FORWARDHEALTH
CHILDREN'S LONG-TERM SUPPORT (CLTS) WAIVER PROGRAM
TIMELY FILING CLAIM EXCEPTION REQUEST

INSTRUCTIONS: Type or print clearly. Based on the Wisconsin Department of Health Services (DHS)-established Children's Long-Term Support (CLTS) service claim processing policies, ForwardHealth promptly pays for correct and complete original service claims that are filed within 365 days from the date of service. For CLTS members whose services are covered by Medicare or a private insurance carrier, the timely filing deadline is within 365 days from the carrier's explanation of benefits statement date.

Submission of this form is required if ForwardHealth denied the provider's claim for a timely filing denial reason and the provider requests an exception to the CLTS Waiver Program's timely filing policy. A copy of the claim/adjustment form must be attached to this request.

Submit the completed form and required documentation to:

ForwardHealth CLTS
Timely Filing
Ste 50
313 Blettner Blvd
Madison WI 53784

SECTION I – WAIVER PROVIDER CLAIM INFORMATION

Name – Provider (Business Name or Last, First, Middle Initial)

Medicaid ID Number – Provider

Prior Authorization Number	Master Client Index (MCI) Number – Member
Claim Number	Claim Amount $

SECTION II – ALLOWABLE LATE CLAIM SUBMISSION EXCEPTION REASONS

Check one of the following.

❑ Court order, with dated signature (Copy attached.)

❑ ForwardHealth reconsideration

  Claim number / payer claim control number, _____, originally processed on Remittance Advice

  (RA) or the 835 Health Care Claim transaction number _____, with the RA / check issue

  date of _____.

❑ Claims that cannot be filed in a timely manner by the provider due to a delay or lapse in the CLTS member's eligibility in the Eligibility and Enrollment System (Statement from county waiver agency attached.)

Explanation

Signature – Provider	Date Signed