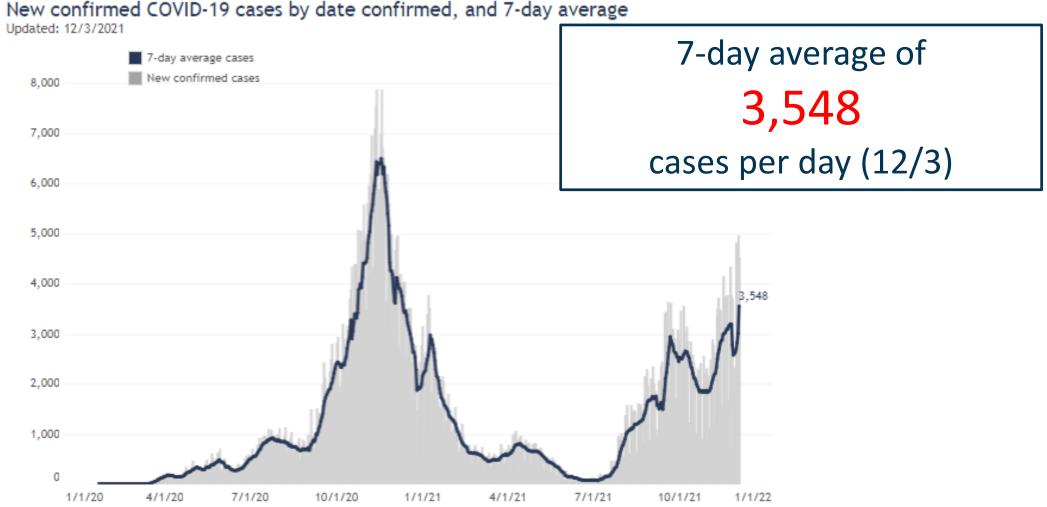
COVID-19 Updates: Homelessness Forum

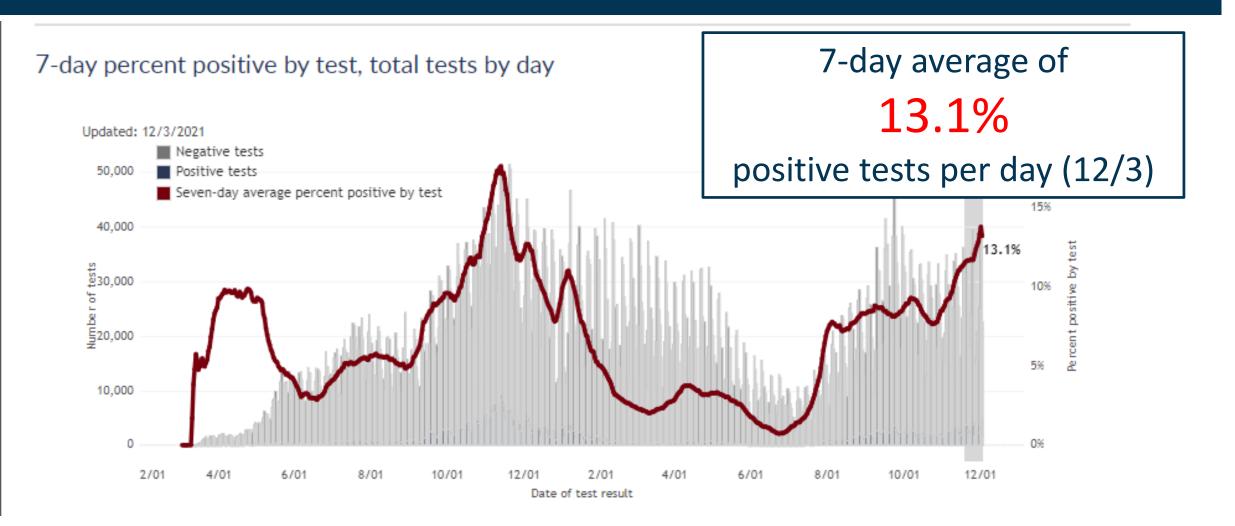
Katelynn DeGroot, MPH
Epidemiologist, WI Department of Health Services
COVID-19 Recovery and Response Team

New COVID-19 Cases



Source: https://www.dhs.wisconsin.gov/covid-19/cases.htm

Percent Test Positivity

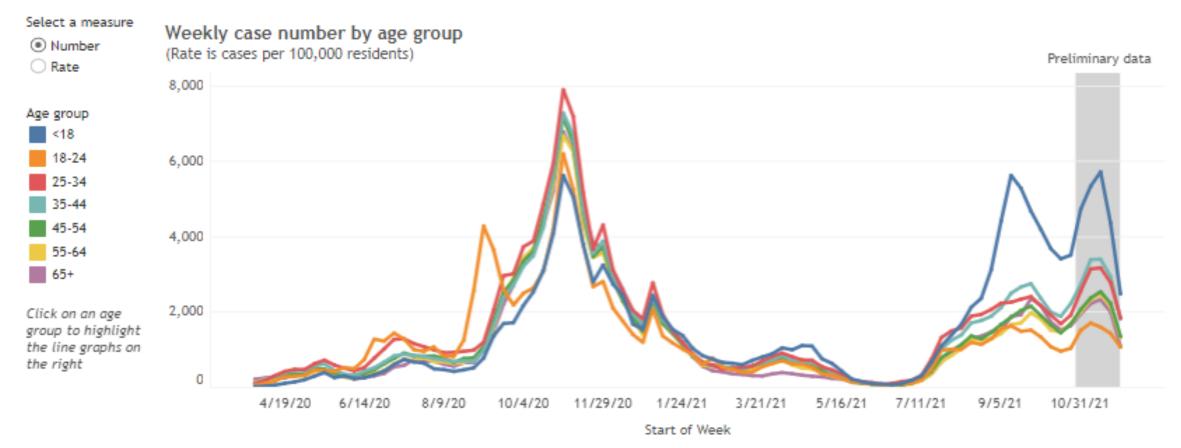


Source: https://www.dhs.wisconsin.gov/covid-19/data.htm

Cases are highest among youth <18

Confirmed cases by age group by date of symptom onset or diagnosis

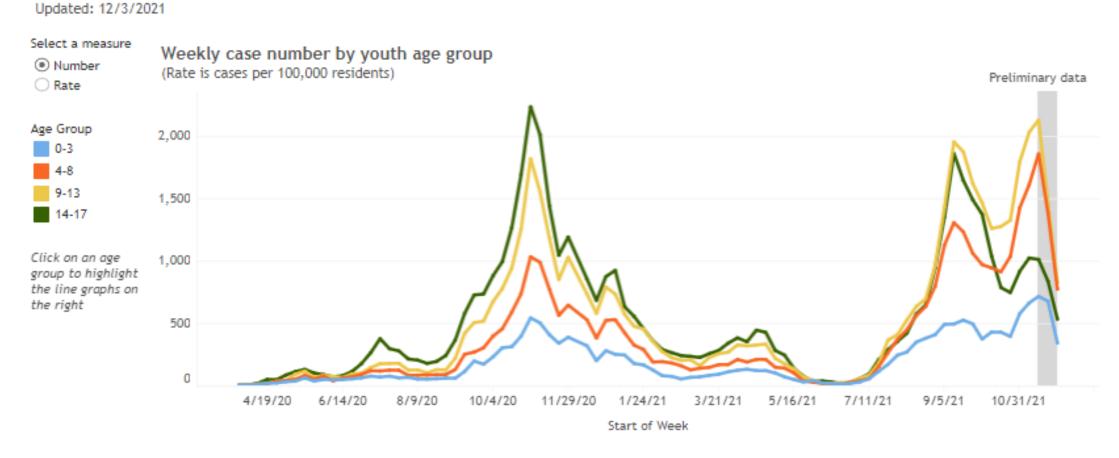
Updated: 12/3/2021



Source: https://www.dhs.wisconsin.gov/covid-19/cases.htm

Cases are highest among youth <18, especially among school-aged children

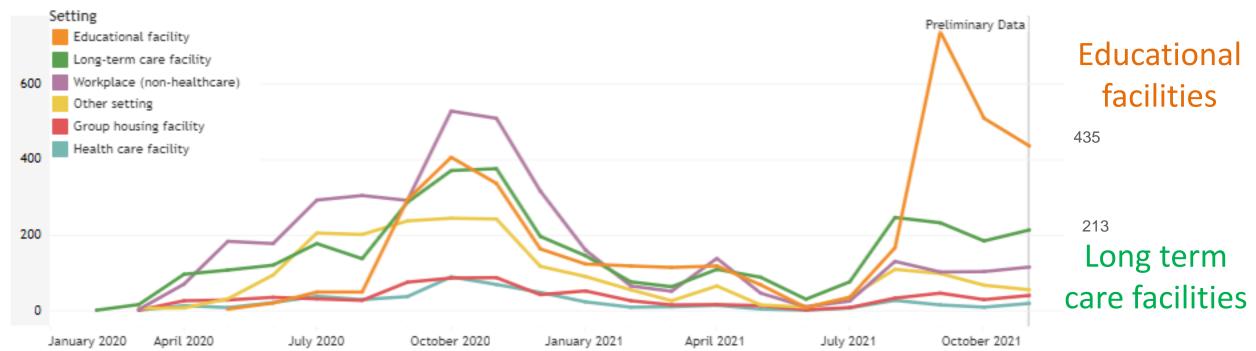
Confirmed cases by youth age group by date of symptom onset or diagnosis



Source: https://www.dhs.wisconsin.gov/covid-19/cases.htm

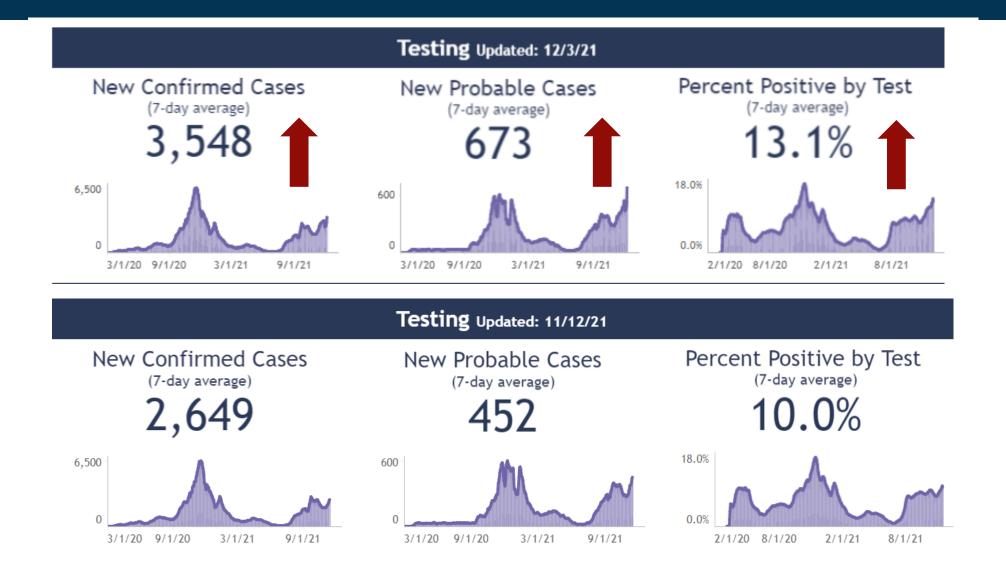
Outbreak investigations in educational facilities are decreasing, but still very high



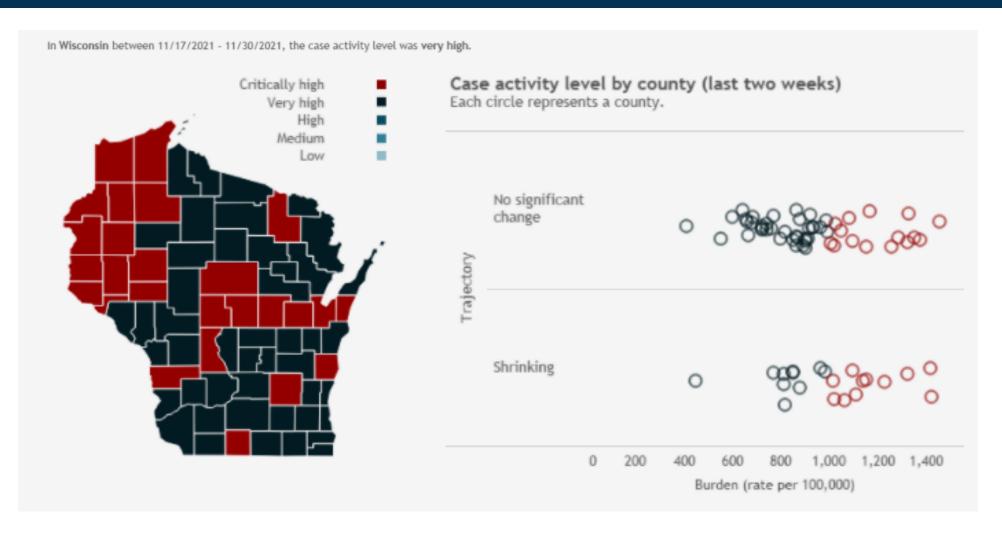


Source: https://www.dhs.wisconsin.gov/covid-19/investigations.htm

Testing data compared to last month

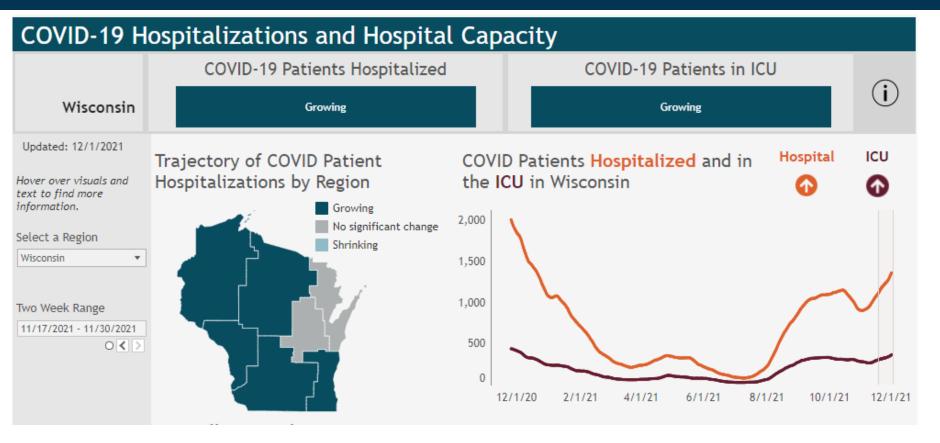


Currently in WI, case activity level is very high or critically high



Source: https://www.dhs.wisconsin.gov/covid-19/local.htm

Hospitals are full





Source: https://www.dhs.wisconsin.gov/covid-19/hosp-data.htm

Vaccination update

- FDA expanded eligibility for boosters to anyone 18 years and older who received their second dose of Pfizer or Moderna at least 6 months ago
- Also allows for mix-and-match dosing for boosters

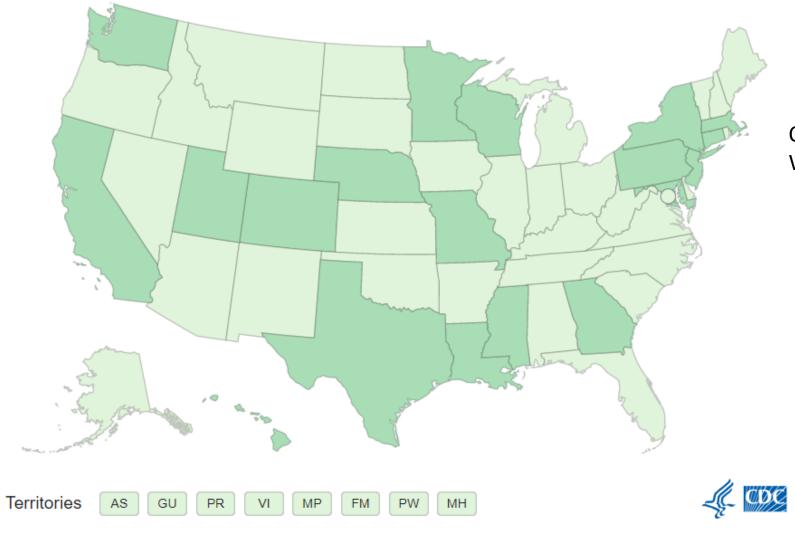
Source: https://www.dhs.wisconsin.gov/news/releases/111921a.htm

Variant updates

- Delta currently remains the predominant strain
- On November 26, Omicron added as a variant of concern
 - First detected in specimens collected in South Africa
 - Likely more transmissible than previous strains
 - Preliminary evidence suggests increased risk of reinfection with Omicron

Source: https://www.who.int/news/item/28-11-2021-update-on-omicron

US COVID-19 Cases Caused by the Omicron Variant



On December 4, Omicron was detected in Wisconsin.

Legend





https://www.cdc.gov/coronavirus/2019-ncov/variants/omicron-variant.html

Recommendations



Recommendations

- Continue all mitigation strategies.
- Continue facility wide testing weekly.



Community transmission remains very high or critically high

Source: https://www.dhs.wisconsin.gov/covid-19/local.htm#activity

Continue testing subsets on a regular basis; consider facility-wide testing at least weekly.

Implement facility-wide testing at least weekly with follow-up testing if cases are identified.

Source: https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/testing.html

Table 3. Potential Actions based on Community Indicator Level

Prevention Strategy	Low Transmission (Blue)	Moderate Transmission (Yellow)	Substantial Transmission (Orange)	High Transmission (Red)
Conduct standard case identification and investigation**				
Implement screening testing: Test subsets of individuals according to designated criteria***				
Implement screening testing: Increase frequency of testing subsets of individuals according to designated criteria***				
Screening testing: Continue testing subsets on regular basis; consider facility-wide testing at least weekly				
 Implement facility-wide testing if: A positive test result is identified at the site, A positive test result is identified in a sentinel site,**** A cluster of probable cases at the site exceeds a pre-determined threshold, or A site is identified in location-based contact tracing. 				
Implement facility-wide testing at least weekly with follow-up testing if cases are identified				

Testing Resources

Testing supplies can be ordered by emailing: WICOVIDTest@dhs.wisconsin.gov

Help applying for testing supplies can be found at: dhscovidtestingprogram@dhs.wisconsin.gov

DHS Testing Support Page for Shelters: https://www.dhs.wisconsin.gov/covid-19/testing-shelters.htm

Vaccination Resources

Local vaccination clinics and events:

https://211wisconsin.communityos.org/public-event-search?localHistory=h4hilRV_LGyLlaCnlbAn5Q

Vaccine partner resources:

https://www.dhs.wisconsin.gov/covid-19/vaccine-resources.htm

Vaccination resources and questions: dhscovidvaccinator@wi.gov

COVID-19 Vaccine Information (DHS): https://www.dhs.wisconsin.gov/covid-19/vaccine.htm

Data Resources

Wisconsin COVID-19 Data

Summary data: https://www.dhs.wisconsin.gov/covid-19/data.htm

Activity Level by Region and County: https://www.dhs.wisconsin.gov/covid-19/local.htm

County Data: https://www.dhs.wisconsin.gov/covid-19/county.htm

Cases: https://www.dhs.wisconsin.gov/covid-19/cases.htm

Facility wide investigations: https://www.dhs.wisconsin.gov/covid-19/investigations.htm

Illness after vaccination: https://www.dhs.wisconsin.gov/covid-19/vaccine-status.htm

COVID-19 Variants: https://www.dhs.wisconsin.gov/covid-19/variants-info.htm

ForwardHealth Portal Fundamentals



Agenda

- Medicaid Overview
- Technical Aspects of the ForwardHealth Portal
- Portal User Tips
- Provider Enrollment
- Public Portal Home Page
- Public Portal Home Page
- Secure Area of the Portal
- Maximum Allowable Fee Schedules
- ForwardHealth Updates
- Email Subscriptions



Agenda (Cont)

- ForwardHealth Online Handbook
- Secure Area of the Portal
- Remittance Advices (RAs)
- Electronic Claims Submission Methods
- Submitting Paper Attachments with Electronic Claims
- Accessing Claims Information
- Search Claims Tool
- Adjusting, Copying, and Voiding Paid Claims
- Communications
- Resources



Medicaid Overview

- Currently includes 1,509,366 members
- o Providers include:
 - 174,246 total certified in 2021
 - 45,886 participating providers
 - 128,360 non-participating providers



Technical Aspects of the Portal

The Portal is an internet site that is accessible through most web browsers at www.forwardhealth.wi.gov/ and:

- Can run on a Windows- or Apple-based system.
- Is most efficient when accessed via a high-speed internet connection.
- Can be accessed from work or home 24 hours a day, seven days a week.
- Timeouts



Portal User Tips

- An asterisk next to a field indicates a required field.
- A "?" indicates that Help information is available.
- A browser's Back feature will not work on the Portal.
- Some pages display the path for easy navigation while other pages contain a Go Back button.
- Clicking the ForwardHealth logo will take users back to the Portal home page.



Provider Enrollment

- Only providers enrolled with Medicaid, Wisconsin Chronic Disease Program (WCDP), Wisconsin Well Woman Program (WWWP), or Wisconsin AIDS Drug Assistance Program (ADAP) can obtain a secure Portal account.
- Providers are required to be enrolled as Medicaid providers in order to be reimbursed for services.
- Providers should enroll for Wisconsin Medicaid, BadgerCare Plus, ADAP, or SeniorCare via the public area of the Portal.
- Providers should request enrollment materials by calling Provider Services to enroll as a WCDP or WWWP provide



Provider Enrollment (Cont.)

- Medicaid Provider Enrollment via the Portal
- Providers apply for enrollment by selecting the Become a Provider link on the Portal home page.
- The Provider Enrollment home page contains links to important enrollment information.







Search

Welcome » March 11, 2019 3:54 PM

Providers

- · Provider-specific Resources
- · Become a Provider
- · Fee Schedules
- Wisconsin Administrative Code
- ForwardHealth Enrollment Data
- ForwardHealth System Generated Claim Adjustments
- · Health Care Enrollment
- · Provider Revalidation
- . Enrollment Tracking Search
- · Bed Assessment e-Payment
- Medication Therapy Management Case
- Management Software

Managed Care

- · Related Programs and Services
- · ForwardHealth Enrollment Data
- · Health Care Enrollment

Manufacturer Drug Rebate

- CMS Medicaid Drug Rebate Program
- · Pharmacy Information
- · Related Programs and Services

Welcome to the ForwardHealth Portal

The ForwardHealth Portal serves as the interface to ForwardHealth interChange, the Medicaid Management Information System for the state of Wisconsin. Through this portal, providers, managed care organizations, partners, and trading partners can electronically and securely submit, manage, and maintain health records for members under their care. This Portal also provides users with access to the current health care information available.



Providers

Trading Partners

















Members

- · Member Information
- Find a Provider
- Member Contacts

Partners

- Find a Provider
- · Related Programs and Services
- · Express Enrollment for Children
- · Express Enrollment Change Request
- · Waiver Agencies

Trading Partners

- . Trading Partner Profile
- PES
- Companion Guides
- Medication Therapy Management Case Management Software Approval Process

Portal Home Page — **Provider** Quick

Links

Public

Hot Topics

- Annual Prescription Volume Attestation
 - Survey Now Available
 - BusinessObjects Upgrade to 4.2.5
 - · Electronic Visit Verification Requirement

Policy

- · ForwardHealth Updates
- ForwardHealth Update Summaries
- · Online Handbooks

Policy and Communication

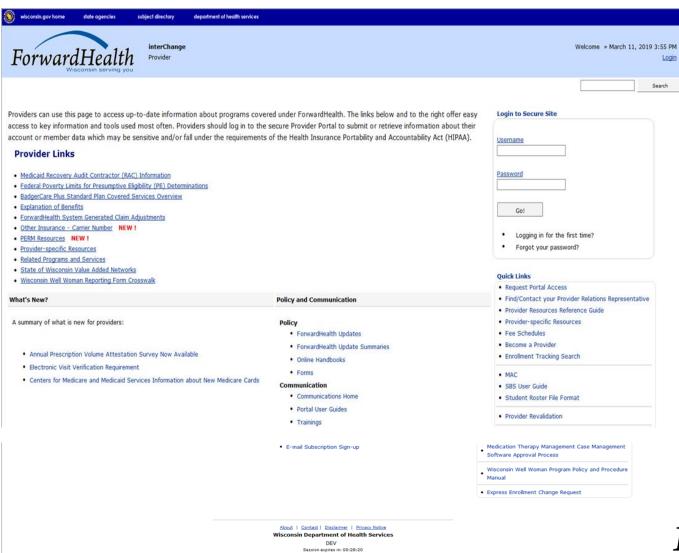
Forms

Communication

- · Communications Home
- · Portal User Guides
- Trainings
- . E-mail Subscription Sign-up

'orwardHea

About | Contact | Disdaimer | Privacy Notice **Wisconsin Department of Health Services**



Public Provider Page of the Portal



The public Provider page of the Portal contains links to:

- Medical Recovery Audit Contractor (RCA) information
- Federal Poverty limits for Presumptive Eligibility (PE) Determination
- BadgerCare Plus Standard Plan Covered Services Overview
- Explanation of Benefits (EOBs)
- ForwardHealth System Generated Claim Adjustments



- Other insurance- Carrier Numbers
- PERM Resources
- Provider-specific Resources
- Related Programs and Services
- State of Wisconsin Value Added Networks
- Wisconsin Well Woman Reporting Form Crosswalk



Home » Provider Login » Provider-specific Resources

« Go Back

Provider-specific Resources

Provider Type	Codes	Resources
Ambulance	<u>List</u>	N/A
Ambulatory Surgical Center (ASC)	<u>List</u>	N/A
Anesthetist	<u>List</u>	N/A
Audiologist	<u>List</u>	N/A
Behavioral Treatment Benefit	<u>List</u>	N/A
Case Management	<u>List</u>	More Information
Chiropractor	<u>List</u>	N/A
Comprehensive Community Services	<u>List</u>	N/A
Crisis Intervention/CCS/CSP	<u>List</u>	N/A
Day Treatment	<u>List</u>	More Information
Dentist	<u>List</u>	More Information
End Stage Renal Disease	<u>List</u>	More Information
Facility for the Developmentally Disabled (FDD)	<u>List</u>	More Information
Family Planning Clinic	<u>List</u>	N/A
Federally Qualified Health Clinic (FQHC)	<u>List</u>	More Information
HealthCheck	<u>List</u>	More Information
HealthCheck "Other Services"	<u>List</u>	N/A
Hearing Instrument Specialist	<u>List</u>	N/A
HMOs & Other Managed Care Programs	<u>List</u>	N/A
Home Health/Personal Care Agency	<u>List</u>	More Information
Hospice	<u>List</u>	N/A
Hospital	<u>List</u>	More Information
Independent Lab	<u>List</u>	N/A
Individual Medical Supply	<u>List</u>	More Information
Institution for Mental Disease	<u>List</u>	N/A
Medical Equipment Vendor	<u>List</u>	More Information
Licensed Midwife	<u>List</u>	N/A
Mental Health and Substance Abuse Services	<u>List</u>	More Information
Narcotic Treatment Service	<u>List</u>	More Information

Home » Provider Login » Provider-specific Resources

« Go Back

Resources for Physicians

Reference Materials

- Resources for Dental Service Providers in Brown, Marathon, Polk, and Racine Counties
- <u>Diagnosis Code-Restricted Physician-Administered Drugs</u>
- · Medications monitored by the Pharmacy Services Lock-In Program
- Oral Health Provider Training "Healthy Teeth for Mom & Me"
- Provider-Administered Drugs Carve-Out Procedure Codes (Effective 1/1/2019)

About | Contact | Disclaimer | Privacy Notice

Wisconsin Department of Health Services

Public Provider Area of the Portal – Policy and Communications

The Policy area of the Portal contains links to:

- ForwardHealth Updates
- ForwardHealth Update Summaries
- Online Handbook
- Forms



Public Provider Area of the Portal – Policy and Communications (cont.)

The Communications area of the Portal contains links to:

- Communications home
- Portal User Guides
- Trainings
- E-mail Subscription



Public Provider Area of the Portal – Policy and Communications (cont.)

ForwardHealth Communications

Home

Policy

- ForwardHealth Updates
- ForwardHealth Update Summaries
- · Online Handbooks
- Forms

Communication

- User Guides
- Training
- Email Subscription Sign-up

User Guides

ForwardHealth user guides and instruction sheets provide Portal users with step-by-step instructions and screen shots to help navigate Portal functionality. They do not contain policy information.

User guides have multiple sections that contain instructions for completing tasks on the Portal, such as submitting claims and prior authorization requests, accessing Remittance Advices, and enrolling in electronic funds transfer.

Instruction sheets are short, typically single-section documents that contain instructions for procedures such as searching for a claim, copying a claim, and uploading claim attachments.

General Portal Functionality

- Account
- Demographic Maintenance Tool
- E-mail Subscription
- · Enrollment Verification
- HealthCheck
- Max Fee
- Other Coverage Discrepancy Report
- · Prior Authorization

Provider Portal Claims Functionality



Provider Claims Submission User Guides

- Institutional
- Professional
- Dental
- Compound/Noncompound Drug

Provider Claims Instruction Sheets (all claims)

- · Claim Search
- · Claim Status Information
- Resubmitting a Denied Claim
- Adjusting a Claim

Managed Care Information



- 2018 Quality
- Annual HMO Financial Audit
- Birth Outcome Registry Network (BORN)
- Clinical Laboratory Improvement Amendments (CLIA)
- · Encounter Based Payment
- · Health Insurance Fee Reimbursement Methodology
- · HMO Encounter
- Managed Care Organization Pricing Administration
- Maternity Kick Payments
- · Obstetric Medical Homes for High-Risk Medicaid Members

Partner Portal Functionality



Partner Portal

Trading Partner Information



Public Provider Area of the Portal – Quick Links

- Quick links, which provides additional useful links:
 - Request Portal Access
 - Find/Contact your Provider Relations Representatives
 - Provider Resources Reference Guide
 - Provider Specific Resources
 - Fee Schedule
 - Become a Provider
 - Enrollment Tracking Search



Fee Schedules

- Fee schedules can be accessed from either the Portal home page or the Provider area of the Portal.
- Fee schedules are available in interactive format and downloadable text (.txt) or PDF files.
- Refer to the Max Fee Portal User Guide at https://www.dhs.wisconsin.gov/publications/p00957.pdf for:
 - Information about reading fee schedules.
 - How to import the fee schedule into a spreadsheet (section 4.2.1).



Updates

Updates

- Policy is posted in *Updates*, then incorporated into the Online Handbook.
- Providers who have registered for an email subscription will receive email notification when *Updates* are published.
- All-provider *Updates* are sent to all provider types.
- Provider-specific *Updates* are only sent to the affected provider types.



Email Subscriptions

Registering

- Links are available in multiple places on the Portal.
- New subscription requires the user's email.
- Existing Subscribers allows providers to update information.
- Available Subscriptions allows subscribers to choose the provider type(s) for the desired notifications.
- Click the Save button at the bottom when finished.



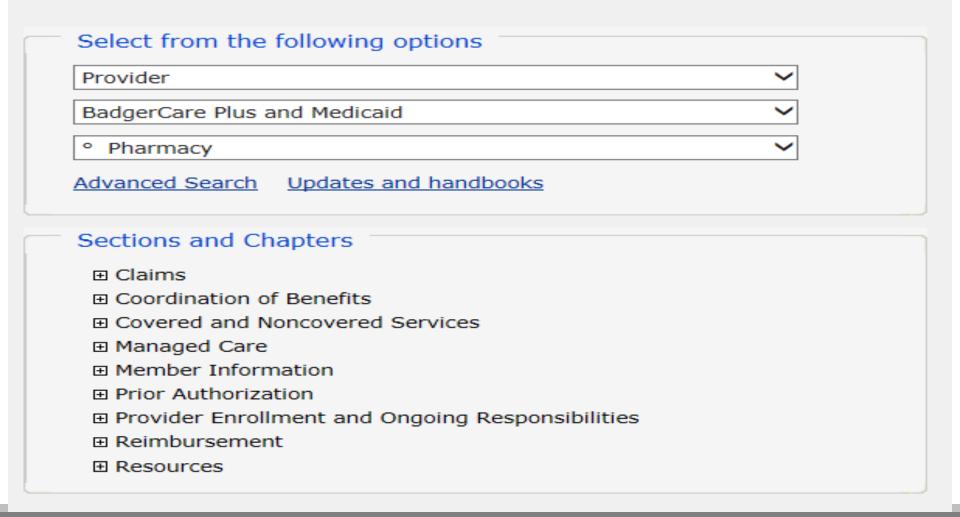
Online Handbook

The Online Handbook:

- Is located on the Portal at <u>www.forwardhealth.wi.gov/</u>.
- Can be accessed from either the public or secure area of the Portal.
- Includes specific information for different types of providers, services, and benefits.
- Is updated real-time and contains the current policy.
- Incorporates the information published in *Updates*, unless specifically noted otherwise in the *Update*.
- Is archived every month as a PDF.



Sections and Chapters (Cont.)



Select from the following options

Provider	~
BadgerCare Plus and Medicaid	~
° Physician	~

Advanced Search Updates and handbooks

Sections and Chapters

- □ Claims

 - ⊞ Good Faith Claims
 - ⊕ Overpayments
 - ⊞ Responses
 - ⊞ Responsibilities
- Coordination of Benefits
- □ Covered and Noncovered Services

 - ⊞ HealthCheck "Other Services"

 - ⊞ Noncovered Services
 - Obstetric Care
 - Screening, Brief Intervention, and Referral to Treatment Benefit
 - Surgery Services

Sections and Chapters (Cont.)



Secure Area of the Portal

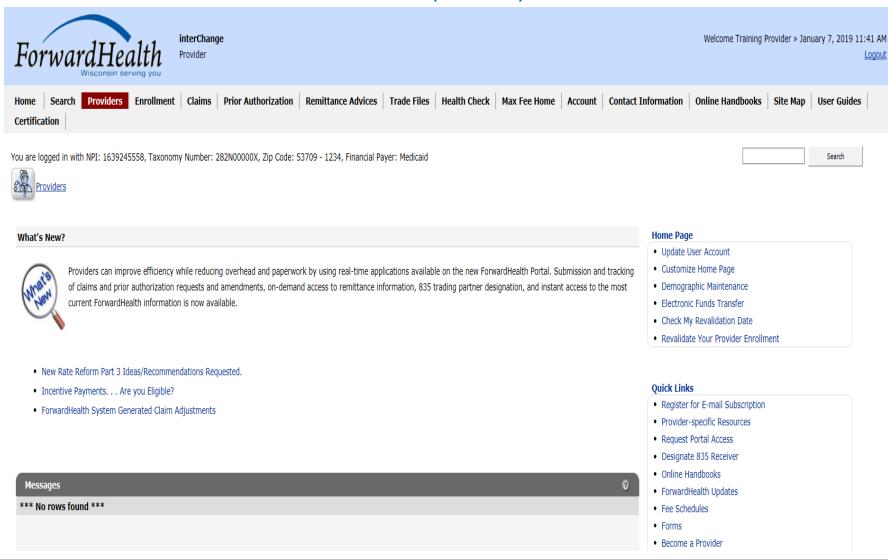
Provider Area

The secure Provider area of the Portal contains links to the following:

- Update User Account
- Demographic Maintenance
- Check My Revalidation/Revalidate Provider Enrollment
- Check Enrollment
- Online Handbook
- Designate 835 Receiver



Secure Area of the Portal (Cont.)



RAs

- RAs are available via the secure Providers or Remittance Advice pages of the Portal.
- RAs are available in two formats: .txt and comma-separated value (CSV).
- Text files may be printed to produce a paper RA.
- CSV files are accepted by a wide range of computer software programs (e.g., Microsoft Excel).
- Once downloaded, the file may be saved to a user's computer and manipulated.



Electronic Claims Submission Methods

- Submitting claims electronically is the most efficient claims submission method.
- Providers may submit claims using the following electronic claims submission options:
 - ForwardHealth Portal via Direct Data Entry (DDE).
 - Provider Electronic Solutions software.
 - 837 Health Care Claim transactions for Electronic Data Interchange (EDI).
 - National Council for Prescription Drug Programs.



Electronic Claims Submission Methods (Cont.)

DDE

Forms available for DDE include:

- 1500 Health Insurance Claim Form
- UB-04 Claim Form
- ADA 2006/2012 Dental Claim Form
- Compound Drug Claim form, F-13073
- Noncompound Drug Claim form, F-13072



Electronic Claims Submission Methods (Cont.)

DDE (Cont.)

- Users can access the Claims tab within the secure Provider area of the Portal.
- Refer to the Claims Submission User Guide for detailed information.





Referring Provider 1 Referring Provider 2 Referring Provider 2 Notes	Next Search By:	ICN			search	clear	New Search
Place of Service Code* 11	Dental Claim						9
Provider ID 1234567890 NPI Emergency No Member ID* Other Insurance Indicator Last Name Last Name First Name, MI Date of Birth Patient Account # Rendering Provider ID [Search] Total Charges* \$0.00 Referring Provider 1 [Search] Total Payable Amount \$0.00 Referring Provider 2 [Search] Total Payable Amount \$0.00 Notes N	Required fields are ind	licated with an asterisk	(*).				
Member ID* Last Name First Name, MI Date of Birth Patient Account # Rendering Provider ID Referring Provider 1 Referring Provider 2 Notes Liagnosis Other Insurance Detail Line Number 1 Procedure* Search 1 Total Payable Amount \$0.00 Type data below for new record. Line Number 1 Procedure* Search 1 Procedure* Search 1 Area of Oral Cavity Charces Status Allowed Amount \$0.00 Type data below for new record. Line Number 1 Procedure* Search 1 Place of Service Procedure* Search 1 Area of Oral Cavity Inits* Area of Oral Cavity Inits* Area of Oral Cavity Inits* Select row above to update -or- click Add button below. Attachments Select row above to update -or- click Add button below. Attachment Control Number Description Delete Add Claim Status Information	ICN			Place of Service Code	* 11 <u>[Se</u>	arch]	
Last Name First Name, MI Date of Birth Patient Account # Rendering Provider ID Referring Provider 1 Referring Provider 2 Referring Provider 2 Referring Provider 2 Referring Provider 3 Referring Prov	Provider ID	1234567890 NPI		Emergeno	y No ▼		
First Name, MI Date of Birth Patient Account # Rendering Provider ID Referring Provider I Referring Provider 1 Referring Provider 2 Referring Provider 3 Referring Provider 3 Referring Provider 3 Referring Provider 4 Referring Provider 5 Referring Provider 6 Referring Provider 8 Referring Provider 8 Referring Provider 9 Ref	Member ID*			Other Insurance Indicato	r 🔻		
Date of Birth Patient Account # Rendering Provider 1D	Last Name						
Patient Account # Rendering Provider ID Referring Provider 1 Referring Provider 1 Referring Provider 2 Referring Provider 2 Referring Provider 3 Referring Provider 3 Notes Note	First Name, MI						
Rendering Provider ID Referring Provider 1 Referring Provider 1 Referring Provider 1 Referring Provider 2 Referring Provider 3 Total Cavity Charges Status Allowed Amount \$0.00 Type data below for new record. Line Number 1 Procedure*	Date of Birth						
Referring Provider 1 Referring Provider 2 Referring Provider 2 Notes	Patient Account #						
Notes No	Rendering Provider ID		[Search]	Total Charges	*	\$0.00	
Notes liagnosis Other Insurance Detail	Referring Provider 1		[Search]	Other Insurance Amoun	t	\$0.00	
Detail Line Number Date of Service Procedure Units Tooth Area of Oral Cavity Charges \$tatus Allowed Amount \$0.00 Type data below for new record. Line Number 1 Date of Service Procedure Search Place Of Service Search Procedure* Search Place Of Service Search Units* 1.00 Area of Oral Cavity Search Units* 1.00 Diagnosis Code Pointers Charges* \$0.00 Status Allowed Amount \$0.00 Surfaces (Line Number 1) *** No rows found *** Select row above to update -or- click Add button below. Attachments *** No rows found *** Select row above to update -or- click Add button below. Attachment Control Number Description Delete Add Claim Status Information	Referring Provider 2		[Search]	Total Payable Amoun	t	\$0.00	
Detail Line Number Date of Service Procedure Units Tooth Area of Oral Cavity Charges Status Allowed Amount So.00 \$0.00	Notes		*				
A 1 1 1.00 Type data below for new record. Line Number 1 Date of Service Search Procedure Isearch Place of Service Isearch Procedure Isearch Place of Service Isearch Procedure Isearch Place of Service Isearch Place of Service Isearch		<u>isurance</u>					
Type data below for new record. Line Number 1 Date of Service* Procedure*		of Service Procedure Uni	ts Tooth Are	ea of Oral Cavity Charges S	Status Allowed An	mount	
Line Number 1 Date of Service* Procedure* [Search] Place Of Service [Search] Tooth Rendering Provider ID [Search] Area of Oral Cavity [Search] Units* 1.00 Charges* \$0.00 Status Allowed Amount \$0.00 Surfaces (Line Number 1) *** No rows found *** Select row above to update -or- click Add button below. Attachments *** No rows found *** Select row above to update -or- click Add button below. Attachment Control Number Description Description Delete Add Claim Status Information							
Procedure* Search Place Of Service Search Tooth Rendering Provider ID Search Units* 1.00 Diagnosis Code Pointers Status Allowed Amount \$0.00 Status Allowed Amount \$0.00 Surfaces (Line Number 1) *** No rows found *** Select row above to update -or- click Add button below. Surface Select row above to update -or- click Add button below. Attachments Select row above to update -or- click Add button below. Attachment Control Number Description Delete Add Claim Status Information			Type data l				
Tooth Rendering Provider ID Search 1.00 Diagnosis Code Pointers Charges* \$0.00 Status Allowed Amount \$0.00 Surfaces (Line Number 1) *** No rows found *** Select row above to update -or- click Add button below. Surface Select row above to update -or- click Add button below. Surface Select row above to update -or- click Add button below. Attachments *** No rows found *** Select row above to update -or- click Add button below. Attachment Control Number Description Delete Add Claim Status Information							
Area of Oral Cavity [Search] Units* 1.00 Diagnosis Code Pointers \$0.00 Status Allowed Amount \$0.00 Surfaces (Line Number 1) *** No rows found *** Select row above to update -or- click Add button below. Surface Select row above to update -or- click Add button below. Attachments *** No rows found *** Select row above to update -or- click Add button below. Attachment Control Number Description Delete Add Claim Status Information	Procedure	e* [Searc	<u>h]</u>		[Search	<u>1 </u>	
Charges* \$0.00 Status Allowed Amount \$0.00 Surfaces (Line Number 1) *** No rows found *** Select row above to update -or- click Add button below. Surface Attachments *** No rows found *** Select row above to update -or- click Add button below. Attachment Control Number Description Delete Add Claim Status Information	Tool	th		Rendering Provider ID		[Sear	ch]
Status Allowed Amount Delete Add Surfaces (Line Number 1) *** No rows found *** Select row above to update -or- click Add button below. Surface Delete Add Attachments *** No rows found *** Select row above to update -or- click Add button below. Attachment Control Number Description Delete Add Claim Status Information	Area of Oral Cavi	ty <u>[Searc</u>	<u>h 1</u>	Units*	1.00		
Allowed Amount Delete Add Surfaces (Line Number 1) *** No rows found *** Select row above to update -or- click Add button below. Surface Delete Add Attachments *** No rows found *** Select row above to update -or- click Add button below. Attachment Control Number Description Delete Add Claim Status Information	Diagnosis Code Pointe	rs		Charges*	\$1	0.00	
Surfaces (Line Number 1) *** No rows found *** Select row above to update -or- click Add button below. Surface Delete Add Attachments *** No rows found *** Select row above to update -or- click Add button below. Attachment Control Number Description Delete Add Claim Status Information				Status			
Surfaces (Line Number 1) *** No rows found *** Select row above to update -or- click Add button below. Delete Add Attachments *** No rows found *** Select row above to update -or- click Add button below. Attachment Control Number Description Delete Add Claim Status Information				Allowed Amount	\$0	.00	
Select row above to update -or- click Add button below. Surface Delete Add Attachments *** No rows found *** Select row above to update -or- click Add button below. Attachment Control Number Description Delete Add Claim Status Information						Delete	Add
Select row above to update -or- click Add button below. Delete Add Attachments *** No rows found *** Select row above to update -or- click Add button below. Attachment Control Number Description Delete Add Claim Status Information		ber 1)					
Surface Delete Add Attachments *** No rows found *** Select row above to update -or- click Add button below. Attachment Control Number Description Delete Add Claim Status Information	*** No rows found ***	Calaat		daka			
Attachments Select row above to update -or- click Add button below. Attachment Control Number Description Delete Add Claim Status Information	Surface	Select row	above to up	date -or- click Add butto	on below.		
Attachments Select row above to update -or- click Add button below. Attachment Control Number Description Delete Add Claim Status Information	Surrucc					Delete	Add
Select row above to update -or- click Add button below. Attachment Control Number Description Delete Add Claim Status Information	Attachments					Delete	7.00
Attachment Control Number Description Delete Add Claim Status Information	*** No rows found ***						
Description Delete Add Claim Status Information		Select row	above to up	date -or- click Add butto	on below.		
Claim Status Information	Attachment Control Nu	mber					
Claim Status Information	Descri	ption					
						Delete	Add
Claim Status Not submitted yet	Claim Status Infor	mation					
	Claim Status Not submitted yet						
Submit Cancel						01.7	0 1

	ICN			search	clear	New Search
Institutional Claim						9
Required fields are in	ndicated with an aste	risk (*).				
ICN						
Provider ID	1255334173 NPI		Type Of	F Bill*	[Search]	
Member ID*			From Date of Serv			
Last Name			To Date of Serv			
First Name, MI			Patient Sta		[Search]	
Date of Birth			Point of Or	-	[Search]	
Patient Account #			Admission			
Medical Record #				rity*	[Search]	
Attending Provider*			Admission Diag	nosis Code	[Search]	
Rendering Provider		[Search]	Covered	Days 0		
Referring Provider		[Search]	Non Covered	Days 0		
Other Provider			Medicare Discl	aimer no discla	imer	V
Notes		^	Other Insurance India			
Notes		~	Total Cha	arge*	\$0.00	
<u>Insurance</u>	n <u>Medicare</u> <u>Payer</u>	Procedure Occurren	nce/Span Value Pati	ent Reason for	Visit External Ca	use of Morbidity Other
Detail						
	evenue Code Render	ring Provider Referring	Provider Procedure C			
A 1		Type d	ata below for new reco		0.00	\$0.00
	ine Number 1	.,,,,		tevenue Code		
From Date	_			ering Provider	[Search	[Search]
	of Service*			rring Provider		[Search]
	edure Code	[Search]		Units*	0	[Search]
		[Scarcii]		Charge	\$0.0	00
	Modifiers	[Search]	[Search]	[Search]	[Search	
			^	Status		•
Professional Service	Description		V Alle		\$0.00	
				owed Amount	\$0.00	
			All	owed Amount	\$0.00	
			All	owed Amount		elete Add
NDCs for JCode			- All	owed Amount		
			All	owed Amount		
Medicare Informati				owed Amount		
Medicare Informati	ine Number 1		Deductible Amount	4	50.00 +	
Medicare Informati Li Medicare	ine Number 1 Paid Date		Deductible Amount Coinsurance Amount	4	50.00 + 50.00 +	
Medicare Informati Li Medicare Medicare Pa	ine Number 1 Paid Date aid Amount	\$0.00 Bloo	Deductible Amount Coinsurance Amount d Deductible Amount	\$ 9 9	50.00 + 50.00 + 50.00 +	
Medicare Informati Li Medicare Medicare Pa	ine Number 1 Paid Date aid Amount		Deductible Amount Coinsurance Amount	\$ 9 9	50.00 + 50.00 +	
Medicare Informati Li Medicare Medicare Pa	ine Number 1 Paid Date aid Amount	\$0.00 Bloo \$0.00	Deductible Amount Coinsurance Amount d Deductible Amount Copayment Amount	\$ \$ \$ \$	60.00 + 60.00 + 60.00 + 60.00 +	
Medicare Informati Li Medicare Medicare P: Medicare Non Covere	ine Number 1 Paid Date aid Amount	\$0.00 Bloo \$0.00	Deductible Amount Coinsurance Amount d Deductible Amount	\$ \$ \$ \$	50.00 + 50.00 + 50.00 +	
Medicare Informati Li Medicare Medicare Po Medicare Non Covere	ine Number 1 a Paid Date aid Amount ad Charged	\$0.00 Bloo \$0.00	Deductible Amount Coinsurance Amount d Deductible Amount Copayment Amount	\$ \$ \$ \$	60.00 + 60.00 + 60.00 + 60.00 +	
Medicare Informati Li Medicare Medicare Po Medicare Non Covere	ine Number 1 a Paid Date aid Amount ad Charged	\$0.00 Bloo \$0.00	Deductible Amount Coinsurance Amount d Deductible Amount Copayment Amount	4 4 4	50.00 + 50.00 + 50.00 + 50.00 +	
Medicare Informati Li Medicare Medicare Po Medicare Po Medicare Non Covere	ine Number 1 p Paid Date aid Amount ed Charged	\$0.00 Bloo \$0.00	Deductible Amount Coinsurance Amount d Deductible Amount Copayment Amount	4 4 4	50.00 + 50.00 + 50.00 + 50.00 +	
Medicare Informati Medicare Medicare P. Medicare P. Medicare Non Covere Attachments *** No rows found	ine Number 1 a Paid Date aid Amount ad Charged ***	\$0.00 Bloo \$0.00	Deductible Amount Coinsurance Amount d Deductible Amount Copayment Amount	4 4 4	50.00 + 50.00 + 50.00 + 50.00 +	
Medicare Informati Medicare Medicare P. Medicare P. Medicare Non Covere Attachments *** No rows found	ine Number 1 p Paid Date aid Amount ed Charged	\$0.00 Bloo \$0.00	Deductible Amount Coinsurance Amount d Deductible Amount Copayment Amount	4 4 4	(50.00 + (50	
Medicare Informati Medicare Medicare P. Medicare P. Medicare Non Covere Attachments *** No rows found	ine Number 1 a Paid Date aid Amount ad Charged ***	\$0.00 Bloo \$0.00	Deductible Amount Coinsurance Amount d Deductible Amount Copayment Amount	4 4 4	50.00 + 50.00 + 50.00 + 50.00 + 50.00 + 50.00 =	
Medicare Informati Medicare Medicare P. Medicare P. Medicare Non Covere Attachments *** No rows found	ine Number 1 a Paid Date aid Amount ad Charged ***	\$0.00 Bloo \$0.00	Deductible Amount Coinsurance Amount d Deductible Amount Copayment Amount	4 4 4	50.00 + 50.00 + 50.00 + 50.00 + 50.00 + 50.00 =	relete Add
Medicare Informati Medicare Medicare P. Medicare P. Medicare Non Covere Attachments *** No rows found	ine Number 1 a Paid Date aid Amount ad Charged *** Number cription	\$0.00 Bloo \$0.00	Deductible Amount Coinsurance Amount d Deductible Amount Copayment Amount	4 4 4	50.00 + 50.00 + 50.00 + 50.00 + 50.00 + 50.00 =	relete Add
Medicare Informati Medicare Nedicare P. Medicare Non Covere Attachments *** No rows found ! Des	ine Number 1 a Paid Date aid Amount ad Charged *** Number cription	\$0.00 Bloo \$0.00	Deductible Amount Coinsurance Amount d Deductible Amount Copayment Amount	4 4 4	50.00 + 50.00 + 50.00 + 50.00 + 50.00 + 50.00 =	relete Add
Medicare Informati Medicare Medicare P: Medicare P: Medicare Non Covere Attachments *** No rows found in the control in	ine Number 1 a Paid Date aid Amount ad Charged *** Number cription	\$0.00 Bloo \$0.00	Deductible Amount Coinsurance Amount d Deductible Amount Copayment Amount	4 4 4	50.00 + 50.00 + 50.00 + 50.00 + 50.00 + 50.00 =	relete Add



Next Search By:	ICN						search	clear	New Search
Professional Cla	aim								8
Required fields are		h an asterisk (*)).						
ICN			Rendering Provider		[Sea	arch]			
Provider ID	1234567890 NPI	ī	Referring Provider 1		[Sea	arch]			
Member ID*			Referring Provider 2		[Sea	arch]			
Last Name			Medicare Disclaimer	no disclaimer		~			
First Name, MI		O:	her Insurance Indicator	~					
Date of Birth									
Patient Account #			Total Charge*		.00				
Medical Record Number		C	ther Insurance Amount	\$0	.00				
SOI Date			Total Amount Paid		\$0.00				
<u>Diagnosis Condi</u> Detail	ition <u>Medica</u>	<u>ire Anesthesi</u>	<u>a Other Insurance</u>		_		_	_	
Line Number F	rom Date of Serv	ice To Date of Se	rvice Procedure Code Mo	od1 Mod2 Mod3 N	Mod4 Status	Units CI	harqe	_	
A 1			Type data belo	ow for new record		0 9	00.00		
Line Nu	ımber 1		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		g Provider			[Search	1
From Date of Ser	rviœ*			Referring	Provider 1			[Search	1
To Date of Ser	rviœ*			Referring	Provider 2			[Search	1
Procedure C	Code*	[Search]		Orderin	g Provider			[Search	1
Mod	difiers	[Search]	[Search]	[Search]	[Search]				
Diagnosis Code Poi	inters								
ι	Jnits*	0							
Cha	arge*	\$0.00			Status				
Place of Service C	Code*	[Search]		Allowe	ed Amount		\$0.00		
Emerg	gency 🔻 🔻			C ₀ P	ay Amount		\$0.00		
Family Pla	nning 🔽								
,	Notes		^ Bro	fessional Service [Description				^
'	Notes		V P10	ressional Service L	zesa iption				~
								Delete	Add
NDCs for JCode									
Medicare Infor	mation(Detai	1)							
L	ine Number	1	Medicar	e Deductible	\$	0.00	+		
Medicar	e Date Paid		Medicare	Coinsurance	\$	0.00	+		
Medicare P	Paid Amount	\$0	.00 Psychiat	ric Reduction	\$	0.00	+		
Medicare Non Cove	red Charge	\$0	.00 Medicare	Copayment	\$	0.00	+		
			Paradala Pari			0.00			
			Remaining Pati	ent Liability*	\$	0.00	=		
Attachments *** No rows found ***									
HOTOWS TOURIS		Sele	ct row above to updat	e -or- click Add b	outton below				
Attachment Contro	l Number								
De	escription								
								Delete	Add
Claim Status In	formation								
Claim Status Not submitted yet									
								Submit	Cancel

Accessing Claims Information

- All submitted claims will appear in the secure Claims area of the Portal.
- Providers have the ability to view and search for claims.
- Paid claims may be adjusted, copied, or voided.
- Denied claims may be corrected and resubmitted.
- Refer to the Provider page and the Claims page of the Portal for information about the PA process.



Accessing Claims Information (Cont.)

Claims via the Provider Area of the Portal

- Providers may customize their home page to display the most recent five to 20 claims.
- Providers may also customize claims so that only claims of a particular type and/or status display on the home page.
- Any claims older than 30 days will appear under the Provider tab.
- Providers can click any claim to select it; the claim detail will then be displayed.
- Providers will need to select the Provider tab to return to the home page.



Accessing Claims Information (Cont.)

Claims via the Claims Page

- A claim search can display current claims as well as those dating back three years.
- Search for claims by entering data into at least one of the parameter fields.
- The more parameters completed, the narrower the search.
- Navigate through multiple pages of results by:
 - Using the page numbers.
 - Modifying the sort by selecting any of the column headers.
- Providers can click any claim to select it; the claim detail will then be displayed.



Search Claims Tool

- Providers may perform a search by entering the internal control number (ICN) in the claims search function.
- Providers may also search by ICN in the submit a claim function.
- If the provider enters an ICN incorrectly in the claim search field, click
 Clear and re-enter the ICN.



Search Claims Tool (Cont.)

- Click New Search and to return to the Claims Search screen.
- Enter data into at least one of the parameter fields:
 - The more parameters completed, the narrower the search.
 - The search results will also include the member's first and last name.
- If multiple claim results appear, click one claim result to view.



Adjusting, Copying, and Voiding Paid Claims

Adjusting Paid Claims

- Some reasons for adjusting a claim:
 - To correct billing or processing errors
 - To correct inappropriate payments overpayments/underpayments
 - To add or delete services



Adjusting, Copying, and Voiding Paid Claims (Cont.)

Copying Paid Claims

- Select the claim and click Copy at the bottom of the page.
- Once all the necessary changes are made, click Submit. (Note: Change both header and detail information, as necessary.)
- Attachment information will not be retained on a copied claim.
- To indicate an attachment, users must add a row in the attachment panel.
- Follow the instructions to electronically upload an attachment.



Adjusting, Copying, and Voiding Paid Claims (Cont.)

Voiding Paid Claims

- Select a claim and click Void at the bottom of the page.
- The status of a claim will change to Denied once voided.
- The EOB reflecting the void will be displayed on the original claim.
- The Void function can be performed on any paid claim that has not previously been adjusted or voided.



Provider Resources

- ForwardHealth Portal: <u>www.forwardhealth.wi.gov/</u>
- Provider Services: 800-947-9627
- WiCall: 800-947-3544 (ForwardHealth's Automated Voice Response system)
- ForwardHealth Portal Helpdesk: 866-908-1363
- Electronic Data Interchange: 866-416-4979



Provider Resources (Cont.)

- Provider Relations Representatives
- ForwardHealth Managed Care Ombudsmen: 800-760-0001
- Member Enrollment: <u>www.access.wi.gov/</u>



Communications

- User Guides:
 - Public home page: Providers > Portal User Guides
 - Secure Portal: Home tab > Provider icon > Portal User Guides
- Subscribe to Provider Email Notifications:
 - Public home page: Providers quick links box > Register for E-mail Subscription
 - Public home page: Providers > Quick Links > Register for E-mail Subscription



Communications (Cont.)

- Secure Messaging
- RA Banner Messages
- Updates
- Contact link: submit Portal-related questions
- Trainings page of the Providers area of the Portal



Questions?

Now is your chance to ask questions!



Thank You

Provider Relations Meet and Greet

Adam Schabow – Introduction to Provider Relations Kyle Robel – ForwardHealth Portal

Support

- Services:
 - Contact Center (Provider and Member)
 - Prior Authorization (Clerical and Clinical)
 - Claims
 - Provider Enrollment
 - Eligibility
 - Systems
 - Provider Relations (Publications, Training, Professional Field Representatives)

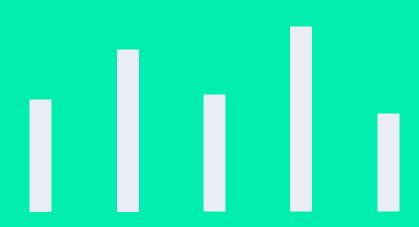
Provider Relations

Adam Schabow / Dec 13, 2021

Topic	Speaker	
Publications		
Training/Field Representatives	Adam Schabow	

Gainwell Publications Unit

What We Do



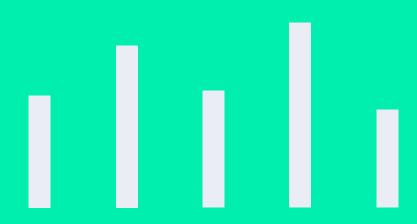
Communication Types

Some of the communications we develop:

- ForwardHealth Updates (member and provider)
- CLTS Bulletins
- Family newsletters
- User Guides
- Online Handbook
- Messaging
- Forms and letters
- Brochures, banners, posters, flyers, social media
- FAQs, call scripts, talking points



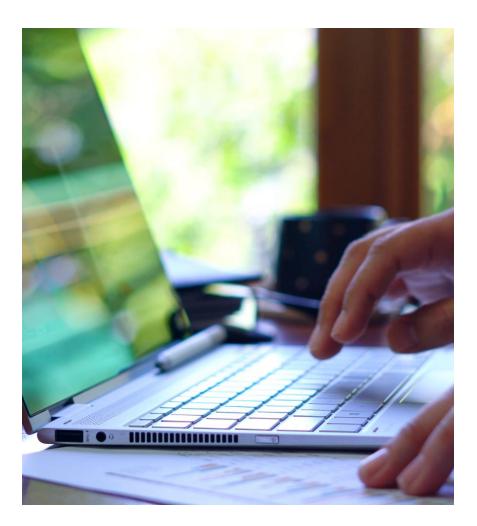
What We Communicate



Examples of Changes Requiring Communication

Changes to the following often require communication:

- New programs and benefits
- Provider revalidation and other responsibilities
- Allowable procedure codes, modifiers, etc.
- Coverage of procedures/services/drugs/equipment
- Claim or prior authorization request processes
- Other insurance



Examples of Changes Requiring Communication (Cont.)

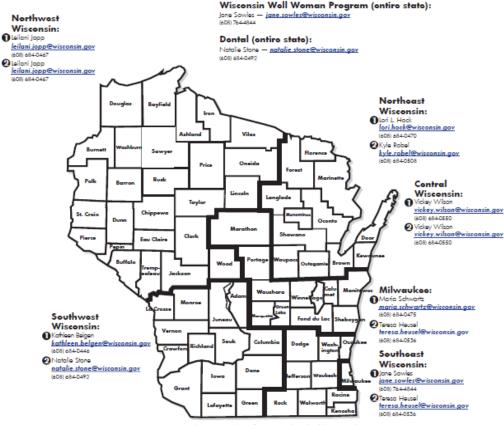
- Documentation requirements
- Forms
- Rates (for some providers)
- Reimbursement methodology
- Functionality of applications or systems used by providers
- Training for providers, partners, etc.
- Planned system downtime

Training & Field Representative Unit

Who We Are

- Adam Schabow is the manager over Trainers and Field Representatives.
- The Team consists of:
 - > 3 Trainers
 - 9 Field Representatives
 - 1 Internal Account Trainer
 - > 1 Administrator
 - 1 Dental QA

ForwardHealth Provider Relations Field Representatives



Note: Borderstatus and aut-of-state providers should contact the field representative in the territory closest to their location.

Specialty Group 1

Ambulatory Surgery Centers, Anesthesiology, Federally Qualified Health Centers, Home Health, Hospice, Hospitals and Institutions for Mental Disease, Licensed Midwives, Medical Equipment Vendors and Individual Medical Supply Providers, Nursing Homes, Nurses in Independent Practice and Respiratory Care Services, Nurse Midwives, Personal Care, Physicians, Physician Assistants and Nurse Practitioners, Physician Clinics, Partable XRay, Rural Health Clinics

Specialty Group 2

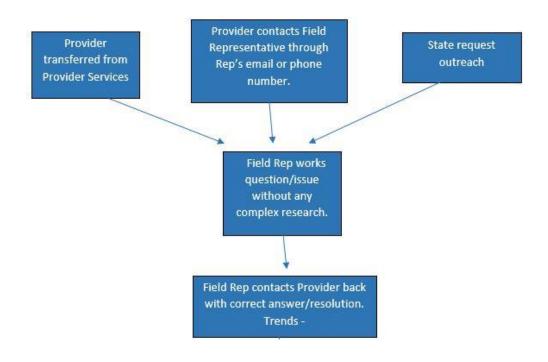
Ambulance, Audiologist, Speech and Hearing Clinic, and Hearing Instrument Specialist, Behavioral Treatment, Case Management and High Cost Medically Complex Case Management, Child Care Coordination, Chiroprochic, Community Recovery Services, End-Stage Renal Disease Services, Family Planning Clinic, HealthCheck, Independent Labs, Mental Health and Substance Abuse, Narcotic Treatment Services, Day Treatment, Crisis Intervention/Comprehensive Community Services/Community Support Programs, Non-emergency Medical Transportation, Optometrist, Optician, Pharmacy, Physical Therapy, Occupational Therapy, and Speech-language Pathology, Therapy Group, Rehabilitation Agency, Podiatry, Prenatal Care Coordination, School-Based Services, Specialized Medical Vehicle, Special Supplemental Nutrition Program for Women, Infants and Children, Tuberculosis-Related Services, Wisconsin AIDS Drug Assistance Program (ADAP), Wisconsin Chronic Disease Program

Provider Field Representative Roles

A Provider Field Representative's role is:

- Resolve complex issues that requires knowledge, resources, and detailed research.
- Mass outreach to Providers pertaining to significant policy or system changes.
- Build partnership and relationship with Providers in each Region.
- Create and present training to Providers.
- Review trends within each region.

Field Representative Flowchart (Simple Issue)



Field Representative Flowchart (Complex Issue)



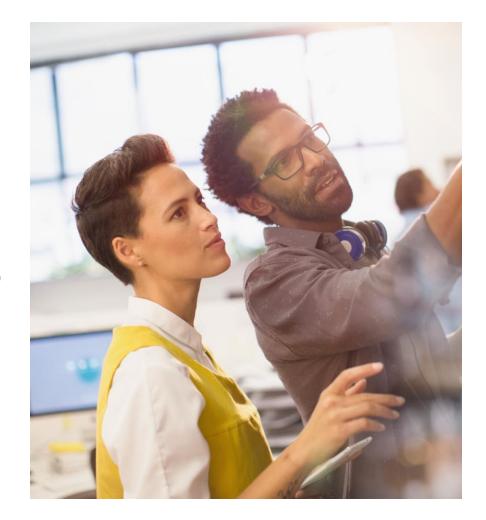
Researching complex issues as a Field Representative is more like an M.C. Escher painting than a flowchart.

"Relativity"
By M.C. Escher

Training for 2022

Pro-Active Training

- Trainings are reactive to a program being implemented or an issue that requires additional training.
- Provider Relations also focuses on Pro-Active Training. Through surveying, CTN trends, subject video view counts, and other additional data, we collectively determine the subjects of trainings needed for Providers throughout the year.



Types of Training

Live, In-Person Training

Provider Services recognizes balancing the major benefits of in-person training with the limited resources many provider offices experience today. Our trainers have the potential to deliver to the largest attendance and relevance to the provider community.

Webcast Training

As we have trended in the past several years, the bulk of training activities will be conducted via the internet – either as "live," web-based sessions, or recorded sessions.

Types of Training (cont.)

Recorded Video Trainings

Video Training, a "how to" step by step video on a variety of subjects, is essential, especially during these times.

Podcasts

When a new service is implemented, Podcasts are a great way to get the word out and to explain the nuances of program.



With a team of 15 employees, there are 303 years of combined experience working at the WI Healthcare Account!

- Vast knowledge of past and current policy
- Context
- Resources (External/Internal)

- Relationship with Providers
- Broad knowledge of system/program

Questions and answers

