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ForwardHealth UPDATE

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VERBAL ORDERS FOR PLANS OF CARE ALLOWED ON HOME HEALTH PRIOR AUTHORIZATION REQUESTS

ForwardHealth is updating its processes for accepting verbal orders for plans of care on initial prior authorization (PA) requests for home health services. This ForwardHealth Update includes:

- Background on ForwardHealth's processes for accepting verbal orders for plans of care and why the process is changing.
- A description of the changes to the initial PA submission process for home health services.
- A reminder of the requirements for plan of care recertification for home health services.

Background

Due to PA process changes related to the Centers for Medicare & Medicaid Services Interoperability and Prior Authorization Rule (CMS-0057-F), ForwardHealth must make a decision on a PA request when it is first submitted and will no longer return PA requests.

AFFECTED PROGRAMS
BadgerCare Plus, Medicaid

TO
Home Health Agencies, HMOs and Other Managed Care Programs

QUICK LINKS
- Forms page
- Professional Field Representative Map (PDF)

WISCONSIN DEPARTMENT of HEALTH SERVICES

ForwardHealth requires the prescribing provider's signature on the plan of care for PA requests for home health services. However, because it can be difficult for home health agencies to get the prescriber's signature in a timely manner, ForwardHealth allows some administrative flexibility so members can receive medically necessary care.

Previously, a home health agency could submit a PA request for home health services with only verbal orders from the prescribing provider on the plan of care. ForwardHealth would then return the PA request, giving the agency up to 20 business days to get the prescribing provider's signature. To finalize the PA request, the provider would resubmit the written plan of care with the prescribing provider's signature.

Beginning August 17, 2026, ForwardHealth is updating its process so providers can receive a decision on their initial PA request before the prescribing provider has signed the plan of care. These PA requests must meet the requirements for verbal orders and medical necessity.

Changes to the Initial PA Submission Process for Home Health Services

For initial PA requests for home health services received on and after August 17, 2026, home health agencies can either submit:

- A written plan of care signed and dated by the prescribing provider.
- A written plan of care signed and dated by the authorized provider (nurse or therapist) with documented verbal orders from the prescribing provider.

If a home health agency submits a complete PA request that includes a written plan of care signed and dated by the prescribing provider, ForwardHealth may approve the full duration of the requested services.

If a home health agency submits a complete PA request that includes a written plan of care signed and dated by the authorized provider (nurse or therapist) with documented verbal orders from the prescribing provider, ForwardHealth may only authorize the requested services for up to 20 business days.

For ForwardHealth to grant the full requested duration of services for PA requests submitted with verbal orders for the plan of care, the home health agency must follow these steps:

1. The authorized provider (nurse or therapist) must:
    a. Obtain the verbal orders.
    b. Put the verbal orders in writing.

c. Send the written orders to the prescribing provider immediately.
d. Document when the written orders were sent to the prescriber.

2. The home health agency must submit the PA request in the ForwardHealth Portal (the Portal) with all required documentation. This documentation must include proof that they completed step 1 before the requested start date on the Prior Authorization Request Form (PA/RF), F-11018 (04/2026).
3. **Within 20 business days, the home health agency must submit a PA amendment request that includes the complete written plan of care reviewed, signed, and dated by the prescribing provider.** ForwardHealth must receive PA amendment requests before the PA expires.

Once the written plan of care signed and dated by the prescribing provider is received through the Portal, the amendment request for home health services may be approved for the full duration of time requested.

Plan of Care Recertification Requirements for Home Health Services

For verbal orders to continue to be accepted for plan of care recertifications for home health services, home health agencies must follow the policy outlined in the ForwardHealth Online Handbook Physician Signature Extension for Member Plans of Care topic #2059.

The plan of care recertification and variance processes are not changing. Home health agencies that do not yet have a variance on file are strongly encouraged to file one to prevent PA processing delays or denied PA requests. Home health agencies can contact their professional field representative if they are unsure whether they have a variance on file with the Wisconsin Department of Health Services (DHS).

Documentation Retention

As a reminder, providers must follow the documentation retention requirements per Wis. Admin. Code § DHS 106.02(9). Providers are required to produce or submit documentation, or both, to DHS upon request. Per Wis. Stat. § 49.45(3)(f), providers of services shall maintain records as required by DHS for verification of provider claims for reimbursement. DHS may audit such records to verify the actual provision of services and the appropriateness

REMINDER

Refer to the Amendments topic #431 for more information on amending PA requests or find step-by-step instructions in the ForwardHealth Provider Portal Prior Authorization User Guide (PDF).

The information provided in this ForwardHealth Update is published in accordance with Wis. Admin. Code § DHS 107.11.

and accuracy of claims. DHS may deny or recoup payment for services that fail to meet these requirements. Refusal to produce documentation may result in denial of submitted claims, recoupment of paid claims, application of intermediate sanctions, or termination from the Medicaid program.

Information Regarding Managed Care Organizations

This Update applies to home health services that members receive on a fee-for-service basis and through BadgerCare Plus, Medicaid SSI, and other managed care programs. For information about managed care implementation of the updated policy, contact the appropriate managed care organization (MCO). MCOs are required to provide at least the same benefits as those provided under fee-for-service arrangements.

Looking for field rep information for your county?

Check out the updated Assigned Professional Field Representatives by County map (PDF)!

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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 Medicaid Services within the Wisconsin Department of Health Services (DHS). The Wisconsin HIV Drug Assistance Program and the Wisconsin Well Woman Program are administered by the Division of Public Health within DHS.

For questions, call Provider Services at 800-947-9627 or visit our website at www.forwardhealth.wi.gov/.