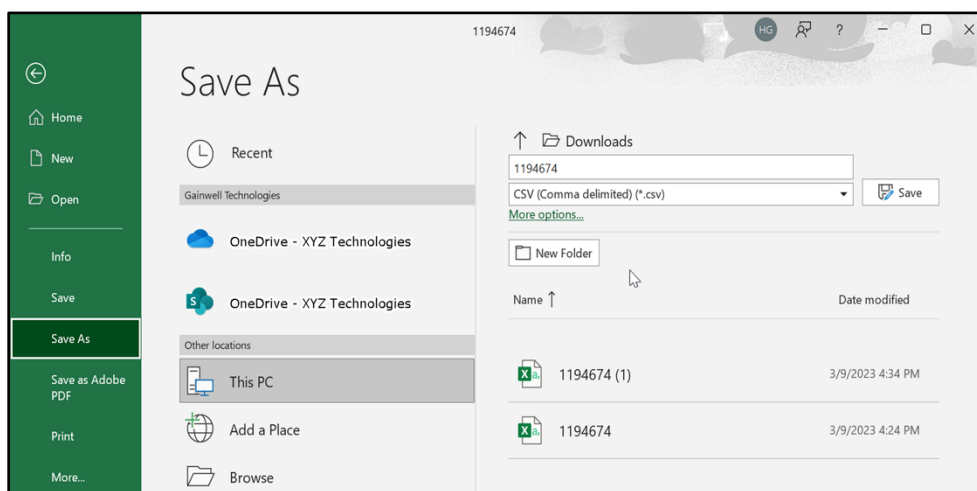


Figure 123 Save As Window

8. Click **Save**.

12.4 Format the Comma-Separated Values File

To properly read the CSV text file after it has been saved, the user will need to first import the text file into a spreadsheet or database program and then format it. The examples shown here use the Microsoft Excel spreadsheet program.

1. Open a blank spreadsheet.
2. In the menu bar at the top of the screen, click **Data**. The Data menu will be displayed.

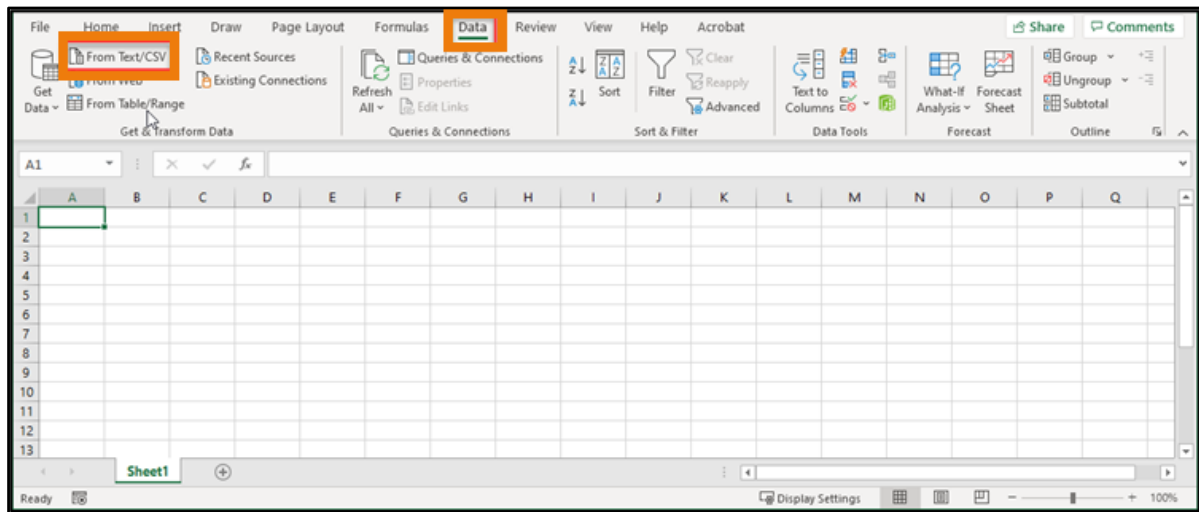


Figure 124 Blank Spreadsheet

3. Click **From Text/CSV** located on the left side of the Data menu. Note: If this option does not appear, click the arrow under the Get Data icon in the left corner and select **From File** and **From Text/CSV** from the drop-down menu.

The Import Data window will open.

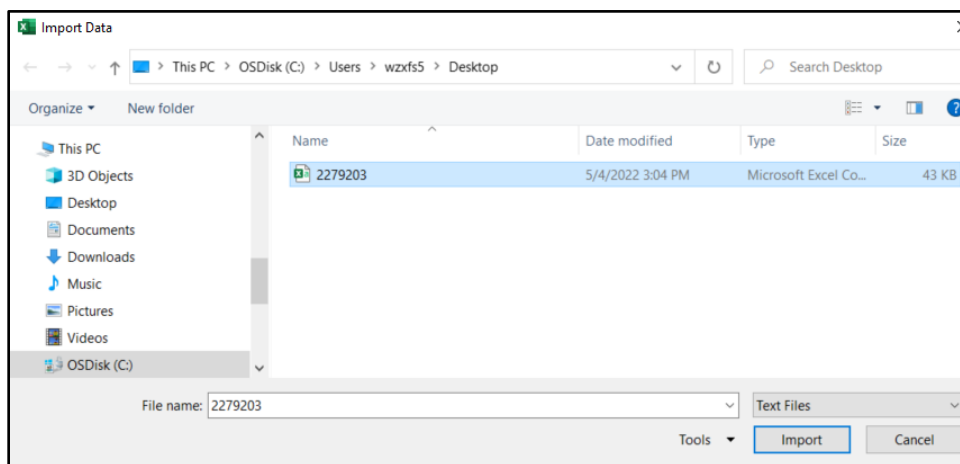


Figure 125 Import Data Window

4. Navigate to the location where the user saved the CSV file and double-click the file.

The data capture window will be displayed.

2281251.csv

File Origin: 1252: Western European (Windows) | Delimiter: Comma | Data Type Detection: Based on first 200 rows

RA #	010-01	Check/EFT Number	Payment Date	Payor	NPI	
2281251	010-01	0	08/25/2022	WCDP	1548345150	11
RA #	030-01	SVC Code	Description			
2281251	030-01	90714	TD VACC NO PRESV 7 YRS+ IM			
2281251	030-01	400	OTHER IMAGING SERVICES GENERAL CLASSIFICATION I...			
RA #	050-01	ICN	Adjustment ICN Seq	Claim Status	Detail #	M
RA #	050-02	ICN	Adjustment ICN Seq	Claim Status	Detail #	M
RA #	050-03	ICN	Adjustment ICN Seq	Claim Status	Detail #	M
2281251	050-01	5.92223E+12	2	A	0	K/
2281251	050-02	5.92223E+12	2	A	0	K/
2281251	050-03	5.92223E+12	2	A	1	K/
2281251	050-03	5.92223E+12	2	A	2	K/
2281251	050-01	5.92223E+12	3	A	0	K/
2281251	050-02	5.92223E+12	3	A	0	K/
2281251	050-03	5.92223E+12	3	A	1	K/
2281251	050-03	5.92223E+12	3	A	2	K/
2281251	050-01	2.22223E+12		P	0	K/
2281251	050-03	2.22223E+12		P	1	K/
2281251	050-03	2.22223E+12		P	2	K/
RA #	160-01	Net Payment (Current Amt)	Net Payment (MTD)	Net Payment (YTD)	Net Earnings (Current Amt)	N
2281251	160-01	0	32.57	662.9	0	32

Load | Transform Data | Cancel

Figure 126 Data Capture Window

- Keep the default File Origin, Delimiter, and Data Type Detection values, as shown.

6. Click **Load**. The final imported file will be displayed.

1	RA #	010-01	Check/EFT Number	Payment Date	Payor
2	2281251	010-01	0	08/25/2022	WCDP
3	RA #	030-01	SVC Code	Description	
4	2281251	030-01	90714	TD VACC NO PRESV 7 YRS+ IM	
5	2281251	030-01	400	OTHER IMAGING SERVICES GENERAL CLASSIFICATION IMAGE SERVICE	
6	RA #	050-01	ICN	Adjustment ICN Seq	Claim Status
7	RA #	050-02	ICN	Adjustment ICN Seq	Claim Status
8	RA #	050-03	ICN	Adjustment ICN Seq	Claim Status
9	2281251	050-01	5.92223E+12	2	A
10	2281251	050-02	5.92223E+12	2	A
11	2281251	050-03	5.92223E+12	2	A
12	2281251	050-03	5.92223E+12	2	A
13	2281251	050-01	5.92223E+12	3	A
14	2281251	050-02	5.92223E+12	3	A
15	2281251	050-03	5.92223E+12	3	A
16	2281251	050-03	5.92223E+12	3	A
17	2281251	050-01	2.22223E+12		P
18	2281251	050-03	2.22223E+12		P
19	2281251	050-03	2.22223E+12		P
20	RA #	160-01	Net Payment (Current Amt)	Net Payment (MTD)	Net Payment (YTD)
21	2281251	160-01	0	32.57	662.9
22	RA #	170-01	Claims Paid (Current No)	Claims Paid (Current Amt)	Claims Paid (MTD No)
23	2281251	170-01	1	0	5
24	RA #	180-01	Claims Payments (Current Amt)	Claims Payments (MTD Amt)	Claims Payments (YTD Amt)
25	2281251	180-01	0	114.65	783.4
26	RA #	190-01	Claim Specific Adjustment Refunds (Current Amt)	Claim Specific Adjustment Refunds (MTD Amt)	Claim Specific Adjustment Refunds (YTD Amt)
27	2281251	190-01	0	0	0
28	RA #	200-01	Voids (Current Amt)	Voids (MTD Amt)	Voids (YTD Amt)
29	2281251	200-01	0	0	-0.00
30	RA #	210-01	Check No	Issue Date	Issue Amount
31	2281251	210-01	0	11/23/2007	0.00
32	2281251	210-01	0	12/14/2007	0.00

Figure 127 Final Imported RA File

7. Save the formatted file. Saving before making changes will help to avoid having to convert the CSV file again should the user encounter problems while working with the data.

13 Access interChange Functionality

The interChange (iC) Functionality section of the ForwardHealth Waiver Agency Portal allows authorized users to access member, third-party liability (TPL), and provider information. Note: IRIS agencies can access Medicaid eligibility and other program enrollment information in Wisconsin's Self-Directed IT System via a real-time web service by using the eligibility verification button.

1. To use interChange functionality on the Portal, click **iC Functionality** on the main menu at the top of the Waiver Agency page. The iC Functionality page will be displayed.

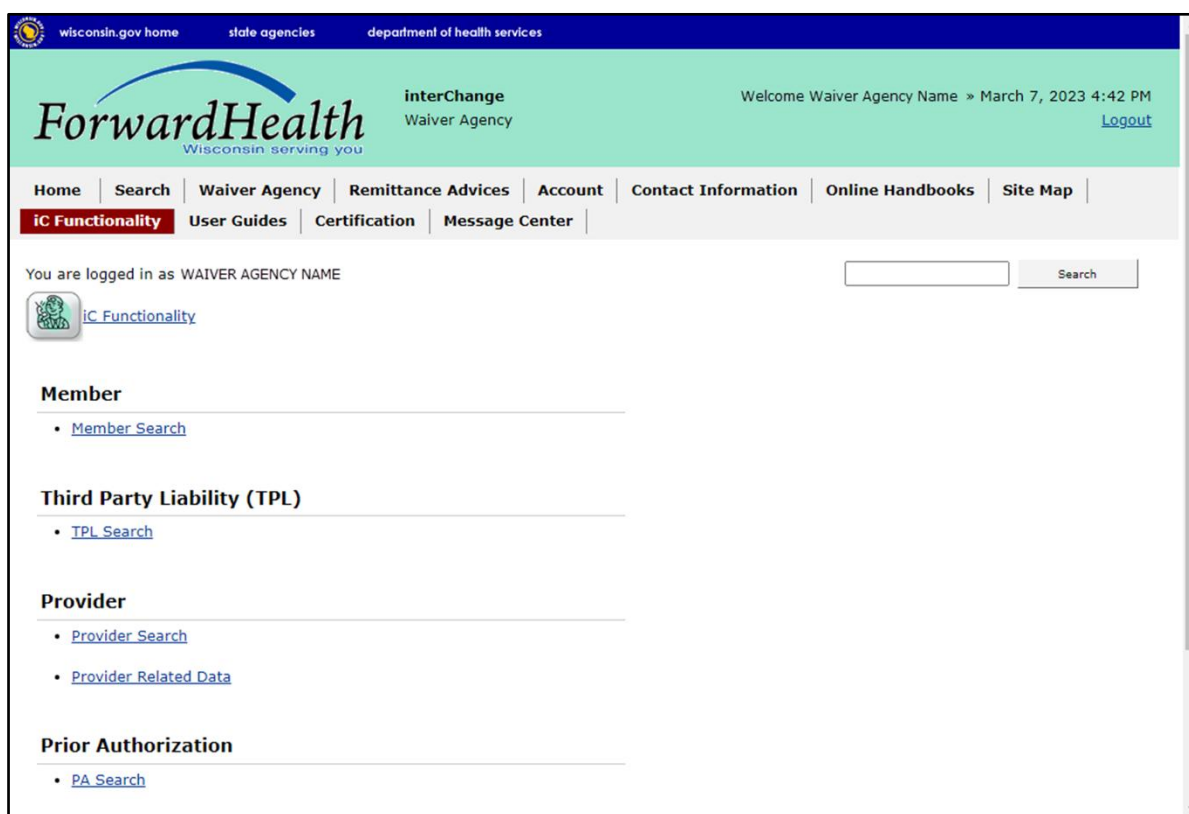


Figure 128 iC Functionality

14 Member

14.1 Member Search

1. On the iC Functionality page, click **Member Search**. The Member Search panel will be displayed.

Note: In the IRIS Program, members are referred to as participants.

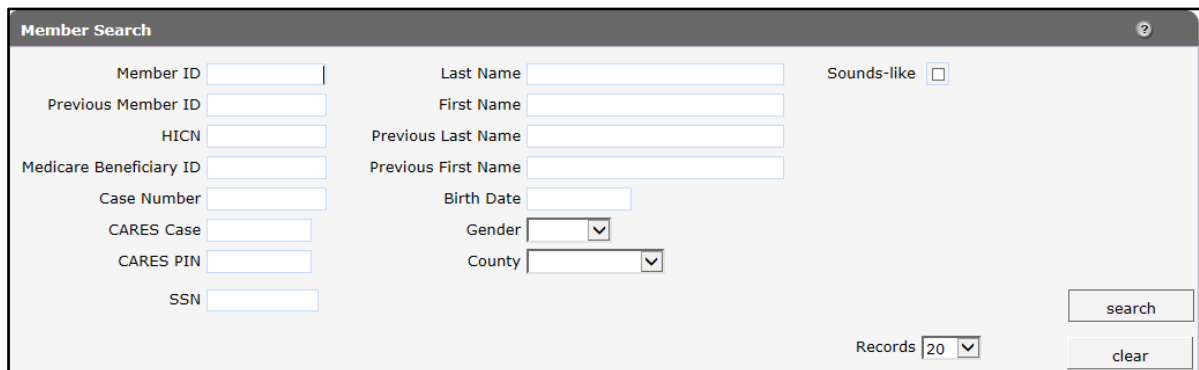


Figure 129 Member Search Panel

This user guide explains how to complete a member search using a member's name. Users can search for a member using any of the fields on the Member Search panel but should enter as much information as possible to narrow the results.

If a search returns too many results, a message will indicate that additional criteria must be entered. If a search does not return any results, a "No rows found" message will be displayed in the Search Results panel. Users should ensure that the entered information is accurate and correct any inaccurate information.

Note: If no results are found when searching using a member ID, enter the member's ID in the Previous Member ID field in case the member's ID has changed. If the member is found, the member's information will be displayed with their new ID.

The Search Results panel will display 20 results per page by default. To change the number of results that display, select another number from the Records menu.

To clear information from all the fields on the Member Search panel, click **clear**.

2. Enter the member's last name in the Last Name field.

Check the **Sounds-like** box to perform a phonetic search on the member's last name. If the box is unchecked, an exact letter search will be performed.

3. Enter the member's first name in the First Name field.

- Click **search**. If only one member record is found, the Member Information page will be displayed. If multiple member records matching the entered search criteria are found, the records will be displayed in the Search Results panel.

Member Search

Member ID Last Name Sounds-like ☐

Previous Member ID First Name

HICN Previous Last Name

Medicare Beneficiary ID Previous First Name

Case Number Birth Date

CARES Case Gender

CARES PIN County

SSN

Records

Search Results

Member ID	Last Name	First Name	MI	Birth Date	SSN	MBI	Gender	County
111111111	MEMBER	IMA		06/05/1980	333-33-3333		F	Dane
555555550	MEMBER	IMA		05/05/1970	555-55-5555		F	Dane

Figure 130 Search Results Panel

The member information will be displayed by column (for example, Member ID, Last Name, First Name). To sort the results, click a column heading. Clicking a column heading once will sort the results in ascending order by that column. Clicking a column heading twice will sort the results in descending order.

- Click the applicable member record. The Member Information page will be displayed.

@neTouch sidebar

Quick Search

Member ID

Case Number

Recent Searches

- 0000000000
- 1234567890
- 9876543210

Navigation toolbar

Member Information Panel

Member ID 0000000000 Name DXCTESTB, CHERRY A Active Active

MCI Ind Yes Prev Name

CARES Pin 5555555555 CARES Case 2222222222 Linked ID

Medicare Beneficiary ID Address 123 MAIN STREET Case History 0000000000 08/08/2017

SSN 000-00-0000 Address 2 Benefit Plan BCSP 04/01/2017-12/31/2299

Gender Female Address 3 Medicare Cov

Birth Date 06/09/1999 City ANYTOWN Managed Care TRANS 01/01/2019-12/31/2299

Death Date State WI MC Special Cond L04 01/01/2017-05/15/2018

Age 22 Zip 53719-0000 TPL No

Race H - Hispanic Alt Address Yes Lockin LIMED 01/01/2018-12/31/2299

Ethnicity 01 Hispanic or Latino Phone (555) 123-4567 NH Level of Care BI 04/01/2017-02/28/2018

Language ENG - ENGLISH Phone Type Home Patient Liability

County 13 - Dane Add Phone Deductible

Tribal Ind No Add Type No Phone Last HlthChk Scrn

Last HlthChk Dntl

Incarceration

Figure 131 Member Information Page

The Member Information page consists of the following:

- @neTouch sidebar—The @neTouch sidebar contains a “Quick Search” section and a “Recent Searches” section.

- The “Quick Search” section allows users to search for a new member record by entering either a member ID in the Member ID field or a Client Assistance for Reemployment and Economic Support (CARES) case number in the Case Number field and clicking **search**. Users can click **clear** to delete information from the Member ID or Case Number fields or **prev** to return to the Member Search panel.
- The “Recent Searches” section displays the IDs of the last five members for whom users searched. Users can click an ID to populate that member’s information in the Member Information panel. Both search sections can be minimized by clicking the arrow on the right.
- Navigation toolbar—The navigation toolbar contains the Open Tab menu, the Help menu, and the Stacked/Tabbed View function. The other functions are unavailable.
 - The *Open Tab* menu provides access to panels that contain more detailed member information.
 - The *Help* menu provides access to information regarding the Member Information panel (Page Specific Help) or the panels available under the Open Tab menu (Tab Specific Help). A panel from the Open Tab menu must be selected for the Tab Specific Help option to be available.
 - The *Stacked/Tabbed View* function allows users to choose whether to display the panels available under the Open Tab menu in a stacked or tabbed view. In the stacked view, all panels that have been selected from the Open Tab menu will display together beneath the Member Information panel. In the tabbed view, the panels will display on different tabs located across the top of the panel, and users can switch between the panels by clicking the tabs. The shortcut for switching between the stacked and tabbed views is Alt+o. The screen captures in this user guide display the tabbed view option.
- Member Information panel.

14.1.1 Member Information Panel

The Member Information panel displays basic data about a member.

Member ID 0000000000	Name DXCTESTB, CHERRY A	Active Active
MCI Ind Yes	Prev Name	Linked ID
CARES Pin 5555555555	CARES Case 2222222222	Case History 0000000000 08/08/2017 ▼
Medicare Beneficiary ID	Address 123 MAIN STREET	Benefit Plan BCSP 04/01/2017-12/31/2299 ▼
SSN 000-00-0000	Address 2	Medicare Cov
Gender Female	Address 3	Managed Care TRANS 01/01/2019-12/31/2299 ▼
Birth Date 06/09/1999	City ANYTOWN	MC Special Cond L04 01/01/2017-05/15/2018 ▼
Death Date	State WI	TPL No
Age 22	Zip 53719-0000	Lockin LIMED 01/01/2018-12/31/2299 ▼
Race H - Hispanic	Alt Address Yes	NH Level of Care BI 04/01/2017-02/28/2018 ▼
Ethnicity 01 Hispanic or Latino	Phone (555) 123-4567	Patient Liability
Language ENG - ENGLISH	Phone Type Home	Deductible
County 13 - Dane	Add Phone	Last HlthChk Scrn
Tribal Ind No	Add Type No Phone	Last HlthChk Dntl
		Incarceration

Figure 132 Member Information Panel

The left column displays some of the following information:

- The *MCI Ind* field indicates whether or not a Master Client Index indicator was assigned. The field will indicate *Yes* if the member's ID was assigned from the Master Client Index database and *No* if the member's ID is temporary.
- The *CARES Pin* field displays the member's CARES personal identification number.
- The member's demographic data.

The middle column displays some of the following information:

- The member's name and previous name, if applicable.
- The member's CARES case number.
- The member's contact information.

The right column displays applicable member enrollment information such as the following:

- The *Active* field indicates *Active* if the ID in the Member ID field is current or *Inactive* if the ID is no longer used. If *Inactive* is displayed and the member has a more current ID, the most current ID would be displayed in the Linked ID field.

Note: Throughout this user guide, an *Active* status indicates that the displayed information is current. An *Inactive* or *History* status indicates that the displayed information is no longer used or is invalid. Inactive or historical information is maintained for informational or auditing purposes only.

- The *Linked ID* field displays information if the member has another ID that is linked to the member's present ID.

- The *Case History* menu displays the case ID with which the member is associated and the date(s) that the member's case ID was applied to interChange.
- The *Benefit Plan* menu displays the benefit plan(s) in which a member is or was enrolled. The field includes a benefit plan code and the effective dates of each plan. Full benefit plans are listed under the [Additional Information](#) section.

Note: An end date of 12/31/2299 signifies an open end date.

- The *Medicare Cov* field displays the member's current Medicare coverage. The field may show one or more of the following:
 - *A* indicates Medicare Part A.
 - *B* indicates Medicare Part B.
 - *D* indicates Medicare Part D.

The field will be blank if the member does not have current coverage.

- The *Managed Care* field indicates if the member is enrolled in a BadgerCare Plus HMO, Medicare Supplemental Security Income (SSI) HMO, Family Care, Program for All Inclusive Care for the Elderly (PACE), Family Care Partnership, or a children's health managed care plan (for example, Children Come First [CCF], Wraparound Milwaukee [WAM]). The field also displays the effective and end dates of the member's enrollment.
- The *MC Special Cond* field displays the member's Managed Care Special Condition LOC if they are enrolled in a LTC managed care program and/or the member's exemption information, if applicable. The field also displays the effective and end dates related to the member's LOC or exemption.
- The *TPL* field displays a *Yes* or a *No* to indicate whether or not the member has current third-party (private) insurance coverage.
- The *Lockin* field indicates if the member is restricted to specific providers or if the member is enrolled in a hospice program. If a lock in is in effect, the effective and end dates will also be displayed.
- The *NH Level of Care* field displays nursing home LOC codes not related to managed care. The field also displays the effective and end dates of the member's LOC authorization.
- The *Patient Liability* field displays the monthly institutional liability or waiver cost share amounts the member must contribute to their cost of care. The institutional liability is the Medicaid cost share amount, and the waiver cost share is the waiver cost share amount. The field also displays the effective and end dates of the cost share.
- The *Deductible* field indicates the member's current SeniorCare deductible and the effective and end dates for which the member's SeniorCare deductible was applied. This field does not apply to private insurance.
- The *Last HlthChk Scrn* field displays the date of the member's last HealthCheck screening.

- The *Last HlthChk Dntl* field displays the date of the member's last dental screening that was provided as a HealthCheck service.
- The *Incarceration* field indicates the incarceration effective date and end date for members with active incarceration information.

14.1.2 Open Tab Menu

Hover over Open Tab on the navigation toolbar to display the Open Tab menu. The Open Tab menu displays seven different menu options; however, only the Member, Managed Care, SSI, and Waiver Enrollment menu options are available.

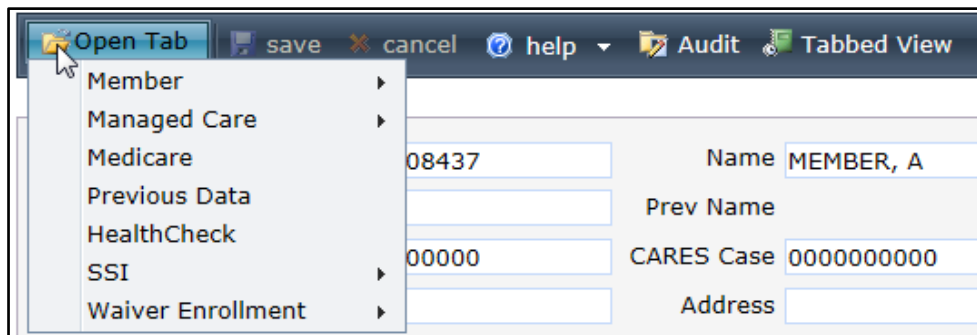


Figure 133 Open Tab Menu

Member Menu

Hover over Member on the Open Tab menu to display menu options for panels containing a member's alternate address, base information, benefit plan enrollment, lockin details, and patient liability.

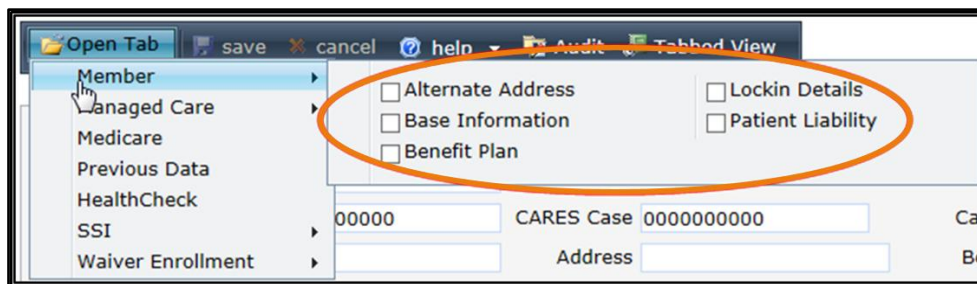


Figure 134 Member Menu

Panels listed under menus operate under the following principles:

- Clicking a panel name will open the selected panel.
- Checking the box next to the panel name causes the panel to display automatically each time that menu is accessed, even in subsequent Portal sessions.
- Panel names that are highlighted indicate the panel is currently open.

- Panel names that are italicized indicate the panel is inaccessible to the user.

Note: If information is not available for a selected panel, a “No rows found” message will be displayed at the top of the panel.

Alternate Address Panel

The Alternate Address panel displays any addresses besides the member’s main address to which the member may have requested their protected health information or other program correspondence and materials be sent.

Note: The IRIS-specific address type “I” is received in the MMIS through a real-time data exchange from Wisconsin’s Self-Directed IT System when participant enrollment is being added or updated.

1. Select **Alternate Address** from the Member menu. The Alternate Address panel will be displayed.
2. Click the applicable row to display information in the fields on the panel.

The screenshot shows the 'Alternate Address' panel. At the top, there is a table with columns: Contact Type, Name, Name Suffix, Address 1, Address 2, City, State, Zip, Zip 4, County, Phone, and Ext. The first row is highlighted in yellow and contains the following data: Household Residence, IM A MEMBER, 123 FIRST ST, ANYTOWN, WI, 55555, (555)234-5678. Below the table is a form with two columns. The left column contains fields for Contact Type (dropdown), Name (text), Name Suffix (text), Phone (text), Phone Type (dropdown), Add Phone (text), Add Phone Type (dropdown), and Email (text). The right column contains fields for Relationship (dropdown), Address 1 (text), Address 2 (text), Address 3 (text), City (text), State (dropdown), Zip (text), and County (dropdown). At the bottom right of the form are 'delete' and 'add' buttons.

Figure 135 Alternate Address Panel

The Alternate Address panel may include the following information:

- The *Contact Type* field indicates the type of address being displayed, such as emergency contact or mailing address.
- The *Relationship* field indicates the contact’s relationship to the member.
- The *Name*, *Address*, *Email*, and *Phone* fields display contact information.
- The *Phone Type* field can indicate either to whom the phone belongs, such as a neighbor’s phone or a spouse’s work phone, or the type of phone, such as a cell phone or a fax.

Base Information Panel

The Base Information panel displays basic information about a member.

1. Select **Base Information** from the Member Menu. The Base Information panel will be displayed.

The screenshot displays the 'Base Information' panel with the following fields and values:

- Member ID:** 0987654321
- MCI Ind:** Y
- CARES Pin:** 0000000000
- CARES Case:** 0000000000
- SSN:** 000-00-0000
- Gender:** (Dropdown menu)
- Birth Date:** 04/06/1980
- Death Date:** (Empty field)
- Ethnicity:** 00 Not Hispanic or Latino (Dropdown menu)
- Language:** UNDETERMINED (Dropdown menu)
- County:** Dane (Dropdown menu)
- Tribal Ind:** No (Dropdown menu)
- Last Name:** MEMBER
- First Name:** IM
- MI:** A
- Name Suffix:** (Dropdown menu)
- Address:** 123 MAIN ST
- Address 2:** (Empty field)
- Address 3:** (Empty field)
- City:** ANYTOWN
- State:** WI (Dropdown menu)
- Zip:** 55555 0000
- Phone:** (Empty field)
- Phone Type:** No Phone (Dropdown menu)
- Add Phone Number:** (Empty field)
- Add Phone Type:** No Phone (Dropdown menu)
- Marital Status:** UNREPORTED (Dropdown menu)
- Living Arrangement:** Other (Dropdown menu)
- Migrant Worker:** No (Dropdown menu)

A 'Clear MCI' button is located in the bottom right corner.

Figure 136 Base Information Panel

Benefit Plan Panel

1. Select **Benefit Plan** from the Member menu. The Benefit Plan panel will be displayed.

Note: A member may be enrolled in multiple benefit plans during the same period.

- Click the applicable row to display information in the fields on the panel. A row(s) displaying the medical status code(s) assigned to the member for the eligible benefit plan(s) will be added to the “Medical Status Code Data” section.

The screenshot shows the 'Benefit Plan' panel. At the top, there is a 'Status' dropdown menu set to 'Active Only' and a 'Benefit Plan' search field with 'search' and 'clear' buttons. Below this is a table of benefit plans with columns: Benefit Plan, Status, Stop Reason, Plan Type, Financial Payer, Effective Date, End Date, and Worker ID. The table contains three rows of data. Below the table, there are input fields for 'Benefit Plan' (MCD Medicaid), 'Effective Date' (01/01/2014), 'Status' (Active), 'End Date' (12/31/2299), 'Stop Reason', 'Plan Type' (Benefit), 'Financial Payer' (1 Medicaid), and 'Worker ID' (XDR008). There are 'delete' and 'add' buttons at the bottom right of this section. Below this is the 'Medical Status Code Data' section, which has a table with columns: Medical Status Code, Effective Date, End Date, Agency, Site, and Status. The table contains one row of data. Below the table, there are input fields for 'Medical Status Code', 'Status' (Active), 'Effective Date', 'End Date', and 'Agency'. There are 'delete' and 'add' buttons at the bottom right of this section.

Benefit Plan	Status	Stop Reason	Plan Type	Financial Payer	Effective Date	End Date	Worker ID
MCD Medicaid	Active		BNFT	1 Medicaid	01/01/2014	12/31/2299	ABC123
MCD Medicaid	Active	Benefit Plan Ended	BNFT	1 Medicaid	09/01/2004	05/31/2006	ABC123
MCD Medicaid	Active	Benefit Plan Ended	BNFT	1 Medicaid	02/01/2003	08/31/2003	ABC123

Medical Status Code	Effective Date	End Date	Agency	Site	Status
04 Aged, cat ndy	01/01/2014	12/31/2299			Active

Figure 137 Benefit Plan Panel

The Benefit Plan panel may include the following information:

- The *Status* menu defaults to display Active Only benefit plans.
 - To see inactive benefit plan enrollments, select **History Only** from the Status menu and click **search**.
 - To see both Active Only and History Only benefit plans, select **All** from the Status menu and click **search**.
- The *Benefit Plan* field displays benefit plans in which the member is or has been enrolled.
- The *Status* field indicates if the status of the benefit plan displayed is *Active* or *History*.
- The *Stop Reason* field displays a description of why the member’s enrollment was terminated. The information in this field is not currently used and may not accurately reflect why the member’s enrollment was stopped.
- The *Plan Type* field displays a code that identifies the type of plan in which the member is enrolled. The plan type will always be *Benefit*.

- The *Financial Payer* field displays the unique program under which the claims transactions are processed. Examples include Wisconsin Medicaid, Wisconsin Chronic Disease Program (WCDP), and the Wisconsin Well Woman Program (WWWP).
 - The *Effective Date* field displays the date that the member's benefit plan enrollment began.
 - The *End Date* field displays the date that the member's benefit plan enrollment ended or will end.
 - The *Worker ID* field displays the assigned ID of the certifying or coordinating agency's worker that was submitted during the member's enrollment period.
3. Click the row containing the applicable medical status code to populate information in the "Medical Status Code Data" section.

The screenshot shows a web interface for the "Medical Status Code Data" section. At the top, there is a table with four columns: "Medical Status Code", "Effective Date", "End Date", and "Agency Site Status". The first row of the table has the following values: "04 Aged, cat ndy", "01/01/2014", "12/31/2299", and "Active". Below the table, there is a form with the same fields as the table, each with a label and a value: "Medical Status Code" (04 Aged, cat ndy), "Medical Status Code Status" (Active), "Medical Status Code Effective Date" (01/01/2014), "Medical Status Code End Date" (12/31/2299), and "Agency" (empty). At the bottom right of the form, there are two buttons: "delete" and "add".

Figure 138 Medical Status Code Data Section

The "Medical Status Code Data" section may include the following information:

- The *Medical Status Code* field displays a code that represents the type or category of medical assistance for which the member was determined eligible and is enrolled in for that benefit plan period.
- The *Medical Status Code Status* field indicates *Active* or *History*.
- The *Medical Status Code Effective Date* field displays the first date for which the member became eligible for the selected category of medical assistance.
- The *Medical Status Code End Date* field displays the last date for which the member is or was eligible for the selected category of medical assistance.
- The *Agency* field displays the name and location code of the member's certifying or coordinating agency assigned to the selected medical status code, if applicable.

Patient Liability Panel

The Patient Liability panel displays the monthly institutional liability or waiver cost share amount the member must contribute to their cost of care.

1. Select **Patient Liability** from the Member menu. The Patient Liability panel will be displayed.
2. Click the applicable row to populate information in the fields on the panel.

Patient Liability					
Monthly Amount	Benefit Plan Group	Waiver Group Type	Financial Payer	Effective Date	End Date
\$321.50	WAIVER COST SHARE	Group B	Medicaid	10/01/2017	07/31/2018

Monthly Amount	<input type="text" value="\$321.50"/>	Effective Date	<input type="text" value="10/01/2017"/>
Benefit Plan Group	<input type="text" value="WAIVER COST SHARE"/>	End Date	<input type="text" value="07/31/2018"/>
Waiver Group Type	<input type="text" value="Group B"/>		
Financial Payer	<input type="text" value="Medicaid"/>		

Figure 139 Patient Liability Panel

The Patient Liability panel may include the following information:

- The *Monthly Amount* field displays the patient's financial liability amount that must be paid toward the cost of institutional care.
- The *Benefit Plan Group* field displays the benefit program in which the member is enrolled. Benefit plan group types are Medicaid cost share (institutional liability) or waiver cost share.
- The *Waiver Group Type* field displays the code that identifies the calculation methodology used to determine the waiver cost share of the member. Waiver group types are Group B and Group B Plus.
- The *Financial Payer* field displays the program under which claims transactions are processed such as Medicaid, WCDP, or WWWP.
- The *Effective Date* and *End Date* fields display the time period in which the patient's amount is effective.

Lockin Details Panel

The Lockin Details panel is used to view all of a member's current lockin (restriction) segments. Members are "locked-in" to specific providers to monitor services received and reduce unnecessary or inappropriate utilization.

1. Select Lockin Details from the Member menu. The Lockin Details panel will be displayed.

- Click the applicable row to populate information in the fields of the panel.

Lockin Details

Status: **Active Only** Lockin Plan:

search clear

Lockin Plan	Effective Date	End Date	Provider	Provider ID Type	Status Code	Referral
Lockin Primary Provider	11/01/2011	01/01/2012	111111111	National Provider ID	Active	No
Hospice	07/01/2011	01/01/2012	1234567890	National Provider ID	Active	No
Lockin Pharmacy	07/01/2009	01/01/2012	222222222	National Provider ID	Active	No

Lockin Plan:

Provider: NPI

Effective Date:

End Date:

Status Code: **Active**

Referral: ☐

delete add

Figure 140 Lockin Details Panel

The Lockin Details panel may include the following information:

- The *Lockin Plan* field displays the lock-in plan authorized for the member.
- The *Provider* field displays the ID number and type assigned to a group or individual that provides services to members.
- The *Effective Date* and *End Date* fields display the time period in which the member is enrolled in the corresponding lock-in plan.
- The *Status Code* field indicates *Active* or *History*.
- The *Referral* box indicates whether or not the segment is a referral.

Managed Care Menu

Hover over Managed Care on the Open Tab menu to display menu options for panels containing a member's managed care information.

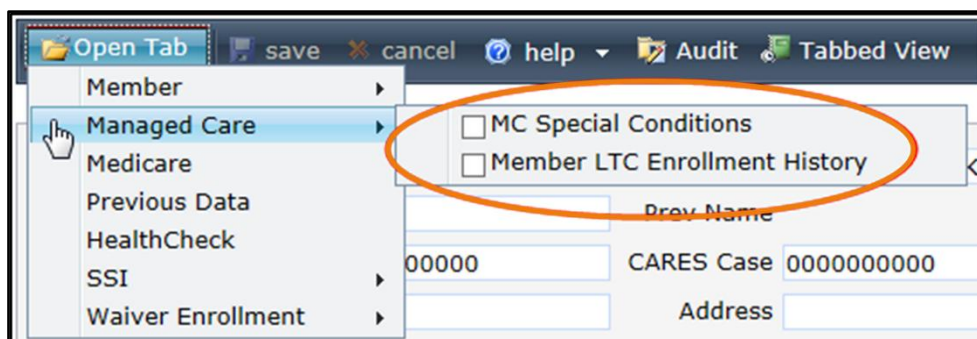


Figure 141 Managed Care Menu

If a user checks the box next to a panel name, that panel will automatically display each time the Member Information panel is accessed.

MC Special Conditions Panel

The MC Special Conditions panel displays any managed care special condition codes associated with a member.

1. Select **MC Special Conditions** from the Managed Care menu. The MC Special Conditions panel will be displayed.
2. Click the applicable row to populate information in the fields on the panel.

The screenshot shows the 'MC Special Conditions' panel. At the top, there is a table with columns: Special Condition Code, Effective Date, End Date, Frail Elder, Phys Disability, Dev Disability Federal, Dev Disability State, Alz Or Oth Irrever Dema, Terminal Cond, Sev Persist Mental Ill, and No Target Group. Two rows are visible, both highlighted in yellow. The first row has 'ICF - CCE/CLA/ECO - Intermediate Care Facility', '02/01/2008', and '08/05/2008'. The second row has 'ICF - CCE/CLA/ECO - Intermediate Care Facility', '08/20/2008', and '12/31/2009'. Below the table is a form for editing a selected row. The 'Special Condition Code' dropdown is set to 'ICF - CCE/CLA/ECO - Intermediate Care Facility'. The 'Effective Date' is '08/20/2008' and the 'End Date' is '12/31/2009'. There are dropdown menus for 'Frail Elder', 'Phys Disability', 'Dev Disability Federal', 'Dev Disability State', 'Alz Or Oth Irrever Dema', 'Terminal Cond', and 'No Target Group'. At the bottom right of the form are 'delete' and 'add' buttons.

Figure 142 MC Special Conditions Panel

The MC Special Conditions panel may include the following information:

- The *Special Condition Code* field displays a code that indicates one of the following:
 - o The member's Managed Care Special Condition LOC if they are enrolled in an LTC managed care program. This information is regularly updated by the Functional Screen Information Access (FSIA) system.
 - o The reason the member is exempted from enrollment.
 - o The standard capitation rate should be overridden.

For additional information about Special Condition Codes, refer to the [Managed Care Special Condition Codes](#) section.

- The *Effective Date* and *End Date* fields display the time period in which the special condition code is in effect.

The remaining fields indicate the different target group eligibility and other information returned from the functional screen.

Member LTC Enrollment History

The Member LTC Enrollment History panel is a listing of all managed care organization (MCO) enrollments associated to a member.

1. Select **Member LTC Enrollment History** from the Managed Care menu. The Member LTC Enrollment History panel will be displayed.

- Click the applicable row to populate information in the fields on the panel.

Member LTC Enrollment History							
MCO ID	MCO Name	MC Program	MC Service Area	Effective Date	End Date	Lock-In Date	Status
99999999	ABC TRANSPORTATION MANAGEMENT INC	Transportation Manager	State Wide Enrollment	07/01/2013	12/31/2299		Active
00000000	XYZ SOLUTIONS, LLC	Transportation Manager	State Wide Enrollment	05/01/2011	06/30/2013		Active
99999999	ABC TRANSPORTATION MANAGEMENT INC	Transportation Manager	State Wide Enrollment	08/01/2013	12/31/2299		Inactive
99999999	ABC TRANSPORTATION MANAGEMENT INC	Transportation Manager	State Wide Enrollment	08/01/2013	12/31/2299		Inactive

MC Program	Transportation Manager	Effective Date	07/01/2013
MCO Name		End Date	12/31/2299
MCO ID	99999999 - ABC TRANSPORTATION MANAGEMENT INC	Lock-In Date	
MC Service Area	State Wide Enrollment	Status	Active
Start Reason	54 - System Assigned - DEFAULT_START_REASON	Enrollment Source	Transportation Manager Assl
Stop Reason	99 - System Assigned - Open Stop Reason Used when an assignm		

add

Figure 143 Member LTC Enrollment History Panel

The Member LTC Enrollment History panel may include the following information:

- The *MC Program* field describes the managed care program in which the member is enrolled. Special managed care programs are listed under the [Additional Information](#) section.
- The *MCO Name* field displays the name of the MCO.
- The *MCO ID* field uniquely identifies an MCO.
- The *MC Service Area* field displays the managed care service area in which the member resides.
- The *Start Reason* field displays a code that describes why the member was enrolled in an MCO. Since interChange often sets the start reason, the start reason may not accurately represent why the member was enrolled in the MCO.
- The *Stop Reason* field displays a code that describes why the member is no longer enrolled in an MCO. Since interChange often sets the stop reason, the stop reason may not accurately represent why the member was disenrolled from the MCO.
- The *Effective Date* field displays the first day of the member's MCO enrollment.
- The *End Date* field displays the last day of the member's MCO enrollment.
- The *Lock-In Date* field displays the last date of a member's lock-in period, if applicable. During the lock-in period, a member cannot change their MCO enrollment.
- The *Status* field indicates an *Active* or *Inactive* status of a member's MCO enrollment. An *Active* status indicates that the MCO is set to receive capitation payment for the valid enrollment period between the effective date and end date. An *Inactive* status indicates

an invalid enrollment period. If an *Inactive* status is displayed, the inactive enrollment period may have been replaced with an active enrollment or an exemption was added to the member's file.

- The *Enrollment Source* field identifies how the MCO enrollment record was assigned to the member such as *Health Care Authority* (that is, the enrollment was entered manually by an enrollment broker or another authorized person).

SSI Menu

Hover over SSI on the Open Tab menu to display menu options for panels containing a member's SSI information.

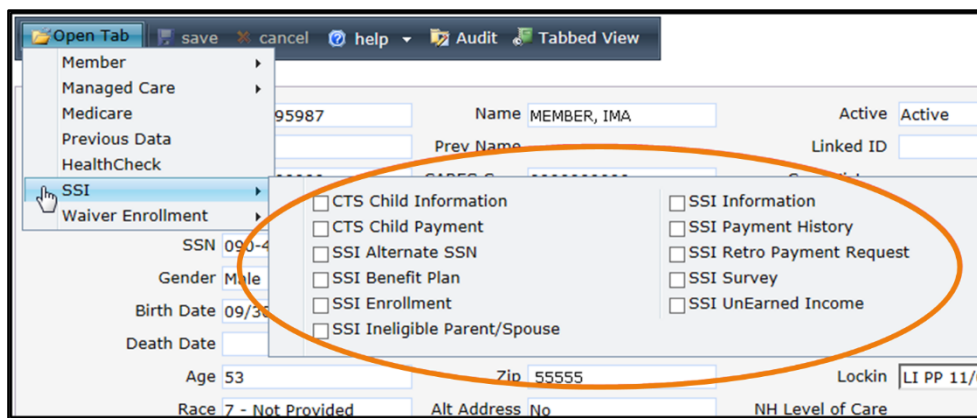


Figure 144 SSI Menu

If a user checks the box next to a panel name, that panel will automatically display each time the Member Information panel is accessed.

CTS Child Information Panel

The CTS Child Information panel displays Caretaker Supplement (CTS) child information that is received from the CARES system.

1. Select **CTS Child Information** from the SSI Menu. The CTS Child Information panel will be displayed.
2. Click the applicable row to populate information in the fields on the panel.

Figure 145 CTS Child Information Panel

The CTS Child Information panel may include the following information:

- The child's personal information such as name, SSN, and DOB.
- The *MA App Date* field displays the child's Medicaid application date (the payment cycle date when a child is added to an existing CTS monthly detail).

CTS Child Payment Panel

1. Select **CTS Child Payment** from the SSI menu.

If the CTS Child Information panel is already displayed and a row is selected, the CTS Child Payment panel will be displayed.

If the CTS Child Information panel is not already displayed, when the CTS Child Payment link is selected, both the CTS Child Information and CTS Child Payment panels will be displayed.

2. Click the applicable row in the CTS Child Information panel to populate information in the CTS Child Payment panel. Click the **CTS Child Payment** tab if using the tabbed view to open the CTS Child Payment panel.

CTS Child Information X		CTS Child Payment X	
Payment	Transaction		
Month	Date	Amount Paid	Payment Status
201401	03/02/2014	\$250.00	C01
201402	03/02/2014	\$250.00	C01
201403	03/02/2014	\$250.00	C01
201404	10/05/2014	\$117.00	C01

Figure 146 CTS Child Payment Panel

The CTS Child Payment panel displays the following information:

- Payment month in CCYYMM format.
- Transaction date in MM/DD/CCYY format (SSI transaction cycle date).
- Amount paid (the amount CTS paid for the selected child for the listed payment period).
- Payment status code.

SSI Alternate SSN Panel

1. Select **SSI Alternate SSN** from the SSI menu. The SSI Alternate SSN panel will be displayed.
2. Click the applicable row to populate information in the fields on the panel.

SSI Alternate SSN X	
Alternate SSN	Verification Code
333-33-3333	Affirmed by SSA District office
Alternate SSN	Verification Code
333-33-3333	Affirmed by SSA District office
<div>delete</div> <div>add</div>	

Figure 147 SSI Alternate SSN Panel

The SSI Alternate SSN panel may include the following information:

- The *Alternate SSN* field displays any other SSN associated with the member.
- The *Verification Code* field displays information about the member's alternate SSN (for example, cross-reference SSN, pseudo SSN).

SSI Benefit Plan Panel

1. Select **SSI Benefit Plan** from the SSI menu. The SSI Benefit Plan panel will be displayed.
2. Click the applicable row to populate information in the fields on the panel.

The screenshot shows the SSI Benefit Plan panel. At the top, there is a table with columns: Benefit Plan, Status, Plan Type, Financial Payer, Effective Date, and End Date. The table contains two rows of data. Below the table, there is a form to edit the selected plan. The form fields are: Benefit Plan (dropdown), Status (dropdown), Plan Type (text input), Financial Payer (dropdown), Effective Date (text input), and End Date (text input). There are also 'delete' and 'add' buttons at the bottom right of the form.

Benefit Plan	Status	Plan Type	Financial Payer	Effective Date	End Date
SSI State Supplemental Payment - State Supplemental In	Active	BNFT	4 Supplemental Security Income	02/01/2003	07/31/2005
SSI State Supplemental Payment - State Supplemental In	Active	BNFT	4 Supplemental Security Income	09/01/2005	12/31/2299

1 2 Next

Benefit Plan: SSI State Supplemental Payment - State Supplemental In
 Status: Active
 Plan Type: Benefit
 Financial Payer: 4 Supplemental Security Income
 Effective Date: 02/01/2003
 End Date: 07/31/2005

delete add

Payment Amount Data-

delete add

Figure 148 SSI Benefit Plan Panel

The SSI Benefit Plan panel may include the following information:

- The *Benefit Plan* field displays the SSI benefit plan in which a member is or has been enrolled.
- The *Status* field indicates if the SSI benefit plan displayed is *Active* or *History*.
- The *Plan Type* field displays a code that identifies the type of SSI plan in which the member is enrolled.
- The *Financial Payer* field displays the unique program under which claim transactions are processed (for example, Supplemental Security Income).
- The *Effective Date* field displays the first date that the member was or is enrolled in an SSI benefit plan.
- The *End Date* field displays the last date that the member was or is enrolled in an SSI benefit.

SSI Enrollment Panel

1. Select **SSI Enrollment** from the SSI menu. The SSI Enrollment panel will be displayed.

2. Click the applicable row to populate information in the fields on the panel.

Med Elig	Pymt Status	State Only	State Living Arrange	Fed Living Arrange	Jur State	Jur County	Fed Gross Amt	Fed Paid Amt	Eff Date	End Date
R	E02	N-State and Fed SSI Payment	U	C	WI		\$488.33	\$1,200.30	02/01/2003	02/28/2003
Y	C01	N-State and Fed SSI Payment	A	C	WI		\$488.33	\$1,200.30	03/01/2003	05/31/2003
Y	C01	N-State and Fed SSI Payment	A	C	WI		\$438.67	\$488.33	06/01/2003	06/30/2003
Y	C01	N-State and Fed SSI Payment	A	C	WI		\$438.67	\$438.67	07/01/2003	08/31/2003
Y	C01	N-State and Fed SSI Payment	A	C	WI		\$438.67	\$0.00	09/01/2003	09/30/2003
Y	C01	N-State and Fed SSI Payment	A	C	WI		\$552.00	\$438.67	10/01/2003	10/31/2003
Y	C01	N-State and Fed SSI Payment	A	C	WI		\$552.00	\$552.00	11/01/2003	11/30/2003
Y	C01	N-State and Fed SSI Payment	A	C	WI		\$564.00	\$552.00	12/01/2003	12/31/2003
Y	C01	N-State and Fed SSI Payment	A	C	WI		\$564.00	\$507.60	01/01/2004	02/29/2004
Y	C01	N-State and Fed SSI Payment	A	C	WI		\$564.00	\$535.94	03/01/2004	03/31/2004

1 2 3 4 Next

Medicaid Enrollment: R - Referred to State for determination (1634 States Only), Federal determinatio

Payment Status: E02 - Eligible for benefits but not payable in tha

Effective Date: 02/01/2003

End Date: 02/28/2003

State Only: N-State and Fed SSI Payment

State Living Arrangement: U - Unknown

Federal Living Arrangement: C - Parent's household (for child c

Jurisdiction State: WI

Jurisdiction County:

Federal Gross Amount: \$488.33

Federal Paid Amount: \$1,200.30

Earned Income Estimate: \$0.00

Self Employed Income Est: \$0.00

Earned Income Exclusion: \$0.00

Work Expense Blind: \$0.00

delete add

Figure 149 SSI Enrollment Panel

The SSI Enrollment panel may include the following information:

- The *Medicaid Enrollment* field displays a code and description that indicate the status of the member's Medicaid enrollment.
- The *Payment Status* field displays a code that indicates the member's current SSI payment status.
- The *Effective Date* and *End Date* fields display the first and last days of the SSI enrollment information for the selected row.
- The *State Only* field displays a code and description that indicate what type of state and/or federal SSI payments were received. Some of the following codes may be displayed:
 - o Y indicates the member received only the state SSI payment.
 - o N indicates the member received both state and federal SSI payments.
 - o B indicates the member received Medicaid only as a State Only 1619(b) member.

- The *State Living Arrangement* field displays a code and description that indicates the member's type of state living arrangement for Title XVI purposes (for example, own household, another household, parent's household, unknown).
- The *Federal Living Arrangement* field displays a code and description that indicates the member's type of federal living arrangement for Title XVI purposes (for example, own household, another's household, parent's household, unknown).
- The *Jurisdiction State* field displays *WI* (Wisconsin).
- The *Jurisdiction County* field displays the county in which the Social Security Administration (SSA) agency is located.
- The *Federal Gross Amount* field displays the amount of allowed federal SSI.
- The *Federal Paid Amount* field displays the amount of federal SSI paid to the member.
- The *Earned Income Estimate* field indicates the amount of estimated earned income, if applicable.
- The *Self Employed Income Est* field displays the estimated amount of self-employed income, if applicable.
- The *Earned Income Exclusion* field displays the amount of excluded earned income, if applicable.
- The *Work Expense Blind* field displays the amount of calculated work expenses for a blind member.

SSI Ineligible Parent/Spouse Panel

1. Select **SSI Ineligible Parent/Spouse** from the SSI menu. The SSI Ineligible Parent/Spouse panel will be displayed.
2. Click the applicable row to populate information in the fields on the panel.

The screenshot shows the 'SSI Ineligible Parent/Spouse' panel. At the top is a table with columns: Name, SSN, Type, Effective Date, and End Date. There are two rows of data, both for 'MEMBER IM A' with SSN '111-11-1111'. The first row has Type 'P - Parent', Effective Date '02/01/2003', and End Date '07/31/2005'. The second row has Type 'P - Parent', Effective Date '09/01/2005', and End Date '12/31/2299'. Below the table is a form with fields for Name, SSN, Type (a dropdown menu), Effective Date, and End Date. The form fields are populated with the data from the first row of the table. At the bottom right of the form are 'delete' and 'add' buttons.

Name	SSN	Type	Effective Date	End Date
MEMBER IM A	111-11-1111	P - Parent	02/01/2003	07/31/2005
MEMBER IM A	111-11-1111	P - Parent	09/01/2005	12/31/2299

Name: MEMBER IM A Effective Date: 02/01/2003

SSN: 111-11-1111 End Date: 07/31/2005

Type: P - Parent

delete add

Figure 150 SSI Ineligible Parent/Spouse Panel

The SSI Ineligible Parent/Spouse panel may include the following information:

- The *Type* field indicates whether the person is a parent, eligible spouse, or ineligible spouse.

- The *Effective Date* and *End Date* fields display the first and last dates that the person is considered an ineligible parent or spouse.

SSI Information Panel

1. Select **SSI Information** from the SSI menu. The SSI Information panel will be displayed.

The SSI Information Panel is a form with the following fields:

Representative Payee	IM MEMBER	Payee Date	11/18/2013
Payee Type	CHD	[EFT Details]	
Auth 1		Auth 2	
Grand Fathered	No	Category/Type	DI - Disabled Individual
Competency	B	SSA District Office	
Record ID	I - Individual (with or without ineligible spouse)	Application Date	12/12/2010
Deny Code	N32	Deny Date	03/21/2011
Optional Elig Date		Trans Code	07
Appeal Decision	FF - Fully Favorable	Decision Date	11/13/2013
Appeal Code	H - Hearing	Appeal Date	09/28/2011
Essential Person	0 - None	Elig Spouse/Parent SSN	000000000
Death Code			
Date Added	12/03/2013	Date Last Updated	12/03/2013

Figure 151 SSI Information Panel

The SSI Information panel may include the following information (the fields are described from left to right):

- The *Representative Payee* field displays the name of a person authorized to be the payee for the member, if applicable.
- The *Payee Date* field displays the date the current representative payee authorization became effective.
- The *Payee Type* field displays a code that represents an entity receiving payment on behalf of the member.
- The *Auth 1* field indicates the name of a person that a member or payee has authorized to obtain information regarding their SSI benefits, if applicable. A member can list up to two persons as authorized representatives.
- The *Auth 2* field indicates the name of an additional person that has been authorized as a member's representative.
- The *Grand Fathered* field indicates *Yes* if a member was grandfathered into the state SSI program and is eligible for state-only benefits. The field indicates *No* if a member is enrolled in a state/federal SSI program and is eligible for state and federal benefits.

- The *Category/Type* field displays a member type code and description. Some of the following codes may be displayed:
 - o *AI* indicates an aged individual.
 - o *AS* indicates an aged spouse.
 - o *BC* indicates a blind child.
 - o *BI* indicates a blind individual.
 - o *BS* indicates a blind spouse.
 - o *DC* indicates a disabled child.
 - o *DI* indicates a disabled individual.
 - o *DS* indicates a disabled spouse.
 - o *EP* indicates an essential person. (An essential person is a person identified as essential to a member's welfare under a state program preceding the SSI program.)
- The *Competency* field displays a code that identifies the representative payee's status based on legal guardianship and/or the competency of the member (for example, *A* indicates the member has a representative payee, *B* indicates the member is competent and has no legal guardian, *C* indicates the legal guardian is someone other than the representative payee, and *N* indicates that there is no legal guardian).
- The *SSA District Office* field displays a code and description that indicates the location of the SSA district office for the SSI member.
- The *Record ID* field displays a record identification code and description that identifies the living arrangement of the member. Some of the following codes may be displayed:
 - o *C* indicates a couple (eligible individual with eligible spouse).
 - o *F* indicates a child claim with father.
 - o *I* indicates an individual (with or without an ineligible spouse).
 - o *M* indicates a child claim with mother.
 - o *P* indicates a child claim with parents.
 - o *U* indicates the living arrangement is unknown.
 - o *X* indicates a state-to-SSA record exception.
- The *Application Date* field displays the date the member filed for SSI benefits.
- The *Deny Code* field displays a code that indicates why the member was denied SSI, if applicable.

- The *Deny Date* field displays the date when the member was denied SSI.
- The *Optional Elig Date* field displays the optional enrollment or eligibility date, if applicable.
- The *Trans Code* field displays a code that indicates the type of transaction being made to the member's file.
- The *Appeal Decision* field displays a code and description that indicates the appeal decision if the member was previously denied SSI and then appealed the denial.
- The *Decision Date* field displays the date that the appeal decision was made, if applicable.
- The *Appeal Code* field displays a code and description that indicates the level of appeal and the latest action, if applicable. Some of the following codes may be displayed:
 - o *A* indicates an appeals council review.
 - o *C* indicates court activity.
 - o *H* indicates a hearing.
 - o *O* indicates a class action.
 - o *R* indicates reconsideration.
 - o *U* indicates the action is unknown.
- The *Appeal Date* field displays the date when an appeal code was last added.
- The *Essential Person* field displays a code and description that indicates if the member has an essential person and who the essential person is, if applicable.
- The *Elig Spouse/Parent SSN* field displays the SSN of an SSI eligible spouse or parent.
- The *Death Code* field indicates the source for the date of death (for example, hospital insurance notification), if applicable.
- The *Date Added* field displays the date the member's SSI information was added to interChange.
- The *Date Last Updated* field displays the date the member's SSI information was last updated in interChange.

SSI Payment History Panel

1. Select **SSI Payment History** from the SSI menu. The SSI Payment History panel will be displayed.
2. To search for a member's state SSI payment history, complete one of the following:
 - Enter the financial cycle date in MM/DD/CCYY format.

- Enter the benefit month in MMCCYY format.
3. Click **search**. The result(s) will be displayed at the bottom of the panel.

Benefit Month	Transaction Date	Benefit Plan	Payment Status	Financial Cycle Date	Cleared Suspense	Benefit Amount	Benefit Month Total	Cycle	Financial Number
06/2007	06/01/2007	SSI	C01	06/01/2007	Active	\$83.78	\$83.78	Weekly	

Figure 152 SSI Payment History Panel

The SSI Payment History panel may include the following information:

- The *Benefit Month* column displays the month covered by the payment.
- The *Transaction Date* column displays the date of the SSI transaction cycle.
- The *Benefit Plan* column indicates whether payment was made under a CTS, SSI, or Supplemental Security Income—Exceptional Expense (SSIE) benefit plan.
- The *Payment Status* column displays a code that indicates the current status of a payment transaction.
- The *Financial Cycle Date* column displays the date the check write voucher was posted. This date is not necessarily the release date of the electronic funds transfer (EFT) payment. A zero cycle date indicates that the record has not been processed yet.
- The *Cleared Suspense* column displays the status of the payment record. Statuses may include the following:
 - o *Active* indicates the record is set up for financial payment.
 - o *Suspense* indicates that payment is suspended from financial processing.
 - o *Paid* indicates that payment has been made.
- The *Benefit Amount* column displays the state's SSI payment to the member. A positive amount indicates a payment, and a negative amount indicates a recoupment request has been issued.
- The *Benefit Month Total* column displays the total SSI amount paid to the member for the listed benefit month for all benefit plans.
- The *Cycle* column displays whether the payment was processed in the regular monthly cycle or as a part of the weekly adjustment cycle.
- The *Financial Number* column displays an identifier for the payment, such as the check number or EFT trace number. If the column is blank, no payment has been made yet.

SSI Retro Payment Request Panel

The SSI Retro Payment Request panel displays state supplemental retroactive payments that were requested for SSI or SSIE.

1. Select **SSI Retro Payment Request** from the SSI menu. The SSI Retro Payment Request panel will be displayed.
2. Click the applicable row to populate information in the fields on the panel.

Benefit Plan	Status	Retro Pay Rate Amount	Effective Date	End Date	Total Amount
SSI	Processed	\$83.78	08/01/2008	03/31/2009	\$670.24
SSIE	Processed	\$93.78	01/01/2008	01/31/2008	\$93.78
SSIE	Processed	\$93.78	01/01/2009	02/28/2009	\$187.56

Benefit Plan

Status

Retro Pay Rate Amount

Effective Date

End Date

Total Amount

Figure 153 SSI Retro Payment Request Panel

The SSI Retro Payment Request panel may include the following information (the fields are described from left to right):

- The *Status* field indicates whether the retroactive payment is new or has been processed.
- The *Retro Pay Rate Amount* field displays the monthly retroactive payment amount.
- The *Effective Date* and *End Date* fields display the first and last dates of retroactive payment.
- The *Total Amount* field displays the total retroactive payment amount.

SSI Survey Panel

The SSI Survey panel displays a member's SSI survey results.

3. Select **SSI Survey** from the SSI menu. The SSI Survey panel will be displayed.
4. Click the applicable row to populate information in the fields on the panel.

Year	Survey Code
2008	13 - Recipient has wages and/or unearned income (for 6 months) over \$22,795.72/year and is no longer eligible for cash benefits or MA.

Year

Survey Code

Figure 154 SSI Survey Panel

The SSI Survey panel may include the following information:

- The *Year* field displays the year the survey was conducted.

- The *Survey Code* field displays a code and description that indicate the survey results.

SSI UnEarned Income Panel

The SSI UnEarned Income panel displays the unearned income for a member, such as Social Security and state SSI.

1. Select **SSI UnEarned Income** from the SSI menu. The SSI UnEarned Income panel will be displayed.
2. Click the applicable row to populate information in the fields on the panel.

The screenshot shows the 'SSI UnEarned Income' panel. At the top, there is a table with columns: Claim ID, Income Amount, Income Type, Frequency, Validity, Effective Date, and End Date. The first row contains the values: 00000000, \$100.00, L, X, 1, 01/01/2008, and 12/31/2008. Below the table, there is a form with fields for each of these values, allowing for editing. The fields are: Claim ID (00000000), Income Amount (\$100.00), Effective Date (01/01/2008), End Date (12/31/2008), Income Type (L - Military Pension.), Frequency (X - Unknown), and Validity (1 - Number has been verified, amount has not been verified.). There are 'delete' and 'add' buttons at the bottom right of the form.

Claim ID	Income Amount	Income Type	Frequency	Validity	Effective Date	End Date
00000000	\$100.00	L	X	1	01/01/2008	12/31/2008

Form fields:

- Claim ID: 00000000
- Income Amount: \$100.00
- Effective Date: 01/01/2008
- End Date: 12/31/2008
- Income Type: L - Military Pension.
- Frequency: X - Unknown
- Validity: 1 - Number has been verified, amount has not been verified.

Buttons: delete, add

Figure 155 SSI UnEarned Income Panel

The SSI UnEarned Income panel may include the following information:

- The *Claim ID* field displays the ID number of the claim under which the unearned income is received.
- The *Income Amount* field displays the member's monthly unearned income.
- The *Effective Date* field displays the date when the unearned income information is valid.
- The *End Date* field displays the date when the unearned income information is no longer valid.
- The *Income Type* field displays a code and description that indicate what kind of unearned income the member was or is receiving (for example, Social Security).
- The *Frequency* field displays a code and description that indicate how often the unearned income is received.
- The *Validity* field displays a code and description that indicate if the number and amount of unearned income payments have been verified.

Waiver Enrollment Menu

Hover over Waiver Enrollment on the Open Tab menu to display menu options for panels containing a member's waiver enrollment information.

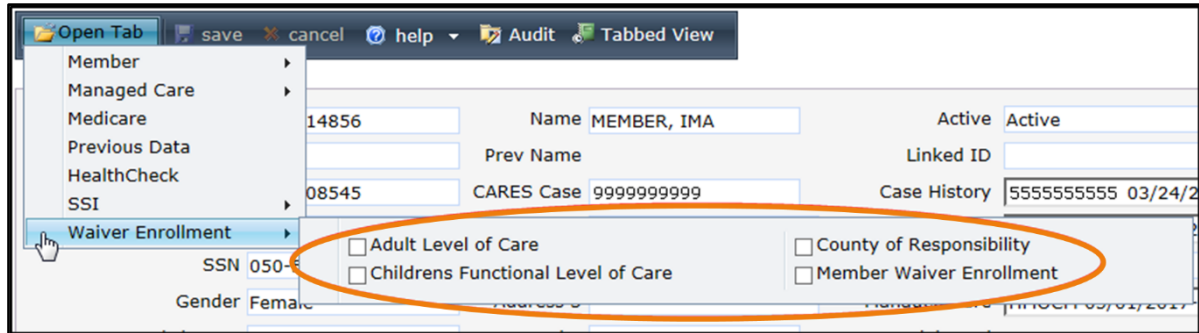


Figure 156 Waiver Enrollment Menu

Member Waiver Enrollment Panel

The Member Waiver Enrollment panel displays the waiver enrollment information for the member. This panel is used to display program enrollment for IRIS, Children's Long-Term Support (CLTS), and Hub and Spoke programs.

1. Select **Member Waiver Enrollment** from the Waiver Enrollment Menu. The Member Waiver Enrollment panel will be displayed.
2. Click the applicable row to populate information in the fields on the panel.

Effective Date	End Date	Waiver Program	Waiver Agency	Recertification Due Date	Recertification Completion Date	Start Reason	Stop Reason	Worker ID	Status
04/01/2017	03/31/2018	CLTS	IOWA - DEPT OF SOCIAL SERVICES	04/30/2018		2L	65	carpentk	Inactive
08/26/2021	12/31/2299	IRIS	ADVOCATES4U	08/31/2022		2L		Idobson	Active

Type changes below.

Effective Date	08/26/2021	Start Reason	2L - New Enrollment
End Date	12/31/2299	Stop Reason	None
Waiver Program	IRIS	Worker ID	Idobson
Waiver Agency	ADVOCATES4U	Status	Active
Recertification Due Date	08/31/2022		
Recertification Completion Date			

add

Figure 157 Member Waiver Enrollment Panel

The Member Waiver Enrollment panel may include the following information:

- The *Effective Date* field indicates the effective date of the waiver program enrollment for the member.
- The *End Date* field indicates the end date of the waiver program enrollment for the member.

- The *Waiver Program* field indicates the waiver program the member is enrolled in. Waiver program types are IRIS and CLTS.
- The *Waiver Agency* field indicates the ICA that has enrolled the member and is administering the waiver program.
- The *Recertification Due Date* field indicates the date in which waiver program recertification is due.
- The *Recertification Completion Date* field indicates the date in which waiver program recertification has been completed.
- The *Start Reason* field displays a code that describes why the member was enrolled in a waiver program.
- The *Stop Reason* field displays a code that describes why the member is no longer enrolled in a waiver program.
- The *Worker ID* field displays the user's interChange ID or the agency worker's Portal login ID.
- The *Status* field indicates an Active, Suspended, or Inactive status of a member's waiver program enrollment.

3. Scroll to the "Fiscal Employer Agency" section.

Fiscal Employer Agency	Effective Date	End Date	Status
GT INDEPENDENCE	09/14/2021	12/31/2299	Active

Fiscal Employer Agency:

Effective Date:

End Date:

Status:

Figure 158 Fiscal Employer Agency Section

4. Click the row containing the fiscal employer agency (FEA) information to populate the information in the "Fiscal Employer Agency" section.

Fiscal Employer Agency	Effective Date	End Date	Status
GT INDEPENDENCE	09/14/2021	12/31/2299	Active

Fiscal Employer Agency:

Effective Date:

End Date:

Status:

Figure 159 Fiscal Employer Agency Section—Populated

The “Fiscal Employer Agency” section may include the following information:

- The *Fiscal Employer Agency* field displays the FEA associated with the waiver enrollment of a member.
- The *Effective Date* field displays the effective date of the associated FEA.
- The *End Date* field displays the end date of the associated FEA.
- The *Status* field indicates an Active, Suspended, or Inactive status for the FEA.

Adult Level of Care Panel

The Adult Level of Care panel displays the functional screen results for the member. This information is updated daily by the FSIA system.

1. Select **Adult Level of Care** from the Waiver Enrollment Menu. The Adult Level of Care Information panel will be displayed.
2. Click the applicable row to populate information in the fields on the panel.

Effective Date	End Date	Community Waiver Elig	Community Waiver Start Verification	Frail Elder	Physical Disability	Developmental Disability per Federal	Developmental Disability per State	Alzheimer or Other Dementia	Terminal Conditions	Severe and Persistent Mental Illness	No Target Groups	Status
03/08/2016	03/31/2017	Yes	Initial Screen	No	Yes	No	Yes	No	No	No	No	Active

Effective Date	03/08/2016	Frail Elder	No	Alzheimer's Disease or Other Irreversible Dementia	No
End Date	03/31/2017	Physical Disability	Yes	Terminal Conditions	No
Community Waiver Eligibility	Yes	Developmental Disability per Federal	No	Severe and Persistent Mental Illness	No
Community Waiver Program Start Verification	Initial Screen	Developmental Disability per State	Yes	No Target Groups	No
				Status	Active

add

Figure 160 Adult Level of Care Panel

The Adult Level of Care panel may include the following information:

- The *Effective Date* field is the functional screen calculated date for the member’s LOC.
- The *End Date* is a calculated date that is the last day of the month of the functional screen calculated date plus 12 months.
- The *Community Waiver Eligibility* indicates if the member is functionally eligible for the community waiver program.
- The *Community Waiver Program Start Verification* field indicates the type of functional screen that was completed. Start verification types are initial screen or rescreen.
- The next eight fields indicate the different target group eligibility and other information returned from the functional screen.
- The *Status* field indicates an Active or Inactive status of a member’s adult LOC.

Childrens Functional Level of Care Panel

The Childrens Functional Level of Care panel displays the functional screen results for the member. This information is updated daily by the FSIA system.

1. Select **Childrens Functional Level of Care** from the Waiver Enrollment Menu. The Childrens Functional Level of Care panel will be displayed.
2. Click the applicable row to populate information in the fields on the panel.

Waiver Program	Eligibility	Effective Date	End Date	Status
CLTS	ELG	04/01/2017	04/30/2018	Active
IRIS	ELG	01/01/2021	12/31/2299	Active

Type changes below.

Waiver Program:
 Target Group:
 Target Group:

Eligibility:
 Target Group:
 Target Group:

Effective Date:
 Target Group:
 Target Group:

End Date:
 Target Group:
 Target Group:

Status:
 Target Group:
 Target Group:

Figure 161 Childrens Functional Level of Care Panel

The Childrens Functional Level of Care panel may include the following information:

- The *Waiver Program* field indicates the waiver program associated to the waiver enrollment of the member.
- The *Eligibility* field indicates the functional screen status for the member.
- The *Effective Date* field is the functional screen calculated date for the member's LOC.
- The *End Date* field is a calculated date that is the last day of the month of the functional screen calculated date plus 12 months.
- The *Status* field indicates an Active or Inactive status of a member's functional LOC.
- The *Target Group* fields indicate the different target group eligibility returned from the functional screen.

Note: This is a required field when "ELG" is designated for the CLTS or KBP (Katie Beckett Program) waiver program.

County of Responsibility Panel

The County of Responsibility panel displays the county that is administering the LTC program for the member. Note: This information is not required for all participants.

1. Select **County of Responsibility** from the Waiver Enrollment Menu. The County of Responsibility panel will be displayed.

2. Click the applicable row to populate information in the fields on the panel.

The screenshot shows a web interface titled "County of Responsibility". It features a table with three columns: "County of Responsibility", "Date Added", and "Date Last Updated". The first row of the table contains the values "27 Jackson", "10/30/2017", and "10/30/2017". Below the table, there are three input fields: a dropdown menu for "County of Responsibility", a text box for "Date Added", and a text box for "Date Last Updated". An "add" button is located in the bottom right corner of the panel.

County of Responsibility	Date Added	Date Last Updated
27 Jackson	10/30/2017	10/30/2017

County of Responsibility

Date Added

Date Last Updated

add

Figure 162 County of Responsibility Panel

The County of Responsibility panel may include the following information:

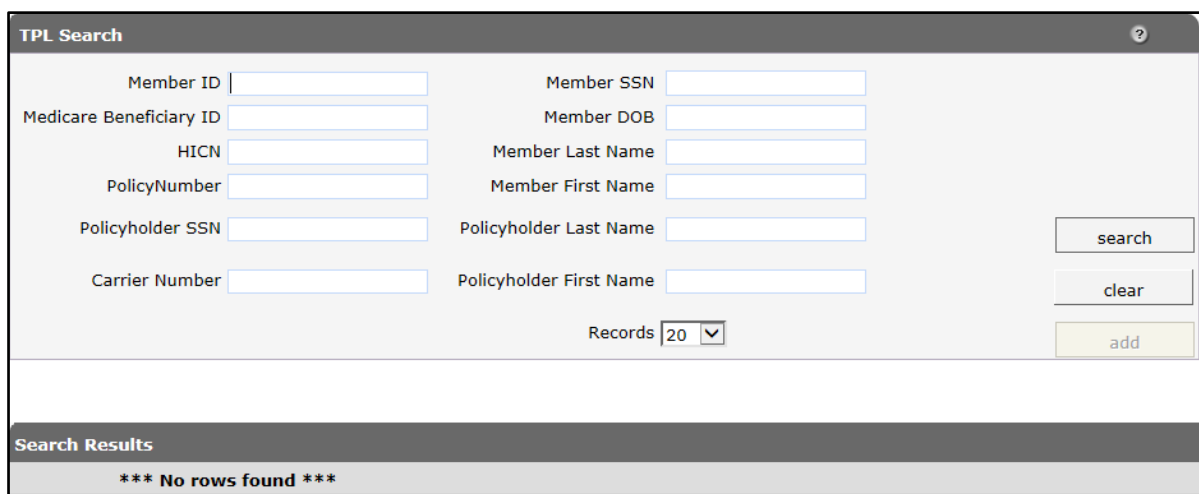
- The *County of Responsibility* field displays the county of responsibility with a member.
- The *Date Added* field indicates the date the county of responsibility record was initially added.
- The *Date Last Updated* field displays the date the county of responsibility record was last updated.

15 Third-Party Liability

15.1 TPL Search

Wisconsin Medicaid is the payer of last resort for any covered service in most situations. If the member is covered under third-party insurance, Wisconsin Medicaid reimburses the portion of the allowable cost remaining after all other third-party sources are exhausted. Users can view a member's TPL records through the TPL panels.

1. On the iC Functionality page, click **TPL Search**. The TPL Search panel will be displayed.



The screenshot shows the 'TPL Search' panel. It contains several input fields for searching: Member ID, Medicare Beneficiary ID, HICN, PolicyNumber, Policyholder SSN, Carrier Number, Member SSN, Member DOB, Member Last Name, Member First Name, Policyholder Last Name, and Policyholder First Name. There are 'search', 'clear', and 'add' buttons on the right. Below the fields is a 'Records' dropdown menu set to '20'. The 'Search Results' section at the bottom displays '*** No rows found ***'.

Figure 163 TPL Search Panel

2. Enter information in any of the fields. To narrow the search results, enter as much information as possible.

Note: For some fields, such as the Member DOB field, additional information must be entered in other fields before searching.

- Click **search**. If only one record is found, the TPL Information panel will be displayed. If multiple records are found, the records will be displayed in the Search Results panel.

TPL Search

Member ID Member SSN

Medicare Beneficiary ID Member DOB

HICN Member Last Name

PolicyNumber Member First Name

Policyholder SSN Policyholder Last Name

Carrier Number Policyholder First Name

Records

Search Results

	Member ID	MBI	Member Name	Policy Number	Policyholder Name	Carrier Name	Group Policy Number	Policy Type	Min Effective Date	Max End Date
No	0000000000		MEMBER, TEST	TEST	MEMBER, TEST	XYZ TRADITIONS HEALTH	4	07/01/2011	12/31/2011	
No	1111111111		MEMBER, TEST	TEST	MEMBER, TEST	XYZ HEALTH PLAN	4	01/01/2011	12/31/2011	

Figure 164 TPL Search Results Panel

15.1.1 TPL Information Panel

The TPL Information panel displays a member's high-level health coverage information for a specific carrier.

- Click the applicable record. The TPL Information panel will be displayed.

Member ID Policy Number Carrier Number

Member Name Policyholder Name Carrier Name

Member SSN Policyholder SSN Policy Start Date

MMIS Case Policy Type Policy End Date

Figure 165 TPL Information Panel

The TPL Information panel may include the following information:

- The *MMIS Case* field displays the member's case number.
- The *Policy Number* field displays the policy number for the TPL policy.
- The *Policy Type* field displays the type of insurance policy the member or policyholder is covered under (for example, private pay health insurance).
- The *Carrier Number* field displays a code that is used to determine the type of insurance carrier. This code also identifies an insurance carrier's correspondence.
- The *Carrier Name* field displays the insurance carrier's business name.

- The *Policy Start Date* and *Policy End Date* fields display the effective dates for the coverage.

Note: The [Quick Search](#) allows users to search for a TPL record using a Member ID.

15.1.2 Open Tab Menu

Hover over Open Tab on the navigation toolbar to display the Open Tab menu. The Open Tab menu only displays the TPL menu option.

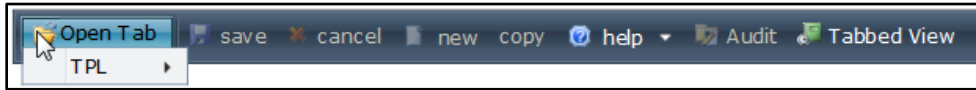


Figure 166 Open Tab Menu

TPL Menu

Hover over TPL on the Open Tab menu to display menu options for panels containing more detailed TPL information.

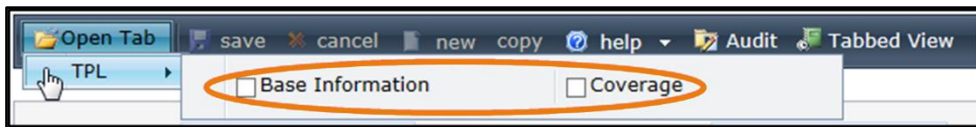


Figure 167 TPL Menu

If a user checks the box next to a panel name, that panel will automatically display each time the TPL Information panel is accessed.

Base Information Panel

The Base Information panel displays header level information about a TPL resource.

1. Select **Base Information** from the TPL menu. The Base Information panel will be displayed.

The screenshot shows the 'Base Information' panel with the following fields and values:

Field	Value
Member ID	0987654321
Member Name	MEMBER
Member DOB	01/01/1940
Carrier Number	000
Carrier Name	XYZ HEALTH PLAN
Employer ID	
Employer Name	
Relationship	E
Relationship Description	SELF
Policyholder	Member
Policyholder ID	1010101
Policyholder Name	MEMBER
Policyholder DOB	01/01/1940
Policyholder SSN	000-00-0000
Policy Number	0000000000
Group Number	
Policy Type	PRIVATE PAY HEALTH INSURANCE
Cost Avoidance	Yes
Original Source	INSURANCE COMPANY
Original Source Date	08/31/2010
Last Change Origin	INSURANCE COMPANY
Verification Code	MANUAL VERIFIED
Verification Date	02/22/2012
Absent Parent Indicator	No
Last Change Date	02/22/2012
Pharmacy Only	
BIN	
PCN	

A 'delete' button is located at the bottom right of the panel.

Figure 168 Base Information Panel

The Base Information panel may include the following information:

- The *Employer ID* field displays an ID number that is automatically assigned by interChange. The Employer ID is used on all screens and reports to identify a specific employer.
- The *Employer Name* field displays the employer's business name.
- The *Relationship* field displays a code that identifies the relationship between the policyholder and the member covered by the TPL policy. Codes could include *C* for child, *D* for step-child, *E* for self, *O* for other, or *S* for spouse.
- The *Relationship Description* field displays a description for the code in the Relationship field.
- The *Cost Avoidance* field indicates whether or not the policy is allowed to bypass cost avoidance. For cost avoidance, the service provider bills and collects from liable third parties before sending the claim to Wisconsin Medicaid.
- The *Original Source* field displays where the information regarding the policy originated.
- The *Original Source Date* field displays the date the resource was originally added to interChange.
- The *Last Change Origin* field displays the source that caused a change in the policy information.

- The *Verification Code* field indicates whether the TPL resource has been verified and how it was verified.
- The *Verification Date* field displays the date the resource was verified.
- The *Absent Parent Indicator* field displays a *Yes* or *No* to indicate whether or not the policyholder is an absent parent.
- The *Last Change Date* field displays the last date the TPL record was changed.
- The *BIN* field displays the bank's ID number (pharmacy only) that the carrier uses when paying Wisconsin Medicaid for claims.
- The *PCN* field displays the processor control number (pharmacy only).

Coverage Panel

1. Select **Coverage** from the TPL menu. The Coverage panel will be displayed.
2. Click the applicable row to populate information in the fields on the panel.

The screenshot shows a web interface for the Coverage Panel. At the top, there is a tab labeled 'Coverage' with a close button (X). Below the tab is a table with four columns: 'Coverage Code', 'Coverage Description', 'Coverage Start Date', and 'Coverage End Date'. The first row of the table is highlighted in yellow and contains the values: '02', 'MAJOR MED', '01/01/2009', and '12/31/2009'. Below the table, there are four input fields corresponding to the table columns: 'Coverage Code' (containing '02'), 'Coverage Description' (containing 'MAJOR MED'), 'Coverage Start Date' (containing '01/01/2009'), and 'Coverage End Date' (containing '12/31/2009'). At the bottom right of the panel, there are two buttons: 'delete' and 'add'.

Figure 169 Coverage Panel

The Coverage panel may include the following information:

- The *Coverage Code* field displays a code that indicates what type of coverage the TPL policy provides.
- The *Coverage Description* field displays a description for the code in the Coverage Code field.
- The *Coverage Start Date* and *Coverage End Date* fields display the effective dates of the coverage.

16 Provider

16.1 Provider Search

The Provider Search function can be used to find provider numbers in order to complete Remaining Deductible forms.

1. On the iC Functionality page, click **Provider Search**. The Provider Search panel will be displayed.

The screenshot shows the 'Provider Search' panel with the following fields:

- Provider ID (text input)
- License (text input)
- Medicare (text input)
- SSN (text input)
- Tax ID (text input)
- Certification Number (text input)
- Financial Payer (dropdown menu)
- Business OR Last Name (text input)
- First, MI (text input)
- Address (text input)
- City (text input)
- State (dropdown menu)
- Records (20) (dropdown menu)
- search (button)
- clear (button)

Figure 170 Provider Search Panel

2. Enter as much information as possible in the fields to narrow the search results. Note: Some providers may have multiple provider records, one for each physical enrolled address.
3. Click **search**. If only one record is found, the [Provider Information](#) panel will be displayed. If multiple records are found, a Search Results panel will be displayed.

The screenshot shows the 'Provider Search' panel with the 'Last Name' field filled with 'SEED'. Below the search fields, the 'Search Results' panel is displayed, showing a table of results.

Search Results											
National Provider ID	Program Provider ID	Base ID	Financial Payer	Name	Type	Spec	Address	City	ST	Zip	Taxonomy
12345678	0000	TXIX	SEEDS, JASON	61	752	1234 MAIN ST	MILWAUKEE	WI	55555	000B00000X	
12345678	00001	TXIX	SEED, JOHN	31	315	1234 ANY ST	PRINCETON	NJ	55555	000P00000X	

Figure 171 Search Results Panel

16.1.1 Provider Information Panel

1. Click the applicable record. The Provider Information panel will be displayed.

Base ID	9999	Organization	Other
Restriction	No	Provider Type	31 - Physician
Gender	Male	Licenses	9898989898 06/09/2010-12/31/2299
Ownership	No	Specialties	General Practice 01/01/1900-12/31/2299
Service Location	100002552 - XYZ HEALT	Taxonomies	208D00000X - General Practice 01/01/1900-12/31/2299
Provider IDs	1234567890 NPI 01/01/1900-12/31/2299	Tax ID	000000000 06/09/2010-12/31/2299
Address Type	Service Location	Contract	Hearing Services 01/01/2000-12/31/2015
Address	1 PARKER STREET	Medicare	
City	ANYTOWN	Certification	
County	Dane	Accept New Patients	
State/Zip	WI 53703	Managed Care	No
Phone	555-555-5555	Reval Date	06/01/2010
Fax		On Payment Hold	No

Figure 172 Provider Information Panel

The Provider Information panel may include the following information:

- The *Base ID* field displays a system-generated ID that is used to link multiple service locations.
- The *Restriction* field displays a *Yes* or *No* to indicate whether or not the provider has service restrictions.
- The *Gender* field displays the provider's gender, if applicable.
- The *Ownership* field displays a *Yes* or *No* to indicate whether or not the provider has a controlling ownership interest in any other provider facility or practice.
- The *Service Location* menu displays all the service locations for the provider's Base ID.
- The *Provider IDs* menu displays all the provider IDs associated with the selected provider and the period of time that each ID is active.
 - The provider type identifier is to the right of the provider ID number. Some examples of provider type identifiers include the following: NPI (National Provider Identifier), MCD (ForwardHealth Assigned ID), CNV (Converted ID), or BSE (Base ID). Select the NPI provider type identifier when available.
 - The dates after the provider type signify the period the specific ID is in effect.

- The *Address Type* field defaults to *Service Location* (the physical address listed for the provider's practice).
- The *Licenses* field displays a provider's license number and the license's grant and expiration dates.
- The *Specialties* field displays a description of the provider's specialty and the effective dates for the specialty.
- The *Taxonomies* field displays all the taxonomy codes and their descriptions that have been assigned to the selected provider.
- The *Tax ID* field displays a provider's tax ID number and the effective dates for the tax ID.
- The *Contract* field displays the contracts on file for the selected provider and the contract's effective dates.
- The *Medicare* field displays the provider's Medicare number and the effective dates of the number.
- The *Certification* field displays a description and the effective dates for a special certification a provider may have for a particular service.
- The *Accept New Patients* field displays a *Yes*, *No*, or *Limited* to indicate if the provider is accepting new patients, if applicable.
- The *Managed Care* field displays a *Yes* or *No* to indicate whether the selected provider is a managed care provider.
- The *Reval Date* field displays the next revalidation date for the selected provider.
- The *On Payment Hold* field displays a *Yes* or *No* to indicate whether the selected provider has been put on suspension of payment.

Note: The @neTouch "[Quick Search](#)" box allows users to search for a different provider record using a provider ID, business or provider name, or tax ID.

16.1.2 Open Tab Menu

Hover over Open Tab on the navigation toolbar to display the Open Tab menu. The Open Tab menu will display the Service Location option under the Provider menu option.

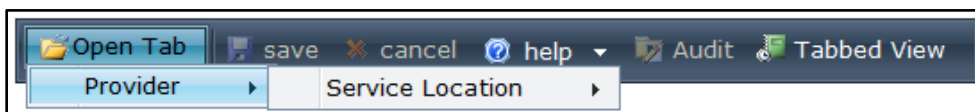


Figure 173 Open Tab Menu

Provider Menu

Hover over Service Location under Provider on the Open Tab menu to display menu options for panels containing rate information for various service locations.

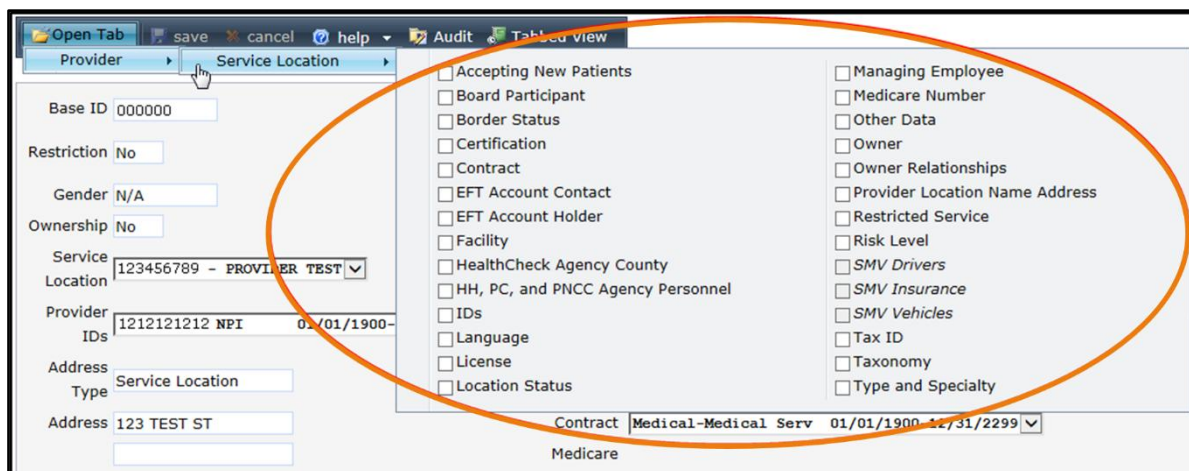


Figure 174 Provider Menu

If a user checks the box next to a panel name, that panel will automatically display each time the Provider Information panel is accessed.

Accepting New Patients Panel

The Accepting New Patients panel is used to indicate if a provider is accepting new patients.

1. Select **Accepting New Patients** from Service Location under the Provider menu. The Accepting New Patients panel will be displayed.
2. Click the applicable row to populate information in the fields on the panel.

Figure 175 Accepting New Patients Panel

The Accepting New Patients panel may include the following information:

- The *Accepting New Patients* field displays a *Yes*, *No*, or *Limited* to indicate if the provider is accepting new patients, if applicable.
- The *Limitation* field displays which types of patients the provider is accepting if Limited is indicated in the *Accepting New Patients Indicator* field.

Board Participant Panel

The Board Participant panel displays the members of the board for the provider's organization. This panel is not currently used by ForwardHealth.

Board Participant

	Board Participant Name	Board Position	Effective Date	End Date	Tax ID	City	State
A	DOE, JOHN	President	01/01/1900	12/31/2299	123456789	MADISON	WI

Board Participant Name* [Search] Effective Date*
 Board Position* End Date*

First Name Tax ID
 Last Name
 Address 1
 Address 2
 City
 State
 Zip

Figure 176 Board Participant Panel

Border Status Panel

The Border Status panel displays a border status value for a specific provider.

1. Select **Border Status** from Service Location under the Provider menu. The Border Status panel will be displayed. Tabs for Base Information and Other Data panels will also be displayed.
2. Click the applicable row to populate information in the fields on the panel.

Border Status ✕

	Border Status	Effective Date	End Date
	Major	07/01/2012	12/31/2299

Border Status Effective Date
 End Date

Figure 177 Border Status Panel

The Border Status panel may include the following information:

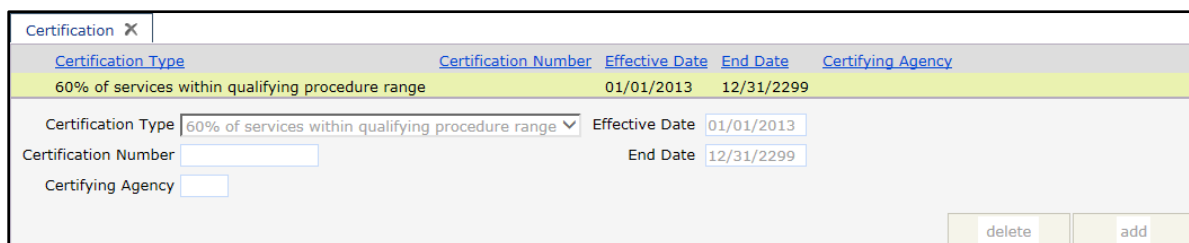
- The *Border Status* field displays *Major* or *Minor* to indicate the provider border status.
- The *Effective Date* and *End Date* fields display the time period the border status is in effect for the selected provider.

Certification Panel

The Certification panel displays provider certifications or special training. The certification values represent the different types of certifications and/or licenses health care providers obtain in

order to practice in their field and that may be required in order to enroll as a provider in the state's health care programs.

1. Select **Certification** from Service Location under the Provider menu. The Certification panel will be displayed. Tabs for Base Information and Other Data panels will also be displayed.
2. Click the applicable row to populate information in the fields on the panel.



The screenshot shows a web interface for the Certification panel. At the top, there is a tab labeled 'Certification' with a close button (X). Below the tab is a table with the following columns: Certification Type, Certification Number, Effective Date, End Date, and Certifying Agency. The table contains one row with the following data: Certification Type: 60% of services within qualifying procedure range, Certification Number: (blank), Effective Date: 01/01/2013, End Date: 12/31/2299, and Certifying Agency: (blank). Below the table, there are form fields for each of these fields: Certification Type (a dropdown menu), Certification Number (a text input), Effective Date (a date input), End Date (a date input), and Certifying Agency (a text input). At the bottom right of the panel, there are two buttons: 'delete' and 'add'.

Certification Type	Certification Number	Effective Date	End Date	Certifying Agency
60% of services within qualifying procedure range		01/01/2013	12/31/2299	

Certification Type: 60% of services within qualifying procedure range
Certification Number:
Effective Date: 01/01/2013
End Date: 12/31/2299
Certifying Agency:
delete add

Figure 178 Certification Panel

The Certification panel may include the following information:

- The *Certification Type* field displays the type of certification or special training attained by the provider.
- The *Certification Number* field displays the number of the certification or special training, if applicable.
- The *Effective Date* and *End Date* fields display the effective and end dates of the certification or special training. This date does not reflect the provider's enrollment status in the state's health care programs.

Contract Panel

The Contract panel is used to add, update, or view provider program eligibility information.

1. Select **Contract** from Service Location under the Provider menu. The Contract panel will be displayed. Tabs for Base Information and Other Data panels will also be displayed.

- Click the applicable row to populate information in the fields on the panel.

Contract	Financial Payer	Effective Date	End Date	End Reason	Term/Classification
Medical-Anesthesia	Medicaid	11/04/2005	11/05/2005	No Long Meet Crt Rqmt	De-activate
Medical-Assistant Su	Medicaid	11/04/2005	11/05/2005	No Long Meet Crt Rqmt	De-activate
Hearing Services	Medicaid	11/04/2005	11/05/2005	No Long Meet Crt Rqmt	De-activate
Dental	Medicaid	11/04/2005	11/05/2005	No Long Meet Crt Rqmt	De-activate
Durable Med Equip	Medicaid	11/04/2005	11/05/2005	No Long Meet Crt Rqmt	De-activate
Supplies-DMS	Medicaid	11/04/2005	11/05/2005	No Long Meet Crt Rqmt	De-activate
Medical-Laboratory	Medicaid	11/04/2005	11/05/2005	No Long Meet Crt Rqmt	De-activate
Medicare Crossover	Medicaid	11/04/2005	11/05/2005	No Long Meet Crt Rqmt	De-activate
Medical-Medical Serv	Medicaid	11/04/2005	11/05/2005	No Long Meet Crt Rqmt	De-activate
Mntl Hlth-MH/AODA	Medicaid	11/04/2005	11/05/2005	No Long Meet Crt Rqmt	De-activate

1 2 Next

Contract* Medical-Anesthesia ▼

Effective Date* 11/04/2005

Financial Payer MEDICAID

End Date* 11/05/2005

End Reason* No Long Meet Crt Rqmt ▼

Term/Classification De-activate ▼

add

Figure 179 Contract Panel

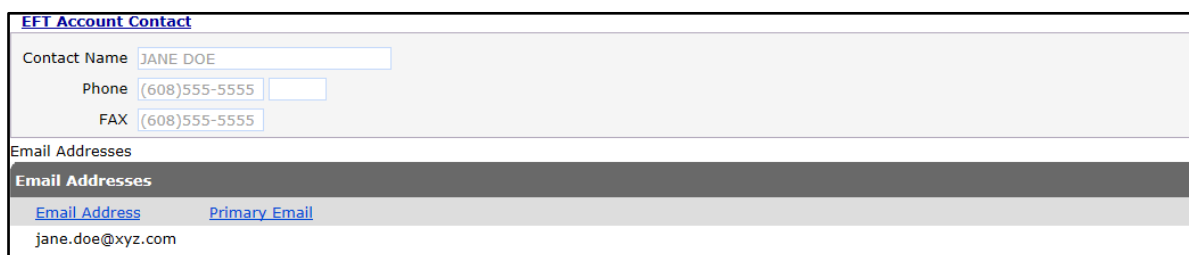
The Contract panel may include the following information:

- The *Contract* field displays the contract name in which the provider is or has been enrolled. The provider may be enrolled in more than one contract.
- The *Effective Date* field displays the effective date of enrollment for the chosen contract. This is synonymous with the effective date of the provider's certification for the applicable program.
- The *End Date* field displays the contract enrollment end date. This is synonymous with the effective date of the provider's certification for the applicable program.
- The *End Reason* field indicates the reason for ending contract enrollment.
- The *Financial Payer* field displays the unique program under which the claims transactions are processed. Examples include Wisconsin Medicaid, WCDP, and the WWWP.
- The *Term/Classification* field indicates the term/classification for the enrollment status code.

EFT Account Contact Panel

The EFT Account Contact panel allows the user to view the EFT account contact information.

1. Select **EFT Account Contact** from Service Location under the Provider menu. The EFT Account Contact panel will be displayed. Tabs for Base Information and Other Data panels will also be displayed.



The screenshot shows the 'EFT Account Contact' panel. It contains a 'Contact Name' field with the value 'JANE DOE'. Below it are 'Phone' and 'FAX' fields, both with the value '(608)555-5555'. There is an 'Email Addresses' section with a sub-header 'Email Addresses' and a table with two columns: 'Email Address' and 'Primary Email'. The table contains one row with the email address 'jane.doe@xyz.com'.

Figure 180 EFT Account Contact Panel

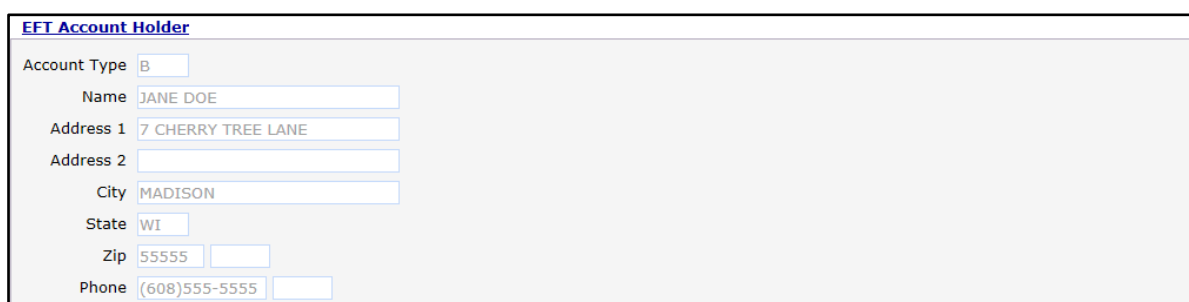
The EFT Account Contact panel may include the following information:

- The *Contact Name* field displays the EFT contact name.
- The *Phone* field displays the EFT contact phone number including the five-digit extension.
- The *FAX* field displays EFT account contact fax number.
- The *Email Addresses* field displays the email addresses associated with the EFT account contact information.

EFT Account Holder Panel

The EFT Account Holder panel allows the user to view EFT bank account holder information.

1. Select **EFT Account Holder** from Service Location under the Provider menu. The EFT Account Holder panel will be displayed. Tabs for Base Information and Other Data panels will also be displayed.



The screenshot shows the 'EFT Account Holder' panel. It contains several fields: 'Account Type' with the value 'B', 'Name' with 'JANE DOE', 'Address 1' with '7 CHERRY TREE LANE', 'Address 2' (empty), 'City' with 'MADISON', 'State' with 'WI', 'Zip' with '55555', and 'Phone' with '(608)555-5555'.

Figure 181 EFT Account Holder Panel

The EFT Account Holder panel may include the following information:

- The *Account Type* field indicates if the bank account is business or personal.

- The *Name, Address, City, State, Zip* and *Phone* fields display demographic information for the bank holder.

Facility Panel

The Facility panel displays all facilities the provider is associated with and the facility's contact information. This panel is not currently used by ForwardHealth.

Facility						
Facility ID	Provider Facility Name	Effective Date	End Date	Facility Name	City	State
A 5	HEALTH FACILITY	01/01/1900	12/31/2299	TEST FIVE	MADISON	WI

Facility ID* [Search]

Effective Date*

Provider Facility Name*

End Date*

Admin Name - Last

Admin Name - First, MI

CO Admin Name - Last

CO Admin Name - First, MI

Operator Name x

add

Facility ID

Facility Name

Address 1

Address 2

City

State

Zip

maintain

Figure 182 Facility Panel

HealthCheck Agency County Panel

The HealthCheck Agency County panel adds a county with effective and end dates.

- Select **HealthCheck Agency County** from Service Location under the Provider menu. The HealthCheck Agency County panel will be displayed. Tabs for Base Information and Other Data panels will also be displayed.
- Click the applicable row to populate information in the fields on the panel.

HealthCheck Agency County		
County	Effective Date	End Date
Adams	07/15/2008	12/31/2299

County

Effective Date

End Date

Figure 183 HealthCheck Agency County Panel

The HealthCheck Agency County panel may include the following information:

- The *County* field displays the county code used to identify a geographical/political area in the state.
- The *Effective Date* field displays the effective date of the county association to the HealthCheck agency.
- The *End Date* field displays the end date of the county association to the HealthCheck agency.

HH, PC, and PNCC Agency Personnel Panel

The HH (Home Health), PC (Personal Care), and PNCC (Prenatal Care Coordination) Agency Personnel panel displays HH, PC, and PNCC agency personnel information from the provider file.

1. Select **HH, PC, and PNCC Agency Personnel** from Service Location under the Provider menu. The HH, PC, and PNCC Agency Personnel panel will be displayed. Tabs for Base Information and Other Data panels will also be displayed.
2. Click the applicable row to populate information in the fields on the panel.

The screenshot shows the 'HH, PC, and PNCC Agency Personnel' panel. At the top, there is a table with columns: Last Name, First Name, Middle Initial, SSN, Position/Role/Title, Employment Effective Date, and Employment End Date. The table contains one row with the following data: TEST, J, 111-11-1111, OCCUPATIONAL THERAPIST, 01/01/2010, 12/31/2299. Below the table is a form for editing the selected row. The form has two columns of fields. The left column contains: First Name (J), Middle Initial (empty), Last Name (TEST), DOB (01/01/1980), SSN (111-11-1111), Employment Effective Date (01/01/2010), Employment End Date (12/31/2299), and Credentials (empty). The right column contains: Position/Role/Title (OCCUPATIONAL THERAPIST), License Number (4510), Issuing State (WI), License Grant Date (08/21/2018), License Expiration Date (01/01/2020), Years of Experience (empty), Employment Type (empty), and Qualified Professional Type (empty). At the bottom right of the form are 'delete' and 'add' buttons.

Figure 184 HH, PC, and PNCC Agency Personnel Panel

The HH, PC, and PNCC Agency Personnel panel may include the following information:

- The *First Name* and *Last Name* and *Middle Initial* of the HH, PC, or PNCC personnel.
- The *DOB* and *SSN* of the personnel.
- The *Employment Effective Date* and *Employment End Date* is the first and last date of the personnel's employment by the provider.
- The *Credentials* of the qualified professional.
- The personnel's *Position/Role/Title* with the provider.

- The personnel's *License Number*, the *Issuing State* where the license was issued, the *License Grant Date* is the first day the personnel's license is active, and the *License Expiration Date* is the last day the personnel's license is active.
- The *Years of Experience* for the qualified professional/trained paraprofessional. Some of the following codes may be displayed:
 - o *L* indicates less than two years of experience.
 - o *T* indicates two years of experience.
 - o *G* indicates greater than two years of experience.
- The *Employment Type* which identifies how the qualified professional/trained paraprofessional is employed. Some of the following codes may be displayed:
 - o *E* indicates employed by agency.
 - o *U* indicates under contract with agency.
 - o *V* indicates volunteer with agency.
- The *Qualified Professional Type* indicates which type of qualified professional the personnel is.

IDs Panel

The IDs panel is used to maintain provider ID information including NPI and proprietary system IDs.

1. Select **IDs** from Service Location under the Provider menu. The IDs panel will be displayed. Tabs for Base Information and Other Data panels will also be displayed.
2. Click the applicable row to populate information in the fields on the panel.

Provider ID	ID Type	Default NPI Service Location	NPI Verified	Effective Date	End Date	End Date Reason Code
000000000	Program Provider ID	No	No	08/20/2018	12/31/2299	
121212121	National Provider ID	No	Yes	08/20/2018	12/31/2299	

Provider ID

Effective Date

ID Type

End Date

Default NPI Service Location

End Date Reason

NPI Verified

Figure 185 IDs Panel

The IDs panel may include the following information:

- The *Provider ID* field displays the provider identification number.
- The *ID Type* field displays the provider identification number type.

- The *Default NPI Service Location* field indicates if it is the default service location for the NPI.
- The *NPI Verified* field indicates if the NPI number has been verified.
- The *Effective Date* field displays the effective date for the provider ID number.
- The *End Date* field displays the end date for the provider ID number.
- The *End Date Reason* field displays the reason for ending the provider ID number.

Language Panel

The Language panel is used to indicate the languages spoken by member(s) of a provider's organization.

1. Select **Language** from Service Location under the Provider menu. The Language panel will be displayed. Tabs for Base Information and Other Data panels will also be displayed.
2. Click the applicable row to populate information in the fields on the panel.

Language	Effective Date	End Date
ENGLISH	10/23/2018	12/31/2299

Language: Effective Date: End Date:

Figure 186 Language Panel

The Language panel may include the following information:

- The *Language* field displays the name of the language.
- The *Effective Date* field displays the date the provider's organization began supporting the language.
- The *End Date field* displays the date the provider's organization stopped supporting the language.

License Panel

The License panel displays provider license information.

1. Select **License** from Service Location under the Provider menu. The License panel will be displayed. Tabs for Base Information and Other Data panels will also be displayed.

- Click the applicable row to populate information in the fields on the panel.

The screenshot shows a 'License' panel with a table and a form. The table has columns: License Number, Issuing State, Issuing Board, Classification, License Type, Grant Date, and Expiration Date. The first row contains the values: 3333, WI, Division of Quality Assurance, Nursing Home, 01/01/1900, and 12/31/2299. Below the table, the form fields are populated with the same values: License Number (3333), Issuing State (WI), Issuing Board (Division of Quality Assurance), Classification (Nursing Home), Grant Date (01/01/1900), and Expiration Date (12/31/2299). There is a 'verify' button next to the License Number field and a 'Regular' dropdown for License Type. At the bottom right are 'delete' and 'add' buttons.

Figure 187 License Panel

The License panel may include the following information:

- The *License Number* field displays the provider license number.
- The *Issuing State* field displays the state that issued the license.
- The *Issuing Board* field displays the licensing board that issued the license.
- The *Classification* field displays the type of license issued.
- The *Grant Date* field displays the date the license was granted.
- The *Expiration Date* field displays the date the license expired.
- The *License Type* field displays the license type for *Regular* or *Temporary*.

Location Status Panel

The Location Status panel is used to add, update, or view whether a provider should be considered in-state, in-state emergency, out-of-state, or out-of-state youth.

- Select **Location Status** from Service Location under the Provider menu. The Location Status panel will be displayed. Tabs for Base Information and Other Data panels will also be displayed.
- Click the applicable row to populate information in the fields on the panel.

The screenshot shows a 'Location Status' panel with a table and a form. The table has columns: Out Of State Indicator, Effective Date, and End Date. The first row contains the values: In-State, 02/11/2013, and 12/31/2299. Below the table, the form fields are populated with the same values: Out Of State Indicator (In-State), Effective Date (02/11/2013), and End Date (12/31/2299). At the bottom right are 'delete' and 'add' buttons.

Figure 188 Location Status

The Location Status panel may include the following information:

- The *Out of State Indicator* field displays the location status code given for the linked provider service location.

- The *Effective Date* field displays the date on which the location status became effective.
- The *End Date* field displays the date on which the location status is no longer in effect.

Managing Employee Panel

The Managing Employee panel displays the information for a managing employee associated with the provider's business.

1. Select **Managing Employee** from Service Location under the Provider menu. The Managing Employee panel will be displayed. Tabs for Base Information and Other Data panels will also be displayed.
2. Click the applicable row to populate information in the fields on the panel.

The screenshot shows the 'Managing Employee' panel. At the top is a table with columns: First Name, MI, Last Name, SSN, City, State, Effective Date, and End Date. The first row contains: JOE, MANAGER, 111-11-1111, ANYTOWN, WI, 01/09/2014, 12/31/2299. Below the table is a form with fields for SSN (111111111), Effective Date (01/09/2014), and End Date (12/31/2299). There are 'delete' and 'add' buttons. Below this is another form with fields for First Name (JOE), MI, Last Name (MANAGER), Date of Birth (08/15/1987), SSN (111-11-1111), Address 1 (123 SOMEPLACE), Address 2, City (ANYTOWN), State (WI), and Zip (55555 0000). There is a 'maintain' button at the bottom right.

Figure 189 Managing Employee Panel

The Managing Employee panel may include the following information:

- The managing employee's *SSN*.
- The managing employee's *Effective Date* and *End Date* of employment. An end date of 12/31/2299 will display if the managing employee is still employed by the provider's business.
- The managing employee's *First Name* and *Last Name* and middle initial (*MI*).
- The managing employee's *Date of Birth*.
- The managing employee's address.

Medicare Number Panel

The Medicare Number panel displays information about a provider's Medicare numbers.

1. Select **Medicare Number** from Service Location under the Provider menu. The Medicare Number panel will be displayed. Tabs for Base Information and Other Data panels will also be displayed.
2. Click the applicable row to populate information in the fields on the panel.

Medicare Number	Medicare/DMERC	Effective Date	End Date
333333	Medicare A	01/01/1900	12/31/2299

Medicare Number: Effective Date:
 Medicare/DMERC: End Date:

Figure 190 Medicare Number Panel

The Medicare Number panel may include the following information:

- The *Medicare Number* field displays the number issued by Medicare to the provider for converted records and may also contain secondary NPIs for non-converted records.
- The *Medicare/DMERC* field indicates if the number relates to *Medicare Part A* (Medicare hospital insurance), *Medicare Part B* (Medicare supplementary medical insurance), or *DMERC* (Durable Medical Equipment Regional Carrier, a private company that contracts with Medicare to pay bills for durable medical equipment).
- The *Effective Date* and *End Date* fields display the dates the number is in effect.

Other Data Panel

The Other Data panel is used to add or update miscellaneous provider information.

1. Select **Other Data** from Service Location under the Provider menu. The Other Data panel will be displayed. A tab for Base Information will also be displayed.

Other Data

County: 835 Date:
 Organization Code: End Paper RA:
 Mass Rate Update Indicator: EDI Restricted:
 Public/Private Indicator: Reval Date:
 Withhold FICA: Receive Publications:
 Suppress RA: Healthcare Indicator:
 Open Lien: ☐

Figure 191 Other Data Panel

The Other Data panel may include the following information:

- The *County* field displays the provider county or identification of border status and out-of-state providers.

- The *Organization Code* field displays the provider organization ID code (provider type of practice such as sole proprietor or non-profit).
- The *Mass Rate Update Indicator* field indicates whether the provider is eligible for mass updates.
- The *Public/Private* Indicator field indicates the provider category.
- The *Withhold FICA* field indicates whether the provider should have FICA withheld from its checks.
- The *Suppress RA* field indicates whether the system should suppress RAs for the provider if they only have outstanding receivables on file.
- The *Open Lien* field indicates if there is a lien open against the provider.
- The *835 Date* field displays the provider's automatic Remittance Advice (RA) transmittal effective date.
- The *End Paper RA* field displays the date the provider requested to have the paper RA stopped.
- The *EDI Restricted* field indicates whether a provider is restricted from billing electronically.
- The *Reval Date* field indicates the next revalidation date for the provider. This date is assigned by the system at the time of enrollment and is subsequently updated during the revalidation process. If the provider is not required to complete revalidation, the date can be set to 12/31/2299.
- The *Receive Publications* field indicates whether the provider wishes to continue receiving publications.
- The *Healthcare Indicator* field indicates whether the provider's provider type and specialty combination require an NPI.

Owner Panel

The Owner panel is used to associate an individual provider to another entity who has either total or partial ownership in the provider's business.

1. Select **Owner** from Service Location under the Provider menu. The Owner panel will be displayed. Tabs for Base Information and Other Data panels will also be displayed.

- Click the applicable row to populate information in the fields on the panel.

Owner											
Entity Type	Interest In	Applicant/Other	Owner	Title	TIN	SSN	Effective Date	End Date	Percentage Of Ownership	No Owner Attestation	Attestation Date
Individual	Applicant		JOHN DOE	Owner		516516156	10/23/2018	12/31/2299	100.0%		

Owner

JOHN DOE

Effective Date

10/23/2018

Interest In Applicant/Other*

Applicant

End Date

12/31/2299

Title*

Owner

No Owner Attestation

Other Title

Attestation Date

Percentage Of Ownership*

100.0%

Entity Type

Individual

Address 1

123 MAIN

Legal Business Name

Address 2

Doing Business As Name

City

MADISON

TIN

State

WI

Zip

55555

0000

First Name, MI*

JOHN

Last Name*

DOE

SSN

000-00-0000

Date of Birth

01/01/1980

Tax ID Of Organization

add

maintain

Figure 192 Owner Panel

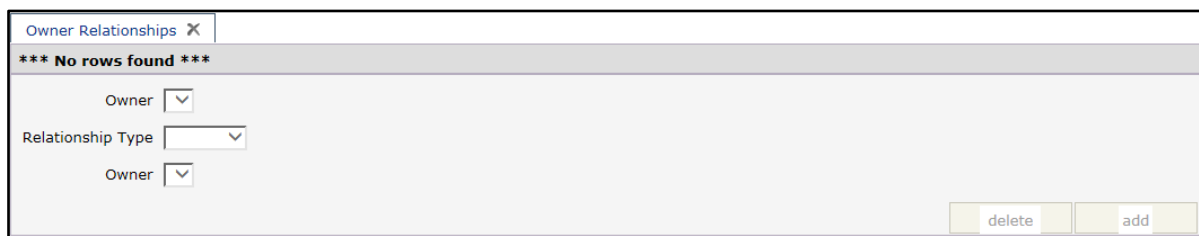
The Owner panel may include the following information:

- The *Owner* field displays the owner's name.
- The *Interest In Applicant/Other* field identifies whether the owner information applies to interest in the applicant (provider) or other (provider interest in other entity).
- The *Title* field displays the title of an individual owner relative to the provider.
- The *Other Title* field is a free text title entered by providers when they have selected Other for the Title Field.
- The *Percentage of Ownership* field displays the percentage of ownership the particular owner has in the provider.
- The *Effective Date* field displays the provider owner's effective date.
- The *End Date* field displays the provider owner's end date.
- The *No Owner Attestation* field displays a Yes or No to indicate whether or not the provider has indicated no ownership/controlling interest individual/entity to disclose or there are no individuals to indicate for a disclosed organization owner.
- The *Attestation Date* field displays the date the provider attested there is no ownership/controlling interest individual/entity to disclose or there are no individuals to indicate for a disclosed organization owner.

- The *Entity Type* field identifies the owner's identity type as either business or individual.
- The *Legal Business Name* field displays the legal business name of the owner.
- The *Doing Business As Name* field displays the owner's doing business as name.
- The *TIN* field displays the owner's tax identification number.
- The *SSN* field displays the owner's Social Security number.
- The *Date of Birth* field displays the owner's date of birth.
- The *First Name*, *MI*, *Last Name*, *Address*, *City*, *State*, and *Zip* fields display demographic information for the owner.

Owner Relationships Panel

The Owner Relationships panel displays the information for owners associated with the provider's business. This panel is not currently used by ForwardHealth.



The screenshot shows a web interface for the 'Owner Relationships' panel. At the top, there is a tab labeled 'Owner Relationships' with a close button (X). Below the tab, a message states '*** No rows found ***'. Underneath this message, there are three dropdown menus: 'Owner', 'Relationship Type', and another 'Owner'. At the bottom right of the panel, there are two buttons: 'delete' and 'add'.

Figure 193 Owner Relationships Panel

Provider Location Name Address Panel

The Provider Location Name Address panel displays provider names, addresses, and contact information. Providers can have five distinct addresses, if applicable, including the practice location, mail to, home office, pay to, and prior authorization (PA) addresses. The practice location is the only required address type.

1. Select **Provider Location Name Address** from Service Location under the Provider menu. The Provider Location Name Address panel will be displayed. Tabs for Base Information and Other Data panels will also be displayed.

- Click the applicable row to populate information in the fields on the panel.

Usage	Name	Street	City	State	Country	Zip	Zip + 4	E-Mail
Prior Authorization	UNIVERSITY HOSPITAL	123 Main St.	Anytown	WI	US	55555		
Home Office	UNIVERSITY HOSPITAL	123 Main St.	Anytown	WI	US	55555		
Mail To	UNIVERSITY HOSPITAL	123 Main St.	Anytown	WI	US	55555		
Pay To	UNIVERSITY HOSPITAL	123 Main St.	Anytown	WI	US	55555		
Practice Location	UNIVERSITY HOSPITAL	123 Main St.	Anytown	WI	US	55555		

Name Type ☒ Business Name ☐ Personal Name

Name

Title

Usage

Country

Address 1

Address 2

International Address

City

State

Zip

Apply Changes To:

☐ Practice

☐ Pay To

☐ Mail To

☐ Home Office

☒ Prior Authorization

Contact Name

E-Mail

Phone

Fax

International Phone

International Fax

Longitude

Latitude

Maintain name

Maintain address

Figure 194 Provider Location Name Address Panel

The Provider Location Name Address panel displays address and contact information for the type of address indicated, for example, Mail to, Prior Authorization. Clicking a row displays the contact information for the type of address selected:

- Mail To* refers to the location where general information and correspondence is mailed.
- Prior Authorization* refers to the location where PA information is mailed. This address is not applicable for WWWP providers.
- Pay To* refers to the location where paper checks and paper remittances are mailed.
- Practice Location* refers to the address where the provider's office is physically located and where records are normally kept.
- Home Office* refers to a provider's home office address.

Restricted Service Panel

The Restricted Service panel is used to view and restrict the types of services a provider is allowed to bill. Restrictions can be created based on claim type, place of service [POS], and/or specific codes (GNC, National Drug Code [NDC], procedure code, or revenue code).

- Select **Restricted Service** from Service Location under the Provider menu. The Restricted Service panel will be displayed. Tabs for Base Information and Other Data panels will also be displayed.

- Click the applicable row to populate information in the fields on the panel.

Restricted Service									
Status	Effective Date	End Date	Claim Type	POS	Include/Exclude	Restrict	Low Code	High Code	Modifier
Active	05/01/2008	12/31/2299	O Outpatient Claims		Include				
Active	05/01/2008	06/01/2008	Assisted Living Facility		Include				

Status	Active	Include/Exclude	Include
Effective Date	05/01/2008	Restrict	
End Date	12/31/2299	Low Code	
Claim Type	O Outpatient Claims	High Code	
POS		Modifier	
Review Type	P Prepayment Review	Review Reason	F Suspect fraud

add

Figure 195 Restricted Service Panel

The Restricted Service panel may include the following information:

- The *Status* field displays the restriction status.
- The *Effective Date* field displays the restriction effective date.
- The *End Date* field displays the restriction end date.
- The *Claim Type* field displays the claim type associated with the restriction.
- The *POS field* displays the place of service associated with the restriction.
- The *Review Type* field displays the category of review on which the provider has been placed.
- The *Include/Exclude* field indicates whether restriction includes or excludes codes meeting the restriction criteria.
- The *Restrict* field indicates the type of code pertaining to the restriction such as procedure code, NDC, etc.
- The *Low Code* field displays the lowest code number in a sequential range of restricted codes.
- The *High Code* field displays the highest code number in a sequential range of restricted codes.
- The *Modifier* field displays the modifier pertaining to the restriction.
- The *Review Reason* field indicates the reason for placing a provider on review.

Risk Level Panel

The Risk Level panel displays the provider's enrollment and revalidation risk levels.

1. Select **Risk Level** from Service Location under the Provider menu. The Risk Level panel will be displayed. Tabs for Base Information and Other Data panels will also be displayed.
2. Click the applicable row to populate information in the fields on the panel.

Enrollment Risk Level	Revalidation Risk Level	Effective Date	End Date
Limited	Limited	12/23/1998	12/31/2299

Enrollment Risk Level: Effective Date:
 Revalidation Risk Level: End Date:

Figure 196 Risk Level Panel

The Risk Level panel may include the following information:

- The *Enrollment Risk Level* field displays the provider's enrollment risk level as *Limited*, *Moderate*, or *High*.
- The *Revalidation Risk Level* field displays the provider's revalidation risk level as *Limited*, *Moderate*, or *High*.
- The *Effective Date* and *End Date* fields display the dates the provider's risk levels are in effect.

SMV Drivers Panel

The SMV Drivers panel displays all specialized medical vehicle (SMV) drivers the provider is associated with and the driver's information. The user can update SMV driver's data or add SMV drivers to the provider record via this panel.

1. Select **SMV Drivers** from Service Location under the Provider menu. The SMV Drivers panel will be displayed. Tabs for Base Information and Other Data panels will also be displayed.
2. Click the applicable row to populate information in the fields on the panel.

Driver Name	License Type	Driver License Number	License Expiration Date	Active
JOHN DOE	Regular	123456789D9999	01/01/2019	No

Driver Name: License Type:
 Driver License Number: License Expiration Date:
 Active:

Figure 197 SMV Drivers Panel

The SMV Drivers panel may include the following information:

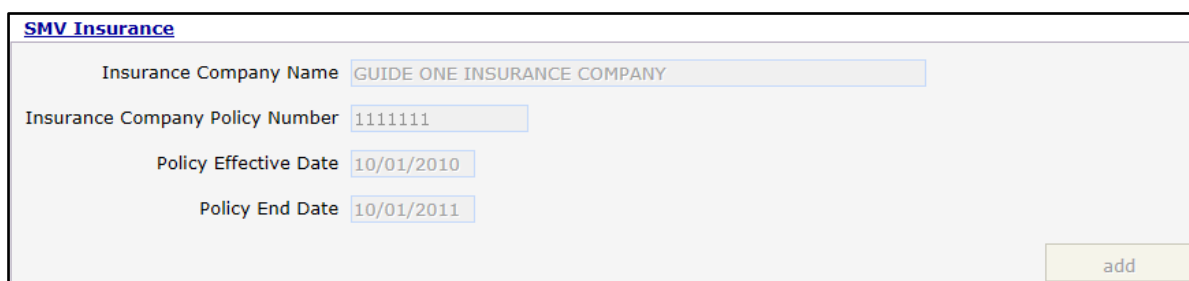
- The *Driver Name* field displays the vehicle driver name.

- The *Driver License Number* field displays the vehicle driver's driver license number.
- The *Active* field indicates whether or not the driver is currently active for the SMV.
- The *License Type* field indicates the type of driver license.
- The *License Expiration Date* field displays the date the driver's driver license expires.

SMV Insurance Panel

The SMV Insurance panel displays the SMV insurance the provider is associated with and the insurance information.

1. Select **SMV Insurance** from Service Location under the Provider menu. The SMV Insurance panel will be displayed. Tabs for Base Information and Other Data panels will also be displayed.



The screenshot shows the 'SMV Insurance' panel. It has a title bar with the text 'SMV Insurance'. Below the title bar, there are four input fields with labels: 'Insurance Company Name' (value: GUIDE ONE INSURANCE COMPANY), 'Insurance Company Policy Number' (value: 1111111), 'Policy Effective Date' (value: 10/01/2010), and 'Policy End Date' (value: 10/01/2011). In the bottom right corner, there is a yellow button labeled 'add'.

Figure 198 SMV Insurance Panel

The SMV Insurance panel may include the following information:

- The *Insurance Company Name* field displays the insurance company name.
- The *Insurance Company Policy Number* field displays the insurance policy number.
- The *Policy Effective Date* field displays the effective date of the insurance policy.
- The *Policy End Date* field displays the end date of the insurance policy.

SMV Vehicles Panel

The SMV Vehicles panel displays all SMV vehicles the provider is associated with and the vehicle's information.

1. Select **SMV Vehicles** from Service Location under the Provider menu. The SMV Vehicles panel will be displayed. Tabs for Base Information and Other Data panels will also be displayed.

- Click the applicable row to populate information in the fields on the panel.

The screenshot shows the 'SMV Vehicles' panel. At the top is a table with columns: VIN, Vehicle Make, License Plate Number, Vehicle Model, Active, Vehicle Year, Wheelchair Lift, and Wheelchair Ramp. The first row contains the data: 1212121212D121212, HONDA, DD12345, CIVIC, Yes, 2010, Yes, Yes. Below the table is a form with fields for each column, populated with the data from the first row. The fields are: VIN (text input), Vehicle Make (text input), License Plate Number (text input), Vehicle Model (text input), Active (dropdown menu), Vehicle Year (text input), Wheelchair Lift (dropdown menu), and Wheelchair Ramp (dropdown menu). At the bottom right of the form are two buttons: 'delete' and 'add'.

VIN	Vehicle Make	License Plate Number	Vehicle Model	Active	Vehicle Year	Wheelchair Lift	Wheelchair Ramp
1212121212D121212	HONDA	DD12345	CIVIC	Yes	2010	Yes	Yes

VIN: 1212121212D121212
 Vehicle Make: HONDA
 License Plate Number: DD12345
 Vehicle Model: CIVIC
 Active: Yes
 Vehicle Year: 2010
 Wheelchair Lift: Yes
 Wheelchair Ramp: Yes

delete add

Figure 199 SMV Vehicles Panel

The SMV Vehicles panel may include the following information:

- The *VIN* field displays the vehicle identification number.
- The *License Plate Number* field displays the vehicle license plate number.
- The *Active* field Indicates whether or not the vehicle is currently in operation for the SMV.
- The *Wheelchair Lift* field indicates whether or not the vehicle has a wheelchair lift.
- The *Vehicle Make* field displays the manufacturer of the vehicle (for example, Ford, Chrysler, Chevrolet, Cadillac, Buick).
- The *Vehicle Model* field displays the specific manufacturer model name of the vehicle.
- The *Vehicle Year* field displays the year the vehicle was produced.
- The *Wheelchair Ramp* field indicates whether or not the vehicle has a wheelchair ramp.

Tax ID Panel

The Tax ID panel is used to add or update Social Security or tax identification number information for a provider.

- Select **Tax ID** from Service Location under the Provider menu. The Tax ID panel will be displayed. Tabs for Base Information and Other Data panels will also be displayed.

- Click the applicable row to populate information in the fields on the panel.

The screenshot shows a web interface for managing Tax IDs. At the top, there is a table with columns: Type, Tax ID, Effective Date, and End Date. The first row is highlighted in yellow and contains the values: FEIN, 123456789, 02/11/2013, and 12/31/2299. Below the table is a form with fields for Type (FEIN), Effective Date (02/11/2013), Tax ID (123456789), and End Date (12/31/2299). There is an 'add' button to the right of these fields. Below the form is another section with fields for IRS Tax Type (FEIN), IRS Effective Date (01/01/1900), IRS Tax ID (123456789), IRS End Date (12/31/2299), Name (XYZ VETERANS HOME), Address (123 FIRST STREET), City (ANYTOWN), State (WI), Zip (55555), Phone ((715)555-5555), Tax ID Exempt (No), W9 Form (No), and Form 147 (No). There are 'add' and 'maintain' buttons at the bottom right of this section.

Figure 200 Tax ID Panel

The Tax ID panel may include the following information:

- The *Type* field displays the tax ID type corresponding to the tax ID assigned to the provider.
- The *Tax ID* field displays the tax ID number assigned to the provider.
- The *Effective Date* field displays the provider tax ID effective date.
- The *End Date* field displays the provider tax ID end date.
- The *IRS Tax Type* field displays the legal, Internal Revenue Service (IRS)-recognized, provider tax ID type.
- The *IRS Tax ID* field displays the legal, IRS-recognized, provider tax ID.
- The *Name* field displays the legal, IRS-recognized provider business name or personal name corresponding to the Tax ID listed.
- The *Address* field displays the street address filed with the IRS for the Tax ID listed.
- The *City* field displays the city address filed with the IRS for the Tax ID listed.
- The *State* field displays the state address filed with the IRS for the Tax ID listed.
- The *Zip* field displays the zip code filed with the IRS for the Tax ID listed.
- The *Phone* field displays the phone number and phone number extension corresponding to the tax ID listed.
- The *IRS Effective Date* field displays the IRS effective date for the tax ID.

- The *IRS End Date* field displays the IRS end date for the tax ID.
- The *Tax ID Exempt* field indicates if the provider is exempt from receiving a 1099 end of year form.
- The *W9 Form* field indicates if the provider has a W9 form on file.
- The *Form 147* field indicates if the provider has submitted form 147C, stating legal provider name and tax ID number.

Taxonomy Panel

The Taxonomy panel is used to view and update the taxonomies a provider can use when filing claims.

1. Select **Taxonomy** from Service Location under the Provider menu. The Taxonomy panel will be displayed. Tabs for Base Information and Other Data panels will also be displayed.
2. Click the applicable row to populate information in the fields on the panel.

The screenshot shows the 'Taxonomy' panel. At the top, there is a table with the following data:

Primary Indicator	Taxonomy	Description	Effective Date	End Date
Yes	123456789X	Skilled Nursing Facility	02/11/2013	12/31/2299

Below the table, there is a form with the following fields:

- ☒ Primary: Taxonomy 123456789X
- Taxonomy Description: Skilled Nursing Facility
- Effective Date: 02/11/2013
- End Date: 12/31/2299
-

Figure 201 Taxonomy Panel

The Taxonomy panel may include the following information:

- The *Primary Taxonomy* field indicates displays the taxonomy code.
- The *Taxonomy Description* field displays the full text description of the procedure code.
- The *Effective Date* field displays the taxonomy effective date.
- The *End Date* field displays the taxonomy end date.

Type and Specialty Panel

The Type and Specialty panel displays provider type and specialty information for a provider.

1. Select **Type and Specialty** from Service Location under the Provider menu. The Type and Specialty panel will be displayed. Tabs for Base Information and Other Data panels will also be displayed.

- Click the applicable row to populate information in the fields on the panel.

Figure 202 Type and Specialty Panel

The Type and Specialty panel may include the following information:

- The *Primary* field indicates whether the specialty is the provider's primary specialty.
- The *Provider Specialty* field displays the specialties allowed under the provider's provider type.
- The *Specialty Description* field describes the provider specialty.
- The *Effective Date* and *End Date* fields indicate the beginning and end date the specialty is in effect for the provider.

16.2 Provider Related Data

On the iC Functionality page, click Provider Related Data. The navigation toolbar will be displayed.

16.2.1 Open Tab Menu

Hover over Open Tab on the navigation toolbar to display the Open Tab menu. The Open Tab menu displays four different menu options; however, only the Other and Xref menu options are available.

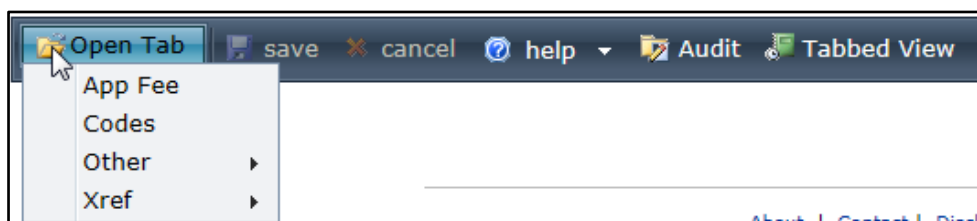


Figure 203 Open Tab Menu

Other Menu

Hover over Other on the Open Tab menu to display menu options for panels containing waiver agency contacts and waiver agency information.

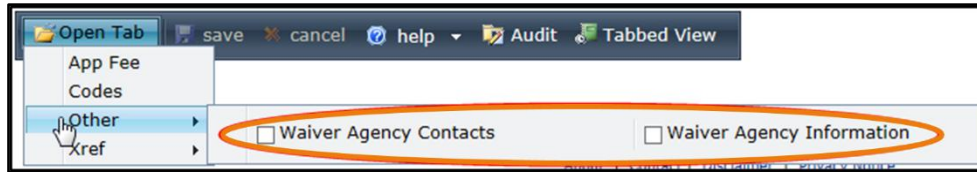


Figure 204 Other Menu

Waiver Agency Contacts Panel

The Waiver Agency Contacts panel is used to add and update contact information associated to a waiver agency.

1. Select **Waiver Agency Contacts** from the Other menu. The Waiver Agency Contacts panel will be displayed.
2. Click the applicable row to populate information in the fields on the panel.

Status	Waiver Agency	Contact Type	Contact First Name	Contact Last Name	Phone Number	Email Address	Effective Date	End Date
Active	VERNON - XYZ SERVICES DEPT	Portal Admin	JANICE	DOE	(608)555-5555	jdoe@vernoncounty	04/01/2017	12/31/2299
Active	VILAS - XYZ SERVICES DEPT	Portal Admin	RICHARD	ROE	(608)444-4444	rr@admin	04/01/2017	12/31/2299
Active	WALWORTH - XYZ SERVICES DEPT	Portal Admin	JONATHAN	SMITH	(608)212-1212	jsmith@walworth	04/01/2017	12/31/2299
Active	WASHBURN - XYZ SERVICES DEPT	Portal Admin	BRETT	BOE	(608)888-8888	brett.boe@washburn	04/01/2017	12/31/2299
Active	WASHINGTON - XYZ SERVICES DEPT	Portal Admin	JIM	DOE	(608)777-7777	johnny.doe@washington	04/01/2017	12/31/2299
Active	WAUKESHA - XYZ SERVICES DEPT	Portal Admin	FRANK	FOE	(608)777-7777	frank.foe@waukesha	04/01/2017	12/31/2299
Active	WAUPACA - XYZ SERVICES DEPT	Portal Admin	JOE	BLOGGS	(608)222-2222	jbloggs@waupaca	04/01/2017	12/31/2299
Active	WAUSHARA - XYZ SERVICES DEPT	Portal Admin	CARLA	COE	(608)666-6666	carla.coe@washara	04/01/2017	12/31/2299
Active	WINNEBAGO - XYZ SERVICES DEPT	Portal Admin	PAULA	WAY	(920)121-1212	pway@co.winnebago.wi	04/01/2017	12/31/2299
Inactive	WOOD - XYZ SERVICES DEPT	Portal Admin	JANE	DOE	(608)999-9999	janedoe@wood.co	04/01/2017	10/15/2018
Active	XYZ COMMUNITY SERVICES - GRANT	Portal Admin	DONNA	DOE	(608)232-3232	ddoe@unified	04/01/2017	12/31/2299
Active	XYZ COMMUNITY SERVICES - IOWA	Portal Admin	DONNA	DOE	(608)232-3232	ddoe@unified	04/01/2017	12/31/2299

Prev 1 2 3 4 5 6 7

Waiver Agency: XYZ COMMUNITY SERVICES - GRANT COUNTY
 Contact Type: Portal Admin
 Contact First Name: DONNA
 Contact Last Name: DOE
 Phone Number: (608)232-3232
 Email Address: ddoe@unified
 Confirm Email Address:
 Preferred Method of Contact: ☐ By Phone ☒ By Email
 Send Portal PIN Letter To: ☐ Primary Address ☒ Mailing Address ☐ Other Address

Effective Date: 04/01/2017
 End Date: 12/31/2299
 Status: Active
 Portal PIN Letter Address
 Street Address Line 1:
 Street Address Line 2:
 City:
 State/ZIP:

Figure 205 Waiver Agency Contacts Panel

The Waiver Agency Contacts panel may include the following information:

- The *Waiver Agency* field displays the waiver agency name.
- The *Contact Type* field displays the type of contact associated with a waiver agency.
- The *Contact First Name* field displays the first name of the agency contact.

- The *Contact Last Name* field displays the last name of the agency contact.
- The *Phone Number* field displays the phone number of the agency contact.
- The *Email Address* field displays the email address of the agency contact.
- The *Confirm Email Address* field confirms the email address entered.
- The *Effective Date* field displays the effective date of the contact entry.
- The *End Date* field displays the end date of the contact entry.
- The *Status* field displays the status of the contact entry.
- The *Preferred Method of Contact* fields display the type of communication the contact prefers either *By Phone* or *By Email*.
- The *Send Portal PIN Letter To* fields display the address to which the Portal PIN letter for the waiver agency should be sent (*Primary Address*, *Mailing Address*, or *Other Address*).
- The *Portal PIN Letter Address* fields display the Portal PIN letter address, city, state, and zip code.

Waiver Agency Information Panel

The Waiver Agency Information panel is used to add and update waiver agency information.

1. Select **Waiver Agency Information** from the Other menu. The Waiver Agency Information panel will be displayed.
2. Click the applicable row to populate information in the fields on the panel.

Waiver Agency Information

Status	Waiver Agency Name	Agency Type	TIN Type	Taxpayer Identification Number (TIN)	TIN Name	TIN Effective Date	TIN End Date	Effective Date	End Date
Active	XYZ COMMUNITY SERVICES - GRANT COUNTY	Waiver Agency	EIN	123456789	XYZ COMMUNITY	04/01/2017	12/31/2299	04/01/2017	12/31/2299
Active	XYZ COMMUNITY SERVICES - IOWA COUNTY	Waiver Agency	EIN	123456789	XYZ COMMUNITY	04/01/2017	12/31/2299	04/01/2017	12/31/2299
Active	ADAMS - XYZ HUMAN SERVICES DEPT	Waiver Agency	EIN	9987654321	ADAMS COUNTY HE	04/01/2017	12/31/2299	04/01/2017	12/31/2299

Prev 1 2 3 4

Waiver Agency Information

Waiver Agency Name: ADAMS - XYZ HUMAN SERVICES DEPT

Agency Type: Waiver Agency

Waiver ID: 11111111

Effective Date: 04/01/2017

End Date: 12/31/2299

End Date Reason:

Status: Active

Primary Address

Street Address Line 1: 108 ANY STREET

Street Address Line 2:

City: FRIENDSHIP

State/ZIP: WI 55555

Tax Information

Taxpayer Identification Number (TIN): 9987654321

TIN Name: ADAMS - XYZ HUMAN SERVICES DEPT

TIN Type*: ☒ EIN ☐ SSN

TIN Effective Date: 04/01/2017

TIN End Date: 12/31/2299

Mailing Address

Street Address Line 1: 108 ANY STREET

Street Address Line 2:

City: FRIENDSHIP

State/ZIP: WI 55555

delete add

Figure 206 Waiver Agency Information Panel

The Waiver Agency Information panel may include the following information:

- The *Waiver Agency Name* field displays the name of the waiver agency.
- The *Agency Type* field displays the type by which the agency is classified.
- The *Waiver ID* field displays the number that identifies a particular agency.
- The *Effective Date* field displays the effective date of the waiver agency entry.
- The *End Date* field displays the end date of the waiver agency entry.
- The *End Date Reason* field displays the reason a waiver agency has been end dated.
- The *Status* field displays the status of the waiver agency entry.
- The Primary Address and Mailing Address fields display the address, city, state, and zip code for the applicable address type.
- The *Taxpayer Identification Number* field displays the number assigned by the IRS.
- The *TIN Name* field displays the name of the person or organization providing the Taxpayer Identification Number.
- The *TIN Type* field indicates whether the Taxpayer Identification Number provided is an Employer Identification Number (EIN) or SSN.
- The *TIN Effective Date* field displays the effective date of the Taxpayer Identification Number.
- The *TIN End Date* field displays the end date of the Taxpayer Identification Number.

Xref Menu

Hover over Xref on the Open Tab menu to display menu options for panels containing county-waiver agency and waiver agency-program information.

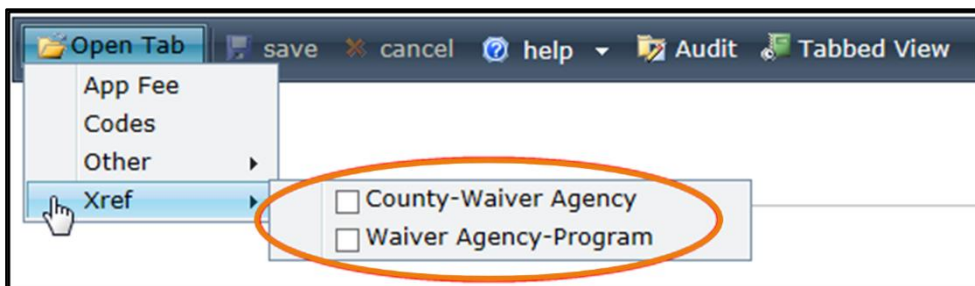


Figure 207 Xref Menu

County-Waiver Agency Panel

The County-Waiver Agency panel allows the user to add, update, and view a list of associations between waiver agency(s) and the Wisconsin county(s).

1. Select **County-Waiver Agency** from the Xref menu. The County-Waiver Agency panel will be displayed.
2. Click the applicable row to populate information in the fields on the panel.

County-Waiver Agency				
Status	Waiver Agency	County	Effective Date	End Date
Active	OCONTO - XYZ HUMAN SERVICES	Adams	05/01/2017	12/31/2299
Active	OCONTO - XYZ HUMAN SERVICES	Dodge	05/01/2017	12/31/2299
Active	XYZ SOCIAL SERVICES	Shawano	04/01/2017	12/31/2299

Prev 1 2 3 4

Waiver Agency
OCONTO - XYZ HUMAN SERVICES

County
Adams

Effective Date
05/01/2017

End Date
12/31/2299

Status
Active

delete

add

Figure 208 County-Waiver Agency Panel

The County-Waiver Agency panel may include the following information:

- The *Waiver Agency* field displays the waiver agency name.
- The *County* field displays the county that is associated with a particular waiver agency.
- The *Effective Date* field displays the effective date of the entry.
- The *End Date* field displays the end date of the entry.
- The *Status* field displays the status of the cross-reference entry.

Waiver Agency-Program Panel

The Waiver Agency-Program panel allows the user to add, update, and view the associations between each waiver agency and the waiver program(s) they serve.

1. Select **Waiver Agency-Program** from the Xref menu. The Waiver Agency-Program panel will be displayed.

- Click the applicable row to populate information in the fields on the panel.

Waiver Agency-Program				
Status	Program	Waiver Agency	Effective Date	End Date
Active	XYZ Community Program	PIERCE - XYZ COMMUNITY SERVICES	01/01/1900	12/31/2299
Active	XYZ Community Program	KENOSHA - XYZ COMMUNITY SERVIC	01/01/1900	12/31/2299
Active	XYZ Community Program	ASHLAND - XYZ HUMAN SERVICES	01/01/1900	12/31/2299
Active	Children's Program	ADAMS - XYZ HUMAN SERVICES	05/01/2017	12/31/2299
Inactive	ABC	ASHLAND - XYZ HUMAN SERVICES	01/01/2017	12/31/2299
Active	ABC	KENOSHA - XYZ HUMAN SERVICES	01/01/2017	12/31/2299
Active	XYZ Community Health Program	LAFAYETTE - XYZ HUMAN SERVICES	01/01/1900	12/31/2299
Prev 1 2 3 4 5				
<div> <div>Program</div> <div>XYZ Community Program</div> </div> <div> <div>Effective Date</div> <div>01/01/1900</div> </div> <div> <div>Waiver Agency</div> <div>ASHLAND - XYZ HUMAN SERVICES</div> </div> <div> <div>End Date</div> <div>12/31/2299</div> </div> <div> <div>Status</div> <div>Active</div> </div> <div>delete</div> <div>add</div>				

Figure 209 Waiver Agency-Program Panel

The Waiver Agency-Program panel may include the following information:

- The *Program* field displays the name of the waiver program.
- The *Waiver Agency* field displays the waiver agency name.
- The *Effective Date* field displays the effective date of the entry.
- The *End Date* field displays the end date of the entry.
- The *Status* field displays the status of the cross-reference entry.

17 Prior Authorization

17.1 Prior Authorization Search

1. On the iC Functionality page, click **PA Search**. The Prior Authorization Search panel will be displayed.

The screenshot displays the 'Prior Authorization Search' panel. It contains two columns of search criteria fields. The left column includes: PA Number, Provider ID (with a [Search] link), Process Type (dropdown), Service Code (with a [Search] link), NDC (with a [Search] link), Revenue Code (with a [Search] link), ICD Code (with a [Search] link), Modifier 1 through 4 (each with a [Search] link), Tooth (with a [Search] link), Area of the Oral Cavity (with a [Search] link), PA Status (dropdown), Line Status (dropdown), Amendment Status (dropdown), ESC Override (dropdown), and Collaborative ID. The right column includes: Member ID (with a [Search] link), Rendering Provider Number (with a [Search] link), Media Type (dropdown), Financial Payer (dropdown), DUR (dropdown), Emergency Supply (dropdown), Primary Diagnosis (with a [Search] link), Secondary Diagnosis (with a [Search] link), Authorized Eff Date, Authorized End Date, Received Date (with From and Thru date fields), and Finalized Date (with From and Thru date fields). At the bottom right, there is a 'Records' dropdown set to 20, and three buttons: 'search', 'clear', and 'add'.

Figure 210 Prior Authorization Search Panel

2. Enter information in or select information for the fields on the panel.

Note: Users may need to enter information in several fields. Follow the panel instructions.

3. Click **search**. If only one record is found, the Prior Authorization Information panel will be displayed. If multiple records are found, the Search Results panel will be displayed.

- Click the applicable row in the Search Results panel. The Prior Authorization Information page will be displayed.

PA Number	5220670001	Received Date	03/08/2022
PA Status	APPROVED	Amendment	
Amendment Status		Received Date	
Process Type	PHYSICAL THERAPY	Date Return	
Media Type	WEB	Provider Review	
Provider ID	9876543210 NPI	Finalized Date	
Provider Check	ANY SERVICE LOCATION WITH THE SAME NPI	Date Decision	
Financial Payer	Medicaid	Notice Sent	
Print Option	PRINT ALL	Member ID	0987654321
Primary Diagnosis	I69353	Member Last	MEMBER
Secondary Diagnosis	M1712	Member First	IM
Internal Text	NO	DOB	03/26/1999
External Text	NO	24 Hour Drug	NO
Version Number	5010	HealthCheck	NO
Collaborative ID		Other Services	NO
		Clinical Notes	NO
		Emergency Supply	NO
		ESC Override	NO

Open Tab save cancel new help Audit Tabbed View

Figure 211 Prior Authorization Information Page

The Prior Authorization Information page includes the following sections (Refer to the [Member Search section](#)):

- @neTouch sidebar—The @neTouch sidebar contains a “Quick Search” section and a “Recent Searches” section.
 - The “Quick Search” section allows users to search for a new PA record by entering a PA number and clicking **search**. Users can click **clear** to delete information from the PA Number field or **prev** to return to the Prior Authorization Search panel.
 - The “Recent Searches” section displays PA numbers from the last five PA searches. Users can click a PA number to populate information in the Prior Authorization Information panel. Both search sections can be minimized by clicking the arrow on the right.
- Navigation toolbar—The navigation toolbar contains the Open Tab menu, the Help menu, and the Stacked/Tabbed View function. The other functions are unavailable.
 - The *Open Tab* menu provides access to panels that contain more detailed PA information.

- o The *Help* menu provides access to information regarding the Prior Authorization Information panel (Page Specific Help) or the panels available under the Open Tab menu (Tab Specific Help). A panel from the Open Tab menu must be selected for the Tab Specific Help option to be available.
- o The *Stacked/Tabbed View* function allows users to choose whether to display the panels available under the Open Tab menu in a stacked or tabbed view. In the stacked view, all panels that have been selected from the Open Tab menu will display together beneath the Prior Authorization Information panel. In the tabbed view, the panels will display on different tabs located across the top of the panel, and users can switch between the panels by clicking the tabs. The shortcut for switching between the stacked and tabbed views is Alt+o. The screen captures in this user guide display the tabbed view option.
- The Prior Authorization Information panel displays information about the PA record.

17.1.1 Prior Authorization Information Panel

PA Number	5220670001	Received Date	03/08/2022
PA Status	APPROVED	Amendment	
Amendment		Received Date	
Status		Date Return	
Process Type	PHYSICAL THERAPY	Provider Review	
Media Type	WEB	Finalized Date	
Provider ID	9876543210 NPI	Date Decision	
Provider		Notice Sent	
Check	ANY SERVICE LOCATION WITH THE SAME NPI	Member ID	0987654321
Financial Payer	Medicaid	Member Last	MEMBER
Print Option	PRINT ALL	Member First	IM
Primary		DOB	03/26/1999
Diagnosis	I69353	24 Hour Drug	NO
Secondary		HealthCheck	
Diagnosis	M1712	Other Services	NO
Internal Text	NO	Clinical Notes	NO
External Text	NO	Emergency Supply	NO
Version Number	5010	ESC Override	NO
Collaborative ID			

Figure 212 Prior Authorization Information Panel

The Prior Authorization Information panel may include the following information:

- The *PA Status* field indicates at what stage the PA request is in processing (for example, approved, denied, pending, inactive, returned, suspended).
- The *Amendment Status* field indicates what stage any amendments to the PA request are at in processing.

- The *Process Type* field displays the process type indicated on the PA request.
- The *Media Type* field indicates how the provider submitted the initial PA request.
- The *Provider ID* field displays the validated ID of the billing provider.
- The *Provider Check* field indicates the level of provider matching completed when the claim interfaces with the PA request.
- The *Financial Payer* field displays the unique program responsible for payment.
- The *Print Option* field indicates what letters will be generated for the PA.
- The *Primary Diagnosis* field displays the primary diagnosis code that is indicated on the PA request.
- The *Secondary Diagnosis* field displays the secondary diagnosis code that is indicated on the PA request, if applicable.
- The *Internal Text* field indicates whether or not a user has entered or modified information in the Internal Text panel regarding the PA request. The information on the Internal Text panel is *not* seen by a provider or member.
- The *External Text* field indicates whether or not a user has any free form notes or comments in the External Text panel. The information on the External Text panel is sent to a provider through a PA decision notice.
- The *Version Number* field indicates what type of transaction was used to originally submit the PA request. Transaction types include *4010*, *5010*, *51* (pharmacy), or *DO* (pharmacy).
- The *Collaborative ID* field indicates an ID if the PA request was part of a PA collaborative.
- The *Received Date* field displays when ForwardHealth received the PA request.
- The *Amendment Received Date* field displays when ForwardHealth received an amendment to a PA request.
- The *Date Return Provider Review* field displays the date the PA request was returned to the provider for comments or additional information, if applicable.
- The *Finalized Date* field displays the date a decision was made for a PA request or an amendment.
- The *Date Decision Notice Sent* field displays the when the decision notice was sent.
- The *24 Hour Drug* field indicates whether or not the PA request has one or more line items that are for 24-hour drugs.
- The *HealthCheck Other Services* field indicates whether or not the PA request is for HealthCheck “Other Services.”

- The *Clinical Notes* field indicates whether or not any clinical notes are included for the PA request.
- The *Emergency Supply* field indicates whether or not the PA request is for an emergency supply of drugs.
- The *ESC Override* field indicates if the PA was an error status code override.

17.1.2 Open Tab Menu

Hover over Open Tab on the navigation toolbar to display the Open Tab menu. The Open Tab menu will display the Prior Authorization menu option.

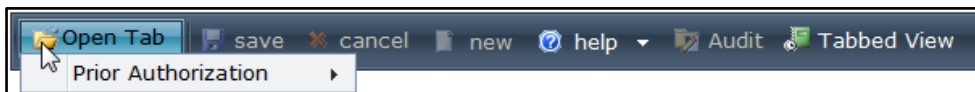


Figure 213 Open Tab Menu

Prior Authorization Menu

Hover over Prior Authorization on the Open Tab menu to display menu options for panels containing more detailed information for the selected PA request.

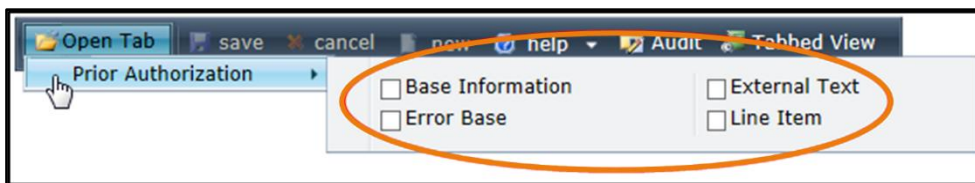


Figure 214 Prior Authorization Menu

Panels listed under menus operate under the following principles:

- Clicking a panel name will open the selected panel.
- Checking the box next to the panel name causes the panel to display automatically each time that menu is accessed, even in subsequent Portal sessions.
- Panel names that are highlighted indicate the panel is currently open.
- Panel names that are italicized indicate the panel is inaccessible to the user.

Base Information Panel

The Base Information displays some of the same information displayed in the Prior Authorization Information panel.

1. Select **Base Information** from the Prior Authorization menu.

2. Scroll up and select the **Base Information** tab. The Base Information panel will be displayed. Tabs for Base Information, Error Base, Line Item, and Error Line Item panels will be

The screenshot shows the 'Base Information' tab selected. The form contains the following fields and values:

- PA Number: 0000000000
- PA Status: APPROVED
- Amendment Status: APPROVED
- Print Option: NO PRINT
- Process Type: 111
- Provider Check: ANY SERVICE LOCATION WITH THE SAME NPI
- Keyed Provider ID: 1234567890
- Provider ID: 1234567890 (NPI)
- Taxonomy Code: 000000000X
- Requesting Provider Signature: XYZ PHARMACY
- Practice Location Zip: [] []
- Primary Diagnosis Code: V700
- Secondary Diagnosis Code: []
- Pharmacist NPI: []
- Emergency Supply: NO
- Financial Payer: TXIX
- Received Date: 05/14/2015
- Amendment Received Date: 01/12/2016
- Requested Start Date: 06/01/2015
- 24 Hour Drug: NO
- HealthCheck: [] Yes [X] No
- Other Services: [] Yes [X] No
- DUR: []
- Member ID: 0987654321
- Last Name: MEMBER
- First Name: IM
- Keyed Prescrib/Refer/Order Prov ID: 1234567890
- Prescrib/Refer/Order Prov ID: 1234567890 (NPI)
- Prescrib/Refer/Order Prov Name: XYZ PHARMACY
- First Date of Treatment - SOI: []
- Start Date - SOI: []

displayed.

Figure 215 Base Information Panel

The Base Information panel may include the following unique information:

- The *Keyed Provider ID* field displays the billing provider's ID number.
- The *Taxonomy Code* field displays the billing provider's taxonomy code.
- The *Requesting Provider Signature* field displays the electronic signature of the provider who requested the service.
- The *Practice Location Zip* field displays the zip code and four-digit extension of the provider's practice location.
- The *Requested Start Date* field displays the start date specified on the PA request.
- The *DUR* field indicates that the PA request is for Drug Utilization Review alert processing, if applicable (for example, quantity limit, early refill).
- The *Prescrib/Refer/Order Prov ID* fields display the referring physician's provider ID number. This field applies only to a hearing aid PA request.
- The *Prescrib/Refer/Order Prov Name* field displays the referring physician's name. This field applies only to a hearing aid PA request.

- The *First Date of Treatment*—*SOI* field displays the date that the first treatment occurred for the spell of illness (SOI).
- The *Start Date*—*SOI* field displays the onset date of the SOI.

Error Base Panel

If there were any errors on the Base Information panel, the Error Base panel will display codes and descriptions that identify the errors. The Error Base panel also indicates whether or not the error can be overridden.

1. Select **Error Base** from the Prior Authorization menu.
2. Scroll up and select the Error Base tab. The Error Base panel will be displayed. Tabs for Base Information, Error Base, Line Item, and Error Line Item panels will be displayed.
3. Click the applicable row to populate information in the fields on the panel.

Error Code	EOB Code	Description	Override
P712	0712	QUAD NOT QUAL GINGIVECTOMIES	NO

Error Code:
 EOB Code:

Message:
 Duplicate PA Number:

History PA:
 Override:

Figure 216 Error Base Panel

The Error Base panel may include the following information:

- The *Error Code* field displays a code that indicates the error that was discovered on the PA Base Information panel.
- The *EOB Code* field displays the explanation of benefits (EOB) code associated with the EOB description.
- The *Message* field describes the error code indicated.
- The *Duplicate PA Number* field displays the PA number of any duplicate PA errors found.
- The *Override* field indicates if the error code can be overridden.
- The *History PA* field lists PA requests found in history when the error code is P447.

External Text Panel

The External Text panel displays additional notes that may be associated with a PA request and the date that the note was entered. These notes are sent to a provider through a PA decision notice.

1. Select **External Text** from the Prior Authorization menu.
2. Scroll up and select the **External Text** tab. The External Text panel will be displayed. Tabs for Base Information, Error Base, Line Item, Error Line Item, and External Text panels will be displayed.
3. Click the applicable row to populate information in the fields on the panel.

The screenshot shows the 'External Text' panel with a tabbed interface. The 'External Text' tab is selected. Below the tabs is a table with three columns: 'Line Number', 'Date Entered', and 'Text'. The table contains seven rows of data. The seventh row is highlighted in yellow. Below the table is a large text input area labeled 'Text' on the left. The input area contains the text 'Seventh, Amendment returned.' and has a vertical scrollbar on the right. At the bottom right of the panel are two buttons: 'delete' and 'add'.

Line Number	Date Entered	Text
1	05/14/2015	First.
2	05/14/2015	Second.
3	05/14/2015	Third.
4	05/14/2015	Fourth.
5	05/15/2015	Fifth.
6	05/15/2015	Sixth.
7	05/15/2015	Seventh, Amendment returned.

Text

Seventh, Amendment returned.

delete add

Figure 217 External Text Panel

Line Item Panel

The Line Item panel displays each line item on a PA request.

1. Select **Line Item** from the Prior Authorization menu.
2. Scroll up and select the **Line Item** tab. The Line Item panel will be displayed. Tabs for Base Information, Error Base, Line Item, and Error Line Item panels will be displayed.

- Click the applicable row to populate information in the fields on the panel.

The screenshot displays the 'Line Item' panel. At the top, there are tabs for 'Base Information', 'Error Base', 'Line Item', and 'Error Line Item'. The 'Line Item' tab is active, showing a table with columns: Line Item, Status, Keyed Rendering Provider Number, Service Code, M1, M2, M3, M4, POS, Tooth, Cavity, Requested Units, Requested Dollars, Authorized Units, Authorized Dollars, Authorized Eff Date, Authorized End Date, Group ID, and List ID. Two rows are visible, both with status 'APPROVED'.

Below the table, the 'Line Item' 01 details are shown in a form. The form is divided into two columns. The left column contains fields for: Keyed Rendering Provider Number (0123456789), Rendering Provider Number (0123456789), Rendering Provider Taxonomy Code (000000000X), Service Code Type (PROCEDURE CODE), Service Code (97110), Service Code Description (THERAPEUTIC EXERCISES), Additional Service Code Description, Place of Service (11), Patient Loc, Group ID, List ID, HIC4 Matching (NO), Modifier 1 (GP), Modifier 3, and Tooth. The right column contains fields for: Status (APPROVED), Payment Method (PAY UNDUPLICATED DAYS), Quantity Requested (1.000), Charge (\$0.00), Authorized Units (1.000), Charge (\$0.00), Authorized Eff Date (05/01/2015), Authorized End Date (05/15/2015), Requested End Date, Balance Units (1), Balance Dollars (\$0.00), Quantity Used Dollars (\$0.00), Quantity Used Units (0), Modifier 2, Modifier 4, Area of the Oral Cavity, and Lines To Add (1). At the bottom right, there are buttons for 'copy all', 'delete', and 'add'.

Figure 218 Line Item Panel

The Line Item panel may include the following information:

- The *Line Item* field displays the line item number selected.
- The *Keyed Rendering Provider Number* field displays the rendering provider's NPI entered on the PA request.
- The *Rendering Provider Number* field displays the validated rendering provider's NPI.
- The *Rendering Provider Taxonomy Code* field displays the rendering provider's taxonomy code.
- The *Service Code Type* field displays what kind of service code was indicated (for example, procedure code, revenue code, NDC).
- The *Service Code* field displays the procedure code, revenue code, diagnosis code, or NDC indicated on the PA request.
- The *Service Code Description* field describes the indicated service code.
- The *Additional Service Code Description* field displays information if the provider indicated an additional description for the service code.

- The *Place of Service* field displays a code that indicates where the service, procedure, or item was provided, performed, or dispensed.
- The *Patient Loc* field displays a code that indicates where the member is located.
- The *Group ID* field displays a number that identifies line items authorized as a group.
- The *List ID* field displays a number that is associated with the line item. The List ID is used when authorizing line items associated with a predefined list of services.
- The *HIC4 Matching* field indicates whether claims may use the HIC4 value when matching to a PA request.
- The *Modifier* fields display any modifier codes that correspond with the indicated service code.
- The *Tooth* field displays the tooth number or letter indicated on the PA request, if applicable.
- The *Status* field displays what stage the line item is in processing.
- The *Payment Method* field indicates what method of payment should be used to pay for the authorized service.
- The *Quantity Requested* field displays how many units the provider requested for the service, procedure, or item.
- The *Charge* field displays the provider's usual and customary charge for each service, procedure, or item requested.
- The *Authorized Units* field displays how many units were approved for the indicated service code.
- The *Charge* field displays the provider's usual and customary charge for each service, procedure, or item approved.
- The *Authorized Eff Date* field displays the date for which the service was approved to begin.
- The *Authorized End Date* field displays the date for which the service was approved to end.
- The *Requested End Date* field displays the date for which the provider requested the service to end.
- The *Balance Units* field displays the amount of units remaining after subtracting the authorized units from the quantity used units. (For example, if the approved PA request is authorized for five units and the claim paid two units, the Balance Units field will display three units.)
- The *Balance Dollars* field displays the dollar amount remaining after subtracting the authorized dollars from the quantity used dollars. For payment method Pay Unit Fee

Price w/Unit Limit, the balance dollars equals the balance units multiplied by the authorized dollars.

- The *Quantity Used Dollars* field displays the total dollar amount that was used on the PA line item by paid claims against the PA line item.
- The *Quantity Used Units* field displays the total units that were used on the PA line item by paid claims against the PA line item. (For example, if a PA request is authorized for five units but the claim paid used two units, the Quantity Used Units field will display two units.)
- The *Area of the Oral Cavity* field displays a two-digit number that identifies the area of the mouth (for example, 01 for maxillary arch, 02 for mandibular arch).
- The *Lines to Add* field allows the selection of up to 25 line items, which can be copied and added to a PA request.

Error Line Item Panel

If there were any errors on the Line Item panel, the Error Line Item panel will display codes and descriptions that identify the errors.

1. Select any option from the Prior Authorization menu. The Error Line Item panel will be displayed. Tabs for Base Information, Error Base, Line Item, Error Line Item, and, if selected, External Text panels will be displayed.

Error Line Item
<div>delete add delete all copy</div>

Figure 219 Error Line Item Panel

18 Additional Information

This section includes additional information about the benefit plans, managed care, and patient liability. For specific information regarding enrollment and the different enrollment panels (for example, benefit plan, lock in, managed care, transportation, nursing home LOC, patient liability), providers can refer to the [ForwardHealth Portal Enrollment Verification User Guide](#).

18.1 Benefit Plans

Members may be enrolled concurrently in multiple benefit plans. For example, a member enrolled in Medicaid may also be enrolled in Qualified Medicare Beneficiary Only (QMB Only), which is a limited benefit plan. A limited benefit plan does not restrict or limit the number of ForwardHealth programs in which a member may wish to enroll. Both benefit plans for that member will be displayed on the ForwardHealth Portal. A member may have multiple and concurrent Medicaid full benefit plans.

Note: IRIS participants must be enrolled in a full benefit plan in order to be paid the monthly rate of service/per person per month. IRIS participants are required to have full-benefit Medicaid to enroll in a program.

Full Medicaid Benefit Plans	
BCSP	BadgerCare Plus Standard Plan
MCD	Medicaid
MCDW	Medicaid Waiver
MAPW	Medicaid Purchase Plan Waiver
MAP	Medicaid Purchase Plan
WWMA	Wisconsin Well Woman Medicaid
SSIMA	Medicaid for SSI
FSTMA	Medicaid for Foster Care

Limited Benefit Plans	
HDAP	Wisconsin HIV Drug Assistance Program
AE	Alien Emergency Services
BCSEE	BadgerCare Plus Standard Plan Express Enrollment for Pregnant Women
CRSW	CRS Waiver
DENTL	Dental Ortho/Dentures Only
FPW	Family Planning Only Services
PE	Presumptive Eligibility—Pregnancy
QMB	Qualified Medicare Beneficiary Only
TB	Tuberculosis Services Only

Other Benefit Plans	
SC1	SeniorCare Level 1—0 to 200% Federal Poverty Level (FPL)
SC2	SeniorCare Level 2—Over 200% FPL
WCDK	Wisconsin Chronic Disease Program—Renal Disease
WCDH	Wisconsin Chronic Disease Program—Hemophilia Home Care
WCDC	Wisconsin Chronic Disease Program—Adult Cystic Fibrosis
WWWP	Wisconsin Well Woman Program

Benefit Plans Without Health Services*	
SLB	Specified Low-income Medicare Beneficiary
SLB+	Specified Low-income Medicare Beneficiary Plus
QDWI	Qualified Disabled Working Individuals
SSI	State Supplemental Payment—State Supplemental Income
SSIE	State Supplemental Payment—State Supplemental Income Exception
CTS	State Supplemental Payment—Caretaker Supplement
LI ED/LI PP/LI RX	Lock-in Status

* The state pays Medicare premiums or issues other cash benefits for these plans. Members do not receive coverage for health care services under these plans.

For more information about limited benefit categories or other programs, refer to the Enrollment Categories chapter of the Member Information section of the [ForwardHealth Online Handbook](#).

18.1.1 Medical Status Codes Not Valid for IRIS Enrollment

Ongoing reviews of WISITS enrollment transactions that fail to update in the MMIS have identified some medical status codes in the BadgerCare Plus Standard Plan, Wisconsin Medicaid, and Wisconsin Well Woman Medicaid benefit plans that are not valid for IRIS participant enrollment. Generally, these medical status codes are used to provide limited benefits to immigrants and/or incarcerated individuals, and they are not considered full-benefit Medicaid.

The medical status codes that are not full-benefit Medicaid and, therefore, not valid for IRIS enrollment are listed below, grouped by the benefit plan that each medical status code is associated with in MMIS.

BadgerCare Plus (BC+) Standard Plan (BCSP)
9A—Preg non-qualifying immigrant, >200–300%
9B—Preg inmate, >200–300%
9E—EE for preg woman, > 200–300%
9T—Tower Automotive Grp (TAG), adults
B9—trans grndfather, >150–200%, SP/WVR

BadgerCare Plus (BC+) Standard Plan (BCSP)
BS—pregnant immigrant, to 200%, BC+ SP
BU—EE, child, 1–18, <150%, BC+ SP
BV—EE, preg wmn, to 200%, amb prenatal
BX—pregnant inmate, to 200%, BC+ SP
PN—PE for childless adults
PP—PE for parents/caretakers
ZA—Suspended CLA, 0%*
ZB—Suspended CLA, > 0–50%*
ZC—Suspended CLA, > 50–100%*
ZD—Suspended Parent/Caretaker, 0–100%*
ZE—Suspended Parent/Caretaker Extension, > 100%*
ZF—Suspended Medicaid Child ages 6–18, 0–133%*
ZG—Suspended Child ages 6–18, >133–156%*
ZH—Suspended Child ages 6–18, >156–306%*
ZL—Suspended Child Extension age 6–18, > 100%*

Medicaid (MCD)
ZJ—Suspended EBD Cat Ndy*
ZK—Suspended EBD Med Ndy*

Wisconsin Well Woman Medicaid (WWMA)
ZL—Suspended Wisconsin Well Woman Medicaid only Services*

IRIS participants that have only have one of these medical status codes and no other full-benefit Medicaid eligibility for IRIS enrollment dates/periods cannot be enrolled in the IRIS program.

IRIS participants that have a suspended medical status code (*) may be referred to the ICA but cannot enroll in the IRIS program until they are living in an eligible setting and the medical status code is changed to an allowable medical status code.

WISITS enrollment transactions with enrollment dates that span one of these medical status codes will fail to update in the MMIS due to the participant not being Medicaid eligible.

For instructions on how to verify the medical status code, refer to the [Accessing interChange Functionality chapter](#).

18.2 Managed Care

18.2.1 BadgerCare Plus and Supplemental Security Income HMO Programs

BadgerCare Plus and SSI members enrolled in state-contracted HMOs are entitled to at least the same benefits as fee-for-service members. HMOs may establish their own requirements

regarding PA, claims submission, adjudication procedures, etc., which may differ from fee-for-service policies and procedures.

BadgerCare Plus and SSI HMO network providers should contact their HMO for more information about its policies and procedures.

18.2.2 Special Managed Care Programs

Wisconsin Medicaid has several special managed care programs. Members may be eligible to enroll in voluntary managed care programs such as:

- **Family Care**—Family Care provides services through MCOs. In general, covered services include LTC services (for example, home health services, durable medical equipment). Acute and primary care services, including physician and hospital, and medications are not included and will remain fee-for-service for those who are Medicaid-eligible.
- **PACE and Family Care Partnership**—The PACE and Family Care Partnership programs integrate health, long-term support services, home and community-based services, physician services, and all medical care. Services are delivered in participants' homes or a setting of their choice.
- **WAM and CCF**—CCF and WAM are multi-agency, community-based programs of mental health and substance abuse services for children with severe emotional disturbances.
- **Care4Kids**—The Care4Kids program serves children and youth in out-of-home care placements in Kenosha, Milwaukee, Ozaukee, Racine, Washington, and Waukesha counties. Care4Kids members are entitled to at least the same benefits as fee-for-service members.

18.2.3 Managed Care Special Condition Codes

Special Condition	Description	Aged Threshold	Aged Threshold Period
L04	Non-Nursing Home Level of Care (MA)	0	
L06	Nursing Home Level of Care (MA)	0	
SNF	CCE/CLA/ECO—Skilled Nursing Facility	0	
ICF	CCE/CLA/ECO—Intermediate Care Facility	0	
ISN	CCE/CLA/ECO—Intensive Skilled Nursing	0	

18.3 Patient Liability—Cost Share

Medicaid Cost Share—Is the amount for which the member is responsible for any inpatient care—hospital or nursing home.

Waiver Cost Share—Is the monthly Medicaid waiver cost share amount that the member is responsible to pay. This amount is used to offset the capitation payment amounts for members enrolled in Family Care, PACE, or Family Care Partnership.

Note: Members could have either Medicaid cost share or waiver cost share but should not have both for the same month.

18.4 Automated Cost Share Extract

The Waiver Cost Share Extract will be generated on a monthly basis for the purpose of sharing cost share information for IRIS members. The file will be uploaded to an SFTP location associated with the DHS Case Management System and includes member demographic information, member cost share amount, waiver group type, and cost share type for the current month, the future month, and the previous four months.

19 Appendix A: User Security Roles

Waiver Agency Admin: This role is assigned to a Waiver Program staff member via the Waiver Program and Program Profile setup process.

Upon successful Waiver Program and Program Profile setup, a PIN letter is generated and sent to the assigned Waiver Agency Administrator. This security role will only become active when the assigned Waiver Agency Admin successfully completes the Portal registration after receipt of the PIN letter.

Only one Waiver Agency Admin security role will be active for each Waiver Agency at any time.

Clerk Admin: This role is created by the Waiver Agency Admin. The roles assigned to the Clerk Admin will be any allowable combination of the roles held by the Waiver Agency Admin.

The Clerk Admin has access to creating and maintaining all Clerk roles within their waiver agency, having access to assigning only their own roles, in any allowable combination, to a Clerk.

The Clerk Admin has access to the use and functionality of any roles assigned.

Waiver Agency Info—Read Only: This role allows the user to view Waiver Agency information particular to the user's current agency but does not allow the user to edit any information. This role is abbreviated as **Waiver Info-RO** on the Portal.

Waiver Agency Info and Cross-Reference—Read Only: This role allows the user to view Waiver Agency particular to the user's current agency and cross-reference information but does not allow the user to edit any information. This role is abbreviated as **Waiver Info/XREF-RO** on the Portal.

interChange Member/Managed Care Info—Read Only: This role allows the user to view exposed interChange Member information panels but does not allow the user to edit any information. This role is abbreviated as **iC Member/MC Info** on the Portal.

interChange Waiver Member—Read Only: This role allows the user to view exposed interChange Waiver Member information panels but does not allow the user to edit any information. This role is abbreviated as **iC Waiver Member-RO** on the Portal.

interChange Third-Party Liability (TPL)—Read Only: This role allows the user to view exposed interChange TPL information panels but does not allow the user to edit any information. This role is abbreviated as **iC TPL-Read Only** on the Portal.

Waiver Enrollment Wizard—Update: This role allows the user to utilize the Waiver Enrollment Wizard, based on the rules defined in the Program Profile. This role is abbreviated as **Waiver Wizard-Update** on the Portal.

Waiver Enrollment Wizard—Read Only: This role allows the user to utilize the Member Search wizard to search interChange for Waiver enrollment records but does not allow the user to edit any information. This role is abbreviated as **Waiver Wizard-RO** on the Portal.

Waiver Enrollment OnBase Reports: This role allows the user to view waiver-specific OnBase reports. This role is abbreviated as **Waiver OnBase Rpts** on the Portal.

Waiver Enrollment OnBase Letters: This role allows the user to view agency-specific enrollment and disenrollment letters. This role is abbreviated as **Waiver OnBase LTRS** on the Portal.

Wisconsin Provider Management (WPM)—Read Only: This role allows the user to view exposed interChange Provider Information panels but does not allow the user to edit any information. This role is abbreviated as **WPM-Read Only** on the Portal.

DSS Access Management: This role allows the user to use the DSS Access Management wizard to assign agency users with the Data Warehouse role access to the appropriate (and available) Data Marts.

Data Warehouse: This role allows users to be seen in the DSS Access Management wizard and be granted access to a Data Mart by a user with the DSS Access Management role.

20 Appendix B: IRIS Enrollment and Disenrollment Reason Codes and Notice Information

Notice ID	Type of Notice	Frequency	Code	Code Description
MGD-9730-R	IRIS Confirmation Notice	N/A - Exclude	2Q	Enrollment from Suspension
MGD-9730-R	IRIS Confirmation Notice	Weekly	2L	New Enrollment
MGD-9740-R	IRIS Loss of MA Eligibility Notice	*	65	No Medicaid Eligibility
MGD-9740-R	IRIS Loss of MA Eligibility Notice	*	7K	Invalid Setting
MGD-9750-R	IRIS Loss of Functional Eligibility Notice	*	66	Not Functionally Eligible
MGD-9750-R	IRIS Loss of Functional Eligibility Notice	*	7N	No Annual Screen Completed
MGD-9755-R	IRIS Functional Screen Is Due Notice	60 days and 30 days prior to functional eligibility end date	7N	No Annual Screen Completed
MGD-9760-R	IRIS Participant Requested Disenrollment Notice	Weekly	70	Moved to Another Service Region
MGD-9760-R	IRIS Participant Requested Disenrollment Notice	Weekly	72	No Reason Provided
MGD-9760-R	IRIS Participant Requested Disenrollment Notice	Weekly	2F	Customer Service Issue with FEA
MGD-9760-R	IRIS Participant Requested Disenrollment Notice	Weekly	7A	Provider Network Concern/Access Concern
MGD-9760-R	IRIS Participant Requested Disenrollment Notice	Weekly	7B	Services/Care Plan Concern
MGD-9760-R	IRIS Participant Requested Disenrollment Notice	Weekly	7C	Choosing New Option

Notice ID	Type of Notice	Frequency	Code	Code Description
MGD-9760-R	IRIS Participant Requested Disenrollment Notice	Weekly	7D	Choosing FFS MA
MGD-9760-R	IRIS Participant Requested Disenrollment Notice	Weekly	7E	Dissatisfied with Cost Share
MGD-9760-R	IRIS Participant Requested Disenrollment Notice	Weekly	7L	Customer Service Issue with MCO/ICA
MGD-9770-R	IRIS ICA Requested Disenrollment Notice	Weekly	2O	Program Noncompliance
MGD-9770-R	IRIS ICA Requested Disenrollment Notice	Weekly	2B	Budget Authority Abuse/Mismanagement
MGD-9770-R	IRIS ICA Requested Disenrollment Notice	Weekly	2C	Employer Authority Abuse/Mismanagement
MGD-9770-R	IRIS ICA Requested Disenrollment Notice	Weekly	7F	No Contact or No Longer Accepting Services
MGD-9770-R	IRIS ICA Requested Disenrollment Notice	Weekly	7H	Unable to Assure Member Safety
MGD-9770-R	IRIS ICA Requested Disenrollment Notice	Weekly	7J	Nonpayment of Cost Share
MGD-9770-R	IRIS ICA Requested Disenrollment Notice	Weekly	2M	Failure to Utilize IRIS Funding
MGD-9770-R	IRIS ICA Requested Disenrollment Notice	Weekly	7T	Noncompliance with EVV Requirements
MGD-9775-R	IRIS MA Divestment Notice	Weekly	7Z	Divestment
MGD-9780-R	IRIS Incarceration Notice	Weekly	7V	Incarceration

* For manually end-dated enrollments, letters are sent weekly on Friday. For systematically end-dated enrollments, letters will be sent 30 days prior to disenrollment and at Adverse Action based on the current Waiver Program Profile configuration.