

**FORWARDHEALTH
PHARMACY SERVICES LOCK-IN PROGRAM
HMO DESIGNATION OF PRESCRIBER FOR RESTRICTED MEDICATIONS SERVICES**

ForwardHealth requires certain information to authorize and pay for medical services provided to eligible members.

Members are required to give providers full, correct, and truthful information for the submission of correct and complete claims for reimbursement. This information should include, but is not limited to, information concerning enrollment status, accurate name, address, and member ID number per Wis. Admin. Code § DHS 104.02(4).

Under Wis. Stat. § 49.45(4), personally identifiable information about applicants and members is confidential and is used for purposes directly related to program administration such as determining the eligibility of the applicant, processing prior authorization (PA) requests, or processing provider claims for reimbursement. Failure to supply the information requested by the form may result in denial of PA or payment for the services.

The use of this form is voluntary, and providers may develop their own form as long as it includes all the information on this form and is formatted exactly like this form.

The HMO designating a Pharmacy Services Lock-In prescriber for restricted medications should complete this form and submit it to the Pharmacy Services Lock-In Program by fax at 800-881-5573 or by mail at the following address:

Pharmacy Services Lock-In Program
c/o Acentra
PO Box 3570
Auburn AL 36831-3570

The prescriber being designated should also be provided with a copy of this form. The HMO must maintain a copy of this form for their records. HMO representatives may contact the Pharmacy Services Lock-In Program at 877-719-3123 with questions. Refer to the Medications Monitored by the Pharmacy Services Lock-In Program data table on the Pharmacy Resources page of the ForwardHealth Portal at <https://www.forwardhealth.wi.gov/WIPortal/content/provider/medicaid/pharmacy/resources.htm.spag#>.

INSTRUCTIONS: Type or print clearly.

Name – Member (Last Name, First Name, Middle Initial)		
Member ID Number	Date of Birth – Member	
Address – Member (Street, City, State, Zip Code)		
Name – Primary Lock-In Prescriber (Last Name, First Name)		National Provider Identifier (NPI) – Primary Lock-In Prescriber
Address – Primary Lock-In Prescriber (Street, City, State, Zip+4 Code)		
Begin and End Date of Designation	Phone Number – Primary Lock-In Prescriber	Fax Number – Primary Lock-In Prescriber
Name – Alternate Lock-In Prescriber		NPI – Alternate Lock-In Prescriber

Address – Alternate Lock-In Prescriber (Street, City, State, Zip+4 Code)

Begin and End Date of Designation

Phone Number – Alternate Lock-In
Prescriber

Fax Number – Alternate Lock-In
Prescriber

Comments

SIGNATURE – HMO Lock-In Coordinator

Date Signed
