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1 Access interChange Functionality

The interChange (iC) Functionality section of the Partner area of the ForwardHealth Portal allows authorized users to access member, third-party liability (TPL), managed care, provider, claims, and prior authorization (PA) information. To use iC functionality on the Portal, complete the following steps:


![ForwardHealth Portal Page](image)
2. Click **Login**. The ForwardHealth Portal Login box will be displayed.

![ForwardHealth Portal Login](image)

**Figure 2** ForwardHealth Portal Login

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

3. Enter the account username.
4. Enter the account password.
5. Click **Go!** The secure Partner page will be displayed.

![Secure Partner Page](image)

**Figure 3** Secure Partner Page
6. Click **iC Functionality** on the main menu at the top of the page. The iC Functionality page will be displayed.

![iC Functionality Page](image)

**Figure 4** iC Functionality Page
2 Member

2.1 Member Search

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

![Member Search Panel](image)

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 his or her 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.
4. 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.

![Figure 6 Search Results Panel](image)

The member information will be displayed by column (e.g., 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.

![Figure 7 Member Information Page](image)

The Member Information page consists of the following:

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

o 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.

o The Open Tab menu provides access to panels that contain more detailed member information.

o 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.

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 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.
2.1.1 Member Information Panel

The Member Information panel displays basic data about a member.

![Member Information Panel](image)

The left column displays some of the following information:

- The **MCI Ind** field indicates whether or not a Master Client Index (MCI) indicator was assigned. The field will indicate **Yes** if the member’s ID was assigned from the MCI database and **No** if the member’s ID is temporary.

- The **CARES Pin** field displays the member’s Client Assistance for Reemployment and Economic Support (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, if a field indicates an Active status, 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 that the member is associated with and the date(s) that the member’s case ID was applied to iC.

• 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.

• 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:
  o A indicates Medicare Part A.
  o B indicates Medicare Part B.
  o 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, Family Care Partnership, or a children’s health managed care plan (e.g., Children Come First, Wraparound Milwaukee). 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 level of care (LOC) if he or she is enrolled in a long term care managed care program and/or a 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 a member must contribute to his or her cost of care. 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.
2.1.2 Open Tab Menu

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

Member Menu

Hover over Member on the Open Tab menu to display menu options for panels containing a member’s alternate address, benefit plan enrollment information, notes about a member, and a member’s ID card issuance history.

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.

Alternate Address Panel

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

The Alternate Address Panel displays any addresses besides the member’s main address to which the member may have requested his or her Protected Health Information (PHI) or other program correspondence and materials be sent.
1. Select **Alternate Address** from the Member menu. The Alternate Address panel will be displayed.

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

![Figure 11 Alternate Address Panel](image)

The Alternate Address panel may include the following information:

- The *Contact Type* field displays the type of address being displayed such as ADAP, Emergency Contact, Mailing Address, etc.

- The *Relationship* field displays the contact’s relationship to the member.

- The *Name, Phone, Email, and Address* fields display demographic information for the contact.

- The *Phone Type* field can indicate either who the telephone belongs to, such as a neighbor’s telephone or a spouse’s work phone, or the type of telephone, such as a cell phone or a FAX.
**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.

2. Click the applicable row to populate 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.

![Benefit Plan Panel](image)

**Figure 12** 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 a 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 a 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.

• 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.

![Figure 13 Medical Status Code Data Section](image)

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 a member became eligible for the selected category of medical assistance.

• The Medical Status Code End Date field displays the last date for which a 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.
**Member Comments Panel**

Through the Member Comments panel, users can enter and view notes regarding a member.

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

   ![Member Comments Panel](image)

   **Figure 14** Member Comments Panel

**Add New Information**

1. Click **add**. A row will be added to the top of the panel, and the current date will populate in the Note Date field.

   ![Member Comments Panel](image)

   **Figure 15** Member Comments Panel

2. Enter comments in the Note comments box.

   *Note:* To clear all information from the panel, click **cancel** located on the navigation toolbar.
3. Click **save** located on the navigation toolbar.

   *Note:* Once a note is saved, it cannot be deleted and the text cannot be changed.

![Figure 16 Member Comments Panel](image)
If there are no errors, a confirmation message will be displayed under the navigation toolbar, and the note will be added to the row at the top of the Member Comments panel.

If there is an error, a message indicating the error will be displayed under the navigation toolbar. Correct the error and save the note.

**Member ID Cards Panel**

The Member ID Cards panel allows users to view a member’s ID card issuance history. Users can also indicate the status of and/or the return reason for the ID card.

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

![Member ID Cards Panel]

**Figure 18** Member ID Cards Panel

The Member ID Cards panel may include the following information:

- **The Date Issued** field displays the date that a specific card was created by iC. The ID card is mailed the business day following the date issued. If a member requests an ID card but the issue date is within three or four days of this request, the last issued ID card may still be in transit.

- **The Card Type** field displays the type of card(s) issued to a member based on his or her program enrollment. A member may have up to three active ID cards at the same time.

- **The Address** fields display the address where the ID card was mailed. If the address is incorrect and the member has not received the ID card, verify that the mailing address on the Member Information panel is correct before requesting another ID card. For more information about the Member Information panel, refer to Section 2.1 Member Search.

- **The Issue Reason** field displays the reason the ID card was issued (e.g., new, lost, stolen).

- **The PAN** field displays the 16-digit personal account number that uniquely identifies an ID card in iC. This field is for internal use only.

- **The Source** field identifies the source that initiated the ID card and the reason that the ID card was created (e.g., PS/2 indicates a new enrollment ID card was automatically created by iC).

- **The Active Indicator** field displays whether the ID card is **Active**, **Inactive**, or **Purged**.

- **The Return Reason** field displays a reason code and a description that identifies whether or not the ID card was returned by the United States Postal Service.
Change Active Indicator

1. Click the Active Indicator arrow to view the menu options.

![Figure 19 Member ID Cards Panel with Active Indicator Menu](image)

2. Select the applicable status.

3. Click **save** located on the navigation toolbar. A confirmation message will be displayed under the navigation toolbar, and the status of the Active Indicator column will change in the row at the top of the Member ID Cards panel.

Change Return Reason

1. Click the Return Reason arrow to view the menu options.

![Figure 20 Member ID Cards Panel with Return Reason Menu](image)

2. Select the applicable return reason.

3. Click **save** located on the navigation toolbar. A confirmation message will be displayed under the navigation toolbar, and the information in the Return Reason column will change in the row at the top of the Member ID Cards panel.
**Member Representative Information Panel**

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

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

![Figure 21 Member Representative Information Panel](image)

The Member Representative Information panel may include the following information:

- The **MA Payee** field displays whether or not the representative is a Medicaid payee.

- The **Representative Type** field displays the type code of the representative (e.g., Legal Guardian, Authorized Representative, Alternate Payee, Protected Payee).

- The **Representative Subtype** field indicates whether the representative is an individual or an organization. This field only displays for an authorized representative.

- The **Authorized Organization Name** field displays the name of the organization acting as the member’s authorized representative, if the subtype is an organization.

- The **Representative Name** fields display the last, first, middle initial, and suffix of the representative. If the subtype is an organization, the Representative Name fields will display the last, first, middle initial, and suffix of the organization’s contact person.

- The **Representative Email Address** fields display the representative’s or organization’s email address.

- The **Representative Phone Number** field displays the representative’s or organization’s phone number.

- The **Primary Person Member ID** field displays the member ID of the primary person on the case.

- The **Is contact address different from Primary Person?** field indicates if the representative’s address is different from the primary person’s mailing address.

- The **Representative Address** fields display the address listed for the representative.
• The *Date Added* field indicates the date on which the representative’s information was originally added.

• The *Date Updated* field indicates the date on which the representative’s information was last updated.

**Managed Care Menu**

Hover over **Managed Care** from the Open Tab menu to display menu options for panels containing a member’s managed care special conditions, managed care organization (MCO) lockout information, and MCO enrollment history information.

**MC Special Conditions Panel**

The MC Special Conditions panel displays any managed care special condition codes associated with a member. Through the MC Special Conditions panel, users can change, add, or delete a member’s information.

1. Select **MC Special Conditions** from the Managed Care menu. The MC Special Conditions panel will be displayed.

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 he or she is enrolled in a long term care managed care program.
  
  o The reason the member is exempted from enrollment.
  
  o The standard capitation rate should be overridden.
• The *Effective Date* and *End Date* fields display the time period in which the special condition code is in effect.

**Change End Date**

1. Click the applicable row to populate information in the fields at the bottom of the panel.

![Figure 24 MC Special Conditions Panel](image)

2. Enter the changed end date.

3. Click *save* located on the navigation toolbar. A confirmation message will be displayed under the navigation toolbar, and the updated end date will change in the applicable row at the top of the MC Special Conditions panel.

**Add New Information**

1. Click *add*. A row will be added to the top of the MC Special Conditions panel.

![Figure 25 MC Special Conditions Panel with Added Row](image)

2. Select the applicable special condition code from the Special Condition Code drop-down menu.

3. Enter the effective date of the special condition code.

4. Enter the end date of the special condition code. If there is no specific end date, enter 12/31/2299.

5. Click *save* located on the navigation toolbar. A confirmation message will be displayed under the navigation toolbar, and the new information will be displayed in the added row at the top of the MC Special Conditions panel.
Delete Information

1. Click the row you wish to delete.

![MC Special Conditions Panel](image)

**Figure 26** MC Special Conditions Panel

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

![Dialog Box](image)

**Figure 27** Dialog Box

3. Click **OK**. A D will be added to the beginning of the row marked for deletion.

![MC Special Conditions Panel with Row Marked for Deletion](image)

**Figure 28** MC Special Conditions Panel with Row Marked for Deletion

4. Click **save** located on the navigation toolbar. A confirmation message will be displayed under the navigation toolbar, and the marked row will be deleted from the MC Special Conditions panel.

**MCO Lockout Panel**

The MCO Lockout panel indicates any MCO in which a member should not be enrolled.

1. Select **MCO Lockout** from the Managed Care menu. The MCO Lockout panel will be displayed.
2. Click a row to populate information in the fields on the panel.

**Figure 29** MCO Lockout Panel

The MCO Lockout panel may include the following information:

- The *MCO ID* field displays a unique number that identifies a specific MCO.
- The *MCO Name* field displays the MCO’s business name.
- The *Effective Date* and *End Date* fields display the dates when a member cannot be enrolled in a specific MCO.
- The *Lock Source* field displays who requested the lockout (e.g., provider or member).

**Member MCO Enrollment History Panel**

The Member MCO Enrollment History panel lists all active and inactive MCO enrollments for a member.

1. Select **Member MCO Enrollment History** the Managed Care menu.

   The Member MCO Enrollment History and MC Special Conditions panels will be displayed. For information about the MC Special Conditions panel, refer to the **MC Special Conditions Panel** section of this user guide.

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

**Figure 30** Member MCO Enrollment History Panel

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

- The *MCO ID* field uniquely identifies an MCO.
• The **MC Program** field describes the managed care program in which the member is enrolled.

• 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 iC 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 iC often sets the stop reason, the stop reason may not accurately represent why the member was disenrolled from the MCO.

• The **Effective Date** and **End Date** fields display the first and 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 his or her MCO enrollment.

• The **Status** field indicates an **Active** or **Inactive** status of a member’s MCO enrollment. 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** (i.e., the enrollment was entered manually by an enrollment broker or another authorized person).

**Change End Date**
1. Enter the changed end date in the End Date field.
2. Enter the lock-in date in the Lock-In Date field.
3. Click **save** located on the navigation toolbar. A confirmation message will be displayed under navigation toolbar, and the applicable row in the Member MCO Enrollment History panel will be updated.

**Change Status**
1. Click the Status arrow to view the menu options.

![Figure 31 Status Menu](image-url)
2. Select the applicable status.

3. Click **save** located on the navigation toolbar. A warning message will be displayed under the navigation toolbar.

![Warning Message](image)

**Figure 32** Warning Message

4. Check the **Ignore** box.

5. Click **Continue**. A confirmation message will be displayed under the navigation toolbar, and the applicable row in the Member MCO Enrollment History panel will be updated.

### Change Stop Reason

1. Click the Stop Reason arrow to view the menu options.

![Stop Reason Menu](image)

**Figure 33** Stop Reason Menu

2. Select the applicable stop reason.

3. Click **save** located on the navigation toolbar. A confirmation message will be displayed under the navigation toolbar.

### Add New Information

1. Click **Add**.
A row will be added to the top of the Member MCO Enrollment History panel. Dates will automatically populate the Effective Date and End Date fields. The Status field will default to *Active*, and the Enrollment Source field will default to *Health Care Authority*.

![Member MCO Enrollment History Panel with Added Row](image)

**Figure 34** Member MCO Enrollment History Panel with Added Row

2. Select the applicable MCO from the MCO ID drop-down menu.
3. Click to the side of the MCO ID field to populate the selected information in the MC Program and MC Service Area fields.
4. Select a start reason from the Start Reason drop-down menu.
5. Select a stop reason from the Stop Reason drop-down menu.
6. Enter an effective date and/or an end date if the dates of the member’s enrollment differ from the populated dates.
7. Click **save** located on the navigation toolbar. A warning message will be displayed under the navigation toolbar.

![Warning Message](image)

**Figure 35** Warning Message

8. Check the **Ignore** box.
9. Click **Continue**. A confirmation message will be displayed under the navigation toolbar, and the new information will be displayed in the added row in the Member MCO Enrollment History panel.
2.2 Case Search

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

![Case Search Panel](image)

Through the Case Search panel, users can search for and view existing cases in iC. A case can contain one or more members of a household.

2. Enter information in at least one of the following fields:
   - Case Number.
   - Member ID.
   - Last Name.

   To narrow the search results, enter as much information as possible.

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

![Search Results Panel](image)
4. Click the applicable row in the Search Results panel. The Case Information panel will be displayed.

![Case Information Page](image)

**Figure 38** Case Information Page

The Case Information page consists of the following:

- **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 navigation toolbar. 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 Case Information panel displays basic case information.

### 2.2.1 Case Information Panel

![Case Information Panel](image)

**Figure 39** Case Information Panel

The Case Information panel may include the following information:

- The *Income Amount* field displays the total combined household income for the case, if applicable. This field only applies to WCDP.
• The Member IDs/Certification Dates menu displays a list of all the members who have belonged to the case and the dates that they became certified in the case.

2.2.2 Open Tab Menu

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

![Figure 40 Open Tab Menu](image)

Case Menu

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

![Figure 41 Case Menu](image)

Base Information Panel

The Base Information panel contains basic data about the case such as the case number and the number of adults and children in the case.

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

![Figure 42 Base Information Panel](image)

The Base Information panel may include the following information:

- The **Income Amount** field displays the total combined household income for the case, if applicable. This field applies only to WCDP.
- The **Source Code** field displays the location from which the case information originated.
Case Members Panel

The Case Members panel displays basic data about members associated with a case, such as their ID, name, and the date that they were enrolled as part of the case.

1. Select Case Members from the Case menu. The Case Members panel will be displayed.

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

![Case Members Panel](image-url)

**Figure 43** Case Members Panel
3 Third Party Liability

3.1 TPL Search

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

![TPL Search Panel]

**Figure 44** 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.
3. 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.

![Figure 45 Search Results Panel](image)

### 3.1.1 TPL Information Panel

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

![Figure 46 TPL Information Panel](image)

1. Click the applicable record. The TPL Information panel will be displayed. 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 what type of insurance policy the member or policyholder is covered under (e.g., 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.

3.1.2 Open Tab Menu

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

![Open Tab Menu](image)

TPL Menu

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

![TPL Menu](image)

Additional Policies Panel

The Additional Policies panel displays other policies in which a member may be enrolled.

1. Select **Additional Policies** from the TPL menu. The Additional Policies panel will be displayed.

![Additional Policies Panel](image)

The Additional Policies panel may include the following information:

- The **Effective Date** and **End Date** columns display the dates covered by the policy.
- The **Verification Code** column displays how the policy was verified.

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.

![Base Information Panel](image)

**Figure 50** 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 iC. The Employer ID is used on all screens and reports to identify that 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 iC.

- 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 identification 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.

---

**Figure 51  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.

**Members of Policy Panel**

The Members of Policy panel lists all members covered under the TPL policy and displays basic information such as the member’s ID, first name and last name, Social Security number, and date of birth (DOB).

1. Select **Members of Policy** from the TPL menu. The Members of Policy panels will be displayed.

---

**Figure 52  Members of Policy Panel**
2. To view more information for a particular member, click the applicable row. The TPL Information panel will open in a new window and will display information about the selected member.

![TPL Information Panel](image)

**Figure 53** TPL Information Panel

### 3.2 TPL Related Data

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

#### 3.2.1 Open Tab Menu

Hover over Open Tab on the navigation toolbar to display the Open Tab menu. The Open Tab menu displays three different menu options; however, only the Other menu option is available.

![Open Tab Menu](image)

**Figure 54** Open Tab Menu

**Other Menu**

Hover over Other on the Open Tab menu to display menu options for panels containing absent parent records and carrier information.

![Other Menu](image)

**Figure 55** Other Menu

**Absent Parent Panel**

The Absent Parent panel displays absent parent records (records that display non-custodial parents with court orders to provide TPL coverage to their dependents) received from the Wisconsin Bureau of Child Support.
1. Select **Absent Parent** from the Other menu. The Absent Parent panel will be displayed.

![Absent Parent Panel](image)

**Figure 56** Absent Parent Panel

2. Enter information in either the Absent Parent Social Security Number field or the Last, First Name, MI fields.
3. Click **search**. Records matching the search criteria will be displayed in the Search Result panel.

4. Click the applicable row to populate information in the “Absent Parent” section.

![Absent Parent Panel](image)

**Figure 57** Absent Parent Panel

The “Absent Parent” section displays basic data about a member’s non-custodial parent.
Carrier Panel

The Carrier panel displays information about insurance companies that cover residents of Wisconsin.

1. Select Carrier from the Other menu. The Carrier panel will be displayed.

![Carrier Panel](image)

**Figure 58** Carrier Panel

2. Enter information in any of the following fields:
   - Carrier Number.
   - Carrier Address.
   - Carrier Name.
3. Click **search**. If multiple records are found, they will be displayed in the Search Results panel. Click the desired record to populate information in the fields on the panel. If one record is found, it will be displayed in the Search Results panel, and information will populate the fields on the panel.

![Carrier Panel with Search Results](image)

**Figure 59** Carrier Panel with Search Results

The Carrier panel may include the following information:

- The **FEIN** field displays a Federal Employer Identification number. The federal government uses this number to identify the insurance carrier.

- The **Carrier Name** field displays the insurance carrier’s business name.

- The **Contact Name** field displays the name of the person to contact if questions arise regarding the insurance carrier or a policy.

- The **Billing Media** field indicates how the carrier wants to be billed (e.g., paper or electronic).

- The **Policy Indicator** field indicates what type of policy provider the insurance carrier is.

- The **Insurance Disclosure Indicator** field indicates whether or not the insurance carrier participates in insurance disclosure.
• The Active Indicator field displays whether or not the insurance carrier is active.

• The Dependent Indicator field indicates Yes if the insurance carrier will list each family member covered by the insurance even if a claim has not been filed or indicates No if the insurance carrier will not list family members covered until a claim has been filed.
4 Managed Care

4.1 MCO Search

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

   ![MCO Search Panel](image)

   Figure 60  MCO Search Panel

2. Enter information in either the MCO ID field or the MC Program field.
   
   - If you are unsure of the exact managed care (MC) program, use the percent symbol (%) as a wildcard search character after a word to display all managed care programs containing that word. For example, to find a non-SSI HMO, enter HMO% in the MC Program field. To find an SSI HMO, enter SSI% in the MC Program field.
   
   - If you are unsure of the MCO ID and the MC program, leave the search fields blank to display all the available MC programs.

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

   ![Search Results Panel](image)

   Figure 61  Search Results Panel

   - To sort the results, click on a column heading. Clicking a column heading once will sort the results in ascending order by that column. Clicking the column a second time will sort the results in descending order.
Click the applicable record from the Search Results panel. The MCO Information page will be displayed.

![MCO Information Page](image)

**Figure 62** MCO Information Page

Note: The “Quick Search” allows users to search for a different MCO record using an MCO ID or MC provider type.

### 4.1.1 MCO Information Panel

![MCO Information Panel](image)

**Figure 63** MCO Information Panel

The MCO Information panel may include the following information:

- The *MCO Name* field displays the business name of the MCO.
- The *MC Program* field displays what type of program the MCO is.
- The *Effective Date* and *End Date* fields display the duration of the MCO enrollment.
4.1.2 MCO Panel

The MCO panel displays basic information about an MCO.

![MCO Panel](image)

**Figure 64** MCO Panel

The MCO panel may include the following information:

- The *24 Hour Phone* field displays the telephone number (and extension, if applicable) of the MCO’s 24-hour telephone service.
- The *Output Media* field indicates how the MCO is receiving reports (e.g., paper, electronic, or both).
- The *Autoassign* field indicates if members may be automatically assigned to the MCO.
- The *Reassign — 90 days* field indicates if the MCO will accept a system reassignment of members within 90 days of their disenrollment even if the MCO has exceeded maximum enrollment.
- The *Reassign — 6 months* field indicates if the MCO will accept a system reassignment of members between 90 days and 6 months of their disenrollment.
- The *Member Choice* field indicates if members can choose to be enrolled in the selected MCO.
- The *Services Dual Eligibles* field indicates if the MCO accepts members who are eligible for both Medicaid and Medicare.
- The *Current Enrollees* field displays the number of members who are currently enrolled in the MCO.
- The *Future Enrollees* field displays the number of members who will be enrolled in the MCO on the first day of the next month.
- The *Age Restriction* field displays the age range of members who can be enrolled in the MCO (e.g., FosterCare 0-17, SSI >18, no age restriction).
4.2 MCO Enrollment

On the iC Functionality page, click MCO Enrollment. The navigation toolbar will be displayed.

4.2.1 Open Tab Menu

Hover over Open Tab on the navigation toolbar to display the Open Tab menu. The Open Tab menu will display the MCO Enrollment menu option.

![Open Tab Menu](image)

**Figure 65** Open Tab Menu

**MCO Enrollment Menu**

Hover over MCO Enrollment on the Open Tab menu to display MCO enrollment menu options.

![MCO Enrollment Menu](image)

**Figure 66** MCO Enrollment Menu

**Case MCO Enrollment History Panel**

The Case MCO Enrollment History panel displays all the members associated with a specific case.

1. Select **Case MCO Enrollment History** from the MCO Enrollment menu. The Case MCO Enrollment History panel will be displayed.

![Case MCO Enrollment History Panel](image)

**Figure 67** Case MCO Enrollment History Panel

2. Enter the case number in the Case Number field.

   *Note: The Case Name field is read-only.*

3. Click **search**. If only one record is found, the Search Results panel will be displayed, and information will populate the “Selected Member MCO Enrollment History” section. If multiple records are found, the records will be displayed in the Search Results panel.

4. Click the applicable record from the Search Results panel.
5. Click the applicable record from the “Selected Member MCO Enrollment History” section. Information will populate the “Selected Member MCO Enrollment History” section.

![Figure 68 Search Results]

**Change End Date**

1. Enter the changed end date in the End Date field.

2. Click **save** located on the navigation toolbar. A confirmation message will be displayed under the navigation toolbar, and the applicable row in the “Selected Member MCO Enrollment History” section will be updated.

**Change Status**

1. Click the Status arrow to view the menu options.

2. Select the applicable status.

3. Click **save** located on the navigation toolbar. A warning message will be displayed under the navigation toolbar.

![Figure 69 Warning Message]

4. Check the **Ignore** box.

5. Click **Continue**. A confirmation message will be displayed under the navigation toolbar, and the applicable row in the “Selected Member MCO Enrollment History” section will be updated.

**Change Stop Reason**

1. Select the applicable stop reason from the stop reason menu.
2. Click **save** located on the navigation toolbar. A warning message will be displayed under the navigation toolbar.

![Warning Message](image)

**Figure 70** Warning Message

3. Check the **Ignore** box.

4. Click **Continue**. A confirmation message will be displayed under the navigation toolbar.

### Add New Information

1. Click **add**. A row will be added to the “Selected Member MCO Enrollment History” section.

![Row Added](image)

**Figure 71** Row Added to Selected Member MCO Enrollment History Section

2. Select the applicable MCO from the MCO ID drop-down menu.

3. Click to the side of the MCO ID field to populate the selected information in the added row and in the fields on the panel.

4. Select a start reason.

5. Select a stop reason, if applicable.

6. Enter the end date of the member’s MCO enrollment. If there is no specific end date, enter 12/31/2299.
7. Click **save** located on the navigation toolbar. A warning message will be displayed under the navigation toolbar.

![Figure 72 Warning Message](image)

8. Check the **Ignore** box.

9. Click **Continue**. A confirmation message will be displayed under the navigation toolbar.

**MC Enrollment Requests Panel**

This panel is not currently used by ForwardHealth.

The MC Enrollment Requests panel displays members who are not currently eligible for enrollment in an MCO, but who have contacted an enrollment broker and have requested to be automatically enrolled in the MCO once their eligibility information is received.

![Figure 73 MC Enrollment Requests Panel](image)

**Potential MC Members Panel**

The Potential MC Members panel displays members who are eligible for a specified managed care program but are not yet enrolled.

1. **Select Potential MC Members** from the MCO Enrollment menu. The Potential MC Members panel will be displayed.

2. Enter information in or select information for any of the fields on the panel.
3. Click **search**. The results will be displayed in the Search Results panel.

![Search Results Panel](image)

**Figure 74** Search Results Panel

The Search Results panel may include the following information:

- The **Date Added** column indicates when the member was added to iC as a potential managed care member.

- The **Enrollment Status Date** column indicates when the member was placed in his or her current enrollment status.

- The **Potential Enrollment Date** column indicates when the member is sent an enrollment packet. The potential enrollment date is used as the enrollment effective date that signifies when the member is auto-assigned to an MCO.

- The **Enrollment Status** column displays the stage of the member’s enrollment.

- The **Transfer MCO ID** column displays the MCO to which the member is attempting to be transferred, if applicable.

- The **Transfer Start Date** column displays the effective date that the member should start with the new MCO. This column applies only to transferring members.

### 4.3 Related Data

On the iC Functionality page, click **Related Data**. The navigation toolbar will be displayed.
4.3.1 Open Tab Menu

Hover over Open Tab on the navigation toolbar to display the Open Tab menu. The Open Tab menu displays three different menu options; however, only the Xref menu option is available.

![Open Tab Menu](image)

**Figure 75** Open Tab Menu

Xref Menu

Hover over Xref on the Open Tab menu to display menu options for a panel containing Xref information.

![Xref Menu](image)

**Figure 76** Xref Menu

MCO/Service Area Xref Panel

Through the MCO/Service Area Xref panel, users can search for all the MCOs within a specified service area.

1. Select **MCO/Service Area Xref** from the Xref menu. The MCO/Service Area Xref panel will be displayed.

![MCO/Service Area Xref Panel](image)

**Figure 77** MCO/Service Area Xref Panel

2. Enter information in any of the fields on the panel.
3. Click **search**. The results will be displayed in the Search Results panel.

![Search Results Panel](image)

**Figure 78** Search Results Panel

The Search Results panel may include the following information:

- The **MC Service Area** column displays the area in which the MCO provides services using the area’s county code and ZIP code.

- The **Primary Service Area** column indicates Yes if the service area is a primary service area and No if the service area is an extended service area.

- The **Current Enrollees** column displays the number of members currently enrolled in the MCO.

- The **Max Enrollees** column displays the maximum number of members that the MCO will accept for enrollment.

- The **Mandatory/Voluntary** column indicates if the service area has mandatory, voluntary, or rural enrollment. For a mandatory or rural service area, if a member does not choose an MCO within a specified time period, he or she will automatically be enrolled in a system-assigned MCO. (A rural service area will have a limited number of MCOs in which a member may enroll.) For a voluntary service area, a member chooses the MCO in which he or she wishes to be enrolled. The member will not be automatically assigned to an MCO.
5 Provider

5.1 Provider Search

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

![Provider Search Panel](image)

2. Enter as much information as possible in the fields to narrow the search results.

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.

![Search Results Panel](image)
5.1.1 Provider Information Panel

The Provider Information panel displays basic information for a specific provider.

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

![Provider Information Panel](image)

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 a 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 a 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 grant and expiration dates for the license.
- 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 effective dates of the contract.
- 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 or not the selected provider is a managed care provider.
- The Recent Date field displays the next recertification date for the selected provider.

Note: The “Quick Search” allows users to search for a different provider record using a Provider ID, business or provider name, or tax ID.
6 Claims

6.1 Claims Search

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

![Claim Search Panel](image)

**Figure 82**  Claim Search Panel

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

   If you wish to expand your search, click **adv search**. Additional fields will be displayed at the bottom of the Claim Search panel.

   **Note:** Unless you are searching by internal control number (ICN), you will need to enter information in several fields. Follow the panel instructions.

3. Click **search**. If only one result is found, the Claim Information page will be displayed. If multiple results are found, the Search Results panel will be displayed.

![Search Results Panel](image)

**Figure 83**  Search Results Panel
6.1.1 Claim Information Page

1. Click the applicable record. The Claim information page will be displayed.

![Claim Information Page](image)

**Figure 84** Claim Information Page

Note: The Claim information page varies according to the search criteria entered on the Claim Search panel. The Claim information page could display a physician (professional), dental, institutional, or pharmacy claim. The examples used in this user guide are for a physician (professional) claim.
The Claim information page consists of the following:

- **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 with more detailed information regarding the AR.
  - 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 navigation toolbar. 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 Claim panel displays information based on the type of claim (e.g., physician [professional], dental, institutional, pharmacy).

- The Claim Detail panel displays information about each detail line on a claim.

*Note:* The “Quick Search” allows users to search for a claim using an ICN.

### 6.1.2 Claim Panel

![Claim Panel](image_url)

*Figure 85 Claim Panel*
The Claim panel may include the following information:

*Note: Fields vary depending on the claim type (e.g., physician [professional], dental, institutional, or pharmacy).*

- The *ICN* field displays the ICN assigned to the claim. The ICN allows each claim to be processed, tracked, and reported.
- The *Ref Prov 1 ID* field displays the provider ID of the first provider who referred the member to a second provider for services.
- The *Ref Prov 2 ID* field displays the provider ID of the second provider who referred the member to a third provider for services.
- The *Rend Provider ID* field displays the provider ID of the provider who performed the service.
- The *Signature/Date* field indicates if the claim was signed and dated by the provider or representative.
- The *Claim Type* field displays the type of claim selected on the Claim Search panel.
- The *Date Billed* field displays the date the claim was submitted for processing.
- The *Payment Date* field displays the date the claim was posted to iC as paid. The payment date is often different from the date on the check or electronic funds transfer payment.
- The *Hosp FDOS* field displays the date the member was first hospitalized.
- The *Hosp TDOS* field displays the date the member was last hospitalized.
- The *Diagnosis* field displays the diagnosis code(s) that appears in one or more claim details.
- The *Accident Related To* field displays a *Yes*, *No*, or *Not Sure* to indicate whether or not the service was provided as a result of an accident.
- The *Medicare Disclaimer* field displays the Medicare Status Disclaimer Code and the code description associated with the claim.
- The *Details* field displays the number of line items on the claim.
- The *Total Charge* field displays the total billed amount for the claim.
- The *Net Billed* field displays the amount remaining on a claim after payment has been made by all other sources (e.g., copayment, TPL).
- The *OI* field displays the total amount paid by other sources. Other Insurance (OI) for pharmacy includes Medicare and commercial insurance. Other Insurance for all other claim types includes commercial insurance only.
- The *Cost Share* field displays the total cost share amount applied to the claim details.
• The **Paid** field displays the allowed amount minus spenddown, coinsurance, deductible, patient liability, OI, OI patient paid, etc.

• The **Reimbursed** field displays the amount paid minus any state share amount.

• The **PCN** field displays a Patient Control Number or Patient Account Number assigned by a provider to track a patient's financial records.

• The **Other Ins** field displays the OI disclaimer associated with the claim, if applicable. Other Insurance disclaimers may include the following: *P* (paid), *D* (denied) and *Y* (has commercial health insurance or HMO coverage).

• The **MRN** field displays a code indicating the medical record number, if applicable.

• The **Version** field displays what type of transaction was used to originally submit the claim. Transaction types include 4010, 5010, 51 (pharmacy), or D0 (pharmacy).

### 6.1.3 Claim Detail Panel

The Claim Detail panel displays specific information for each detail number on a claim.

1. Click the **Claim Detail** tab to display the Claim Detail panel.

2. Use the scroll bar on the right side of the Claim Detail panel to view more details.

3. To populate information in the fields at the bottom of the panel, either click the applicable detail from the detail scroll box or enter the detail number in the field below the detail scroll box and click **go to**.

![Claim Detail Panel](image)

*Figure 86 Claim Detail Panel*
The Claim Detail panel may include the following information:

Note: As with the fields in the claim information panels, fields in the Claim Detail panel vary depending on the claim type (e.g., physician [professional], dental, institutional, or pharmacy).

- The **Detail #** field displays the number of the selected detail on the claim.
- The **Procedure** field displays a code that identifies the service that was provided.
- The **Modifier** fields display any modifiers that correspond with the indicated procedure code.
- The **POS** field displays a code that indicates where the service or procedure was provided or performed.
- The **Status** field displays at what stage the claim is in processing.
- The **Diag Ind** field displays a number or indicator that identifies the diagnosis (or diagnoses) for which services were provided. The number corresponds with the diagnosis code displayed in the header.
- The **FDOS** field displays the earliest date the service could be performed.
- The **TDOS** field displays the last date the service could be performed.
- The **Emergency** field indicates if the service was provided because of an emergency situation.
- The **Copay** field indicates if the detail was exempt from or subject to a copayment. \(N\) indicates the detail was exempt and \(Y\) indicates the detail was subject to a copayment.
- The **HealthCheck** field displays a **Y** to indicate that the claim is for a HealthCheck procedure. If the claim is not for a HealthCheck procedure, the field will be blank.
- The **HealthCheck Ref** field displays HealthCheck referral or treatment information.
- The **Rend Provider ID** field displays the ID number of the provider who performed the service.
- The **Ref Provider1 ID** field displays the ID number of the first provider who referred the member to another provider for services.
- The **Ref Provider2 ID** field displays the ID number of the second provider who referred the member to another provider for services.
- The **Billed Amt** field displays the amount of payment the provider has requested for the service performed.
- The **Allowed Amt** field displays the amount of payment that has been approved to be paid to the provider for the service performed.
- The **Paid Amt** field displays the amount of payment made on a finalized claim detail.
• The *Units Billed* field displays the number of units the provider has billed.

• The *Units Allowed* field displays the number of units approved for the service the provider performed.

### 6.1.4 Open Tab Menu

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

![Open Tab Menu](Image)

**Figure 87** Open Tab Menu

### Claim Menu

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

![Claim Menu](Image)

**Figure 88** Claim Menu

### Cost Share and OI Information Panel

The Cost Share and OI Information panel displays any cost share or OI amounts paid for the claim.

1. Select *Cost Share and OI Information* from the Claim menu. The Cost Share and OI Information panel will be displayed.

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

![Cost Share and OI Information Panel](Image)

**Figure 89** Cost Share and OI Information Panel
The Cost Share and OI Information panel may include the following information:

- The **Detail Number** field indicates the line on the claim to which the cost share and/or other insurance amounts apply. A 0 refers to the claim header.

  *Note*: Header information is a summary of the information from the claim, such as the DOS that the claim covers or the total amount paid for the claim. Detail lines report information from the claim details, such as specific procedure codes or revenue codes, the amount billed for each code, and the amount paid for a detail line item.

- The **OI Submitted** field displays the amount of OI submitted with the claim. For a pharmacy claim, OI includes Medicare and commercial insurance. For all dental, institutional, and physician (professional) claims, OI includes commercial insurance only.

- The **OI Applied** field displays the OI amount applied to the claim detail. This field applies to dental, pharmacy, physician (professional), and institutional claim headers and dental, physician (professional), and institutional claim detail lines.

- The **OI Recovered** field displays the OI amount that has been recovered through post-pay billings. This field applies to dental, pharmacy, physician (professional), and institutional claim headers.

- The **OI Patient Paid** field displays the amount of out-of-pocket expenses the member is to pay.

- The **Spenddown** field displays the amount deducted from the allowed amount and applied to the eligibility spenddown amount.

- The **Patient Liability** field displays a monthly amount based on the member’s income that reduces the allowed amount. This field only applies to long term care services (e.g., nursing home, hospice).

- The **Copay** field displays the flat fee that is used to determine cutback to the claim allowed amount. This field applies to dental, pharmacy, physician (professional), and institutional claim headers and dental, physician (professional), and institutional claim detail lines.

- The **Deductible** field displays a standard dollar amount based on a specified period of time that reduces the allowed amount for the benefit plan in which the member is enrolled. This field applies to inpatient (WCDP), professional/outpatient (WCDP), and pharmacy (SeniorCare) claims.

- The **Coinsurance** field displays the cutback amount after the coinsurance percentage was applied to the claim’s allowed amount. This field applies to dental, pharmacy, physician (professional), and institutional claim headers.

**EOB Panel**

Explanation of Benefits (EOB) codes are four-digit numeric codes specific to ForwardHealth that correspond to a printed message about the status or action taken on a claim, claim detail, adjustment, or adjustment detail.

1. Select **EOB** from the Claim menu. The EOB panel will be displayed.
Note: The EOB panel displays current EOB codes by default. Use the View buttons to show historical EOB codes (those previously posted to the claim) or both current and historical EOB codes.

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

![Figure 90 EOB Panel](image)

The EOB panel may include the following information:

- The Detail Number field displays the claim header or detail line to which the EOB code applies. A 0 refers to the claim header.
- The EOB Code field displays the EOB code associated with the EOB description.
- The Financial Payer field displays the unique program under which the claim was processed.
- The Benefit Plan field displays the benefit plan in which the member is enrolled.
- The HIPAA Adjustment Reason field displays the Health Insurance Portability and Accountability Act of 1996 reason for the adjustment, if applicable.
- The Remark Code field displays the remark code that is shown on the Remittance Advice (RA) and that explains the payment adjustment, if applicable.
- The Status field indicates whether the EOB code on the claim is a current EOB code or a historical EOB code.
- The Adjustment Amount field displays the difference between the allowed amount and the billed amount, if applicable.
- The Adjusted Units field displays the difference between the allowed units and the billed units on the claim.
- The Origin field indicates how the EOB code and message were generated.
- The Ra Print Ind field indicates whether the error is shown on the RA.
Error Panel

The Error Panel displays claim header and/or detail line errors.

1. Select Error from the Claim menu. The Error panel will be displayed.

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

The Error Panel may include the following information:

- The Detail Number field displays the claim header or detail line to which the error code applies. A 0 refers to the claim header.
- The Error Disposition field displays a code and description that indicate the action taken on the claim at disposition.
- The Error Code field displays a code that indicates the error that was discovered on the claim during processing.
- The EOB Code field displays the EOB code associated with the EOB description.
- The Line Number field displays the detail line of the error disposition line item from which the error disposition was assigned.
- The Date field displays when the error code was added to the claim.
- The Time field displays the time, in military time format, when the error code was added to the claim.
- The Clerk field displays the ID of the user who last updated the information on the Error panel.
- The Origin field indicates how the error code and message were generated.
- The Error Code Description field describes the error code indicated.
• The **EOB Code Description** field describes the EOB code indicated.
• The **Financial Payer** field displays the unique program under which the claim was processed.
• The **Benefit Plan** field displays the benefit plan in which the member is enrolled.
• The **Contract** field displays the provider contract code under which the provider may be certified, if applicable.

**Prior Authorization Panel**

The Prior Authorization panel displays a PA request associated with the selected claim.

1. Select **Prior Authorization** from the Claim menu. The Prior Authorization panel will be displayed.

![Figure 92 Prior Authorization Panel](image)

The Prior Authorization panel may include the following information:

• The **Detail Number** column displays the detail line on the claim that pertains to the PA.
• The **PA Number** column displays the PA request identifier associated with the claim.
• The **Line Item** column displays the PA line item that was used with the claim.
• The **Financial Payer** column displays the unique program under which the claim was processed.
• The **Units Used** column displays the number of PA units applied to the claim.
• The **Amount Used** column displays the PA amount applied to the claim.
• The **Status** column indicates what stage the PA’s line item is in processing.

**Detail Information Menu**

Hover over Detail Information under the Claim menu to display menu options for panels containing more detailed information about specific details on a claim.

![Figure 93 Detail Information Menu](image)
**Detail EOB Panel**

The Detail EOB panel displays EOB information for specific details on a claim. For information about the fields on the Detail EOB panel, refer to the [EOB Panel](#) section of this user guide.

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

![Figure 94 Detail EOB Panel](image)

2. Click the **Claim Detail** tab to display the Claim Detail panel.

3. Click the applicable detail line from Claim Detail panel.

![Figure 95 Claim Detail Panel](image)

4. Click the **Detail EOB** tab to display the Detail EOB panel.
5. Click the applicable EOB code to populate information in the fields on the Detail EOB panel.

![Figure 96 Detail EOB Panel](image)

**Detail Error Panel**

The Detail Error panel displays error code information for specific details on a claim. For information about the fields on the Detail Error panel, refer to the [Error Panel](#) section of this user guide.

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

![Figure 97 Detail Error Panel](image)

2. Click the **Claim Detail** tab to display the Claim Detail panel.
3. Click the applicable detail line from the Claim Detail panel.

![Figure 98 Claim Detail Panel](image)

4. Click the **Detail Error** tab to display the Detail Error panel.

5. Click the applicable error code to populate information in the fields on the Detail Error panel.

![Figure 99 Detail Error Panel](image)
7 Prior Authorization

7.1 PA Search

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

![Prior Authorization Search Panel](image)

**Figure 100** Prior Authorization Search Panel

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

   *Note*: You 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.

The Prior Authorization Information page consists of the following:

- **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.

![Figure 101 Prior Authorization Information Page](image-url)
The Prior Authorization Information panel displays information about the PA.

### 7.1.1 Prior Authorization Information Panel

![Prior Authorization Information Panel](image)

The Prior Authorization Information panel may include the following information:

- The **PA Status** field indicates at what stage the PA request is in processing (e.g., 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 D0 (pharmacy).

• The *Received Date* field displays when ForwardHealth received the PA request.

• The *Amendment Received Date* displays when ForwardHealth received an amendment to a PA request.

• The *Date Return Provider Review* field displays the date the PA 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 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 has one or more line items that are for 24-hour drugs.

• The *HealthCheck Other Services* field indicates whether or not the PA 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.

### 7.1.2 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.

![Open Tab Menu](image)

**Figure 103** 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.

![Prior Authorization Menu](image)

**Figure 104** Prior Authorization Menu

Base Information Panel

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

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

![Base Information Panel](image)

**Figure 105** 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 (e.g., 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 SOI.

• The Start Date — SOI field displays the onset date of the spell of illness (SOI).

**Claim List Panel**

The Claim List panel displays any claims that are associated with a PA request.

1. Select **Claim List** from the Prior Authorization menu. The Claim List panel will be displayed.

![Figure 106 Claim List Panel](image)

The Claim List panel may include the following information:

• The Claim ICN column displays the ICN of the claim.

• The Claim Detail column displays the claim detail number associated with the PA.

• The PA Line Item column displays the PA line item associated with the claim.

• The Units Used column indicates the number of units that have been used to date for the PA line item associated with the claim.

• The Dollars Used column displays the dollar amount that has been used to date for the PA line item.

• The Status column indicates whether the claim and PA cross-reference record is active or inactive. The record will become inactive only after an adjustment to the claim is released. Only active records are used in accumulating PA used amounts and units.

• The FDOS column displays the claim’s from date of service (DOS).
• The $TDOS$ column displays the claim’s to DOS.

**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. The Error Base panel will be displayed.

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

![Figure 107 Error Base Panel](image)

**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 **Error Line** from the Prior Authorization menu. The Error Line panel will be displayed.

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

![Figure 108 Error Line Item Panel](image)

The Error Line Item panel may include the following information:

• The **Line Item** field displays the line item number from the Line Item panel that is associated with the error.
• The **Error Code field** displays a code that indicates the error that was discovered on the PA during processing.

• The **EOB Code field** displays the EOB code associated with the EOB description.

• The **Message field** describes the error code indicated.

• The **Override field** indicates if the error code can be overridden.

**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. The External Text panel will be displayed.

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

![External Text Panel](image)

**Figure 109** External Text Panel

**Internal Text Panel**

The Internal Text panel displays notes or comments that are not seen by a member or provider.

1. Select **Internal Text** from the Prior Authorization menu. The Internal Text panel will be displayed.
2. Click the applicable row to populate information in the fields on the panel.

Figure 110  Internal 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. The Line Item panel will be displayed.

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

Figure 111  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 (e.g., procedure code, revenue code, National Drug 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.
- 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 PA 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 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 (e.g., 01 for maxillary arch, 02 for mandibular arch).