ForwardHealth Terms and Definitions

Claim correction/Claim adjustment: A claim correction occurs when a provider makes a revision to a claim via the ForwardHealth portal after the claim has gone through a claim processing cycle but prior to the time the claim is processed through a financial cycle or a revision to a claim which was denied and has processed through both the claim and financial cycles. A claim adjustment occurs when a provider needs to make a revision to a claim which is in a paid status and has processed through both the claims and financial cycles.

Direct Data Entry (DDE): This is a method for providers to key and submit claims directly to ForwardHealth via the ForwardHealth Provider Portal.

Enrollment: This term replaces "eligibility" as the way to describe a member's status within a ForwardHealth health care program.

Express Enrollment: Used by certain providers and other entities to request temporary BadgerCare Plus enrollment for children and pregnant women (previously called presumptive eligibility). Requests are made online through ACCESS.

ForwardHealth: ForwardHealth brings together many state health care programs with the goal to create efficiencies for provider and improve health care outcomes for enrolled members. Programs under ForwardHealth include:

- BadgerCare Plus
- Wisconsin Medicaid
- Wisconsin Well Woman Medicaid
- SeniorCare
- Wisconsin Chronic Disease Program
- Wisconsin Well Woman Program
- BadgerCare Plus and Medicaid managed care programs including:
    - BadgerCare Plus HMOs
    - Medicaid SSI HMOs
    - Family Care
    - Wisconsin Partnership Program
    - Children Come First
    - Wraparound Milwaukee
    - Program of All-Inclusive Care for the Elderly

ForwardHealth interChange: ForwardHealth interChange is the new system which replaces the current Medicaid Management Information System (MMIS) which has been in place since 1977. ForwardHealth interChange handles claims, prior authorization and other services for many of the state health care programs within a single system.

Inactivated Prior Authorization Request: If providers do not respond to a provider review letter within 30 calendar days, the PA request will be inactivated. The provider must then submit a new PA request.

Members: This is the shared term to describe a person receiving services under any of the ForwardHealth health care programs (rather than "recipient," "participant," etc.).

Remittance Advice: This is the new name for the Remittance and Status Report.

Rendering provider: This is the term replacing "performing provider."

Trading partner: Trading partners are any entities who exchange any electronic transactions with ForwardHealth – including Provider Electronic Solutions (PES) claims submission software users.

WiCall: This is the new name for the Automated Voice Response system.