



Children's Long-Term Support Provider Claims Training

ForwardHealth Professional Relations
Wisconsin Healthcare Account ::: Gainwell Technologies
January 2025





Agenda

- Understanding claim status
- Accessing the Claim form
- How to fill out the panels
- How to submit the claim
- How to look up a PA
- Create a Claim from a PA
- Understanding claim status
- How to Copy a claim
- How to Adjust a claim
- Where to find EFT information.



Understand Claim Status

Claim Statuses

- Pay
- Denied
- Suspended
- Adjusted

Claim Status “Pay”

Paid Claim Options

- Cancel
- Adjust
- Void
- Copy Claim

Claim Status Information

Claim Status ←

Claim ICN

Paid Date

Paid Amount

DRG Results

DRG Code

DRG Version

SOI

EOB Information

Detail Number	Code	Description
0	9816	Pricing Adjustment - Payment amount increased based on hospital access payment
0	9008	Pricing Adjustment - Payment amount decreased based on Pay for Performance poli
0	9932	Pricing Adjustment - DRG pricing applied.
1	9932	Pricing Adjustment - DRG pricing applied.

→

Claim Status “Deny”

Claim Status Information		
Claim Status	DENY	←
Claim ICN	2211244001007	
Denied Date	09/01/2011	
Paid Amount	\$0.00	

EOB Information		
Detail Number	Code	Description
0	1265	The Admit Type code is required.
0	1291	Valid Source of Admission is required.
0	0232	Source of Admit is missing or invalid.
0	1143	Accommodation Code(s) is not payable.

→ re-submit Cancel

Claim Status “Suspend”

Claim Status Information		
Claim Status	SUSPEND	←
Claim ICN	2211024001008	
Paid Amount	\$0.00	
EOB Information		
Detail Number	Code	Description
0	9817	Billing provider number was used to adjudicate the service(s)
1	9817	Billing provider number was used to adjudicate the service(s)
1	0000	This claim/service is pending for program review.

Claim Status “Adjusted”

Adjustment Information						
Original ICN	Claim Sequence	Adjustment Status	Date Adjusted	Claim Status	Paid Amount	Net Difference
2222228001014	1	Adjusted	08/16/2022	PAY	\$51.00	\$10.00
5922228001006	2		08/16/2022	PAY	\$61.00	

Claim Status Information	
Claim Status	PAY
Claim ICN	2222228001014 ← Original Claim
Paid Date	08/16/2022
Paid Amount	\$51.00

EOB Information		
Detail Number	Code	Description
1	9819	EAPG pricing applied.
1	9959	Pricing Adjustment - Claim has pricing greater than billed cutback amount appli
1	9907	Pricing Adjustment - Prior TPL Payment applied.
1	9816	Pricing Adjustment - Payment amount increased based on hospital access payment

Cancel Copy claim

Accessing the Claim Form

The screenshot displays the ForwardHealth Wisconsin website. At the top, there is a navigation bar with links for 'wi.credits.gov home', 'state agencies', 'subject directory', and 'department of health services'. The ForwardHealth logo is on the left, and a 'Report Fraud' button is on the right. A search bar and a 'Login' link are also present. The main content area is divided into several sections:

- Providers:** Includes links for Provider-specific Resources, Become a Provider, Fee Schedules, Wisconsin Administrative Code, ForwardHealth Enrollment Data, ForwardHealth System Generated Claim, Adjustments, Health Care Enrollment, Provider Revalidation, Enrollment Tracking Search, Bed Assessment e-Payment, Medication Therapy Management Case, and Management Software.
- Acute and Primary Managed Care:** Includes links for Related Programs and Services, ForwardHealth Enrollment Data, and Health Care Enrollment.
- Manufacturer Drug Rebate:** Includes links for CMS Medicaid Drug Rebate Program and Pharmacy Information.
- Members:** Includes a 'Find a Provider' search bar.
- Partners:** Includes links for Find a Provider, Related Programs and Services, Express Enrollment for Children, Express Enrollment Change Request, and Waiver Agencies.
- Trading Partners:** Includes links for Trading Partner Profile, PES, Companion Guides, Medication Therapy Management Case, and Management Software Approval Process.
- Children's Specialty Programs:** Includes links for Birth to 3 Program, Children's Long-Term Support Program, Katie Beckett Medicaid, and Children's Specialty Managed Care Plans.

The central content area features a 'Welcome to the ForwardHealth Portal' message, a link for 'COVID-19: ForwardHealth Provider News and Resources', and an attention notice: 'Attention: The information included on the ForwardHealth Portal is not intended for members enrolled or looking to enroll in Wisconsin Medicaid programs. Refer to the Department of Health Services website for member-specific information.' Below this are eight icons representing different service areas: Providers, Acute and Primary Managed Care, Adult Long-Term Care Programs, Children's Specialty Programs, Trading Partners, Manufacturer Drug Rebate, Partners, and Members.

www.forwardhealth.wi.gov



Accessing the Claim Form



Sign In

Username

Keep me signed in

Next

[Unlock account?](#)

[Help](#)

[Logging in for the first time?](#)



Verify with your password

🔒 ****

👤 PORTALUSER1

Password

Verify

[Forgot password?](#)

[Back to sign in](#)

Accessing the Claim Form

Click on Claims.



The screenshot shows the top navigation bar of the ForwardHealth website. The bar is dark blue with white text. On the left, there is a logo for the Wisconsin Department of Health Services. The navigation menu includes links for Home, Search, Providers, Enrollment, Claims, Remittance Advices, Trade Files, Max Fee Home, Account, Contact Information, Online Handbooks, Site Map, User Guides, Certification, and Message Center. The 'Claims' link is highlighted with a red arrow. The 'Providers' link is highlighted with a red background. The 'interChange Provider' text is visible next to the ForwardHealth logo. The 'Logout' link is visible in the top right corner.

wisconsin.gov home state agencies department of health services

ForwardHealth
Wisconsin serving you

interChange
Provider

Welcome Cliff Bills » January 13, 2025 2:57 PM
[Logout](#)

Home | Search | **Providers** | Enrollment | **Claims** | Remittance Advices | Trade Files | Max Fee Home | Account |
Contact Information | Online Handbooks | Site Map | User Guides | Certification | Message Center



Accessing the Claim Form

Claims

User Guides

- [Portal User Guides](#)

Claims Submission Options

Providers may submit claims to ForwardHealth electronically or on paper. Providers are encouraged to submit claims electronically as it improves efficiency, reduces billing and processing errors, and allows for the timely processing of payments.

Providers may begin the claim processing function by clicking on the following options.

What would you like to do?

- [Claim search](#)
- [Claims Submission Report](#)
- [Submit Institutional Claim](#)
- [Submit Professional Claim](#)
- [Upload Claim Attachments](#)
- [Create a Claim From PA](#)



Providers having difficulties determining which method to use when submitting a claim, or in submitting a claim through the Portal, may call provider services at 800-947-9627.



How to fill out the panels

- Header

The screenshot displays a medical billing software interface with three main sections:

- Professional Claim:** This section contains various input fields for patient and provider information, including ID numbers, names, dates of birth, and insurance details. It also shows calculated amounts like Total Charge* (\$0.00) and Other Insurance Amount (\$0.00). An arrow points to the 'Total Charge*' field.
- Detail:** This section features a table with columns for Line Number, From Date of Service, To Date of Service, Procedure Code, Mod, Mod2, Mod3, Mod4, Status, Units, and Charge. Below the table are fields for Line Number, From Date of Service, To Date of Service, Procedure Code, Modifiers, Diagnosis Code, Place of Service Code, Emergency, Family Planning, and Professional Service Description. An arrow points to the 'From Date of Service' field.
- Insurance:** This section shows a table for insurance information with columns for Line Number, Medicare Deductible, Medicare Co-insurance, Medicare Part Amount, Medicare Non-Covered Charge, Medicare Copayment, and Remaining Patient Liability. An arrow points to the 'Medicare Deductible' field.

- Detail

- Insurance

Diagnosis Panel

Professional Claim

Required fields are indicated with an asterisk (*).

ICN	222229001012	Rendering Provider	00000000	[Search]
Provider ID	0123456789 NPI	Referring Provider 1	1212121212	[Search]
Member ID*	0123456789	Referring Provider 2		[Search]
Last Name	DOE	Medicare Disclaimer	no disclaimer	▼
First Name, MI	JOHN	Other Insurance Indicator	▼	
Date of Birth	05/05/1995	Referral Number		
Patient Account #		Total Charge*	\$370.00	
Medical Record Number		Other Insurance Amount	\$0.00	
SOI Date		Total Amount Paid	\$64.52	
		Net Difference		

[Diagnosis](#) [Condition](#) [Medicare](#) [Anesthesia](#) [Other Insurance](#)

[Diagnosis](#) [Condition](#) [Medicare](#) [Anesthesia](#) [Other Insurance](#)

Diagnosis

Sequence	1	Diagnosis 1	[Search]
Sequence	2	Diagnosis 2	[Search]
Sequence	3	Diagnosis 3	[Search]
Sequence	4	Diagnosis 4	[Search]
Sequence	5	Diagnosis 5	[Search]
Sequence	6	Diagnosis 6	[Search]
Sequence	7	Diagnosis 7	[Search]
Sequence	8	Diagnosis 8	[Search]
Sequence	9	Diagnosis 9	[Search]
Sequence	10	Diagnosis 10	[Search]
Sequence	11	Diagnosis 11	[Search]
Sequence	12	Diagnosis 12	[Search]

Diagnosis Codes

Diagnosis 1 [Close]

Search ?

Diagnosis ICD Version

Description

Search Results

*** No rows found ***

Detail Panel

Diagnosis Condition Medication Anesthesia Other Insurance

Detail

Line Number	From Date of Service	To Date of Service	Procedure Code	Mod1	Mod2	Mod3	Mod4	Status	Units	Charge
1	05/01/2022	05/03/2022	80081	TC				PAY	1.00	\$78.00
2	05/01/2022	05/03/2022	80081	28				PAY	1.00	\$78.00
3	05/01/2022	05/01/2022	80424	TC				PAY	1.00	\$220.00
4	05/01/2022	05/01/2022	80424	91	28			DENY	1.00	\$0.00

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

Line Number:

From Date of Service:

To Date of Service:

Procedure Code: [Search]

Modifiers: [Search] [Search] [Search] [Search]

Diagnosis Code Pointers:

Units:

Charge:

Place of Service Code: [Search]

Emergency:

Family Planning:

Notes:

Professional Service Description:

Referring Provider: [Search]

Referring Provider 1: [Search]

Referring Provider 2: [Search]

Ordering Provider: [Search]

Status:

Allowed Amount:

CoPay Amount:

[NICs for J-Codes](#)



How to Submit the Claim

Claim Status Information

Claim Status Not submitted yet



How to look up a PA

Claims

User Guides

- [Portal User Guides](#)

Claims Submission Options

Providers may submit claims to ForwardHealth electronically or on paper. Providers are encouraged to submit claims electronically as it improves efficiency, reduces billing and processing errors, and allows for the timely processing of payments.

Providers may begin the claim processing function by clicking on the following options.

What would you like to do?

- [Claim search](#)
- [Claims Submission Report](#)
- [Submit Institutional Claim](#)
- [Submit Professional Claim](#)
- [Upload Claim Attachments](#)
- [Create a Claim From PA](#)



How to look up a PA

[Find PA Record](#) » [Choose PA Record](#) » [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

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

How to look up a PA

PA Record page

[Find PA Record](#) » [Choose PA Record](#) » [PA Record](#)

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	Member Id	Last Name	First Name	Process Type	PA Status	Amendment Status	Requested Start Date	Grant Date	Expiration Date	PA Notice
5250030001	5209856453	CLTS	JASMINE	147 - Childrens Long-Term Support	APPROVED		07/01/2024	07/01/2024	05/20/2025	Decision Notice

[Previous](#) [Exit](#)

How to look up a PA

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. If you wish to submit an amendment request for this PA, select "Amend this PA" located at the bottom of the page.

PA Message

- ***There are No PA Messages***

PA Information

PA Number	5243300004	Media Type	WEB
First Name	JACKIE	Member ID	1209783011
Last Name	CLTS	Date of Birth	10/04/2023
PA Status	APPROVED	View PA Decision Notice	
Amendment Status			
Process Type	147 - Childrens Long-Term Support		
Program	Medicaid		
HealthCheck Other Service	No	Start Date - SOI	
Requested Start Date	11/22/2024	First Date of Treatment - SOI	
Primary Diagnosis Code	Z418	Description	ENCNTR FOR OTH PROC FOR PURPOSE OTH THAN REMEDY HEALTH STATI
Secondary Diagnosis Code		Description	
National Provider Identifier- Prescribing/Referring/Ordering Provider		Name - Prescribing/Referring/ Ordering Provider	

[Create a Claim From PA](#)

Create a Claim from a PA

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. If you wish to submit an amendment request for this PA, select "Amend this PA" located at the bottom of the page.

PA Message

- ***There are No PA Messages***

PA Information

PA Number: 5243300004 Media Type: WEB
 First Name: JACKIE Member ID: 1209783011
 Last Name: CLTS Date of Birth: 10/04/2023
 PA Status: APPROVED [View PA Decision Notice](#)
 Amendment Status:
 Process Type: 147 - Childrens Long-Term Support
 Program: Medicaid
 HealthCheck Other Service: No Start Date - SOI:
 Requested Start Date: 11/22/2024 First Date of Treatment - SOI:
 Primary Diagnosis Code: Z418 Description: ENCNR FOR OTH PROC FOR PURPOSE OTH THAN REMEDY HEALTH STATI
 Secondary Diagnosis Code: Description:
 National Provider Identifier- Prescribing/Referring/Ordering Provider: Name - Prescribing/Referring/Ordering Provider:

 [Create a Claim From PA](#)

Line Item Information

Line Item	Status	Service Code	Units Requested	Dollars Requested	Units Authorized	Dollars Authorized	Grant	Expiration Date
01	APPROVED	T2013	0.000	\$50.00	0.000	\$50.00	11/22/2024	11/21/2025

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

Line Item: 01
 Status: APPROVED
 Rendering Provider ID: 100008866 MCD
 Prescribing Provider ID:
 Service Code Type: Procedure Code
 Service Code: T2013



Create a Claim from a PA

Professional Claim

Required fields are indicated with an asterisk (*).

DCN Rendering Provider [Search]

Provider ID 1980047860 NPI Referring Provider 1 [Search]

Member ID* 8205781483 Referring Provider 2 [Search]

Last Name CLTS Medicare Disclaimer no disclaimer

First Name, MI KJRC Other Insurance Indicator

Date of Birth 07/28/2024 Referral Number

Patient Account # Total Charge* \$100.00

Medical Record Number Other Insurance Amount \$0.00

DOI Date Total Amount Paid \$0.00

Net Difference

PA Number* S243290001

[Diagnosis](#) [Condition](#) [Medicare](#) [Anesthesia](#) [Other Insurance](#)

Detail

Line Number	From Date of Service	To Date of Service	Procedure Code	Mod1	Mod2	Mod3	Mod4	Status	Units	Charge
A 0			97101							5000.00 \$100.00

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

Line Number Rendering Provider [Search]

From Date of Service Referring Provider 1 [Search]

To Date of Service Referring Provider 2 [Search]

Procedure Code [Search] Ordering Provider [Search]

Modifiers [Search] [Search] [Search] [Search]

Diagnosis Code Pointers

Units

Charge

Place of Service Code [Search] Status

Emergency

Family Planning

Allowed Amount

CoPay Amount

Notes

Professional Service Description

Delete Add

Create a Claim from a PA

[Diagnosis](#)
[Condition](#)
[Medicare](#)
[Anesthesia](#)
[Other Insurance](#)

Detail

Line Number	From Date of Service	To Date of Service	Procedure Code	Mod1	Mod2	Mod3	Mod4	Status	Units	Charge
A	0		S5151						1.00	\$120.00

Type data below for new record.

Line Number
 Rendering Provider
 NPI [Search]

From Date of Service*
 Referring Provider 1 [Search]

To Date of Service*
 Referring Provider 2 [Search]

Procedure Code* [Search]
 Ordering Provider [Search]

Modifiers [Search] [Search] [Search] [Search]

Diagnosis Code Pointers

Units*
 Status

Charge*
 Allowed Amount

Place of Service Code* [Search]
 CoPay Amount

Emergency

Family Planning

Notes
 Professional Service Description



Create a Claim from a PA

Next Search By:

Professional Claim

Required fields are indicated with an asterisk (*).

ICN:

Provider ID: 1991749643 NPI [Search]

Member ID: 6209783492 [Search]

Last Name: [Search]

First Name, MI: MANUEL

Date of Birth: 03/11/2012

Patient Account #

Medical Record Number

SOI Date

Rendering Provider [Search]

Referring Provider 1 [Search]

Referring Provider 2 [Search]

Medicare Disclaimer: no disclaimer [Search]

Other Insurance Indicator:

Referral Number:

Total Charge*: \$50.00

Other Insurance Amount: \$0.00

Total Amount Paid: \$0.00

Net Difference:

PA Number*: 5243370010

[Diagnosis](#) [Condition](#) [Medicare](#) [Anesthesia](#) [Other Insurance](#)

Detail

Line Number	From Date of Service	To Date of Service	Procedure Code	Mod1	Mod2	Mod3	Mod4	Status	Units	Charge
A 0			T2013	QT	HQ	LN			0.00	\$50.00

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

Line Number:

From Date of Service:

To Date of Service:

Procedure Code: [Search]

Modifiers: [Search] [Search] [Search]

Diagnosis Code Pointers:

Units:

Charge:

Place of Service Code: [Search]

Emergency:

Family Planning:

Notes:

Rendering Provider: [Search]

Referring Provider 1: [Search]

Referring Provider 2: [Search]

Ordering Provider: [Search]

Status:

Allowed Amount:

CoPay Amount:

Professional Service Description:

[NOCs for XCode](#)

Medicare Information (Detail)

Line Number: 1

Medicare Date Paid:

Medicare Paid Amount: \$0.00

Medicare Non Covered Charge: \$0.00

Medicare Deductible: \$0.00 +

Medicare Coinsurance: \$0.00 +

Psychiatric Reduction: \$0.00 +

Medicare Copayment: \$0.00 +

Remaining Patient Liability*: -

Attachments

*** No rows found ***

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

Attachment Control Number:

Description:

Claim Status Information

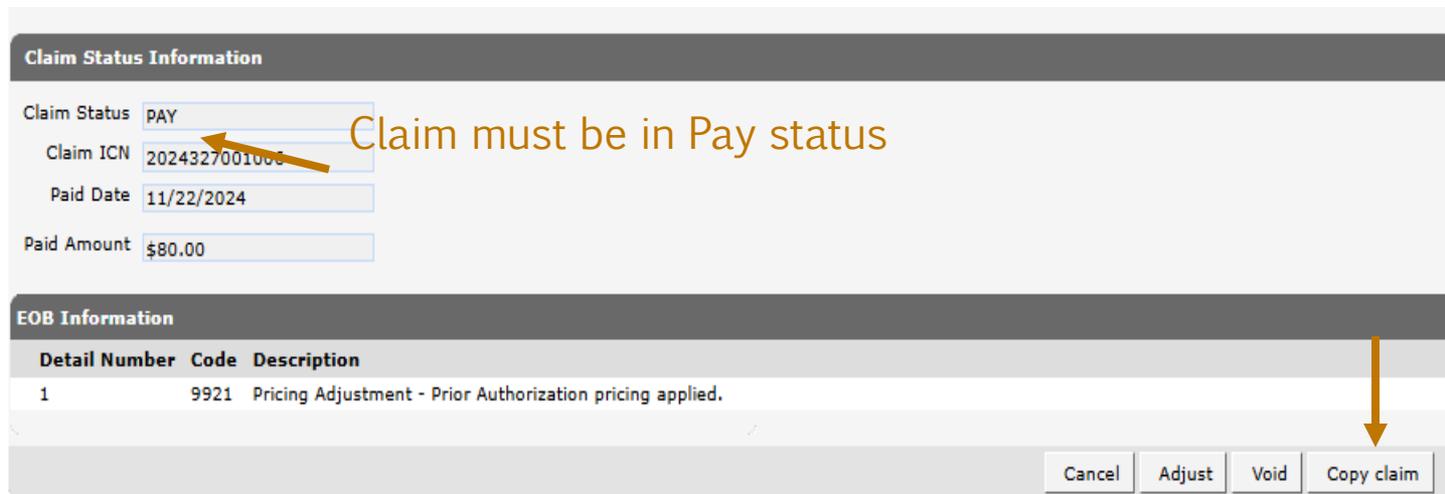
Claim Status: Not submitted yet



Copying a Claim

To copy a claim:

1. Search for a claim.
2. Click **Copy Claim**



The screenshot shows a web interface for claim management. It features two main sections: 'Claim Status Information' and 'EOB Information'. The 'Claim Status Information' section contains four input fields: 'Claim Status' (set to 'PAY'), 'Claim ICN' (2024327001000), 'Paid Date' (11/22/2024), and 'Paid Amount' (\$80.00). An orange arrow points from the text 'Claim must be in Pay status' to the 'Claim Status' field. The 'EOB Information' section contains a table with one row of data. At the bottom right, there are four buttons: 'Cancel', 'Adjust', 'Void', and 'Copy claim'. An orange arrow points from the text 'Copy claim' to the 'Copy claim' button.

Claim Status Information

Claim Status Claim must be in Pay status

Claim ICN

Paid Date

Paid Amount

EOB Information

Detail Number	Code	Description
1	9921	Pricing Adjustment - Prior Authorization pricing applied.

Cancel Adjust Void Copy claim

Copying a Claim

Institutional Claim

Required fields are indicated with an asterisk (*).

ICN

Provider ID 0997054321 NPI

Member ID* 1234567890

Last Name MEDICAID

First Name, MI MARY R

Date of Birth 10/01/1938

Patient Account #

Medical Record #

Attending Provider* 111111111

Rendering Provider [Search]

Referring Provider [Search]

Other Provider

Notes

Type Of Bill* 213 [Search]

From Date of Service* 01/01/2015

To Date of Service* 01/12/2015

Patient Status* 30 [Search]

Point of Origin* 1 [Search]

Admission Date 01/01/2015

Priority* 3 [Search]

Admission Diagnosis Code L89609 [Search]

Covered Days* 12

Non Covered Days 0

Medicare Disclaimer no disclaimer

Other Insurance Indicator

Total Charge* \$2,340.00

[Diagnosis](#) [Condition](#) [Medicare](#) [Plan](#) [Procedures](#) [Occurrence/Spec](#) [Yates](#) [External Cause of Inj](#) [Other Insurance](#)

Detail

Line Number	Revenue Code	Rendering Provider	Referring Provider	Procedure Code	Units	Charge	Status	Allowed Amount
1	192				12.00	\$2,340.00		\$0.00

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

Line Number

Revenue Code [Search]

From Date of Service

To Date of Service

Procedure Code [Search]

Rendering Provider [Search]

Referring Provider [Search]

Units

Charge

Modifiers [Search] [Search] [Search] [Search]

Professional Service Description

Status

Allowed Amount

Delete Add

NCCs for JCode

*** No rows found ***

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

Attachment Control Number

Description

Delete Add

Claim Status Information

Claim Status Not submitted yet

Submit Cancel

Adjusting a Claim

Claim Status Information

Claim Status: PAY
Claim ICN: 5222227001001
Paid Date: 08/15/2022
Paid Amount: \$32.12

EOB Information

Detail Number	Code	Description
0	9817	Per policy, ForwardHealth used the billing provider enrollment to determine rei
1	9817	Per policy, ForwardHealth used the billing provider enrollment to determine rei
1	9918	Pricing Adjustment - Maximum allowable fee pricing applied.

Cancel Adjust Void Copy claim





How to set up Electronic Funds Transfer (EFT)

- EFT information from WPS does not carryover to DHS. You must sign up with DHS.
- All EFT enrollments must be completed via your secure Provider Portal account.
- Only a clerk who has been assigned the EFT role may enroll in EFT.
- Once enrolled for EFT, organizations cannot revert to receiving paper checks.
- Organizations may change their EFT information at any time.
- Enrolling in EFT does not change your Remittance Advice.

Electronic Funds Transfer



Welcome » December 18, 2024 2:44 PM

[Login](#)

Catalog of Trainings and Educational Resources for Providers and Other Stakeholders

A number of trainings and other educational resources are available to providers and other stakeholders to offer support in the administration of ForwardHealth's programs. Some of the offered trainings serve as an introduction to program policy and operations, while others go into more depth on a particular topic. In addition, continuing education credit is available for some courses offered through the Centers for Medicare and Medicaid Services (CMS).

FORWARDHEALTH PORTAL BASICS/NAVIGATION	PROVIDER/SERVICE AREA SPECIFIC
BILLING, CLAIMS, DRUG REBATE, & PAYMENTS	OFFICE OF THE INSPECTOR GENERAL (OIG)
ForwardHealth Portal Electronic Payment Changes to Crisis Intervention Services and Claims Submission	ACUTE AND PRIMARY MANAGED CARE

www.forwardhealth.wi.gov/WIPortal/cms/page/trainings/home

dhs.wisconsin.gov/publications/p0/p00963.pdf





Resources

CLTS Operations: 844-942-5870 (844WICLTS0)

ForwardHealth Portal: www.forwardhealth.wi.gov

Email subscription:

<https://www.forwardhealth.wi.gov/WIPortal/Subsystem/KW/Subscriptions.aspx>

Portal Basic Trainings:

www.forwardhealth.wi.gov/WIPortal/content/provider/training/fundamentals/Modules_player.htm.spage?webcast=0

CLTS Transition Page:

www.forwardhealth.wi.gov/WIPortal/cms/page/message/clt-tp-transition





Resources

Max Fee Schedule:

www.forwardhealth.wi.gov/WIPortal/cms/page/trainings/home

837 Companion Guides:

www.forwardhealth.wi.gov/WIPortal/Subsystem/SW/Search.aspx?searchBy=Provider&miniSearchValue=837

CLTS TPA 837 demonstration video: vimeo.com/999206480

Multi-Factor Authentication User Guide:

www.forwardhealth.wi.gov/WIPortal/StaticContent/pdf/MFAInstructionsheet.pdf



Q/A Session



Thank You