

FORWARDHEALTH EXPEDITED EMERGENCY SUPPLY REQUEST COMPLETION INSTRUCTIONS

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

Members of ForwardHealth 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 identification number (DHS 104.02[4], Wis. Admin. Code).

Under s. 49.45(4), Wis. Stats., personally identifiable information about program applicants and members is confidential and is used for purposes directly related to ForwardHealth administration such as determining 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 mandatory when requesting an expedited emergency supply for certain drugs. Refer to the Pharmacy service area of the ForwardHealth Online Handbook for service restrictions and additional documentation requirements.

INSTRUCTIONS

Pharmacy providers are required to complete and sign the Expedited Emergency Supply Request, F-00401, to submit an expedited emergency supply request using the Specialized Transmission Approval Technology-Prior Authorization (STAT-PA) system. For STAT-PA requests, pharmacy providers should call (800) 947-1197. Pharmacy providers are required to retain a completed copy of the form.

Providers may only submit an expedited emergency supply request using the STAT-PA system.

Note: When contacting the prescriber after submitting an expedited emergency supply request, pharmacy providers should discuss the following before submitting a PA request:

- For Preferred Drug List drug classes, the pharmacy provider should assist the prescriber in reviewing preferred drugs.
- For brand medically necessary drugs, the pharmacy provider should review therapeutic alternatives with the prescriber.
- For drugs that require clinical PA, the pharmacy provider should review clinical criteria with the prescriber to ensure the member meets the clinical criteria.

SECTION I — MEMBER INFORMATION

Element 1 — Name — Member

Enter the member's last name, first name, and middle initial. Use Wisconsin's Enrollment Verification System (EVS) to obtain the correct spelling of the member's name. If the name or spelling of the name on the ForwardHealth identification card and the EVS do not match, use the spelling from the EVS.

Element 2 — Member Identification Number

Enter the member ID. Do not enter any other numbers or letters. Use the ForwardHealth card or the EVS to obtain the correct member ID.

Element 3 — Date of Birth — Member

Enter the member's date of birth in MM/DD/CCYY format.

SECTION II — MEDICATION REVIEW

Element 4 — Drug Name

Enter the name of the drug.

Element 5 — Drug Strength

Enter the strength of the drug listed in Element 4.

Element 6 — Date Prescription Written

Enter the date the prescription was written.

Element 7 — Directions for Use

Enter the directions for use of the drug.

Element 8 — Name — Prescriber

Enter the name of the prescriber.

Element 9 — National Provider Identifier (NPI) — Prescriber

Enter the 10-digit National Provider Identifier (NPI) of the prescriber.

Element 10 — Address — Prescriber

Enter the address (street, city, state, and ZIP+4 code) of the prescriber.

Element 11 — Telephone Number — Prescriber

Enter the telephone number, including area code, of the prescriber.

SECTION III — JUSTIFICATION

Element 12 — Diagnosis Code and Description

Enter the appropriate *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD-9-CM) diagnosis code and description most relevant to the drug requested. The ICD-9-CM diagnosis code must correspond with the ICD-9-CM description.

Element 13

Indicate whether or not the pharmacist has determined that this drug is included in the expedited emergency supply policy.

Element 14

Indicate whether or not the pharmacist has attempted to contact the prescriber and found him or her unavailable.

Element 15

Indicate whether or not the pharmacist has reviewed the member's medical profile and determined that the member is in need of the drug immediately.

SECTION VI — AUTHORIZED SIGNATURE

Element 16 — Signature — Pharmacist

The pharmacy provider is required to complete and sign this form.

Element 17 — Date Signed

Enter the month, day, and year the form was signed in MM/DD/CCYY format.

SECTION V — DATA REQUIRED ON STAT-PA

Element 18 — National Drug Code

Enter the appropriate 11-digit National Drug Code for each drug.

Element 19 — Days' Supply Requested

Enter the requested days' supply.

Element 20 — NPI

Enter the NPI. Also enter the taxonomy code if the pharmacy provider's taxonomy code is not 333600000X.

Element 21 — Date of Service

Enter the requested first date of service (DOS) for the drug in MM/DD/CCYY format. For Expedited Emergency requests, the DOS must be today's date.

Element 22 — Place of Service

Enter the appropriate place of service code designating where the requested item would be provided/performed/dispensed.

Code	Description
01	Pharmacy
13	Assisted living facility
14	Group home
32	Nursing facility
34	Hospice
50	Federally qualified health center
65	End-stage renal disease treatment facility
72	Rural health clinic

Element 23 — Grant Date

Enter the date the request was granted.

Element 24 — Expiration Date

Enter the date the request expires as assigned.