

ForwardHealth Portal Basics for New Users- Member Enrollment Review and Prior Authorization Overview

Part 2 of 3 Training Sessions



Member Enrollment Review

Agenda

- Member Enrollment Verification
- Searching Enrollment Verification History
- Enrollment Verification User Guide

Member Enrollment Verification

- Enrollment verification is available via the Enrollment page of the secure ForwardHealth Provider Portal.
- 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
- The verification tracking number is displayed along with the search results.
- Providers should keep a record of the verification tracking number.

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

 

[Enrollment](#)

Enrollment Verification ?

Required fields are indicated with an asterisk (*).

- [View the Enrollment Verification User Guide](#)
- One of the following is required:
 - o Member ID
 - o Social Security Number and Date of Birth
 - o Member First/Last Name and Date of Birth

Member ID

Last Name

First Name

Social Security Number

Date of Birth

From Date of Service*

To Date of Service*

[Search Enrollment Verification History](#)

Member Enrollment Verification (Cont.)

- 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.
- Providers can see the following month's enrollment around the 20th of the current month.
- When verifying enrollment in the Wisconsin Well Woman Program, providers can see back 365 days and forward 365 days from today's date only.
- AIDS Drug Assistance Program (ADAP) providers can verify enrollment via the Portal by submitting a claim to ADAP or by calling ADAP directly.

Member Enrollment Verification (Cont.)

- 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.

[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	<input type="text" value="9010002128"/>	Name	<input type="text" value="FRANK FAMILYCARE"/>
Date of Birth	<input type="text" value="07/14/1938"/>	County	<input type="text" value="Fond du Lac"/>
Medicare Beneficiary ID	<input type="text"/>	Address	<input type="text" value="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

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.

[Search Enrollment Verification History](#)

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 Name

Date of Birth County

Medicare Beneficiary ID Address

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

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

Nursing Home Level Of Care

<u>Code</u>	<u>Description</u>	<u>Provider Id</u>	<u>Effective Date</u>	<u>End Date</u>
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.
- Additional information can be found in the Enrollment Verification Portal User Guide.

Member Enrollment Verification (Cont.)

Coinsurance

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

Deductible

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

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

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

Other Commercial Health Insurance

Group Number		Carrier Name	AMERICAN FAMILY INSURANCE GRP
Policy Number	12345	Carrier Telephone	(608)249-2111
Policy Holder	LENA SIMPSON (SELF)	Effective Date	06/11/2019
PH Date Of Birth	12/31/1981	End Date	06/11/2019
PH Address	DO NOT USE/CHANGE GREEN LAKE, WI 54941	Coverage Code	MAJOR MED

Non-Emergency Transportation Services Enrollment

<u>Provider Name</u>	<u>Effective Date</u>	<u>End Date</u>
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 Name

Date of Birth County

Medicare Beneficiary ID Address

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

- Verification History is available via the Enrollment page.
- Every enrollment search is saved in the database.
- It will find any request submitted by the practice location within a 30-day date range.
- 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.)

- Single or multiple search results will be displayed.
- 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

Member Enrollment User Guide

The Member Enrollment Verification User Guide:

- Is available in the Enrollment tab of the secure Portal.
- Assists providers using the Member Enrollment tool.

Prior Authorization

Agenda

- Submitting a Prior Authorization (PA) Request
- Additional Supporting Clinical Documentation
- Accessing PA Information
- Amending an Approved PA
- Correcting a Returned PA
- Changing a PA from Suspended to Pending

Submitting a PA Request

- Select Submit a New PA from the Prior Authorization page.
- Fill in the necessary information by working through a series of pages.
- Use Previous and Next to navigate.
- Click Clear to remove all information entered on the current page, if needed.

Submitting a PA Request (Cont.)

- Click Verify to validate the entered information.
- Once the fields for the PA request are completed, including any necessary PA attachments, click Submit and make note of the PA number.

Note: The Portal will prompt users to continue their PA session after 55 minutes of inactivity.

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



[Prior Authorization](#)

Prior Authorization

Prior authorization (PA) is the electronic or written authorization issued by ForwardHealth to a provider prior to a service being provided to a member. In most cases, providers are required to obtain PA before providing services that require it.

User Guides

- [View the Prior Authorization User Guide](#)

Select a link below to begin a process that you need.

- [Submit a new PA](#)
- [Complete a saved PA request](#)
- [Check on a previously submitted PA](#)
- [Amend an approved PA](#)
- [Correct a returned PA](#)
- [Correct a returned PA amendment](#)
- [Print PA cover sheet](#)
- [Upload documents for a PA](#)

Providers having difficulties determining whether or not a service requires PA may refer to the [Online Handbook](#) or Providers may call Provider Services at 800-947-9627.

Initial Information

Required fields are indicated with an asterisk (*).

Process Type

Select a process type:*

- 111 - Physical therapy (PT)
- 112 - Occupational therapy (OT)
- 113 - Speech and language pathology (SLP)
- 114 - Spell of illness (SOI) for PT
- 115 - SOI for OT
- 116 - SOI for SLP
- 117 - J Codes
- 117 - PA Botox to Treat Migraines
- 117 - Physician services, including rural health clinics and federally qualified health centers
- 117 - Synaquis
- 118 - Chiropractic
- 120 - Home Care

HealthCheck "Other Service"

Is this a HealthCheck "Other Service"?*

- Yes No

Program Financial Payer

Select one:*

- BadgerCare Plus (TXIX)
 Wisconsin Chronic Disease Program (WCDP)

Billing Provider Number

Select a billing provider number:*

1639245558 NPI

Submitting a PA Request (Cont.)

Member Information ?

Required fields are indicated with an asterisk (*).

Member ID*

First Name*

Last Name*

Requested Start Date* 

F-11018e (10/08)
HFS 106.03(4), Wis. Admin. Code

Service Information



Required fields are indicated with an asterisk (*).

Primary Diagnosis Code* [Search] Primary Diag Description

Secondary Diagnosis Code [Search] Secondary Diag Description

Requested Start Date Requesting Provider Signature*

National Provider Identifier - Prescribing/Referring/Ordering Provider [Search] Name - Prescribing/Referring/Ordering Provider

Line Items

Line Item	Provider ID	Service Code	Modifiers	Quantity	Charge	Status
01				0	\$0.00	

Total: \$0.00

Select row to update/delete -or- enter new line item information and select Add

Line Item

Rendering Provider ID [Search] (If blank, will default to Billing Provider)

Rendering Provider Taxonomy

Service Code Type* (After choosing, move off field, and wait for Service Code field to appear)

Service Code* [Search]

Service Code Description

Additional Service Code Description

Modifiers

Place of Service*

Quantity Requested*

Charge*

Submitting a PA Request (Cont.)

PA Attachments

- When completing PA requests, the PA wizard presents the necessary attachments.
- Almost all PA attachments can be completed and submitted on the Portal.

Submitting a PA Request (Cont.)

Required Attachments ?

Required fields are indicated with an asterisk (*).

- The following attachments are required for this PA request.
- Use the drop-down boxes to indicate how you will be submitting each attachment.
- Click next to complete the attachment.

Attachment THERAPY ATTACHMENT (PA/TA)

Submission Method*

Notes The attachment form must be completed online before the PA request can be submitted.

Previous

Next

Save and Complete Later

Additional Supporting Clinical Documentation

- Providers may submit supporting clinical documentation via mail, fax, or uploaded to Portal.
- Providers can upload documents in the following formats — JPEG, PDF, Rich Text Format (.rtf), .txt, or OrthoCAD.
- Providers can also upload documentation via the Portal when:
 - Correcting a PA that is in a Returned — Provider Review status.
 - Submitting an approved PA amendment.

PA Summary



- The PA request is ready to submit. If any changes need to be made, please make them now by using the navigation links above (e.g. "Service Information") or the "Previous" button below. Do not use your browser's navigation buttons. Once the PA has been submitted, no more changes can be made.

- [Preview PA Request](#)

This preview is a draft PDF version of the PA request and must not be used to submit the PA request via mail or fax. Once the PA request is submitted, a version will be available for you to save or print for your records.

- **Additional Supporting Clinical Documentation**

By mail or fax. Additional supporting clinical documentation must be submitted to ForwardHealth with a PA cover sheet, which will be available for printing once the PA has been submitted.

By uploading electronically. Files may be uploaded once the PA has been submitted.

- Select "Submit" to submit the PA request.

Previous

Submit

Save and Complete Later

Your PA Request has been submitted.

PA Number: 5131990001

- You will receive a notification in the PA section of your Portal Provider home page after your PA request is reviewed.
- [Print PA Request](#)
You may view, print, and save a PDF version of this PA request for your records.
- [Return to menu](#)
Return to the PA main menu.

Accessing PA Information

- All PAs, whether they are submitted on paper or electronically, are accessible via the organization's secure provider Portal account.
- Refer to the Prior Authorization Portal User Guide for information about the PA processes.

Accessing PA Information (Cont.)

Decision Notices and Return Letters

- Providers submitting PA requests via the Portal will receive a decision notice letter or returned provider review letter via the Portal.
- Providers submitting PA requests via mail or fax will receive the decision notice letter or returned provider review letter via the Portal and by mail.
- PA decision notices and review letters are not available until the day after the PA request is processed by ForwardHealth.

- The PA record below is in 'RETURNED - PROVIDER REVIEW' status.
- To view the decision on this approved PA select "View PA Decision Notice" located in the PA Information section.

PA Information

PA Number	5013346083	Media Type	WEB
First Name	IAMA	Member ID	0123456789
Last Name	MEMBER	Date of Birth	01/01/1983
PA Status	APPROVED	View PA Decision Notice	
Amendment Status	RETURNED - PROVIDER REVIEW	View latest Amendment Returned letter	
Process Type	111 - Physical Therapy (PT)		
Program	Medicaid		
HealthCheck Other Service	No	Start Date - SOI	
Requested Start Date	12/13/2013	First Date of Treatment - SOI	
Primary Diagnosis Code	1919	Description	MALIG NEO BRAIN
Secondary Diagnosis Code	7812	Description	ABNORMALITY OF GAIT
Referring Physician's Name	Referring Provider ID		

Line Item Information

Line Item	Status	Service Code	Units Requested	Dollars Requested	Units Authorized	Dollars Authorized	Grant Date	Expiration Date
01	APPROVED	97112	18.000	\$XXXX.XX	18.000	\$0.00	11/22/2013	01/23/2014
02	APPROVED	97110	18.000	\$XXXX.XX	18.000	\$0.00	11/22/2013	01/25/2014

Select row above to display a different line item's data below.

Line Item	01		
Status	APPROVED		
Rendering Provider ID	888888888 NPI		
Prescribing Provider ID			
Service Code Type	Procedure Code		
Service Code	97112		
Service Code Description	NEUROMUSCULAR REEDUCATION		
Tooth	Area of the Oral Cavity		
Modifiers			
Place of Service	22		
Units Requested	18.000	Dollars Requested	\$XXXX.XX
Units Authorized	18.000	Dollars Authorized	\$0.00
Units Remaining	17.000	Dollars Remaining	\$XXXX.XX
Grant Date	11/22/2013		
Expiration Date	01/23/2014		

Tony Evers
Governor

Andrea Palm
Secretary



State of Wisconsin
Department of Health Services

FORWARDHEALTH

PRIOR AUTHORIZATION
313 BLETTNER BLVD
MADISON WI 53784

Telephone: 800-947-9627
Fax: 608-221-8616
TTY: 711
www.forwardhealth.wi.gov

March 11, 2019

0000000
A MEDICAL CENTER
IM A PROVIDER
123 MAIN ST
ANYTOWN, WI 55555-5555

PA Number: 1234567890
PA Status: APPROVED
PA Amendment Status:
Member Name: IM A MEMBER
PA Process Type: 112
Provider Sequence: 1
Letter Sequence: 397

Dear A MEDICAL CENTER:

Your request for prior authorization (PA) has been finalized based on criteria established by the Department of Health Services and as stated in DHS 106.03(4), Wis. Admin. Code. Refer to the adjudication detail on the enclosed attachment for the service specific authorization.

An approved PA does not guarantee payment. Reimbursement is contingent upon enrollment of the member and provider at the time the service is provided and the completeness of the claim information. Payment will not be made for services initiated prior to the approval or after the authorization expiration date. Reimbursement will be in accordance with ForwardHealth payment methodology and policy. If the member is enrolled in a BadgerCare Plus managed care program at the time a prior authorized service is provided, ForwardHealth reimbursement will be allowed only if the service is not covered by the managed care program.

If the PA request was denied or modified, a Notice of Appeal Rights letter has been sent to the member. Only the member, or authorized person acting on behalf of the member, may file an appeal with the Division of Hearings and Appeals. Providers are encouraged to remain in contact with the member during the appeal process. Providers may offer the member information necessary to file an appeal and help present his or her case during a fair hearing.

If you have any questions about the decisions made on this PA, please contact Provider Services at (800) 947-9627.

Sincerely,

ForwardHealth

Enclosure

F-11156 (03/14)

Member Name: IM A MEMBER
 Member Identification Number: 0987654321
 Primary Diagnosis: M25522
 Secondary Diagnosis: M25512

Billing Practice Location Provider
 Provider Name: A MEDICAL CENTER
 Provider Address: 123 MAIN ST
 ANYTOWN, WI 55555-5555

PA Number: 1234567890
 PA Status: APPROVED
 PA Amendment Status:

Provider Identification Number: 0000000000
 Provider Taxonomy: 000000000X
 Provider ZIP Code: 55555-5555

Line #	Line Status	Rendering Provider	Taxonomy	Service	Modifier	POS	Unit Auth	Dollar Grant Auth Date	Expire Date	Group ID
01	INACTIVE	0000000000	000000000X	97166	GO	22	0.000	\$0.00 03/29/20XX	06/28/20XX	
				OT EVAL MOD COMPLEX 45 MIN						
02	APPROVED	0000000000	000000000X	97140	GO	22	12.000	\$0.00 03/29/20XX	06/28/20XX	
				MANUAL THERAPY 1/> REGIONS						
03	APPROVED	0000000000	000000000X	97110	GO	22	12.000	\$0.00 03/29/20XX	06/28/20XX	
				THERAPEUTIC EXERCISES						
04	APPROVED	0000000000	000000000X	97035	GO	22	12.000	\$0.00 03/29/20XX	06/28/20XX	
				ULTRASOUND THERAPY						

Accessing PA Information (Cont.)

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

PA via the Provider Page

- Providers may customize their secure Provider home page to display the most recent five to 20 PAs.
- Providers may customize PAs so that only PAs of a particular status are displayed.
- Providers can click any PA to select it; the PA detail will be displayed.

Accessing PA Information (Cont.)

PA via the Prior Authorization Page

- All PA history was converted to interChange.
- Providers can find PA information by selecting the Check on a Previously Submitted PA link.
- Providers may narrow their search for PAs by entering data into at least one of the parameter fields.
- If no information is entered, the search result will contain all PAs.

Accessing PA Information (Cont.)

PA via the Prior Authorization Page (Cont.)

- Providers can navigate through multiple pages of results by the page numbers or sorting the column headers.
- Providers can click any PA to display it.

Amending an Approved PA

To amend an approved PA:

- Locate the appropriate PA via the Amend an approved PA link.
- Narrow the search by completing any of the parameter fields listed.
- Click a PA to select it; the PA detail will be displayed.
- Click Amend this PA at the bottom of the page.
- Complete Section III following the guidelines for amending an approved PA in the Online Handbook, then click Submit.

Correcting a Returned PA

To correct a returned PA:

- Review the Returned Provider Review letter.
- Locate the appropriate PA by selecting either the Correct a Returned PA or Correct a Returned PA Amendment link.
- Narrow the search by completing any of the parameter fields listed.
- Click a PA to select it; the PA detail will be displayed.
- Click Correct this PA at the bottom of the page.

Tony Evers
Governor

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Secretary



State of Wisconsin
Department of Health Services

FORWARDHEALTH

PRIOR AUTHORIZATION
313 BLETTNER BLVD
MADISON WI 53784

Telephone: 800-947-9627
Fax: 608-221-8616
TTY: 711
www.forwardhealth.wi.gov

March 18, 2019

0000000
A MEDICAL CENTER OF
ANYTOWN, INC
123 MAIN ST
ANYTOWN, WI 55555-5555

PA Number: 1234567890
PA Request Received On: 03/11/2019
PA Request Return Date: 03/18/2019
PA Request Inactivation Date: 04/29/2019

Dear A MEDICAL CENTER OF:

Your prior authorization (PA) request has been received by BadgerCare Plus on 03/11/2019. In order for BadgerCare Plus to complete processing of your PA request, corrections and/or additional supporting information is required. Your PA request has been assigned PA number 1234567890.

Review the PA information and error messages listed in this letter. Correct all errors and any data that is incorrect in the space provided.

In responding to this letter, providers are reminded that they may correct their PA through their account on the ForwardHealth Portal at www.forwardhealth.wi.gov. Providers may also submit corrections by fax at (608) 221-8616 or by mailing corrections to the following address:

ForwardHealth
Prior Authorization
Ste 88
313 Blettner Blvd
Madison WI 53784

If responding by fax or mail, providers are required to resubmit all pages of this letter and any additional supporting documentation. Providers are encouraged to retain a copy of all documentation for their records.

ForwardHealth must receive the corrected information within 30 calendar days of the return date indicated in this letter. If the information is not received by this date, your PA request will be inactivated. If your PA request is inactivated, you will be required to submit a new PA request and a new receipt date will be established.

If you have any questions, please contact Provider Services at (800) 947-9627.

Sincerely,

ForwardHealth

Enclosure

F-11159 (07/12)

PA MESSAGES

Check if attaching additional supporting documentation.

PA ERRORS

0B35 - THE SERVICE REQUESTED DOES NOT REQUIRE PRIOR AUTHORIZATION.

PA/RF Element	Submitted Data	Corrected Data
Element 1 - HealthCheck "Other Services"	No	
Wisconsin Chronic Disease Program	No	
Element 2 - Process Type	112	
Element 4 - Billing Provider Name	A MEDICAL CENTER OF ANYTOWN	
Zip Code + 4	55555-5555	
Element 5a - Billing Provider Number	0000000000	
Element 5b - Billing Provider Taxonomy Code	000000000X	
Element 6a - Name - Prescribing/Referring/Ordering Provider	DM A PROVIDER	
Element 6b - National Provider Identifier - Prescribing/Referring/Ordering Provider	9999999999	
Element 7 - Member Identification Number	0987654321	
Element 10 - Member Last Name	MEMBER	
Member First Name	DM	
Element 12 - Primary Diagnosis Code	Z742	
Element 13 - Start Date - SOI		
Element 15 - Secondary Diagnosis Code		
Element 16 - Requested PA Start Date	05/18/20XX	

SERVICE INFORMATION

Service Line 01

PA/RF Element	Submitted Data	Corrected Data
Element 17 - Rendering Provider Number	1111111111	
Element 18 - Rendering Provider Taxonomy Code	000000000X	
Element 19 - Procedure Code	00000	
Element 20 - Modifiers	GO	
Element 21 - Place of Service	22	

Changing a PA from Suspended to Pending

Upload supporting clinical documentation for a PA request in a Suspended or Pending status by doing the following:

- Click Upload Documents for a PA.
- Enter a PA number and verify that the PA is in a suspended or pending status; click Next.
- Select Browse and find the desired file from the File Upload panel.
- Click Open and Upload.
- Click Exit after selecting all the files to be uploaded.

Note: If no further clinical supporting documentation is to be submitted, check the Change Prior Authorization Status box prior to exiting.

Provider Resources

- ForwardHealth Portal: www.forwardhealth.wi.gov/
- Provider Services: 800-947-9627
- WiCall: 800-947-3544 (ForwardHealth's Automated Voice Response system)
- ForwardHealth Portal Helpdesk: 866-908-1363
- Electronic Data Interchange: 866-416-4979

Provider Resources (Cont.)

- Provider Relations Representatives
- ForwardHealth Managed Care Ombudsmen: 800-760-0001
- Member Enrollment: www.access.wi.gov/

Communications

- User Guides:
 - Public home page: Policy and Communication > Communication > User Guides
 - Secure Portal: Providers > Users Guide
- E-mail Subscription Sign-up on the public home page: Policy and Communication > Communication > E-mail Subscription Sign-up
- Updates on the public home page: Policy and Communication > Policy > ForwardHealth Updates

Communications (Cont.)

- Trainings on the public home page: Policy and Communication > Communication > Trainings
- Contact link at the bottom of Portal pages
- Secure Messaging on the secure Portal
- RA Banner Messages on the secure Portal

Questions?

Now is your chance to ask questions!

Thank You