
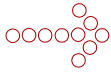


 Agenda

- Introductions.
- Technical Aspects of the Portal.
- Portal User Tips.
- Enrollment VerificationPublic Portal Home Page — Provider Quick Links.
- Certification.
- Recertification.
- Public Portal Home Page — Links.
- Public Provider Area of the Portal.
- Secure Area of the Portal.
- Managing Portal Accounts.
- Portal Timeouts.
- Questions?

 Technical Aspects of the Portal

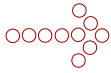
- The Portal is an Internet site that is accessible through most Web browsers at www.forwardhealth.wi.gov/.
- The Portal can run on a Windows- or Apple-based system.
- Providers should have a high-speed Internet connection in order to efficiently conduct business with ForwardHealth via the Portal. These download speeds are generally not available through a dial-up connection.
- The Portal can be accessed from work or home 24 hours a day, seven days a week.
- Refer to the Online Handbook on the Portal for more specific information.



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 on 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.





Public Portal Home Page – Provider Quick Links

- 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, managed care organizations (MCOs), partners, trading partners, or members.
- Links available for providers on the public home page include:
 - Register for E-mail Subscription.
 - Become a Provider.
 - Online Handbooks.
 - Fee Schedules.
 - Certification Packets.
 - Trainings.
 - Wisconsin Administrative Code.
 - Provider Recertification.
 - Certification Tracking Search.
 - Managed Care Quick Links.
 - Member Quick Links.
 - Hot Topics and System Generated Adjustments (SGAs).
 - Contact link where providers can submit a written inquiry to Provider Services.





Certification

- Only providers certified with Medicaid, Wisconsin Chronic Disease Program (WCDP), or Wisconsin Well Woman Program (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.

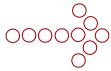




Certification (Cont.)

- 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 Application Tracking Number (ATN) assigned to the application.
- Providers may track the status of their certification requests via the Certification Tracking Search link on the Provider page. Providers will need the ATN assigned to the application to perform this search.
- The sample certification packets available on the Portal are for viewing purposes only and should not be completed and sent to ForwardHealth.

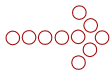









Recertification

- Most providers are recertified once every three years. The only exception is specialized medical vehicle (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 (RA) banner page.
- Providers who are part of a recertification receive two communications via U.S. Postal Service 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 personal identification number (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.





Public Portal Home Page – Links

- 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, WWWP, and WCDP).

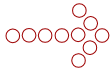




Public Provider Area of the Portal

- The public Provider area of the Portal contains links to the following:
 - Provider-specific resources.
 - References and tools.
 - Related programs and services.
 - Trainings.
 - "What's New" information for providers.
 - Quick links to some of the same areas linked from the Portal home page, with additional links to the following:
 - o Request Portal access.
 - o Online Handbooks.
 - o *ForwardHealth Updates*.
 - o Provider Relations Representatives.
 - o Provider-Specific Resources.
 - o Fee Schedules.
 - o Subscribe to Provider Notifications.
 - o Forms.
 - o Become a Provider.
 - o Certification Tracking Search.
 - o Provider Recertification.



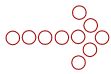


Secure Area of the Portal

Logging In

- 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 are required to 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 that identifies the account in which the user is logged in to — National Provider Identifier (NPI), Taxonomy number, ZIP+4 code, Financial Payer — is located directly below the tabs.



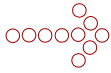


Secure Area of the Portal (Cont.)

Provider Area

- Users will only be able to see information to which they have been granted access.
- The secure Provider area displays the following information:
 - Secure messages.
 - Claims.
 - Prior authorizations (PAs).
 - RAs.
- The secure Provider area of the Portal contains links to the following:
 - Update User Account.
 - Customize Home Page.
 - Demographic Maintenance.
 - Electronic Funds Transfer.
 - Designate 835 Receiver.
 - Online Handbook.
 - Subscribe to Provider Notifications.
 - Forms.
 - Become A Provider.
 - Training Listing.
 - Explanation of Benefits (EOB).





Managing Portal Accounts

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.





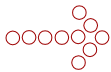
Managing Portal Accounts (Cont.)

- Users manage their secure Portal account(s) from the Account page.
- Links to the following key functionality are available from the Account page:
 - Maintenance.
 - Messages.
 - Change Password.
 - Clerk Maintenance.
 - Switch Organization.
 - Add Organization.
 - Account User Guide (PDF).
- 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.
 - o All providers should set up security questions if they haven't already done so.





Managing Portal Accounts (Cont.)

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.



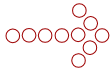


Managing Portal Accounts (Cont.)

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 or 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.

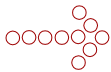




Portal Timeouts

- 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 that would cause an early time-out during Internet usage.





Enrollment Verification

- Member enrollment information is available via the Enrollment page of your organization's secure provider Portal account.
- One of the following combinations of information is required along with the to and from date of service:
 - Member identification number.
 - Social Security 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.





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 Wisconsin Chronic Disease Program (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 the Wisconsin Well Woman Program (WWWP), providers can see back 365 days and forward 365 days from today's date only.





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 copayment 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 services to the member.

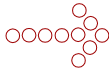




Enrollment Verification (Cont.)

- 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 be displayed if the member is enrolled in a BadgerCare Plus or Medicaid Supplemental Security Income (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 the 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 codes.





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 Lock-In 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 telephone 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 DOS and to DOS entered.
- Additional information on performing enrollment verification is available in the Enrollment Verification Portal User Guide.





Searching Enrollment Verification History

- The Member Enrollment Verification History is available via the Enrollment page of your organization's secure provider Portal account.
- Every enrollment verification search inquiry from the start of InterChange to present is saved in the database so users will be able to access all previous requests.
- It will find any request submitted by the practice location for that member within a 30-day date range.
- One 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.





Searching 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 the 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.





Claims – Optical Character Recognition

- All claims, regardless of whether they are submitted on paper or electronically, will appear in the Claims area of the secure 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 are required to follow in order for their paper claims to be read via OCR.





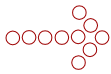
Claims – Electronic Claims Submission Methods

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

Direct Data Entry

- The 1500 Health Insurance Claim Form, UB-04 Claim Form, ADA 2006 Dental Claim Form, Compound Drug Claim form, F-13073, and Noncompound Drug Claim form, F-13072, 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 of the Provider area of the Portal, for detailed information on how to complete and submit a claim using DDE.





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) that is now auto-generated for claims submitted via the Portal must be indicated on the cover page in order to match the electronic claim with the paper attachment.
- ForwardHealth will hold a claim for up to 30 calendar days if an attachment is required for processing 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.





Claims – Uploading Electronic Attachments

- Claims with electronic attachments will be accepted for Wisconsin Medicaid, BadgerCare Plus, and the Wisconsin Chronic Disease Program. Providers will be able to upload attachments to these programs via the Portal for professional, institutional, and dental claim types only.
- Providers will be able to upload documents as JPEG, PDF, Rich Text, or Text File formats. *Note:* Microsoft Word files (.doc) cannot be uploaded but can be saved and uploaded in Rich Text Format or Text File formats.
- Providers will be able to electronically upload attachments via the Portal when a claim is in a suspended status and an attachment was indicated but not yet received.
- ForwardHealth will hold a claim for up to 30 calendar days in a suspended status 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. If the claim is denied, both the electronic claim and attachment(s) will need to be resubmitted.





Claims – Accessing Claims Information

- All claims, regardless of whether they are submitted on paper or electronically, will appear in the secure 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 2006 Dental Claim Form, Compound Drug Claim, and Noncompound Drug Claim.
- Claims information is located on the Provider page and the Claims page.





Claims – Accessing Claims Information (Cont.)

- Claims via the Provider Area of the Portal
- Providers may customize their secure Provider home page to display the most recent five to 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 be displayed.
 - Providers will need to select the Provider tab to get back to the secure Provider area of the Portal.



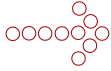


Claims – Accessing Claims Information (Cont.)

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 on that claim or navigate back to the Claims page and perform another claim search.





Search Claims Tool

- The Search Claims tool is available via the 837 Professional, Institutional, or Dental transactions or the Compound or Noncompound "Submit Claim" links.
- You may perform a search by entering the internal control number (ICN) and clicking "Search." Search results pull up the claim.
- If you entered an ICN incorrectly in the claim search field, click "Clear" and re-enter the ICN.
- To perform a new claim search, click on "New Search" 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 "Return to Search Results," and it will take you back to the Claim Search screen.





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 "Adjust" at the bottom of the page. (*Note:* Remember to change both header and detail information, as necessary.)
- If the original claim did not have an attachment, you may add one by using the Attachments panel and following the instructions.
- If there were attachments associated with the original claim and you wish to add additional attachments, click Upload Claim Attachments after submitting the claim.
- Some examples for adjusting a claim:
 - To correct billing or processing errors.
 - To correct inappropriate payments — overpayments/underpayments.
 - To add or delete services.





Claims – Adjusting, Copying, and Voiding Paid Claims (Cont.)

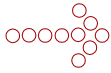
Copying Paid Claims

- Select the claim you wish to copy and select "Copy" at the bottom of the page.
- Once you have changed the necessary information, select the "Submit" button at the bottom of the page. *(Note: Remember to change both header and detail information, as necessary.)*
- Attachment information will not be retained on a copied claim. To indicate an attachment, users must "add a row" in the attachment panel. Follow the instructions to electronically upload an attachment.

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 Explanation of Benefits (EOB) Information areas at the bottom of the page to see how your new claim processed.



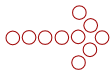


Claims – Adjusting, Copying, and Voiding Paid Claims (Cont.)

Voiding Paid Claims

- Select the claim you wish to void, and select "Void" at the bottom of the page.
- The status of a claim will change to Denied once voided. The EOB reflecting the void will display on the original claim.
- This function can be performed on any paid claim that has not previously been adjusted or voided.





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 Remittance Advice (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 on the Portal with a new 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.)





Submitting a Prior Authorization Request

- Providers may submit prior authorization (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 selecting "Previous" or "Next."
- Select "Clear" to remove all information entered on the current page.
- Select "Verify" 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.
- The Portal will prompt users to continue their PA session after 55 minutes of inactivity.
- Following completion of the Prior Authorization Request Form (PA/RF), F-11018, and any necessary attachments, submit the PA and note the PA number.





Submitting a Prior Authorization Request (Cont.)

PA Attachments

- When completing PA requests, the PA wizard presents the necessary attachments needed.
- Almost all PA 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 attachment.
- 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.
- PA attachments can also be mailed, faxed, or electronically uploaded to ForwardHealth.
- ForwardHealth recommends completing the PA attachment online as opposed to uploading an electronically completed version of the paper PA attachment. This will reduce the chance of the PA request being returned for clerical errors.





Submitting a Prior Authorization Request (Cont.)

Supporting Documentation

- Providers may choose to submit supporting clinical documentation via mail, fax, or electronic upload to ForwardHealth.
- Providers can upload documents in the following formats — JPEG, Portable Document Format (PDF), Rich Text Format, Text, or OrthoCAD. *Note: Microsoft® Word documents (.doc) cannot be uploaded but can be saved as a Rich Text or Text Format.*
- In addition, providers can also upload additional supporting clinical documentation via the Portal when:
 - Correcting a PA or PA amendment that is in a Returned — Provider Review status.
 - Submitting a PA amendment.



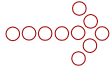


Submitting a Prior Authorization Request (Cont.)

Supporting Documentation (Cont.)

- If supporting documentation is to be mailed or faxed, the PA Summary panel will display instructions to complete a cover sheet to accompany the documentation. This cover sheet needs to accompany the 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 be displayed.
- 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 Summary panel, it can be located via the "Print PA Cover Sheet" link on the Prior Authorization page.





Accessing Prior Authorization Information

- All PAs, regardless of whether they are submitted on paper or electronically, are accessible via your organization's secure provider Portal account.
- 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.





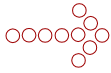
Accessing Prior Authorization Information (Cont.)

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 five to 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 be displayed.
- Providers will need to select the Provider tab to get back to the secure Provider home page.



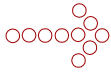


Accessing Prior Authorization Information (Cont.)

PA via the Prior Authorization Page

- All PA history was converted to interChange.
- PA information can be located by selecting the "Check on a Previously Submitted PA" link 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.





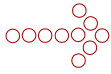
Accessing Prior Authorization Information (Cont.)

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 be displayed.
- 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."



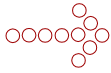


Accessing Prior Authorization Information (Cont.)

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 be displayed.
- 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.
- Click "Submit" to submit the corrected or amended request for processing. The following choices will be displayed depending on the submission method for supporting clinical documentation:
 - Print the cover sheet if supporting clinical information will be sent via mail or fax. The Cover Sheet panel will be displayed.
 - If supporting documentation will be uploaded electronically, the File Upload panel will be displayed.





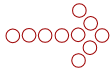
Uploading Supporting Clinical Documentation for a PA in a Suspended or Pending Status

Providers have the option of uploading supporting clinical documentation for a PA request that is in a "Suspended" or "Pending" status.

- Click on "Upload Documents for a PA."
- Enter a PA number and verify that the PA is in a suspended or pending status before clicking "Next."
- The File Upload panel will be displayed. Select "Browse" and find the desired file and click "Open" and "Upload."
- Once you have selected all the files to be uploaded, click "Exit."

Note: If no further clinical supporting documentation is to be sent via mail or fax, check the box "Change Prior Authorization Status" section prior to exiting.





Changing a Prior Authorization Request from Suspended to Pending

The provider has the option of changing a PA request from "Suspended – Provider Sending Info" to "Pending" if the provider determined that additional information will not be submitted via mail or fax. Changing the status to "Pending" will allow the PA request to be processed without waiting for additional information to be submitted.

- The provider can change the status by searching for the PA.
- Enter a PA number and the PA detail will be displayed.
- Check the box in the "Change PA Status" section to change the PA status from "suspended" to "pending."
- In the Comments field, providers can enter text explaining why the PA can be processed without additional supplemental clinical documentation.
- Once the request has been submitted, a message at the top will show that the request to update the PA status was successful.
- To verify the status change, search for the PA and the current status will be displayed.

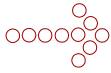




Fee Schedules

- Maximum allowable fee schedules can be accessed from the Portal home page and on the Provider area of the Portal.
- 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.





Fee Schedules (Cont.)

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 Department of Health Services.

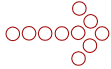
Text Files

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

PDF Files

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





Remittance Advice

- 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).
- Text files may be printed to produce a paper RA.
- CSV files are accepted by a wide range of computer software programs (e.g., Microsoft 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 Trainings page of the Providers area of the Portal.



Main Communication Methods

The ForwardHealth Online Handbook:

- ForwardHealth Updates
- Online Handbook.
- Messaging.



Provider Resources

- ForwardHealth Portal at www.forwardhealth.wi.gov/.
- Provider Services at (800) 947-9627.
- WiCall at (800) 947-3544 (formerly known as Automated Voice Response).
- ForwardHealth Portal Helpdesk at (866) 908-1363.
- Electronic Data Interchange (EDI) at (866) 416-4979.
- Provider Relations Representatives.
- ForwardHealth Managed Care Ombudsmen at (800) 760-0001.
- Enrollment Service Center (Member) at (800) 291-2002.
- Member Enrollment at www.access.wi.gov/.





Communications

- User Guides
 - Public Home Page: Providers > References and Tools.
 - Secure Portal: Home Tab > Providers > References and Tools.
- Subscribe to Provider E-Mail Notifications
 - Public Home Page: Providers > Quick Links > Subscribe to Provider Notifications.
- Secure Messaging.
- RA Banner Messages.
- *ForwardHealth Updates.*
- 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 Trainings page of the Providers area of the Portal.