ForwardHealth Portal Basics for New Users-
Member Enrollment Review

Part 2 of 4Training Sessions

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Agenda

o   Member Enrollment Verification

o   Searching Enrollment Verification History

o   Enrollment Verification User Guide

o   Provider Resources

o   Communications

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Member Enrollment Verification

o Enrollment verification is available via the Enrollment page of the secure ForwardHealth Provider Portal.

o One of the following is required along with the to and from date of service (DOS):

– Member ID number

– Social Security number and date of birth

– Member first/last name and date of birth

o The verification tracking number is displayed along with the search results.

o Providers should keep a record of the verification tracking number.

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| Home | Search | Providers | **Enrollment** | Claims | Prior Authorization | Remittance Advices | Trade Files | Health Check | Max Fee Home | Account | Contact Information |

| Online Handbooks | Site Map | User Guides | Certification |

You are logged in with NPI: 1639245558, Taxonomy Number: 282N00000X, Zip Code: 53709 - 1234, Financial Payer: Medicaid

Search

Enrollment

Enrollment Verification

Required fields are indicated with an asterisk (*).

- View the Enrollment Verification User Guide

- One of the following is required:
  - Member ID
  - Social Security Number and Date of Birth
  - Member First/Last Name and Date of Birth

Member ID [ ]

Last Name [ ]   First Name [ ]

Social Security Number [ ]   Date of Birth [ ]

From Date of Service* [06/11/2019]   To Date of Service* [06/11/2019]

Search

Search Enrollment Verification History

Member Enrollment Verification (Cont.)

o The **Benefit Plan** panel shows:

– Financial payer under which the benefit plan is covered.

– Specific benefit plan in which the member is enrolled.

– Effective date and end date of enrollment.

o Providers can see the following month's enrollment around the 20th of the current month.

o When verifying enrollment in the Wisconsin Well Woman Program, providers can see back 365 days and forward 365 days from today's date only.

o AIDS Drug Assistance Program (ADAP) providers can verify enrollment via the Portal by submitting a claim to ADAP or by calling ADAP directly.

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Member Enrollment Verification (Cont.)

o In addition to the Benefit Plan segment, the Portal displays the following information if available and as appropriate:

– The type of coverage and start/end dates display if the member has Medicare coverage.

– The Managed Care Enrollment panel displays if the member is enrolled in a managed care plan during the period covered by the enrollment verification inquiry.

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[Search Enrollment Verification History](#)

For your reference, the enrollment verification tracking number 1916200005 verifies the enrollment information below only for the following time frame of 06/11/2019 through 06/11/2019.

Search Results

Member Information

Member ID	9010002128	Name	FRANK FAMILYCARE
Date of Birth	07/14/1938	County	Fond du Lac
Medicare Beneficiary ID		Address	DO NOT USE/CHANGE FOND DU LAC WI, 54935

Benefit Plan

Payer	Benefit Plan	Effective Date	End Date
MEDICAID	Medicaid Purchase Plan	06/11/2019	06/11/2019

Managed Care Enrollment

Provider Name	MC Program	Telephone Number	Effective Date	End Date
LAKE-FOND DU LAC-MANITOWOC-WINNEBAGO	Family Care	(920)906-5100	06/11/2019	06/11/2019

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Member Enrollment Verification (Cont.)

- The **Other Commercial Health Insurance** panel displays any other commercial health coverage the member has for the DOS entered.

- The **Patient Liability** panel displays:

  - The amount that the member must pay monthly toward the cost of institutional care.

  - The effective and end dates for that liability amount.

- The **Nursing Home Level of Care** (LOC) panel displays the nursing home LOC authorization information for the member.

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For your reference, the enrollment verification tracking number 1916200002 verifies the enrollment information below only for the following time frame of 06/11/2019 through 06/11/2019.

Search Results

Member Information

Member ID	1110560117	Name	MARY R MEDICAID
Date of Birth	10/01/1938	County	Trempealeau
Medicare Beneficiary ID		Address	DO NOT USE/CHANGE OSSEO WI, 54758

Benefit Plan

Payer	Benefit Plan	Effective Date	End Date
MEDICAID	Medicaid (HPSA Recipient)	06/11/2019	06/11/2019
MEDICAID	Specified Low-income Medicare Beneficiary (HPSA Recipient)	06/11/2019	06/11/2019

Patient Liability

Benefit Plan Group	Liability Amount	Effective Date	End Date
MEDICAID COST SHARE	$250.00	01/01/2011	12/31/2299

Nursing Home Level Of Care

Code	Description	Provider Id	Effective Date	End Date
ICF2	0192 - Intensive Care Facility - Level 2	1528093903	01/01/2011	12/31/2299

Patient Liability

Benefit Plan Group	Liability Amount	Effective Date	End Date
MEDICAID COST SHARE	$250.00	01/01/2011	12/31/2299

Nursing Home Level Of Care

Code	Description	Provider Id	Effective Date	End Date
ICF2	0192 - Intensive Care Facility - Level 2	1528093903	01/01/2011	12/31/2299

Other Commercial Health Insurance

Group Number		**Carrier Name**	HUMANA (M+C)
Policy Number	MB12459	**Carrier Telephone**	(800)448-6262
Policy Holder	MARY MEDICAID (SELF)	**Effective Date**	06/11/2019
PH Date Of Birth	10/01/1938	**End Date**	06/11/2019
PH Address	DO NOT USE/CHANGE OSSEO, WI 54758	**Coverage Code**	MEDICARE MANAGED CARE PLUS CHOICE

Member Enrollment Verification (Cont.)

– The **Coinsurance** panel displays the annual maximum amount of cost share that the member must pay and the effective and end dates for the coinsurance.

– The **Spenddown** panel displays the balance in the member's spenddown account.

Member Enrollment Verification (Cont.)

- – The **Lockin** panel displays:

    - • Category of service for which the Lock-In is in effect.

    - • Effective date and end date of the Lock-In.

    - • Provider's name and telephone number.

- – The **Deductible** panel displays a SeniorCare member's deductible.

- o Additional information can be found in the Enrollment Verification Portal User Guide.

Member Enrollment Verification (Cont.)

Coinsurance

Payer	Benefit Plan	Annual Max Amount	Cutback Percent	Effective Date	End Date
Wisconsin Chronic Disease	WCDP COST SHARE	$1,000.00	14%	01/01/2008	06/30/2008

Deductible

Payer	Benefit Plan	Services	Current Balance	Effective Date	End Date
Medicaid	WAIVER COST SHARE	Overall	$100.00	01/01/2015	12/31/2299

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Member Information

Member ID 9010003706
Name LENA SIMPSON

Date of Birth 12/31/1981
County Green Lake

Medicare Beneficiary ID [ ]
Address
DO NOT USE/CHANGE
GREEN LAKE WI, 54941

Benefit Plan

Payer	Benefit Plan	Effective Date	End Date
MEDICAID	Medicaid	06/11/2019	06/11/2019
MEDICAID	Qualified Medicare Beneficiary	06/11/2019	06/11/2019

Other Commercial Health Insurance

Group Number

Policy Number 12345

Policy Holder LENA SIMPSON (SELF)

PH Date Of Birth 12/31/1981

PH Address DO NOT USE/CHANGE GREEN LAKE, WI 54941

Carrier Name AMERICAN FAMILY INSURANCE GRP

Carrier Telephone (608)249-2111

Effective Date 06/11/2019

End Date 06/11/2019

Coverage Code MAJOR MED

Non-Emergency Transportation Services Enrollment

Provider Name	Effective Date	End Date
MEDICAL TRANSPORTATION MANAGEMENT, INC	06/11/2019	06/11/2019

For your reference, the enrollment verification tracking number 1916200004 verifies the enrollment information below only for the following time frame of 06/11/2019 through 06/11/2019.

Search Results

Member Information

Member ID	8111272782	Name	LARRY LOCKIN
Date of Birth	02/22/1980	County	Green Lake
Medicare Beneficiary ID		Address	DO NOT USE/CHANGE GREEN LAKE WI, 54941

Benefit Plan

Payer	Benefit Plan	Effective Date	End Date
MEDICAID	BC+ Standard Plan	06/11/2019	06/11/2019

Lockin

Category of Service	Effective Date	End Date	Provider Name	Provider Phone	Referral
Lock-in Prescriber Controlled Substance	06/11/2019	06/11/2019	TRAINING PHYSICIAN	(555)222-6666	
Lockin Controlled Substances	06/11/2019	06/11/2019	WALGREENS #02967	(847)964-4442	

Non-Emergency Transportation Services Enrollment

Provider Name	Effective Date	End Date
MEDICAL TRANSPORTATION MANAGEMENT, INC	06/11/2019	06/11/2019

Searching Member Enrollment Verification History

o Verification History is available via the Enrollment page.

o Every enrollment search is saved in the database.

o It will find any request submitted by the practice location within a 30-day date range.

o One of the following combinations of information is required:

– Verification Tracking Number

– Member ID number and Request From Date and Request To Date

Searching Member Enrollment Verification History (Cont.)

o Single or multiple search results will be displayed.

o The following information will **not** be displayed:

- Medicare ID numbers

- Subscriber address

- Patient liability amounts

- Referral indicator on Lock-In requests

- Third-Party Liability policyholder name, date of birth, address, and group number

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Member Enrollment User Guide

The Member Enrollment Verification User Guide:

o Is available in the Enrollment tab of the secure Portal.

o Assists providers using the Member Enrollment tool.

Provider Resources

o ForwardHealth Portal: *www.forwardhealth.wi.gov/*

o Provider Services: 800-947-9627

o WiCall: 800-947-3544 (ForwardHealth's Automated Voice Response system)

o ForwardHealth Portal Helpdesk: 866-908-1363

o Electronic Data Interchange: 866-416-4979

Provider Resources (Cont.)

o Provider Relations Representatives

o ForwardHealth Managed Care Ombudsmen: 800-760-0001

o Member Enrollment: *www.access.wi.gov/*

Communications

o User Guides:

– Public home page: Policy and Communication > Communication > User Guides

– Secure Portal: Providers > Users Guide

o E-mail Subscription Sign-up on the public home page: Policy and Communication > Communication > E-mail Subscription Sign-up

o Updates on the public home page: Policy and Communication > Policy > ForwardHealth Updates

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Communications (Cont.)

o Trainings on the public home page: Policy and Communication > Communication > Trainings

o Contact link at the bottom of Portal pages

o Secure Messaging on the secure Portal

o RA Banner Messages on the secure Portal

Thank You