

## FORWARDHEALTH PROVIDER CHANGE OF ADDRESS OR STATUS COMPLETION INSTRUCTIONS

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

Personally identifiable information about providers is used for purposes directly related to program administration such as determining the certification of providers or processing provider claims for reimbursement. Non-submission of changes in address or status may result in incorrect reimbursement, misdirected payment, claim denial, or suspension of payments.

Provision of the information requested on this form is mandatory; however, the use of this version of the form is voluntary. Providers may develop their own version of this form as long as it includes all the information on this form.

### INSTRUCTIONS

If a request is made to change an individual provider's file, ForwardHealth requires a signature from the individual provider or an authorized representative on the Provider Change of Address or Status form, F-01181.

**Complete all areas of the form affected by change.** A change in ownership, group affiliation, federal tax identification number (TIN) (Internal Revenue Service [IRS] number), etc., must be reported to ForwardHealth before the change. A change in address must be reported immediately after moving.

Identifying Information is required to be filled out in addition to the sections where the change to the provider file is indicated. It is imperative that the information in Identifying Information is provided in order for ForwardHealth to update the correct provider file.

### IDENTIFYING INFORMATION

The information in this section is used solely to identify the provider submitting the form and is not intended to include the provider's updated information. Only use information currently on file with ForwardHealth that pertains to the provider who performs ForwardHealth services and the location where the provider office is physically located and where the records are normally kept.

#### Element 1 — Name — Provider

This is a required field. Enter the individual provider's first name, middle initial, and last name, or the name of the clinic or facility.

#### Element 2 — Provider ID

This is a required field. Enter the provider's National Provider Identifier (NPI). Non-healthcare providers are required to enter the provider number assigned by ForwardHealth at the time of certification.

#### Element 3 — Taxonomy Code

This is a required field for health care providers and not applicable to specialized medical vehicle, personal care-only agencies, and blood bank providers. Enter the provider's taxonomy code assigned by ForwardHealth to be used to identify the provider file to be updated.

#### Element 4 — ZIP Code

This is a required field. Enter the five-digit ZIP code for the practice location on file with ForwardHealth.

#### Element 5 — ZIP+4 Extension

This is a required field. Enter the four-digit ZIP code extension for the practice location on file with ForwardHealth.

#### Element 6 — Updates on this form are applicable to the following programs.

This is a required field. Check all programs to which the provider file changes apply. Only choose programs for which the provider is certified.

*Note:* Sections I-IX should be used to report or change information currently on file with ForwardHealth.

### SECTION I — PRACTICE LOCATION INFORMATION

Practice location is the street address where a provider office is physically located and where the records are normally kept.

### IMPORTANT

Street Address Lines 1 and 2 may not contain any P.O. Box or drop box information.

#### Element 7 — Name — Provider

Enter the name of the Provider.

**Element 8 — National Provider Identifier (NPI)**

Enter the provider's NPI. This element is for health care providers who are reporting a change to their NPI currently on file with ForwardHealth.

**Elements 9-14 — Practice Location Address**

Enter the provider's complete practice location address (street, city, state, ZIP code, and ZIP+4 extension). This address is where the provider's office is physically located and where records are normally kept. It is not acceptable to indicate a P.O. Box or drop box for the practice location address.

**Element 15 — County**

Enter the county of the provider's practice location.

**Element 16 — Telephone Number — For Member Use**

Enter the telephone number that members should use to contact the provider. This telephone number will be listed in a provider directory that is available to the public.

**Elements 17 and 18 — Name and Telephone Number — Contact Person**

Enter the name and telephone number for the contact person. The contact person's telephone number is required when a contact person's name is entered. The contact person's information is used for ForwardHealth administrative purposes only.

**SECTION II — PROVIDER FINANCIAL INFORMATION**

ForwardHealth will generate payments to the provider and report income to the IRS using this information. This information must be the current taxpayer information on file with the IRS.

**Taxpayer Information**

**Element 19 — Taxpayer Identification Number (TIN)**

This is a required field. Enter the TIN that should be used to report income to the IRS.

**Element 20 — Name — Taxpayer**

This is a required field. Enter the taxpayer's name for the TIN indicated in Element 18. The name entered must be the same name that is on file with the IRS.

**Element 21 — TIN Type**

This is a required field. Indicate whether the TIN indicated in Element 18 is an Employer Identification Number (EIN) or a Social Security number (SSN).

**Element 22 — TIN Effective Date**

Enter the effective date of the TIN.

**Element 23 — TIN End Date**

Enter the end date of the TIN.

**Checks and Remittance Advice Address**

**Element 24 — Name — Pay To**

Enter the pay-to name.

**Elements 25-30 — Address**

These are required fields. Enter the complete address to which checks and Remittance Advices should be mailed.

**Elements 31-32 — Name and Telephone Number — Contact Person**

Enter the financial contact person's name and telephone number.

**SECTION III — IRS FORM 1099 MAILING ADDRESS**

ForwardHealth will mail the IRS Form 1099 to this address.

**IMPORTANT**

Only one 1099 will be sent per TIN. If the provider completing this form is not responsible for receiving the 1099, the provider should not complete this section.

**Elements 33-38 — IRS Form 1099 Mailing Address**

Enter the complete address to which the IRS Form 1099 should be sent. (Enter either a P.O. Box or street address [include a suite number, if applicable], city, state, and ZIP+4 code).

#### SECTION IV — MAILING INFORMATION

Indicate the address where ForwardHealth should send general information and correspondence.

**Element 39 — Name — Mail To**

Enter the first name, middle initial, last name, or the name of the office, clinic, facility, or place of business for the mailing address.

**Element 40 — Name — Attention Line**

Enter attention line information ForwardHealth should use for mailing general information and correspondence.

**Elements 41-46 — Mailing Address**

Enter the provider's complete mailing address. (Enter either a P.O. Box or street address [include a suite number, if applicable], city, state, ZIP code, and ZIP+4 extension.)

#### SECTION V — PRIOR AUTHORIZATION INFORMATION

Indicate the address where ForwardHealth should send prior authorization (PA) information. This section is not applicable for Wisconsin Well Woman Program providers.

**Element 47 — Name — Provider**

Enter the first name, middle initial, last name, and title or the name of the office, clinic, facility, or place of business for the PA address.

**Element 48 — Name — Attention Line**

Enter the attention line information that ForwardHealth should use for mailing PA information.

**Elements 49-54 — Address**

Enter the provider's complete PA address. (Enter either a P.O. Box or street address [include a suite number, if applicable], city, state, and ZIP+4 code).

**Elements 55 — Fax Number**

Enter the fax number.

**Elements 56 — Telephone Number — Contact Person**

Enter the telephone number for the contact person.

#### SECTION VI — SUPERVISING PROVIDER INFORMATION

For non-billing providers only. Indicate the following information for the non-billing provider's supervisor.

**Element 57 — Name — Supervisor**

Enter the supervisor's first name, middle initial, and last name.

**Element 58 — Telephone Number — Supervisor**

Enter the supervisor's telephone number, including the area code.

**Elements 59-64 — Address**

Enter the supervisor's complete physical address. (Enter a street address [include a suite number, if applicable], city, state, ZIP code, and ZIP+4 extension.)

**Elements 65 — Effective Date of Supervision**

Enter the date the supervisor began supervising the non-billing provider.

#### SECTION VII — GENERAL INFORMATION

Enter other miscellaneous information regarding the provider.

**Elements 66 — Language(s)**

Indicate the language(s) spoken by the organization's staff who are available to interpret for members. This information will be used in a provider directory that will be made available to the public. Check all that apply.

**Element 67a-d — Drug Enforcement Agency (DEA) Information**

Enter the DEA number(s) for the provider. Additional space is provided to allow for multiple DEA numbers.

**Elements 68-69 — Medicare Enrollment**

Indicate the provider's Medicare enrollment(s) and the effective date(s).

## **SECTION VIII — TAXONOMY**

Indicate the provider's taxonomy codes intended to be used when conducting business with ForwardHealth.

### **IMPORTANT**

A primary taxonomy code must be on file with ForwardHealth at all times. If a primary taxonomy code is being removed, a new one must be indicated.

#### **Element 70 — Primary Taxonomy Code**

Indicate the provider's primary taxonomy code. When changing a primary taxonomy code, indicate whether to keep or remove the previous primary taxonomy code on file with ForwardHealth.

#### **Elements 71-75a-b — Additional Taxonomy Codes**

Indicate the provider's additional taxonomy codes, and whether to add or remove the code from the provider's file with ForwardHealth.

## **SECTION IX —SUBPART NATIONAL PROVIDER IDENTIFIER INFORMATION**

For hospital providers only. Indicate the hospital provider's subpart NPIs intended to be used when conducting business with ForwardHealth.

### **IMPORTANT**

Hospital providers may have identified subparts for their organization and obtained an NPI for those subparts. ForwardHealth programs do not separately certify some hospital subparts such as psychiatric and rehabilitation units; however, the NPI and taxonomy codes of those subparts will be linked to the certified inpatient or outpatient hospital provider file. This enables providers to conduct business with ForwardHealth using NPIs for subparts that ForwardHealth programs do not separately certify.

#### **Elements 76-80a-c**

Enter the NPI and taxonomy code for the subpart(s) of the hospital and indicate whether to add or remove the information.

## **AUTHORIZED SIGNATURE INFORMATION**

### **Element 81 — Signature — Provider**

The signature of the individual provider or authorized representative of a clinic or facility provider is required. Signature stamps and electronic signatures are not acceptable.

### **Element 82 — Date Signed**

This is a required field. Enter the month, day, and year (in MM/DD/CCYY format) this form was completed and signed.