

Forward Health Guide

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Forward Health Portal Quick Guide

FAQ???

Did a premium coupon get sent out???
and

Was a premium paid???

-iC Functionality

-Premium Collection

-Case Number

-Date Range

Click on benefit line to narrow search and see specifics of payment.

If you cannot see premium has been paid in Portal but client states the payment cleared their account, call the PREMIUM unit at 1-888-907-4455 option 3.

Premium Collection Search

Prem Ref Number Benefit Month From Thru

Payor ID/Type [Search]

Premium Program [Search]

CARES Case [Search]

Records 20

Premium Collection Search

Prem Ref Number Benefit Month From 01/2013 Thru 09/2013

Payor ID/Type [Search]

Premium Program [Search]

CARES Case 6116500668 [Search]

Records 20

Search Results

Prem Ref Number	Payor Name	Payor ID	Payor Type	Benefit Month	CARES Case	Premium Program	Coupon Status	Coupon Date	Coupon Amount	Premium Method
2290352	KRYSTLE M LISK	300104193	Premium Payer	01/2013	6116500668	BC	Paid Late	12/19/2012	\$168.00	Direct Billed
2346558	KRYSTLE M LISK	300104193	Premium Payer	02/2013	6116500668	BC	Paid Late	01/24/2013	\$168.00	Direct Billed
2426365	KRYSTLE M LISK	300104193	Premium Payer	03/2013	6116500668	BC	Paid Late	04/02/2013	\$168.00	Direct Billed
2398078	KRYSTLE M LISK	300104193	Premium Payer	04/2013	6116500668	BC	Paid Late	03/19/2013	\$168.00	Direct Billed
2466151	KRYSTLE M LISK	300104193	Premium Payer	05/2013	6116500668	BC	Paid Late	05/10/2013	\$168.00	Direct Billed
2503731	KRYSTLE M LISK	300104193	Premium Payer	06/2013	6116500668	BC	Paid Late	06/06/2013	\$168.00	Direct Billed
2513100	KRYSTLE M LISK	300104193	Premium Payer	07/2013	6116500668	BC	No Premium Due	06/18/2013	\$168.00	Direct Billed

You are logged in as a County IM Worker

Premium Collection Information

Prem Ref Number 2290352 Coupon Status Paid Late

Premium Program BadgerCare Plus Coupon Amount \$168.00

Benefit Month 01/2013 Coupon Date 12/19/2012

Premium Method Direct Billed Premium Amount Due \$168.00

Payor Type Premium Payer Premium Due Date 01/10/2013

Payor Name KRYSTLE M LISK Amount Paid To Date \$168.00

Payor ID 300104193 Date Premium Satisfied 02/15/2013

CARES Case 6116500668

Looking up SSI information (State SSI Payment)

- IC Functionality
- Member Search
- Open Tab
- SSI
- SSI Payment History

This payment is normally \$92.16. If someone receives a federal SSI payment they are automatically eligible in WI for the State payment. If a client wants to apply for State SSI, have them call Member Services at 800 362 3002 and ask for the State SSI unit.

What HMO am I in???

- IC Functionality
- Member Search
- Managed Care
- Member MCO Enrollment History

Scroll down to most current date.

HMO shows under “MCO Name” column

Member MCO Enrollment History							
MCO ID	MCO Name	MC Program	MC Service Area	Effective Date	End Date	Lock-In Date	Status
59000000	MCD ACMECARE SOLUTIONS, LLC	Transportation Manager	State Wide Enrollment	04/01/2011	07/31/2011		Active
60000000	MCD ACMEHEALTHCARE COMMUNITY PLAN	HMO - Medical/Dental	COUNTY 52 ZIP 53212	08/01/2011	12/31/2299		Active

Select row above to update -or- click Add button below.

MCO ID

MC Program

MC Service Area

Start Reason

Stop Reason

Effective Date

End Date

Lock-In Date

Status

Enrollment Source

MC Special Conditions	
*** No rows found ***	

Select row above to update -or- click Add button below.

How come I did not get my CTS???

- IC Functionality
- Member Search
- SSI
- SSI Payment history
 - Enter benefit month
 - Line will appear with specific info about payment.
- CTS Child Payment—shows which children CTS payments were issued for.

CTC Child Information

CARES Case Number	Last Name	First Name	MI	SSN	DOB	MA App Date
6117561175	SMITH	JOEY		999999999	03/03/2002	06/30/2007

Type changes below.

CARES Case Number

6117561175

DOB

10/04/2005

Name

SMITH

JOY

MA App Date

06/30/2007

SSN

898989889

delete

add

Retro Payment

-CTC Child Enrollment Data-

Select row above to update -or- click Add button below.

delete

add

CTC Child Payment

Payment Month	Transaction Date	Amount Paid	Payment Status
200908	08/01/2009	\$250.00	C01
200909	09/01/2009	\$250.00	C01
200910	10/01/2009	\$250.00	C01
200911	11/01/2009	\$250.00	C01
200912	12/01/2009	\$250.00	C01
201001	01/01/2010	\$250.00	C01
201002	02/01/2010	\$250.00	C01
201003	03/01/2010	\$250.00	C01
201004	04/01/2010	\$250.00	C01
201005	05/01/2010	\$250.00	C01

1 2 3 Next >

I am at the pharmacy/clinic and they are saying I don't have coverage???

-Enrollment

-Enter Member ID

This is the screen Providers see when they query a Forward Health card. Scroll down. System will only show if they have coverage for date of search. You can also put in a date range or specific date to see what the coverage was that date/timeframe. If there are two lines of coverage showing, provider is to bill the TOP line. The top line supersedes the bottom line (occurs most often switching from FPW to BC+). The screen also shows the HMO.

-OR-

My Pharmacy/Clinic says I have no coverage??

-IC Functionality

-Member Search.

If CWW shows PP has current coverage, check Forward Health. If the coverage is there, tell them to have the Pharmacy/Clinic look in Forward Health NOT the HMO website. They may be straight Title 19 that month and not in an HMO.

Why is the member's prescription denied due to commercial health insurance???

-iC Functionality

-TPL Search

- Enter MAID and then review all coverage providers.
- Select a provider
 - Click Coverage Link. This will show what is covered under this policy. Generally policies will state what the coverage is under that area and will show a numerical code and DRUG. If the information is incorrect with the client have the client call Member Service 800 362 3002 and request the information be corrected or removed.

The Pharmacy/Clinic is saying I have a primary insurance???

- iC Functionality
- TPL Search
 - Member ID

Search results will show any other coverage. If end date is incorrect (PP states ended 6/30/13 and end date in TPL shows 12/31/2299) have the member call Member Services 800 362 3002. Give them of the member ID, Primary insurance company name, and correct end date. They will change this and it should no longer show in the system within 3-5 hours.

TPL Search

Member ID

Medicare ID

PolicyNumber

Policyholder SSN

Carrier Number

Member SSN

Member DOB

Member Last Name

Member First Name

Policyholder Last Name

Policyholder First Name

TEST

JANE

search

clear

add

Records 20

Search Results

Mr. HIPP	Member ID	Medicare ID	Member Name	Policy Number	Policyholder Name	Carrier Name	Group Policy Number	Policy Type	Min Effective Date
No	5566556658	228777709D	TEST, JANE	0111111111	TEST, JANE	GENERAL HEALTH CARE OPTIONS	2		06/01/1988
No	5566556658	228777709D	TEST, JANE	823382331	TEST, JANE	GENERAL DENTAL PLAN INC.	4		11/01/2010

Count: 2

How do I request a replacement Forward Health ID card???

- Partners
- Replacement ID Card Request (on the right hand side of the screen)
- MA ID number

Select FORWARD HEALTH CARD and reason for request.

Date Issued	Issue Reason	Card Type	Active Indicator	PAN	Source	Return Reason
11/01/2010	New	ForwardHealth ID Card	Active	1000000000024832	PS/2	00 - Active card, not returned

Select row above to view the data.

Date Issued:

Card Type:

Address 1:

Address 2:

Address 3:

City:

State:

Zip:

Issue Reason:

PAN:

Source:

Active Indicator:

Return Reason:

How do you check the status of a Forward health ID card???

and

Why have I not received my Forward health card yet???

- iC functionality
- Member search
- Member ID Cards
- Select the line with the latest date

This will show when and where a card was sent. It will also show if the card was delivered or returned to Forward Health. If it was returned to Forward Health, the member must call Member Services (1-800-362-3002) to request the replacement card. Portal will not allow you to issue a new card if the most recent card was returned.

Date Issued	Issue Reason	Card Type	Active Indicator	PAN	Source	Return Reason
11/01/2010	New	ForwardHealth ID Card	Active	1000000000024832	PS/2	00 - Active card, not returned

Select row above to view the data.

Date Issued: 11/01/2010

Card Type: ForwardHealth ID Card

Address 1:

Address 2: 11 STREET

Address 3:

City: MADISON

State: WI

Zip: 55555

Issue Reason: New

PAN: 1000000000024832

Source: PS/2

Active Indicator: Active

Return Reason: 00 - Active card, not returned

Case Spenddown Panel

Spenddown is a type of Medicaid insurance deductible that represents the difference between the member's income and the Medicaid income limit. The spenddown amount must be met before Medicaid benefits are made available.

The Case Spenddown panel displays the amount of out-of-pocket expenses applied to a case.

The remaining spenddown amounts are applied to Medicaid, SeniorCare, or WCDP. The amounts come from CARES for SeniorCare and 4818 manual forms for Wisconsin Medicaid. Wisconsin Chronic Disease Program amounts are applied manually and by application.

1. Select Case Spenddown from the Case menu. The Case Spenddown panel will be displayed.
2. Click the applicable row to populate information in the fields on the panel. An "ICN Detail" section will also be displayed, which will list any internal control numbers (ICNs), dates, and spenddown applied associated with the row selected.

Figure 39 Case Spenddown Panel with ICN Detail Section

ForwardHealth County Income Maintenance Coordinators and Workers August 12, 2016

interChange Functionality User Guide

2 Member 34

The Case Spenddown panel may include the following information:

- The *Amount* field displays the total amount of out-of-pocket expenses the case is responsible for during the specified time period.
- The *Time Period Indicator* field displays the specified time for the case, such as for a month (Monthly) or a date span (Spanned).

Note: Monthly is only indicated when the Benefit Plan Group field displays *Waiver Cost Share*.

- The *Benefit Plan Group* field displays the benefit program in which the member is enrolled.
- The *Financial Payer* field displays the program under which claims transactions are processed such as Medicaid, WCDP, or WWWP.
- The *Provider ID* field displays the billing provider's ID number.
- The *Effective Date* and *End Date* fields display the time period the case is liable for spenddown.

Two unique rows in the ICN Detail section include the following:

- The *Total Spenddown Applied* row displays the total amount of spenddown already applied.
- The *Remaining Balance* row displays the difference between the spenddown Amount and the Total Spenddown Applied.

Note: The Total Spenddown Applied row and the Remaining Balance row are only displayed when the Time Period Indicator field indicates *Spanned*.

How do I do a 3070/F10110/Manual Certification???

-Partners

-Partners Application Form

-Badgercare Plus Manual Certification this will bring up Initial Information page

The screenshot shows the top navigation bar with links: Home, Search, Partners (highlighted), Enrollment, Max Fee Home, Account, Contact Information, Site Map, and Certification. Below the navigation bar, it states "You are logged in as a County IM Worker" with a search box. The breadcrumb trail is: Partners > Partner Application Forms > Manual Certification. The main heading is "Initial Information" with a help icon. Below the heading, it says "Required fields are indicated with an asterisk (*)." The form has a label "Select Certification Type*" and a dropdown menu. The dropdown menu is open, showing two options: "Add a new case/member record" and "Modify or add new member to existing case".

-Modify or Add a New Member to an Existing Case and click NEXT. The Verify Member Panel will be displayed.

The screenshot shows the "Verify Member" panel with a help icon. Below the heading, it says "Required fields are indicated with an asterisk (*)." The text reads: "Please enter the member or case head identification number to verify if an eligibility record currently exists in the ForwardHealth interChange." There is a text input field labeled "Member / Case Head ID*". At the bottom, there are two buttons: "Previous" and "Next".

-Enter the Case Head ID in the Member/Case Head ID and click NEXT. The Case Head Information Panel will display with the case head's current demographic information. If the Member ID does not exist, an error message will show in the

Panel.

Case Head Information ?

Required fields are indicated with an asterisk (*).

Please enter the name and address information of the person that is considered the primary person of the case.

Case Number* 9010009240

First Name* GEORGE Middle Initial L

Last Name* FARMER Suffix

Certifying Agency Number* [Search] Certifying Agency Site*

Worker ID*

Mailing Address

In Care Of SMITH

Street 1* 400 MAPLE DRIVE

Street 2

City* MADISON

State / Zip Code* WI 45678 - 0000

County of Residence* 13 Dane

Previous Next Cancel

-The Member ID information must be present to proceed to the next panel.

-Required fields are marked with asterisks

- Case Number field will populate with the case head ID from iC. It might be a different id then the one entered in the last panel if the case head has a new number.
- The Certifying Agency Number for Dane is 013
- The Certifying Agency Site for Dane is 00
- Enter your Worker ID (your XDA###)
- Use the PREVIOUS and NEXT buttons to go through this process.
- Cancel button will set the user back to the Partner Application Forms Page.
- Once you review the information on the Case Head Information Panel click NEXT

The Eligible Case Members panel will display with a list of all the case members.

Eligible Case Members ?

Required fields are indicated with an asterisk (*).

Last Name	First Name	Member ID	Medical Status	Begin Date	End Date
FARMER	GEORGE	9010009240	01 SSI, aged	11/17/2011	11/17/2012
FARMER	MARY	9010009241	01 SSI, aged	11/17/2011	11/17/2012

Select row above to update -or- click Add button below.

Case Member

Member ID MCI ID ☐

First Name Middle Initial

Last Name Suffix

Date of Birth Gender

Date of Death Social Security Number No SSN ☐

Tribal Indicator

Medical Status Information

Medical Status Code

Begin Date

End Date Open End Date ☐

-Click on a member in the list to modify information or click **Add** to add a member to the existing case.

The Eligible Case Members panel will refresh and the fields will then be in edit mode allowing you to modify or add demographic and enrollment information for case members.

If there are multiple members, they will be listed at the top of the panel along with the member's current enrollment data. Clicking on a member will populate the panel with the selected member's information.

*Member ID will populate with the member's current ID. If you are adding a member, the ID field will not be active, just as in the Adding a New Case panel.

*A Medical Status Code can be selected from the drop-down list that includes all med stats used by all certifying agencies that utilize manual certification.

*The Begin Date can be set to an earlier date and/or the End Date can be extended for a selected row.

*The Add button is only used to add a *new member* to a case. To add a new period of enrollment for an existing member, select the member's row showing the most recent enrollment. DO NOT use the Add button. When the fields populate, change the med stat and/or enrollment dates. This will establish the new enrollment on file while preserving the previous enrollment.

*The Clear button removes values in all the fields on this panel.

*The Delete button removes the members selected from the list who have been added to the current case. This action only deletes the information/member on the manual certification panel and will not delete information from the member's record.

*The Cancel button will return the user to the Partner Application Forms page and all information entered for the manual certification will be lost.

*The Previous button can be used to return to the Eligible Case Members panel to make any revisions before continuing.

-Click NEXT and the Summary Page will display

Summary ?

- The certification has been completed and is ready to submit. If any changes need to be made, please make them now by using this web site's navigation links and command buttons (not the browser's navigation buttons). Once the certification has been submitted, no more changes can be made.
- [Preview your request.](#)
This preview is a draft PDF version of the manual certification form and should not be submitted via mail or fax. After finalizing the certification request, a version will be available for you to save or print for your records.
- Select "Submit" to finalize the certification request.

- Preview Your request will display a PDF
 - The PDF will not be viewable for printing or saving once completed.
- Previous will navigate back
- Submit to continue

The following messages were generated:

Member: 9010009240 - GEORGE FARMER - was processed and submitted successfully.
Member: 9010009241 - MARY FARMER - was processed and submitted successfully.

Complete ?

The certification request has been submitted.

[View your request.](#)
You may view, print, and save a copy of the completed certification via the web.

[Start](#) a new request.

For Further information please refer to the ForwardHealth User Guide.

Forward Health Contact Numbers:

Member Services	800 362 3002
Provider Services	800 947 9627

Client HMO Enrollment	800 291 2002
Senior Care	800 657 2038
Forward Health fax	608 221 8815
Eligibility Supervisor	608 224 6002
SLMB/QMB/Buy in	608 224 6516
Third Party Liability	608 243 0676
 Social Security	 800 772 1213