

Affected Programs: All Programs

To: All Providers, HMOs and Other Managed Care Programs

Provider Services and Other Informational Resources Available with ForwardHealth interChange Implementation

This *ForwardHealth Update* introduces Provider Services enhancements that are new to all providers and previews resources that will be available to Wisconsin Chronic Disease Program and Wisconsin Well Woman Program providers for the first time with the implementation of ForwardHealth interChange in October 2008.

Background Information

In October 2008, the Department of Health Services (DHS) will implement ForwardHealth interChange, which replaces Wisconsin's existing Medicaid Management Information System (MMIS).

ForwardHealth interChange will be supported as part of the State's new fiscal agent contract with EDS. With ForwardHealth interChange, providers and trading partners will have more ways to verify member enrollment and submit electronic claims, adjustments, and prior authorization (PA) requests through the secure ForwardHealth Portal. Refer to the March 2008 *ForwardHealth Update* (2008-24), titled "Introducing ForwardHealth interChange, a New Web-Based Information System for State Health Care Programs," for an overview of the implementation and a more detailed outline of the many business process enhancements and added benefits the new system and fiscal agent contract will provide.

Provider Services Accommodates Additional Programs

Services and resources are being enhanced to benefit providers in all programs when conducting business with ForwardHealth. This *Update* introduces enhancements to Provider Services that are new to all providers and previews resources that will be available to Wisconsin Chronic Disease Program (WCDP) and Wisconsin Well Woman Program (WWWP) providers for the first time with the implementation of ForwardHealth interChange in October 2008.

Note: Providers with WCDP and WWWP should continue to contact their applicable programs for provider issues until the implementation of ForwardHealth interChange in October 2008.

Services and Resources

The following are services and resources that will be available to all providers:

- The ForwardHealth Portal is a new resource to all providers that allows providers to conduct business with ForwardHealth Programs via the Web. The Portal is a browser-based application that accesses information from ForwardHealth interChange.
- WiCall, ForwardHealth's new Automated Voice Response (AVR) system, gathers inquiry information from callers through voice prompts and

accesses ForwardHealth interChange to retrieve information on enrollment, claims status, and PA status.

- ForwardHealth Provider Services call center assists providers with billing, claims, and policy questions.
- ForwardHealth Portal Helpdesk assists providers with technical questions regarding Portal functions.
- Electronic Data Interchange (EDI) Helpdesk assists providers with technical questions regarding electronic transactions, including Provider Electronic Solutions (PES) software.

Attachment 1 of this *Update* lists provider services and resources with future contact information and hours of availability.

Note: Services and resources, contact information, and hours of availability listed in Attachment 1 are effective after ForwardHealth implementation, unless otherwise noted.

ForwardHealth Portal

The ForwardHealth Portal is a new resource for providers to access information 24 hours a day, seven days a week at www.forwardhealth.wi.gov/. The Web site contains areas that are accessible to the general public as well as areas that require a secure login ID for providers. Information on creating a Portal account is detailed in the July 2008 *Update* (2008-124), titled “Establishing a Provider Account on the ForwardHealth Portal.”

The Portal will enable providers to conduct electronic business via a series of secure Web pages. The following functions and information will be available to providers through the Portal:

- Provider certification applications.
- Links to service-specific information including the Online Handbook.
- Maximum allowable fee schedules.
- Member enrollment verification.
- Claim submission and adjustments (for most provider types).

- Web PA.
- Remittance Advice.
- Messages.
- Training information and registration.

Providers will be able to contact Provider Services through the Portal by selecting the “Contact Us” link and entering the relevant inquiry information, including selecting the preferred method of response (i.e., telephone call or e-mail). Provider Services will respond to the inquiry by the preferred method of response indicated within five business days.

WiCall

WiCall is ForwardHealth’s new AVR system that will be activated with the implementation of ForwardHealth interChange. WiCall will gather inquiry information from callers through voice prompts and directly access ForwardHealth interChange to retrieve information to “speak” back to the caller. Providers will be able to access WiCall 24 hours a day, seven days a week by calling (800) 947-3544 and obtain the following ForwardHealth information:

- Claim status.
- Enrollment verification.
- Prior authorization status.
- Provider CheckWrite information.

In all inquiry scenarios, WiCall will offer the following options after information is retrieved and reported back to the caller:

- Repeat the information.
- Make another inquiry of the same type.
- Return to the main menu.
- Repeat the options.

See Attachment 2 for the Automated Voice Response Quick Reference Guide for WiCall inquiries.

Claim Status

Providers may check the status of a specific claim by selecting the applicable program (“financial payer” option, i.e., Medicaid, WCDP, or WWP) by entering their provider ID, member identification number, date of service, and the amount billed.

Note: Claim information for BadgerCare Plus and SeniorCare will be available by selecting the Medicaid option.

Information on submitting claims through the Portal, will be published in the future *Update* titled “Claims and Adjustments Using the ForwardHealth Portal.”

Enrollment Verification

Providers may request enrollment status by entering their provider ID and the member ID. If the member ID is unknown, providers may enter the member’s date of birth and Social Security number. Additionally, the provider will be prompted to enter the “From Date of Service” and the “To Date of Service” for the inquiry. The “from date of service” information will be available up to one year back from the current date. The provider will also be informed if the member is not subject to copayments.

Each time a provider verifies member enrollment, the enrollment verification is saved and assigned a transaction number as transaction confirmation. Providers should note the transaction number for their records.

For additional information on WiCall’s enrollment verification, refer to the August 2008 *Update* (2008-151), titled “Enrollment Verification for Members Enrolled in ForwardHealth Programs.”

Prior Authorization Status

Except in certain instances, providers will be able to obtain the status of PA requests for Medicaid and WCDP via WiCall by entering their provider ID and the

applicable PA number. If the provider does not know the PA number, there is an option to bypass entering the PA number and the caller will be prompted to enter other PA information such as member ID and type of service (i.e., National Drug Code/procedure code, revenue code, or *International Classification of Diseases, Ninth Revision, Clinical Modification* diagnosis code.) When a match is found, WiCall reports back the PA status information, including the PA number for future reference, and the applicable program.

Information on past PAs will be retained indefinitely. Paper PAs require a maximum of 20 working days from receipt to be processed and incorporated into WiCall’s PA status information.

Note: Prior authorization information for BadgerCare Plus and SeniorCare will be available by selecting the Medicaid option.

Information on submitting PAs through the Portal, will be published in the future *Update* titled “Submitting Prior Authorization Requests and the ForwardHealth Portal.”

Provider CheckWrite

Providers will be able to obtain financial information from the last 10 claim payment cycles through WiCall by selecting the applicable program (voice prompted as “financial payer” on all inquiries) and entering their provider ID. WiCall searches for the most recently issued funds.

Provider Services Call Center

The Provider Services Call Center will be reorganized to include Medicaid, WCDP, and WWP for service-specific assistance to providers. Effective September 12, 2008, the following local telephone numbers for providers will be discontinued:

- Medicaid, (608) 221-9883.
- Wisconsin Chronic Disease Program, (608) 221-3701.

- Wisconsin Well Woman Program, (608) 266-8311.

All of these telephone numbers will be replaced with one toll-free telephone number, (800) 947-9627. Until September 12, 2008, WCDP and WWWP providers should continue to call their specific telephone lines. Members should not call Provider Services.

Attachment 1 lists the future toll-free numbers for providers.

The Provider Services Call Center will be reorganized to include program-specific and service-specific assistance to providers. The Provider Services call center will supplement Portal and WiCall by providing information on the following:

- Billing and claim submissions.
- Certification.
- Coordination of benefits (e.g., verifying a member's other health insurance coverage).
- Assistance with completing forms.
- Assistance with remittance information and claim denials.
- Policy clarification.
- Prior authorization status.
- Verifying covered services.

With ForwardHealth implementation, Provider Services call center hours will be expanded; Provider Services correspondents will be available from 7:00 a.m. until 6:00 p.m. (Central Time), Monday through Friday, with the exception of state-observed holidays.

When contacting or transferring from WiCall to the call center, callers will be prompted to enter their provider ID. Additionally, to facilitate service, providers are recommended to have all pertinent information related to their inquiry on hand when contacting the call center, including:

- Provider name and provider ID.
- Member name and member ID.
- Claim number.
- Prior authorization number.

- Dates of service.
- Amount billed.
- Remittance Advice.
- Procedure code of the service in question.
- Reference to any provider publications that address the inquiry.

Call Center Correspondent Team

The ForwardHealth call center correspondents will be reorganized to better respond to telephone calls from providers. Correspondents will offer assistance and answer inquiries specific to the program (i.e., Medicaid, WCDP, or WWWP) or to the service area (i.e. pharmacy services, hospital services) in which they are designated.

Call Center Menu Options and Inquiries

Providers contacting Provider Services will be prompted to select from the following menu options:

- Wisconsin Chronic Disease Program and WWWP (for inquiries from all providers regarding WCDP or WWWP).
- Dental (for all inquiries regarding dental services).
- Medicaid or SeniorCare Pharmacy (for pharmacy providers) or Specialized Transmission Approval Technology-Prior Authorization (STAT-PA) (for STAT-PA inquiries, including inquiries from pharmacies, durable medical equipment [DME] providers for orthopedic shoes, and HealthCheck providers for environmental lead inspections).
- Medicaid, including BadgerCare Plus and SeniorCare, institutional services (for inquiries from providers who provide hospital, nursing home, home health, personal care, end-stage renal disease, and hospice services or nurses in independent practice).
- Medicaid, including BadgerCare Plus and SeniorCare, professional services (for inquiries from all other providers not mentioned in the previous menu prompts).

Walk-in Appointments

Walk-in appointments offer face-to-face assistance for providers at the ForwardHealth Provider Services office. Appointment hours will be 7:00 a.m. until 6:00 p.m., Monday through Friday, with the exception of state-observed holidays. Providers are encouraged to contact the ForwardHealth Provider Services Call Center to schedule a walk-in appointment.

Written Inquiries

Providers may submit written inquiries to ForwardHealth via the Portal or by mail.

When sending inquiries via the Portal, providers will select the “Contact Us” link, enter the relevant data on the online form, and electronically submit their inquiry. All information is transmitted via a secure connection, so personal health information is protected.

Mailed inquiries should be submitted using the revised Written Correspondence Inquiry form, F-1170 (10/08), shown in Attachment 3. The Written Correspondence Inquiry form may be photocopied from this *Update* or downloaded via a link from the Portal. Written correspondence should be sent to the following address:

ForwardHealth
Provider Services Written Correspondence
6406 Bridge Rd
Madison WI 53784-0005

Providers are encouraged to use the other resources described in this *Update* before mailing a written request to ForwardHealth. Provider Services will respond to written inquiries in writing unless otherwise specified.

Additional Provider Resources

Additional resources that are new to all providers and resources that will be available to Wisconsin Chronic Disease Program and Wisconsin Well Woman Program providers for the first time will be available with the

implementation of ForwardHealth interChange in October 2008.

ForwardHealth Portal Helpdesk

Providers and trading partners may call the ForwardHealth Portal Helpdesk with technical questions on Portal functions, including their Portal accounts, registrations, passwords, and submissions through the Portal.

Electronic Data Interchange Helpdesk

Providers, trading partners, billing services, and clearing houses may call the Electronic Data Interchange (EDI) Helpdesk with technical questions about the following:

- Electronic transactions.
- Companion documents.
- Provider Electronic Solutions (PES) software.

Managed Care Ombudsman Program

Managed care enrollees may call the Managed Care Ombudsman Program with questions about their enrollment, rights, responsibilities, and general managed care information.

Field Representatives

Professional Relations representatives, referred to as field representatives, offer providers service, education, and assistance with complex billing and claim processing inquiries. Field representatives are located throughout the state to offer detailed assistance to all ForwardHealth providers and all ForwardHealth programs.

Providers are encouraged to initially obtain information through the Portal, WiCall, and Provider Services. If these attempts are not successful, field representatives may be contacted for the following types of inquiries:

- Claims, including discrepancies regarding enrollment verification and claim processing.
- Online PA requests.
- Provider Electronic Solutions (PES) claims submission software.

- Education and information for newly certified providers and staff.
- Participation in professional association meetings.

Field representatives primarily work outside their offices to provide on-site service; therefore, providers should be prepared to leave a complete message when contacting their field representatives, including all pertinent information related to their inquiry.

Members' inquiries should not be directed to field representatives. Providers should refer members to Member Services.

Member Resources

Effective September 12, 2008, the local telephone number for Member Services will be discontinued and replaced by one toll-free telephone number to include all ForwardHealth Programs. Members of any of the ForwardHealth programs may contact Member Services at (800) 362-3002 for assistance. This telephone number is for member use only.

Additionally, with ForwardHealth implementation, the Member Services call center hours will be 7:00 a.m. until 6:00 p.m. (Central Time), Monday through Friday, with the exception of state-observed holidays.

The *ForwardHealth Update* is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Health Care Access and Accountability, Wisconsin Department of Health Services (DHS). The Wisconsin Well Woman Program is administered by the Division of Public Health, Wisconsin DHS.

For questions, call Provider Services at (800) 947-9627 or visit our Web site at dhs.wisconsin.gov/forwardhealth/.

P-1250

ATTACHMENT 1

Provider Services and Resources

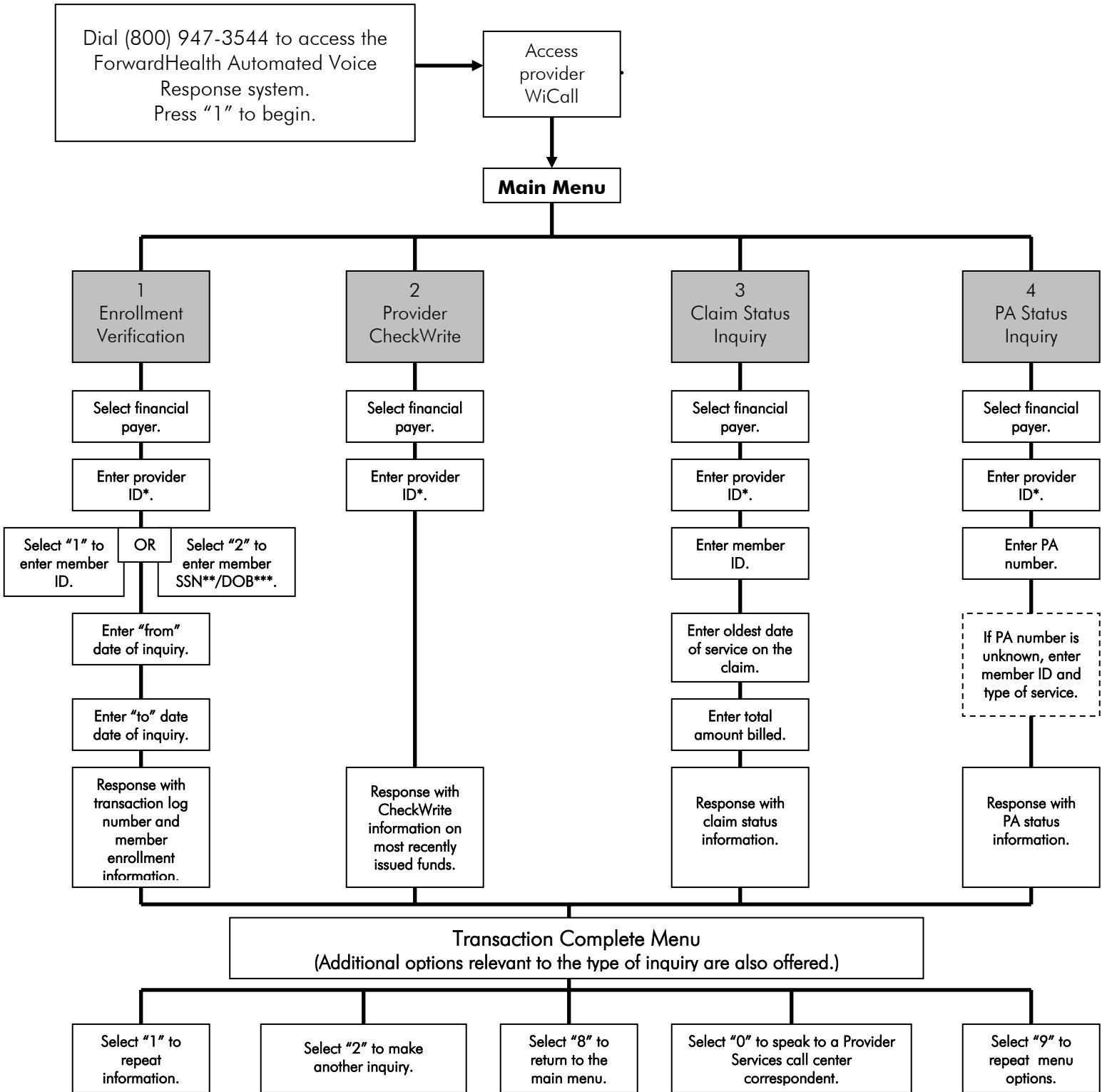
Services and resources, contact information, and hours of availability are effective after ForwardHealth implementation, unless otherwise noted.

ForwardHealth Portal	www.forwardhealth.wi.gov/	24 hours a day, seven days a week
Public and secure access to ForwardHealth information with direct link to contact Provider Services for up-to-date access to ForwardHealth programs information, including publications, fee schedules, and forms.		
WiCall Automated Voice Response System	(800) 947-3544	24 hours a day, seven days a week
WiCall, the ForwardHealth Automated Voice Response system, provides responses to the following inquiries: <ul style="list-style-type: none"> • CheckWrite. • Claim status. • Prior authorization. • Member enrollment. 		
ForwardHealth Provider Services Call Center	(800) 947-9627 (effective September 12, 2008)	Monday through Friday, 7:00 a.m. to 6:00 p.m. (Central Time)*
To assist providers in the following programs: <ul style="list-style-type: none"> • BadgerCare Plus. • Medicaid. • SeniorCare. • Wisconsin Well Woman Medicaid. • Wisconsin Chronic Disease Program (WCDP). • Wisconsin Well Woman Program (WWWPP). • Wisconsin Medicaid and BadgerCare Plus Managed Care Programs. 		
ForwardHealth Portal Helpdesk	(866) 908-1363	Monday through Friday, 8:30 a.m. to 4:30 p.m. (Central Time)*
To assist providers and trading partners with technical questions regarding Portal functions and capabilities, including Portal accounts, registrations, passwords, and submissions through the Portal.		
Electronic Data Interchange Helpdesk	(866) 416-4979 (effective September 12, 2008)	Monday through Friday, 8:30 a.m. to 4:30 p.m. (Central Time)*
For providers, trading partners, billing services, and clearinghouses with technical questions about the following: <ul style="list-style-type: none"> • Electronic transactions. • Companion documents. • Provider Electronic Solutions (PES) software. 		
Managed Care Ombudsman Program	(800) 760-0001	Monday through Friday, 7:00 a.m. to 6:00 p.m. (Central Time)*
To assist managed care enrollees with questions about enrollment, rights, responsibilities, and general managed care information.		
Member Services	(800) 362-3002 (effective September 12, 2008)	Monday through Friday, 7:00 a.m. to 6:00 p.m. (Central Time)*
To assist ForwardHealth members or persons calling on behalf of members with program information and requirements, enrollment, finding certified providers, and resolving concerns.		

* With the exception of state-observed holidays.

ATTACHMENT 2

Automated Voice Response Quick Reference Guide



* Health care providers entering an NPI, may also be prompted to enter their taxonomy number and ZIP + 4 code when required.
 ** SSN = Social Security number
 *** DOB = Date of Birth

ATTACHMENT 3
ForwardHealth Written Correspondence
Inquiry
(for photocopying)

(A copy of the “ForwardHealth Written Correspondence Inquiry”
is located on the following pages.)

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**FORWARDHEALTH
WRITTEN CORRESPONDENCE INQUIRY**

ForwardHealth requires certain information to enable the program to authorize and pay for medical services provided to eligible members.

Members are required to give providers full, correct, and truthful information for the submission of correct and complete claims for reimbursement. This information should include, but is not limited to, information concerning enrollment status, accurate name, address, and member identification number (HFS 104.02[4], Wis. Admin. Code).

Under s. 49.45(4), Wis. Stats., personally identifiable information about program applicants and members is confidential and is used for purposes directly related to program administration such as determining eligibility of the applicant or processing provider claims for reimbursement. Failure to supply the information requested by the form may result in denial of payment for the services.

The use of this form is voluntary; providers may develop their own form as long as it includes all the information on this form. Attach additional pages if more space is needed.

INSTRUCTIONS

Complete only the first page of this form. The second page is for use by the Written Correspondence Unit and is returned to the provider after the inquiry is resolved. For more information on submitting written inquiries, contact Provider Services at (800) 947-9627. Retain a copy of this inquiry and send the original to ForwardHealth, Written Correspondence, 6406 Bridge Road, Madison, WI 53784-0005.

SECTION I — PROVIDER INFORMATION

Name — Provider	Provider ID
Name — Contact Person	Telephone Number — Contact Person
Address — Provider	

SECTION II — CLAIM / ADJUSTMENT IN QUESTION

Name — Member (Last, First, Middle Initial)		Member ID
Claim Number	Date(s) of Service (MM/DD/CCYY)	Amount Billed \$
Date of Remittance Advice (RA) (MM/DD/CCYY)		Explanation of Benefits Code(s)

Other Information

Reason for Inquiry

- Provider Services could not assist with the claim denial in question (Explain below).
- Provider Services or Professional Relations representative advised writing (Explain below).
- Inquiry involves extensive documentation or research (Explain below).
- Other (Briefly explain the situation in question below).

SIGNATURE — Provider

Date Signed

Continued

(THIS PAGE IS FOR FORWARDHEALTH USE ONLY.)

SECTION III — REQUEST FOR FURTHER INFORMATION

In order to complete research on an inquiry, ForwardHealth needs the following information. Send the information checked below to Written Correspondence, along with all the materials originally sent to Written Correspondence.

- | | |
|---|--|
| <input type="checkbox"/> Provider ID | <input type="checkbox"/> Copy of the RA |
| <input type="checkbox"/> Member Name and 10-digit Member ID | <input type="checkbox"/> Copy of the Claim in Question |
| <input type="checkbox"/> Copy of Any Previous Response Related to the Inquiry | <input type="checkbox"/> Copy of the Medicare Explanation of Medicare Benefits |
| <input type="checkbox"/> Date of Service | <input type="checkbox"/> Copy of the Adjustment in Question |
| <input type="checkbox"/> Amount Billed | <input type="checkbox"/> Record of Treatment Dates |
| <input type="checkbox"/> Other (Briefly explain the situation in question below.) | |

SECTION IV — RESOLUTION OF INQUIRY

This inquiry was resolved in the following way.

- Claim / adjustment was resubmitted by ForwardHealth through normal processing channels.
- Claim / adjustment was resubmitted by ForwardHealth with special instructions for processing.
- Claim / adjustment has been forwarded for consultant review.
- Claim was denied correctly. Review _____ and call Provider Services at (800) 947-9627 if more information is needed.
- Claim / adjustment was paid on RA dated (MMDDCCYY) _____.
- Claim / adjustment was denied on RA dated (MMDDCCYY) _____.
- Claim and documentation was forwarded to Timely Filing Appeals for review.
- Resubmit the claim / adjustment through normal processing channels.
- This claim exceeds the 12-month filing deadline. Refer to the ForwardHealth Online Handbook and resubmit the claim with documentation to Timely Filing Appeals **only** if the claim meets one of the criteria indicated for submission to Timely Filing Appeals.
- Other (briefly explain the situation in question below).

SIGNATURE — Correspondent

Date Signed
