

ForwardHealth Provider Portal Prior Authorization User Guide

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1 Introduction

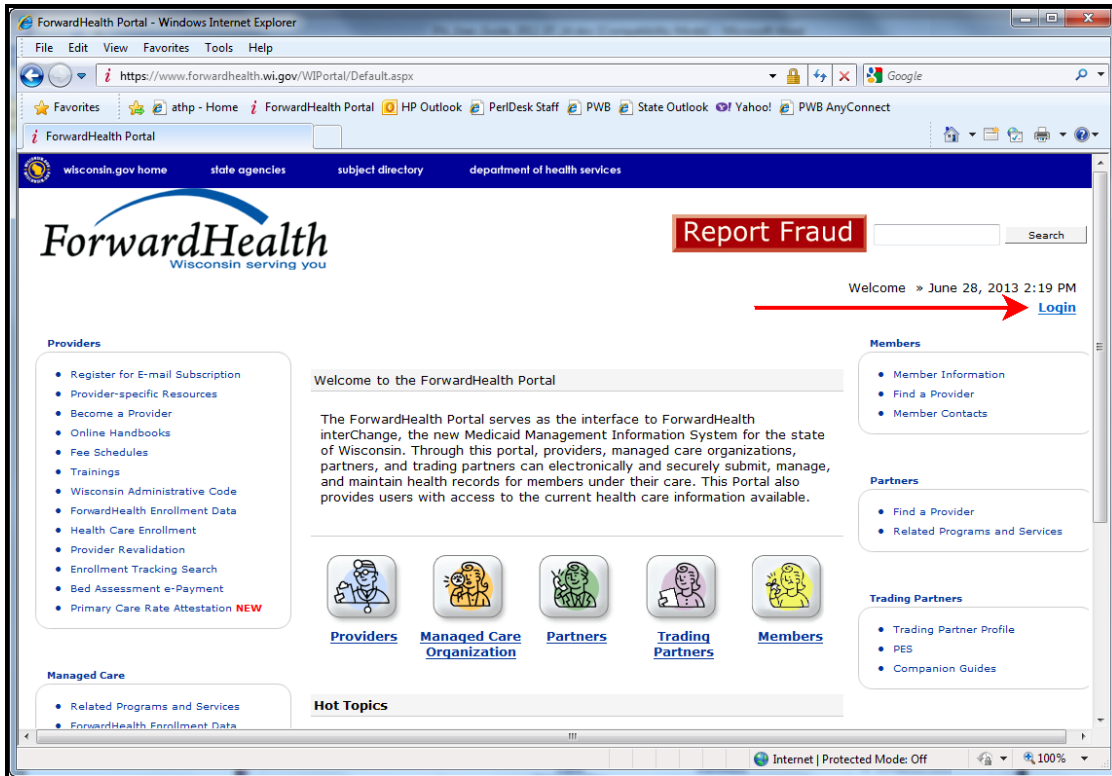
Prior authorization (PA) is the electronic or written authorization issued by ForwardHealth to a provider prior to the provision of a service. In most cases, providers are required to obtain PA *before* providing services that require PA. When granted, a PA request is approved for a specific period of time and specifies the type and quantity of service allowed.

Providers can use the PA features on the ForwardHealth Portal to do the following:

- Submit a new PA.
- Complete a saved PA request.
- Check on a previously submitted PA.
- Amend an approved PA.
- Correct a returned PA.
- Correct a returned PA amendment.
- Print PA cover sheet.
- Upload documents for a PA.

2 Access the Prior Authorization Page

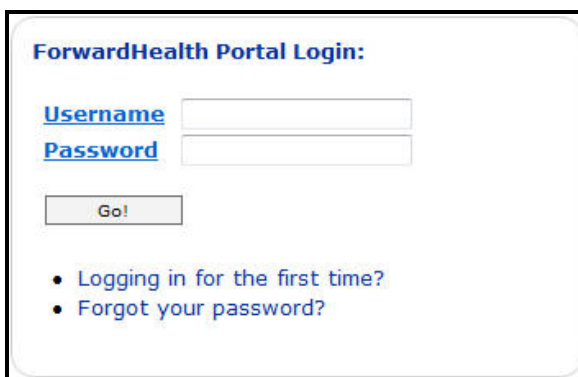
1. Access the ForwardHealth Portal at <https://www.forwardhealth.wi.gov/>.



ForwardHealth Portal Page

2. Click **Login**.

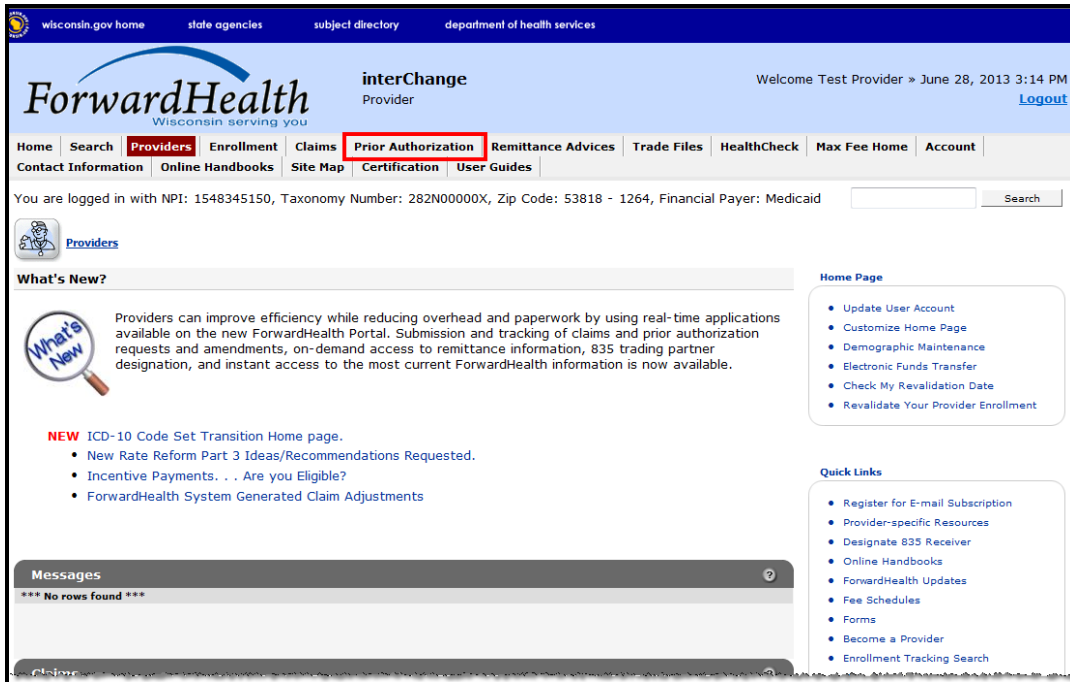
The ForwardHealth Portal Login box will be displayed.



ForwardHealth Portal Login

3. Enter your username.
4. Enter your password.
5. Click **Go!**

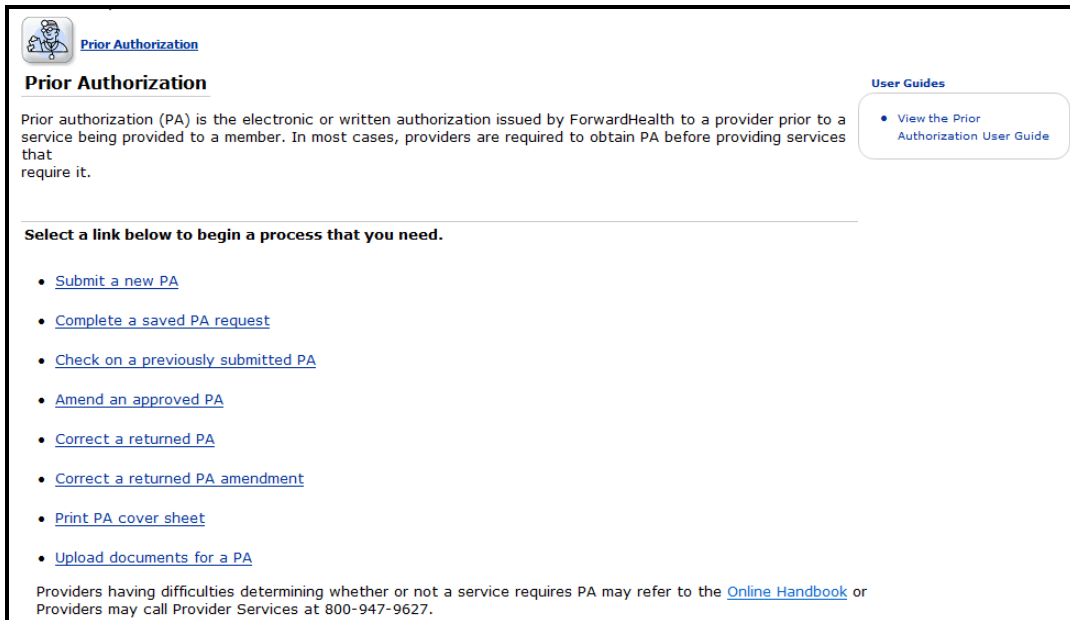
The secure Provider page will be displayed.



Secure Provider Page

6. Click **Prior Authorization** on the main menu at the top of the page.

The Prior Authorization page will be displayed.



Prior Authorization Page

From the Prior Authorization page, providers can choose to do the following:

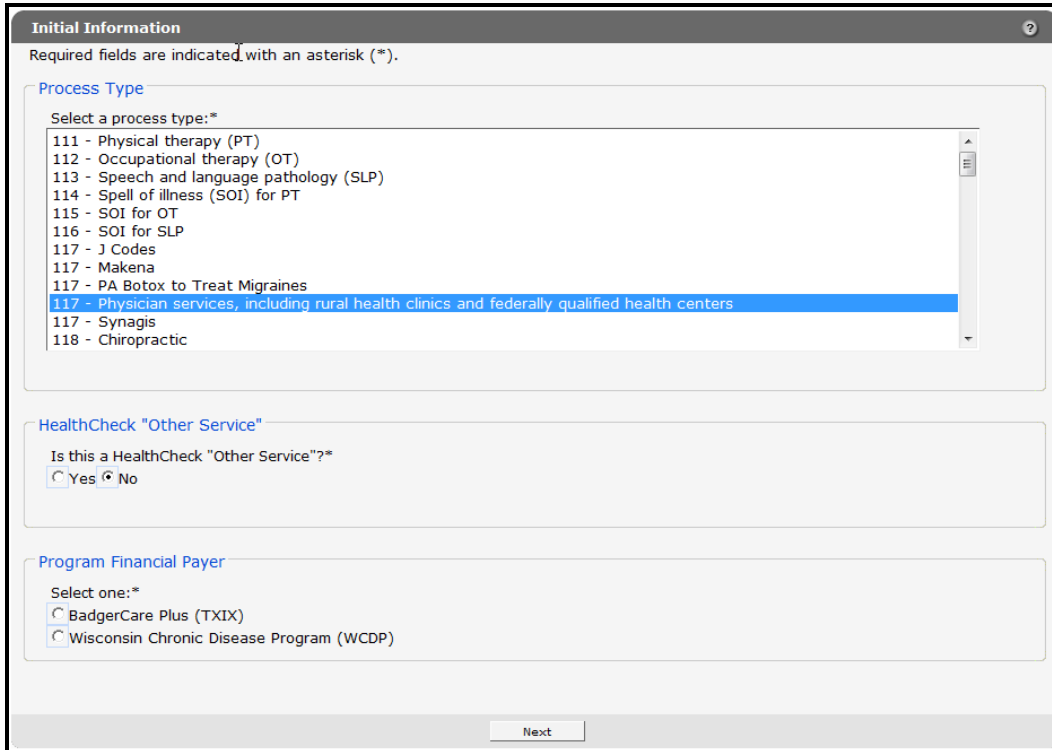
- [*Submit a new PA.*](#)
- [*Complete a saved PA request.*](#)
- [*Check on a previously submitted PA.*](#)
- [*Amend an approved PA.*](#)
- [*Correct a returned PA.*](#)
- [*Correct a returned PA amendment.*](#)
- [*Print a PA cover sheet.*](#)
- [*Upload documents for a PA.*](#)

3 Submit a New Prior Authorization

To save time, providers can copy and paste information from plans of care and other medical documentation into the appropriate fields on a PA request. Except for those providers exempt from National Provider Identifier (NPI) requirements, NPI and related data are required on PA requests submitted via the Portal.

1. On the Prior Authorization page, click **Submit a new PA**.

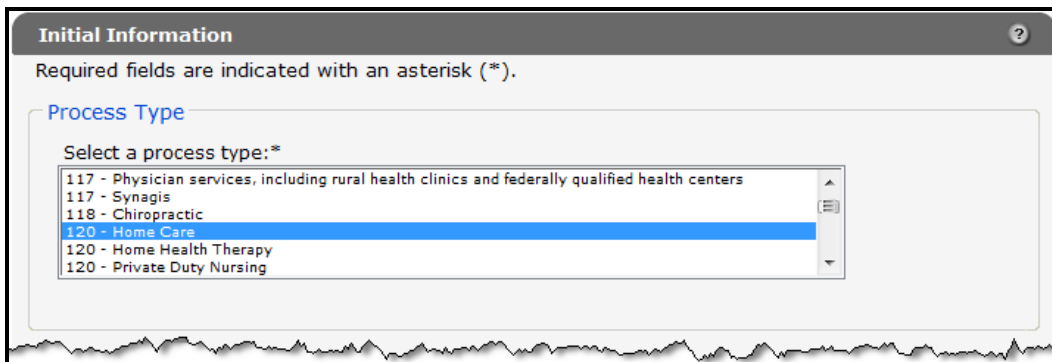
The Initial Information page will be displayed.



The screenshot shows the 'Initial Information' page with a dark header and a help icon. Below the header, it states 'Required fields are indicated with an asterisk (*).' The 'Process Type' section is expanded, showing a list of process types. The option '117 - Physician services, including rural health clinics and federally qualified health centers' is selected and highlighted in blue. Other options include '111 - Physical therapy (PT)', '112 - Occupational therapy (OT)', '113 - Speech and language pathology (SLP)', '114 - Spell of illness (SOI) for PT', '115 - SOI for OT', '116 - SOI for SLP', '117 - J Codes', '117 - Makena', '117 - PA Botox to Treat Migraines', '117 - Synagis', and '118 - Chiropractic'. Below this section is a 'HealthCheck "Other Service"' section with a radio button for 'No' selected. The 'Program Financial Payer' section has a radio button for 'Wisconsin Chronic Disease Program (WCDP)' selected. A 'Next' button is at the bottom.

Initial Information Page

2. In the "Process Type" section, scroll to and select the desired process type.

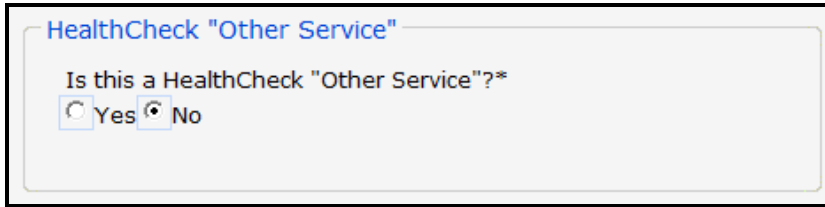


This screenshot is similar to the previous one but shows a different selection in the 'Process Type' dropdown menu. The option '120 - Home Care' is now selected and highlighted in blue. Other visible options include '117 - Physician services, including rural health clinics and federally qualified health centers', '117 - Synagis', '118 - Chiropractic', '120 - Home Health Therapy', and '120 - Private Duty Nursing'. The rest of the page structure remains the same.

Process Type Section

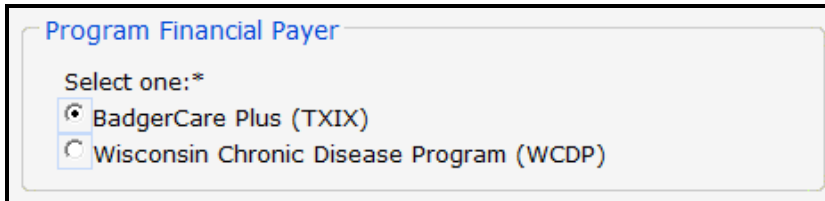
Note: Fields marked with an asterisk (*) are required fields.

3. The "HealthCheck 'Other Service'" section defaults to No. Select **Yes** if the PA request is for a HealthCheck "Other Service."



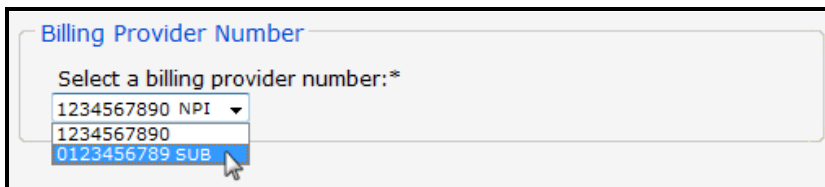
HealthCheck "Other Service" Section

4. In the "Program Financial Payer" section, select either **BadgerCare Plus (TXIX)**, which includes BadgerCare Plus and Wisconsin Medicaid, or **Wisconsin Chronic Disease Program (WCDP)** as the financial payer.



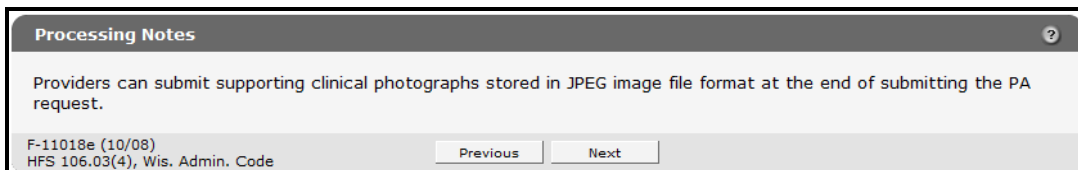
Program Financial Payer Section with BadgerCare Plus (TXIX) Selected

Note: If you are a hospital provider, you will need to select an NPI as the billing provider for the PA request from the drop-down menu in the "Billing Provider Number" section.



Select a Billing Provider Number

5. Click **Next**.
6. If there are not any processing notes for the selected process type, the Member Information page will be displayed. Proceed to [step 9](#).
If there are any processing notes for the selected process type, the Processing Notes page will be displayed.



Processing Notes Page

7. Review the processing notes information.
8. Click **Next**.

The Member Information page will be displayed.

The screenshot shows a web form titled "Member Information" with a help icon in the top right. Below the title, it states "Required fields are indicated with an asterisk (*)." There are four input fields: "Member ID*", "First Name*", "Last Name*", and "Requested Start Date*" (with a calendar icon). At the bottom, there is a footer with the text "F-11018e (10/08) HFS 106.03(4), Wis. Admin. Code" and four buttons: "Previous", "Next", "Clear", and "Verify".

Member Information Page

9. Enter the member's ID in the Member ID field.
10. Enter the member's first name in the First Name field.
11. Enter the member's last name in the Last Name field.
12. Enter the PA's start date using MM/DD/CCYY format in the Requested Start Date field. The calendar icon located to the right of the Requested Start Date field may also be used to select a date.

Note: If you selected process type 123 - Hearing Aid, the Requested Start Date field will only display the current date.

If you selected process type 139 - DME (Oxygen and Oxygen-Related Services), a Place of Service (POS) field will be displayed under the Requested Start Date. Select the appropriate POS from the drop-down menu.

13. If you wish to verify the member's information, click **Verify**.

The page will refresh and if the member information is valid, additional information will be displayed.

The screenshot shows the same "Member Information" form, but now with data entered. The fields are: "Member ID*" (4201042010), "Date of Birth" (11/12/1999), "First Name*" (MEDICAID), "Address" (123 TEST ST), "Last Name*" (JACKSON), "Requested Start Date*" (09/30/2011), "City" (MADISON), "State/Zip" (WI 53714), and "Gender" (F). The footer and buttons are the same as in the previous screenshot.

Member Information Page with Verified Information

If the member is not found, an error message will be displayed at the top of the page. Correct the invalid information.

The following messages were generated:

Invalid member information. Check that the member's ID, first, and last name are correct and that the recipient is eligible on the Requested Start Date.

Example Error Message

Note: To clear information from all the fields on the page, click **Clear**.

14. Click **Next**.

The Service Information page will be displayed.

Service Information Page

The fields on the Service Information page will vary depending on the process type selected on the Initial Information page. Enter all relevant information for the selected process type.

Note: If it is not possible to complete a PA request in one session, users may save a partially completed request at any time from this point until the request is submitted. For information on saving and retrieving partially completed PA requests, refer to [Section 4 Save a Partially Completed Prior Authorization Request](#).

15. Enter the primary diagnosis code in the Primary Diagnosis Code field.

Note: Do not use a decimal point when entering a diagnosis code.

- To search for a code, click **Search** to the right of the Primary Diagnosis Code field.

The Primary Diagnosis Code Search box will be displayed.



Primary Diagnosis Code [Close]

Search ?

Diagnosis Description

search clear

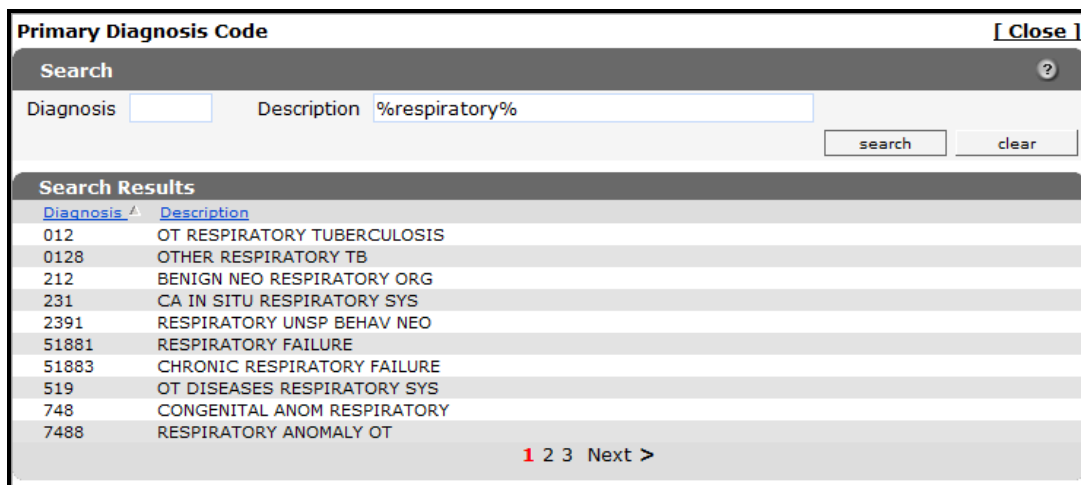
Search Results

*** No rows found ***

Primary Diagnosis Code Search Box

- Enter a **Description** of the code.
 - If the entire description is unknown, enter a key word.
 - If you are unsure of the exact description, use the percent sign (%) as a wildcard search character on either side of a word to display all descriptions containing that word.
- Click **Search**.

Any results matching the query will be displayed in the Search Results panel.



Primary Diagnosis Code [Close]

Search ?

Diagnosis Description

search clear

Search Results

Diagnosis	Description
012	OT RESPIRATORY TUBERCULOSIS
0128	OTHER RESPIRATORY TB
212	BENIGN NEO RESPIRATORY ORG
231	CA IN SITU RESPIRATORY SYS
2391	RESPIRATORY UNSP BEHAV NEO
51881	RESPIRATORY FAILURE
51883	CHRONIC RESPIRATORY FAILURE
519	OT DISEASES RESPIRATORY SYS
748	CONGENITAL ANOM RESPIRATORY
7488	RESPIRATORY ANOMALY OT

1 2 3 Next >

Primary Diagnosis Code Search Box with Search Results Section

Note: Click the **Description** column heading to sort the results alphabetically. Click the heading once to sort the results in ascending order. Click the heading again to sort the results in descending order. Click **Next** or one of the page numbers at the bottom of the section to display additional results.

- Click the applicable code.

The Primary Diagnosis Code Search box will close and the selected code information will populate the Primary Diagnosis Code and Primary Diag Description fields.

Service Information
Required fields are indicated with an asterisk (*).

Primary Diagnosis Code*	25001	[Search]	Primary Diag Description	DIABETES UNCOMPL TYPE I
Secondary Diagnosis Code		[Search]	Secondary Diag Description	
Requested Start Date	07/10/2013		Requesting Provider Signature*	IM REQUESTING PROVIDER
National Provider Identifier - Prescribing/Referring/Ordering Provider	1111111111	NPI [Search]	Name - Prescribing/Referring/Ordering Provider	MEDICAL CENTER

Line Items

Primary Diagnosis Code and Primary Diagnosis Description Fields

16. Enter the secondary diagnosis code in the Secondary Diagnosis Code field (optional).

Note: The date entered on the Member Information page will already be populated in the Requested Start Date field. If the date is incorrect, it must be corrected on the Member Information page.

17. In the Requesting Provider Signature field, enter the name of the provider who is requesting the service.

18. Enter the National Provider Identifier of the prescribing/referring/ordering provider in the National Provider Identifier - Prescribing/Referring/Ordering Provider field when required.

19. Enter the name of the prescribing/referring/ordering provider in the Name - Prescribing/Referring/Ordering Provider field when required.

20. In the "Line Items" section, although not all the fields are required, enter as much information as possible.

- The Line Item field populates each time information is entered in the PA. The Line Item field starts with 01.

Note: Up to 26 line items may be entered.

- Enter the ID of the provider who provided the service in the Rendering Provider ID field. If the field is left blank, the billing provider's number will be used by default.
- In the Rendering Provider Taxonomy field, enter the taxonomy code that identifies the rendering provider's provider type and area of specialization.
- Select what kind of service code you are indicating from the Service Code Type drop-down menu.
- Enter the service code in the Service Code field. To search for the code, click **Search** to the right of the field.

Once a service code has been entered, information will populate in the Service Code Description field.

- Enter any additional information about the service code that is needed to describe the service requested in the Additional Service Code Description field.
- Enter any appropriate modifier codes that apply to this PA process in one or more of the four Modifier fields.
- Enter the appropriate POS code in the Place of Service field.
- Enter the amount being requested (e.g., number of services, days' supply) for the selected procedure code in the Quantity Requested field.

- Enter the provider's usual and customary charge for each service, procedure, or item requested in the Charge field.

If the quantity is greater than 1.0, multiply the quantity by the charge for each service, procedure, or item requested.

21. Click **Verify** to ensure the information entered is valid.

If a required field is left blank or if the information entered is invalid, an error message will be displayed at the top of the page. Correct the error and click **Verify** again.

The following messages were generated:

Requesting Provider Signature is required.

Example Error Message

If the entered information is valid, a validation message will be displayed at the top of the page.

The following messages were generated:

This Prior Authorization is valid and ready for submission.

Validation Message

- To add additional line items to the PA request, click **Add** and enter the appropriate information.
- To cancel the PA request or delete a saved PA request, click **Cancel**.
- To save the partially completed request to be completed at a later time, click **Save and Complete Later**. For information on saving and retrieving partially completed PA requests, refer to [Section 4 Save a Partially Completed Prior Authorization Request](#).

22. Click **Next** to continue.

The Required Attachments page will be displayed.

Attachment	Submission Method*	Notes
THERAPY ATTACHMENT (PA/TA)	Web	The attachment form must be completed online before the PA request can be submitted.

Required Attachments Page

The Required Attachments page displays the following information:

- Attachment — Displays the title of the required attachment.
- Submission Method — Displays submission options users can select.

- If you wish to submit documentation via the Web, refer to [Section 3.1 Submission Method — Web](#).
- If you wish to submit documentation via Electronic Upload, refer to [Section 3.2 Submission Method — Electronic Upload](#).
- If you wish to submit documentation via Mail or Fax, refer to [Section 3.3 Submission Method — Mail or Fax](#).
- Notes — Explain the steps required to complete the submission using the selected submission method.

Note: If more than one attachment is required, choose a submission method for each of the attachments before clicking Next.

3.1 Submission Method — Web

If the service-specific PA attachment (e.g., Prior Authorization/Therapy Attachment, Prior Authorization/Physician Attachment) will be completed on the Portal, the PA attachment form must be completed online before the PA request can be submitted. If needed, providers can use the Additional Information field at the end of the PA attachment to enter up to five pages of text.

Note: Certain PA attachments cannot be completed online or uploaded. These PA attachments can only be submitted via mail or fax.

1. Select **Web** from the Submission Method drop-down menu.
2. Read the Notes for further instructions.
3. Click **Next**.

The required attachment form for your specific PA will be displayed. The example below shows a Care Plan Attachment form.

THERAPY ATTACHMENT (PA/TA)
Required fields are indicated with an asterisk (*).

SECTION I — MEMBER / PROVIDER INFORMATION

Name - Member (Last) JACKSON
Name - Member (First) MEDICAID
Middle Initial - Member
Member ID 4201085945
Age - Member 28

Name - Therapist
Credentials - Therapist
Therapist Provider ID
Telephone Number - Therapist Ext
Name - Referring/Prescribing Physician

Total Time Per Day Requested (Minutes) 0
Total Sessions Per Week Requested 0
Total Number of Weeks Requested 0
Requested Start Date (mm/dd/ccyy)

SECTION VIII — REHABILITATION POTENTIAL
Complete the following sentences based upon the professional assessment.

(1) Upon discharge from this episode of care, the member will be able to
[Text Area]

(2) Upon discharge from this episode of care, the member may continue to (list supportive services)
[Text Area]

(3) The member / member's caregivers support the therapy plan of care by the following activities and frequency of carryover
[Text Area]

(4) It is estimated this episode of care will end (provide approximate end time)
[Text Area]

ADDITIONAL INFORMATION
Enter any additional clinical information pertinent to this PA request that has not been covered previously
[Text Area]

SIGNATURE - Providing Therapist*
Date Signed - Providing Therapist* (mm/dd/ccyy)

SIGNATURE - Member or Member Caregiver (optional)
Date Signed - Member or Member Caregiver (optional) (mm/dd/ccyy)

F-11031e (10/08)
HFS 107.13(3), Wis. Admin. Code
Previous Next Save and Complete Later Clear Verify

Example Attachment Form

Refer to the [ForwardHealth Forms](#) page of the Portal for instructions for specific attachments.

4. Complete the attachment form.
5. Click **Verify**.

If a required field is left blank or if the information entered is invalid, an error message will be displayed at the top of the page.

The following messages were generated:

Name - Provider is required.

Example Error Message

If there are *no* problems with the form, no message will appear.

6. Click **Next**.

The PA Summary page will be displayed.

PA Summary

Providers are reminded that photographs submitted to ForwardHealth as additional supporting clinical documentation for prior authorization requests will not be returned to providers and will be disposed of securely. Refer to the April 2011 ForwardHealth Update (2011-22), titled "Photographs Mailed to ForwardHealth as Additional Supporting Clinical Documentation for Prior Authorization Requests Will No Longer Be Returned to Providers," for additional information.

- The PA request is ready to submit. If any changes need to be made, please make them now by using the navigation links above (e.g. "Service Information") or the "Previous" button below. Do not use your browser's navigation buttons. Once the PA has been submitted, no more changes can be made.
- [Preview PA Request](#)
This preview is a draft PDF version of the PA request and must not be used to submit the PA request via mail or fax. Once the PA request is submitted, a version will be available for you to save or print for your records.
- Additional supporting clinical documentation to be mailed or faxed.
 Check this box if any additional supporting clinical documentation will be mailed or faxed. A PA cover sheet will be required with any additional documentation. The PA cover sheet will be available once the PA has been submitted.
- Additional supporting clinical documentation to be uploaded electronically.
 Check this box if any additional supporting clinical documentation will be uploaded electronically. Documents can be uploaded once the PA has been submitted.
- Select "Submit" to submit the PA request.

PA Summary Page

7. To view a draft of your PA request, click **Preview PA Request**.

A draft PDF version of the PA request will open in a new window.

Draft PDF Version of PA Request

8. Review the draft to ensure the entered information is accurate.
9. If you are submitting additional supporting clinical information via mail or fax or uploading electronically, place a check in the appropriate box.
10. Click **Submit**.

Important: This is the last opportunity to save the request and complete it at a later time. Once the request is submitted, you will not be able to return to the request.

The Confirmation of Receipt page will be displayed.

Confirmation of Receipt Page

11. Click **Print PA Request** to view, print, or save a PDF version of the PA request for your records.

The image shows two forms side-by-side. The left form is the 'FORWARDHEALTH PRIOR AUTHORIZATION REQUEST FORM (PA/RF)'. It has sections for:

- SECTION I - PROVIDER INFORMATION: Includes fields for Provider Type, HealthCheck/Other Service, Wisconsin Chronic Disease Program (CCDP), Name and Address, Billing Provider Number, Billing Provider Taxonomy Code, Name - Prescribing / Referring / Ordering Provider, and National Provider Identifier.
- SECTION II - MEMBER INFORMATION: Includes fields for Member Identification Number, Date of Birth, Address, Name, Gender, and Sex.
- SECTION III - DIAGNOSIS / TREATMENT INFORMATION: Includes a table for Diagnosis (Secondary Code and Description), Requested PA Start Date, First Code of Treatment, and a table for Services (Billing Provider Number, Rendering Provider Taxonomy Code, Service Code, Modifiers, Description of Service, QN, GR, Charge).

 The right form is the 'FORWARDHEALTH PRIOR AUTHORIZATION / CARE PLAN ATTACHMENT (PA/CPA)'. It has sections for:

- SECTION I - MEMBER INFORMATION: Includes fields for Name, Member Identification Number, Start of Care Date, and Certification Period.
- SECTION II - PERTINENT DIAGNOSES AND PROBLEMS TO BE TREATED: Includes fields for Principal Diagnosis and Surgical Procedure and Other Pertinent Diagnoses.
- SECTION III - BRIEF MEDICAL AND SOCIAL INFORMATION: Includes fields for Durable Medical Equipment, Functional Limitations, Activities Permitted, Medications, and Allergies.

 Both forms have a 'Reset Form' button at the bottom and a barcode with the ID 'DT-PA090-090'.

PDF Version of PA Request

12. To print or save the PA request to your hard drive or network location, use the Print or Save As function of the browser.
13. Click **Return to menu** to be redirected to the Prior Authorization page.

3.2 Submission Method — Electronic Upload

To help reduce the chance of a PA request being returned for clerical errors, ForwardHealth recommends completing the PA attachment online as opposed to uploading an electronically completed version of the paper attachment form.

Note: Certain PA attachments cannot be completed online or uploaded. These PA attachments can only be submitted via mail or fax.

1. Select **Electronic Upload** from the Submission Method drop-down menu.

Required Attachments

Required fields are indicated with an asterisk (*).

- The following attachments are required for this PA request.
- Use the drop-down boxes to indicate how you will be submitting each attachment.
- Click next to complete the attachment.

Attachment PRIOR AUTHORIZATION FOR HEARING INSTRUMENT AND AUDIOLOGICAL SERVICES (PA/HIAS2)

Submission Method* Web

Notes The attachment form must be completed online before the PA request can be submitted.

Attachment PHYSICIAN OTOLOGICAL REPORT (PA/POR)

Submission Method* Web

Notes The attachment form must be completed online before the PA request can be submitted.

Previous Next Save and Complete Later

Required Attachments Page

2. Read the Notes for further instructions.
3. Click **Next**.

The PA Summary page will be displayed.

PA Summary

- The PA request is ready to submit. If any changes need to be made, please make them now by using the navigation links above (e.g. "Service Information") or the "Previous" button below. Do not use your browser's navigation buttons. Once the PA has been submitted, no more changes can be made.
- [Preview PA Request](#)
This preview is a draft PDF version of the PA request and must not be used to submit the PA request via mail or fax. Once the PA request is submitted, a version will be available for you to save or print for your records.
- Additional Supporting Clinical Documentation**
 - By mail or fax. Additional supporting clinical documentation must be submitted to ForwardHealth with a PA cover sheet, which will be available for printing once the PA has been submitted.
 - By uploading electronically. Files may be uploaded once the PA has been submitted.
- Select "Submit" to submit the PA request.

Previous Submit Save and Complete Later

PA Summary Page

4. To view a draft of your PA request, click **Preview PA Request**.

A draft PDF version of the PA request will open in a new window.

DEPARTMENT OF HEALTH SERVICES ForwardHealth F-11020 (05/13)		STATE OF WISCONSIN DHS 106.03(4), Wis. Admin. Code	
FORWARDHEALTH PRIOR AUTHORIZATION REQUEST FOR HEARING INSTRUMENT AND AUDIOLOGICAL SERVICES (PA/HIAS1)			
Instructions: Type or print clearly. Providers may submit prior authorization (PA) requests with attachments to ForwardHealth by fax at (608) 221-8616 or by mail to: ForwardHealth, Prior Authorization, Suite 88, 313 Blettner Boulevard, Madison, WI 53784. Refer to the Prior Authorization Request for Hearing Instrument and Audiological Services (PA/HIAS1) Completion Instructions, F-11020A, for information on completing this form.			
SECTION I — PROVIDER INFORMATION			
1. Process Type 123		3. Name and Address — Testing Center (Street, City, State, ZIP+4 Code) KIS, ANNE M 1251 W GLEN OAKS LN MEQUON, WI 53092-3356	
2. Telephone Number — Testing Center (414) 290-6715		4b. Testing Center Taxonomy Code 208D00000X	
4a. Testing Center Provider Number 1235246760		5b. National Provider Identifier — Prescribing Physician 1234621223	
5a. Name — Prescribing Physician TESTING			
SECTION II — MEMBER INFORMATION			
6. Name and Address — Member (Last, First, Middle Initial; Street, City, State, ZIP Code) CARLSON, MEDICAID G. 12 FAIL AVE MADISON, WI 53719			7. Member Identification Number 3201292036
			8. Gender — Member <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
			9. Date of Birth — Member 11/12/1983
SECTION III — DIAGNOSIS / TREATMENT INFORMATION			
10. Diagnosis — Code and Description V700 - ROUTINE MEDICAL EXAM			
11. Rendering Provider Number	12. Rendering Provider Taxonomy	13. Procedure Code	14. Modifiers 1 2 3 4
15. POS	16. Description of Service	17. QR	18. Charge
1235246760	208D00000X	99205	
11	OFFICE/OUTPATIENT VISIT NEW	1.000	\$11.00
20. SIGNATURE — Requesting Provider test		21. Provider Type <input type="checkbox"/> Audiologist <input checked="" type="checkbox"/> Hearing Instrument Specialist	19. Total Charges \$11.00 22. Date Signed 07/18/2013


-DRAFT-
 DT-PA022-022

Draft PDF Version of PA Request

5. Review the draft to ensure the entered information is accurate.
6. Place a check in the appropriate box indicating how you are submitting additional supporting clinical information (mail or fax or uploading electronically).
7. Click **Submit**.

Important: This is the last opportunity to save the request and complete it at a later time. Once the request is submitted, you will not be able to return to the request.

The File Upload page will be displayed.

File Upload

Required fields are indicated with an asterisk (*).

- Select "Browse" to locate each file you wish to upload.
- Select "Upload" when you are ready to upload each file.
- **Please note:** JPG, JPEG, TXT, RTF, or PDF file formats are accepted for supporting clinical documentation.

Upload File

File Path* Browse...

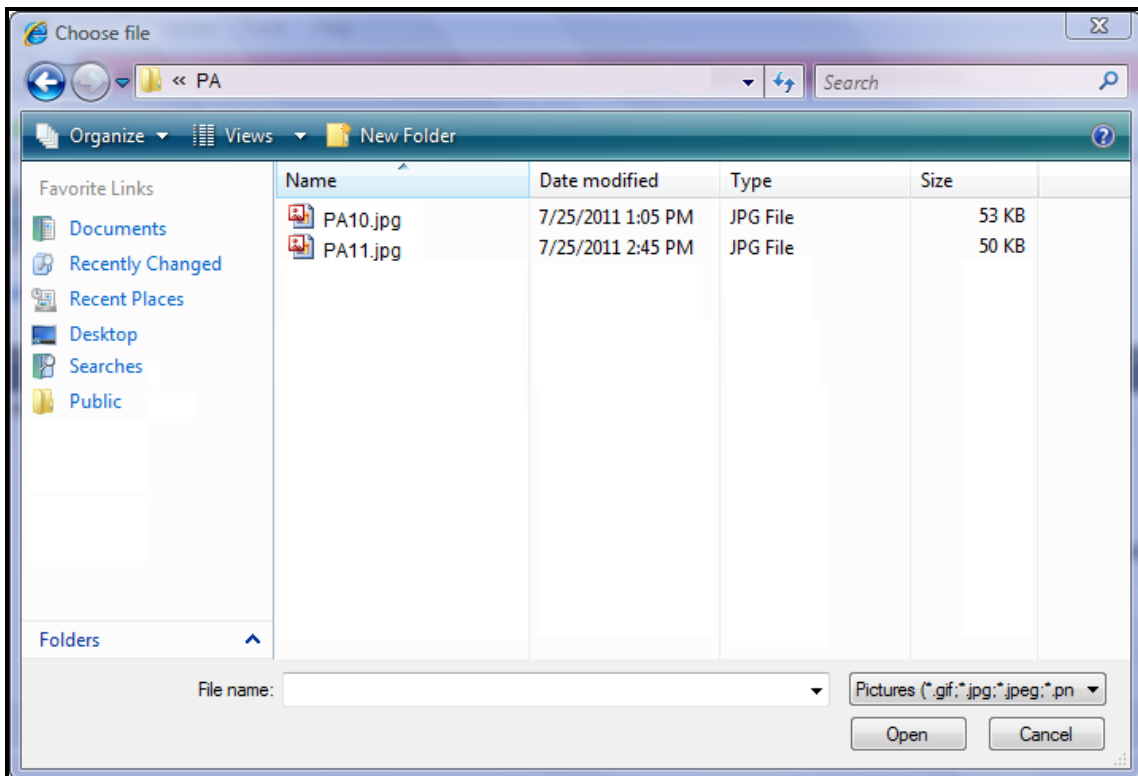
List of Files Uploaded

F-11071e (10/08)

File Upload Page

8. Click **Browse**.

The Choose file window will be displayed.



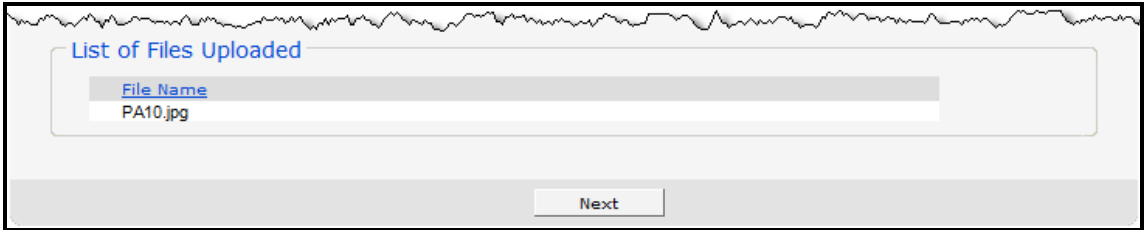
Choose File Window

9. Browse to and select the desired file.
10. Click **Open**.

The Choose file window will close and the file path will display in the File Path field.

11. Click **Upload**.

The uploaded file will be displayed in the "List of Files Uploaded" section.

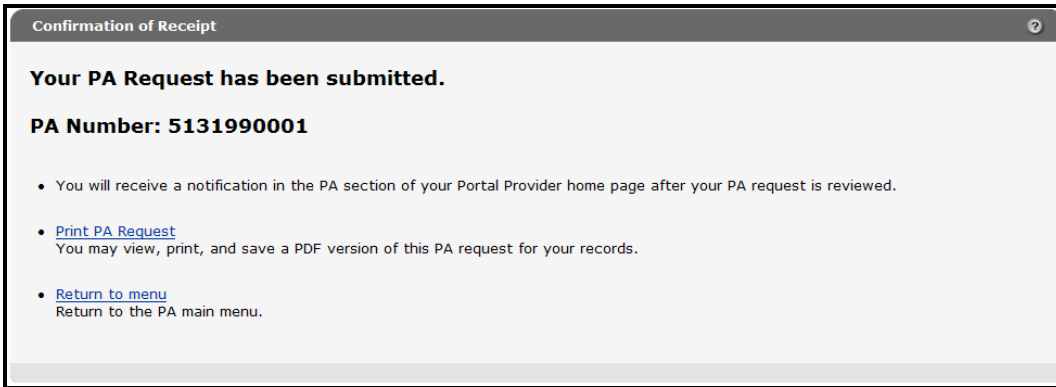


Lists of Files Uploaded Section

12. Upload as many files as necessary.

13. Click **Next**.

The Confirmation of Receipt page will be displayed.



Confirmation of Receipt Page

14. Click **Print PA Request** to view, print, or save a PDF version of the PA request for your records.

3.3 Submission Method — Mail or Fax

1. Select **Mail or Fax** from the Submission Method drop-down menu.

Required Attachments

Required fields are indicated with an asterisk (*).

- The following attachments are required for this PA request.
- Use the drop-down boxes to indicate how you will be submitting each attachment.
- Click next to complete the attachment.

Attachment PRIOR AUTHORIZATION DRUG ATTACHMENT FOR ONABOTULINUMTOXIN A (BOTOX ®) TO TREAT CHRONIC MIGRAINES

Submission Method* Mail or Fax

Notes The attachment form must be completed online before the PA request can be submitted.

Previous Next Save and Complete Later

Required Attachments Page

2. Read the Notes for further instructions.
3. Click **Next**.

Any special attachments that need to be mailed will be displayed for printing.

PRIOR AUTHORIZATION DRUG ATTACHMENT FOR ONABOTULINUMTOXIN A (BOTOX ®) TO TREAT CHRONIC MIGRAINES

SECTION I - MEMBER AND PROVIDER INFORMATION

Name - Member (Last) ABIGAIL

Name - Member (First) MEMBER

Middle Initial - Member

Member Identification Number 5201091351

Date of Birth - Member 05/20/1965 (mm/dd/ccyy)

Name - Neurologist* HOCKEY DENTIST

National Provider Identifier (NPI) - Neurologist* 9561211233

F-00701(03/13) Previous Next Save and Complete Later Clear Verify

Print Form for Mailing

4. Click **Next**
- The PA Summary page will be displayed.

PA Summary

- The PA request is ready to submit. If any changes need to be made, please make them now by using the navigation links above (e.g. "Service Information") or the "Previous" button below. Do not use your browser's navigation buttons. Once the PA has been submitted, no more changes can be made.
- [Preview PA Request](#)
This preview is a draft PDF version of the PA request and must not be used to submit the PA request via mail or fax. Once the PA request is submitted, a version will be available for you to save or print for your records.
- **Additional Supporting Clinical Documentation**
 - By mail or fax. Additional supporting clinical documentation must be submitted to ForwardHealth with a PA cover sheet, which will be available for printing once the PA has been submitted.
 - By uploading electronically. Files may be uploaded once the PA has been submitted.
- Select "Submit" to submit the PA request.

Previous Submit Save and Complete Later

PA Summary Page

5. To view a draft of your PA request, click **Preview PA Request**.
A draft PDF version of the PA request will open in a new window.

DEPARTMENT OF HEALTH SERVICES
 ForwardHealth
 F-11020 (05/13)

STATE OF WISCONSIN
 DHS 106.03(4), Wis. Admin. Code

**FORWARDHEALTH
 PRIOR AUTHORIZATION REQUEST FOR HEARING INSTRUMENT
 AND AUDIOLOGICAL SERVICES (PA/HIAS1)**

Instructions: Type or print clearly. Providers may submit prior authorization (PA) requests with attachments to ForwardHealth by fax at (608) 221-8616 or by mail to: ForwardHealth, Prior Authorization, Suite 88, 313 Blettner Boulevard, Madison, WI 53784. Refer to the Prior Authorization Request for Hearing Instrument and Audiological Services (PA/HIAS1) Completion Instructions, F-11020A, for information on completing this form.

SECTION I — PROVIDER INFORMATION

1. Process Type <div style="text-align: center; font-size: 24px; font-weight: bold;">123</div>	3. Name and Address — Testing Center (Street, City, State, ZIP+4 Code) KIS, ANNE M 1251 W GLEN OAKS LN MEQUON, WI 53092-3356
2. Telephone Number — Testing Center (414) 290-6715	4b. Testing Center Taxonomy Code 208D00000X
4a. Testing Center Provider Number 1235246760	5b. National Provider Identifier — Prescribing Physician 1234621223
5a. Name — Prescribing Physician TESTING	5b. National Provider Identifier — Prescribing Physician 1234621223

SECTION II — MEMBER INFORMATION

6. Name and Address — Member (Last, First, Middle Initial; Street, City, State, ZIP Code) CARLSON, MEDICAID G. 12 FAIL AVE MADISON, WI 53719	7. Member Identification Number 3201292036	8. Gender — Member <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
9. Date of Birth — Member 11/12/1983		


SECTION III — DIAGNOSIS / TREATMENT INFORMATION

10. Diagnosis — Code and Description
 V700 - ROUTINE MEDICAL EXAM

11. Rendering Provider Number	12. Rendering Provider Taxonomy	13. Procedure Code	14. Modifiers				15. POS	16. Description of Service	17. QR	18. Charge
			1	2	3	4				
1235246760	208D00000X	99205					11	OFFICE/OUTPATIENT VISIT NEW	1.000	\$11.00

An approved authorization does not guarantee payment. Reimbursement is contingent upon enrollment of the member and provider at the time the service is provided and the completeness of the claim information. Payment will not be made for services initiated prior to approval or after the authorization expiration date. Reimbursement will be in accordance with Medicaid and BadgerCare Plus payment methodology and policy. If the member is enrolled in a BadgerCare Plus Managed Care Program at the time a prior authorized service is provided, Medicaid reimbursement will be allowed only if the service is not covered by the Managed Care Program.

20. SIGNATURE — Requesting Provider test	21. Provider Type <input type="checkbox"/> Audiologist <input checked="" type="checkbox"/> Hearing Instrument Specialist	22. Date Signed 07/18/2013
---	--	-------------------------------


 DT-PA022-022

Draft PDF Version of PA Request

Note: This preview is a draft PDF version of the PA request and must not be used to submit the PA request via mail or fax. Once the PA request is submitted, a version will be available for you to save or print for your records.

6. Place a check in the appropriate box indicating how you are submitting additional supporting clinical information (mail or fax or uploading electronically).
7. Click **Submit**.

Important: This is the last opportunity to save the request and complete it at a later time. Once the request is submitted, you will not be able to return to the request.

The Print the PA Cover Sheet page will be displayed.

Print the PA Cover Sheet

- You have indicated that you will be submitting the following documents by mail or fax:
 - Additional supporting clinical documentation.
- To process your PA request, select "Get PA Cover Sheet" below. Selecting "Get PA Cover Sheet" will open a new browser window. To print the cover sheet, you must select "File » Print" from your browser's menu. If you are unable to print the PA cover sheet at this time, then you must select "File » Save" from your browser's menu to save the cover sheet on your computer and print it at another time.
- After printing the PA cover sheet, you must send it along with the documents listed above to the following address or fax number:

ForwardHealth
Prior Authorization
313 Blettner Blvd
Madison, WI 53784

Fax: (608) 221-8616

Note: If the PA cover sheet and the documents listed above are not received within 30 days, the PA request will be inactivated. A new PA request will need to be submitted.
- After printing the PA cover sheet, select "Next" to receive your PA number for this request.

[Get PA Cover Sheet](#)

[Next](#)

Print the PA Cover Sheet Page


8. Read the instructions on the Print the PA Cover Sheet page.
9. Click **Get PA Cover Sheet**.

A PDF version of the PA cover sheet will open in a new window.

July 15, 2013 Page 2 of 2

Scott Walker
Governor

Kathy Floods
Secretary


State of Wisconsin
Department of Health Services

July 18, 2013

MS. ANNE M
SYLVESTER
1251 W OLEN OAKS LN
MEGLON, WI 53092-3356

PA Number: 5131990002
PA Submission Date: 07/18/2013
PA Request Inactivation Date: 09/17/2013

Dear MS. ANNE M

A prior authorization (PA) request was submitted to ForwardHealth on 07/18/2013 via the Web PA. In order for ForwardHealth to complete the processing of your PA request, additional supporting documentation is required. Your PA request has been assigned PA number 5131990002.

List the additional supporting documentation in the space provided on the second page of this letter.

Providers are required to send both pages of this letter and additional supporting documentation by fax at (608) 221-8616 or by mail to the following address:

ForwardHealth
Prior Authorization
Site 58
313 Blettner Blvd
Madison, WI 53784

Providers are encouraged to retain a copy of all documentation for their records.

ForwardHealth must receive the additional supporting documentation within 30 calendar days of the PA submission date indicated in this letter. If the submission is not received by this date, your PA request will be inactivated. If your PA request is inactivated, you will be required to submit a new PA request and a new receipt date will be established.

If you have any questions, please contact Provider Services at (800) 947-9627.

Sincerely,

ForwardHealth

F-11159 (07/12)

Wisconsin.gov

FORWARDHEALTH
PRIOR AUTHORIZATION
313 BLETTNER BLVD
MADISON, WI 53784

Telephone: 800-947-9627
FAX: 608-221-8616
TTY: 711 or 608-947-9629
www.forwardhealth.wi.gov

List the additional supporting documentation below.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

DT-FAC09-059-5131990002-5201891351-117

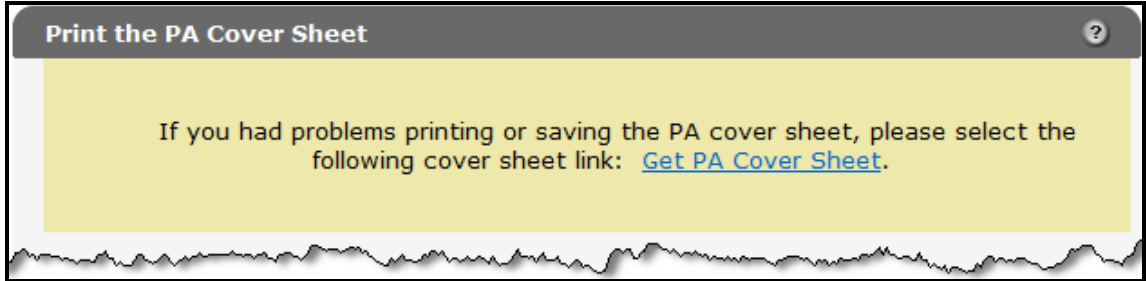
PDF Version of the PA Cover Sheet

ForwardHealth Provider Portal
Prior Authorization User Guide

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10. To print or save the PA cover sheet to your hard drive or network location, use the Print or Save As function of the browser.

If you have problems printing or saving the PA cover sheet, click the link that appears at the top of the Print the PA Cover Sheet page.

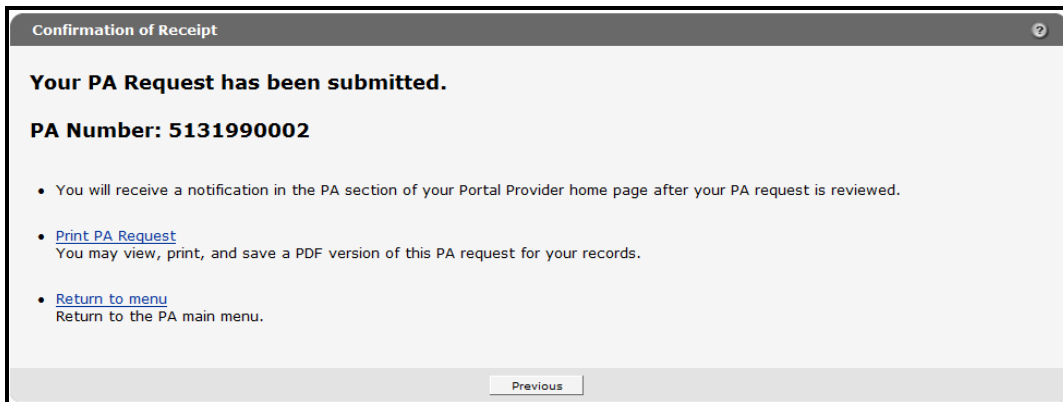


Get PA Cover Sheet Link

Note: If the PA cover sheet and required attachments are not received within 30 days, the PA request will be inactivated. A new PA request will need to be submitted.

11. Click **Next**.

The Confirmation of Receipt page will be displayed.



Confirmation of Receipt Page

12. Click **Print PA Request** to view, print, or save a PDF version of the PA request.
13. Click **Return to menu** to be redirected to the Prior Authorization page.

4 Save a Partially Completed Prior Authorization Request

If a PA request cannot be completed in one session, users may save the partially completed request without losing entered data.

Users may save PA requests at any point after the Member Information page and any required processing notes have been completed. Once a request is submitted, users will not be able to save the request to complete at a later date.

Users are able to retrieve the partially completed PA request at a later time and either complete the request and submit it or delete it. For additional information, refer to [Section 5 Complete a Saved Prior Authorization Request](#).

Note: The ability to save partially completed PA requests only applies to new PA requests. Providers will not be able to save partially completed PA amendments or corrections to returned PA requests or amendments.

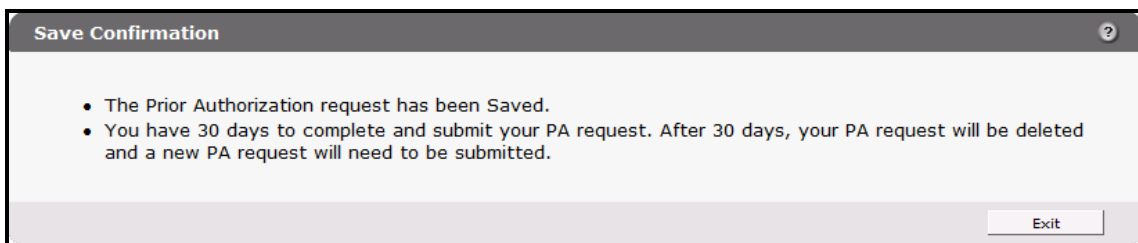
A Save and Complete Later button is available at the bottom of the Service Information page and each succeeding page until the request is submitted.

1. Click **Save and Complete Later** on any page where the button is available.



Save and Complete Later Button

The Save Confirmation page will be displayed.



Save Confirmation Page

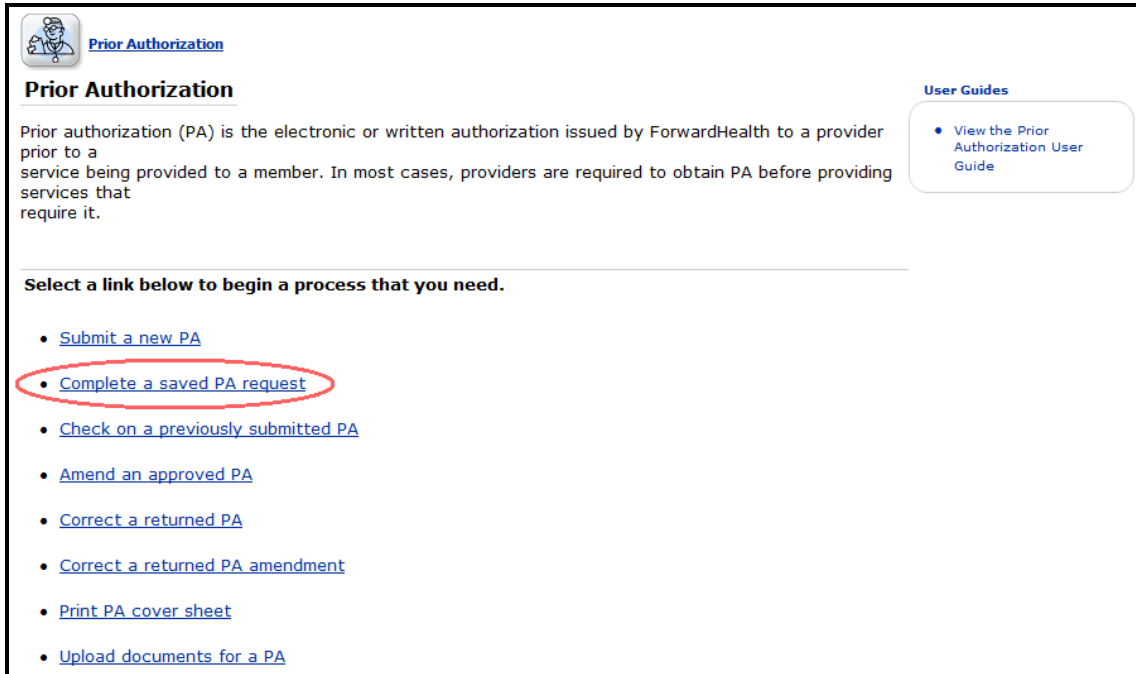
2. Click **Exit** to be redirected to the Prior Authorization page.

5 Complete a Saved Prior Authorization Request

Users can retrieve a partially completed PA request at any time within 30 days from the last time it was saved.

Providers are required to submit or re-save a PA request within 30 calendar days of the date the PA request was last saved. After 30 calendar days of inactivity, a PA request will be automatically deleted, and the provider will have to re-enter the request.

1. On the Prior Authorization page, click **Complete a saved PA request**.



The screenshot shows the 'Prior Authorization' page. At the top left is a logo with a doctor and the text 'Prior Authorization'. Below it is the heading 'Prior Authorization' and a paragraph explaining that PA is an electronic or written authorization issued by ForwardHealth to a provider. To the right is a 'User Guides' box with a link to 'View the Prior Authorization User Guide'. Below the text is a section titled 'Select a link below to begin a process that you need.' followed by a list of links: 'Submit a new PA', 'Complete a saved PA request' (circled in red), 'Check on a previously submitted PA', 'Amend an approved PA', 'Correct a returned PA', 'Correct a returned PA amendment', 'Print PA cover sheet', and 'Upload documents for a PA'.

Complete a Saved PA Request Link

The Complete a Saved PA Request page will be displayed.

Complete a Saved PA Request
Required fields are indicated with an asterisk (*).
Select a PA request from the list below and select Next.

Saved PA Requests

Process Type	Medicaid ID	First Name	Last Name	Requested Start Date	Last Saved Date
111 - Physical therapy (PT)	1111111111	John	Member	06/19/2012	06/20/2012
117 - Physician services, including rural health clinics and federally qualified health centers	3333333333	Mary	Member	07/01/2012	06/21/2012
117 - Physician services, including rural health clinics and federally qualified health centers	9999999999	Bob	Member	07/01/2012	06/22/2012

Saved PA Request

Member Information

Member ID
First Name
Last Name

PA Information

Process Type
Requested Start Date
Last Saved Date

Below is a list of saved PAs that were deleted due to inactivity

*** No rows found ***

Complete a Saved PA Request Page

The Complete a Saved PA Request page displays all of the provider's PA requests that have been saved.

Any saved requests that have been deleted due to inactivity will be listed at the bottom of the page. The list will *not* include PA requests deleted by the provider. This list is for informational purposes only. Neither providers nor ForwardHealth will be able to retrieve PA requests that have been deleted.

2. Click the PA request you wish to complete or delete.

The fields will populate with information regarding the selected PA request.

Complete a Saved PA Request ?

Required fields are indicated with an asterisk (*).

Select a PA request from the list below and select Next.

Saved PA Requests

Process Type	Medicaid ID	First Name	Last Name	Requested Start Date	Last Saved Date
111 - Physical therapy (PT)	1111111111	John	Member	06/19/2012	06/20/2012
117 - Physician services, including rural health clinics and federally qualified health centers	3333333333	Mary	Member	07/01/2012	06/21/2012
117 - Physician services, including rural health clinics and federally qualified health centers	9999999999	Bob	Member	07/01/2012	06/22/2012

Saved PA Request

Member Information

Member ID 1111111111
First Name John
Last Name Member

PA Information

Process Type 111 - Physical therapy (PT)
Requested Start Date 06/19/2012
Last Saved Date 06/20/2012

delete

Below is a list of saved PAs that were deleted due to inactivity

*** No rows found ***

Next Exit

Complete a Saved PA Request Page with Populated Information

If you wish to delete the selected request, click **Delete**. A dialog box will be displayed. Click **OK** to delete the request.

3. Click **Next** to open a saved PA request.

The Initial Information page will be displayed.

Initial Information ?

Required fields are indicated with an asterisk (*).

Process Type

Select a process type:*

- 111 - Physical therapy (PT)
- 112 - Occupational therapy (OT)
- 113 - Speech and language pathology (SLP)
- 114 - Spell of illness (SOI) for PT
- 115 - SOI for OT
- 116 - SOI for SLP

HealthCheck "Other Service"

Is this a HealthCheck "Other Service"?*

Yes No

Program Financial Payer

Select one:*

BadgerCare Plus (TXIX)

Wisconsin Chronic Disease Program (WCDP)

Next

Saved Initial Information Page

4. Verify the information on this page.

Users *cannot* change the process type after the PA has been saved. If the process type needs to be changed, the saved PA request should be deleted and a new PA request started.

5. If the information is correct, click **Next**.

The Member Information page will be displayed.

Member Information ?

Required fields are indicated with an asterisk (*).

Member ID* 1111111111

First Name* JOHN

Last Name* MEMBER

Requested Start Date* 06/30/2012

F-11018e (10/08)
HFS 106.03(4), Wis. Admin. Code

Previous Next Clear Verify

Saved Member Information Page

6. Verify the information on this page.

Information on this page may be changed.

7. Click **Next**.

The Service Information page will be displayed.

Service Information

Required fields are indicated with an asterisk (*).

Primary Diagnosis Code* <input type="text" value="V2341"/> [Search]	Primary Diag Description: PREG W HX PRE-TERM LABOR
Secondary Diagnosis Code <input type="text"/> [Search]	Secondary Diag Description: <input type="text"/>
Requested Start Date: 07/16/2013	Requesting Provider Signature*: <input type="text" value="test"/>
National Provider Identifier - Prescribing/Referring/Ordering Provider: 9561211233 [Search]	Name - Prescribing/Referring/Ordering Provider: HOCKEY DENTIST

Line Items

Line Item	Provider ID	Service Code	Modifiers	Quantity	Charge	Status
02	1235246760			0	\$0.00	
01	1235246760	J1725	U1	1.000	\$1.00	
Total:					\$1.00	

Select row to update/delete -or- enter new line item information and select Add

Line Item:

Rendering Provider ID: [Search] (If blank, will default to Billing Provider)

Rendering Provider Taxonomy:

Service Code Type*: (After choosing, move off field, and wait for Service Code field to appear)

Service Code*: [Search]

Service Code Description:

Additional Service Code Description:

Modifiers:

Place of Service*:

Quantity Requested*:

Charge*:

F-11018e (10/08)
 HFS 106.03(4), Wis. Admin. Code

Saved Service Information page

8. To continue completing the PA request, follow the instructions beginning at [step 15](#) under Section 3 Submit a New Prior Authorization.

If the PA request cannot be completed at this time, users can re-save the request. PA requests may be saved as many times as necessary as long as users submit or re-save the request within 30 calendar days of the date the request was last saved. After 30 calendar days of inactivity, the request will be automatically deleted, and users will need to start a new request.

6 Check On a Previously Submitted Prior Authorization

1. On the Prior Authorization page, click **Check on a previously submitted PA**.
The Find PA Record page will be displayed.

Find PA Record

To view a PA record enter the PA Number in the PA Number field and select "View PA Record".

PA Number View PA Record

If you do not know the PA number, enter the member information in one or more of the data fields and select "Search" to view available PAs, or select "Clear" and "Search" to view the entire list of PAs submitted by your Provider ID.

Process Type

- Any
- 111 - Physical therapy (PT)
- 112 - Occupational therapy (OT)
- 113 - Speech and language pathology (SLP)
- 114 - Spell of illness (SOI) for PT
- 115 - SOI for OT

Member ID

Requested Start Date

PA Status Any

Amendment Status Any

Search Clear Exit

Find PA Record Page

You can find a PA by either entering a PA number or entering information in one or more of the data fields.

6.1 Search by Prior Authorization Number

1. Enter a PA number.
2. Click **View PA Record**.

Find PA Record

To view a PA record enter the PA Number in the PA Number field and select "View PA Record".

PA Number View PA Record

Search by PA Number

If no results match the search, an error message will be displayed at the top of the page.

The following messages were generated:
PA Number is invalid.

Example Error Message

If the entered PA number is valid, the PA Record page will be displayed.

PA Record
?

• The PA record below is in "SUSPENDED - PROVIDER SENDING INFO" status.

PA Information

PA Number 5131990002	Media Type WEB
First Name ABIGAIL	Member ID 5201091351
Last Name PLAX	Date of Birth 05/20/1965
PA Status SUSPENDED - PROVIDER SENDING INFO	
Amendment Status	
Process Type 117 - PA Botox to Treat Migraines	
Program Medicaid	
HealthCheck Other Service No	Start Date - SOI
Requested Start Date 07/16/2013	First Date of Treatment - SOI
Primary Diagnosis Code V700	Description ROUTINE MEDICAL EXAM
Secondary Diagnosis Code	Description
National Provider Identifier- Prescribing/Referring/Ordering Provider	Name - Prescribing/Referring/ Ordering Provider

Line Item Information

Line Item	Status	Service Code	Units Requested	Dollars Requested	Units Authorized	Dollars Authorized	Grant Date	Expiration Date
01	PENDING	99205	1.000	\$1.00	0.000	\$0.00		

Select row above to display a different line item's data below.

Line Item 01

Status PENDING

Rendering Provider ID 1235246760 NPI

Prescribing Provider ID

Service Code Type Procedure Code

Service Code 99205

Service Code Description

Tooth Area of the Oral Cavity

Modifiers

Place of Service 11

Units Requested 1.000	Dollars Requested \$1.00
Units Authorized 0.000	Dollars Authorized \$0.00
Units Remaining 0.000	Dollars Remaining \$0.00
Grant Date	
Expiration Date	

Change Prior Authorization Status

Check this box to change PA status from "Suspended" to "Pending". Enter text below to explain or comment on why the PA can be processed.

Comments (Optional)

PA Record Page

- Click **Exit** to return to the Prior Authorization page.

6.2 Search by Other Criteria

If the PA number is unknown, you can search for the PA using any of the remaining fields on the page. To refine your search, enter information in more than one field.

1. Enter or select information for any of the following fields:

- Process Type.
- Provider ID.

Note: To search by Provider ID, you must be logged into a hospital account.

- Member ID.
- Requested Start Date.
- PA Status.
- Amendment Status.

To view all previously submitted PAs, leave all the fields blank.

If you do not know the PA number, enter the member information in one or more of the data fields and select "Search" to view available PAs, or select "Clear" and "Search" to view the entire list of PAs submitted by your Provider ID.

Process Type

- Any
- 111 - Physical therapy (PT)
- 112 - Occupational therapy (OT)
- 113 - Speech and language pathology (SLP)
- 114 - Spell of illness (SOI) for PT
- 115 - SOI for OT

Member ID 4201042010

Requested Start Date

PA Status Any

Amendment Status Any

Search Clear Exit

Search by Other Criteria

2. Click **Search**.

If no results match the criteria entered, an error message will be displayed at the top of the page. Revise your search criteria and click **Search** again.

The following messages were generated:

No PA records can be found in the system matching the criteria entered.

Example Error Message

If the entered information is valid, the Choose PA Record page will be displayed.

Choose PA Record ?

From the list below select the PA record you wish to view and press enter. If the PA is not listed, select "Previous", refine your search criteria and search again, or [contact](#) provider services for assistance at 1-800-947-9627.

PA Number	PA Status	Amendment Status	Member Id	Requested Start Date	Process Type
1080980002	INACTIVE - INFO NOT RECEIVED		4201042010	04/07/2011	132 - DISPOSABLE MEDICAL SUPPLIES
1081000007	DENIED		4201042010	04/09/2011	132 - DISPOSABLE MEDICAL SUPPLIES
1081010001	DENIED		4201042010	04/10/2011	132 - DISPOSABLE MEDICAL SUPPLIES
5112000001	PENDING - FISCAL AGENT REVIEW		4201042010	09/30/2011	120 - HOME CARE
1081505002	APPROVED		4201042010	05/29/2011	139 - DME (RESPIRATORY EQUIPMENT)
5112770002	SUSPENDED - PROVIDER SENDING INFO		4201042010	09/30/2011	120 - HOME CARE
1081659423	APPROVED	INACTIVE - INFO NOT RECEIVED	4201042010	06/20/2011	117 - PHYSICIAN

Choose PA Record Page

Note: To sort the results by category, click a column heading once to sort the results in ascending order. Click the heading again to sort the results in descending order.

3. Select the PA you wish to view.
The PA Record page will be displayed.

PA Record

- The PA record below is in "SUSPENDED - PROVIDER SENDING INFO" status.

PA Information

PA Number 5131990002 Media Type WEB
 First Name ABIGAIL Member ID 5201091351
 Last Name PLAX Date of Birth 05/20/1965
 PA Status SUSPENDED - PROVIDER SENDING INFO
 Amendment Status
 Process Type 117 - PA Botox to Treat Migraines
 Program Medicaid
 HealthCheck Other Service No Start Date - SOI
 Requested Start Date 07/16/2013 First Date of Treatment - SOI
 Primary Diagnosis Code V700 Description ROUTINE MEDICAL EXAM
 Secondary Diagnosis Code Description
 National Provider Identifier- Name - Prescribing/Referring/
 Prescribing/Referring/Ordering Provider Ordering Provider

Line Item Information

Line Item	Status	Service Code	Units Requested	Dollars Requested	Units Authorized	Dollars Authorized	Grant Date	Expiration Date
01	PENDING	99205	1.000	\$1.00	0.000	\$0.00		

Select row above to display a different line item's data below.

Line Item 01
 Status PENDING
 Rendering Provider ID 1235246760 NPI
 Prescribing Provider ID
 Service Code Type Procedure Code
 Service Code 99205
 Service Code Description
 Tooth Area of the Oral Cavity
 Modifiers
 Place of Service 11
 Units Requested 1.000 Dollars Requested \$1.00
 Units Authorized 0.000 Dollars Authorized \$0.00
 Units Remaining 0.000 Dollars Remaining \$0.00
 Grant Date
 Expiration Date

Change Prior Authorization Status

Check this box to change PA status from "Suspended" to "Pending". Enter text below to explain or comment on why the PA can be processed.

Comments (Optional)

Submit

Previous Exit

PA Record Page

- Click **Exit** to return to the Prior Authorization page.

6.3 Change Suspended Prior Authorization Status

If the selected PA is in a status of *Suspended — Provider Sending Info*, providers have the option of changing the PA status from *Suspended* to *Pending* if it is determined that additional information will not need to be mailed or faxed.

- On the Prior Authorization page, click **Check on a previously submitted PA**.

The Find PA Record page will be displayed.

The screenshot shows a web application window titled "Find PA Record". At the top, there is a help icon. Below the title, a text instruction reads: "To view a PA record enter the PA Number in the PA Number field and select 'View PA Record'." This is followed by a text input field labeled "PA Number" and a button labeled "View PA Record".

Below this, another text instruction reads: "If you do not know the PA number, enter the member information in one or more of the data fields and select 'Search' to view available PAs, or select 'Clear' and 'Search' to view the entire list of PAs submitted by your Provider ID." This is followed by a "Process Type" dropdown menu. The dropdown is open, showing a list of options: "Any", "111 - Physical therapy (PT)", "112 - Occupational therapy (OT)", "113 - Speech and language pathology (SLP)", "114 - Spell of illness (SOI) for PT", and "115 - SOI for OT".

Below the dropdown are several input fields: "Provider ID" (a dropdown menu), "Member ID" (a text input field), "Requested Start Date" (a text input field with a calendar icon), "PA Status" (a dropdown menu set to "Any"), and "Amendment Status" (a dropdown menu set to "Any").

At the bottom right of the form are three buttons: "Search", "Clear", and "Exit".

Find PA Record Page

2. Search for the PA.
 - If you search by PA number, the PA Record page will be displayed.
 - If you search by other criteria, the Choose PA Record page will be displayed.
 - Select the PA you wish to view.
 - The PA Record page will be displayed.

The screenshot shows the 'PA Record' page. At the top, a red box highlights a message: 'The PA record below is in "SUSPENDED - PROVIDER SENDING INFO" status.' Below this is the 'PA Information' section with fields for PA Number (5131990002), Media Type (WEB), First Name (ABIGAIL), Member ID (5201091351), Last Name (PLAX), Date of Birth (05/20/1965), PA Status (SUSPENDED - PROVIDER SENDING INFO), Amendment Status, Process Type (117 - PA Botox to Treat Migraines), Program (Medicaid), HealthCheck Other Service (No), Start Date - SOI, Requested Start Date (07/16/2013), First Date of Treatment - SOI, Primary Diagnosis Code (V700), Description (ROUTINE MEDICAL EXAM), Secondary Diagnosis Code, and National Provider Identifier/Prescribing/Referring/Ordering Provider. Below this is the 'Line Item Information' section with a table:

Line Item	Status	Service Code	Units Requested	Dollars Requested	Units Authorized	Dollars Authorized	Grant Date	Expiration Date
01	PENDING	99205	1.000	\$1.00	0.000	\$0.00		

Below the table, there is a 'Change Prior Authorization Status' section highlighted with a red box. It contains a checkbox (unchecked) with the text: 'Check this box to change PA status from "Suspended" to "Pending". Enter text below to explain or comment on why the PA can be processed.' Below this is a 'Comments (Optional)' text area and a 'Submit' button. At the bottom of the page are 'Previous' and 'Exit' buttons.

PA Record Page with Change Prior Authorization Status Section

3. Check the box in the "Change Prior Authorization Status" section of the PA Record page.

This is a close-up of the 'Change Prior Authorization Status' section. The checkbox is now checked (indicated by a red box). The text below it remains: 'Check this box to change PA status from "Suspended" to "Pending". Enter text below to explain or comment on why the PA can be processed.' The 'Comments (Optional)' text area and the 'Submit' button (highlighted with a red box) are also visible. 'Previous' and 'Exit' buttons are at the bottom.

Change Prior Authorization Status Section

4. If necessary, add notes explaining or commenting on why the PA can be processed without additional clinical documentation in the Comments box.
5. Click **Submit**.

If there were any problems with the submission, an error message will be displayed at the top of the page.

The following messages were generated:

To update the PA status, the additional supporting documentation response is required.

Example Error Message

If the submission was successful, a confirmation message will be displayed at the top of the page.

The following messages were generated:

Your request to update the prior authorization status has been successfully sent.

Confirmation Message

Note: The PA will still show a suspended status even though the status change was successful. If you wish to verify the status change, search for the PA again using the PA number. The current status of the PA will be displayed at the top of the PA Record page.

6. Click **Exit** to return to the Prior Authorization page.

7 Amend an Approved Prior Authorization

1. On the Prior Authorization page, click **Amend an approved PA**.

The Find PA Record page will be displayed.

Find PA Record

To view a PA record enter the PA Number in the PA Number field and select "View PA Record".

PA Number

If you do not know the PA number, enter the member information in one or more of the data fields and select "Search" to view available PAs, or select "Clear" and "Search" to view the entire list of PAs submitted by your Provider ID.

Process Type

- Any
- 111 - Physical therapy (PT)
- 112 - Occupational therapy (OT)
- 113 - Speech and language pathology (SLP)
- 114 - Spell of illness (SOI) for PT
- 115 - SOI for OT

Provider ID

Member ID

Requested Start Date

PA Status

Amendment Status

Find PA Record Page

The PA Status field will already be populated with an *Approved* status.

2. Search for the PA you wish to amend.

For information on searching for a submitted PA, refer to [Section 6 Check On a Previously Submitted PA](#).

- If you search by PA number, the PA Record page will be displayed.
- If you search by other criteria, the Choose PA Record page will be displayed.
 - Select the PA you wish to view.
 - The PA Record page will be displayed.

PA Record

- The PA record below is in "APPROVED" status.
- To view the decision on this approved PA select "View PA Decision Notice" located in the PA Information section.

PA Information

PA Number 2112500002 Media Type FAX
 First Name THREE Member ID 2201384223
 Last Name REHMDW Date of Birth 01/01/1970
 PA Status APPROVED **View PA Decision Notice**
 Amendment Status
 Process Type 117 - PHYSICIAN
 Program Medicaid
 HealthCheck Other Service No Start Date - SOI
 Requested Start Date 09/07/2011 First Date of Treatment - SOI
 Primary Diagnosis Code 76524 Description 27-28 WEEKS OF GESTATION
 Secondary Diagnosis Code Description
 National Provider Identifier- Name - Prescribing/Referring/
 Prescribing/Referring/Ordering Provider Ordering Provider

Line Item Information

Line Item	Status	Service Code	Units Requested	Dollars Requested	Units Authorized	Dollars Authorized	Grant Date	Expiration Date
01	APPROVED	90378	300.000	\$0.00	300.000	\$0.00	01/01/2011	12/31/2011

Select row above to display a different line item's data below.

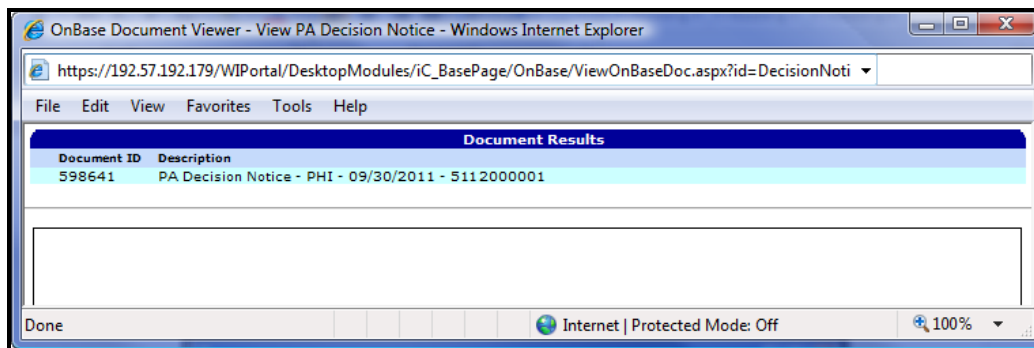
Line Item 01
 Status APPROVED
 Rendering Provider ID 1235246760 NPI
 Prescribing Provider ID
 Service Code Type Procedure Code
 Service Code 90378
 Service Code Description
 Tooth Area of the Oral Cavity
 Modifiers
 Place of Service 11
 Units Requested 300.000 Dollars Requested \$0.00
 Units Authorized 300.000 Dollars Authorized \$0.00
 Units Remaining 297.000 Dollars Remaining \$0.00
 Grant Date 01/01/2011
 Expiration Date 12/31/2011

Previous **Amend this PA** Exit

PA Record Page


- To view the decision for this PA, click **View PA Decision Notice**.

An OnBase Document Viewer window will open and display Document Results.



OnBase Document Viewer Window

Since there is only one document listed, a PDF version of the PA Decision Notice letter will automatically open in another window.



State of Wisconsin
 Department of Health Services

Scott Walker
 Governor
 Dennis G. Smith
 Secretary

DIVISION OF HEALTH CARE ACCESS AND ACCOUNTABILITY
 PRIOR AUTHORIZATION
 6406 BRIDLE ROAD SUITE 88
 MADISON, WI 53719-0089
 Telephone: 608-947-9827
 FAX: 608-231-8616
 TTY: 711 or 800-947-3529
 www.forwardhealth.wi.gov

July 21, 2011, Page 2 of 2

September 30, 2011

000001
 MED HOME CARE AGENCY
 PO BOX 999
 11W BELTLINE HWY
 MADISON, WI 53715

PA Number: 5112000001
 PA Status: APPROVED

Member Name: MEDICAD JACKSON
 PA Process Type: 132
 Provider Sequence: 1
 Letter Sequence: 1

Dear MED HOME CARE AGENCY:

Your request for prior authorization (PA) has been finalized based on criteria established by the Department of Health and Family Services and as stated in HFS 106.03(4), Wis. Admin. Code. Refer to the adjudication detail on the enclosed attachment for the service specific authorization.

An approved PA does not guarantee payment. Reimbursement is contingent upon enrollment of the member and provider at the time the service is provided and the completeness of the claim information. Payment will not be made for services initiated prior to the approval or after the authorization expiration date. Reimbursement will be in accordance with ForwardHealth payment methodology and policy. If the member is enrolled in a BadgerCare Plus Managed Care Program at the time a prior authorized service is provided, ForwardHealth reimbursement will be allowed only if the service is not covered by the Managed Care Program.

If the PA request was denied or modified, a "Notice of Appeal Rights" letter has been sent to the member. Only the member, or authorized person acting on behalf of the member, may file an appeal with the Division of Hearings and Appeals. Providers are encouraged to remain in contact with the member during the appeal process. Providers may offer the member information necessary to file an appeal and help present his or her case during a fair hearing.

If you have any questions about the decisions made on this PA, please contact Provider Services at (800) 947-9627.

Sincerely,
 ForwardHealth

Enclosure
 F:11156 (10/08)

Wisconsin.gov

Member Name: MEDICAD JACKSON
 Member Identification Number: 4207042010
 Primary Diagnosis: 436
 Secondary Diagnosis:
 PA Number: 5112000001
 PA Status: APPROVED

Billing Practice Location Provider
 Provider Name: MED HOME CARE AGENCY
 Provider Address: PO BOX 999
 11W BELTLINE HWY
 MADISON, WI 53715
 Provider Identification Number: 4207042010
 Provider Taxonomy: 100R200002
 Provider ZIP Code:

Line #	Line Status	Rendering Provider	Taxonomy	Service	Modifier	POS	Unit Auth	Dollar Grant Auth Date	Expire Date	Group ID
01	APPROVED	1427014270	100R200002	T1021	UF	12	50.000	\$0.00 09/30/2011	12/09/2011	

PDF Version of PA Decision Notice

4. To print or save the PA Decision Notice to your hard drive or network location, use the Print or Save As function of the browser.
5. Close the OnBase Document Viewer and PDF viewer windows.
6. On the PA Record page, click **Amend this PA**.
 The Amendment Request page will be displayed.

Amendment Request

Required fields are indicated with an asterisk (*).

SECTION I - MEMBER INFORMATION

Original PA Number 2112500002
Today's Date 07/19/2013
Process Type 117 - PHYSICIAN
Member ID 2201384223 First Name THREE
Last Name REHMDW

SECTION II - PROVIDER INFORMATION

Name KIS, ANNE M
Provider ID 1235246760 NPI
Address Line 1 1251 W GLEN OAKS LN
Address Line 2
City MEQUON
State/ZIP WI 53092 - 3356

SECTION III - AMENDMENT INFORMATION

Requested Start Date*
Requested End Date (If different from end of current PA)

Reason for Amendment Request (Check All That Apply)

Change Billing Provider ID Change Procedure Code / Modifier
 Change Grant or Expiration Date Change Quantity
 Add Procedure Code / Modifier Change Diagnosis Code
 Discontinue PA Other (Specify)

Description and Justification for Requested Change*

Additional supporting clinical documentation to be mailed or faxed

Check this box if any additional supporting clinical documentation will be mailed or faxed. A PA cover sheet will be required with any additional documentation. The PA cover sheet will be available once the amendment request has been submitted.

Check this box if any additional supporting clinical documentation will be uploaded electronically. Documents can be uploaded once the amendment request has been submitted.

Signature - Requesting Provider*
Date Signed - Requesting Provider*

F-11042e - (10/08)
HFS 106.03(4) Wis. Admin. Code
HFS 152.06(3)(b) 153.06(3)(a) 154.06(3)(a) Wis. Admin. Code

Submit Cancel

Amendment Request Page

7. In "SECTION III - AMENDMENT INFORMATION", although not all the fields are required, enter as much information as possible.
 - In the Requested Start Date field, enter the start date requested for the amendment in MM/DD/CCYY format.
 - If the end date is different from the current expiration date, enter the end date requested for the amendment in MM/DD/CCYY format in the Requested End Date field.
 - In the "Reason for Amendment Request (Check All That Apply)" section, check a reason(s) for the amendment request.
 - Enter a note describing and explaining the change in the Description and Justification for Requested Change box (enter information for each reason selected).

- If additional supporting clinical documentation is needed, check the appropriate box indicating whether you plan to mail or fax or upload the additional documents.
 - In the Signature — Requesting Provider field, enter the signature of the provider that requested the original PA.
 - In the Date Signed — Requesting Provider field, enter the date the amendment request was signed by the requesting provider in MM/DD/CCYY format.
8. Click **Submit**.
- If no additional clinical documentation is needed and the amendment request was submitted successfully, the [Confirmation of Receipt](#) page will be displayed.
 - If you are mailing or faxing additional clinical documentation, the Cover Sheet page will be displayed.
 - Click **Get PA Cover Sheet**.
 - A PDF version of the PA cover sheet will open in a new window.
 - Print or save the PA cover sheet.
 - Close the window.
 - On the Cover Sheet page, click **Next**.
The [Confirmation of Receipt](#) page will be displayed.
 - If you are uploading additional clinical documentation, the File Upload page will be displayed.

File Upload

Required fields are indicated with an asterisk (*).

- Select "Browse" to locate each file you wish to upload.
- Select "Upload" when you are ready to upload each file.
- **Please note:** JPG, JPEG, TXT, RTF, or PDF file formats are accepted for supporting clinical documentation.

Upload File

File Path*

List of Files Uploaded

F-11042e - (10/08)
HFS 106.03(4), Wis. Admin. Code
HFS 152.06(3)(h), 153.06(3)(g),
154.06(3)(g), Wis. Admin. Code

File Upload


- In the "Upload File" section, click **Browse**.
The Choose file window will be displayed.
- Browse to and select the desired file.

- Click **Open**.
The Choose file window will close and the file path will display in the File Path field.
- Click **Upload**.
The uploaded file will be displayed in the “List of Files Uploaded” section.
- Upload as many files as necessary.
- Click **Next**.
The Confirmation of Receipt page will be displayed.



Confirmation of Receipt Page

9. To view, print, or save a copy of the amendment request, click **Print amendment request**.
A PDF version of the amendment request will be displayed in a separate browser window.

DEPARTMENT OF HEALTH SERVICES Division of Health Care Access and Accountability F-11042 (07/12)		STATE OF WISCONSIN DHS 106.03(4), Wis. Admin. Code DHS 152.06(3)(h), 153.06(3)(g), 154.06(3)(g), Wis. Admin. Code	
FORWARDHEALTH PRIOR AUTHORIZATION AMENDMENT REQUEST			
Providers may submit prior authorization (PA) requests with attachments to ForwardHealth by fax at (608) 221-8616 or by mail to: ForwardHealth, Prior Authorization, Suite 88, 313 Blettner Boulevard, Madison, WI 53784. Instructions: Type or print clearly. Refer to the Prior Authorization Amendment Request Completion Instructions, F-11042A, for detailed information on completing this form.			
SECTION I — MEMBER INFORMATION			
1. Original PA Number	2. Process Type	3. Member Identification Number	
2112500002	117 - PHYSICIAN	2201384223	
4. Name — Member (Last, First, Middle Initial)			
REHMDW, THREE			
SECTION II — PROVIDER INFORMATION			
5. Billing Provider Number	7. Address — Billing Provider (Street, City, State, ZIP+4 Code)		
1235246760 NPI	1251 W GLEN OAKS LN, MEQUON, WI 53092-3356		
6. Name — Billing Provider			
KIS, ANNE M			
SECTION III — AMENDMENT INFORMATION			
8. Requested Start Date		9. Requested End Date (If Different from Expiration Date of Current PA)	
08/01/2013			
10. Reasons for Amendment Request (Check All That Apply)			
<input type="checkbox"/> Change Billing Provider Number <input type="checkbox"/> Add Procedure Code / Modifier <input type="checkbox"/> Change Procedure Code / Modifier <input type="checkbox"/> Change Diagnosis Code <input type="checkbox"/> Change Grant or Expiration Date <input type="checkbox"/> Discontinue PA <input checked="" type="checkbox"/> Change Quantity <input type="checkbox"/> Other (Specify) _____			
11. Description and Justification for Requested Change			
Incorrect quantity			
12. Are Attachments Included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, specify attachments below.			
13. SIGNATURE — Requesting Provider		14. Date Signed — Requesting Provider	
Rich Trotto		07/19/2013	
 DT-PA002-002			

PDF Version of PA Amendment Request

10. Use the browser functions to print or save the amendment request.

Note: This copy of the amendment request is strictly for recordkeeping.

11. Click **Return to menu** to be redirected to the Prior Authorization page.

8 Correct a Returned Prior Authorization

1. On the Prior Authorization page, click **Correct a returned PA**.

The Find PA Record page will be displayed.

Find PA Record

To view a PA record enter the PA Number in the PA Number field and select "View PA Record".

PA Number

If you do not know the PA number, enter the member information in one or more of the data fields and select "Search" to view available PAs, or select "Clear" and "Search" to view the entire list of PAs submitted by your Provider ID.

Process Type

- Any
- 111 - Physical therapy (PT)
- 112 - Occupational therapy (OT)
- 113 - Speech and language pathology (SLP)
- 114 - Spell of illness (SOI) for PT
- 115 - SOI for OT

Member ID

Requested Start Date

PA Status

Amendment Status

Find PA Record Page

The PA Status field will already be populated with *Returned — Provider Review*.

2. Search for the PA you wish to correct.

For information on searching for a submitted PA, refer to [Section 4 Check On a Previously Submitted PA](#).

If you search by PA Number, the PA Record page will be displayed.

If you search by other criteria, the Choose PA Record page will be displayed. Select the PA request you wish to correct.

contact provider services for assistance at 1-800-947-9627.' Below this is a table with columns: PA Number, PA Status, Amendment Status, Member Id, Requested Start Date, and Process Type. The table contains two rows of data. At the bottom are 'Previous' and 'Exit' buttons."/>


Choose PA Record

From the list below select the PA record you wish to view and press enter. If the PA is not listed, select "Previous", refine your search criteria and search again, or [contact](#) provider services for assistance at 1-800-947-9627.

PA Number	PA Status	Amendment Status	Member Id	Requested Start Date	Process Type
1131080201	RETURNED - PROVIDER REVIEW		5201688152	04/17/2013	131 - DRUGS
5121660006	RETURNED - PROVIDER REVIEW		6665554440	06/14/2012	123 - Hearing Aid


Choose PA Record Page

The PA Record page will be displayed.

<p>Scott Walker Governor</p> <p>Kitty Rhoades Secretary</p> <p>June 27, 2013</p> <p>0000001 SOUTHWEST HEALTH CENTER PA CONTACT NAME 11 LAND TERRACE PLATTEVILLE, WI 53818 -3333</p> <p>Dear SOUTHWEST HEALTH CENTER:</p> <p>Your prior authorization (PA) request has been received by BadgerCare Plus on 06/14/2012. In order for BadgerCare Plus to complete processing of your PA request, corrections and/or additional supporting information is required. Your PA request has been assigned PA number 5121660006.</p> <p>Review the PA information and error messages listed in this letter. Correct all errors and any data that is incorrect in the space provided.</p> <p>In responding to this letter, providers are reminded that they may correct their PA through their account on the ForwardHealth Portal at www.forwardhealth.wi.gov. Providers may also submit corrections by fax at (608) 221-8616 or by mailing corrections to the following address:</p> <p>ForwardHealth Prior Authorization 313 Blettner Blvd Madison, WI 53784</p> <p>If responding by fax or mail, providers are required to resubmit all pages of this letter and any additional supporting documentation. Providers are encouraged to retain a copy of all documentation for their records.</p>	 <p>State of Wisconsin Department of Health Services</p>	<p>FORWARDHEALTH PRIOR AUTHORIZATION 313 BLETTNER BLVD MADISON WI 53784</p> <p>Telephone: 800-947-9627 FAX: 608-221-8616 TTY: 711 or 800-947-3529</p> <p>www.forwardhealth.wi.gov</p> <p>PA Number: 5121660006 PA Request Received On: 06/14/2012 PA Request Return Date: 06/25/2013 PA Request Inactivation Date: 07/25/2013</p>
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Wisconsin.gov



DT-F008-0812166000636666440_123

PDF Version of Returned Provider Review Letter – Page 1

4. To print or save the Returned Provider Review Letter to your hard drive or network location, use the Print or Save As function of the browser.
5. Close the OnBase Document Viewer and PDF viewer windows.
6. Review the information on the PA Record page.
7. Click **Correct this PA**.

The Initial Information page will be displayed.

Initial Information

Required fields are indicated with an asterisk (*).
Click the "View Letter" button to see the latest Returned Provider Review letter. [View Letter](#)

Process Type

Select a process type:*

- 131 - Brand Medically Necessary
- 131 - Cytokine and Cell Adhesion Molecule Antagonist Drugs for Ulcerative Colitis
- 131 - Diabetic Supplies
- 131 - Drug (PA/DGA)
- 131 - Enteral nutrition products
- 131 - Glucagon-Like Peptide (GLP-1) Agents
- 131 - Lipotropics Omega-3 Acids
- 131 - Modafinil and Nuvigil
- 131 - PDL Anticoagulants Oral
- 131 - PDL Antiemetics, Cannabinoids
- 131 - PDL Cytokine and Cell Adhesion Molecule Antagonist Drugs for Ankylosing Spondylitis
- 131 - PDL Cytokine and Cell Adhesion Molecule Antagonist Drugs for Crohn's Disease

HealthCheck "Other Service"

Is this a HealthCheck "Other Service"?*

Yes No

Program Financial Payer

Select one:*

BadgerCare Plus (TXIX)

Wisconsin Chronic Disease Program (WCDP)

Billing Provider Number

Select a billing provider number:*

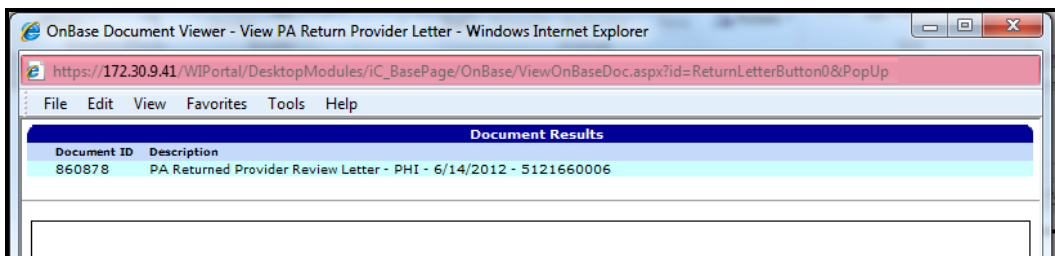
1548345150 NPI

[Next](#)

Initial Information Page

8. Click **View Letter** to review the latest Returned Provider Review Letter. The letter indicates what information needs to be changed or corrected in the PA.

An OnBase Document Viewer window will open and display Document Results.



OnBase Document Viewer Window

Since there is only one document listed, a PDF version of the PA Returned Provider Review Letter will automatically open in another window.

PA Number: 5121660006 June 27, 2013, Page 3 of 4

PA MESSAGES

Check if attaching additional supporting documentation.

PA ERRORS
 0B21 - PLEASE COMPLETE THE APPROPRIATE PRIOR AUTHORIZATION ATTACHMENT. CONTACT PROVIDER SERVICES OR THE PRIOR AUTHORIZATION UNIT FOR ASSISTANCE.

PA/HIASI Element	Submitted Data	Corrected Data
Element 3 - Testing Center Name		
Zip Code + 4	SOUTHWEST HEALTH CENTER	
Element 4a - Testing Center Provider Number	1548345150	
Element 4b - Testing Center Taxonomy Code	282N00000X	
Element 5a - Name - Prescribing Physician	DR BONEBREAK	
Element 5b - National Provider Identifier - Prescribing Physician	1265450910	
Element 6 - Member Last Name	DAVID	
Member First Name	JEN	
Element 7 - Member Identification Number	6665554440	
Element 10 - Diagnosis Code	N700	

PA Number: 5121660006 June 27, 2013, Page 4 of 4

SERVICE INFORMATION

Service Line 01

PA/HIASI Element	Submitted Data	Corrected Data
Element 11 - Rendering Provider Number	1548345150	
Element 12 - Rendering Provider Taxonomy Code	282N00000X	
Element 13 - Procedure Code	92504	
Element 14 - Modifiers		
Element 15 - Place of Service	11	
Element 16 - Description of Service	EAR MICROSCOPY EXAMINATION	
Additional Service Code Description		
Element 17 - Quantity Requested	1.000	
Element 18 - Charge	\$50.00	

SERVICE LINE 01 ERRORS

PDF Version of Returned Provider Review Letter

9. To print or save the Returned Provider Review Letter to your hard drive or network location, use the Print or Save As function of the browser.
10. Close the OnBase Document Viewer and PDF viewer windows.
11. Make any necessary changes on the Initial Information page.

Note: Changing information on this page will change information that is entered on other PA request pages. Inaccurate information can create delays or problems with processing the resubmitted PA.

12. Click **Next**.

If the selected process type has a note associated with it, the Processing Notes page will be displayed.

Processing Notes

Providers should enter the information into the Web PA/POR exactly as written by the physician. Providers should retain the paper PA/POR in their records for audit purposes.

F-11020e (10/08)
 HFS 106.03(4), Wis. Admin. Code

Previous Next

Processing Notes Page

13. Read the note and click **Next**.

The Member Information page will be displayed.

Member Information

Required fields are indicated with an asterisk (*).

Member ID* 5201688152

First Name* MCDONE

Last Name* DUBEAU

Requested Start Date* 04/17/2013

F-11018e (10/08)
 HFS 106.03(4), Wis. Admin. Code

Previous Next Clear Verify

Member Information Page with Modified Requested Start Date

14. Make any necessary changes on the Member Information page.
15. Click **Next**.

The Service Information page will be displayed.

Service Information

Required fields are indicated with an asterisk (*).

Primary Diagnosis Code* [Search] Primary Diag Description: ROUTINE MEDICAL EXAM

Secondary Diagnosis Code [Search] Secondary Diag Description:

Requested Start Date: 04/17/2013

National Provider Identifier - Prescribing/Referring/Ordering Provider: 1912999624 NPI [Search] Name - Prescribing/Referring/Ordering Provider: DAVID S SMITH

Requesting Provider Signature*

Line Items

Line Item	Provider ID	Service Code	Modifiers	Quantity	Charge	Status
02	1912999624			0	\$0.00	
01	1912999624	99215		1.000	\$0.00	PENDING
Total:					\$0.00	

Select row to update/delete -or- enter new line item information and select Add

Line Item:

Rendering Provider ID: NPI [Search] (If blank, will default to Billing Provider)

Rendering Provider Taxonomy:

Service Code Type*: (After choosing, move off field, and wait for Service Code field to appear)

Service Code*: [Search]

Service Code Description:

Additional Service Code Description:

Modifiers:

Place of Service*:

Quantity Requested*:

Charge*:

[Add] [Cancel]

F-11018e (10/08)
 HFS 106.03(4), Wis. Admin. Code

[Previous] [Next] [Clear] [Verify]

Service Information Page

- Click a row in the "Line Items" section (Line Item 01) or enter new line information in the displayed row (Line Item 02).
- Enter the **Requesting Provider Signature**.
- Make any necessary changes on the Service Information page.
- Click **Verify** to update the changes.

A message will be displayed at the top of the page indicating if the PA is ready for submission or if an error is found.

The following messages were generated:
 PLEASE SUBMIT CLINICAL INFORMATION SUFFICIENT TO VERIFY THE NEED FOR THE REQUESTED SERVICE(S). [Code: PA19] [note: this message will not stop PA submission]
 PLEASE SUBMIT CLINICAL INFORMATION SUFFICIENT TO VERIFY THE NEED FOR THE REQUESTED SERVICE(S). [Line Item 01] [Code: PA19] [Note: this message will not stop PA submission]
 This Prior Authorization is valid and ready for submission.

Valid Prior Authorization Message

- If there is an error, correct the error and click **Verify** again.
 - To add another line item, click **Save**. The current row will load and a new row will be displayed.
- Click **Next**.

The Required Attachments page will be displayed.

Required Attachments ?

Required fields are indicated with an asterisk (*).

- The following attachments are required for this PA request.
- Use the drop-down boxes to indicate how you will be submitting each attachment.
- Click next to complete the attachment.

Attachment PRIOR AUTHORIZATION FOR HEARING INSTRUMENT AND AUDIOLOGICAL SERVICES (PA/HIAS2)

Submission Method* Web

Notes The attachment form must be completed online before the PA request can be submitted.

Previous Next

Required Attachments Page

21. Select a Submission Method from the drop-down menu.

- If you select Web, refer to [Section 3.1 Submission Method — Web](#) for more information.
- If you select Electronic Upload, refer to [Section 3.2 Submission Method — Electronic Upload](#) for more information.
- If you select Mail or Fax, refer to [Section 3.3 Submission Method — Mail or Fax](#) for more information.
- Select **Already Submitted** if the attachment sent for the original PA request is still valid.
 - Click **Next**.
The PA Summary page will be displayed.
 - To view a draft of your PA request, click **Preview PA**.
A draft PDF version of the PA request will open in a new window.
 - Review the draft to ensure the entered information is accurate.
 - Close the window.
 - Click **Submit**.
The Confirmation of Receipt page will be displayed.
 - Click **Print PA Request** to view, print, or save a PDF version of the PA request for your records.
 - Click **Return to menu** to be redirected to the Prior Authorization page.

9 Correct a Returned Prior Authorization Amendment

1. On the Prior Authorization page, click **Correct a returned PA amendment**.

The Find PA Record page will be displayed.

Find PA Record

To view a PA record enter the PA Number in the PA Number field and select "View PA Record".

PA Number

If you do not know the PA number, enter the member information in one or more of the data fields and select "Search" to view available PAs, or select "Clear" and "Search" to view the entire list of PAs submitted by your Provider ID.

Process Type

- Any
- 111 - Physical therapy (PT)
- 112 - Occupational therapy (OT)
- 113 - Speech and language pathology (SLP)
- 114 - Spell of illness (SOI) for PT
- 115 - SOI for OT

Member ID

Requested Start Date

PA Status

Amendment Status

Find PA Record Page

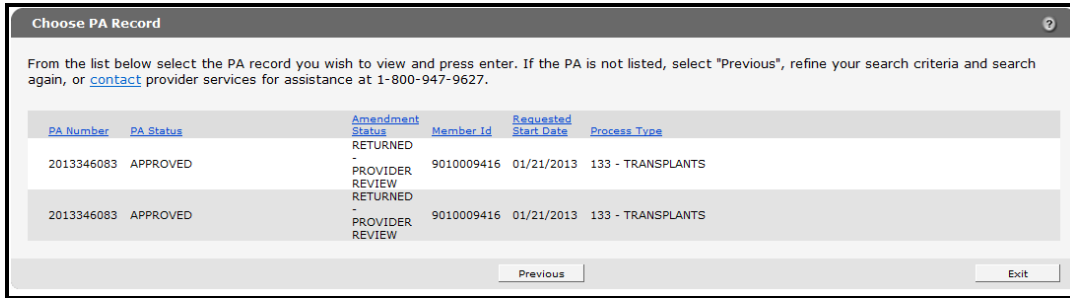
The PA Status field will already be populated with an Approved status and the Amendment Status field will already be populated with a *Returned — Provider Review* status.

2. Search for the PA you wish to correct.

For information on searching for a PA, refer to [Section 6 Check On a Previously Submitted PA](#).

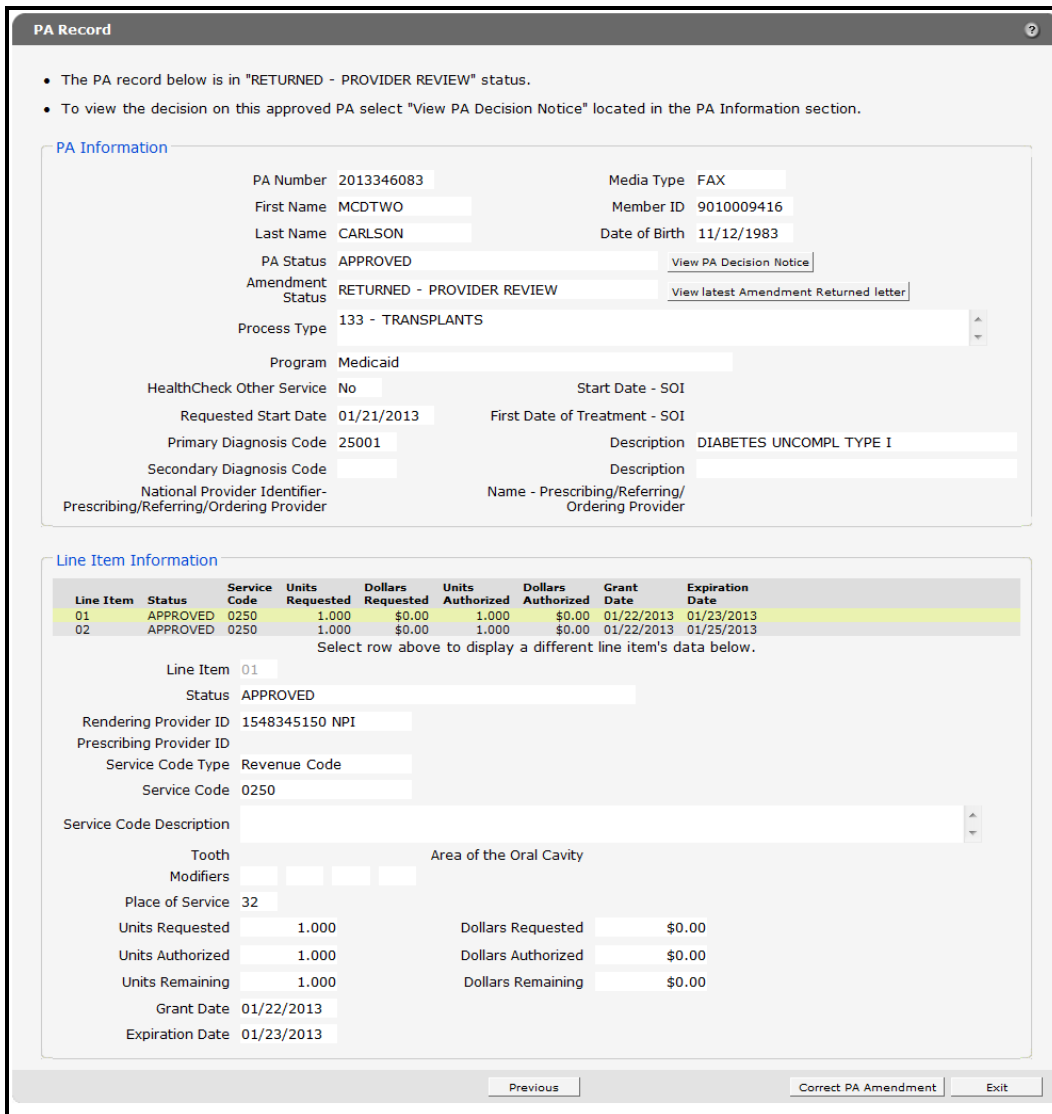
If you search by PA Number, the PA Record page will be displayed.

If you search by other criteria, the Choose PA Record page will be displayed. Select the PA request you wish to correct.



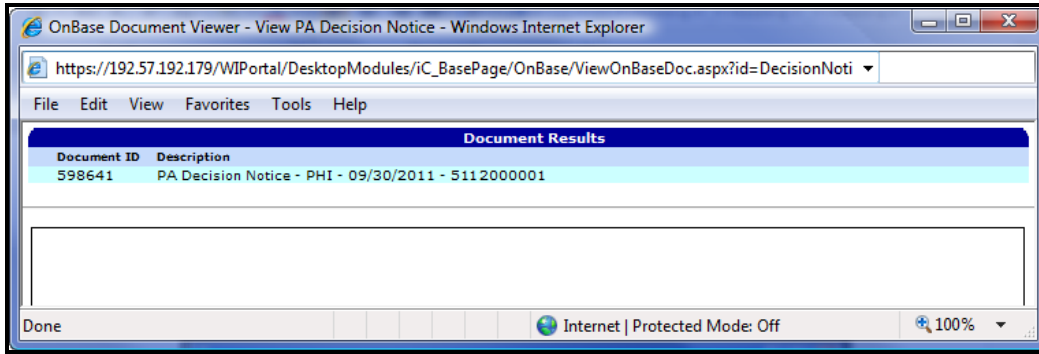
Choose PA Record Page

The PA Record page will be displayed.



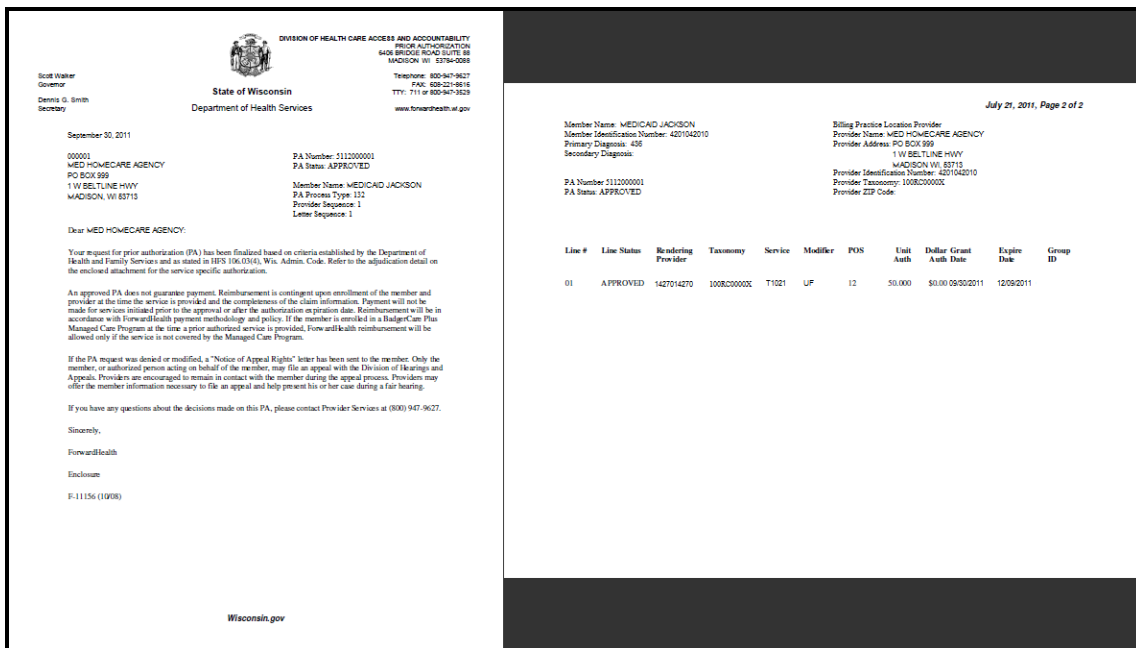
PA Record Page

3. Click **View PA Decision Notice** to view the decision on the approved PA.
 An OnBase Document Viewer window will open and display Document Results.



OnBase Document Viewer

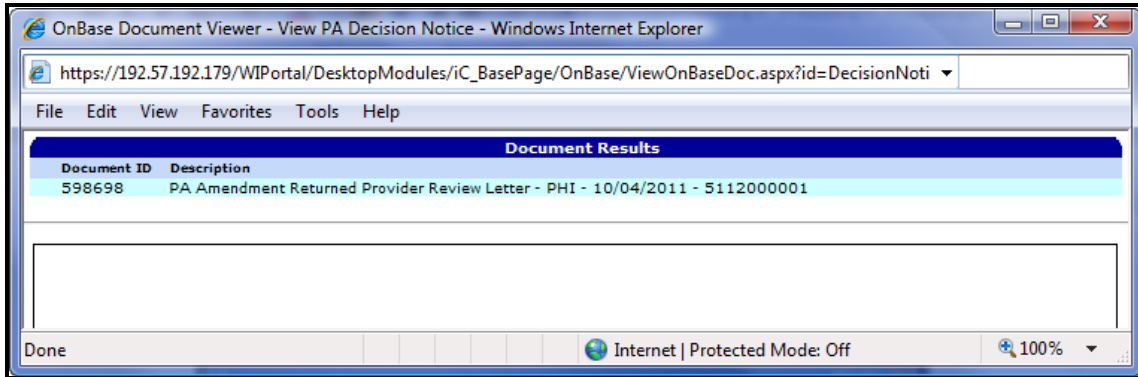
Since there is only one document listed, a PDF version of the PA Decision Notice letter will automatically open in another window.



PDF Version of PA Decision Notice Letter

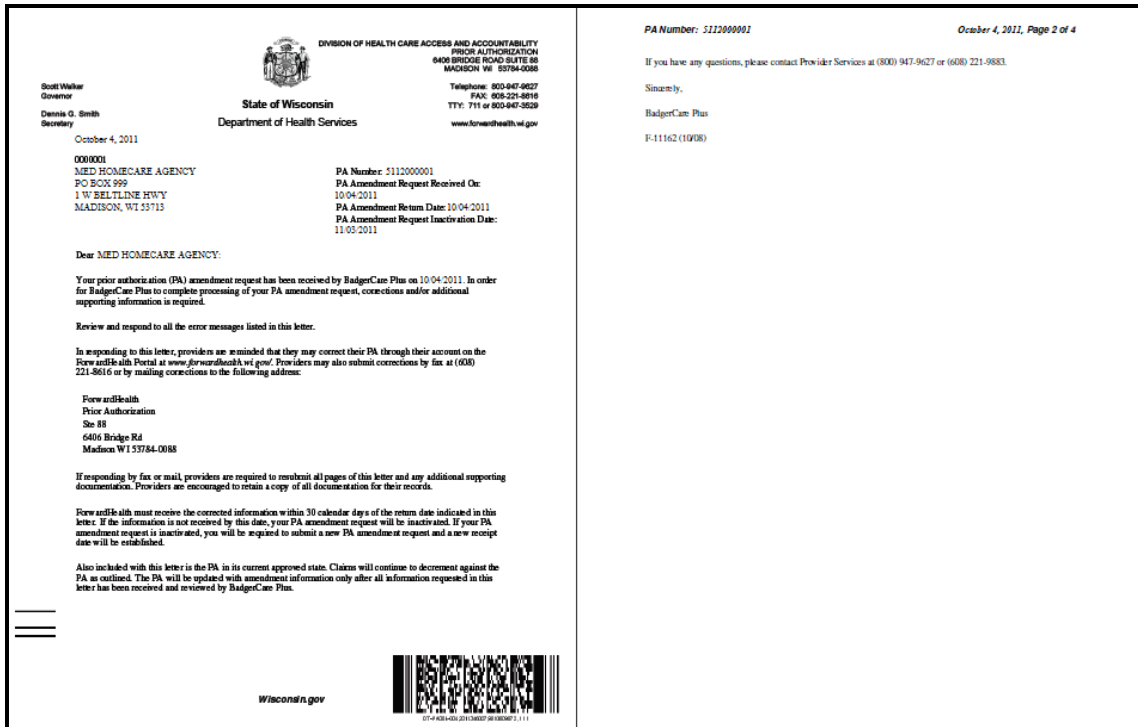
- To print or save the PA Decision Notice letter to your hard drive or network location, use the Print or Save As function of the browser.
- Close the OnBase Document Viewer window and the PDF viewer window.
- Click **View latest Amendment Returned Letter** to view the most recent PA Amendment Returned Provider Review Letter.

The OnBase Document Viewer will open in a new window.



OnBase Document Viewer

Since there is only one document listed, a PDF version of the PA Amendment Returned Provider Review Letter will automatically open in another window.



PDF Version of PA Amendment Returned Provider Review Letter

7. To print or save the PA Amendment Returned Provider Review Letter to your hard drive or network location, use the Print or Save As function of the browser.
8. Close the OnBase Document Viewer window and the PDF viewer window.
9. Click **Correct PA Amendment**.

The Amendment Request page will be displayed.

Amendment Request
Required fields are indicated with an asterisk (*).

SECTION I - MEMBER INFORMATION

Original PA Number 2013346083
Today's Date 07/25/2013
Process Type 133 - TRANSPLANTS
Member ID 9010009416 First Name MCDTWO
Last Name CARLSON

SECTION II - PROVIDER INFORMATION

Name SOUTHWEST HEALTH CENTER
Provider ID 1548345150 NPI
Address Line 1 11 LAND TERRACE
Address Line 2
City PLATTEVILLE
State/ZIP WI 53818 - 3333

SECTION III - AMENDMENT INFORMATION

Requested Start Date*
Requested End Date* (If different from end of current PA)

Reason for Amendment Request (Check All That Apply)

Change Billing Provider ID Change Procedure Code / Modifier
 Change Grant or Expiration Date Change Quantity
 Add Procedure Code / Modifier Change Diagnosis Code
 Discontinue PA Other (Specify)

Description and Justification for Requested Change*

Additional supporting clinical documentation to be mailed or faxed

Check this box if any additional supporting clinical documentation will be mailed or faxed. A PA cover sheet will be required with any additional documentation. The PA cover sheet will be available once the amendment request has been submitted.

Check this box if any additional supporting clinical documentation will be uploaded electronically. Documents can be uploaded once the amendment request has been submitted.

Signature - Requesting Provider*
Date Signed - Requesting Provider*

F-11042e - (10/08)
HFS 106.03(4), Wis. Admin. Code
HFS 152.06(3)(h), 153.06(3)(g), 154.06(3)(g), Wis. Admin. Code

Submit Cancel

Amendment Request Page

10. In "SECTION III - AMENDMENT INFORMATION," although not all the fields are required, enter as much information as possible:

- In the Requested Start Date field, enter the start date requested for the amendment in MM/DD/CCYY format.
- If the end date is different from the current expiration date, enter the end date requested for the amendment in MM/DD/CCYY format in the Requested End Date field.
- In the "Reason for Amendment Request (Check All That Apply)" section, check a reason(s) for the amendment request.
- Enter a note describing and explaining the change in the Description and Justification for Requested Change box (enter information for each reason selected).

- If additional supporting clinical documentation is needed, check the appropriate box indicating whether you plan to mail or fax or upload the additional documents.
- In the Signature — Requesting Provider field, enter the signature of the provider that requested the original PA.
- In the Date Signed — Requesting Provider field, enter the date the amendment request was signed by the requesting provider in MM/DD/CCYY format.

11. Click **Submit**.


If no additional clinical documentation is needed, the Confirmation of Receipt page will be displayed.



Confirmation of Receipt Page

12. To view, print, or save the PA amendment request, click **Print amendment request**.

A PDF version of the PA amendment request will open in a new window.

DEPARTMENT OF HEALTH SERVICES Division of Health Care Access and Accountability F-11042 (10/08)		STATE OF WISCONSIN HFS 106.03(4), Wis. Admin. Code HFS 152.06(3)(h), 153.06(3)(g), 154.06(3)(g), Wis. Admin. Code	
FORWARDHEALTH PRIOR AUTHORIZATION AMENDMENT REQUEST			
Providers may submit prior authorization (PA) requests with attachments to ForwardHealth by fax at (608) 221-8616 or by mail to: ForwardHealth, Prior Authorization, Suite 88, 6408 Bridge Road, Madison, WI 53784-0088. Instructions: Type or print clearly. Refer to the Prior Authorization Amendment Request Completion Instructions, F-11042A, for detailed information on completing this form.			
SECTION I — MEMBER INFORMATION			
1. Original PA Number	2. Process Type	3. Member Identification Number	
5112000001	120 - Home Care	4201042010	
4. Name — Member (Last, First, Middle Initial)			
JACKSON, MEDICAID			
SECTION II — PROVIDER INFORMATION			
5. Billing Provider Number		7. Address — Billing Provider (Street, City, State, ZIP+4 Code)	
1427014270 NPI		PO BOX 999	
6. Name — Billing Provider		1 W BELTLINE HWY	
MED HOMECARE AGENCY		MADISON, WI 53713	
SECTION III — AMENDMENT INFORMATION			
8. Requested Start Date		9. Requested End Date (If Different from Expiration Date of Current PA)	
10/14/2011			
10. Reasons for Amendment Request (Check All That Apply)			
<input type="checkbox"/> Change Billing Provider Number <input type="checkbox"/> Add Procedure Code / Modifier <input type="checkbox"/> Change Procedure Code / Modifier <input type="checkbox"/> Change Diagnosis Code <input type="checkbox"/> Change Grant or Expiration Date <input type="checkbox"/> Discontinue PA <input checked="" type="checkbox"/> Change Quantity <input type="checkbox"/> Other (Specify) _____			
11. Description and Justification for Requested Change			
Member will not be attending school for two weeks now. Ten services are not needed.			
12. Are Attachments Included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, specify attachments below.			
13. SIGNATURE — Requesting Provider		14. Date Signed — Requesting Provider	
A. Mazing		10/04/2011	
 DT-PA002-002			

PDF Version of PA Amendment Request

- To print or save the PA amendment request to your hard drive or network location, use the Print or Save As function of the browser.
- Click **Return to menu** to be redirected to the Prior Authorization page.

10 Print Prior Authorization Cover Sheet

In order to generate and print new copies of PA cover sheets for previously submitted PAs, the PA must be in a *Suspended — Provider Sending Information* status and a cover sheet for the specific PA must not have already been sent to ForwardHealth.

1. On the Prior Authorization page, click **Print PA cover sheet**.

The Generate PA Cover Sheet page will be displayed.

Generate PA Cover Sheet

Please note that you can only print coversheets based on the following restrictions:

- The prior authorization is in a "Suspended-Provider Sending Information" status.
- You have not already sent the PA cover sheet to ForwardHealth. If it has been previously sent, you will need to wait until the PA request is sent back to you.

Search By PA Number

PA Number

Selected Results

NPI Number
Taxonomy
Member Id
Date Received
Process Type
Name
Address Line 1
Address Line 2
City
State/ZIP -

Generate PA Cover Sheet Page

2. Enter a PA number in the PA Number field.
3. Click **Search**.

If the entered PA number is inaccurate or invalid, an error message will be displayed at the top of the page.

The following messages were generated:
The prior authorization number was not found.

Example Error Message

Ensure the PA number is accurate and click **Search** again.



The PA request's information will populate in the fields in the "Selected Results" section.

The screenshot shows a web form titled "Generate PA Cover Sheet". At the top, there is a help icon. Below the title, a message states: "Please note that you can only print coversheets based on the following restrictions:" followed by two bullet points: "• The prior authorization is in a 'Suspended-Provider Sending Information' status." and "• You have not already sent the PA cover sheet to ForwardHealth. If it has been previously sent, you will need to wait until the PA request is sent back to you." Below this is a search section titled "Search By PA Number" with a text input field containing "5112630005" and a "Search" button. The "Selected Results" section contains several fields: "NPI Number" (1234567890), "Taxonomy" (100RC0000X), "Member Id" (1111111111), "Date Received" (09/20/2011), "Process Type" (112-OCCUPATIONAL THERAPY), "Name" (HIGH HEALTH CENTER), "Address Line 1" (11 WEST TERRACE), "Address Line 2" (SUITE 8), "City" (PLATTEVILLE), and "State/ZIP" (WI 53818 - 3333). At the bottom left is a "Generate Coversheet" link, and at the bottom right are "save" and "Cancel" buttons.

Generate PA Cover Sheet Page with Populated Information

4. Click **Generate Coversheet**.

A PDF version of the cover sheet will open in a new browser window.

<p style="text-align: center;"> DIVISION OF HEALTH CARE ACCESS AND ACCOUNTABILITY PRIOR AUTHORIZATION 6406 BRIDGE ROAD SUITE 88 MADISON WI 53746-0088</p> <p>Scott Walker Governor</p> <p>Derrick G. Smith Secretary</p> <p style="text-align: center;">State of Wisconsin Department of Health Services</p> <p>Telephone: 608-947-9827 FAX: 608-221-8616 TTY: 711 or 800-947-3529 www.forwardhealth.wi.gov</p> <p>09/20/2011</p> <p>HIGH HEALTH CENTER 11 WEST TERRACE SUITE 8 PLATTEVILLE, WI 53618-3333</p> <p>PA Number: 5112630005 PA Submission Date: 09/20/2011 PA Request Inactivation Date: 10/20/2011</p> <p>Dear HIGH HEALTH CENTER:</p> <p>A prior authorization (PA) request was submitted to ForwardHealth on 09/20/2011 via the Web PA. In order for ForwardHealth to complete the processing of your PA request, additional supporting documentation is required. Your PA request has been assigned PA number 5112630005.</p> <p>List the additional supporting documentation in the space provided on the second page of this letter.</p> <p>Providers are required to send both pages of this letter and additional supporting documentation by fax at (608) 221-8616 or by mail to the following address:</p> <p>ForwardHealth Prior Authorization Ste 88 6406 Bridge Rd Madison WI 53784-0088</p> <p>Providers are encouraged to retain a copy of all documentation for their records.</p> <p>ForwardHealth must receive the additional supporting documentation within 30 calendar days of the PA submission date indicated in this letter. If the information is not received by this date, your PA request will be inactivated. If your PA request is inactivated, you will be required to submit a new PA request and a new receipt date will be established.</p> <p>If you have any questions, please contact Provider Services at (800) 947-9427.</p> <p>Sincerely,</p> <p>ForwardHealth</p> <p>F-11159 (10/08)</p> <p style="text-align: center;">Wisconsin.gov  DT-PA059-059,5112630005,4201085845,112</p>	<p style="text-align: right;">September 27, 2011 Page 2 of 2</p> <p>List the additional supporting documentation below:</p> <ol style="list-style-type: none">1. _____2. _____3. _____4. _____5. _____6. _____7. _____8. _____9. _____10. _____
---	--

PDF Version of PA Cover sheet

5. To print or save the cover sheet to your hard drive or network location, use the Print or Save As function of the browser.

11 Upload Documents for a Prior Authorization

Providers may submit additional clinical documentation for a PA request that is in a *Suspended* or *Pending* status. For PA requests in a suspended status, providers may change the status from *Suspended* to *Pending* before uploading the required documentation.

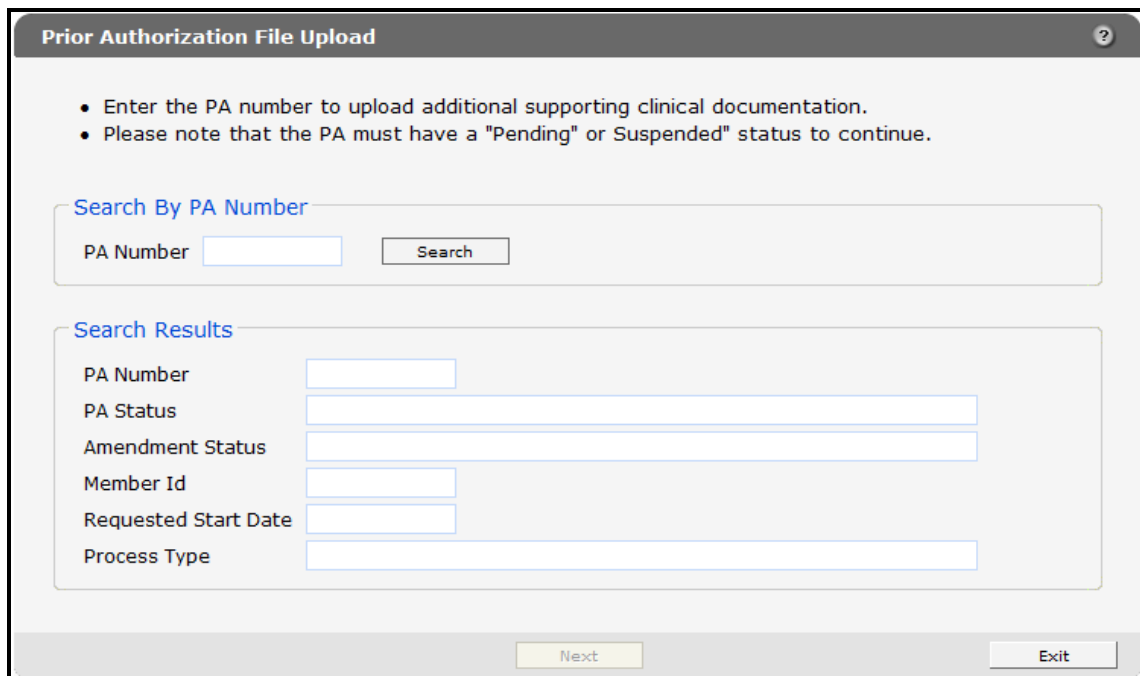
Providers can upload documents in the following formats:

- Joint Photographic Experts Group (JPEG) (.jpg or .jpeg).
- Portable Document Format (PDF) (.pdf).
- Rich Text Format (.rtf).
- Text File (.txt).
- OrthoCAD™ (.3dm) (for dental providers).

Note: Microsoft® Word files (.doc) cannot be uploaded but can be saved and uploaded in .rtf or .txt formats.

1. On the Prior Authorization page, click **Upload documents for a PA**.

The Prior Authorization File Upload page will be displayed.



Prior Authorization File Upload Page

2. Enter the PA number of the pending or suspended PA in the PA Number field.
3. Click **Search**.

If the PA number is invalid or inaccurate, an error message will be displayed at the top of the page. Correct the error and click **Search** again.

If the PA number is valid, the PA request's information will populate in the fields in the "Selected Results" section.

Prior Authorization File Upload

- Enter the PA number to upload additional supporting clinical documentation.
- Please note that the PA must have a "Pending" or "Suspended" status to continue.

Search By PA Number

PA Number

Search Results

PA Number	<input type="text" value="5112000002"/>
PA Status	<input type="text" value="P - PENDING - FISCAL AGENT REVIEW"/>
Amendment Status	<input type="text" value="-"/>
Member Id	<input type="text" value="0020020022"/>
Requested Start Date	<input type="text" value="08/08/2011"/>
Process Type	<input type="text" value="111-PHYSICAL THERAPY"/>

Prior Authorization File Upload Page with Populated Information

4. Click **Next**.

The File Upload page will be displayed.

File Upload

Required fields are indicated with an asterisk (*).

- Select "Browse" to locate each file you wish to upload.
- Select "Upload" when you are ready to upload each file.
- **Please note:** JPG, JPEG, TXT, RTF, or PDF file formats are accepted for supporting clinical documentation.

Upload File

File Path*

List of Files Uploaded

File Upload Page

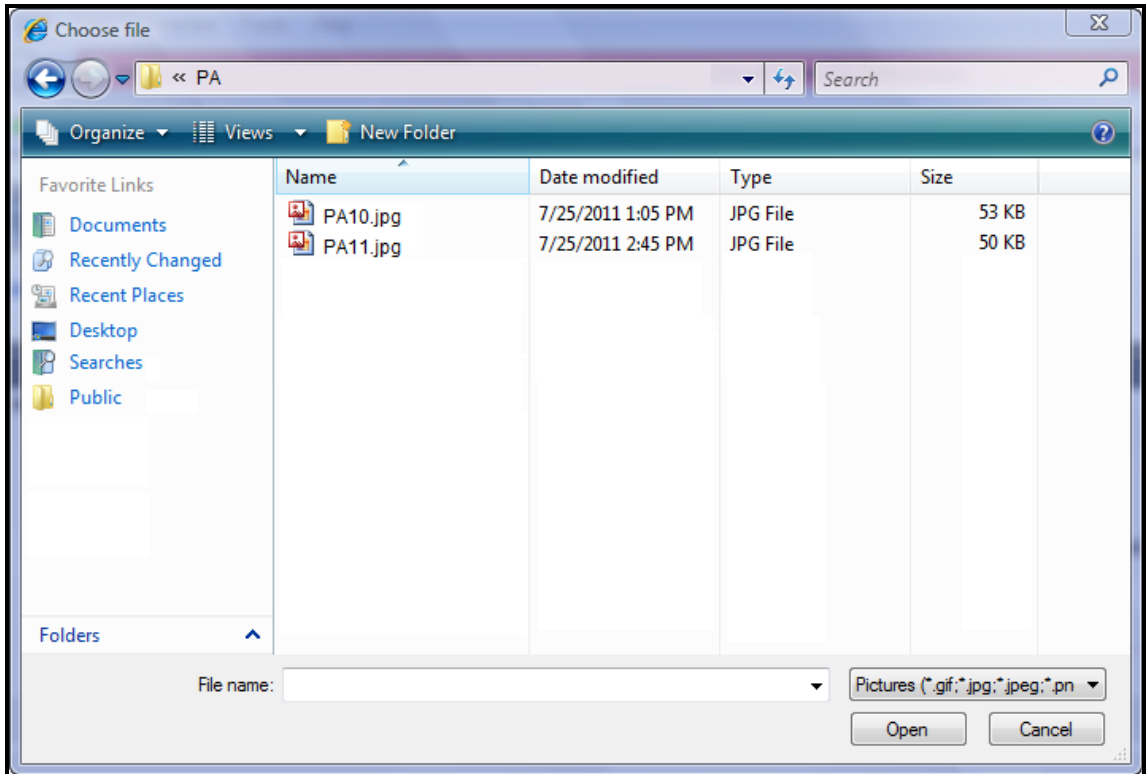
5. In the "Upload File" section, click **Browse**.

Upload File

File Path*

Upload File Section

The Choose file window will be displayed.



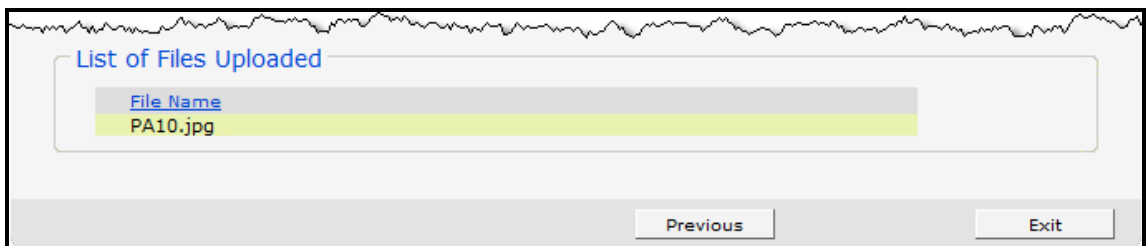
Choose File Window

6. Browse to and select the desired file.
7. Click **Open**.

The Choose file window will close and the file path will display in the File Path field.

8. Click **Upload**.

The uploaded file will be displayed in the "List of Files Uploaded" section.



List of Files Uploaded Section

9. Upload as many files as necessary.
10. When all files have been uploaded, click **Exit**.

You will be returned to the Prior Authorization page.

Note: When the PA request is in a pending status and the provider uploads additional supporting clinical documentation, there may be up to a four-hour delay before the documentation is available to ForwardHealth in the system. If the uploaded information was received after the PA request was processed and the PA was returned for missing information, the provider may resubmit the PA request stating that the missing information was already uploaded.

11.1 Change Suspended Prior Authorization Status to Pending

Note: To change a PA status from *Suspended* to *Pending* when there are no additional documents to upload, refer to [Section 6.3 Change Suspended Prior Authorization Status](#).

1. On the Prior Authorization page, click **Upload documents for a PA**.

The Prior Authorization File Upload page will be displayed.

2. Enter the PA number of the suspended PA in the PA Number field.
3. Click **Search**.

If the PA number is invalid or inaccurate, an error message will be displayed at the top of the page. Correct the error and click **Search** again.

If the PA number is valid, the PA request's information will populate in the fields in the "Search Results" section.

The screenshot shows a web interface titled "Prior Authorization File Upload". It contains a search section with a "Search By PA Number" label, a text input field containing "5112630006", and a "Search" button. Below this is a "Search Results" section with a table of fields:

PA Number	5112630006
PA Status	S - SUSPENDED - PROVIDER SENDING INFO
Amendment Status	-
Member Id	8594585945
Requested Start Date	09/17/2011
Process Type	112-OCCUPATIONAL THERAPY

At the bottom of the form, there are two buttons: "Next" and "Exit".

Prior Authorization File Upload Page with Populated Information

4. Click **Next**.

The File Upload page will be displayed.

File Upload

Required fields are indicated with an asterisk (*).

- Select "Browse" to locate each file you wish to upload.
- Select "Upload" when you are ready to upload each file.
- **Please note:** JPG, JPEG, TXT, RTF, or PDF file formats are accepted for supporting clinical documentation.

Change Prior Authorization Status

Check this box to change the PA status from "Suspended" to "Pending". Additional supporting documentation will not be sent via mail or fax.

Upload File

File Path*

List of Files Uploaded

File Upload Page

5. If no additional supporting documentation is to be sent via mail or fax, check the box in the "Change Prior Authorization Status" section to change the PA status from *Suspended* to *Pending*.

Change Prior Authorization Status

Check this box to change the PA status from "Suspended" to "Pending". Additional supporting documentation will not be sent via mail or fax.

Change Prior Authorization Status Section

Note: The box in the "Change Prior Authorization Status" section must be checked *before* uploading additional supporting documentation.

6. Upload the necessary additional supporting documentation. For more information, refer to the instructions beginning at [step 5](#) of Section 11 Upload Documents for a Prior Authorization.

12 Configure Web Browser

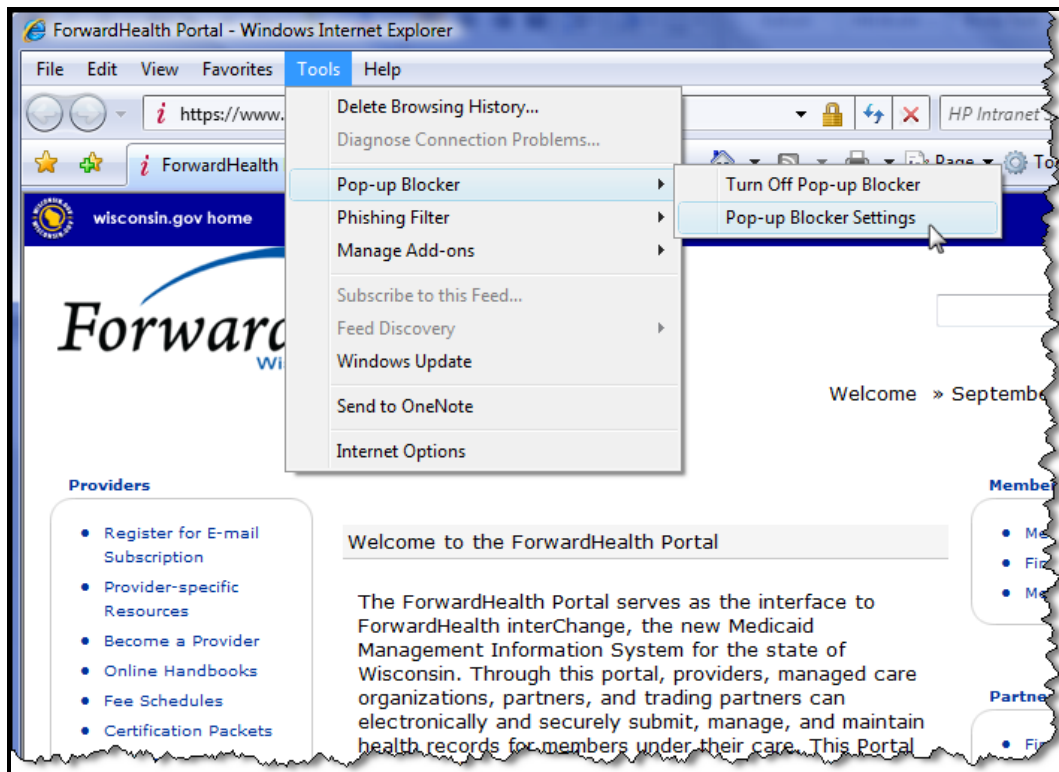
Note: This user guide uses Internet Explorer™ as an example. If you use another Web browser, the options or settings may appear slightly different.

You must have Internet Explorer™ 6.0 or later to access documents. If you receive an error message or are unable to access a document (e.g. a PA cover sheet, a Returned Provider Review Letter, or a Decision Notice), you may need to change some of your Internet Explorer™ settings.

12.1 Allow Pop-ups from ForwardHealth

1. Click **Tools** on the Internet browser's menu bar.

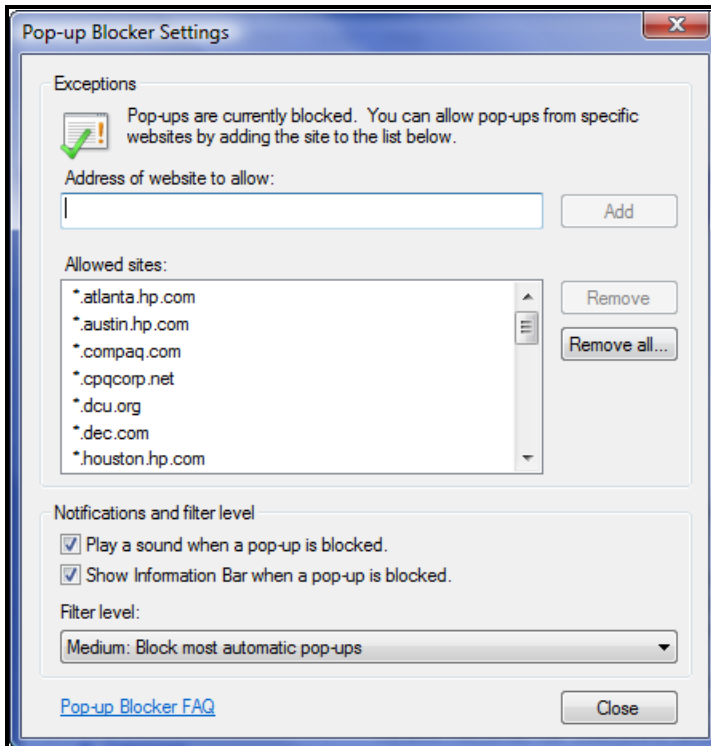
A drop-down menu will be displayed.



Tools Drop-down Menu

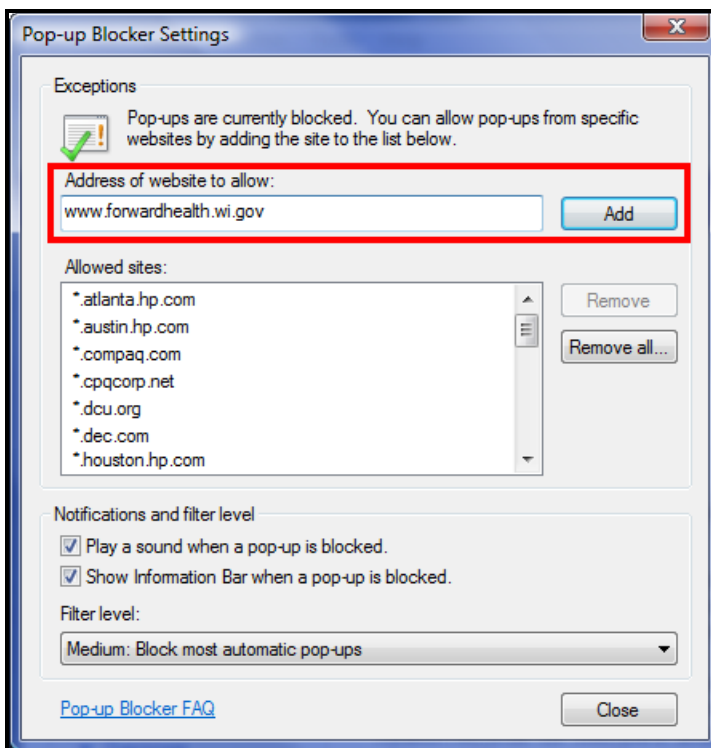
2. From the Pop-up Blocker menu, select **Pop-up Blocker Settings**.

The Pop-up Blocker Settings window will be displayed.



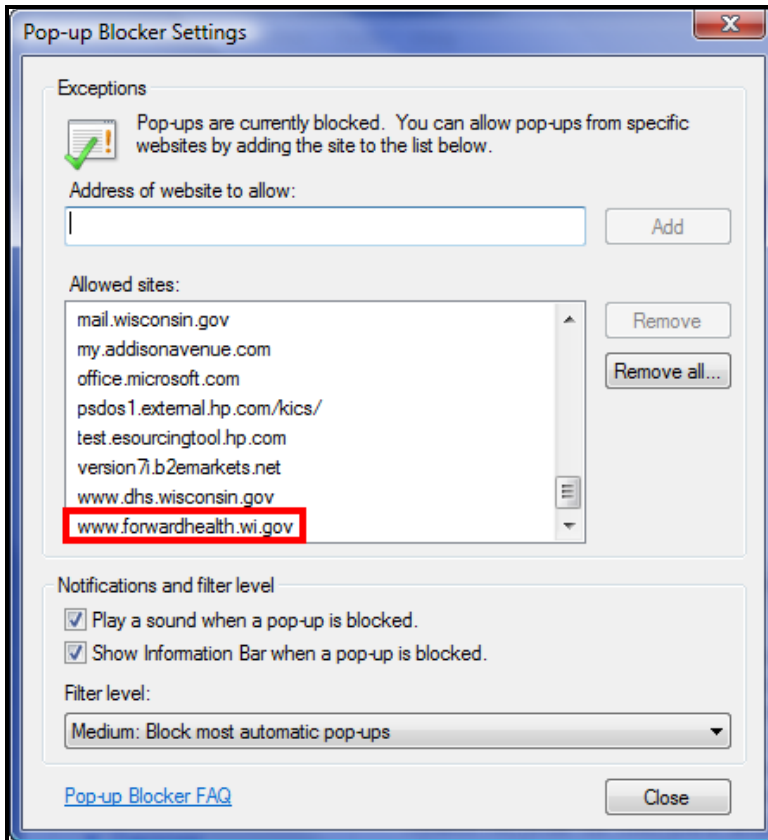
Pop-up Blocker Settings Window

3. In the Address of website to allow: field, type `www.forwardhealth.wi.gov`.
4. Click **Add**.



Pop-up Blocker Settings Window

The ForwardHealth Web address will be alphabetically added to the list of Allowed sites.

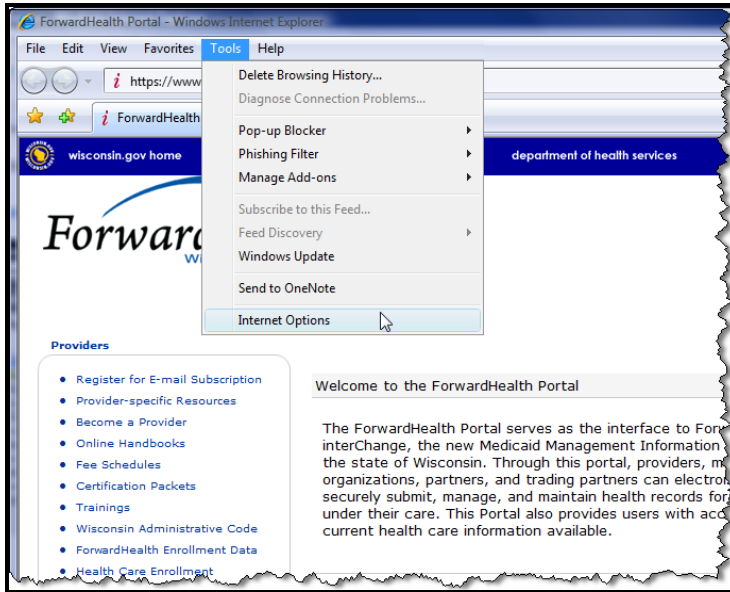


Pop-up Blocker Settings Window with Added Web Site

5. Click **Close**.

12.2 Add ForwardHealth as a Trusted Site

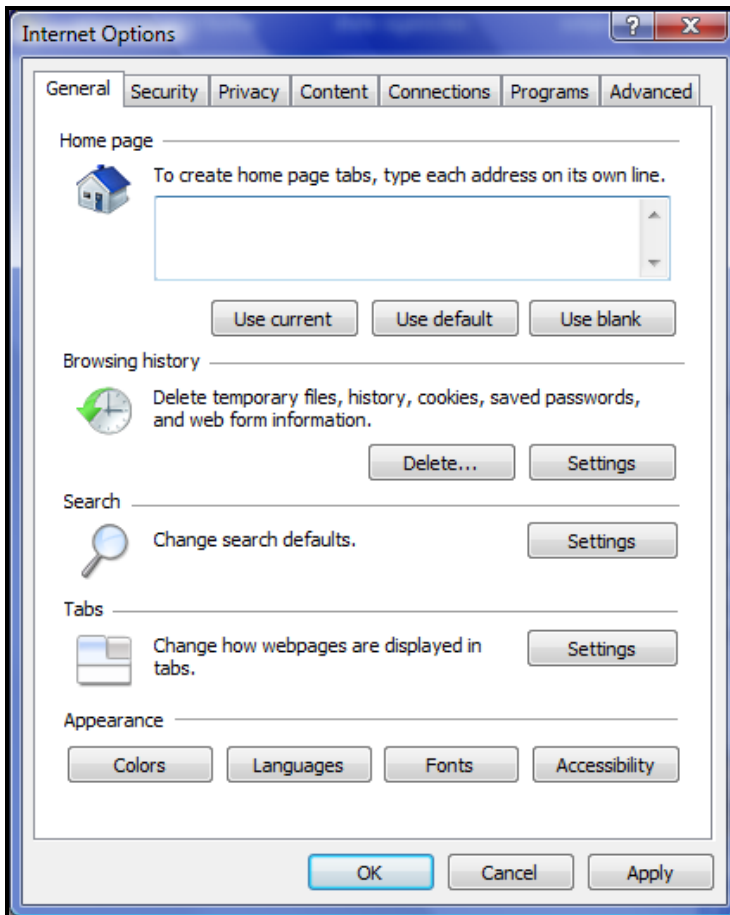
1. Click **Tools** on the Internet browser's menu bar.
A drop-down menu will be displayed.



Tools Drop-down Menu

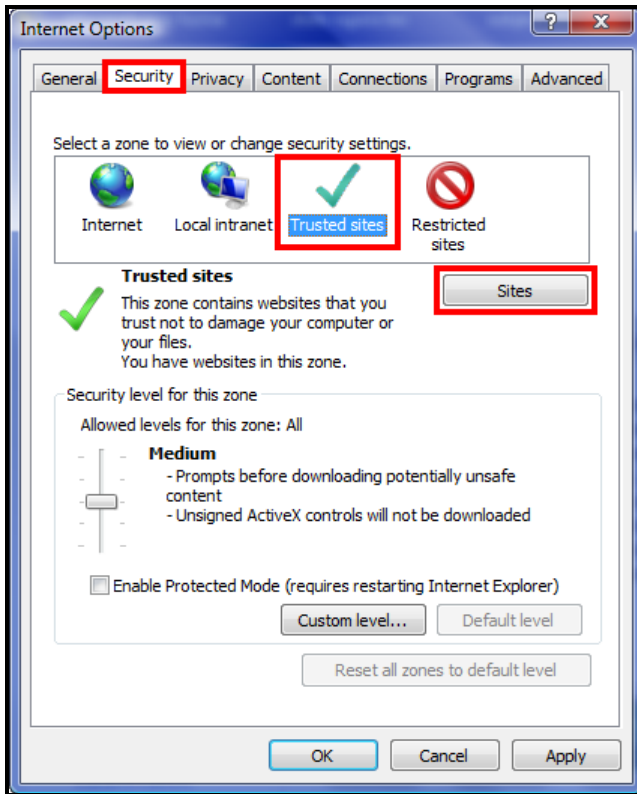
2. Click **Internet Options**.

The Internet Options window will be displayed.



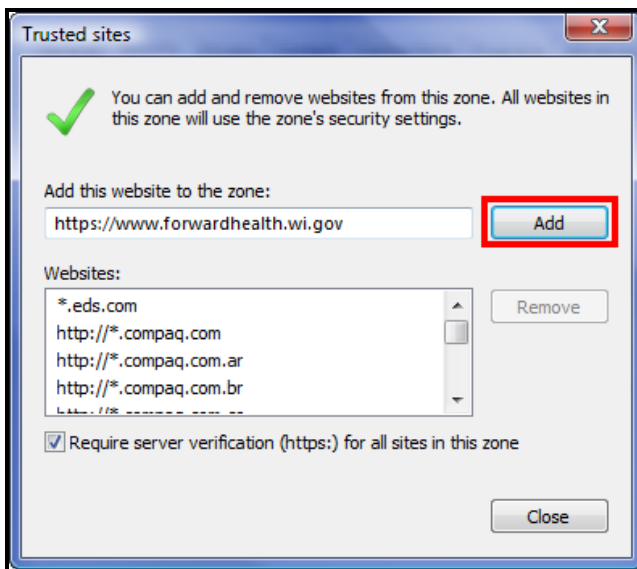
Internet Options Window

3. Click the **Security** tab at the top of the window.
4. Under the "Select a zone to view or change security settings" section, click **Trusted sites**.



Internet Options Window

5. Click **Sites**.
- The Trusted sites window will be displayed.

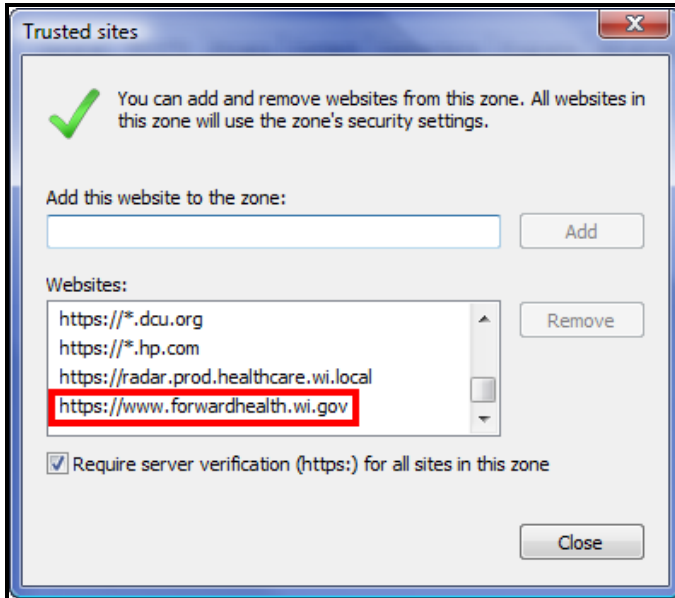


Trusted Sites Window

The Web site that you currently have opened will automatically be populated in the "Add this website to the zone:" section. If this is not the ForwardHealth Web site, type `www.forwardhealth.wi.gov` in the field instead.

6. Click **Add**.

The ForwardHealth Web address will be alphabetically added to the "Websites:" section.

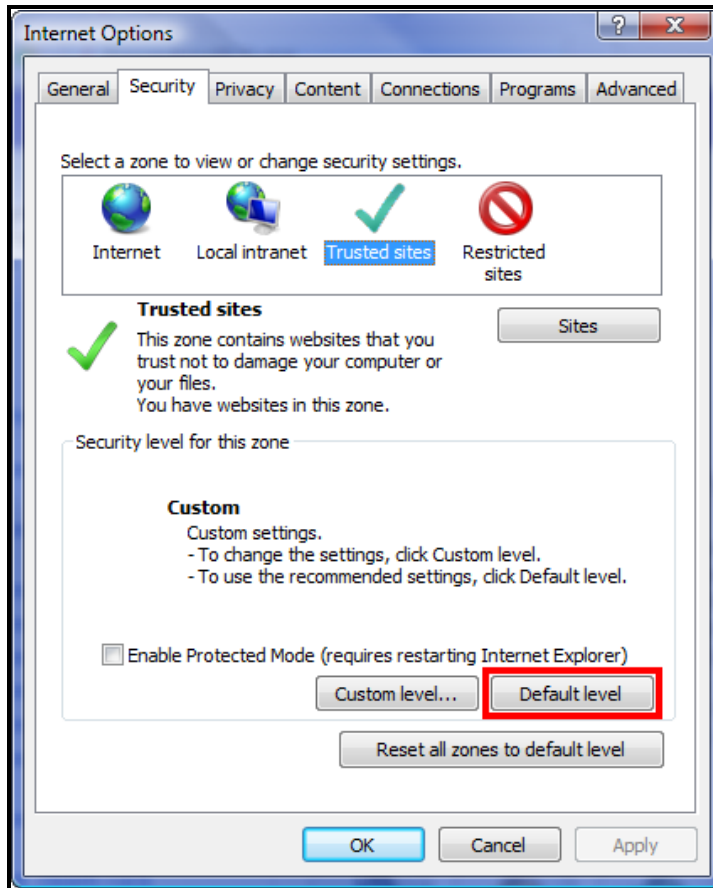


Trusted Sites Window with Added Web Site

7. Click **Close**.
8. Click **OK** to close the Internet Options window and to apply the selected settings.

12.3 Change Security Level

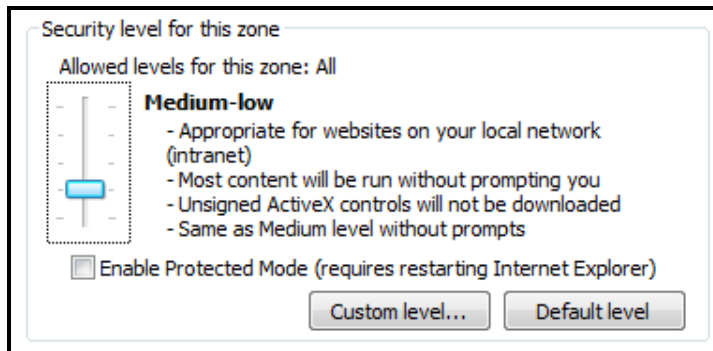
1. Click **Tools** on the Internet browser's menu bar.
2. Select **Internet Options** from the drop-down menu.
The Internet Options window will be displayed.
3. Click the **Security** tab at the top of the window.
4. Under the "Select a zone to view or change security settings" section, click **Trusted sites**.
5. Click **Default level**.



Internet Options Window

The "Security level for this zone" section will change to the default level.

6. Move the security level slider to Medium-low.



Security Level for This Zone Section

7. Click **OK** to close the Internet Options window and to apply the selected settings.