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ForwardHealth Portal Fundamentals

Agenda

- Introductions.
- Technical Aspects of the Portal.
- Portal User Tips.
- Portal Overview.
- User Types.
- Managing Portal Accounts.
- Provider Certification.
- Provider Recertification.
- Member Enrollment Verification.
- Search Enrollment Verification History.
- Claims.
- Prior Authorization (PA).
- Maximum Allowable Fee Schedules.
- Remittance Advices (RAs).
- Communications.
- Resources.
- Questions.
- Evaluations.

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Technical Aspects of the Portal

- The Portal is an Internet site and is accessible through most Web browsers at *www.forwardhealth.wi.gov/*.
- The Portal can run on a Windows- or Apple-based system.
- Providers should have a high-speed Internet connection in order to efficiently conduct business with ForwardHealth via the Portal.
- These download speeds are generally not available through a dial-up connection.
- The Portal can be accessed from work or home.
- Refer to the Online Handbook for more specific information.

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Portal User Tips

- An asterisk next to a field indicates that it is a required field.
- A “?” indicates that Help information is available. Users may hover over any field within an online form or wizard to display the Help symbol and reveal the information available.
- Your browser’s “back” feature will not work in the Portal.
- Some pages display the path to the page for easy navigation. Other pages contain a “Go Back” button. If neither option is available, users may click on the ForwardHealth logo at the top of the screen, which will take them back to the Portal home page.

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Portal Overview

- The ForwardHealth Portal is made up of five distinct areas:
  - Providers.
  - Managed Care Organization (MCO).
  - Partners.
  - Trading Partners.
  - Members.
- Each of these areas contains both public and secure information.
- Anyone can access public information.
- Users need to have established a Portal account to access the secure information.
- Providers may have multiple secure Portal accounts (Medicaid, Wisconsin Well Woman Program [WWWP], Wisconsin Chronic Disease Program [WCDP]).

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Portal Overview — Public Area

- The Portal home page is the most general of all the public areas of the Portal. It contains links to information for all types of users whether they be providers, MCOs, partners, trading partners, or members.
- The Portal home page contains links to the following:
  - A customized home page for each of the five main areas of the Portal.
  - General program information via the Department of Health Services Web site.
  - Provider certification.
  - The Online Handbook.
  - Fee Schedules.
  - Training information.
  - Alerts and Resources.
  - A Contact page where providers can submit a written inquiry to Provider Services.

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Portal Overview — Public Area (cont.)

- The home page of the Provider area of the Portal is also open to the public.
- While this is a public area, the information and tools linked to from this page are most relevant to providers.
- The public Provider home page contains links to the following:
  - Provider-specific resources.
  - References and tools.
  - Related programs and services.
  - Training information.
  - "What's New" information for providers.
  - Quick links to some of the same areas linked to from the Portal home page, with additional links to:
    - Request Portal access.
    - *ForwardHealth Updates*.
    - The e-mail subscription service.
    - The certification tracking tool.
    - Forms.

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Portal Overview — Secure Area

- The secure Provider area of the Portal contains provider account information and member data, which may be sensitive and/or fall under the requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).
- To access the secure Provider area of the Portal, users must log in using a username and password.
- When a user logs into the secure area of the Portal, the Provider home page is displayed.
- The tabs along the top of the page allow users to navigate to various areas of the Portal.
- The information — National Provider Identifier (NPI), Taxonomy, ZIP+4 Code, Financial Payer — that identifies the account in which the user is logged into is located directly below the tabs.

Portal Overview — Secure Area (cont.)

- Users will only be able to see information to which they have been granted access.
- The secure Provider home page displays the following information:
  - Secure messages.
  - Claims.
  - PAs.
  - RAs.
- The secure Provider area of the Portal contains links to the following:
  - Designate an 835 Health Care Claim Payment/Advice (835) receiver, usually the role of the Portal account Administrator.
  - Demographic Maintenance.
  - An Explanation of Benefits (EOB) listing.
  - Electronic Funds Transfer (EFT).
  - Forms.

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User Types

- There are three types of Portal users:
  - Administrators.
  - Clerk Administrators.
  - Clerks.
- Portal Administrators have access to all secure information. The Administrator controls the administrative account. They are also responsible for establishing other user accounts and maintaining the provider's Portal account (e.g., demographic information).
- Clerk Administrators have access to the roles assigned to them by the Administrator. Clerk Administrators have the ability to establish other Clerk Administrators and Clerks; however, they cannot assign any roles above what they themselves have been assigned.
- Clerks have access to the roles assigned to them by either the Administrator or Clerk Administrator. They cannot establish other Clerks.

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Managing Portal Accounts

- Users manage their secure Portal account(s) from the Account area.
- Links to the following key functionality is available from the Account home page:
  - Maintenance.
  - Change Password.
  - Clerk Maintenance.
  - Switch Organization.
  - Add Organization.
- The functionality needed to manage your Portal account is dependent on what type of user you are.

All Users

- All users have access to the following functionality within the Accounts area:
  - Maintenance: Name changes, update contact information, and maintain security questions/answers. There is also a link to change the user's password.
    - All providers should set up security questions if they haven't already done so.

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Managing Portal Accounts (cont.)

- Change Password: The user must know his/her current password in order to change it here.
- Switch Organization: Set default organization. Easily navigate between Portal accounts without needing to enter a new user name and password.

Clerk Administrators and Administrators

- Clerk Administrators and Administrators have access to the following additional functionality:
  - Clerk Maintenance: Add and delete clerks. Reset passwords. Manage clerk roles. Assign additional Clerk Administrators.

Administrators

- Administrators have access to all functionality within the Accounts area.
- Functionality unique to Administrators is:
  - Add Organization: Adding an organization allows the Administrator to manage all Portal accounts using one user name and password.

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Managing Portal Accounts — Password Information

- ForwardHealth's policy regarding password guidelines and parameters is industry standard.
- Expire every 60 days and users are prompted to change it.
- Must have at least eight characters.
- Must contain at least one uppercase letter, one lowercase letter, and one number.
- Must not contain your real name or user name.
- When resetting your password, you cannot use any of your previous eight passwords.
- If you forget your password, you can reset it yourself by answering your security questions.
- If the user attempts to log in three times with an incorrect user name or password, he/she will be locked out. Users should only attempt to log in twice and then use the "Forgot Password" function.
- If a user gets locked out, the lock-out will last for one hour at which time the user can reset his or her password. Neither the Administrators nor the Portal Helpdesk will be able to help the user prior to the end of the one-hour period.

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Managing Portal Accounts — Security Questions

- Security questions and answers should be established when the user sets up his or her Portal account.
- Administrators are required to establish security questions during the process of establishing the initial administrative account. Other users receive a message in the secure messaging area of their Portal account reminding them to establish security questions.
- Security questions and answers are maintained via the Accounts tab.
- Special characters are not allowed (e.g., *, /, ?).
- Security answers are case sensitive and cannot contain spaces.
- The Portal Helpdesk cannot access answers to security questions.
- If a user cannot remember his or her password or the answers to his or her security questions, he or she must contact the Administrator or the Portal Helpdesk to have the account reset.

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Managing Portal Accounts — Timeouts

- Most areas of the Portal are set to time out after a half hour of inactivity.
- The PA area will time out after one hour of inactivity.
- Activity is defined as:
  - Moving from one page to another within the Portal.
  - Submitting information within the Portal.
  - Calling information from the Portal.
- Activity does not include simply entering data into the fields of a form or wizard within the Portal.
- If your computer continues to time out early on a regular basis, consult your IT area.
- Troubleshooting ideas include ensuring your organization does not have any proprietary security features in place which would cause an early time-out during Internet usage.

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Certification

- Only providers certified with Medicaid, WCDP, or WWWP can obtain a secure Portal account.
- Providers who wish to be reimbursed by Wisconsin Medicaid, BadgerCare Plus, and SeniorCare for services provided to enrolled members, must be certified by Wisconsin Medicaid.
- The Portal offers online certification for providers who wish to become Medicaid certified. (Note: This feature is only available via the public area of the Portal.)
- Providers wishing to become WCDP or WWWP certified must call Provider Services.

Medicaid Certification via the Portal

- Providers may begin the online certification process by selecting either of the following links from the Portal home page:
  - Become a Provider.
  - Certification Packets.
- The Become a Provider page contains links to important certification information as well as the link to the online certification tool.

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Certification (cont.)

- To use the online certification tool, providers need to answer questions and fill in the necessary information by navigating through a series of pages using the “Previous” and “Next” buttons.
- The Provider Agreement and information regarding supporting documentation, if required, is accessed at the end of the application.
- The Provider Agreement needs to be printed, signed, dated, and sent to ForwardHealth along with any required supporting documentation.
- Providers should note the tracking number assigned to the application.
- Providers may track the status of their certification requests via the Certification Tracking Search link on the Provider home page. Providers will need the Application Tracking Number assigned to the application to perform this search.
- The certification packets available on the Portal are for viewing purposes only and should not be completed and sent to ForwardHealth.

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Recertification

- Most providers are recertified once every three years. The only exception is SMV providers who are recertified every year.
- The State will notify providers when they become part of a recertification via secure Portal messaging and the Remittance Advice banner page.
- Providers that are part of a recertification receive two communications via USPS mail, under separate cover:
  1. A letter explaining the recertification process. This letter also contains the provider's ATN (i.e., user name).
  2. A PIN letter that will allow them to access the recertification area of the Portal.
- Providers do not need to establish a Portal account to access the recertification area of the Portal.
- Temporary access to the recertification area of the Portal is gained using the ATN and PIN sent to the provider's physical address on file.

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Enrollment Verification

- Member enrollment information is available via the Enrollment page of your organization's secure Portal.
- One of the following combinations of information is required along with the To and From Date of Service:
  - Member identification number.
  - SSN and date of birth.
  - Member first/last name and date of birth.
- For best results, enter the minimum amount of required information.
- The verification tracking number for the enrollment verification inquiry is displayed in a yellow box along with the search results. Providers should keep a record of this number as proof of the inquiry.

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Enrollment Verification (cont.)

- The Benefit Plan panel shows the Financial Payer under which the benefit plan is covered, the specific Benefit Plan in which the member is enrolled, and the Effective Date and End Date of enrollment.
- Providers can see the following month's enrollment around the 20th of the current month.
- When verifying enrollment in Medicaid or WCDP, providers can see the following month's enrollment around the 20th of the month as well as any 365 day span of history.
- When verifying enrollment in WWWP, providers can see back 365 days and forward 365 days from today's date only.

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Enrollment Verification (cont.)

- The terms “Effective Date” and “End Date” can be misleading if the user is not aware of what information he or she has requested.
- If your inquiry cannot be processed with the information entered, a message will display stating why the inquiry failed.
- If the member is not eligible for services during the time period indicated in the To and From Date of Service field, “***No rows found***” will display in the Benefit Plan panel.
- If you are certain the member for whom you are performing the inquiry is eligible for benefits but cannot locate the enrollment record, check to make sure that you are logged in under the correct Payer account. You may also try changing your search parameters.
- If the enrollment verification results reflect that the member is eligible under more than one benefit plan, providers should consider the most comprehensive benefit plan for purposes of co-pay and services allowed. This also includes limited benefit plans.
- As always, providers are strongly encouraged to check enrollment on the date of service (DOS) prior to providing service(s) to the member.

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Enrollment Verification (cont.)

- In addition to the Benefit Plan segment, the Portal will display the following information in subsequent segments, if available and as appropriate:
  - If the member has **Medicare** coverage, the type of coverage and coverage start and end dates will display in the Medicare panel.
  - The **Managed Care Enrollment** panel will display if the member is enrolled in a ForwardHealth BadgerCare Plus or Medicaid SSI or Long Term Care managed care plan during the period covered by the enrollment verification inquiry.
  - The **Other Commercial Health Insurance** panel displays any other commercial health coverage the member has for the DOS entered. (Note: In cases where members do not have current enrollment in at least one full or limited benefit plan but do have other insurance, the Other Commercial Health Insurance panel will not be displayed under the Search Results.)
  - The **Patient Liability** panel displays the amount that the member must pay monthly toward cost of institutional care and the effective and end dates for that liability amount. The Benefit Plan Group represents a single, or collection of, Benefit Plan code(s).

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Enrollment Verification (cont.)

- The **Nursing Home Level of Care** panel displays the nursing home level of care authorization information for the member and the effective and end dates that the member is authorized to receive care at the facility. The facility may be a nursing home or an Intermediate Care Facility/Mental Retardation (ICF/MR) institution.
- The **Coinsurance** panel displays the annual maximum amount (Max Amount) of costshare that the member must pay and the effective and end dates for the coinsurance. Cutback Percentage is the percentage of the allowed amount on the claim to be cut back.
- The **Spenddown** panel displays the available balance in the member's case spenddown account.
- The **Lockin** panel displays Lockin information for the period covered by the From Date of Service and To Date of Service. The panel shows the Category of Service for which the Lock-in is in effect, the Effective Date and End Date of the Lock-in, and the Provider Name and Provider Phone number.
- The **Deductible** panel displays a SeniorCare member's deductible amount that must be met before claims can be paid. This panel shows the entire period that the deductible is in effect, rather than just the period covered by the From Date of Service and To Date of Service entered.

• Additional information on performing enrollment verification is available in the Enrollment Verification Portal User Guide.

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Search Enrollment Verification History

The Member Enrollment Verification History is available via the Enrollment page of your organization's secure Provider area of the Portal.

Every enrollment verification search inquiry, from the start of interChange, is saved in the database so users will be able to access all previous requests.

It will find any request submitted by that service location and for that member within that 30-day date range.

Either of the following combinations of information is required:

- Verification Tracking Number.
- Member identification number and Request From Date and Request To Date.

Single or multiple search results will be displayed and can be viewed by clicking on the result you wish to view.

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Search Enrollment Verification History (Cont.)

If only one record is found, the information from the original verification will be displayed.

If multiple results are found, the search results will be displayed in the Search Results panel.

Click the result you wish to view, and your original verification information will be displayed.

The following information will **not** be displayed when viewing a historical response:

- Medicare identification numbers.
- Subscriber address.
- Patient liability amounts.
- Referral indicator on Lock-In requests.
- Third-Party Liability (TPL) policyholder name, date of birth, address, and TPL group number.

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Claims — Optical Character Recognition

- All claims, regardless of whether they are submitted on paper or electronically, will appear in the claims area of the Portal.
- Claims that are submitted on paper are either manually keyed into interChange or optically read using Optical Character Recognition (OCR) software.
- Claims that can be read via OCR are typically processed faster because manual handling is not required.
- OCR software can read the 1500 Health Insurance Claim Form, and the UB-04 Claim Form.
- Refer to the Claims section of the Online Handbook for the alignment requirements providers must follow in order for their paper claims to be read via OCR.

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Claims — Electronic Claims Submission Methods

- Submitting claims electronically is the most efficient claims submission method.
- Providers may submit claims using the following electronic submission options:
  - ForwardHealth Portal via Direct Data Entry (DDE).
  - Provider Electronic Solutions (PES) software.
  - 837 Health Care Claims (837) for EDI.
  - National Council for Prescription Drug Programs.

DDE

- The 1500 Health Insurance Claim Form, UB-04 Claim Form, ADA Dental Claim Form, and the Pharmacy Compound and Noncompound Drug Claim forms are available for DDE.
- Users access the online claim forms via the Claims tab within the secure Provider area of the Portal.
- Refer to the Claims Portal User Guide, located on the References and Tools page within the secure Provider area of the Portal, for detailed information on how to complete and submit a claim using DDE.

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Claims — Submitting Paper Attachments with Electronic Claims

- Paper attachments that go with electronic claims must be submitted with the Claim Form Attachment Cover Page, F-13470.
- The Attachment Control Number (ACN) the provider enters on the claim must match what the provider enters on the cover page in order for the electronic claim to match up with the paper attachment.
- ForwardHealth will hold a claim for up to 30 calendar days if an attachment is required for processing of the claim. If the corresponding attachment is not received within 30 calendar days, the claim will be processed without the attachment and will be denied.
- When such a claim is denied, both the paper attachment(s) and the electronic claim will need to be resubmitted.

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Claims — Accessing Claims Information

- All claims, regardless of whether they are submitted on paper or electronically, will appear in the Claims area of the Portal.
- In addition to being able to view claims in the Portal, providers may adjust, copy, and void paid claims and resubmit denied claims. This functionality is available on claims submitted via the 1500 Health Insurance Claim Form, UB-04 Claim Form, ADA Dental Claim Form, and the Compound and Noncompound Drug Claim Form.
- Claims information is located on the Provider page and the Claims page.

Claims — Accessing Claims Information (cont.)

Claims via the Provider Page

- Providers may customize their secure Provider home page to display the most recent 5-20 claims.
- Providers may also customize claims so that only claims of a particular type and/or status display on their secure Provider home page.
- No claim that has aged beyond 30 days will appear under the Provider tab.
- Click on any claim to select it. The claim detail will then display.
- Providers will need to select the Provider tab to get back to the secure Provider home page.

Claims — Accessing Claims Information (cont.)

Claims via the Claims Page

- Any claim dating back three years through present date can be located by selecting “Claim search” on the Claims page.
- Providers search for claims by entering data into at least one of the parameter fields.
- The more parameters completed, the narrower the search.
- Providers can navigate through multiple pages of results by using the page numbers at the bottom of the screen or by modifying the sort by selecting any of the column headers.
- Click on any claim to select it. The claim detail will then display.
- Once a claim is selected, the provider can either work the claim or navigate back to the Claims page and perform another claim search.

Search Claims Tool

The Search Claims tool is available via the Professional, Institutional, Dental, or Compound or Noncompound “Submit Claim” links.

You may perform a search by entering the internal control number (ICN) and clicking the search button. Search results pull up the claim.

If you entered an ICN incorrectly in the claim search field, click the “Clear” button and re-enter your ICN.

To perform a new claim search, click on the “New Search” button and it will take you back to the Claims Search screen. Enter data into at least one of the parameter fields. The more parameters completed, the narrower the search.

- The search results will also include the member’s first and last name.

If multiple claim results appear, you may click on the claim result you want to view. To perform a new search, click on the “Return to Search Results” button, and it will take you back to the Claim Search screen.

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Claims — Adjusting, Copying, and Voiding Paid Claims

Adjusting Paid Claims

- Select the claim you wish to adjust.
- Once you have changed the necessary information, select the “Adjust” button at the bottom of the page. (Note: Don’t forget to change both header and detail information, as necessary.)

Copying Paid Claims

- Select the claim you wish to copy and select the “Copy” button at the bottom of the page.
- Once you have changed the necessary information, select the “Submit” button at the bottom of the page. (Note: Don’t forget to change both header and detail information, as necessary.)

Once you have completed the steps to adjust or copy a claim:

- The new claim will display, along with the new ICN.
- Refer to the information in the “Claim Status Information” and “EOB Information” areas at the bottom of the page to see how your new claim processed.

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Claims — Adjusting, Copying, and Voiding Paid Claims (cont.)

Voiding Paid Claims

- Select the claim you wish to void and select the “Void” button at the bottom of the page.
- You may receive an error message.
- The status of a claim will change to “Denied” once voided. The EOB reflecting the void will display on the original claim.

To verify the status or research the history of your transactions:

- Use the claim search functionality from the Claims tab to locate the original claim.
- Select the claim and refer to the “Adjustment Information” area near the bottom of the screen.
- To display a claim listed in this area, click on the ICN.

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Claims — Resubmitting Denied Claims

- Providers may resubmit denied claims via the Portal.
- EOB codes are listed at the bottom of the page. These are the same EOBs that the provider would see on the RA.
- Providers can change information at the header level or within any line of detail.
- Once resubmitted, the claim is reprocessed and the new status will display in the Portal with a new Internal Control Number (ICN).
- Each time a denied claim is resubmitted, it will result in a new claim record on the RA. For example, if a claim is worked twice in one week, it will appear twice on the RA.
- As a reminder, interChange continuously processes claims. (There is still only one financial cycle per week, per financial payer.)
- Providers who monitor and work denied claims via the Portal have more control over their weekly reimbursement.

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Prior Authorization — Submitting a PA Request

- Providers may submit PA requests for all services that require PA by selecting “Submit a new PA” from the Prior Authorization page.
- Providers fill in the necessary information by navigating through a series of pages using the “Previous” and “Next” buttons.
- The Portal will prompt users to continue their PA session after 55 minutes of inactivity.
- The “Clear” button clears all information on the current page.
- The “Verify” button can be used to check that certain information entered on the page is valid. Providers can use this feature as they move through the pages of the PA so that changes can be made along the way instead of all at the end of the process.
- Following completion of the Prior Authorization Request Form (PA/RF), F-11018, and any necessary attachments, submit the PA and note the PA number.

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Prior Authorization — Submitting a PA Request (cont.)

PA Attachments

- When completing PA requests, the Portal presents the necessary attachments needed for that PA request.
- Almost all PA request attachments can be completed and submitted on the Portal.
- To save time, providers can copy and paste information from plans of care and other medical documentation into the appropriate fields on the PA request.
- When completing PA attachments on the Portal, providers can take advantage of an Additional Information field at the end of the PA attachment. This area holds up to five pages of text if needed.
- Providers may choose to submit their PA request on the Portal and either mail or fax the PA attachment(s) to ForwardHealth.

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Prior Authorization — Submitting a PA Request (cont.)

Supporting Documentation

- If hard copy supporting documentation is required, the Portal will display a cover sheet to be printed. This cover sheet needs to accompany the hard copy documentation in order for ForwardHealth to match the document with the electronic PA request. (Note: The provider's browser pop-up feature must be enabled in order for the document to display.)
- Providers should submit only the cover sheet and supporting documentation. Do not resubmit the PA/RF.
- If the cover sheet is not printed directly from the PA wizard, it can be located via the "Print PA cover sheet" link on the Prior Authorization page.
- Providers may choose to submit their PA request on the Portal and either mail or fax supporting documentation to ForwardHealth.

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Prior Authorization — Accessing PA Information

- All PAs, regardless of whether they are submitted on paper or electronically, are accessible via your organization's secure Portal.
- Detailed information on how to complete PA processes is located in the Prior Authorization Portal User Guide.

Decision Notices and Return Letters

- Decision notices and return letters are available via the Portal.
  - Providers submitting PA requests via the Portal will receive a decision notice letter or returned provider review letter via the Portal.
  - If the provider submitted a PA request via mail or fax and the provider has a Portal account, the decision notice letter or returned provider review letter will be sent to the provider via the Portal as well as by mail.
  - The decision notice letter or returned provider review letter will be sent to the address indicated in the provider's file as his or her PA address (or to the physical address if there is no PA address on file), *not* to the address the provider wrote on the PA request.
- PA decision notices and review letters are not available until the day after the PA request is processed by ForwardHealth.

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Prior Authorization — Accessing PA Information (cont.)

PA information is located on the Provider page and the Prior Authorization page.

PA via the Provider Page

- Providers may customize their secure Provider home page to display the most recent 5-20 PAs.
- Providers may also customize PAs so that only PAs of a particular status display on their secure Provider home page.
- Click on any PA to select it. The PA detail will then display.
- Providers will need to select the Provider tab to get back to the secure Provider home page.

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Prior Authorization — Accessing PA Information (cont.)

PA via the Prior Authorization Page

- All PA history was converted to interChange.
- PA information can be located by selecting “Check on a previously submitted PA” on the Prior Authorization page.
- Providers may narrow their search for PAs by entering data into at least one of the parameter fields. The more parameters completed, the narrower the search.
- If no information is entered, the search result will contain all PAs.
- Providers can navigate through multiple pages of results by using the page numbers at the bottom of the screen or by modifying the sort by selecting any of the column headers.
- Click on any PA to display it.
- Providers may navigate away from the page using either the path displayed above the PA Record panel or any of the tabs at the top of the page.

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Prior Authorization — Accessing PA Information (cont.)

Providers may amend approved PAs or correct returned PAs via the Portal.

PA Amendments

- To amend an approved PA, locate the appropriate PA via the “Amend an approved PA” link. You may narrow your search by completing any of the parameter fields listed.
- Click on a PA to select it. The PA detail will then display.
- Select “Amend this PA” at the bottom of the page.
- Complete Section III following the guidelines for amending an approved PA found in the Online Handbook, then click “Submit.”

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Prior Authorization — Accessing PA Information (cont.)

PA Returns

- To correct a returned PA, locate the appropriate PA by selecting either the "Correct a returned PA" or "Correct a returned PA amendment" link. You may narrow your search by completing any of the parameter fields listed.
- Click on a PA to select it. The PA detail will then display.
- Select the "Correct this PA" button at the bottom of the page.
- Review the Returned Provider Review Letter.
- Advance through the PA wizard, and make the necessary changes.
- Before submitting the corrected PA, you will be prompted to choose one of the following three options for submitting attachments:
  - Already Submitted: Select this option if the attachment originally sent with the PA request is still valid.
  - Web.
  - Mail or Fax.

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Fee Schedules

- Fee schedules can be accessed from the Portal home page and the Provider home page.
- Three types of fee schedules are available via the Portal:
  - Interactive.
  - Downloadable text files (.txt).
  - Downloadable Portable Document Format (PDF) files.
- Different areas of a provider's office, such as billing and medical services, may have different uses for these fee schedules.
- Additional information on how to read the fee schedules is located in the Max Fee Portal User Guide.

Interactive

- The most comprehensive way to get fee schedule information.
- Information is pulled real-time from interChange.
- Information is updated in interChange upon direction from the State.

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Fee Schedules (cont.)

Text Files

- These text (.txt) files are generated from interChange on a monthly basis.
- Can be used to upload into Excel.
- Useful to look at the maximum allowed fees for a particular set of services.

PDF Files

- A historical snapshot of the fee schedules at the time of implementation.
- Not updated.

Remittance Advice

- RA documents are available via the secure Providers or Remittance Advice pages of the Portal.
- RAs are available in two formats: text (TXT) and comma-separated value (CSV).
- TXT files may be printed to produce a paper RA.
- CSV files are accepted by a wide range of computer software programs (e.g., Excel). Once downloaded, the file may be saved to a user's computer and manipulated.
- A webcast of the RA training is available via the Training page of the Portal.

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Communications

- ForwardHealth uses the following publications and tools to communicate information to providers, partners, and HMOs:
  - *Updates* and the *Update Summary*.
  - Online Handbook.
  - Alerts.
  - Resources.
  - E-mail subscription service.
  - Secure messaging.
  - Portal User Guides.
  - RA banner messages.
- All communications, with the exception of secure messaging and the RA banner page, can be accessed from the public area of the Portal.

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Resources

- Portal users may contact ForwardHealth with questions by using the "Contact" tool.
- Providers may register online for upcoming trainings and view Webcasts of previous trainings via the training page of the Portal.
- Professional Relations Representatives.

Customer Service Numbers

- ForwardHealth Provider Services (including Pharmacy Point-of-Sale)
  (800) 947-9627
- WiCall (formerly known as Automated Voice Response [AVR])
  (800) 947-3544
- ForwardHealth Portal Helpdesk
  (866) 908-1363
- EDI Helpdesk
  (866) 416-4979
- Refer to Resource titled "Quick Reference Contact Information with the Implementation of ForwardHealth interChange,"
  for more information on these resources.

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