

## ForwardHealth Desktop Reference for Behavioral Treatment Providers

| Category                              | Topic of Interest  | Notes   | Resource Location   |
|---------------------------------------|--|---|---|
| <b>Provider Enrollment</b>            | Provider enrollment information for: <ul style="list-style-type: none"> <li>Licensed supervisors</li> <li>Therapists</li> <li>Technicians</li> </ul> | Non-licensed therapists and technicians do not need National Provider Identifiers (NPIs); ForwardHealth will issue these providers a Medicaid provider number.  | <i>Provider Enrollment Information page of the ForwardHealth Portal</i><br><a href="#">Information for Specific Provider Types</a>  |
|                                       | Provider enrollment application  | Providers may start or continue a Medicaid enrollment application.  | <i>Provider Enrollment Information pages of the Portal</i><br><a href="#">To Start a New Medicaid Enrollment</a>  |
|                                       | Provider enrollment application status   | Providers may track the status of their enrollment applications by entering their application tracking number (ATN) in the Enrollment Tracking Search on the Portal, or by calling Provider Services. | <a href="#">Enrollment Tracking Search Tool</a><br><br><i>Provider Services: 800-947-9627</i><br>Monday–Friday, 7:00 a.m.–6:00 p.m.   |
| <b>Portal Accounts</b>                | Account setup on the Portal  | The ForwardHealth Provider Portal Account User Guide includes information on administrative Portal account setup, clerk Portal account setup, adding organizations, and switching organizations.      | <a href="#">ForwardHealth Provider Portal Account User Guide</a>  |
|                                       | Updating provider information on the ForwardHealth provider file   | The demographic maintenance tool on the Portal allows users to update their address, financial, and other information.  | <a href="#">ForwardHealth Portal Demographic Maintenance Tool User Guide</a>  |
| <b>Member Enrollment Verification</b> | Verifying member enrollment in ForwardHealth programs and benefits   | Providers are encouraged to verify a member’s enrollment before each service is rendered.   | <a href="#">ForwardHealth Portal Enrollment Verification User Guide</a>   |
| <b>Prior Authorization</b>            | Options for submitting prior authorization (PA) requests   | Providers may submit PA requests via the Portal, by mail, or by fax.  | <i>ForwardHealth Online Handbook topics:</i><br><a href="#">Portal PA submission</a> (topic #458)<br><a href="#">Mail-in PA submission</a> (topic #456)<br><a href="#">Fax PA submission</a> (topic #455) |

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| Prior Authorization (Cont.) | Instructions for submitting a PA request through the Portal | Providers can find instructions on how to: <ul style="list-style-type: none"> <li>• Complete a PA request on the Portal.</li> <li>• Check status of a submitted PA request.</li> <li>• Amend an approved PA request.</li> <li>• Correct a returned PA request.</li> <li>• Upload documents via the Portal.</li> </ul> | <a href="#">ForwardHealth Provider Portal Prior Authorization User Guide</a>  |
|                             | Prior authorization attachment completion instructions      | Completion instructions for the Prior Authorization Request Form (PA/RF), F-11018, specific to behavioral treatment services and for the Prior Authorization/Behavioral Treatment Attachment (PA/BTA), F-01629, may be found on the Forms page of the Portal.   | <i>ForwardHealth Online Handbook topic:</i><br><a href="#">Prior Authorization Request Form Completion Instructions for Behavioral Treatment Services</a> (topic #19044)<br><a href="#">Attachments</a> (topic #446)  |
|                             | Prior authorization approval criteria                       | PA approval criteria has been defined for initial, subsequent, and amendment requests.  | <i>ForwardHealth Online Handbook topics:</i><br><a href="#">Standards of Medical Necessity</a> (topic #19041)<br><a href="#">Approval Criteria for Initial Prior Authorization Requests</a> (topic #19038)<br><a href="#">Approval Criteria for Prior Authorization Amendment Requests</a> (topic #19039)<br><a href="#">Approval Criteria for Subsequent Prior Authorization Requests</a> (topic #19040) |
|                             | Grant and expiration dates for PA requests                  | The Online Handbook provides information regarding PA request grant and expiration dates  | <i>ForwardHealth Online Handbook topics:</i><br><a href="#">Expiration date</a> (topic #440)<br><a href="#">Grant date</a> (topic #441)<br><a href="#">Backdating</a> (topic #439)  |
|                             | Returned PA requests and PA amendment requests              | A Returned Provider Review Letter is sent if the PA request is returned to the provider when forms are incomplete, inaccurate, or additional information is needed. Prior Authorization Amendment Requests are used to amend an approved or modified PA request.  | <i>ForwardHealth Online Handbook topics:</i><br><a href="#">Returned Requests</a> (topic #427)<br><a href="#">Returned Provider Review Letter Response Time</a> (topic #4737)<br><a href="#">Amendments</a> (topic #431)<br><br>Questions about a returned PA request: Call <i>Provider Services</i> at 800-947-9627  |
|                             | Questions regarding Portal PA request submission            | Contact the Portal Helpdesk with technical questions re: PA request submission.   | <i>Portal Helpdesk:</i> 866-908-1363<br>Monday–Friday, 8:30 a.m.–4:30 p.m.  |

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| <b>Documentation</b> | Preparation and maintenance of records | All providers who receive payment from Wisconsin Medicaid are required to maintain records that fully document the basis of charges upon which all claims for payment are made. Providers are required to retain documentation for a period of not less than five years from the date of payment.  | <i>ForwardHealth Online Handbook topics:*</i><br><a href="#">Documentation Requirements</a> (topic #18998)<br><a href="#">Preparation and Maintenance of Records</a> (topic #203)<br><a href="#">Medical Records</a> (topic #202)<br><a href="#">Financial Records</a> (topic #201)<br><a href="#">Record Retention</a> (topic #204)<br><a href="#">Confidentiality and Proper Disposal of Records</a> (topic #200)   |
| <b>Claims</b>        | Policy information for claims          |  | <i>ForwardHealth Online Handbook topics:</i><br><a href="#">Usual and Customary Charges</a> (topic #517)<br><a href="#">Submission Deadline</a> (topic #547)<br><a href="#">1500 Health Insurance Claim Form Completion Instructions</a> (topic #17797)<br><br><i>ForwardHealth Online Handbook topics dealing with adjustment requests:</i><br><a href="#">Allowed Claim</a> (topic #814)<br><a href="#">Denied Claim</a> (topic #815)<br><a href="#">Electronic</a> (topic #512)<br><a href="#">Follow-Up</a> (topic #513)<br><a href="#">Paper</a> (topic #515)<br><a href="#">Processing</a> (topic #816)<br><a href="#">Purpose</a> (topic #514)<br><a href="#">Submitting Paper Attachments with Electronic Claim Adjustments</a> (topic #4857) |
|                      | Commercial insurance                   | <p>Providers are required to exhaust commercial health insurance sources before submitting claims to ForwardHealth.</p> <p>If the commercial insurance plan does not respond to inquiries, benefits have been exhausted, or the plan does not cover behavioral treatment services, refer to the Other Insurance Indicators topic for applicable codes to use on the claim.</p> | <i>ForwardHealth Online Handbook topics:</i><br><a href="#">Procedure Codes for Claims When Private Health Insurance is the Primary Payer</a> (topic #18977)<br><a href="#">Explanation of Medical Benefits Form Requirement</a> (topic #18497)<br><a href="#">Exhausting Commercial Health Insurance Sources</a> (topic #596)<br><a href="#">Other Insurance Indicators</a> (topic #605)   |

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| <b>Claims (Cont.)</b>                            | Claim submission                            | Providers can find information about: <ul style="list-style-type: none"> <li>• Submitting claims on the Portal.</li> <li>• Searching for claims.</li> <li>• Copying claims.</li> <li>• Resubmitting claims.</li> <li>• Voiding claims.</li> <li>• Adjusting claims.</li> <li>• Uploading claim attachments.</li> </ul> | <a href="#">ForwardHealth Provider Portal Professional Claims User Guide</a><br><a href="#">Instruction sheets</a> are available for the following functions (scroll to the bottom of the linked page to access each): <ul style="list-style-type: none"> <li>• Claim Search</li> <li>• Claim Status Information</li> <li>• Resubmitting a Denied Claim</li> <li>• Adjusting a Claim</li> <li>• Voiding a Claim</li> <li>• Copying a Claim</li> <li>• Uploading Claim Attachments</li> </ul> |
| <b>National Correct Coding Initiative (NCCI)</b> | Medically Unlikely Detail and other edits   | The NCCI mandates claims processing edits to ensure correct coding on claims submitted for Medicaid reimbursement.   | <i>ForwardHealth Online Handbook topic:</i><br><a href="#">National Correct Coding Initiative</a> (topic #11537)   |
| <b>Reimbursement</b>                             | Collecting Payment from Members             |  | <i>ForwardHealth Online Handbook topics:</i><br><a href="#">Prior Identification of Enrollment</a> (topic #244)<br><a href="#">Cost Sharing</a> (topic #538)<br><a href="#">Non-U.S. Citizens — Emergency Services</a> (topic #277)  |
| <b>Resources</b>                                 | Provider Services                           | Providers should call Provider Services to answer enrollment, policy, and billing questions.   | <i>ForwardHealth Online Handbook topic:</i><br><a href="#">Provider Services</a> (topic #474)<br><br><i>Provider Services: 800-947-9627</i><br>Monday–Friday, 7:00 a.m.–6:00 p.m.  |
|  | Provider Relations Field Representative Map | Provider relations field representatives are assigned to regions within the state and are available to help providers with complex PA, billing, and claim processing questions. Behavioral treatment falls under specialty group 2, so providers should contact those reps with a “2” next to their name.              | <a href="#">Find/Contact Your Provider Relations Representative</a><br><br><i>ForwardHealth Online Handbook topic:</i><br><a href="#">Provider Relations Representatives</a> (topic #473)  |
|  | Resources Reference Guide                   | Services and resources available to providers and members with contact information and hours of availability are listed in the guide.  | <i>ForwardHealth Online Handbook topic:</i><br><a href="#">Resources Reference Guide</a> (topic #4456)   |

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|          | County Waiver Agency | Providers should call the county waiver agency if they have questions about the transition schedule or transition date of behavioral treatment services. | Applicable county waiver agency |

\* In addition to the references listed, providers are expected to meet all documentation requirements set forth in applicable ForwardHealth Online Handbook topics and *ForwardHealth Updates*, Wisconsin Administrative Code chapters 101-108, *Current Procedural Terminology*, and provider agreements.