FORWARDHEALTH
PRIOR AUTHORIZATION / PREFERRED DRUG LIST (PA/PDL) FOR EXPEDITED EMERGENCY SUPPLY REQUEST INSTRUCTIONS

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

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

Under Wis. Stat. § 49.45(4), 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 Prior Authorization/Preferred Drug List (PA/PDL) for Expedited Emergency Supply Request, F-00401, to submit an expedited emergency supply PA 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.

When submitting an expedited emergency supply PA request, pharmacy providers should refer to the Expedited Emergency Supply Request Drugs data table on the Pharmacy Resources page of the Portal at https://www.forwardhealth.wi.gov/WIPortal/content/Provider/medicaid/pharmacy/resources.htm.spage# for the list of drugs that can be dispensed in up to a 14-day supply, 34-day supply, or 100-day supply.

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

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 to obtain the correct spelling of the member's name. If the name or spelling of the name on the ForwardHealth ID card and the Enrollment Verification System do not match, use the spelling from the Enrollment Verification System.

Element 2: Member ID Number
Enter the member ID. Do not enter any other numbers or letters. Use the ForwardHealth card or the Enrollment Verification System 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 – Prescriber
Enter the 10-digit National Provider Identifier of the prescriber.

Element 10: Address – Prescriber
Enter the address (street, city, state, and zip+4 code) of the prescriber.

Element 11: Phone Number – Prescriber
Enter the phone number, including area code, of the prescriber.

SECTION III – JUSTIFICATION

Element 12: Diagnosis Code and Description
Enter the appropriate and most specific International Classification of Diseases diagnosis code and description most relevant to the drug requested. The International Classification of Diseases diagnosis code must correspond with the International Classification of Diseases description.

Element 13
Indicate whether or not the pharmacist has determined that this drug is included in the Expedited Emergency Supply Request Drugs data table.

Element 14
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 15: Signature – Pharmacist
The pharmacy provider is required to complete and sign this form.

Element 16: 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 17: National Drug Code
Enter the appropriate 11-digit National Drug Code for each drug.

Element 18: Days' Supply Requested
Enter the requested days' supply. Providers may request up to a 14-day, 34-day, or 100-day supply, depending on the drug being requested.

Element 19: National Provider Identifier
Enter the National Provider Identifier. Also enter the taxonomy code if the pharmacy provider's taxonomy code is not 333600000X.

Element 20: Date of Service
Enter the requested first date of service for the drug in mm/dd/ccyy format. For expedited emergency requests, the date of service must be today's date.

Element 21: 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 22. Assigned Prior Authorization Number
Enter the PA number assigned by the STAT-PA system.

Element 23: Grant Date
Enter the date the PA was approved by the STAT-PA system.

Element 24: Expiration Date
Enter the date the PA expires as assigned by the STAT-PA system.

Element 25: Number of Days Approved
Enter the number of days for which the PA was approved by the STAT-PA system.