



WISCONSIN DEPARTMENT  
*of* HEALTH SERVICES

# CLTS Program ForwardHealth Portal Provider Webinar

Department of Health Services (DHS)

Gainwell Technologies, LLC (GWT)

July 16 and July 17, 2025



# Agenda

- Welcome
- Converted prior authorizations (PAs)
- Date span billing
- PA not found
- Modifiers and place of service (POS) codes
- Diagnosis pointer code
- Other Insurance Attachments
- Not otherwise specified durable medical equipment (DME) code attachments
- Claim status
- Remittance advice





# Converted PAs



# Dollars with Zero Units

- This type of PA will pay up to the dollar amount billed, until all dollars on the PA have been paid. Children's Long-Term Support (CLTS) providers may bill as many units as necessary.
- **Note:** Claims must always indicate at least one unit, despite the PA showing zero units.



# Units with Zero Dollars

- This type of PA will pay the number of units and dollars billed up to the maximum rate shown on the CLTS Statewide Uniform Rate Schedule. The claim will pay until all units on the PA have been used.
- **Note:** Claims must always indicate a dollar amount billed, despite the PA showing zero dollars.

[2025 CLTS Waiver Program Rate Schedule](#)



# Units and Dollars

- This type of PA will pay each unit billed with a maximum dollar amount per unit according to the PA. The claim will pay until all units have been used.
- **Note:** Claims must always indicate a number of units and a dollar amount billed.



# Date Span Billing



# Multiple Dates of Service

- Providers may submit multiple dates of service on one claim if allowable based on the prior authorization.
- Multiple dates of service claims include the following:
  - More than one detail line on the claim for non-consecutive dates
  - Appropriate date span billing for consecutive dates
  - Monthly unit or per session unit billing
  - Overnight services



# Non-Consecutive Dates

Services were performed on two or more non-consecutive dates.

For example, for services performed April 5, April 12, and April 14, the provider will claim **one date of service per detail line**.

Detail										
<u>Line Number</u>	<u>From Date of Service</u>	<u>To Date of Service</u>	<u>Procedure Code</u>	<u>Mod1</u>	<u>Mod2</u>	<u>Mod3</u>	<u>Mod4</u>	<u>Status</u>	<u>Units</u>	<u>Charge</u>
1	04/05/2025	04/05/2025	97164	GP				PAY	1.00	\$100.00
2	04/12/2025	04/12/2025	97164	GP				PAY	1.00	\$100.00
3	04/14/2025	04/14/2025	97164	GP				PAY	1.00	\$100.00

Select row above to update -or-

Line Number

From Date of Service

Rendering Provider

Referring Provider 1



# Consecutive Dates

Services were performed on consecutive dates.

- For example, for March 10, 11, and 12, the provider will claim **three units on one detail line** for the date span. Services that are billed consecutively must be **identical**.
- Identical means:
  - The same participant.
  - The same service code and modifiers.
  - The same number of units.

# Consecutive Dates

Appropriate example of date span billing:

- March 10, you provided 1 unit
- March 11, you provided 1 unit
- March 12, you provided 1 unit

These dates are consecutive, and the units are the same. Therefore, you can utilize date span billing.

Detail										
<u>Line Number</u>	<u>From Date of Service</u>	<u>To Date of Service</u>	<u>Procedure Code</u>	<u>Mod1</u>	<u>Mod2</u>	<u>Mod3</u>	<u>Mod4</u>	<u>Status</u>	<u>Units</u>	<u>Charge</u>
1	03/10/2025	03/12/2025	97164	GP				PAY	3.00	\$300.00
Select row above to update -or										
Line Number	<input type="text"/>							Rendering Provider	<input type="text"/>	
From Date of Service	<input type="text"/>							Referring Provider 1	<input type="text"/>	



# Incorrect Consecutive Dates

- Example of incorrect date span billing:

- June 12: you provided 3 units
- June 13: you provided 4 units
- June 14: you provided 1 unit

Even though the dates are consecutive the units aren't the same. You can not bill these dates consecutively.

- Explanation of Benefits (EOB) Error Message: Quantity Billed is not equally divisible by the number of Dates of Service on the detail
-



# Incorrect Consecutive Dates

## Detail

<a href="#">Line Number</a>	<a href="#">From Date of Service</a>	<a href="#">To Date of Service</a>	<a href="#">Procedure Code</a>	<a href="#">Mod1</a>	<a href="#">Mod2</a>	<a href="#">Mod3</a>	<a href="#">Mod4</a>	<a href="#">Status</a>	<a href="#">Units</a>	<a href="#">Charge</a>
1	06/12/2025	06/14/2025	97164	GP				DENY	8.00	\$530.00

## Claim Status Information

Claim Status	<input type="text" value="DENY"/>
Claim ICN	<input type="text" value="2225170001001"/>
Denied Date	<input type="text" value="06/19/2025"/>
Paid Amount	<input type="text" value="\$0.00"/>

## EOB Information

Detail Number	Code	Description
1	944	Quantity Billed is not equally divisible by the number of Dates of Service on the detail.
1	944	Quantity Billed is not equally divisible by the number of Dates of Service on the detail.



# Monthly or Per Session

The claim must be billed with the from date of service and to date of service both being the end of the month or session, with 1 unit.

For example, monthly service for May would be billed as 05/31-05/31 with 1 unit.



# Overnights

- The claim must be billed with the from date of service and the to date of service with the date the service ended. For example, the service started on 05/23 and ended on 05/24, the claim detail would have dates of service 05/24.
- Services provided overnight from 05/09-05/10, claim detail dates of service will be 05/10-05/10 for 1 unit.
- Services provided overnight on two consecutive nights from 05/09-05/11, will be billed 05/10-05/11 for 2 units.



**PA Not Found**



# 0192-Prior Authorization

- The highest reported claim denial error has been “0192-Prior Authorization is required for this service.”
- PA not found indicates that something on the claim does not align with the corresponding PA.
- The claim information must be identical to the corresponding PA, or it will not be submitted.



# Claims Error

0192 PA Not Found error message on claims is often due to:

- Dates of service outside of PA
- Service codes do not match the PA
- No units left on PA
- No dollars left on PA
- PA mismatch - wrong modifier (i.e. PA has U3 provider billed U2)
- PA status is inactivated/reversed



# Fixing the Error

When a claim has been denied for 0192 PA Error Not Found, providers can make corrections and resubmit their claim.

## Steps:

- Review your PAs, confirm they are active; check codes and modifiers, dates of service, units and dollars available.
- Make appropriate edits on the claim.
- **Or** talk with the county waiver agency about obtaining a new PA.



# Modifiers and Place of Service Codes



# Remote and Group Services

## Remote Services

- Providers claiming remote services must use modifier GT (and POS code 02).
- PAs do not have the GT modifier.

## Group Services

- PA will have an HQ modifier.
- Providers claiming group services must claim with modifier HQ and UN for group of 2 or UP for group of 3.



# Respite and Child Care

## Respite Services

- Providers claiming respite services must use modifiers U1, U2, or U3 when there is no approved outlier.
- Providers must claim only a U4 or U5 when claiming an approved outlier.

## Childcare Services

- Providers must claim a U1, U2, or U3 to identified participant age.
- Providers must claim a U4 or U5 in addition to the U1-U3 when claiming an approved outlier.



# Prior Authorizations and Claims

- PAs:
  - POS codes will not be included on the PA to continue to allow flexibility.
- Claims:
  - New requirement to submit POS code on claims.
  - Claims will reject if a POS code is used that is not allowable for that procedure code and modifier.



# New POS Document

Category	Standard Program Category Code	Federal Procedure Code	Modifiers <sup>1</sup>	Place of Service Code <sup>2</sup>
Empowerment and Self-Determination Supports (formerly Consumer Education and Training)	113.00	S9445	U7, U8, GT	01, 02, 03, 04, 11, 12, 13, 14, 15, 18, 21, 31, 33, 34, 49, 51, 54, 99
Family/Unpaid Caregiver Supports and Services, per session (formerly Training for Unpaid Caregiver/Family)	113.2	S5111	UK, GT	01, 02, 03, 04, 11, 12, 13, 14, 15, 18, 21, 31, 33, 34, 49, 51, 54, 99
Family/Unpaid Caregiver Supports and Services (formerly Training for Unpaid Caregiver/Family)	113.2	S5110	UK, GT	01, 02, 03, 04, 11, 12, 13, 14, 15, 18, 21, 31, 33, 34, 49, 51, 54, 99
Financial Management Services—Basic	619.00	T2040	U7, 22, U4, U5, GT	02, 11, 99
Financial Management Services; Rep Payee	619.00	T2041	22, U7, U4, U5, GT	02, 11, 12, 99
Grief and Bereavement Counseling, Tier 1	507.02	H0046	U1, U2, U3, U4, U5, GT	01, 02, 03, 04, 11, 12, 13, 14, 15, 18, 21, 31, 33, 34, 49, 51, 54, 99
Health and Wellness	609.30	S5190	U4, U5, GT, HQ, UN, UP	02, 11, 12, 49, 99
		S5190	U7, U4, U5, GT	01, 02, 03, 04, 11, 12, 13, 14, 15, 18, 21, 31, 33, 34, 49, 51, 54, 99
Home Modifications	112.56	S5165	UA-UD, GT	02, 12

A new document has been created to support operationalizing POS codes.



# Code Descriptions

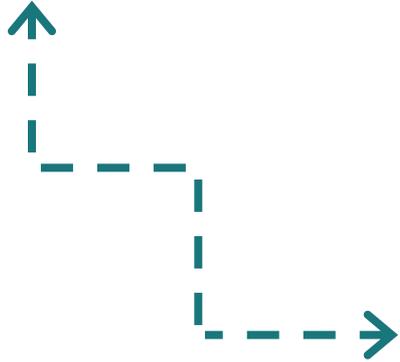
The POS document also includes code descriptions.

## Place of Service Code Definitions

Code	Description
01	Pharmacy
02	Telehealth Provided Other than in Patient's Home
03	School
04	Homeless Shelter
11	Office
12	Home
13	Assisted Living Facility
14	Group Home
15	Mobile Unit
18	Place of Employment–Worksite
21	Inpatient Hospital
31	Skilled Nursing Facility
33	Custodial Care Facility
34	Hospice
49	Independent Clinic
51	Inpatient Psychiatric Facility
54	Intermediate Care Facility/Individuals with Intellectual Disabilities
99	Other Place of Service



# Resources



POS table can be found here on both webpages:

- [Children's Long-Term Support: Third Party Administration Transition for County Waiver Agencies](#)
- [Children's Long-Term Support Program: Third-Party Administration Transition](#)



# Diagnosis pointer code



# Code Pointer

- When submitting a claim via direct data entry in the portal, you must enter a diagnosis code pointer in the claim's detail line.
- Providers should note that the diagnosis code pointer is not a diagnosis code; it is a number to identify which diagnosis field to point to.
- The diagnosis code will already be on the PA.



# Portal Screenshots

## Diagnosis panel:

[Diagnosis](#) [Condition](#) [Medicare](#) [Anesthesia](#) [Other Insurance](#)

### Diagnosis

Sequence	<input type="text" value="1"/>	Diagnosis 1	<input type="text" value="Z418"/>	[ Search ]
Sequence	<input type="text" value="2"/>	Diagnosis 2	<input type="text"/>	[ Search ]
Sequence	<input type="text" value="3"/>	Diagnosis 3	<input type="text"/>	[ Search ]
Sequence	<input type="text" value="4"/>	Diagnosis 4	<input type="text"/>	[ Search ]
Sequence	<input type="text" value="5"/>	Diagnosis 5	<input type="text"/>	[ Search ]
Sequence	<input type="text" value="6"/>	Diagnosis 6	<input type="text"/>	[ Search ]
Sequence	<input type="text" value="7"/>	Diagnosis 7	<input type="text"/>	[ Search ]
Sequence	<input type="text" value="8"/>	Diagnosis 8	<input type="text"/>	[ Search ]
Sequence	<input type="text" value="9"/>	Diagnosis 9	<input type="text"/>	[ Search ]
Sequence	<input type="text" value="10"/>	Diagnosis 10	<input type="text"/>	[ Search ]
Sequence	<input type="text" value="11"/>	Diagnosis 11	<input type="text"/>	[ Search ]
Sequence	<input type="text" value="12"/>	Diagnosis 12	<input type="text"/>	[ Search ]

## Claim detail:

### Detail

<a href="#">Line Number</a>	<a href="#">From Date of Service</a>	<a href="#">To Date of Service</a>	<a href="#">Procedure</a>
A	0		T1005

Line Number

From Date of Service\*

To Date of Service\*

Procedure Code\*  [ Search ]

Modifiers  [ Search ]  [ Search ]

Diagnosis Code Pointers

Units\*

Charge\*

Place of Service Code\*  [ Search ]

Emergency

Family Planning



# Other Insurance



# What is it?

- All Medicaid providers are required to exhaust commercial health insurance sources before submitting claims to ForwardHealth, due to coordination of benefits requirement.
  - When a CLTS provider submits a claim for an “other insurance” code and the participant has other insurance, the CLTS provider will be prompted to submit an explanation of benefits.
  - Per ForwardHealth, “an explanation of medical benefits (commonly referred to as an explanation of benefits [EOB] form) is a statement sent by a payer to a member summarizing the medical treatments and/or services that were paid to a provider on their behalf.”
-



# Applicable Codes

Procedure Code	CLTS Benefit Category	Federal Code Description
92508	Counseling & Therapeutic ServicesSpeech & Language Therapy	Treatment of speech, language, voice, communication, and/or auditory processing disorder; Group 2 or more
92523	Counseling & Therapeutic ServicesSpeech & Language Therapy	Evaluation of language comprehension and expression (e.g., receptive and expressive language)
97110	Counseling & Therapeutic ServicesOccupational Therapy or Physical Therapy	Therapeutic procedure(s)(2 or more individuals)
97150	Counseling & Therapeutic ServicesOccupational Therapy or Physical Therapy	Therapeutic procedure, one or more areas, each 15 minutes, therapeutic exercises to develop strength and endurance, gait training
97162	Counseling & Therapeutic ServicesPhysical Therapy	Physical therapy evaluation
97164	Counseling & Therapeutic ServicesPhysical Therapy	Physical therapy reevaluation
97166	Counseling & Therapeutic ServicesOccupational Therapy	Occupational therapy evaluation
97168	Counseling & Therapeutic ServicesOccupational Therapy	Reevaluation of occupational therapy
A9999	Specialized Medical & Therapeutic Supplies	Miscellaneous DME supply or accessory, not otherwise specified
E1399	Communication Assistance for Community Inclusion	Durable medical equipment, miscellaneous
T1013	Communication Assistance for Community Inclusion	Sign language or oral interpretive services, per 15 minutes
H0046	Grief & Bereavement Counseling	Mental health services, not otherwise specified



# Training

A training hosted by DHS and Gainwell Technologies will be offered to providers who bill “other insurance” codes.

- Step-by step-instructions and information on requirements will be reviewed during the training.
- More details on the date and time of the training will be released soon via a GovDelivery email message.



# Claims Status



# How to Find Your Claim Status

By using the claim search function in the ForwardHealth Portal, providers can view claims and their status.





# How to Find your Claim Status

- The claims page will be displayed.
- Select “claim search” to access the search tool.

Home | Search | Providers | Enrollment | **Claims** | Remittance Advices | Trade Files | Max Fee Home | Account

You are logged in with Provider ID: 100021509

 [Claims](#)

### Claims

**Claims Submission Options**  
Providers may submit claims to ForwardHealth electronically or on paper. Providers are encouraged to submit claims electronically for processing of payments.

Providers may begin the claim processing function by clicking on the following options.

**What would you like to do?**

- [Claim search](#)
- [Claims Submission Report](#)
- [Submit Institutional Claim](#)
- [Submit Professional Claim](#)
- [Upload Claim Attachments](#)
- [Create a Claim From PA](#)

Providers having difficulties determining which method to use when submitting a claim, or in submitting a claim through t



# How to Find your Claim Status

- Search for the claim you're looking for by entering the claims information.
- When the claim is open, there will be a Claim Status Information Panel located at the bottom of the page.

**Claim Search** ?

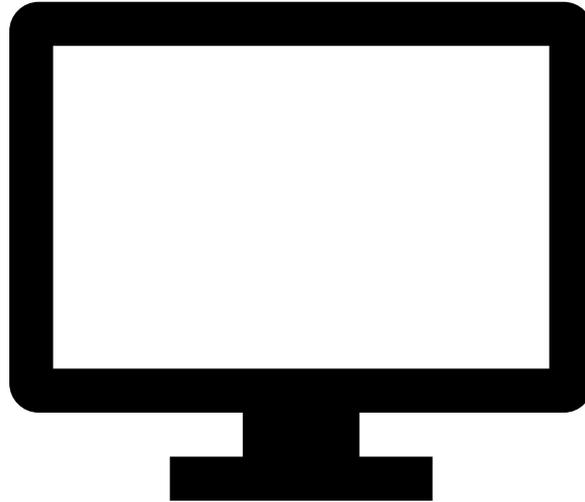
Required fields are indicated with an asterisk (\*).

Provider ID : 1234567890 NPI

Internal Control Number(ICN) *	<input type="text"/>	Rendering Provider ID *	<input type="text"/>
Member ID *	<input type="text"/>	Claim Type *	<input type="text"/>
Old Internal Control Number(ICN) *	<input type="text"/>	Status *	<input type="text"/>
From Date of Service *	<input type="text"/>	Date Paid *	<input type="text"/>
To Date of Service *	<input type="text"/>	Amount Billed	<input type="text" value="\$0.00"/>



## Live demonstration on how to find your claim status





# Pay Status

- For claims with a **pay status**, the paid date field indicates the date of the financial cycle to which the claim was assigned. This is also the date the payment was processed.
- A paid date of 0 (or a blank paid date field) indicates that the claim has not yet been processed through a financial cycle. A paid date will be assigned when the claim completes processing.



# Deny Status

- These are claims in the ForwardHealth Portal that have been denied.
- Under the claim status information, there will be an EOB Information panel that shows the corrections that need to be made to the claim.
- Once those corrections are made there is a resubmit button at the bottom of the panel.



# Suspend Status

A suspend status indicates that the claim is awaiting further review by ForwardHealth before a decision is made on how the claim will be processed: paid or denied.

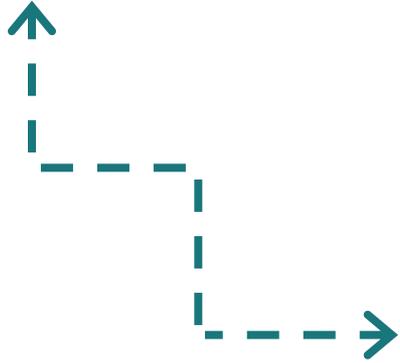


# Adjusted Claims

- On claims that involve an adjustment, the adjustment information panel will be displayed above the claim status information.
- On the original claim, the adjustment information panel will display claim information from before and after the adjustment.
- On the claim that was the result of an adjustment, the adjustment information panel will display the adjusted claim and original claim information.



# Resources



## Need help with claim adjustments?

- [ForwardHealth Provider Portal Professional Claims User Guide](#) .
- [ForwardHealth](#) Portal Adjusting a Claim Instruction Sheet



# Not Otherwise Specified DME Codes



# Claims Attachments

Providers are required to add attachments to claims with specific service codes. When using codes:

- **A9999**–Miscellaneous DME supply or accessory, not otherwise specified
- **E1399**–Durable medical equipment, miscellaneous
- **T5999**–Supply, not otherwise supplied

An itemized invoice with a description of the item being purchased must be attached.

Claims that do not receive the required attachments will pend for seven days before being denied.

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# Direct Entry Claim Submission

- Providers who submit claims through direct entry on the portal will use the attachments panel and the claim attachment feature in the portal to submit.
- Let's walk through the steps 



# Step 1

After claim detail lines have been entered, select the **Add** button in the “attachments” panel to enter the attachment description:

**Attachments**

no rows found \*\*\*

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

Attachment Control Number

Description

Delete



# Step 2

- Submit your claim. Your claim will suspend with an EOB to submit an attachment.
- Notice the attachments panel has a field where you entered the description.

Attachments	
<a href="#">Attachment Control Number</a>	<a href="#">Description</a>
P20250620004686	itemized invoice

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

Attachment Control Number

Description

Delete Add

Claim Status Information	
Claim Status	SUSPEND
Claim ICN	2325171001002
Paid Amount	\$0.00

EOB Information		
Detail Number	Code	Description
1	653	Insufficient Info On Unlisted Med Proc; Submit Claim Or Attachment With A Complete Description Of The Procedure As Described In History and Physical Exam Report, Med Progress, anesthesia or Op Report



# Step 3

Return to the claims tab and select **upload claim attachments**.

## Claims

### **Claims Submission Options**

Providers may submit claims to ForwardHealth electronically or processing errors, and allows for the timely processing of paym

Providers may begin the claim processing function by clicking c

### **What would you like to do?**

- [Claim search](#)
- [Claims Submission Report](#)
- [Submit Institutional Claim](#)
- [Submit Professional Claim](#)
- [Upload Claim Attachments](#)
- [Create a Claim From PA](#)



# Step 4

Search the claim's internal control number (ICN) to find the claim requiring the attachment. Select **next**.

The screenshot displays a software window titled "Claim Attachment Search". It contains a search form with the following elements:

- Instructions: "Enter an ICN to locate a claim for attachment uploads." and "Select Next to upload claim attachments."
- Search Label: "Search By Claim Internal Control Number (ICN)"
- Input Field: "Internal Control Number (ICN) 2325171001002" with a "Search" button.
- Section Header: "Search Results"
- Results Table:

ICN	2325171001002
Provider Id	100021509
Member Id	7209856170
From Date of Service	06/01/2025
To Date of Service	06/01/2025
Billed Amount	\$500.00
Claim Type	P - Professional

At the bottom of the window, there are "Next" and "Exit" buttons. A "search" button is also visible in the bottom right corner of the results area.



# Step 5

Upload your documents. Note the file was uploaded successfully, then **exit**.

**Upload Claim Attachment File**

Required fields are indicated with an asterisk (\*).

- Select "Browse" to locate each file you wish to upload.
- Select "Upload" when you are ready to upload each file.
- **Please Note:** JPG, JPEG, TXT, RTF, and PDF file formats are accepted for claim attachment uploads.

Selected Claim  
2312079001001

Upload File  
File Path\*  Browse...

Upload

List of Files Uploaded

Previous Exit

**The following messages were generated:**  
File was uploaded successfully.

**Upload Claim Attachment File**

Required fields are indicated with an asterisk (\*).

- Select "Browse" to locate each file you wish to upload.
- Select "Upload" when you are ready to upload each file.
- **Please Note:** JPG, JPEG, TXT, RTF, and PDF file formats are accepted for claim attachment uploads.

Selected Claim  
2312079001001

Upload File  
File Path\*  Browse... Upload

List of Files Uploaded

File Name
cg001.jpg

Previous Exit



# 837 Health Care Claim Submission

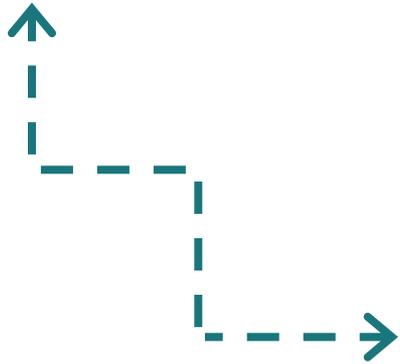
- For providers submitting 837-claims using these codes, you must indicate that you need to attach a document via the PWK segment. Providers may use code BM (by mail) and still upload the attachment in the portal.

2300	PWK02	Attachment Transmission Code	<b>BM</b> (By Mail)  <b>AA</b> (Available on Request at Provider Site)	For Claims, enter "BM".  For Encounters, enter "AA".
------	-------	------------------------------------	--	--

- Once the claim is submitted, you can search the claim on the portal and upload the attachment (see steps 3, 4, and 5 from previous slides).



# Resources



Instructions on how to submit claims with attachments to the portal:

- ForwardHealth Provider Portal [Professional Claims User Guide](#) step-by-step screenshots.
- [Companion Guides](#) for how to use the PWK segment in 837 transactions.
- ForwardHealth Portal [Uploading Claim Attachments](#) user guide



# Remittance Advice

# Payment Schedule

- Payments are made on Mondays.
- Claims submitted by 3 p.m. Central Time (CT) on Friday will be paid the following Monday.  
Example: Claims submitted by 3 p.m. on Friday, 05/09/2025, will be paid on Monday, 05/12/2025.
- Paper checks—Checks are printed and mailed by Tuesday of the week the payment is made.
- Providers who have electronic funds transfer (EFT) will see the payment in their accounts by Thursday of the week of payment.

# Remittance Advice Schedules

Electronic versions of remittance advices (ERAs) are available by 10 a.m. CT on Monday.

ERAs are available to download in text or CSV format.



# Finding your Remittance Advice

select the  
remittance  
advices tab.

The screenshot shows the ForwardHealth interChange Provider portal. The top navigation bar includes links for wisconsin.gov home, state agencies, and department of health services. The main header features the ForwardHealth logo with the tagline 'Wisconsin serving you' and the text 'interChange Provider'. Below the header is a navigation menu with tabs for Home, Search, Providers, Enrollment, Claims, Remittance Advices, Trade Files, Max Fee Home, and Account. The 'Remittance Advices' tab is highlighted with a red arrow. Below the navigation menu, the user is logged in with Provider ID: 100021509. A 'Providers' link with a small icon is visible below the login information.



# Finding your Remittance Advice

You are logged in with Provider ID: 100021509



[Remittance Advices](#)

## Remittance Advices

ForwardHealth offers providers and MCOs two different options for obtaining their remittance advices electronically. From this page, users will be able to select the electronic RA format that best suits their needs.

### Text Report Format (.txt)

Use the following link to access remittance advices in text format. Users will be able to select which specific RA they would like to download or view. Text report formatted remittances are available for the past 121 days.

- [Download or view remittance advices in a text \(.txt\) report format](#) ←

### Comma-Separated-Values Format (.csv)

Use the following links to access remittance advices in CSV format. Users will be able to select which specific RA they would like to download. Users will also be able to choose which sections of the RA they would like to include in the download file. A provider or MCOs last 10 remittance advices will be available in CSV format.

- [Download remittance advices in a CSV \(.csv\) report format](#) ←
- [View the RA User Guide](#)
- [View the CSV file User Guide](#)
- [View EOB codes and descriptions](#)

Select either  
the text report  
format **or** the  
CSV file format.

# Payment and Remittance Advice Schedules

Remittance user guides are available on the ForwardHealth Portal. These are guides that can be used by CLTS providers; however, there will be no CLTS-specific user guides created.

- General RA user guide:  
[dhs.wisconsin.gov/publications/p00961.pdf](https://dhs.wisconsin.gov/publications/p00961.pdf)
- CSV specific user guide:  
[dhs.wisconsin.gov/publications/p00962.pdf](https://dhs.wisconsin.gov/publications/p00962.pdf)



# Questions and Answers





# Contact Us

- Gainwell CLTS Operations Team:
  - 844-942-5870
  - [cltsoperations@gainwelltechnologies.com](mailto:cltsoperations@gainwelltechnologies.com)
- DHS Provider Relations:  
[dhscltsproviderrelations@dhs.wisconsin.gov](mailto:dhscltsproviderrelations@dhs.wisconsin.gov)





# Thank you!

Protecting and promoting  
the health and safety of  
the people of Wisconsin



WISCONSIN DEPARTMENT  
*of* HEALTH SERVICES