

Manual Certification

July 10, 2020

Instruction Sheet

Table of Contents

| | |
|--|----|
| 1 Manual Certification..... | 1 |
| 1.1 Accessing the Manual Certification Panels..... | 1 |
| 1.2 BadgerCare Plus Manual Certification..... | 1 |
| 1.2.1 Initial Information Panel..... | 2 |
| 1.3 Process for Adding a New Case with One or More Members..... | 2 |
| 1.3.1 Eligible Case Members Panel..... | 5 |
| 1.3.2 Summary Panel..... | 7 |
| 1.3.3 Certifying Agency Number Search Panel..... | 10 |
| 1.4 Process to Modify or Add a New Member to an Existing Case..... | 11 |
| 1.4.1 Verify Member Panel..... | 12 |
| 1.4.2 Case Head Information..... | 13 |
| 1.4.3 Eligible Case Members Panel..... | 14 |
| 1.4.4 Summary Panel..... | 16 |
| 2 Navigation Map..... | 18 |
| 3 Well Woman Medicaid Determination..... | 19 |

Note: The ForwardHealth Manual Certification has its limitations that are noted in each section. When unable to use the Manual Certification tool, agencies may complete an online Microsoft Word document certification, which can be printed and faxed to ForwardHealth at 608-221-8815. Changes to the Manual Certification tool are planned. Agencies will be notified, and the guide will be updated at that time.

1 Manual Certification

1.1 Accessing the Manual Certification Panels

1. Click **Partner Application Forms** on the Quick Links panel of your secure Partner home page to access the manual certification panels. The Partner Application Forms page will be displayed.

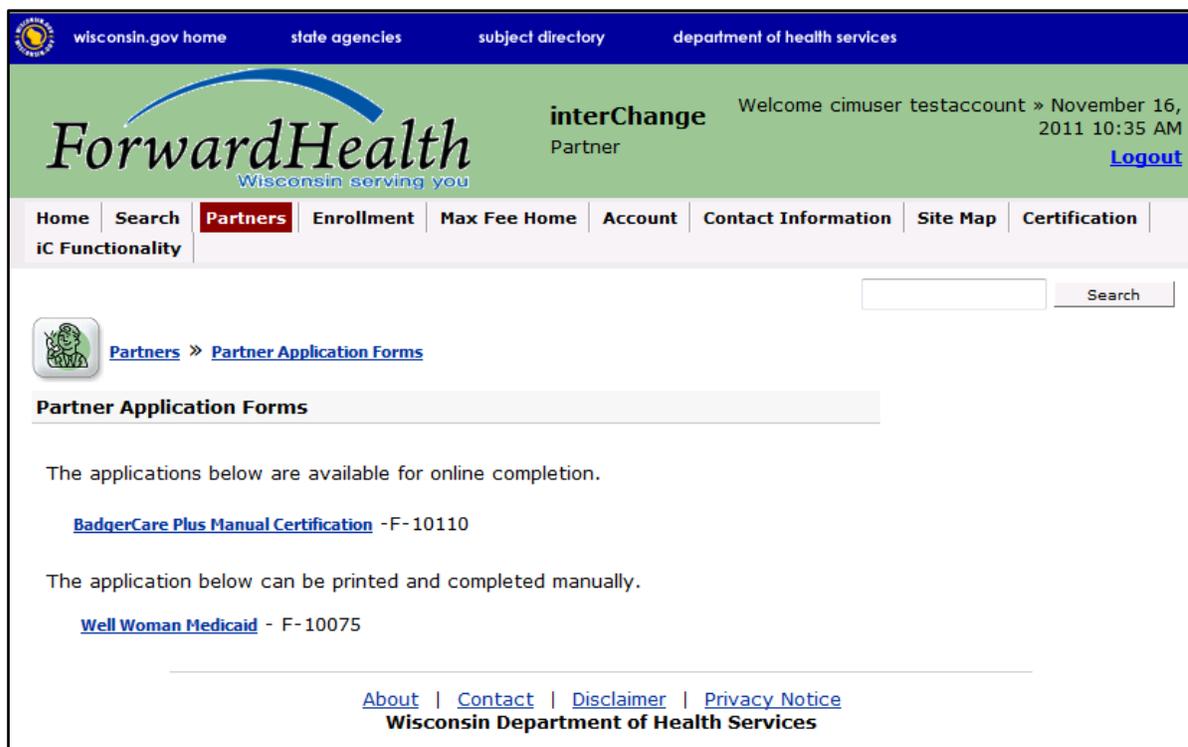


Figure 1 Partner Application Forms Page

1.2 BadgerCare Plus Manual Certification

The Manual Certification link allows users to add or modify enrollment (eligibility) for one or more case members using BadgerCare Plus/Medicaid Manual Certification.

- Manual certification is used to send member enrollment to interChange for all programs that cannot be processed in, or sent electronically from, a state eligibility determination system. Manual certification can also be used for members who need their enrollment updated immediately in order to receive services.
- Processing errors will be flagged either by a red exclamation point next to the field with an invalid entry or as a message at the top of the panel. Errors must be corrected before users are allowed to proceed to the next panel or submit the certification.

- Once the certification is submitted, the member's record is immediately updated and the information is available to providers who are verifying enrollment or billing for services.
- ID cards for new members will be mailed the following business day.

1.2.1 Initial Information Panel

2. On the Partner Application Forms page, click **BadgerCare Plus Manual Certification**. (This is also used for Medicaid certification.) The Manual Certification Initial Information panel is displayed.

Figure 2 Initial Information Panel

The Initial Information panel requires users to choose one of two certification types:

- Add a new case/member record.
- Modify or add new member to existing case.

If unsure which certification type to use, select **Modify or add new member to existing case** to start. If the member is not in interChange, a message will display indicating this. In that case, the certification type can be changed to **Add a new case/member record**.

Note: Users cannot change a member ID number through the Portal or by any other means. Users must call ForwardHealth to request Member ID changes. Member ID changes should be very rare because permanent IDs are assigned from the Master Client Index ID (MCI ID).

1.3 Process for Adding a New Case With One or More Members

3. Select **Add a new case/member record** and click **Next**. The Case Head Information panel will be displayed.

Case Head Information

Required fields are indicated with an asterisk (*).

Please enter the name and address information of the person that is considered the primary person of the case.

Case Number

First Name* Middle Initial

Last Name* Suffix

Certifying Agency Number* [Search] Certifying Agency Site*

Worker ID*

Mailing Address

In Care Of

Street 1*

Street 2

City*

State / Zip Code* -

County of Residence*

Previous Next Cancel

Figure 3 Case Head Information Panel

The Case Head Information panel is used to add demographic data for a new case head or primary person.

Note: The Portal manual certification process cannot be used to add a new case head for members who have a record established on interChange under another case. Instead, complete the online Microsoft Word document certification form and print and fax it to ForwardHealth at 608-221-8815.

4. In order to establish a new case head, enter the demographic data for the person who is considered the primary case member. The required information must be entered along with any other available information. Required fields are marked with asterisks.
 - The Case Number field is not active with a new certification. The number will be automatically assigned once the manual certification is submitted.
 - Enter the **First Name** and **Last Name** for the case head.
 - Enter the **Certifying Agency Number** and **Certifying Agency Site** or click **Search** next to the field to display the Certifying Agency Number Search panel. The Certifying Agency Number is not always the same as the county. For instructions on how to search for a certifying agency and code, refer to [Section 1.3.3 Certifying Agency Number Search Panel](#).
 - Enter the **Worker ID** number of the person who is authorized to enter information for the agency.

- In the Mailing Address group:
 - o In the In Care Of field, enter the name of the person or institution the case enrollment materials are sent to if other than the case head.
 - o Enter the primary case member's address in the Street 1 field.
 - o Street 2 should be used for additional address information such as an apartment or suite number.
 - o City, State/Zip Code are required. The 4-digit zip code extension is not required.
 - o Select the county where the member actually resides using the dropdown menu in the County of Residence field.
- Click **Previous** or **Next** to navigate forward and backwards through the manual certification panels. The navigation map above the panel can also be used to return to previous panels. See [Section 2 Navigation Map](#) for more information about using the navigation map.

Note: Never use the browser *Back* button to return to a previous panel. Always use the Previous button or click the applicable link on the navigation map.

- Click the **Cancel** button to close the panel and return to the Partner Application Forms page. All information entered for the manual certification to this point will be lost.
5. Once you have reviewed the information on the completed panel, click **Next**.
- If there are any errors, an error message will display above the panel indicating what corrections need to be made. In addition, the relevant field will be highlighted in yellow.

Partners » Partner Application Forms » Manual Certification

Initial Information » Verify Member » Case Head Information

The following messages were generated:

Worker ID is required. **Error message and relevant field**

Case Head Information

Required fields are indicated with an asterisk (*).

Please enter the name and address information of the person that is considered the primary person of the case.

Case Number

First Name* JOHN Middle Initial L

Last Name* DOE Suffix

Certifying Agency Number* 013 [Search] Certifying Agency Site* 74

Worker ID*

Figure 4 Case Head Information Panel—Error Message

- If there are no errors, the Eligible Case Members panel will be displayed.

1.3.1 Eligible Case Members Panel

Eligible Case Members ?

Required fields are indicated with an asterisk (*).

Members

*** No rows found ***

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

Case Member

Member ID MCI ID

First Name Middle Initial

Last Name Suffix

Date of Birth Gender

Date of Death Social Security Number No SSN

Tribal Indicator

Case Head

Medical Status Information

Medical Status Code

Begin Date

End Date

Copay Limit Calculated

Copay Limit Amount

Delete Add

Previous Next Cancel

Figure 5 Eligible Case Members Panel

6. Click **Add**. The Eligible Case Members panel will refresh, and the fields will now be in edit mode allowing you to enter demographic and enrollment information for case members to be added to the case. Note that the required fields will display an asterisk next to the field name.
7. Enter the enrollment information for the case head and check the **Case Head** box. This will establish a case head record and associate new members to this case head.
 - The Member ID field is not active when adding members. As with the case head ID, once the process is complete, the member will automatically be assigned a member ID.
 - Select a Medical Status Code (med stat code) from the drop-down list. This list includes all med stats used by all certifying agencies that utilize the manual certification.

- Every member must have a Begin Date and an End Date. For programs that end when the member reaches a certain age, the end date for the month of birth and the year in which the member reaches that age limit can be entered. The End Date has a format of MM/DD/CCYY. An End Date year of 9999 cannot be used, but 2299 may be used instead to indicate an “open” year.
- Based on which Medical Status Code, Begin Date, and End Date, this will determine the Copay Limit Calculated and Copay Limit Amount fields options. The Copay Limit Calculated field may be “grayed out” with either a Yes or a No, or it may be editable to enter either a Yes or a No. The Copay Limit Amount field may be grayed out with a \$0.00, or it may be editable.

Note: The maximum amount allowed is \$1,000.00. An error message will be displayed if the entered amount is above the maximum amount allowed.

- The Clear button removes values in all the fields on the panel.
 - The Delete button will remove a member selected from the list at the top of the panel who has been added to the case using manual certification. This action will not delete an existing member from interChange.
 - The Cancel button will return the user to the Partner Application Forms page and all information entered for the manual certification will be lost.
8. Add additional members as needed. As additional members are added, information about members already added is shown at the top of the panel. To change member data, click on a member in the list and the fields will populate with information previously entered. Any field can then be changed.

Note: Not all the fields on the various panels are discussed in this Guide. For a description of a field in any Portal panel, click on the name of the field. That will open a small browser window with a description of the field.

9. Once the information on the completed panel is reviewed, either click **Add** to add additional members or click **Next** to complete the certification.
- By clicking Add, the information entered for the first member appears at the top of the panel and the data fields are cleared for new data entry.
 - The Previous button can be used to return to the Eligible Case Members panel to verify the information entered, if necessary.
 - If Next is chosen, the Summary panel will be displayed.

1.3.2 Summary Panel



Figure 6 Summary Panel

10. Review the Summary panel.

- The Summary panel is the last chance to make revisions before submitting the manual certification. If desired, click the **Preview your request** link to display a PDF draft version of the manual certification form. Note that new case head and member IDs are not populated on this version of the PDF. The IDs will be assigned once the certification is submitted. Do not print the preview draft. Wait until the certification is submitted to print a copy.

Note: The ID assigned at the time the manual certification is submitted is a temporary ID. Members are assigned a permanent MCI ID during that evening's processing cycle. When the cycle is completed, the ID card is mailed with the permanent MCI ID number. Users may check the member's eligibility the following day to verify the permanent ID has been assigned. If the ID has not been updated by the following day, the reason may be that the MCI database returned a possible match to an existing member on file and will require further research.

- If any changes are needed, click the **Previous** button to navigate back through the certification request to make any necessary revisions.

11. After viewing the document and verifying it is correct, click **Submit**. The Complete panel will be displayed.

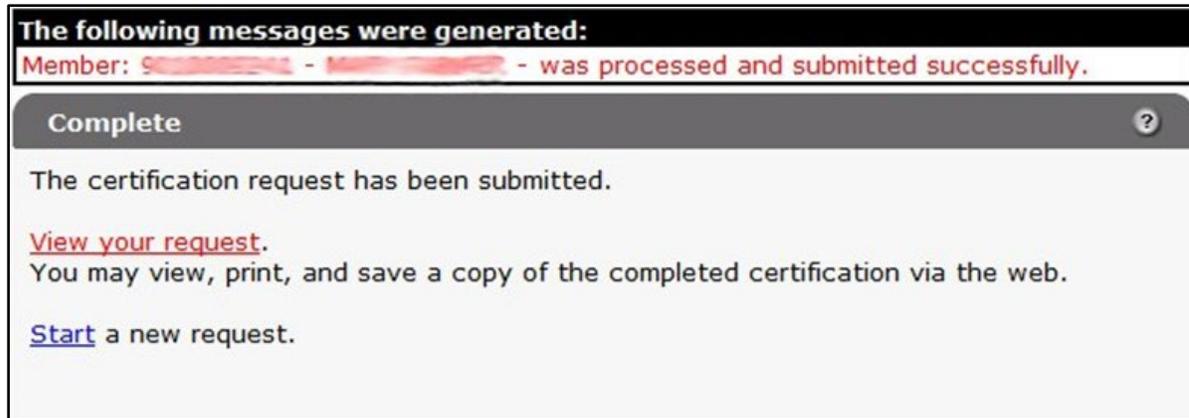


Figure 7 Complete Panel

Any errors will appear at the top of the panel and must be corrected in order to resubmit the certification.

12. To view a copy of the completed request, click **View Your Request**. A PDF copy of the completed request will be displayed.

STATE OF WISCONSIN MEDICAID/BADGERCARE CERTIFICATION
 DEPARTMENT OF WORKFORCE DEVELOPMENT (Refer to back for instructions)
 Division of Economic Support

-Required fields on all types of certification

| | | | | | | | | | |
|-------------------------------------|---|--------------------------------|--------------------|---|------|---------------------|-------|------------------|------|
| TYPE OF CERTIFICATION ACTION | | | | CASE HEAD NAME AND MAILING ADDRESS | | | | | |
| Initial | 1 | Amended | 3 | Name (last, first, MI) | | | | | |
| Cancel | 4 | ID # change | 5 | DOE, JOHN | | | | | |
| | | | | In care of address: | | | | | |
| AGENCY NUMBER | | W2 AGENCY | | Street address | | | | | |
| 001 | | 00 | | 123 MAIN | | | | | |
| CASE NUMBER | | | | City | | State | Zip | | |
| 0000000000 | | | | MADISON | | WI | 53562 | | |
| MED STAT CODE | | PERIOD OF CERTIFICATION | | | | | | | |
| 01 | | from | mo | day | yr | thru | mo | day | yr |
| | | | 01 | 01 | 2020 | | 02 | 01 | 2020 |
| LAST PREVIOUS ID | | | CANCEL DATE | | | NO. OF LINES | | WORKER ID | |
| | | | mo | day | yr | 1 | | 111111 | |

ELIGIBLE CASE MEMBERS

| | | | | | | | | | |
|------------------|------------------------|-----|---------------------|---------------------|------------------|---------------|-----------------------|--------------------|----|
| Control name YOB | Name (last, first, MI) | | | Current ID | | | Medicare Claim Number | | |
| | DOE, JOHN | | | 9010011579 | | | | | |
| Birthdate | Sex | T18 | Liability from date | Liability thru date | NH Liability amt | Date of Death | BAF | Buy-in Action Date | |
| 11/25/1965 | M | | | | \$ | | | mo | yr |

Remarks
 Copay Limit Calculated: Yes
 Copay Limit Amount: \$0

I certify that this certification represents the official authorized action of the State Dept. of Workforce Development in accordance with §. 49.95, 49.96, 49.47 and 49.665, Wisconsin statutes.

Signature of agency director or authorized representative Date Signed
 cimguser UAT 06/18/2020

White copy: EDS-F Yellow copy: County agency case file Pink copy: County batch
 DES-3070 (R. 1/99)

Figure 8 Completed Certification Form

This PDF can be printed or saved as a Word document immediately for importing to a case file or for scanning. The PDF form will not be viewable for printing or saving once the certification is completed. The PDF document should never be sent via mail or fax to

ForwardHealth, since the information entered online will be submitted to ForwardHealth in real time.

Note: The PDF manual certification form that displays is an older version and should only be used for reference when entering the data to be submitted.

1.3.3 Certifying Agency Number Search Panel

To search for a certifying agency and code:

1. Click **Search** next to the Certifying Agency Number field on the Case Head Information panel.

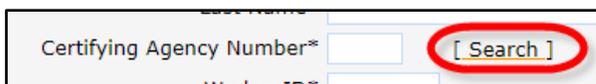


Figure 9 Case Head Information Panel—Search

The **Certifying Agency Number Search** panel will be displayed.

 A screenshot of a "Certifying Agency Number" search window. The window has a title bar with "Help" and "Close" buttons. Below the title bar is a "Search" section with a question mark icon. It contains several input fields: "Certifying Agency Number", "Certifying Agency Site", "Certifying Agency Name", "Street 1", "City", "County" (a dropdown menu), and "Additional Phone Number". There are "search" and "clear" buttons at the bottom right of the search section. Below the search section is a "Search Results" section which currently displays "*** No rows found ***".

Figure 10 Certifying Agency Number Search Panel

2. The fastest way to locate your agency and site is to enter your agency name in the Certifying Agency Name field; however, you can enter any other information in the search fields to narrow your search. Katie Beckett, Adoption Assistance, or Juvenile Corrections will find their special certifying agency numbers in the 075 through 077 range. The agencies are not associated with a county number.
3. Click **Search**. The Search Results panel populates with the result of the search.

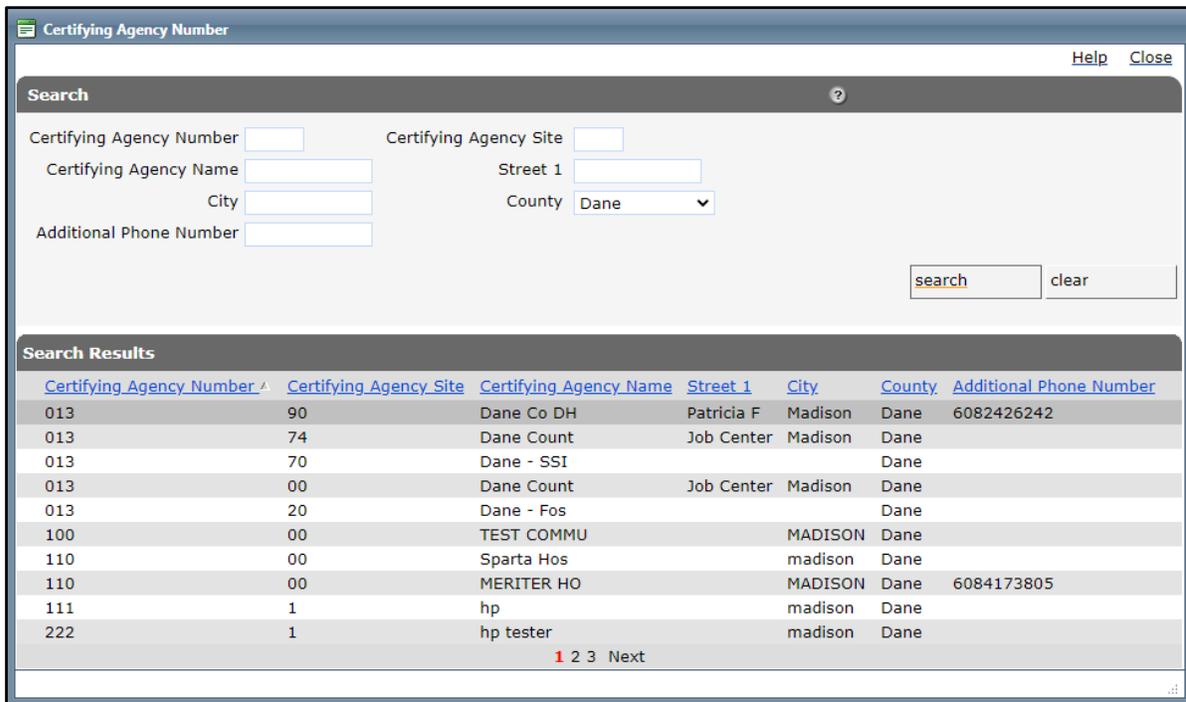


Figure 11 Search Results

The above example shows the results of a search by county.

- Click the desired row in the Search Results panel to select it. The panel will close, and the information will automatically populate the certifying agency number and site fields on the Case Head Information panel.



Figure 12 Case Head Information Panel—Fields Automatically Populated

1.4 Process to Modify or Add a New Member to an Existing Case

- On the Partner Application Forms page, click **BadgerCare Plus Manual Certification**. The Initial Information page will be displayed.

Figure 13 Initial Information Panel

2. Select **Modify or add new member to existing case** and click **Next**. The Verify Member panel will be displayed.

1.4.1 Verify Member Panel

The Verify Member panel is used to verify that a specific member or case head record exists in the system. This panel will only display with the **Modify** certification type.

Figure 14 Verify Member Panel

3. Enter the Case Head ID in the Member / Case Head ID field.
4. Click **Next**. The Case Head Information panel will be displayed with the case head's current demographic information.

If the member ID does not exist, an error message will display above the panel. If a case head needs to be added, click the **Previous** button to return to the Initial Information page to change the certification type to "Add."

1.4.2 Case Head Information

Case Head Information

Required fields are indicated with an asterisk (*).

Please enter the name and address information of the person that is considered the primary person of the case.

Case Number* 0000000000

First Name* JOHN Middle Initial L

Last Name* DOE Suffix

Certifying Agency Number* [Search] Certifying Agency Site*

Worker ID*

Mailing Address

In Care Of

Street 1* 123 MAIN STREET

Street 2

City* ANYTOWN x

State / Zip Code* WI 55555 -

County of Residence* 13 Dane

Previous Next Cancel

Figure 15 Case Head Information Panel

The existing case head demographic information is displayed with the exception of the certifying agency number, site, and worker ID. Users may change the demographic data displayed or make no changes; however, the certifying agency number, site, and worker ID information must be entered to proceed to the next panel.

Note: The Portal manual certification cannot be used to certify a member as their own case head who is currently assigned to another case. Instead, please complete an online Word document certification form, print it out, and fax it to ForwardHealth at 608-221-8815.

Required fields are marked with asterisks.

- The Case Number field is populated with the current case head ID from interChange. It may be a different ID than the one entered in the previous panel if the case head has a new number.
- Enter the Certifying Agency Number and Certifying Agency Site—for a description of using the Certifying Agency search function, refer to [Section 1.3.3 Certifying Agency Number Search Panel](#).
- Enter your Worker ID.
- If there is data in the optional address fields that you wish to remove, you must manually delete the data from the field.
- The Previous and Next buttons are used to navigate through the process.
- The Cancel button will return the user to the Partner Application Forms page and all information entered to this point for the manual certification will be lost.

- Once you have reviewed or modified the information on the Case Head Information panel, click **Next**. The Eligible Case Members panel will be displayed with a list of all the case members.

Eligible Case Members

Required fields are indicated with an asterisk (*).

Members

| Last Name | First Name | Member ID | Medical Status | Begin Date | End Date |
|-----------|------------|------------|----------------|------------|------------|
| DOE | JOHN | 0000000000 | 01 SSI, aged | 11/17/2011 | 11/17/2012 |
| DOE | JANE | 1212121212 | 01 SSI, aged | 11/17/2011 | 11/17/2012 |

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

Case Member

Member ID MCI ID

First Name Middle Initial

Last Name Suffix

Date of Birth Gender

Date of Death Social Security Number No SSN

Tribal Indicator

Medical Status Information

Medical Status Code

Begin Date

End Date

Copay Limit Calculated

Copay Limit Amount

Delete Add

Previous Next Cancel

Figure 16 Eligible Case Members Panel in Edit Mode

Note: The Portal manual certification cannot be used if one or more members who are no longer part of the case are displayed. Instead, please complete an online Word document certification form, print it out, and fax it to ForwardHealth at 608-221-8815.

1.4.3 Eligible Case Members Panel

- Click on a member in the list to modify information or click **Add** to add a member to the existing case.

The Eligible Case Members panel will refresh, and the fields will then be in edit mode allowing you to modify or add demographic and enrollment information for case members.

If there are multiple members, they will be listed at the top of the panel along with the member's current enrollment data. Clicking on a member will populate the panel with the selected member's information.

Some noteworthy fields on this panel include:

- Member ID will populate with the member's current ID. If you are adding a member, the ID field will not be active, just as in the Adding a New Case panel.
- A Medical Status Code can be selected from the drop-down list that includes all med stats used by all certifying agencies that utilize manual certification.
- The Begin Date can be set to an earlier date and/or the End Date can be extended for a selected row.

Note: The Portal Manual Certification cannot be used to cancel member eligibility for a date earlier than the end date displayed. Instead, please complete an online Word document certification form, print it out, and fax it to ForwardHealth at 608-221-8815.

- The Add button is only used to add a new member to a case. To add a new period of enrollment for an existing member, select the member's row showing the most recent enrollment. **Do not** use the Add button. When the fields populate, change the med stat and/or enrollment dates. This will establish the new enrollment on file while preserving the previous enrollment.
- Every member must have a Begin Date and an End Date. For programs that end when the member reaches a certain age, the end date for the month of birth and the year in which the member reaches that age limit can be entered. The End Date has a format of MM/DD/CCYY. An End Date year of 9999 cannot be used, but 2299 is used instead to indicate an "open" year.
- Based on which Medical Status Code, Begin Date, and End Date, this will determine the Copay Limit Calculated and Copay Limit Amount fields options. The Copay Limit Calculated field may be "grayed out" with either a Yes or a No, or it may be editable to enter either a Yes or a No. The Copay Limit Amount field may be grayed out with a \$0.00 or it may be editable.

Note: The maximum amount allowed is \$1,000.00. An error message will be displayed if the entered amount is above the maximum amount allowed.

- The Clear button removes values in all the fields on this panel.
- The Delete button removes the members selected from the list who have been added to the current case. This action only deletes the information/member on the manual certification panel and will not delete information from the member's record.
- The Cancel button will return the user to the Partner Application Forms page and all information entered for the manual certification will be lost.
- The Previous button can be used to return to the Eligible Case Members panel to make any revisions before continuing.

7. Once the information on the completed panel has been reviewed, users may click on another member to edit that member's information, click **Add** to add additional members, or click **Next** to proceed.

If Next is chosen, the Summary panel will be displayed.

1.4.4 Summary Panel

8. Review the Summary panel.



Figure 17 Summary Panel

The Summary panel is the last chance to make revisions before submitting the manual certification. If desired, click **Preview your request** to display a PDF draft version of the manual certification form. Note that new case head and member IDs are not populated on this version of the PDF. The IDs will be assigned once the certification is submitted. Do not print the preview draft. Wait until the certification is submitted to print a copy.

If any changes are needed, click the **Previous** button to navigate back through the certification request to make any necessary revisions.

9. After viewing the document and making any corrections, click **Submit**.

If there are no errors, the Complete panel will display, and a confirmation message will appear at the top of the panel.

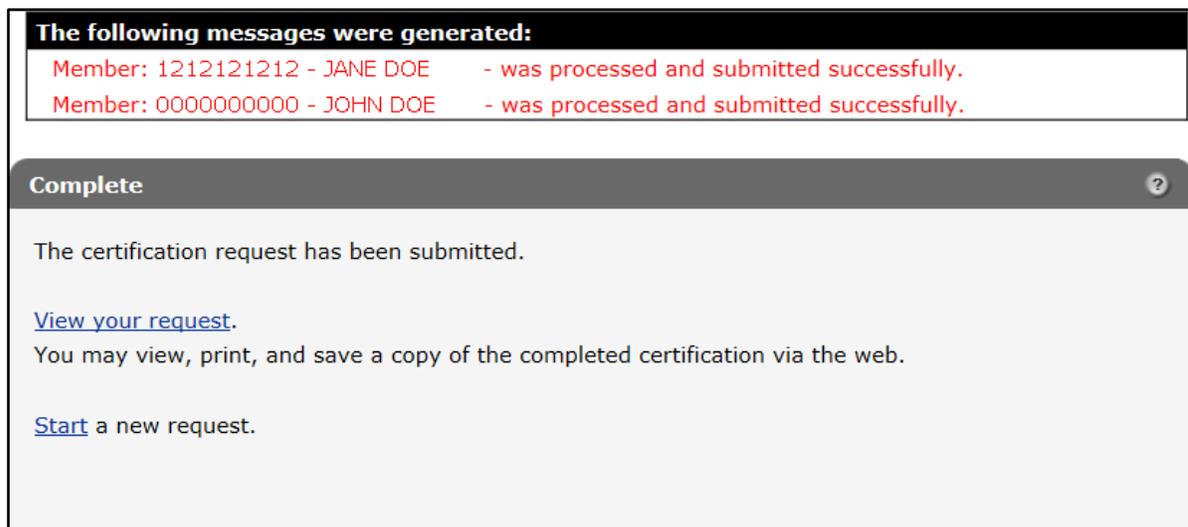


Figure 18 Summary Complete Panel

Any errors will appear at the top of the panel and must be corrected in order to resubmit the certification.

Note: The PDF form will not be viewable for printing or saving once the certification is completed. The PDF document should never be sent via mail or fax to ForwardHealth, since the information entered online will be submitted to ForwardHealth in real time.

Note: Currently, the manual certification for existing cases cannot be used to:

- End/Cancel eligibility, except when there is a date of death.
- Process a certification for case members when the case head is not in interChange.
- Request an ID card when there is no current eligibility.

2 Navigation Map

The Portal panel navigation feature allows users to track links that have been visited up to the current panel.

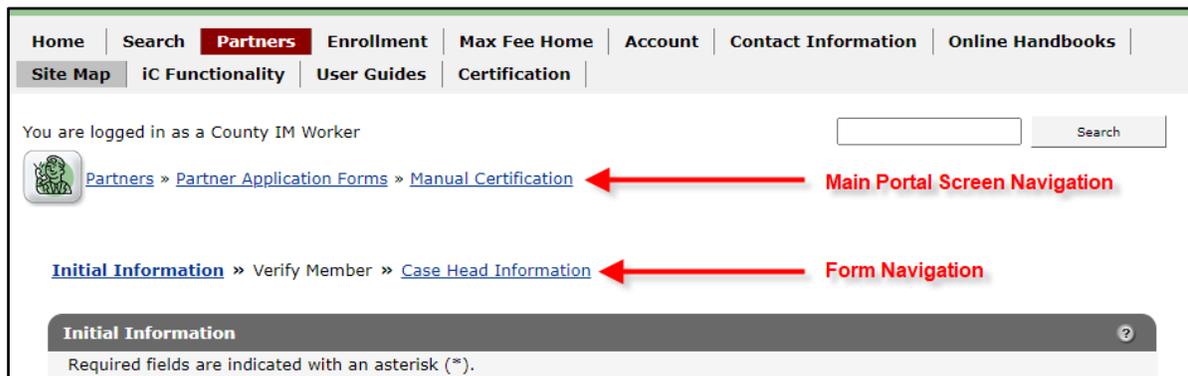


Figure 19 Panel Navigation

- The Main Portal Panel Navigation displays the links that were accessed by clicking one of the tabs in the main menu. In the above example, the navigation links show the path taken from the Partner page to the present panel. Clicking one of these links will return you to that page without having to start over.
- The Form Navigation displays the links clicked to progress through an online form; likewise, you can click one of these links to return to that section of the form.

Note: Never use the browser's Back button to return to a previous panel. Always use the Previous button or click the applicable link on the navigation map.

3 Well Woman Medicaid Determination

To display a PDF copy of the Wisconsin Well Woman Medicaid Determination application, click **Well Woman Medicaid—F-10075** on the Partner Application page. The Wisconsin Well Woman Medicaid Determination PDF document will be displayed.

WISCONSIN DEPARTMENT OF HEALTH SERVICES
 Division of Health Care Access and Accountability
 F-10075 (12/09)

MAS

WISCONSIN WELL WOMAN MEDICAID DETERMINATION

Use this form to enroll or renew enrollment in the Wisconsin Well Woman Medicaid plan. If this is an initial request to enroll in Wisconsin Well Woman Medicaid, the individual must already be enrolled in one of the programs listed below. Please check the program in which she is currently enrolled. If this is a renewal for Well Woman Medicaid, please check 'Renewal'.

Family Planning Waiver Plan BadgerCare Plus Benchmark BadgerCare Plus Core Plan
 Wisconsin Well Woman Program (see below) Renewal

If enrolled in the Wisconsin Well Woman Program, a copy of the Wisconsin Well Woman Health Screening Program form (F-44818) must be attached to this form.

Personally identifiable information and Social Security Numbers are used only for the direct administration of the Medicaid program. Any person who wants Wisconsin Medicaid, but does not provide his/her SSN or apply for one will not be able to get benefits, pursuant to Wisconsin Statutes § 49.82(2).

Part A – Applicant/Member Information – To enroll or renew enrollment, the applicant/member must complete this section in full. Forms with missing information (including unsigned forms) will be returned which may cause enrollment delays. To enroll, an applicant must be a U.S. citizen or qualifying immigrant, a Wisconsin resident and under age 65.

| PART A – Applicant/Member Information | | | | |
|--|---|------------------------|---|----------------------|
| Name – (Last, First, MI) | Maiden Name | Social Security Number | Member ID Number | |
| Street Address | City | State | Zip | Birthdate (mm/dd/yy) |
| SIGNATURE – Applicant/Member | Telephone Number () - - - - - - | Date Signed (mm/dd/yy) | U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Figure 20 Wisconsin Well Woman Medicaid Determination

The form can be printed and completed manually. Completion of this form is required to authorize Medicaid to pay for medical services provided to women eligible for the Wisconsin Well Woman Program.