### ForwardHealth Portal Demographic Maintenance Tool

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# **1** Introduction

The demographic maintenance tool on the ForwardHealth Portal allows providers to securely, efficiently, and conveniently update provider information, such as addresses and financial information, with fewer data entry mistakes.

When a provider updates information using the demographic maintenance tool, in most cases, ForwardHealth immediately updates the provider's information, which allows for more efficient business practices. Information that cannot be immediately updated is manually verified, which may take additional processing time.

## 2 Access the Demographic Maintenance Tool

1. Access the Portal at www.forwardhealth.wi.gov/.



Figure 1 ForwardHealth Portal Home Page

2. Click Login. A Sign In box will be displayed.

ForwardHealth	
Sign In	
Username	
Keep me signed in	
Next	
Unlock account?	
Help	
Logging in for the first time?	

Figure 2 Sign In Box

Note: The Sign In box can also be accessed by clicking the Partners icon on the home page of the Portal.

- 3. Enter the user's username.
- 4. Click **Next**. A Verify with your password box will be displayed.

Password

Figure 3 Verify With Your Password Box

- 5. Enter the user's password.
- 6. Click **Verify.** The Secure Provider page will be displayed.



Figure 4 Secure Provider Page

7. Click **Demographic Maintenance** located in the Home Page box on the right of the secure Provider page. The Introduction panel will be displayed.

Note: The Demographic Maintenance option is only displayed for administrative accounts or for clerk accounts that have been assigned the Demographic Maintenance role. For information about assigning clerk roles, refer to the ForwardHealth Provider Portal Account User Guide, which is located on the <u>Portal User Guides page</u> of the Portal.

Base Information				
Name:	JEAN DOE	Address:	123 PARK ST	
Provider ID:	777777773 NPI	riddi coo.	MADISON, WI 53562	-1111
Taxonomy Code:	231H00000X		(608) 123-4567	
	ialty:Audiologist/Audiologist			
<ul> <li>Attention: Forw Safari,</li> </ul>	ardHealth Portal supports the fo	ollowing browsers:	Internet Explorer, Fire	efox and
troduction » Individ	dual Information » Practice Loc Authorization Address » Finan Medicare Information » Taxono	cial Information » my » Group Memi	Additional Informatio	
atroduction » Individuality of the second se	Authorization Address » Finan Medicare Information » Taxono	cial Information » my » Group Memi	Additional Informatio	
troduction » Individ ailing Address » Prior cense Information » I bload Files and Submit Introduction Required fields are ind • Select one of th	Authorization Address » Finan Medicare Information » Taxono	cial Information » my » Group Memi Click a link to Click a link to	Additional Informatio	ific pane
troduction » Individ ailing Address » Prior cense Information » I bload Files and Submit Introduction Required fields are ind • Select one of th	Authorization Address » Finan Medicare Information » Taxono dicated with an asterisk (*). e above links to make updates mit" button to complete the cha	cial Information » my » Group Memi Click a link to Click a link to	Additional Informatio	ific pane

The "Base Information" section displays basic information about the account to which the user is logged in, such as the provider's name, National Provider Identifier (NPI), taxonomy code, provider type and specialty, address, and telephone number. Enrolled programs and enrolled services will also be displayed for providers participating in Adult Long-term Care Waiver Services programs.

To navigate the demographic maintenance tool, either click the buttons at the bottom of the demographic maintenance tool panels, or click a link above the displayed panel to navigate to a specific panel.

Figure 5 Introduction Panel

Note: Available panels differ depending on provider type and specialty.

For additional information about what changes should be reported to ForwardHealth, refer to the Keeping Information Current topic (#217) in the Ongoing Responsibilities chapter of the Provider Enrollment and Ongoing Responsibilities section of the <u>ForwardHealth Online</u> <u>Handbook</u>.

8. To begin updating information, click either **Next** or a specific panel's navigation link.

Note: If the user tries to navigate away from the Demographic Maintenance Tool before submitting their information, a dialog box will be displayed.

Windows I	internet Explorer
<u> </u>	Are you sure you want to navigate away from this page? Warning: Modified data has not been saved. Press OK to continue, or Cancel to stay on the current page.
	OK Cancel

Figure 6 Dialog Box

To return to the demographic maintenance tool to submit the modified information, click **Cancel**. To continue **without** submitting the modified information, click **OK**.

# **3 Individual Information Panel**

On the Individual Information Panel, individual providers may update their date of birth, gender, and Social Security number (SSN).

1. Click **Individual Information** from the navigation links above the current panel. The Individual Information panel will be displayed.

Introduction » Individual Information » Practice Location Address » Audit Address
Mailing Address » Prior Authorization Address » Financial Information » Additional Information
License Information » Medicare Information » Accepting New Patients » Taxonomy
Specialty Change » Group Member » Upload Files and Submit
Individual Information
Required fields are indicated with an asterisk (*).
<ul> <li>Upload a copy of Social Security Number (SSN) Card on the Upload and Submit panel when changes are made to the existing Social Security Number (SSN) displayed on the panel.</li> <li>Upload a copy of Driver's License or State Identification Card on the Upload and Submit panel when changes are made to the existing Date of Birth displayed on the panel.</li> </ul>
Date of Birth* Gender O Female O Male Social Security Number*
Previous Next Exit

Figure 7 Individual Information Panel

Note: Required fields are indicated with an asterisk.

- 2. Add new information or delete the information that needs to be changed and enter new information.
- 3. When finished entering information, one of three options may be chosen:
  - Click **Next** to go to the next panel on the list.
  - Click one of the links at the top of the panel to go to any of the other demographic maintenance tool panels.
  - Click the **Upload Files and Submit** link above the panel to submit the information. For information about submitting your updates, refer to the <u>Upload Files and Submit</u> section of this guide.

Note: Information is not saved until it is submitted to ForwardHealth via the Upload Files and Submit panel. If the demographic maintenance tool is exited before the information is submitted, the information will be lost and will need to be re-entered.

## **4 Practice Location Address Panel**

On the Practice Location Address panel, users may update the contact information for the provider's location. Some users may also be able to update additional addresses. With limited exceptions, the practice location and telephone number for member's use are published in a provider directory made available to the public.

1. Click **Practice Location Address** from the navigation links above the current panel. The Practice Location Address panel will be displayed.

Practice Location Address	0
Required fields are indicated with an asteris	isk (*).
<ul> <li>records are normally kept.</li> <li>A provider directory search will be manember use will be included in a providers (does not apply to WWWP)</li> </ul>	ess where a provider office is physically located and where the nade available to the public. The address and telephone for ovider directory for BadgerCare Plus, Medicaid and WCDP P). ber for Contact Person will be used for administrative purposes
Street Address Line 1*	123 MAIN ST
Street Address Line 2	
City*	MADISON
State/ZIP	WI - 53713 - 1234
County	Dane 🗸
Contact Person*	JANE DOE
Telephone Number - Contact Person*	(608)000-0000 Ext.
Telephone Number - Member Use*	(608)111-1111
P	Previous Next Exit

Figure 8 Practice Location Address Panel

2. Delete the information that needs to be changed and enter new information.

Any changes to the practice location on file with ForwardHealth may alter the zip+4 code information required on transactions. Users should verify the zip+4 code for the address on the <u>U.S. Postal Service website</u>.

- 3. When finished entering information, one of three options may be chosen:
  - Click **Next** to go to the next panel on the list.
  - Click one of the links at the top of the panel to go to any of the other demographic maintenance tool panels.

• Click the **Upload Files and Submit** link above the panel to submit the information. For information about submitting your updates, refer to the <u>Upload Files and Submit</u> section of this guide.

Note: Information is not saved until it is submitted to ForwardHealth via the Upload Files and Submit panel. If the demographic maintenance tool is exited before the information is submitted, the information will be lost and will need to be re-entered.

## **5 Audit Address Panel**

On the Audit Address panel, users may update contact and address information for where audit correspondence should be sent.

1. Click **Audit Address** from the navigation links above the current panel. The Audit Address panel will be displayed.

				?
h an asterisk (	*).			
re audit corres	pondence should be	sent.		
y be sent certi	fied mail. Failure to s	gn for certified ma	il could result in disenrollment.	
$\checkmark$	-			
	Previous	Next		Exit
	re audit corres y be sent certi	y be sent certified mail. Failure to si	re audit correspondence should be sent. y be sent certified mail. Failure to sign for certified mail v -	re audit correspondence should be sent. y be sent certified mail. Failure to sign for certified mail could result in disenrollment.

Figure 9 Audit Address Panel

- 2. Delete the information that needs to be changed, if applicable, and enter new information.
- 3. When finished entering information, one of three options may be chosen:
  - Click **Next** to go to the next panel on the list.
  - Click one of the links at the top of the panel to go to any of the other demographic maintenance tool panels.
  - Click the **Upload Files and Submit** link above the panel to submit the information. For information about submitting your updates, refer to the <u>Upload Files and Submit</u> section of this guide.

Note: Information is not saved until it is submitted to ForwardHealth via the Upload Files and Submit panel. If the demographic maintenance tool is exited before the information is submitted, the information will be lost and will need to be re-entered.

# 6 Mailing Address Panel

On the Mailing Address panel, users may update the address to which ForwardHealth should send general information and correspondence. Proper address information aids in successful mail delivery.

1. Click **Mailing Address** from the navigation links above the current panel. The Mailing Address will be displayed.

Mailing Address		3
Required fields are indicated	with an asterisk (*).	
Official certification an	here ForwardHealth should send general information and corres d audit correspondence for Medicaid will be sent by certified m nce could result in decertification.	
Name - Contact Person*	Jane Doe	
Street Address Line 1*	101 Main St.	
Street Address Line 2	Rm. 100	
City*	Madison	
State/ZIP*	WI 🔻 53701 -	
Email Address	jdoe@isp.com	
	Previous Next	Exit

Figure 10 Mailing Address Panel

- 2. Delete the information that needs to be changed and enter new information.
- 3. When finished entering information, one of three options may be chosen:
  - Click **Next** to go to the next panel on the list.
  - Click one of the links at the top of the panel to go to any of the other demographic maintenance tool panels.
  - Click the **Upload Files and Submit** link above the panel to submit the information. For information about submitting your updates, refer to the <u>Upload Files and Submit</u> section of this guide.

Note: Information is not saved until it is submitted to ForwardHealth via the Upload Files and Submit panel. If the demographic maintenance tool is exited before the information is submitted, the information will be lost and will need to be re-entered.

## **7 Prior Authorization Address Panel**

On the Prior Authorization Address panel, users may update the address where ForwardHealth should send prior authorization information.

1. Click **Prior Authorization** from the navigation links above the current panel. The Prior Authorization Address panel will be displayed.

Prior Authorization Address		0
Required fields are indicated with an ast	erisk (*).	
Indicate the address where Forw	ardHealth should send prior authorization information.	
Name - Contact Person*	PA CONTACT	
Street Address Line 1*	123 MAIN ST.	
Street Address Line 2		
City*	MADISON	
State/ZIP*	WI <b>v</b> 53710 - 1234	
Fax Number	(123)456-7890	
Telephone Number - Contact Person	(987)654-3210 Ext.	
	Previous Next Exit	

Figure 11 Prior Authorization Address Panel

- 2. Delete the information that needs to be changed and enter new information.
- 3. When finished entering information, one of three options may be chosen:
  - Click **Next** to go to the next panel on the list.
  - Click one of the links at the top of the panel to go to any of the other demographic maintenance tool panels.
  - Click the **Upload Files and Submit** link above the panel to submit the information. For information about submitting your updates, refer to the <u>Upload Files and Submit</u> section of this guide.

Note: Information is not saved until it is submitted to ForwardHealth via the Upload Files and Submit panel. If the demographic maintenance tool is exited before the information is submitted, the information will be lost and will need to be re-entered.

## **8** Financial Information Panel

On the Financial Information panel, users may update a provider's tax information.

1. Click **Financial Information** from the navigation links above the current panel. The Financial Information panel will be displayed.

Financial Information	0
Required fields are indicated with an ast	erisk (*).
C Tax Information	
Taxpayer Identification Number (TIN)	
	e TIN NAME
TIN Type:	* EIN SSN
$\subset$ Checks and Remittance Advice Ad	dress
	and remittance advice information should be sent.
Indicate the address where thetes	and remittance advice information should be sent.
Street Address Line 1*	123 MAIN ST.
Street Address Line 2	
City*	MADISON
State/ZIP*	WI - 53713 - 1234
Name - Financial Contact Person	JOHN SMITH
Telephone Number - Contact Person	(123)456-7890
	, , , , , , , , , , , , , , , , , , ,
1099 Mailing Address	
	sends one IRS Form 1099 per TIN. It is recommended that you
	in your organization who receives IRS Form 1099
Address 123 MAIN ST	
City MADISON	
State/ZIP WI 🔻 53711	- 1234
	لـــــــــــــــــــــــــــــــــــــ
	Previous Next Exit

Figure 12 Financial Information Panel

2. Delete the information that needs to be changed and enter new information.

The Financial Information panel contains three sections:

- "Tax Information":
  - o For an organization:
    - If the organization's Tax Identification Number (TIN) is on file with ForwardHealth, the TIN Name field will be available for editing.
    - If the TIN is not on file, the TIN Name field is required.
  - o For an individual:
    - If the TIN is a Social Security number (type SSN) on file with ForwardHealth, the TIN Name field will be available for editing.
    - If the TIN is a Federal Employer Identification Number (type FEIN) on file with ForwardHealth, the TIN Name field will not be available for editing.
    - If the TIN is not on file with ForwardHealth, the TIN Name field will be required.

If the TIN number on the Financial Information panel is changed and the user clicks **Next** or a link to go to another panel, the page will refresh and the "Reason for Tax ID Change" section will be displayed at the bottom of the panel. Refer to <u>Section 6.1 Reason for Tax</u> <u>ID Change</u> of this guide for more information.

- "Checks and Remittance Advice Address": Contains the address and contact information where ForwardHealth should send checks and Remittance Advices.
- "1099 Mailing Address": Contains the address where ForwardHealth generates and sends IRS Form 1099 for the indicated TIN.
  - o Organizations:
    - If the TIN is on file with ForwardHealth, this section will be available for editing.
    - If the TIN is not on file with ForwardHealth, providers are required to enter an address.
  - o Organizations who recently changed their TINs:
    - If the TIN is on file with ForwardHealth, this section will be available for editing.
    - If the TIN is not on file with ForwardHealth, providers are required to enter an address.
  - o Individuals:
    - If the TIN is an SSN on file with ForwardHealth, this section will be available for editing.

- If the TIN is an FEIN on file with ForwardHealth, the TIN Name section will not be available for editing.
- o Individuals who recently changed their TINs:
  - If the TIN is an SSN on file with ForwardHealth, providers will be able to edit the address information in this section.
  - If the TIN is an FEIN on file with ForwardHealth, this section will not be available for editing.
  - If the TIN is not on file with ForwardHealth, the 1099 field will be required.
- 3. When finished entering information, one of three options may be chosen:
  - Click **Next** to go to the next panel on the list.
  - Click one of the links at the top of the panel to go to any of the other demographic maintenance tool panels.
  - Click the **Upload Files and Submit** link above the panel to submit the information. For information about submitting your updates, refer to the <u>Upload Files and Submit</u> section of this guide.

Note: Information is not saved until it is submitted to ForwardHealth via the Upload Files and Submit panel. If the demographic maintenance tool is exited before the information is submitted, the information will be lost and will need to be re-entered.

#### 8.1 Reason for Tax ID Change Section

If the TIN number on the Financial Information panel is changed and the user clicks **Next** or a link to go to another panel, the page will refresh and the Reason for Tax ID Change section will be displayed at the bottom of the panel.

Address Line 2	a Hazeli Chili A a a an	
City	MADISON	
State/ZIP	WI - 53705 - 1200	
€ Yes C No	ership Effective Date 11/11/2013	
	Previous Next Exit	

Figure 13 Reason for Tax ID Change Section (Financial Information Panel)

Organizations that change the TIN number on the Financial Information panel are required to enter information on this panel.

# **9 Additional Information Panel**

On the Additional Information panel, users may identify which languages are spoken by the staff at the provider's practice or clinic and enter their Drug Enforcement Administration (DEA) number(s) if they have any.

1. Click Additional Information from the navigation links above the current panel. The Additional Information panel will be displayed.

Additional Inf	ormation				3
Required fields	are indicated with an aster	isk (*).			
Languages					
Language	Description		Effective Date	End Date	
ENG	ENGLISH		10/02/2013	12/31/2299	
SPA	SPANISH		10/02/2013	10/31/2013	
FRE	FRENCH		10/02/2013	10/07/2013	
SCR	SERBO-CROATIAN		10/02/2013	10/07/2013	
HMN	HMONG		10/31/2013	12/31/2299	
		Type change	es below.		
⊂ Language D	Detail				
			_		
Languag	e*	•			
Effective Da	ate				
End Da	***				
End Da	ate				
	<b>—</b>				
	No Longer Applies				
				Add	Cancel
					Cancer
C DEA Inform	ation				
	-				
Do you have					
Enforcemen					
Administrati	on(DEA)				
Number?*					
DEA	Numbers				
DEA	Numbers				
<u></u>					
		Previous	Next		Exit
1 million (1997)					

Figure 14 Additional Information Panel

#### 9.1 Add a Language

To add a language, complete the following steps:

2. Select the applicable language from the Language drop-down menu in the "Language Detail" section.

The Effective Date and End Date fields are read-only. These fields will be populated with information after the row is added.

- 3. Click **Add**. The language will be added to the list at the top of the panel. The start date will be the current date, and the end date will be 12/31/2299.
- 4. Click **Save**. The selected language information will be saved. Complete the above steps to enter additional languages.
- 5. When finished entering information, one of three options may be chosen:
  - Click **Next** to go to the next panel on the list.
  - Click one of the links at the top of the panel to go to any of the other demographic maintenance tool panels.
  - Click the **Upload Files and Submit** link above the panel to submit the information. For information about submitting your updates, refer to the <u>Upload Files and Submit</u> section of this guide.

Note: Information is not saved until it is submitted to ForwardHealth via the Upload Files and Submit panel. If the demographic maintenance tool is exited before the information is submitted, the information will be lost and will need to be re-entered.

If there is a problem with the information entered, an error message will be displayed at the top of the panel when leaving the page. Correct the error and choose one of the above choices for continuing to another panel or submitting your information.

#### 9.2 End Date a Language

To end date a language, complete the following steps:

- 1. Click the row for the language to end date in the "Languages" section. The selected information will populate the fields on the panel.
- 2. Check the **No Longer Applies** box under the "Language Detail" section.

Additional Infor	rmation			3
Required fields are	e indicated with an asterisk	(*).		
Languages				
Language I	Description	Effective Date	End Date	
ENG E	ENGLISH	10/02/2013	12/31/2299	
	SPANISH	10/02/2013	10/31/2013	
	FRENCH	10/02/2013	10/07/2013	
	SERBO-CROATIAN	10/02/2013	10/07/2013	
HMN	HMONG	10/31/2013	12/31/2299	
Language De		data below for new record.		
Language*	* FRENCH	•		
Effective Date	e 10/02/2013			
End Date	e 10/07/2013			
	Vo Longer Applies			Save

Figure 15 End Date Language

- 3. Click **Save**. The selected language information will be saved, and the fields will become blank. The language information will remain on the list at the top of the panel; however, the current date will be displayed as the end date. Complete the above steps to end date any additional languages.
- 4. When finished entering information, one of three options may be chosen:
  - Click **Next** to go to the next panel on the list.
  - Click one of the links at the top of the panel to go to any of the other demographic maintenance tool panels.
  - Click the **Upload Files and Submit** link above the panel to submit the information. For information about submitting your updates, refer to the <u>Upload Files and Submit</u> section of this guide.

Note: Information is not saved until it is submitted to ForwardHealth via the Upload Files and Submit panel. If the demographic maintenance tool is exited before the information is submitted, the information will be lost and will need to be re-entered.

#### **9.3 Add Drug Enforcement Administration Information**

To add DEA information, complete the following steps:

- 1. Click the **Yes** radio button in the "DEA Information" section to indicate you have a DEA number.
- 2. Enter one or more DEA numbers in the DEA Numbers field.

DEA Information			
Do you have a Drug Enforcement Administration(DEA) Number?*	● Yes ○ No		
DEA Numbers	CR6789121		
	Previou	s Next	Exit

Figure 16 DEA Information Section

- 3. When finished entering information, one of three options may be chosen:
  - Click **Next** to go to the next panel on the list.
  - Click one of the links at the top of the panel to go to any of the other demographic maintenance tool panels.
  - Click the **Upload Files and Submit** link above the panel to submit the information. For information about submitting your updates, refer to the <u>Upload Files and Submit</u> section of this guide.

Note: Information is not saved until it is submitted to ForwardHealth via the Upload Files and Submit panel. If the demographic maintenance tool is exited before the information is submitted, the information will be lost and will need to be re-entered.

## **10 License Information Panel**

On the License Information panel, users can report a provider's licensure information, including license number, grant and expiration dates, and physical location as applicable (for example, hospital providers).

1. Click **License Information** from the navigation links above the current panel. The License Information panel will be displayed.

License Information					?
Required fields are indica	ted with an aste	risk (*).			
<ul> <li>The following provi</li> <li>Individual prov</li> </ul>	ders are no long riders licensed th I Physician Assist h Iowa license enter up to five	rough DSPS tants with Minnesota licen	ses. ForwardHealth is	s able to verify licenses directly.	
		Linear File the Date	Hanna Fad Data	Linear Trans	
D12345	WI	License Effective Date 01/01/2015	01/01/2018	Regular	
License Information License Numb Issuing Sta License Effective Da License End Da	te*				
License Ty	pe* • Regular	O Temporary		AddCancel	
		Previous	Next	Ex	t

Figure 17 License Information Panel

The License Information panel displays current and expired licensure information that providers have on file with ForwardHealth. Providers can use this panel to add or update their licensure information. Providers should only add licenses that are applicable to their ForwardHealth enrollment.

Providers may have a maximum of five active licenses applicable to the provider's type of enrollment. All license effective dates and end dates will be verified through applicable state

licensing boards prior to being added to the provider's file. If the provided dates do not correspond with the dates given by the applicable state licensing board, the dates given by the state licensing board will be retained and will be displayed.

#### **10.1 Update a License**

Providers will only be able to update the effective and end dates of current licenses.

1. Click the row for the license you wish to update from the "License Information List" section. The panel will refresh and the fields on the panel will populate with the information for the selected license.

License Information					?
Required fields are indica	ted with an aste	risk (*).			
<ul> <li>The following provious</li> <li>O Individual provious</li> </ul>	ders are no long iders licensed th Physician Assis n Iowa license enter up to five	rough DSPS tants with Minnesota licen	ses. ForwardHealth is	s able to verify licenses directly.	
License Number	License State	License Effective Date	License End Date	License Type	
D12345	WI	01/01/2015	01/01/2027	Regular	
License Effective Da License End Da	er* D12345 te* WI V te* 01/01/2015 te* 01/01/2023				
License numb	er is correct and			delete Save	
		Previous	Next	<u> </u>	xit

Figure 18 License Information Section with Populated License Information

- 2. Enter the new date or dates in the *License Effective Date* field and/or the *License End Date* field.
- 3. Click Save.
- 4. When finished entering information, one of three options may be chosen:
  - Click **Next** to go to the next panel on the list.

- Click one of the links at the top of the panel to go to any of the other demographic maintenance tool panels.
- Click the **Upload Files and Submit** link above the panel to submit the information. For information about submitting your updates, refer to the <u>Upload Files and Submit</u> section of this guide.

Note: Information is not saved until it is submitted to ForwardHealth via the Upload Files and Submit panel. If the demographic maintenance tool is exited before the information is submitted, the information will be lost and will need to be re-entered.

If there is a problem with the information entered, an error message will be displayed at the top of the panel when leaving the page. Correct the error and choose one of the above choices for continuing to another panel or submitting your information.

#### 10.2 Add a License

- 1. Enter licensure information in all the fields in the "License Information List" section. All fields must be completed in order to save the new license information.
- 2. Click Add.

If the information can be verified by ForwardHealth, a new row will be added to the License Information List.

If the information cannot be verified, an error message will be displayed at the top of the panel and a check box will be displayed asking for the user to validate the information entered.

The following message License number can no	-	ted: ify the data entered is co	rrect.	
License Information				0
Required fields are indica	ated with an aste	erisk (*).		
<ul> <li>The following prov         <ul> <li>Individual prov</li> <li>Physicians and</li> <li>Physicians with</li> </ul> </li> <li>You are allowed to</li> </ul>	iders are no long viders licensed th d Physician Assis h Iowa license o enter up to five	arough DSPS tants with Minnesota licen	ses. ForwardHealth is	s able to verify licenses directly.
License Informatio				
		License Effective Date		
4321D D1234	WI	04/03/2015	04/03/2022	Regular
01234	VVI	06/02/2011	06/02/2021	Regular
C License Informatio	n	Type change	es below.	New license added to list
License Num	per* 4321D			
Issuing Sta				
License Effective Da				
	ate* 04/03/2022			
License Ty				the factor and the first
License i y	Regular	Temporary	erify the informati	ion is correct and valid
License num	ber is correct an	d valid.		
				Add Cancel
		Previous	Next	Exit

Figure 19 New License Information Not Validated by ForwardHealth

- 3. If the information is correct, check the box next to *License number is correct and valid* and click **Add**.
- 4. When finished entering information, one of three options may be chosen:
  - Click **Next** to go to the next panel on the list.
  - Click one of the links at the top of the panel to go to any of the other demographic maintenance tool panels.
  - Click the **Upload Files and Submit** link above the panel to submit the information. For information about submitting your updates, refer to the <u>Upload Files and Submit</u> section of this guide.

Note: Information is not saved until it is submitted to ForwardHealth via the Upload Files and Submit panel. If the demographic maintenance tool is exited before the information is submitted, the information will be lost and will need to be re-entered. Some providers (for example, out-of-state providers) will be required to upload a copy of their license using the Upload Files and Submit panel.

### **11 Medicare Information Panel**

On the Medicare Information panel, users may add or end date a provider's Medicare number. The panel for organizations includes Medicare Indicator radio buttons, which allow a user to designate whether the Medicare number is for Part A or Part B.

1. Click **Medicare Information** from the navigation links above the current panel. The Medicare Information will be displayed.

Medicare Information			0
Required fields are indica	ted with an asterisk (*).		
Medicare Indicator M	edicare Number Effective Date End Date		
<u></u>	Type changes below.		
Medicare Indicator*	C Part A C Part B		
Medicare Number*			
Effective Date	Defaults to current date for new records.		
End Date			
		Add	Cancel
	Previous Next		Exit

Figure 20 Medicare Information Panel Organization

The panel for individuals will not contain the radio buttons since it is presumed the providers will only have a Part B Medicare number.

Medicare Informatio	n Ø	
Required fields are indi	cated with an asterisk (*).	
Medicare Indicator	Medicare Number Effective Date End Date	
	Type changes below.	
Medicare Number* Effective Date End Date	Defaults to current date for new records.	)
	Add Cancel	
	Previous Next Exit	

Figure 21 Medicare Information Panel Individual

To add a Medicare number, complete the following steps:

- 1. Enter the number in the Medicare Number field.
- 2. If the Medicare number is for an organization, click the radio button to select if the number refers to Medicare Part A or Part B.
- 3. Click Add. The number will be added to the list at the top of the panel. The start date will be the current date, and the end date will be 12/31/2299.

edicare Informatio quired fields are indi		risk (*).					
		ion ( ).					
	Medicare Number Eff						
Part B	1111111111 11	/05/2013	12/31/	2299			
		Ту	pe char	nges below.			
Medicare Number*							
Effective Date	De	efaults to o	urrent d	late for new	records.		
End Date							
						Add	Cancel
			vious	Next	1	Submit	Exit

Figure 22 Medicare Number Added

#### 11.1 End Date a Medicare Number

To end date a Medicare number, complete the following steps:

- 1. Click the row for the number to end date. The selected information will populate the fields on the panel.
- 2. Check the **No Longer Applies** box.
- 3. Click Save.

A message will display at the top indicating that the update was successful.

If there are problems with the submission, the details of the error will display here. The Medicare number will remain on the list at the top of the panel; however, the current date will be displayed as the end date.

licare Information		sterisk (*).		
Medicare Indicator Part B	Medicare Number 1423012453	Effective Date 11/04/2013	End Date 12/31/2299	
			Type changes below.	
Medicare Number	1423012453			
Effective Date	11/04/2013	Defaults to cu	rrent date for new records.	
End Date	11/04/2013	Date th	e change is made is displayed as end date.	
	No Longer Ap	plies		
				Save

Figure 23 Medicare Number End Dated

- 4. When finished entering information, one of three options may be chosen:
  - Click **Next** to go to the next panel on the list.
  - Click one of the links at the top of the panel to go to any of the other demographic maintenance tool panels.
  - Click the **Upload Files and Submit** link above the panel to submit the information. For information about submitting your updates, refer to the <u>Upload Files and Submit</u> section of this guide.

Note: Information is not saved until it is submitted to ForwardHealth via the Upload Files and Submit panel. If the demographic maintenance tool is exited before the information is submitted, the information will be lost and will need to be re-entered.

# 12 Taxonomy Panel

On the Taxonomy panel, users may update taxonomy code information. Taxonomy codes are standard code sets used to provide information about provider type and specialty for the provider's enrollment. ForwardHealth uses taxonomy codes as one piece of data for correctly identifying the provider's file.

This panel is not available to Home Health/Personal Care Agencies, Independent Labs, or Transportation/Specialized Medical Vehicle (SMV) providers.

1. Click **Taxonomy** from the navigation links above the current panel. The Taxonomy panel will be displayed.

Taxonomy			2		
Required fields are indicat	ed with an asterisk (*).				
Primary Indicator Tax					
Y 282	100000X General Acute Care Hospital				
	Type changes below.				
Taxonomy*	[ Search ]				
Taxonomy Description		0			
Primary Taxonomy					
		Add	Cancel		
6.	Previous Next		Exit		

Figure 24 Taxonomy Panel

Providers may report multiple taxonomy codes to ForwardHealth as long as the codes accurately describe the provider type and specialty for the provider's enrollment.

#### 12.1 Add a Taxonomy Code

To add a taxonomy code, complete the following steps:

1. Enter the new taxonomy code in the Taxonomy field or use the search link to search for the code. After entering the code, click anywhere in the gray area of the panel. The description of the code will be displayed in the Taxonomy Description field, and the code and description will be displayed in a row at the top of the panel.

To search for a taxonomy code, complete the following steps:

a. Click **Search** to the right of the Taxonomy field. The Taxonomy search box will be displayed.

Taxonomy				[Close]
Search				3
Taxonomy	Ef	fective Date		
End Date		Active Date		
Inactive Date				
			search	clear
Search Res	ılts			
*** N	o rows found ***			

Figure 25 Taxonomy Search Box

- b. Enter information in any of the search fields. To narrow the results, enter as much information as possible.
- c. Click **Search**. The results will be displayed in the "Search Results" section.

Taxonomy							[ Close ]
Search							?
Taxonomy	282	Effective Date					
End Date		Active Date					
Inactive Date							
						search	clear
Search Res	ults						
Taxonomy A	Description			Effective Date	End Date	Active Date	Inactive Date
282E00000X	Long Term Care Hospital		10/01/2006	12/31/2299	10/01/2006	12/31/2299	
282300000X	Religious Nonmedical Health Care Institution		10/01/2006	12/31/2299	10/01/2006	12/31/2299	
282N00000X	General Acute Care Hospital		01/01/1995	12/31/2299	01/01/1995	12/31/2299	
282NC0060X	General Acute Care Hospital - Critical Access		10/01/2003	12/31/2299	10/01/2003	12/31/2299	
282NC2000X	General Acute Care Hospital - Children		01/01/1995	12/31/2299	01/01/1995	12/31/2299	
282NR1301X	General Acute Care Hospital - Rural		01/01/1995	12/31/2299	01/01/1995	12/31/2299	
282NW0100X	General Acute Care Hospital - Women			01/01/1995	12/31/2299	01/01/1995	12/31/2299

Figure 26 Search Results Section

d. Select the applicable taxonomy code. The Taxonomy search box will close and the selected information will populate the Taxonomy and Taxonomy Description fields. The code and description will also be displayed in a row at the top of the panel.

Taxonomy		?
Required fields are indicated with an asterisk (*).		
Primary Indicator         Taxonomy         Description           N         282NC0060X         General Acute Care Hospital - Critical Access           Y         282N00000X         General Acute Care Hospital	5	
Type changes below.		
Taxonomy* 282NC0060X × [Search]		
Taxonomy Description General Acute Care Hospital - Critical Access	0	
Primary Taxonomy		
	Add	Cancel
Previous Next		Exit

Figure 27 Taxonomy Panel with Populated Information

If the system does not recognize the entered or selected taxonomy code as reflecting the user's provider type and specialty, a message indicating the provider type and entered or selected taxonomy code will be displayed above the panel. Confirm that the correct taxonomy code was entered or selected. If the taxonomy code is correct, check the **Ignore Message** box. ForwardHealth will manually verify the taxonomy code once it is submitted.

The following messages w		
This enrollment is for provide check ignore message to su		entered is 282E00000X. If this is correct,
Taxonomy		3
Required fields are indicate	d with an asterisk (*).	
Primary Indicator Taxo	nomy Description	
N 282E	00000X Long Term Care Hospital	
Y 282M	00000X General Acute Care Hospita	al
	Type data below for ne	ew record.
Taxonomy*	282E00000X [ Search ]	
Taxonomy		
Taxonomy Description	Long Term Care Hospital	0
Primary Taxonomy		
Ignore Message		
		Add Cancel
L		
	Previous Nex	xtExit

Figure 28 Confirm the Entered or Selected Taxonomy Code Message
2. If the taxonomy code is the primary code, check the **Primary Taxonomy** box; otherwise, leave the box unchecked.

Providers who report multiple taxonomy codes can only designate **one** of the codes as the primary code. If a new taxonomy code is designated to be the primary code, the Primary Indicator for the old code will then display as "N" or not primary. ForwardHealth uses the primary code for identification purposes.

3. Click Add.

The taxonomy code will be added to the list at the top of the panel, and the top row and the fields on the panel will become blank. Repeat the procedure to add any additional taxonomy codes.

- 4. When finished adding codes, one of three options may be chosen:
  - Click **Next** to go to the next panel on the list.
  - Click one of the links at the top of the panel to go to any of the other Demographic Maintenance Tool panels.
  - Click the **Upload Files and Submit** link above the panel to submit the information. For information about submitting your updates, refer to the Upload section of this guide.

Note: Information is not saved until it is submitted to ForwardHealth via the Upload Files and Submit panel. If the demographic maintenance tool is exited before the information is submitted, the information will be lost and will need to be re-entered.

If there is a problem with the information entered, an error message will be displayed at the top of the panel when leaving the page. Refer to the <u>Upload Files and Submit</u> section of this guide for information about correcting error messages.

### 12.2 Delete a Taxonomy Code

To delete a taxonomy code, complete the following steps:

- 1. Click the row containing the taxonomy code to be deleted. The selected information will populate the fields on the panel.
- 2. Click **Delete**. The taxonomy code will be removed from the panel. Repeat the procedure for any other taxonomy codes to be deleted.
- 3. When finished entering information, one of three options may be chosen:
  - Click **Next** to go to the next panel on the list.
  - Click one of the links at the top of the panel to go to any of the other demographic maintenance tool panels.
  - Click the **Upload Files and Submit** link above the panel to submit the information. For information about submitting your updates, refer to the <u>Upload Files and Submit</u> section of this guide.

Note: Information is not saved until it is submitted to ForwardHealth via the Upload Files and Submit panel. If the demographic maintenance tool is exited before the information is submitted, the information will be lost and will need to be re-entered.

## **13 Accepting New Patients Panel**

Dental providers may limit the number of Medicaid and BadgerCare Plus members they accept in several ways: certain demographic information, certain days of the week, or certain times of the day. However, dental providers are prohibited from limiting their acceptance of Medicaid and BadgerCare Plus members in a way that discriminates against a protected class, as defined in federal and state anti-discrimination laws.

The Accepting New Patients panel is only available to dental providers.

Introduction         » Individual Information         » Practice Location Address         » Audit Address           Mailing Address         » Prior Authorization Address         » Financial Information         » Additional Information           License Information         » Medicare Information         » Accepting New Patients         » Taxonomy           Specialty Change         » Group Member         » Upload Files and Submit
Introduction
Required fields are indicated with an asterisk (*).
<ul> <li>Select one of the above links to make updates to your information. When all changes are complete, select the "Submit" button to complete the change process.</li> </ul>
Next

Figure 29 Accepting New Patients Link

1. Click **Accepting New Patients** from the navigation links above the current panel. The Accepting New Patients panel will be displayed.

Accepting New Patients	0
Required fields are indicated with an asterisk (*).	
Accepting New Patients Indicator Limitation	
Type changes below.	
Are you accepting new patients?  Limitation	
	Add Cancel
Previous Next	Exit

Figure 30 Accepting New Patients Panel

## 13.1 Add Information

To add information, complete the following steps:

1. Select Yes, No, or Limited from the Are you accepting new patients? drop-down menu.

If **Limited** is selected, choose a specific limitation on patients from the Limitation drop-down menu.

2. Click Add. A row indicating your selection will be displayed at the top of the panel.

Accepting New Patients				0
Required fields are indicated with ar	n asterisk (*)	).		
Accepting New Patients Indicator		1		
Limited	Children Only			
Are you accepting new patients? Limitation		Type changes b	elow.	
				Add Cancel
		Previous Ne	ext	Exit

Figure 31 Accepting New Patients Panel with Added Row

- 3. When finished entering information, one of three options may be chosen:
  - Click **Next** to go to the next panel on the list.
  - Click one of the links at the top of the panel to go to any of the other demographic maintenance tool panels.
  - Click the **Upload Files and Submit** link above the panel to submit the information. For information about submitting your updates, refer to the <u>Upload Files and Submit</u> section of this guide.

Note: Information is not saved until it is submitted to ForwardHealth via the Upload Files and Submit panel. If the demographic maintenance tool is exited before the information is submitted, the information will be lost and will need to be re-entered.

If there is a problem with the information entered, an error message will be displayed at the top of the panel when leaving the page. Correct the error and choose one of the above choices for continuing to another panel or submitting your information.

### **13.2 Change Information**

To change information, complete the following steps:

- 1. Click the row containing the information to be revised. The selected information will populate the fields on the panel.
- 2. Change the necessary information.

Accepting New Patients	0
Required fields are indicated with an asterisk (*).	
Accepting New Patients Indicator Limitation Limited Children Only Type data Law for new record.	
Are you accepting new patients? Yes  Limitation Limited No Yes Limited No Lim	Save
Previous Next	Exit

Figure 32 Selections to Change Information

If **Yes** or **No** is selected from the drop-down menu, the Limitations field must be blank before saving the change.

3. Click **Save**. The changed information will be displayed in the row at the top of the panel.

Accepting New Patients				0
Required fields are indicated with an as	sterisk (*).			
Accepting New Patients Indicator Limi	tation			
Yes	Type ch	anges below.		
Are you accepting new patients?	•			
Limitation		v	Add	Cancel
Sec.				
	Previous	Next		Exit

Figure 33 Selection Saved

- 4. When finished entering information, one of three options may be chosen:
  - Click **Next** to go to the next panel on the list.
  - Click one of the links at the top of the panel to go to any of the other demographic maintenance tool panels.
  - Click the **Upload Files and Submit** link above the panel to submit the information. For information about submitting your updates, refer to the <u>Upload Files and Submit</u> section of this guide.

Note: Information is not saved until it is submitted to ForwardHealth via the Upload Files and Submit panel. If the demographic maintenance tool is exited before the information is submitted, the information will be lost and will need to be re-entered.

If there is a problem with the information entered, an error message will be displayed at the top of the panel when leaving the page. Correct the error and choose one of the above choices for continuing to another panel or submitting your information.

#### **13.3 Delete Information**

To delete information, complete the following steps:

1. Select the row to be deleted. The selected information will populate the fields on the panel.

Accepting New Patients			ୖ
Required fields are indicated with an	asterisk (*).		
Accepting New Patients Indicator L	imitation		
Limited C	Children Only		
ſ	Type data below for new record.		
Are you accepting new patients?	Limited 👻		
Limitation	A - Children Only	•	
		Delete	Save
	Previous Next	Subm	it Exit

Figure 34 Accepting New Patients Panel

2. Click **Delete**. A dialog box will be displayed.



Figure 35 Dialog Box

- 3. Click **OK**. The row will be removed from the panel.
- 4. When finished entering information, one of three options may be chosen:
  - Click **Next** to go to the next panel on the list.
  - Click one of the links at the top of the panel to go to any of the other demographic maintenance tool panels.

• Click the **Upload Files and Submit** link above the panel to submit the information. For information about submitting your updates, refer to the <u>Upload Files and Submit</u> section of this guide.

Note: Information is not saved until it is submitted to ForwardHealth via the Upload Files and Submit panel. If the demographic maintenance tool is exited before the information is submitted, the information will be lost and will need to be re-entered.

## 14 Case Management Target Population Panel

On the Case Management Target Population panel, providers may change the target populations they are serving. Providers only need to indicate changes to existing information. Existing information will not display on the panel.

The Case Management Target Population panel is only available to Case Management providers.

Introduction » Practice Location Address » Mailing Address » Financial Information Additional Information » Medicare Information » Taxonomy Case Management Target Population Specialty Change » Group » Upload Files and Submit	
Introduction	0
<ul> <li>Required fields are indicated with an asterisk (*).</li> <li>Select one of the above links to make updates to your information. When all changes are complete, select the "Submit" butto complete the change process.</li> </ul>	on to
Next Exit	

Figure 36 Case Management Target Population Link

1. Click **Case Management Target Population** from the navigation links above the current panel. The Case Management Target Population panel will be displayed.

Case Management Target Population	9
Required fields are indicated with an asterisk (*).	
Existing data does not pre-populate for this screen. Only enter informat	on on the screen when you have changes.
Please indicate the population(s) you will be serving (you may check motion of the persons age 65 or over.         Persons with a diagnosis of Alzheimer's disease or related dementia, as         Persons with a developmental disability as defined in s. 51.01(5)(a), State         Persons with a developmental disability as defined in s. 51.01(5)(a), State         Persons with a physical or sensory disability, as defined in s. HFS 101.00         Persons with a physical or sensory disability, as defined in s. HFS 101.01         Persons having an alcohol or drug dependency, as defined in s. 51.01(1)         Persons diagnosed as having HIV infection, as defined in s. 252.01(2), S         Persons who are severely emotionally disturbed and under age 21, as of         Persons infected with tuberculosis.         Women 45 to 64 years old.         Children enrolled in a Birth to 3 Program certified under HFS 90, Wis. Add         Families with a child(ren) under age 21 who is at risk of a physical, ment         This target population includes the following five subgroups:         1. Families with a child(ren) who is at risk of maltreatment.         3. Families with a child(ren) involved in the juvenile justice system.         4. Families with a child(ren) involved in the juvenile justice system.         5. Families where the primary caregiver has a mental illness, development their child's growth and development.         5. Families where the mother required or met the criteria to receive pren coordination services continue to be requi	defined in s. 46.87(1)(a), Stats. ts. f in s. 51.01(3g), Stats. 3, Wis. Admin. Code. ), Stats. or s. 51.01(8), Stats. tats. efined in s. 49.45(25)(a), Stats. nin. Code. al or emotional dysfunction.
Previous Next	Exit

Figure 37 Case Management Target Population Panel

- 2. Check the box for any new populations to be added. More than one population may be checked.
- 3. When finished entering information, one of three options may be chosen:
  - Click **Next** to go to the next panel on the list.
  - Click one of the links at the top of the panel to go to any of the other demographic maintenance tool panels.
  - Click the **Upload Files and Submit** link above the panel to submit the information. For information about submitting your updates, refer to the <u>Upload Files and Submit</u> section of this guide.

Note: Information is not saved until it is submitted to ForwardHealth via the Upload Files and Submit panel. If the demographic maintenance tool is exited before the information is submitted, the information will be lost and will need to be re-entered.

# **15 Driver and Vehicle Information Chart Panels**

The Driver Information Chart and Vehicle Information Chart panels are only available to SMV providers.

Introduction » Practice Location Address » Mailing Address » Prior Authorization Address Financial Information » Additional Information » Medicare Information » Taxonomy Driver Information Chart » Vehicle Information Chart	
Introduction	8
<ul> <li>Required fields are indicated with an asterisk (*).</li> <li>Select one of the above links to make updates to your information. When all changes are complete, select the "Submit" button to complete the change process.</li> </ul>	
Next Exit	

Figure 38 Driver Information Chart and Vehicle Information Chart Links

## **15.1 Driver Information Chart Panel**

Using this panel, SMV providers are required to maintain current information for all drivers and report any changes to ForwardHealth **before** they take effect.

Note: Although changes to driver information will immediately display in the demographic maintenance tool, the changed vehicle or driver information is not considered approved until 10 business days after the information was changed.

1. Click **Driver Information Chart** from the navigation links above the current panel. The Driver Information Chart panel will be displayed.

Driver Information Chart					0
Required fields are indicated with an a	sterisk (*).				
Driver Name	Driver License Number	License Expiration Da	ate Verified N		
	Type changes	below.			
Driver Name*		First na	me, MI, Last name		
Driver's License Number*					
Driver's License Expiration Date*					
License Type*	C Regular C Commercial				
Regular or Commercial Drivers License Restrictions and Violations		A +			
First Aid Course Date					
CPR Course Date					
Ramp/Lift/Restraints Training Date					
Siezure Training Date					
				Add Cance	1
	Previous	Next		Ex	it

Figure 39 Driver Information Chart Panel

#### 15.1.1 Adding a Driver

To add a driver, complete the following steps:

1. Enter all the required information.

If the driver has any restrictions on their driver's license, such as having to wear prescription glasses or traffic violations, enter them in the space provided.

2. After all of the required information has been added, click **Add**. The page will refresh and the new driver will be added to the list at the top of the panel.

Driver Name	Driver License Nu	mber License Expire	ation Date Verified N	
John D Driver	11111111111	12/31/2020	Y	
	Тур	e changes below.		
Driver Name*		F	irst name, MI, Last name	
Driver's License Number*			ist name, m, cast name	
Driver's License Expiration Date*				
License Type*	Regular Commercial			
Regular or Commercial Drivers			*	
License Restrictions and Violations			-	
First Aid Course Date				
CPR Course Date				
Ramp/Lift/Restraints Training Date				
Siezure Training Date				
				Add Cancel

Figure 40 New Driver Added to List

- 3. To add additional drivers, enter the information for another driver.
- 4. Click **Add**. The page will refresh and the new driver will be added to the list at the top of the panel.
- 5. When finished entering information, one of three options may be chosen:
  - Click **Next** to go to the next panel on the list.
  - Click one of the links at the top of the panel to go to any of the other demographic maintenance tool panels.
  - Click the **Upload Files and Submit** link above the panel to submit the information. For information about submitting your updates, refer to the <u>Upload Files and Submit</u> section of this guide.

Note: Information is not saved until it is submitted to ForwardHealth via the Upload Files and Submit panel. If the demographic maintenance tool is exited before the information is submitted, the information will be lost and will need to be re-entered.

#### **15.1.2 Changing Driver Information**

To change driver information, complete the following steps:

1. Click the row for the driver whose information is to be revised.

John D Driver	Driver License Number D11111111	License Expiration Date 12/31/2015	Verified Y
	Type cha	nges below.	
Driver Name		First name	e, MI, Last name
Driver's License Number			
Driver's License Expiration Date			
License Type	C Regular C Commercial		
Regular or Commercial Drivers License Restrictions and Violations		۰ ۲	
First Aid Course Date			
CPR Course Date			
Ramp/Lift/Restraints Training Date			
Siezure Training Date			
			Add Cancel

Figure 41 Select Driver

The fields on the panel will populate with the selected driver's information.

Driver Name John D Driver	Driver License Number 11111111111	License Expiration Date 12/31/2020	Verified Y	
	Type chang	ges below.		
Driver Name*	John D Driver	First name	, MI, Last name	
Driver's License Number*	1111111111			
Driver's License Expiration Date*	12/31/2020			
License Type*	Regular Commercial			
Regular or Commercial Drivers License Restrictions and Violations		×		
First Aid Course Date	02/01/2014			
CPR Course Date	02/01/2014			
Ramp/Lift/Restraints Training Date	02/01/2014			
Siezure Training Date	02/01/2014			
	No Longer Applies			Save

Figure 42 Selected Driver

2. Change the necessary information. In this example, the Seizure Training Date is being changed.

	First Aid Course Date	01/01/2010		
	CPR Course Date	01/01/2010		
Ramp/Lift/	Restraints Training Date	01/01/2010		
	Siezure Training Date	01/01/2014		
		🔲 No Longer A	pplies	Save
			Previous Next	Exit

Figure 43 Seizure Training Date Change

3. Click **Save**. The page will refresh and a blank yellow row will be added to the top of the panel.

Driver Name	Driver License Number	License Expirat	ion Date Verified	
John D Driver	1111111111	12/31/2020	N Y	
	Type cha	nges below.		
Driver Name*		Fir	st name, MI, Last name	
Driver's License Number*			se name, mi, case name	
Driver's License Expiration Date*				
License Type*	C Regular C Commercial			
Regular or Commercial Drivers License Restrictions and Violations			A 	
First Aid Course Date				
CPR Course Date				
Ramp/Lift/Restraints Training Date				
Siezure Training Date				

Figure 44 Driver Information Saved

If there are any errors, an error message will be displayed at the top of the panel.

The following messages were generated:	:	
Driver License Expiration Date can not be le	ss than today.	
Driver Information Chart		2
Required fields are indicated with an asteri	sk (*).	
Driver Name	Driver License Number	License E
Im A Driver	D11111111	01/01/20
	Type chang	jes below.
Driver Name Im /	A Driver	
Driver's License Number D11	1111111	- 1
Driver's License Expiration Date 01/	01/2010	
and and a second and the second terms	would a company and a set	Surger and

Figure 45 Example Error Message

Correct the information indicated in the error message and click **Save** to save the information.

- 4. When finished entering information, one of three options may be chosen:
  - Click **Next** to go to the next panel on the list.
  - Click one of the links at the top of the panel to go to any of the other demographic maintenance tool panels.
  - Click the **Upload Files and Submit** link above the panel to submit the information. For information about submitting your updates, refer to the <u>Upload Files and Submit</u> section of this guide.

Note: Information is not saved until it is submitted to ForwardHealth via the Upload Files and Submit panel. If the demographic maintenance tool is exited before the information is submitted, the information will be lost and will need to be re-entered.

If there is a problem with the information entered an error message will be displayed at the top of the panel when leaving the page. Correct the error and choose one of the above choices for continuing to another panel or submitting your information.

#### 15.1.3 Delete a Driver

To delete a driver, complete the following steps:

1. Click the row containing the driver to be deleted. Information on the selected driver will populate the fields on the panel.

First Aid Course Date	02/01/2014					
CPR Course Date	02/01/2014					
Ramp/Lift/Restraints Training Date	02/01/2014					
Siezure Training Date	02/01/2014					
[	No Longer Applies	<b>←</b>		-	[	Save
		Previous	Next			Exit

Figure 46 Delete Driver

The page will refresh and the panels will be blank. The row for the deleted driver will remain on the panel until the change is submitted to ForwardHealth via the Upload Files and Submit panel.

- 2. Check the No Longer Applies box.
- 3. Click Save.
- 4. Repeat the procedure for any other driver to be deleted.
- 5. When finished entering information, one of three options may be chosen:
  - Click **Next** to go to the next panel on the list.
  - Click one of the links at the top of the panel to go to any of the other demographic maintenance tool panels.
  - Click the **Upload Files and Submit** link above the panel to submit the information. For information about submitting your updates, refer to the <u>Upload Files and Submit</u> section of this guide.

Note: Information is not saved until it is submitted to ForwardHealth via the Upload Files and Submit panel. If the demographic maintenance tool is exited before the information is submitted, the information will be lost and will need to be re-entered.

If there is a problem with the information entered, an error message will be displayed at the top of the panel when leaving the page. Correct the error and choose one of the above choices for continuing to another panel or submitting your information.

## **15.2 Vehicle Information Chart Panel**

On the Vehicle Information Chart panel, SMV providers are required to maintain current information for all vehicles and report any changes to ForwardHealth **before** they take effect.

Note: Although changes to vehicle information will immediately display in the demographic maintenance tool, the changed vehicle or driver information is not considered approved until 10 business days after the information was changed.

1. Click **Vehicle Information Chart** from the navigation links above the current panel. The Vehicle Information Chart panel will be displayed.

Year Make	Model	License Plate I	Numbe <del>r</del> VIN	Verified N
	1	Гуре changes below.		
Vehicle Vehicle Wheelcha Wheelc	umber* Date* Par* Model* Ir Ramp CYes CNo hair Lift CYes CNo			
Cot or St	retcher Yes No			Add Cancel

Figure 47 Vehicle Information Chart Panel

#### 15.2.1 Adding a Vehicle

To add a vehicle, complete the following steps:

- 1. Enter all the required information.
- 2. After all the required information has been added, click **Add**. The page will refresh and the new vehicle will be added to the list at the top of the panel.

Year	Make	Mod	el		License Plate Number	VIN	Verified
2012	Ford	Expl	orer		wis3000	ghr123456789fgh12	N Y
				Type cl	nanges below.		
/ehicle Ide	entification Numb	oer (VIN)*					
	License Plate	Number*					
Reg	istration Expirati	ion Date*					
	Veh	icle Year*					
	Vehic	de Make*					
	Vehic	le Model"					
	Wheelch	hair Ramp	C Yes C No				
			C Yes C No				
	Cot or	Stretcher	C Yes C No				
						Add	Cancel

Figure 48 New Vehicle Added to List

- 3. To add any additional vehicles, enter the information for another vehicle.
- 4. Click **Add**. The page will refresh and the new vehicle will be added to the list at the top of the panel.

If the addition was not successful, an error message will display above the panel indicating what additional information is required or needs to be changed.



Figure 49 Example Error Message

Make the needed correction(s) on the panel and click Save.

License Plate Number*	WISC300	او و د د دن و هو در ای در ای در این و این و این از در از در داند داند، این دارد های مربق از این از دی ایس و در همی می رس از دی او
Registration Expiration Date*	12/31/2020	
Vehicle Year*	2012	
Vehicle Make*	Ford	
Vehicle Model*	Explorer	
Wheelchair Ramp	Yes ○ No     No	
Wheelchair Lift	Yes ○ No	
Cot or Stretcher	Yes ○ No	N 1997
	No Longer Applies	Save
	Previous	NextExit

Figure 50 Save Button

- 5. When finished entering information, one of three options may be chosen:
  - Click **Next** to go to the next panel on the list.
  - Click one of the links at the top of the panel to go to any of the other demographic maintenance tool panels.
  - Click the **Upload Files and Submit** link above the panel to submit the information. For information about submitting your updates, refer to the <u>Upload Files and Submit</u> section of this guide.

Note: Information is not saved until it is submitted to ForwardHealth via the Upload Files and Submit panel. If the demographic maintenance tool is exited before the information is submitted, the information will be lost and will need to be re-entered.

If there is a problem with the information entered, an error message will be displayed at the top of the panel when leaving the page. Correct the error and choose one of the above choices for continuing to another panel or submitting your information.

#### **15.2.2 Changing Vehicle Information**

To change vehicle information, complete the following steps:

1. Click the row containing the vehicle information to be revised.

	rmation Cha s are indicate		sterisk (*).					0
<b>Year</b> 2012	Ford	Mod	el		License Plate Number wis3000	VIN ghr123456789fgh12	Verified N Y	
				Type c	hanges below.			
	Veh Veh Wheel Wheel	e Number*	C Yes C No C Yes C No C Yes C No			Add	Cancel	
				Previous	Next		Exit	

Figure 51 Select Vehicle

The fields on the panel will populate with the selected vehicle's information.

Year 2012		del PLORER	License Plate Number WIS3000	VIN GHR123456789FGH12	Verifie Y
		Туре	changes below.		
Vehicle I	dentification Number (V	IN)* GHR123456789	-GH12		
	License Plate Num	ber* WIS3000			
R	egistration Expiration D	ate" 12/31/2014		2	
	Vehicle Y	ear* 2012	•	←	
	Vehicle Ma	ke* FORD			
	Vehicle Mo	del* EXPLORER			
	Wheelchair R	amp • Yes • No			
	Wheelchai	Lift · Yes · No			
	Cot or Stret	cher • Yes ONO			
		No Longer A	pplies		

Figure 52 Vehicle Selected

2. Change the necessary information. In this example, the Registration Expiration Date is being changed.

Registration Expiration Date*	12/31/2015
Vehicle Year*	2012
Vehicle Make*	FORD
Vehicle Model*	EXPLORER
Wheelchair Ramp	Yes ⊂ No     No
Wheelchair Lift	Yes ⊂ No     No
Cot or Stretcher	Yes ⊂ No     No
	No Longer Applies

Figure 53 Seizure Training Date Change

3. Click **Save**. The page will refresh and a blank yellow row will be added to the top of the panel.

Ve	Vehicle Information Chart									
Req	Required fields are indicated with an asterisk (*).									
6										
	Year	Make	Model	License Plate Number	VIN	Verified				
						N				
	2012	FORD	EXPLORER	WIS3000	GHR123456789FGH12	Y				
L.,										
	a	· · · · · · · · · · · · · · · · · · ·		hand a data and a shift and a shift a star and a star a shift and	and a construction of the second state of the					

Figure 54 Vehicle Information Saved

If there are any errors, an error message will be displayed at the top of the panel.

		vere generated: I can not be less than tod	ay.			
Vehicle Inf	ormation Cha	art				?
Required fiel	ds are indicate	ed with an asterisk (*).				
Required fiel	ds are indicate	ed with an asterisk (**). Model	License Plate Number	VIN	Verified	

Figure 55 Save Error

Correct the information indicated in the error message and click **Save** to save the information.

- 4. When finished entering information, one of three options may be chosen:
  - Click **Next** to go to the next panel on the list.
  - Click one of the links at the top of the panel to go to any of the other demographic maintenance tool panels.

• Click the **Upload Files and Submit** link above the panel to submit the information. For information about submitting your updates, refer to the <u>Upload Files and Submit</u> section of this guide.

Note: Information is not saved until it is submitted to ForwardHealth via the Upload Files and Submit panel. If the demographic maintenance tool is exited before the information is submitted, the information will be lost and will need to be re-entered.

If there is a problem with the information entered, an error message will be displayed at the top of the panel when leaving the page. Correct the error and choose one of the above choices for continuing to another panel or submitting your information.

#### 15.2.3 Delete a Vehicle

To delete a vehicle, complete the following steps:

- 1. Click the row containing the vehicle to be deleted. Information on the selected vehicle will populate the fields on the panel.
- 2. Check the **No Longer Applies** box.

Registration Expiration Date*	12/31/2015
Vehicle Year*	2012
Vehicle Make*	FORD
Vehicle Model*	EXPLORER
Wheelchair Ramp	Yes ⊂ No     No
Wheelchair Lift	● Yes C No
Cot or Stretcher	Yes C No     No
	No Longer Applies

Figure 56 Delete Vehicle

The page will refresh and the panels will be blank. The row for the deleted vehicle will remain on the panel until the change is submitted to ForwardHealth via the Upload Files and Submit panel.

- 3. Click Save.
- 4. Repeat the procedure for any other vehicle to be deleted.
- 5. When finished entering information, one of three options may be chosen:
  - Click **Next** to go to the next panel on the list.
  - Click one of the links at the top of the panel to go to any of the other demographic maintenance tool panels.

• Click the **Upload Files and Submit** link above the panel to submit the information. For information about submitting your updates, refer to the <u>Upload Files and Submit</u> section of this guide.

Note: Information is not saved until it is submitted to ForwardHealth via the Upload Files and Submit panel. If the demographic maintenance tool is exited before the information is submitted, the information will be lost and will need to be re-entered.

## **16 Group Panel**

The Group panel is only available to Medicaid-enrolled organizations and clinics.

Introduction » Practice Location Address » Mailing Address » Prior Authorization Address Financial Information » Additional Information » Medicare Information » Taxonomy Specialty Change 3 Group > Upload Files and Submit
Introduction
<ul> <li>Required fields are indicated with an asterisk (*).</li> <li>Select one of the above links to make updates to your information. When all changes are complete, select the "Submit" button to complete the change process.</li> </ul>
Next

Figure 57 Group Link

1. Click **Group** from the navigation links above the current panel. The Group panel will be displayed.

oup uired fields are	indicated v	with an asterisk (*)	).	_	_	_	_
Enter or upda for the organi		idual providers who	o are working fo	or your organiza	ation. Rem	iove any provid	lers no longer wo
NPI	Provider ID	Name	Address	ZIP	ZIP + 4	Taxonomy	Provider Type
7777777770 7777777773			520 MAIN 400 E 3RD S		1 4545 5 1000	000L00000X 000P00000T	Physician Physician
Provider ID	*	[ Search ]					
Provider Name	e						
Addres	s						
Cit	v						
State	e						
ZI							
ZIP + 4							
Taxonom							
Provider Type	e						
Effective Date	*						
						Ad	d Cancel
			Previous	Next			Exit

Figure 58 Group Panel

### 16.1 Add a Provider

To add an individual Medicaid-enrolled provider to the organization or clinic, complete the following steps:

1. Click the **Search** link next to the Provider ID field. The Provider ID Search panel will be displayed.

Provider ID*	[Search]] Provider ID	[ Close
Provider Name	Search	?
Address		
City	Provider ID 777777777	
State	sea	rch clear
ZIP	·	

Figure 59 Provider ID Search Sub-panel

- 2. Enter the Provider ID for the provider to be added.
- 3. Click **Search**. The Provider ID Search Results panel will populate with the information for the selected provider.

Provider ID											[Close]
Search											?
Provider ID 7	7777777777	7								search	clear
Search Res	ults										
<u>NPI</u>	Provider ID	Name A	Address	City	<u>State</u>	ZIP	ZIP + 4	Taxonomy	Payer	Provider Type	
7777777777	10000006	DOE, JOHN	1212 MAIN ST	MADISON	WI	53710	2000	200Z00000X	Medicaid	Physician	
		·									

Figure 60 Provider ID Search Results Panel

4. Click the row for the selected provider. The Search Results panel will close and the fields on the Group panel will populate with the provider's information.

for the organ		nddai providers wild	are working for you	organizat	ion. Rem	iove any provide	ers no longer wo
NPI	Provider ID		Address	ZIP		Taxonomy	Provider Type
	100000000 100000001	DOE, JON DOE, JANICE E	520 MAIN 400 E 3RD ST	53711 53715		000L00000X 000P00000T	Physician Physician
Provider ID	* 7777777	777 [Search]					
Provider Nam		1.000.001					
	s 1212 MA						
Cit		N					
Stat	e WI						
ZI	P 53710						
ZIP +	4 2000						
Taxonom	y 200Z000	00X					
Provider Typ	e Physician	I					
Effective Date	*						
						Add	Cancel

Figure 61 Group Panel Populated with Provider's Information

- 5. In the **Effective Date** field, enter the effective date for when the provider is to be added to the group.
- 6. Click Add. The selected provider will be added to the list at the top of the panel.

NPI	Provider ID	Name	Address	ZIP	ZIP + 4	Taxonomy	Provider Type
777777777777777777777777777777777777777	10000002	DOE, JOHN	1212 MAIN ST	53710	2000	200Z00000X	Physician
777777770	10000000	DOE, JON	520 MAIN	53711	4545	000L00000X	Physician
777777773	10000001	DOE, JANICE E	400 E 3RD ST	53715	1000	000P00000T	Physician
State ZIF ZIP + 4	4						
Taxonomy							
Provider Type	2						

Figure 62 Provider Added

- 7. When finished entering information, one of three options may be chosen:
  - Click **Next** to go to the next panel on the list.
  - Click one of the links at the top of the panel to go to any of the other demographic maintenance tool panels.
  - Click the **Upload Files and Submit** link above the panel to submit the information. For information about submitting your updates, refer to the <u>Upload Files and Submit</u> section of this guide.

Note: Information is not saved until it is submitted to ForwardHealth via the Upload Files and Submit panel. If the demographic maintenance tool is exited before the information is submitted, the information will be lost and will need to be re-entered.

## **16.2 Remove a Provider**

To remove a provider from the Group panel:

1. Click the row for the provider to be removed from the list at the top of the panel. The fields on the Group panel will populate with the selected provider's information.

Enter or updat working for the		idual providers w ion.	ho are	working for yo	ur organiza	ation. Re	move any prov	viders no longer
NPI	Provider ID	Name		ddress	ZIP		Taxonomy	Provider Type
1234510216	a second s			114 HLL		9997	2084P0800X	Physician
3541005617				89 TEST DR		4561	208D00000X	Physician
1451450203				89 TEST DR		1354	207P00000X	Physician
3333333334	100001523	PHYSICIAN, JOHN	T 1	59 TEST AVE	53710	1561	207Q00000X	Physician
Provider ID*	3541005	517 [Search]						N
Provider Name	PHYSICIAN	N, BILL						B
Address	789 TEST	DR						
City	MADISON	1						
State	WI							
ZIP	53711							
ZIP + 4	4561							
Taxonomy	208D000	00X						
Provider Type	Physician	i						
Effective Date*	12/20/20	13						
End Date								
								Save

Figure 63 Provider Selected

- 2. In the **End Date** field, enter the date when the provider will no longer be part of the group.
- 3. Click **Save**. The fields on the panel will become blank. Repeat the procedure for any other providers to be removed from the group. After the changes are submitted, the provider will be removed from the list once the end date is reached.
- 4. When finished entering information, one of three options may be chosen:
  - Click **Next** to go to the next panel on the list.
  - Click one of the links at the top of the panel to go to any of the other demographic maintenance tool panels.

• Click the **Upload Files and Submit** link above the panel to submit the information. For information about submitting your updates, refer to the <u>Upload Files and Submit</u> section of this guide.

Note: Information is not saved until it is submitted to ForwardHealth via the Upload Files and Submit panel. If the demographic maintenance tool is exited before the information is submitted, the information will be lost and will need to be re-entered.

# **17 Group Member Panel**

The Group Member panel is available to all individual Medicaid-enrolled providers to enter or update information about their group affiliations.

Introduction » Individual Information » Practice Location Address » Audit Address
Mailing Address » Prior Authorization Address » Financial Information » Additional Information
License Information » Medicare Information » Taxonomy » Group Member
Upload Files and Submit
Introduction
Required fields are indicated with an asterisk (*).
<ul> <li>Select one of the above links to make updates to your information. When all changes are complete, select the "Submit" button to complete the change process.</li> </ul>
Next Exit

Figure 64 Group Member Link

1. Click **Group Member** from the navigation links above the current panel. The Group panel will be displayed.

NPI	Provider ID	Name	Address	ZIP	ZIP + 4	Taxonomy	Provider Type
7777777700	41201600	CHILDRENS CENTER	2935 EAST AVE S	54601	1234	261QR0400X	Therapy Group
7777777777	100000876	HR HOSPITAL	100 HOSPITAL ST	53718	6545	101YP2500X	Hospital
Provider ID	*	[Search]					
Provider Nam	e						
Addres	s						
Cit	у						
State	e						
ZI	p						
ZIP +	4						
Taxonom	y						
Provider Type	e						

Figure 65 Group Member Panel

### 17.1 Add a Group Affiliation

To add a group affiliation, complete the following steps:

1. Click the **Search** link next to the Provider ID field. The Provider ID Search sub-panel will be displayed.

Provider ID*	Search Provider ID	[ Close ]
Provider Name	Search	3
Address		
City	Provider ID 1204132017	
State	sea	rch clear
ZIP		

Figure 66 Provider ID Search Sub-panel

2. Enter the Provider ID for the provider to be added.

3. Click **Search**. The Provider ID Search Results panel will populate with the information for the selected provider.

Provider ID										<u>[</u>	<u>Close ]</u>
Search											?
Provider ID	1204132017									search cl	ear
Search Res	ults										
	Provider ID		Address	City	State		$\frac{\text{ZIP} + 4}{\text{P1PP}}$	Taxonomy	Payer	Provider Type	100)
1204132017	100000831	ASC OF MADISON	651 RANDOM AVE	MADISON	VVI	53711	3120	261QA1903X	Medicald	Ambulatory Surgical Center (	ASC)

Figure 67 Provider ID Search Results Panel

4. Click the row for the selected provider. The Search Results panel will close, and the fields on the Group Member panel will populate with the group's information.

NPI	Provider ID	Namo	Address	ZIP	710 ± 4	Taxonomy	Provider Type
7777777700		CHILDRENS	2935 EAST AVE S	54601		261QR0400X	Therapy Group
		CENTER HR HOSPITAL	100 HOSPITAL ST		6545	101YP2500X	Hospital
Provider II	D* 1204132	2017 [ Search ]					
Provider Nar	ne ASC OF	MADISON					
Addre	ss 651 RAN	DOM AVE					
С	ity MADISO	N					
Sta	te WI						
Z	IP 53711						
ZIP +	4 3120						
Taxonor	ny 261QA19	903X					
Provider Ty	pe Ambulat	ory Surgical Cente	r (ASC)				

**Figure 68** Group Member Panel Populated with Group's Information

- 5. In the **Effective Date** field, enter the effective date for when the group affiliation is to be added to the provider.
- 6. Click Add. The selected group affiliation will be added to the list at the top of the panel.

CHILDRENS	Address ZIP 551 RANDOM AVE 537	ZIP+4 Taxonomy 11 3120 261QA1903X	Provider Type Ambulatory Surgice
CENTER	2935 EAST AVE S 546	01 1234 261QR0400X	Center (ASC) Therapy Group
777777773 100000876 HR HOSPITAL 1	100 HOSPITAL ST 537	18 6545 101YP2500X	Hospital
State			
ZIP + 4			
Taxonomy			
Provider Type			

Figure 69 Group Affiliation Added

- 7. When finished entering information, one of three options may be chosen:
  - Click **Next** to go to the next panel on the list.
  - Click one of the links at the top of the panel to go to any of the other demographic maintenance tool panels.
  - Click the **Upload Files and Submit** link above the panel to submit the information. For information about submitting your updates, refer to the <u>Upload Files and Submit</u> section of this guide.

Note: Information is not saved until it is submitted to ForwardHealth via the Upload Files and Submit panel. If the demographic maintenance tool is exited before the information is submitted, the information will be lost and will need to be re-entered.

If there is a problem with the information entered, an error message will be displayed at the top of the panel when leaving the page. Correct the error and choose one of the above choices for continuing to another panel or submitting your information.

#### **17.2 Remove a Group Affiliation**

To remove a group affiliation from the Group Member panel:

1. Click the row for the group affiliation to be removed from the list at the top of the panel.

The fields on the panel will populate with the information for the selected group affiliation.

NPI	Provider ID	Name	Address	ZIP	ZIP+4	Taxonomy	Provider Type
1204132017	100000831	ASC OF MADISON	651 RANDOM AVE	53711	3120	261QA1903X	Ambulatory Surgica Center (ASC)
777777773	41201600	CHILDRENS CENTER	2935 EAST AVE S	54601	1234	261QR0400X	Therapy Group
7777777777	100000876	HR HOSPITAL	100 HOSPITAL ST	53718	6545	101YP2500X	Hospital
Provider Nam Addres Cit	s 2935 EAS y LACROSSI	IS CENTER T AVE S					
	e WI P 54601						
	4 1234						
	y 261QR040	00X					
Provider Type	e Therapy (	Group					
Effective Date End Date		00	_				

Figure 70 Group Affiliation Selected

- 2. In the **End Date** field, enter the date when the provider will no longer be affiliated with the group.
- 3. Click Save.

The fields on the panel will become blank. Repeat the procedure for any other group affiliations to be removed. After the changes are submitted, the group affiliation will be removed from the list once the end date is reached.

- 4. When finished entering information, one of three options may be chosen:
  - Click **Next** to go to the next panel on the list.
  - Click one of the links at the top of the panel to go to any of the other demographic maintenance tool panels.
  - Click the **Upload Files and Submit** link above the panel to submit the information. For information about submitting your updates, refer to the <u>Upload Files and Submit</u> section of this guide.

Note: Information is not saved until it is submitted to ForwardHealth via the Upload Files and Submit panel. If the demographic maintenance tool is exited before the information is submitted, the information will be lost and will need to be re-entered.
# **18 NPI Subpart Information Panel**

On the National Provider Identifier (NPI) Subpart Information panel, hospitals may provide NPI subpart numbers to ForwardHealth. Providers are required to provide ForwardHealth with only those NPI subparts that represent hospital units that are not separately enrolled in Wisconsin Medicaid. ForwardHealth uses NPI subparts as additional identifiers that are linked to the hospital's enrollment.

The NPI Subpart Information panel is only available to hospital providers.

Introduction » Practice Location Address » Mailing Address » Prior Authorization Address Financial Information » Additional Information » Medicare Information » Taxonomy NPI Subpart Information » Upload Files and Submit	
Introduction	
<ul> <li>Required fields are indicated with an asterisk (*).</li> <li>Select one of the above links to make updates to your information. When all changes are complete, select the "Submit" button to complete the change process.</li> </ul>	
Next Exit	I)

Figure 71 NPI Subpart Information Link

1. Click **NPI Subpart Information** from the navigation links above the current panel from the navigation links above the current panel. The NPI Subpart Information panel will be displayed.

NPI Subpart Information		3
Required fields are indicated with an aste	erisk (*).	
*** No rows found ***		
	Type changes below.	
NPI Subpart Number*		
Associated Taxonomy*		
		Add Delete
	Previous	Exit

Figure 72 NPI Subpart Information Panel

# **18.1 Add a National Provider Identifier Subpart**

To add a NPI subpart, complete the following steps:

1. Enter the subpart number to be added in the NPI Subpart Number field.

- 2. Enter the taxonomy number associated with the NPI subpart in the Associated Taxonomy field.
- 3. Click Add. A row containing the NPI subpart will be added at the top of the panel.

NPI Subpart Inform	ation		(
Required fields are indi	icated with an asterisk (*).		
NPI Subpart Number 100000000	Associated Taxonomy 282N00000X		
L	Тур	e changes below.	
NPI Subpart Numbe	er*		
Associated Taxonom	iy*		Add Delete
			Add Delete
		Previous	Exit

Figure 73 NPI Subpart Information Panel with Added Row

- 4. When finished entering information, one of three options may be chosen:
  - Click **Next** to go to the next panel on the list.
  - Click one of the links at the top of the panel to go to any of the other demographic maintenance tool panels.
  - Click the **Upload Files and Submit** link above the panel to submit the information. For information about submitting your updates, refer to the <u>Upload Files and Submit</u> section of this guide.

Note: Information is not saved until it is submitted to ForwardHealth via the Upload Files and Submit panel. If the demographic maintenance tool is exited before the information is submitted, the information will be lost and will need to be re-entered.

If there is a problem with the information entered, an error message will be displayed at the top of the panel when leaving the page. Correct the error and choose one of the above choices for continuing to another panel or submitting your information.

#### **18.2** Delete a National Provider Identifier Subpart

To delete an NPI subpart, complete the following steps:

- 1. Click the row containing the NPI subpart to be deleted. The NPI subpart information will populate the fields on the panel.
- 2. Click **Delete**. The NPI subpart information will be removed from the panel.
- 3. When finished entering information, one of three options may be chosen:
  - Click **Next** to go to the next panel on the list.

- Click one of the links at the top of the panel to go to any of the other demographic maintenance tool panels.
- Click the **Upload Files and Submit** link above the panel to submit the information. For information about submitting your updates, refer to the <u>Upload Files and Submit</u> section of this guide.

Note: Information is not saved until it is submitted to ForwardHealth via the Upload Files and Submit panel. If the demographic maintenance tool is exited before the information is submitted, the information will be lost and will need to be re-entered.

If there is a problem with the information entered, an error message will be displayed at the top of the panel when leaving the page. Correct the error and choose one of the above choices for continuing to another panel or submitting your information.

# **19 Home Health Personal Care Agency Personnel Information**

On the Personnel Information panels, home health and personal care agencies are required to report personnel information to ensure appropriate licensing. Reporting EVV workers in this panel is optional.

The Personnel Information panel is only available to home health and personal care agency providers.

Introduction » Practice Location Address » Mailing Address » Prior Authorization Address Financial Information » Additional Information » Medicare Information » Taxonomy Home Health Personal Care Agency Personnel Information
Introduction
<ul> <li>Required fields are indicated with an asterisk (*).</li> <li>Select one of the above links to make updates to your information. When all changes are complete, select the "Submit" button to complete the change process.</li> </ul>
Next Exit

Figure 74 Personnel Information Link

1. Click **Home Health Personal Care Agency Personnel Information** from the links above the current panel. The Home Health/Personal Care Agency Personnel Information panel will be displayed.

Leave all fields b	lank and select	Search to display all activ	e personnel.		
				id patients. Failure to report	all employe
		cessing or denial.			
EVV Worker Iden	tification is Opt	ional.			
Last Nam	0				
First Nam					
License Numbe					
Position/Title/Rol	e		~		search
					clear
Last Name	First Name	Position/Title/Role	License Number	Employment End Date	Status
		Туре	changes below.		
F	First Name*				
м	iddle Initial				
1	Last Name*				
Da	te of Birth*				
Social Securi	ty Number*				
Employment Effe	ctive Date*				
	nse Number				
Is	suing State	~			
Position	/Title/Role*		~		
				Add	Cancel
Report					
Generate Personne	el Report				

Figure 75 Home Health/Personal Care Agency Personnel Information Panel

Note: Required fields are indicated with an asterisk.

# **19.1 Searching Personnel**

To search for active on-file personnel, complete the following steps:

1. Enter information for the individual in any combination in the "Personnel Search" section at the top of the Home Health/Personal Care Agency Personnel Information panel.

r Home Health Personal	l Care Agency Personnel Information	3
Required fields are indic	ated with an asterisk (*).	
Enter all Home Heal	ik and select Search to display all active personnel. lth/Personal Care Personnel who are seeing Wisconsin Medicaid patients. Failure to repor oplication processing or denial. ication is Optional.	t all employees may
Last Name		
First Name		
License Number		
Position/Title/Role	v	search
		clear
		united and

Figure 76 Personnel Search Section

- 2. Click Search.
- 3. Click the row containing the individual's name.

me Health Persona	I Care Agency I	Personnel Information	1		
quired fields are indic	ated with an ast	erisk (*).			
	lth/Personal Car oplication proces	sing or denial.		id patients. Failure to repo	rt all employees r
Last Name	EMPLOYEE				
First Name	IM				
License Number					
Position/Title/Role			~		search
					clear
	First Name	Position/Title/Role	License Number	Employment End Date	Status
Last Name					

Figure 77 Search Results Section

The individual's information will populate.

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
Last Name	First Nar	ne Positio	n/Title/Role	License Numb	oer Employment End Date	Status
EMPLOYEE	IM	RN		1111111111		Pass
			Type cha	nges below.		
			Type cha	nges below.		
First	Name* I	м				
	e Initial 🖌	<u> </u>				
Last	Name* E	MPLOYEE				
Employment Effectiv	e Date*	04/01/2008				
Employment E		.,,				
2						
Licence	Number					
		111111111				
Issuir	ng State	VI 🗸				
Position/Titl	e/Role*	RN		~		
						Save
Report						
Generate Personnel Re	<u>eport</u>					
					1	
			Previous	Next		E

Figure 78 Personnel List Section

#### **19.2 Add New Personnel**

To add new employees, complete the following steps:

- 1. Enter the employee's first name in the First Name field.
- 2. Enter the employee's last name in the Last Name field.
- 3. Enter the employee's date of birth (DOB) using MMDDCCYY format in the Date of Birth field.
- 4. Enter the employee's SSN in the Social Security Number field. Enter numbers only. The SSN will be automatically formatted.
- 5. Enter the date the employee started working at the agency using MMDDCCYY format in the Employment Effective Date field.
- 6. If applicable, enter the employee's license number in the License Number field.

7. If applicable, select the state that issued the employee's license from the Issuing State dropdown menu. If a state other than Wisconsin issued the employee's license, ForwardHealth will manually review and update the employee's information once it is submitted.

Note: A license number and issuing state are required for all personnel except home health workers and personal care workers.

8. Select the employee's job title or position with the agency from the Position/Role/Title dropdown menu.

Note: Click **Cancel** at any time to delete all entered information from the fields on the panel.

9. Click Add. If a license number is entered that cannot be immediately verified, an error message will display at the top of the panel, the License Number field will be highlighted, and a License number is correct and valid check box will display at the bottom of the panel.

EMPLOYEE	First Name IM	Position/Title/Rol RN	e License Number 1111111111	Employment End Date	Status
		Type chang	es below.		
	First Name* IM				
Ν	Aiddle Initial A				
	Last Name* EMP	LOYEE			
Da	ate of Birth* 01/0	1/1976			
Social Securi	ty Number* 000-	00-000			
Employment Effe	ective Date* 04/0	1/2008			
Lice	nse Number 111				
Is	suing State WI	•			
Position	/Role/Title* RN			•	

Figure 79 License Number Cannot Be Immediately Verified

10. Verify that the entered license number is correct. If the number is correct, check the License number is correct and valid box.

11. Click Save. A row displaying the entered information will be added at the top of the panel.

Last Name EMPLOYEE	First Name IM	Position/Title/Role RN	License Number 1111111111	Employment End Dat
	Ту	pe changes below.		
First Name*				
Middle Initial				
Last Name*				
Date of Birth*				
Social Security Number*				
Employment Effective Date*				
License Number				
Issuing State	-			
Position/Role/Title*			•	

Figure 80 Home Health/Personal Care Agency Personnel Information Panel with Added Row

12. When finished entering information, one of three options may be chosen:

- Click **Next** to go to the next panel on the list.
- Click one of the links at the top of the panel to go to any of the other demographic maintenance tool panels.
- Click the **Upload Files and Submit** link above the panel to submit the information. For information about submitting your updates, refer to the <u>Upload Files and Submit</u> section of this guide.

Note: Information is not saved until it is submitted to ForwardHealth via the Upload Files and Submit panel. If the demographic maintenance tool is exited before the information is submitted, the information will be lost and will need to be re-entered.

If there is a problem with the information entered, an error message will be displayed at the top of the panel when leaving the page. Correct the error and choose one of the above choices for continuing to another panel or submitting your information.

## **19.3 Change Unsubmitted Personnel Information**

Note: This section applies to personnel information that has been added to the Home Health/Personal Care Agency Information panel but not yet submitted to ForwardHealth from the Upload Files and Submit panel.

To change employee information that has not been submitted, complete the following steps:

- 1. Click the row containing the employee information to be revised. The employee's information will populate the fields on the panel.
- 2. Change the necessary information.

Home Health Personal Care Agency Personnel Inf	formation				0
Required fields are indicated with an asterisk (*).					
<ul> <li>Leave all fields blank and select Search to display a</li> <li>Enter all Home Health/Personal Care Personnel who</li> </ul>		ts. Failure to report all employees may result in delayed ap	nication procession or denial.		
EVV Worker Identification is Optional.					
Last Name					
First Name					
License Number					
Position/Title/Role	Y				search
					clear
Last Name	First Name	Position/Title/Role	License Number	Employment End Date	Status
EMPLOYEE	IM	RN	111111111		Verific ation Required
EMPLOYEE MARRIED EMPLOYEE	TONY	Physical Therapist Home Health Aide			Pass Pass
MARKIED EMIPLOTEE	14	Home Health Alde			P835
		Type chan	ges below,		
First Name* IM					
Middle Initial A					
Last Name* EMPLOYEE					
Date of Birth* 01/01/1976					
Social Security Number* 666-86-6666					
Employment Effective Date* 04/10/2008					
License Number 111111111					
Issuing State WI 🔽					
Position/Title/Role* RN	~				
License number is correct and valid.					
					delete Save
Report					
Generate Personnel Report					
		Previous	Next		Exit

Figure 81 Home Health Personal Care Agency Personnel Information Panel

- 3. Click **Save**. The row at the top of the panel will be updated with the changed information.
- 4. When finished entering information, one of three options may be chosen:
  - Click **Next** to go to the next panel on the list.
  - Click one of the links at the top of the panel to go to any of the other demographic maintenance tool panels.
  - Click the **Upload Files and Submit** link above the panel to submit the information. For information about submitting your updates, refer to the <u>Upload Files and Submit</u> section of this guide.

Note: Information is not saved until it is submitted to ForwardHealth via the Upload Files and Submit panel. If the demographic maintenance tool is exited before the information is submitted, the information will be lost and will need to be re-entered.

If there is a problem with the information entered, an error message will be displayed at the top of the panel when leaving the page. Correct the error and choose one of the above choices for continuing to another panel or submitting your information.

### **19.4 Delete Unsubmitted Personnel Information**

Note: Only employee information that has not yet been submitted can be deleted. Once an employee's information is submitted, the information cannot be deleted; however, submitted employee information can be enddated.

To delete employee information that has not been submitted, complete the following steps:

1. Click the row containing the information to be deleted.

The employee's information will populate the fields on the panel.

Home Health Personal Care A	Igency Personnel Information							0
Required fields are indicated with	an asterisk (*).							
		in Medicaid patients. Failure to report all employees r	may result in delayed applicatio	n processing or denial.				
Last Name First Name License Number Position/Title/Role	V						sear	
Last Name	First Name	Position/Title/Role		License Number	Employment End Date	Status		
EMPLOYEE	TONY	Position/ litle/ Role Physical Therapist		License Number	Employment End Date	Pass		
MARRIED EMPLOYEE	IM	Home Health Aide				Pass		
			Type changes below.					
First Name*	TONY							
Middle Initial	В							
Last Name*	EMPLOYEE							
Date of Birth*	05/05/1968							
Social Security Number*	666-86-6666							
Employment Effective Date*	09/10/2010							
License Number								
Issuing State								
Position/Title/Role*	Personal Care Worker	¥						
					_		delete Sav	e
Report								
Generate Personnel Report								
			Previous Next					Exit

Figure 82 Home Health Personal Care Agency Personnel Information Panel

2. Click **Delete**. A dialog box will be displayed.





- 3. Click **OK**. The row will be removed from the panel.
- 4. When finished entering information, one of three options may be chosen:
  - Click **Next** to go to the next panel on the list.
  - Click one of the links at the top of the panel to go to any of the other demographic maintenance tool panels.
  - Click the **Upload Files and Submit** link above the panel to submit the information. For information about submitting your updates, refer to the <u>Upload Files and Submit</u> section of this guide.

Note: Information is not saved until it is submitted to ForwardHealth via the Upload Files and Submit panel. If the demographic maintenance tool is exited before the information is submitted, the information will be lost and will need to be re-entered.

If there is a problem with the information entered, an error message will be displayed at the top of the panel when leaving the page. Correct the error and choose one of the above choices for continuing to another panel or submitting your information.

# **19.5 Change Submitted Personnel Information**

Note: This section applies to personnel information that has been previously submitted.

1. Click the row containing the employee information to be revised. The employee's information will populate the fields on the panel.

Note: To protect personal information, an employee's SSN and DOB will not display once submitted.

2. Change the necessary information.

Home Health Personal Care Agency Perso						0
Required fields are indicated with an asterisk (	(*).					
<ul> <li>Leave all fields blank and select Search to</li> </ul>	o display all active personnel.					
Enter all Home Health/Personal Care Perso		tients. Failure to report all employees may result in de	layed application processing or denial.			
<ul> <li>EVV Worker Identification is Optional.</li> </ul>						
Last Name						
First Name						
License Number						
Position/Title/Role	×					search
						search
						clear
Last Name	First Name	Position/Title/Role	License Number	Employment End Date	Status	
EMPLOYEE	TONY	Physic al Therapist			Pass	
EMPLOYEE	IM	Home Health Aide			Pass	
		Type chang	es below.			
First Name* IM						
Middle Initial A						
Last Name* MARRIED EN	MPLOYEE ×					
Date of Birth* 04/01/1989						
Social Security Number* 666-86-666	56					
Employment Effective Date* 04/01/2008						
License Number						
Issuing State						
Position/Title/Role* Home Healt						
Position Title Role - Home Heat	th Aide					
						delete Save
						delete Save
Report						
Generate Personnel Report						
L						
		Previous	Next			Exit

Figure 84 Home Health Personal Care Agency Personnel Information Panel

- 3. Click **Save**. The row at the top of the panel will be updated with the changed information.
- 4. When finished entering information, one of three options may be chosen:
  - Click **Next** to go to the next panel on the list.
  - Click one of the links at the top of the panel to go to any of the other demographic maintenance tool panels.
  - Click the **Upload Files and Submit** link above the panel to submit the information. For information about submitting your updates, refer to the <u>Upload Files and Submit</u> section of this guide.

Note: Information is not saved until it is submitted to ForwardHealth via the Upload Files and Submit panel. If the demographic maintenance tool is exited before the information is submitted, the information will be lost and will need to be re-entered.

If there is a problem with the information entered, an error message will be displayed at the top of the panel when leaving the page. Correct the error and choose one of the above choices for continuing to another panel or submitting your information.

#### **19.6 Enddate Submitted Personnel Information**

Note: This section applies to personnel information that has been previously submitted.

- 1. Click the row containing the employee information to be enddated. The employee's information will populate the fields on the panel.
- 2. Enter the last day the employee was or will be employed at the agency in the Employment End Date field.

Home Health Personal Care Agency	Demo we al Tafone akia w					Ø
Required fields are indicated with an aste						v
Leave all fields blank and select Sea		patients. Failure to report all employees may result i				
<ul> <li>Enter all Home Healt (VPersonal Care</li> <li>EVV Worker Identification is Optional</li> </ul>		batients. Failure to report all employees may result i	n delayed application processing or de	enial.		
Last Name						
First Name						
License Number						
Position/Title/Role	V					
	•					search
						clear
Last Name	First Name	Position/Title/Role	License Number	Employment End Date	Status	
EMPLOYEE	AMY	Physical Therapist	Licenserienser		Pass	
		Type chan	nes below.			
First Name* AMY						
Middle Initial						
Last Name* EMPLO	YEE					
Employment Effective Date* 09/10/	2010					
Employment End Date 08/12/	2020					
License Number						
Issuing State 🗸 🗸						
Position/Title/Role* Person	al Care Worker					
						•
						Save
Report						
Generate Personnel Report						
L						
		Previous	Next			Exit

Figure 85 Home Health Personal Care Agency Personnel Information Panel

3. Click **Save**. The row at the top of the panel will be updated with the changed information.

Applend fields are indicated with an astroits (*). </th <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>							
<ul> <li>e. ver al klob black al sketc Stacht to Geplay al active personel.</li> <li>e. ver al klob black al sketc Stacht to Geplay al active personel in the series Wiscowin Healc al patients. Falve to mpot al emplayees may reach in debyed agedication processing or denix.</li> <li>e. ver al man healt healt black all patients. Falve to mpot al emplayees may reach in debyed agedication processing or denix.</li> <li>e. ver al man healt healt black all patients. Falve to mpot al emplayees may reach in debyed agedication processing or denix.</li> <li>e. ver all man healt healt black all patients.</li> <li>e. ver all man healt healt healt healt black all patients.</li> <li>e. ver all man healt healt</li></ul>							Ø
<ul> <li>e. et al thore that NP-Boscorel those as seens Weiscruik hedical patients. Failure to report al employees may result in delayed application processing or denail.</li> <li>e. Vor Wordermichanis in dynamic failure is a seens Weiscruik hedical patients. Failure to report al employees may result in delayed application processing or denail.</li> <li>e. Vor Wordermichanis in dynamic failure is a seens Weiscruik hedical patients. Failure to report all employees may result in delayed application processing or denail.</li> <li>e. Vor Wordermichanis in dynamic failure is a seens Weiscruik hedical patients. Failure to report Patients Teinghoyment failure is a seens weiscruik in delayed application processing or denail.</li> <li>e. Lat Hanne Freit Hanne Persitein / Teing failure Persitein / Teing failure Bunder Persitein / Persitein / Teing failure Bunder Persitein / Teing failure Bunder Bunder Persitein / Persitein / Persitein / Teing failure Bunder Bunder Bunder Persitein / Persitein /</li></ul>	Required fields are indicated with an aste	insk (*).					
VV Woker Idenfication is Optional  Lest Hanne Peak town Period  Second Peak town Peak town Tele/Role							
Last Hare   Past Number   Restrict			id patients. Failure to report all employees may result in de	elayed application processing or deni	al.		
First tene   License tuntion   Restron/Title/Ride		•					
First tene   License tuntion   Restron/Title/Ride	Last Name						
Position/Title/Rde     Interme     Pirst Name           Pirst Name           Pirst Name              Pirst Name                          Pirst Name <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>							
Last Name   First Name   Atri	License Number						
Last Name   First Name   Atri	Position/Title/Role	~					
Last Name First Name Position/Tble/Role License Number Employment End Date Status   BHR_OYDE AMY Physical Therapist 00/12/2020 Past   Type changes before.   First Name*							search
ENRLOYEE MY Physical Therepit Past   First Name*   India Ind							clear
ENR_OVEE ANY Physical Therepist Past   First Name*   Indide Initial   I.ast Name*   Date of Bitch*   Social Security Number*   Employment Effective Date*   Position/Ttilr/Rde*     Add     Cancel							
Type changes below.         First Name*         Niddle Inklal         Last Name*         Date of Bith*         Social Security Number*         Icense Number         Isouing State         Postion/Title/Rde*         Add         Cancel				License Number			
First Name*         Middle Inktal         Last Name*         Date of Bint*         Social Security Number*         Employment Effective Date*         License Number         Issuing State         Position/Tkle/Rde*         Add         Cancel	EMPLOYEE	AMY	Physical Therapist		08/12/2020	Pass	
First Name*         Middle Ixkall         Last Name*         Date of Bint*         Social Security Number*         Employment Effective Date*         License Number         Issuing State         Position/Tkle/Rde*         Add         Cancel							
Nidle Inkla   Last Nume*   Date of Bith*   Social Security Numbe*   Employment Effective Date*   License Number   Issuing State   Position/Title/Ride*     Add   Cancel     Report   Generate Personnel Beaott			Type changes	below.			
Nidle Inkla   Last Nume*   Date of Bith*   Social Security Numbe*   Employment Effective Date*   License Number   Issuing State   Position/Title/Ride*     Add   Cancel     Report   Generate Personnel Beaott							
Last Name* Date of Bith* Social Security Number* Employment Effective Date* License Number License Number Issuing State V Position/Tikle/Rde* V Add Cancel Report Generate Persond Beart							
Date of Birth* Social Security Number* Employment Effective Date* License Number Isosing State Postion/Title/Rde* Add Cancel  Report Generate Personnel Resort							
Social Security Humber*  Employment Effective Date*  License Humber  Issuing State  Report  Generats Personni Beart							
Employment Effective Date*  License Number Issuing State  Position/Title/Rde*  Add Cancel  Report Generate Personnel Report							
License Number Issuing State Position/Ttle/Rde* Add Cancel Report Generats Personal Beaot							
Issuing State  Position/Tite/Ride* Add Cancel Report Generate Personnel Report	Employment Effective Date*						
Issuing State  Position/Tite/Ride* Add Cancel Report Generate Personnel Report							
Report Generats Personal Beact	License Number						
Report Generats Personni Beant	Issuing State	1					
Report Generats Personni Beant	no china mini ang ing ing ing ing ing ing ing ing ing i	lend.					
Report Generate Personal Report	Position/Title/Role*	•					
Report Generats Personal Beact							
Report Generats Personal Beact						A	add Cancel
Generate Personnel Report							
	Report						
	Generate Personnel Report						
Previous Next Ext			Previous	Next			Exit

Figure 86 Home Health Personal Care Agency Personnel Information Panel

- 4. When finished entering information, one of three options may be chosen:
  - Click **Next** to go to the next panel on the list.
  - Click one of the links at the top of the panel to go to any of the other demographic maintenance tool panels.
  - Click the **Upload Files and Submit** link above the panel to submit the information. For information about submitting your updates, refer to the <u>Upload Files and Submit</u> section of this guide.

Note: Information is not saved until it is submitted to ForwardHealth via the Upload Files and Submit panel. If the demographic maintenance tool is exited before the information is submitted, the information will be lost and will need to be re-entered.

If there is a problem with the information entered, an error message will be displayed at the top of the panel when leaving the page. Correct the error and choose one of the above choices for continuing to another panel or submitting your information.

## **19.7 Generate Personnel Report**

1. Click **Generate Personnel Report** at the bottom of the Home Health Personal Care Agency Personnel Information panel. A list of the on-file personnel and personnel newly added via the panel associated with the provider will be displayed in an Excel spreadsheet. Note: A dialog box may display for some users. Click **Open**.

	when we we	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~~	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		······································
Employment Effective Date*		<i>y y y y y y y y y y</i>	~~~~			
Employment Effective Date						
License Number						
License Number						
Issuing State						
Issuing State						
Position/Title/Role*	h		$\overline{}$			
	I	L	· .			
					Add	Cancel
					Add	Concer
L						
C Demont						
Report						
Generate Personnel Report						
		1				
		Previous	Next			Exit

Figure 87 Generate Personnel Report Link

Note: Users who do not have Excel or a similarly compatible application will not be able to view this spreadsheet. In addition, while the spreadsheet is generated by the Portal, the user should save a copy of the spreadsheet for their records as it will not be saved automatically.

# 20 Qualified Professional Staff and Trained Paraprofessional Staff

The Qualified Professional Staff and Trained Paraprofessional Staff panel is only available to prenatal care coordination providers.

Introduction » Practice Location Address » Audit Address » Mailing Address
Financial Information » Additional Information » Medicare Information » Taxonomy
Qualified Professional Staff and Trained Paraprofessional Staff » Specialty Change » Group » Managing Employee
Upload Files and Submit
Introduction
Required fields are indicated with an asterisk (*).
Select one of the above links to make updates to your information. When all changes are complete, select the
"Submit" button to complete the change process.
Next Exit

Figure 88 Qualified Professional Staff and Trained Paraprofessional Staff Link

1. Click **Qualified Professional Staff and Trained Paraprofessional Staff** from the links above the current panel. The Qualified Professional Staff and Trained Paraprofessional Staff panel will be displayed.

Qualified Professional Staff and Trained Pa	araprofessional	Staff			0
Required fields are indicated with an asterisk (					
<ul> <li>Enter all Qualified Professional and Traine report all Qualified Professional staff and T</li> <li>Enter Credentials information for qualified</li> <li>Applicant must upload a current resume for Upload Supporting Documents Panel.</li> </ul>	Frained Paraprofe professional(s).	ssional staff may i	result in del	layed application	n processing or denial.
Last Name First Name License Number Position/Title/Role	Y				search clear
Employee List					
Last Name First Name Position/Ti	tle/Role Crede	ntials License I	Number E	mployment En	d Date Status
	Type cha	nges below.			
First Name*					
Middle Initial					
Last Name*					
Date of Birth*					
Social Security Number*					
Employment Effective Date*					
License Number					
Issuing State	$\checkmark$				
Position/Title/Role*		$\checkmark$			
Credentials					
<b>-</b>					
Employment Type* Years of Experience*		$\checkmark$			
Years of Experience* Qualified Professional Type			~		
(Wis. Admin. Code § DHS 105.52[2][b])				$\checkmark$	
				Add	Cancel
Report					
Generate Personnel Report					
	Description	Next			<b>5</b> -32
	Previous	Next			Exit

Figure 89 Qualified Professional Staff and Trained Paraprofessional Staff Information Panel

Note: Required fields are indicated with an asterisk.

# **20.1 Searching Employees**

To search for active on-file employees, complete the following steps:

1. Enter information for the employee in any combination in the "Employee Search" section at the top of the Qualified Professional Staff and Trained Paraprofessional Staff panel.

Qualified Professiona	I Staff and Trained Paraprofessional Staff	?
Required fields are indic	cated with an asterisk (*).	
Trained Paraprofes • Enter Credentials in	Professional and Trained Paraprofessional staff who are seeing Wisconsin Medicaid patients. Failure to report all Qualified Professional staff sional staff may result in delayed application processing or denial. formation for qualified professional(s).	and
Applicant must uple Panel.	oad a current resume for each Qualified Professional and Trained Paraprofessional staff listed below on the Upload Supporting Documents	
Last Name		
First Name		
License Number		
Position/Title/Role	Search Search	
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		

Figure 90 Employee Search Section

- 2. Click Search.
- 3. Click the row containing the employee's name.

ualified Professional S	taff and Trained Para	professional Staff			0
equired fields are indicate	ed with an asterisk (*).				
	nal staff may result in de	elayed application processing	seeing Wisconsin Medicaid patients g or denial.	. Failure to report all Qualif	ed Professional staff and
<ul> <li>Applicant must upload Panel.</li> </ul>	a current resume for ea	ch Qualified Professional an	nd Trained Paraprofessional staff list	ed below on the Upload Sup	porting Documents
Last Name First Name License Number 23 Position/Title/Role		-			search
Employee List	First Name	Position/Title/Role	Credentials License Number	Employment End Date	Status
DOE	JOHN	Qualified Professional	23495		Pass
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		1		

Figure 91 Search Results Section

		-									
The emp	lavia a'a	. infam		· · · · · · · · · · ·			- + la -	"L		a   :a+"	+i
The emn			maiion	\\\/!!!	ווויו		n ine	- rrir	INVA		Section
THE CITP			ination		popu	IULC I					JUCTION.

Last Name	First Name	Position/Title/Role	Credentials	License Number	Employment End Date	Status
DOE	ЛНОГ	Qualified Professional		23495		Pass
		Тур	e changes below.			
	First Name* JO	LIN				
	Middle Initial					
	Last Name* DO	E				
	Date of Birth* 02	/25/1978				
Socia	Security Number* 11					
Employm	ent Effective Date* 01	/01/2008				
	License Number 23					
	Issuing State W					
	Position/Title/Role* Qu	alified Professional				
	Credentials					
	Employment Type* En	ployed by Agency	$\checkmark$			
Ye	ears of Experience* Gr	eater than two years of E>	kperience 🗸			
Qualifie	d Professional Type	ysician Assistant		~		
Wis. Admin. Code §	DHS 105.52[2][b])	ysician Assistant				
<ul> <li>License numb</li> </ul>	er is correct and valid.					
					delete	Save
leport						
enerate Personnel Re	port					

Figure 92 Employee List Section

#### 20.2 Add New Employees

To add new employees, complete the following steps:

- 1. Enter the employee's first name in the First Name field.
- 2. Enter the employee's last name in the Last Name field.
- 3. Enter the employee's DOB using MMDDCCYY format in the Date of Birth field.
- 4. Enter the employee's SSN in the Social Security Number field. Enter numbers only. The SSN will be automatically formatted.
- 5. Enter the date the employee started working at the agency using MMDDCCYY format in the Employment Effective Date field.

- 6. If applicable, enter the employee's license number in the License Number field.
- 7. If applicable, select the state that issued the employee's license from the Issuing State dropdown menu. If a state other than Wisconsin issued the employee's license, ForwardHealth will manually review and update the employee's information once it is submitted.
- 8. Select the employee's job title or position with the agency from the Position/Role/Title dropdown menu.
- 9. If applicable, enter the employee's credentials (for example, MD, DO, PhD).
- 10. Select the employee's employment type from the Employment Type drop-down menu.
- 11. Select the employee's years of experience from the Years of Experience drop-down menu.
- 12. If applicable, enter the employee's qualified professional type from the Qualified Professional Type drop-down menu. At least one active qualified professional must have credentials of at least two years of experience.

Note: Click **Cancel** at any time to delete all entered information from the fields on the panel.

13. Click **Add**. If a license number is entered that cannot be immediately verified, an error message will display at the top of the panel.

The following messages were generate License number cannot be verified. Verify		s correct then con	tinue with the enrollm	ent process.	
Qualified Professional Staff and Trained	1 Paraprofessiona	al Staff			3
Required fields are indicated with an asteris	sk (*).				
<ul> <li>Enter all Qualified Professional and Tra Professional staff and Trained Paraprof</li> <li>Enter Credentials information for qualit</li> <li>Applicant must upload a current resum Documents Panel.</li> </ul>	essional staff may fied professional(s)	result in delayed a	application processing	or denial.	
Last Name First Name					
Position/Title/Role	V				search
Employee List	tion/Title/Role	Credentials	License Number	Employment End Date	Status
	lion/ nue/ kole	Credentials	LICENSE NUMber	Employment End Date	Status
		Type changes b	elow.		
First Name	e* IM				
Middle Initi	al A				
Last Name	e* EMPLOYEE				
Date of Birth	01/01/1976				
Social Security Number	* 111-22-3333				

Figure 93 License Number Cannot Be Immediately Verified

14. Verify that the entered license number is correct. If the number is correct, check the License number is correct and valid box.

		Type changes	below.			
First Name*	IM					
Middle Initial						
Last Name*						
Date of Birth*						
Social Security Number*	111-22-3333					
Employment Effective Date*	04/01/2008					
License Number						
Issuing State	WI V					
Da -iti /Titla /Dala*		1				
Position/Title/Role*	Qualified Profes	sional 🗸				
Credentials						
Employment Type*	Employed by A	gency 🗸	1			
Years of Experience*	-		*			
Qualified Professional Type		· · ·				
Wis. Admin. Code § DHS 105.52[2][b])	Registered Nurs	je		$\checkmark$		
License number is correct and val	id.					
					delete	Save
					delete	Save
eport						
nerate Personnel Report						

Figure 94 License Number is Correct and Valid Box

15. Click **Save**. A row displaying the entered information will be added at the top of the panel.

Last Name	First Name	Position/Title/Role	Credentials	License Number	Employment End Date	Status
EMPLOYEE	IM	Qualified Professional		111111111		Pass
		Туре	changes below.			
	First Name*					
	Middle Initial					
	Last Name*					
	Date of Birth*					
Socia	I Security Number*					
Employm	ent Effective Date*					
	License Number					
	Issuing State	$\checkmark$				
	Position/Title/Role*	$\checkmark$				
	Credentials					
	Employment Type*		ন			
	ears of Experience*					
	d Professional Type		▶			
(Wis. Admin. Code §				~		
					Add	Cancel
Report						
Senerate Personnel Re	port					

**Figure 95** Qualified Professional Staff and Trained Paraprofessional Staff With Added Row

Note: If the license is a valid match to that individual, the row will write to the Employee List with a Status of "Pass." The text "Verification Required" will appear only to licenses where automatic verification was unsuccessful for any reason and the application will require manual review.

16. When finished entering information, one of three options may be chosen:

- Click **Next** to go to the next panel on the list.
- Click one of the links at the top of the panel to go to any of the other demographic maintenance tool panels.
- Click the **Upload Files and Submit** link above the panel to submit the information. For information about submitting your updates, refer to the <u>Upload Files and Submit</u> section of this guide.

Note: Prenatal care coordination providers are expected to upload and keep all employees' resumes on file. If employees are added in the demographic maintenance

tool, those employees' resumes must also be uploaded on "Upload Files and Submit" panel, otherwise desired changes may be returned to the provider.

Information is not saved until it is submitted to ForwardHealth via the Upload Files and Submit panel. If the demographic maintenance tool is exited before the information is submitted, the information will be lost and will need to be re-entered.

If there is a problem with the information entered, an error message will be displayed at the top of the panel when leaving the page. Correct the error and choose one of the above choices for continuing to another panel or submitting your information.

### **20.3 Change Unsubmitted Personnel Information**

Note: This section applies to personnel information that has been added to the Qualified Professional Staff and Trained Paraprofessional Staff panel but not yet submitted to ForwardHealth from the Upload Files and Submit panel.

To change employee information that has not been submitted, complete the following steps:

1. Click the row containing the employee information to be revised. The employee's information will populate the fields on the panel.

2. Change the necessary information.

Employee List Last Name Fir	est Name De	sition/Title/Role	Credentia	le License	Number	Employment	End Date	Statue
			Credentia		Number	Employment	Enu Date	
EMPLOYEE IM	-	alified Professional		23491				Pass
PROFESSIONAL IM		alified Professional ained		37290				Pass
DOE JO	HN	raprofessional		24613				Pass
		т	ype change	s below.				
	First Na	me* IM						
	Middle II							
		me* EMPLOYEE						
		irth* 01/01/1976						
Social		ber* 399-50-2323						
	,	555 55 2525						
Employme	ent Effective D	ate* 04/01/2008	1					
	Liconco Nur	nber 23491						
		state WI V						
	Issuing a							
P	osition/Title/R	ole* Qualified Prof	essional	$\overline{}$				
	Creder		costonia					
E	mployment T	pe* Employed by	Agency					
		nce* Less than two		xperience	$\overline{}$			
Qualified	Professional	Type				1.2.2		
(Wis. Admin. Code § [	OHS 105.52[2]	[[b]) Registered Nu	irse			~		
	License Nur	nber 23491						
		State WI V						
	-							
P	osition/Title/R	ole* Qualified Prof	essional	~				
	Creder	tials						
E	Employment T	ype* Employed by	Agency	$\checkmark$				
Ye	ars of Experie	nce* Less than two	years of Ex	xperience	V			
	Professional		Irse					
(Wis. Admin. Code § [	DHS 105.52[2]	][b]) <sup>[Registered Re</sup>	150					
							1	
☑ License numbe	er is correct ar	nd valid.						
								Y
						de	lete	Save
Depart								
Report								
Generate Personnel Rep	bort							
		Prev	ious	Next				Ex

Figure 96 Qualified Professional Staff and Trained Paraprofessional Staff Information Panel

- 3. Click **Save**. The row at the top of the panel will be updated with the changed information.
- 4. When finished entering information, one of three options may be chosen:
  - Click **Next** to go to the next panel on the list.

- Click one of the links at the top of the panel to go to any of the other demographic maintenance tool panels.
- Click the **Upload Files and Submit** link above the panel to submit the information. For information about submitting your updates, refer to the <u>Upload Files and Submit</u> section of this guide.

Note: Information is not saved until it is submitted to ForwardHealth via the Upload Files and Submit panel. If the demographic maintenance tool is exited before the information is submitted, the information will be lost and will need to be re-entered.

If there is a problem with the information entered, an error message will be displayed at the top of the panel when leaving the page. Correct the error and choose one of the above choices for continuing to another panel or submitting your information.

### **20.4 Delete Unsubmitted Personnel Information**

Note: Only employee information that has not yet been submitted can be deleted. Once an employee's information is submitted, the information cannot be deleted; however, submitted employee information can be enddated.

To delete employee information that has not been submitted, complete the following steps:

1. Click the row containing the information to be deleted.

The employee's information will	populate the fields on the panel.
---------------------------------	-----------------------------------

Employee List			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
Last Name	First Name	Position/T	itle/Role	Credentials	License Number	Employment End Date	Status
EMPLOYEE	IM	Qualified Pro	ofessional		23491		Pass
PROFESSIONAL	IM	Qualified Pro	ofessional		37290		Pass
DOE	JOHN	Trained Paraprofess	onal		24613		Pass
			Type ch	anges below.			
	First Name* IN	1					
	Middle Initial A						
	Last Name* EN	IPLOYEE					
	Date of Birth* 01	/01/1976					
Social S	ecurity Number* 39	9-50-2323					
Employmen	t Effective Date* 04	/01/2008					
	License Number 23	3491					
	Issuing State	IV					
Pos	sition/Title/Role* Q	ualified Profess	ional 🗸				
	Credentials						
Em	ployment Type* E	mployed by Ag	ency 🔽				
	s of Experience*	ess than two ye	ears of Experier	ice 🔽			
Qualified P (Wis. Admin. Code § DH	Professional Type IS 105.52[2][b])	egistered Nurse	5		Y		
License number	is correct and valid.						
						delete	Save
Report							
enerate Personnel Repo	<u>t</u>						
				1			

Figure 97 Qualified Professional Staff and Trained Paraprofessional Staff Information Panel

2. Click **Delete**. A dialog box will be displayed.

Message from	n webpage 🛛 🕅
<b>?</b> A	re you sure this is the row you want marked for deletion?
	OK Cancel



- 3. Click OK. The row will be removed from the panel.
- 4. When finished entering information, one of three options may be chosen:
  - Click **Next** to go to the next panel on the list.
  - Click one of the links at the top of the panel to go to any of the other demographic maintenance tool panels.
  - Click the **Upload Files and Submit** link above the panel to submit the information. For information about submitting your updates, refer to the <u>Upload Files and Submit</u> section of this guide.

Note: Information is not saved until it is submitted to ForwardHealth via the Upload Files and Submit panel. If the demographic maintenance tool is exited before the information is submitted, the information will be lost and will need to be re-entered.

If there is a problem with the information entered, an error message will be displayed at the top of the panel when leaving the page. Correct the error and choose one of the above choices for continuing to another panel or submitting your information.

## **20.5 Change Submitted Personnel Information**

Note: This section applies to personnel information that has been previously submitted.

1. Click the row containing the employee information to be revised. The employee's information will populate the fields on the panel.

Note: To protect personal information, an employee's SSN and DOB will not display once submitted.

2. Change the necessary information.

Last Name	First Name	Position/Title/Role	Credentials	License Number	Employment End Date	Status
DOE	JOHN	Qualified Professional		37290		Pass
		тур	e changes belo	ow.		
	First Name*	JOHN				
	Middle Initial					
	Last Name*	DOE				
Emplo	yment Effective Date*	03/02/2013				
_	, Employment End Date					
	License Number	37200				
	Issuing State					
	issuing state					
	Position/Title/Role*	Qualified Professiona				
	Credentials					
	Employment Type*		~			
	Years of Experience*			$\checkmark$		
	fied Professional Type				7	
Wis. Admin. Code	§ DHS 105.52[2][b])	1			_	
						-
						Save
eport						
enerate Personnel	Report					

Figure 99 Qualified Professional Staff and Trained Paraprofessional Staff Information Panel

- 3. Click **Save**. The row at the top of the panel will be updated with the changed information.
- 4. When finished entering information, one of three options may be chosen:
  - Click **Next** to go to the next panel on the list.
  - Click one of the links at the top of the panel to go to any of the other demographic maintenance tool panels.
  - Click the **Upload Files and Submit** link above the panel to submit the information. For information about submitting your updates, refer to the <u>Upload Files and Submit</u> section of this guide.

Note: Information is not saved until it is submitted to ForwardHealth via the Upload Files and Submit panel. If the demographic maintenance tool is exited before the information is submitted, the information will be lost and will need to be re-entered.

If there is a problem with the information entered, an error message will be displayed at the top of the panel when leaving the page. Correct the error and choose one of the above choices for continuing to another panel or submitting your information.

## **20.6 Enddate Submitted Personnel Information**

Note: This section applies to personnel information that has been previously submitted.

- 1. Click the row containing the employee information to be enddated. The employee's information will populate the fields on the panel.
- 2. Enter the last day the employee was or will be employed at the agency in the Employment End Date field.

Employee List	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				~~~~~ «		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Last Name	First Name	Position/Title/I	Role Crede	ntials License	Number E	mployment End Date	Status
MARRIED EMPLOYEE	IM	Qualified Professi	onal	23491			Verification Required
PROFESSIONAL	IM	Qualified Professi	onal	37290	08	8/10/2018	Pass
DOE	JOHN	Trained Paraprofessional		24613			Pass
			Type cha	nges below.			
		N					
		Name* JOHN					
		e Initial					
	Last	Name* DOE					
_		e Date* 08/15/20					
Ľ	Employment E	nd Date 10/10/20	017				
		Number 24613					
	Issuir	ng State 🛛 🔽 🗸					
	Position/Tit	e/Role* Trained	Daraprofossio	and M			
		dentials	Paraprofessio				
	CIE	uentiais					
	Employmer	it Type*		$\checkmark$			
	Years of Expe	erience*			$\checkmark$		
Quali	fied Profession						
(Wis. Admin. Code						$\checkmark$	
							Save
Depart							
Report							
Generate Personnel	Report						
			Previous	Next			Exit

Figure 100 Qualified Professional Staff and Trained Paraprofessional Staff Information Panel

3. Click **Save**. The row at the top of the panel will be updated with the changed information.

·			~~~~~	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	/	~ ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Em	ployee List							
L	ast Name	First Name	Position/	Title/Role	Credentials	License Number	Employment End Date	Status
	MARRIED	IM	Qualified P	rofessional		23491		Verification Required
P	ROFESSIONAL	IM	Qualified P	rofessional		37290	08/10/2018	Pass
C	OOE	JOHN	Trained			24613	10/10/2017	Pass
			Paraprofes	sional				
				т	ype changes b	elow.		
		First	Name* JC	DHN				
			le Initial					
			Name* D	OF				
		Lusi						
	Emplo	yment Effectiv		2/15/2002				
		Employment E	nd Date 10	0/10/2017				
		Lisense	Number a					
			Number 24					
		Issui	ng State W	/I 🗸				
		-				r		
		Position/Tit	-	rained Parap	orofessional			
		Cre	dentials					
		Employmer	_			<u>~</u>		
		Years of Exp	·			$\checkmark$		
4		ified Profession					~	
(W	is. Admin. Code	e § DHS 105.5	2[2][b])					
								1
								Save
Rer	oort							
		Bonort						
Gene	erate Personnel	Report						
				Prev	vious	Next		Exit

Figure 101 Qualified Professional Staff and Trained Paraprofessional Staff Information Panel

- 4. When finished entering information, one of three options may be chosen:
  - Click **Next** to go to the next panel on the list.
  - Click one of the links at the top of the panel to go to any of the other demographic maintenance tool panels.
  - Click the **Upload Files and Submit** link above the panel to submit the information. For information about submitting your updates, refer to the <u>Upload Files and Submit</u> section of this guide.

Note: Information is not saved until it is submitted to ForwardHealth via the Upload Files and Submit panel. If the demographic maintenance tool is exited before the information is submitted, the information will be lost and will need to be re-entered.

If there is a problem with the information entered, an error message will be displayed at the top of the panel when leaving the page. Correct the error and choose one of the above choices for continuing to another panel or submitting your information.

### **20.7 Generate Personnel Report**

1. Click **Generate Personnel Report** at the bottom of the Home Health Personal Care Agency Personnel Information panel. A list of the on-file personnel and personnel newly added via the panel associated with the provider will be displayed in an Excel spreadsheet.

,	ہیں۔ بینی ترین رہی۔ میں ہے۔ پر میں میں میں معلم کر میں معلم کر *Position/Title/Role Credentials		v	ساني الالاريان - كبور ورام مين ويسترو ري سترو . ماني الالاريان - كبور ورام مين ويسترو .	، می سورون و دوم <sup>ر سرو</sup> سرو	
	Employment Type* Years of Experience* Qualified Professional Type (Wis. Admin. Code § DHS 105.52[2][b])		V	V		
	leport				Add	Cancel
		Previous	Next			Exit

Note: A dialog box may display for some users. Click **Open**.

Figure 102 Generate Personnel Report Link

Note: Users who do not have Excel or a similarly compatible application will not be able to view this spreadsheet. In addition, while the spreadsheet is generated by the Portal, the user should save a copy of the spreadsheet for their records as it will not be saved automatically.

# 21 Private Duty Nursing for Ventilator Dependent Members Life-Support Addendum Panel

The Private Duty Nursing for Ventilator Dependent Members Life-Support Addendum panel is only available to home health and personal care agencies and replaces the Private Duty Nursing for Members for Ventilator-Dependent Life-Support Addendum paper form, F-11252.

Introduction » Practice Location Address » Audit Address » Mailing Address	
Prior Authorization Address » Financial Information » Additional Information » Medicare Information	
Taxonomy » Home Health Personal Care Agency Personnel Information » Specialty Change » Group	
Managing Employee Private Duty Nursing for Ventilator Dependent Members Life-Support Addendum> Upload	
Files and Submit	
Introduction	
Required fields are indicated with an asterisk (*).	
<ul> <li>Select one of the above links to make updates to your information. When all changes are complete, select the "Submit" button to complete the change process.</li> </ul>	
Next Exit	]

Figure 103 Private Duty Nursing for Ventilator Dependent Members Life-Support Addendum Link

To access the Private Duty Nursing for Ventilator Dependent Members Life-Support Addendum panel:

1. Click **Private Duty Nursing for Ventilator Dependent Members Life-Support Addendum** from the links above the current panel. The Private Duty Nursing for Ventilator Dependent Members Life-Support Addendum panel will be displayed.

Private Duty Nursing for Ventilator Dependen	nt Membe	rs Life-Support /	Addendum	3
Required fields are indicated with an asterisk (*)	).			
I hereby affirm that STAR HEALTH HOME HEALTH pursuant to s. 441.06, Stats. or licensed practic credentialed by the National Board of Respirator necessary for providing adequate care for a hom 1. Airway management, including: A. Tracheostomy care (types of tracheost emergency procedures for tracheostom B. Tracheal suctioning technique. C. Airway humidification.	al nurse(s y Care and ne ventilate tomy tubes	) (LPN) licensed p who are qualified pr-assisted memb	ursuant to s. 441.10, St to perform the following er under the Wisconsin M	ats. that are g services Aedicaid Program:
<ol> <li>Oxygen therapy (operation of oxygen system)</li> <li>Respiratory assessment (knowledge of and a monitoring of breath sounds, patient color, 4.</li> <li>Ventilator Management:         <ul> <li>A. Operation of positive pressure ventilator</li> <li>modes of worthistion, buses of alarms and solar system)</li> </ul> </li> </ol>	skills in res chest excu or by mean	piratory assessme irsion, secretions, s of tracheostomy	ent to include, but not lin and vital signs). / to include, but not limi	ted to, different
modes of ventilation, types of alarms a operation and assembly of ventilator cir equipment; B. Operation of a manual resuscitator. C. Emergency assessment and managemen	rcuit (deliv	ery system) and [	proper cleaning and disin	
<ol> <li>Other modes of ventilatory support:</li> <li>A. Positive pressure ventilation via nasal n</li> <li>B. Continuous positive airway pressure (CI</li> <li>C. Negative pressure ventilation (iron lung</li> <li>D. Pneumobelts.</li> <li>E. Diaphragm pacing.</li> </ol>	PAP) via tr	acheostomy tube	or mask.	
<ul> <li>6. Operation and interpretation of monitoring d</li> <li>A. Cardio-respiratory monitoring.</li> <li>B. Pulse oximetry.</li> <li>C. Capnography.</li> </ul>	levices:			
<ol> <li>Knowledge of and skills in weaning from the</li> <li>Adjunctive techniques:         <ul> <li>A. Chest physiotherapy.</li> <li>B. Aerosolized medications.</li> </ul> </li> </ol>	ventilator.			
<ol> <li>I further affirm that all ventilator-assisted memb</li> <li>Medically dependent on a ventilator for life</li> <li>Have been so dependent for at least 30 cor hospitals, skilled nursing facilities (SNFs), or</li> </ol>	support at nsecutive (	least six (6) hour lays at any point	in time as an inpatient i	n one or more
Affirm * OI Affirm OI Do Not Affirm				
P	revious	Next		Exit



- 2. Click either I Affirm or I Do Not Affirm to the addendum.
- 3. When finished entering information, one of three options may be chosen:
  - Click **Next** to go to the next panel on the list.
  - Click one of the links at the top of the panel to go to any of the other demographic maintenance tool panels.
  - Click the **Upload Files and Submit** link above the panel to submit the information. For information about submitting your updates, refer to the <u>Upload Files and Submit</u> section of this guide.

Note: Information is not saved until it is submitted to ForwardHealth via the Upload Files and Submit panel. If the demographic maintenance tool is exited before the information is submitted, the information will be lost and will need to be re-entered.

If there is a problem with the information entered, an error message will be displayed at the top of the panel when leaving the page. Correct the error and choose one of the above choices for continuing to another panel or submitting your information.
# **22** Respiratory Care Panels

On the Respiratory Care panels, nurse practitioners and nurses in independent practice (NIP) who provide respiratory care services (RCS) may update the skills and knowledge requirements necessary to provide RCS to members enrolled in Wisconsin Medicaid and BadgerCare Plus. Providers are also required to specify how and when they complied with the requirements.

The Respiratory Care Pediatric and Respiratory Care Adult panels are only available to nurse practitioners and NIP who provide RCS.

Introduction       » Individual Information       » Practice Location Address       » Audit Address         Mailing Address       » Prior Authorization Address       » Financial Information       » Additional Information         License Information       » Medicare Information       » Taxonomy       Respiratory Care Pediatric         Respiratory Care Adult       > Specialty Change       » Group Member       » Upload Files and Submit	
Introduction	0
<ul> <li>Required fields are indicated with an asterisk (*).</li> <li>Select one of the above links to make updates to your information. When all changes are complete, select the</li> </ul>	
"Submit" button to complete the change process.	
Next	t

Figure 105 Respiratory Care Pediatric Links

Note: The Respiratory Care Pediatric and Adult panels are the same except for the links to the Declaration of Skill Acquisition forms. The following procedure applies to both panels.

To access the Respiratory Care Pediatric panel:

1. Click **Respiratory Care Pediatric** from the links above the current panel. The Respiratory Care Pediatric panel will be displayed.

Respiratory Care Pediatric				3
Required fields are indicated with an asterisk	(*).			
• Existing data does not pre-populate for	this screen. C	only enter inform	nation on the screen when you have cha	anges.
Within the past two years has the provide demonstrated the respiratory care skills the Yes No				
Date of Successful Completion of Skills Der	monstration			
Declaration of Skill Acquistion - Pediatric	1			
Does the provider possess from an appro card that documents within the past two professional rescuer? Yes No			5 a cardiopulmonary resuscitation skills (CP ccessfully completed a CPR course for the	R)
☐ Indicate where you received your CPR t	training			
Facility Name				
Instructor Name				
Contact Person Telephone Number		Ext.		
Street Address Line 1				
Street Address Line 2				
City				
State/ZIP*	•	-		
Provide the following information from	your CPR Ca	rd		
Candidate				
Issue Date				
Renewal/Expiration Date				
	Previous	Next	B	cit

Figure 106 Respiratory Care Pediatric Panel

2. Click either **Yes** or **No** regarding whether or not the provider has been recognized by an approved facility for having successfully demonstrated the respiratory care skills listed in Elements 1–14 of the Declaration of Skill Acquisition — Pediatric form.

If necessary, click the **Declaration of Skill Acquisition — Pediatric** link to view the form.

- 3. Enter the Date of Successful Completion of Skills Demonstration in the following format: mm/dd/yyyy.
- 4. Click either **Yes** or **No** regarding whether or not the provider possesses a current cardiopulmonary resuscitation (CPR) card from an approved facility that documents successfully completion of a CPR skills course for the professional rescuer.

- 5. Enter the information for the facility where CPR training was received.
- 6. Enter the indicated information from your CPR Card.
- 7. When finished entering information, one of three options may be chosen:
  - Click **Next** to go to the next panel on the list.
  - Click one of the links at the top of the panel to go to any of the other demographic maintenance tool panels.
  - Click the **Upload Files and Submit** link above the panel to submit the information. For information about submitting your updates, refer to the <u>Upload Files and Submit</u> section of this guide.

If there is a problem with the information entered, an error message will be displayed at the top of the panel when leaving the page. Correct the error and choose one of the above choices for continuing to another panel or submitting your information.

### 23 Private Duty Nursing Addendum Panel

The Private Duty Nursing Addendum panel is only available to NIP.



Figure 107 Private Duty Nursing Addendum Link

To access the Private Duty Nursing Addendum panel:

1. Click **Private Duty Nursing Addendum** from the links above the current panel. The Private Duty Nursing Addendum panel will be displayed.



Figure 108 Private Duty Nursing Addendum Panel

- 2. Click either I Agree or I Do Not Agree to the addendum.
- 3. When finished entering information, one of three options may be chosen:

- Click **Next** to go to the next panel on the list.
- Click one of the links at the top of the panel to go to any of the other demographic maintenance tool panels.
- Click the **Upload Files and Submit** link above the panel to submit the information. For information about submitting your updates, refer to the <u>Upload Files and Submit</u> section of this guide.

If there is a problem with the information entered, an error message will be displayed at the top of the panel when leaving the page. Correct the error and choose one of the above choices for continuing to another panel or submitting your information.

# **24 Specialty Change Panel**

The Specialty Change panel is only available to Medicaid providers whose provider type allows for more than one specialty.

Introduction » Individual Information » Practice Location Address » Audit Address	
Mailing Address » Prior Authorization Address » Financial Information » Additional Information	
License Information » Medicare Information » Taxonomy Specialty Change	
Group Member » Upload Files and Submit	
Introduction	0
Required fields are indicated with an asterisk (*).	
<ul> <li>Select one of the above links to make updates to your information. When all changes are complete, select the "Submit" button to complete the change process.</li> </ul>	
Next Exi	t

Figure 109 Specialty Change Link

1. Click **Specialty Change** from the links above the current panel. The Specialty Change panel will be displayed.

Specialty Change				?
Required fields are indicated wi	th an asterisk (*).			
	iate provider specialty is chose contact Provider Services befo		pased on your license or certification. For submitting a change.	
Current Provider Specialty	,			
Current Specialty Family Pr	ractice			
New Provider Specialty Provider Specialties				
C No change needed	C Nephrology	С	Pediatrician	
C Allergy & Immunology	C Neurological Surgery	0	Physical Medicine and Rehab	
C Anesthesiology	C Neurology	0	Plastic Surgery	
C Cardiovascular Disease	C Nuclear Medicine	С	Preventative Medicine	
C Dermatology	C Obstetrics and Gynecology	С	Proctology	
C Emergency Medicine	C Oncology and Hematology	С	Psychiatry	
C Gastroenterology	C Opthamology	С	Pulmonary Disease	
C General Practice	C Orthopedic Surgery	С	Radiology	
C General Surgery	C Otolaryngology	С	Thoracic and Cardiovascular Surgery	
C Geriatrics	C Pathology	С	Urology	
C Internal Medicine				
	Previous Ne:	×t	Exit	

Figure 110 Specialty Change Panel

The panel will display different choices depending on the provider's provider type.

- 2. Click the radio button to select a new provider specialty.
- 3. When finished entering information, one of three options may be chosen:
  - Click **Next** to go to the next panel on the list.
  - Click one of the links at the top of the panel to go to any of the other demographic maintenance tool panels.
  - Click the **Upload Files and Submit** link above the panel to submit the information. For information about submitting your updates, refer to the <u>Upload Files and Submit</u> section of this guide.

Note: Information is not saved until it is submitted to ForwardHealth via the Upload Files and Submit panel. If the demographic maintenance tool is exited before the information is submitted, the information will be lost and will need to be re-entered.

If there is a problem with the information entered, an error message will be displayed at the top of the panel when leaving the page. Correct the error and choose one of the above choices for continuing to another panel or submitting your information.

### 25 Wisconsin Medicaid Declaration of Supervision for Nonbilling Providers Panel

The Wisconsin Medicaid Declaration of Supervision for Nonbilling Providers panel allows a provider to enter supervisor information and is required if a provider changes their practice location address; however, if there is a change of supervisors, the provider is **not** required to change their practice location unless a change is warranted.

The Wisconsin Medicaid Declaration of Supervision for Nonbilling Providers panel will only be available to the following providers: physician assistants, physical therapy assistants, occupational therapist assistants, and speech-language pathology (SLP) Bachelor Level (BA).



Figure 111 Wisconsin Medicaid Declaration of Supervision for Nonbilling Providers Link

1. Click **Wisconsin Medicaid Declaration of Supervision for Nonbilling Providers** from the links above the current panel. The Wisconsin Medicaid Declaration of Supervision for Nonbilling Providers panel will be displayed.

Wisconsin Medicaid Declaration o	f Supervision for Nonbilling Providers	?
Required fields are indicated with an	asterisk (*).	
<ul> <li>If you updated/changed your sup up to date.</li> </ul>	ervision information, please verify your practice location information is correct a	nd
Name - Supervisor *		
Address - Supervisor		
Street Address Line 1*		
Street Address Line 2		
City*		
State/ZIP*	▼	
Telephone Number - Supervisor	Ext.	
Supervisor's Effective Date*		
	Previous Next Exit	

Figure 112 Wisconsin Medicaid Declaration of Supervision for Nonbilling Providers Panel

- 2. Enter the required information.
- 3. When finished entering information, one of three options may be chosen:
  - Click **Next** to go to the next panel on the list.
  - Click one of the links at the top of the panel to go to any of the other demographic maintenance tool panels.
  - Click the **Upload Files and Submit** link above the panel to submit the information. For information about submitting your updates, refer to the <u>Upload Files and Submit</u> section of this guide.

Note: Information is not saved until it is submitted to ForwardHealth via the Upload Files and Submit panel. If the demographic maintenance tool is exited before the information is submitted, the information will be lost and will need to be re-entered.

If there is a problem with the information entered, an error message will be displayed at the top of the panel when leaving the page. Correct the error and choose one of the above choices for continuing to another panel or submitting your information.

### 26 HealthCheck Screener Affirmation Panel

On the HealthCheck Screener Affirmation panel, users may enter a provider's name and attest to the statements included in the HealthCheck Screener Affirmation form. A link to the HealthCheck Screener Affirmation form is also included on the panel. The panel only available to certain physicians and physician groups, nurse practitioners, HealthCheck providers, physician assistants, and nurses in independent practice. If a provider has already completed this form, there is no need to complete it again.

Introduction » Individual Information » Practice Location Address » Audit Address Mailing Address » Prior Authorization Address » Additional Information » Medicare Information	
Taxonomy » Wisconsin Medicaid Declaration of Supervision for Nonbilling Providers » Group Member HealthCheck Screener Affirmation	>
Upload Files and Submit	
Introduction	0
Required fields are indicated with an asterisk (*).	
<ul> <li>Select one of the above links to make updates to your information. When all changes are complete, select the "Submit" button to complete the change process.</li> </ul>	
Next	

Figure 113 HealthCheck Screener Affirmation Link

1. Click **HealthCheck Screener Affirmation** from the navigation links above the current panel. The HealthCheck Screener Affirmation panel will be displayed.

r HealthCheck Screener Affirmat	tion		3
Required fields are indicated with	an asterisk (*).		
I hearby affirm that, provider end Admin. Code as a provider of Hea Submit <u>HealthCheck Screener Af</u>	althCheck health asses	ssment and evaluation s	ervices.
Provider Name	nts listed in the Health	nCheck Screener Affirma	ation form.
	Previous	Next	Exit

Figure 114 HealthCheck Screener Affirmation Panel

- 2. Click the **HealthCheck Screener Affirmation** link to download the form. If the user chooses to attest to the statements on the form, they should complete, save, and upload the form on the <u>Upload Files and Submit</u> panel.
- 3. Enter the provider's name and check the box stating "I attest to the statements listed in the HealthCheck Screener Affirmation form."
- 4. When finished entering information, one of three options may be chosen:
  - Click **Next** to go to the next panel on the list.
  - Click one of the links at the top of the panel to go to any of the other demographic maintenance tool panels.
  - Click the **Upload Files and Submit** link above the panel to submit the information. For information about submitting your updates, refer to the <u>Upload Files and Submit</u> section of this guide.

If there is a problem with the information entered, an error message will be displayed at the top of the panel when leaving the page. Correct the error and choose one of the above choices for continuing to another panel or submitting your information.

### 27 Adult Long-Term Care Waiver Services Panels

### 27.1 County and Tribe Served for LTC Waiver Services Panel

On the County and Tribe Served for LTC Waiver Services Panel, users can capture and store the county(ies) and tribe(s) that a provider serves for long-term care waiver services.

Introduction » Practice Location Address » Mailing Address » Financial Information Additional Information » Medicare Information » Managing Employee » Tax Exempt and Public/Private Status Medicaid Service Provider and Medicaid Member Count County and Tribe Served for LTC Waiver	5
Services » Upload Files and Submit	
Introduction	3
Required fields are indicated with an asterisk (*).	
Select one of the links above to update information. When all changes are complete, press "Submit."	
Next Exi	it

Figure 115 County and Tribe Served for LTC Waiver Link

1. Click **County and Tribe Served for LTC Waiver Services** from the navigation links above the current panel. The County and Tribe Served for LTC Waiver Services panel will be displayed.

County and Tribe Served for LTC Waiver Servi	ices			0
<ul> <li>Select the Counties and Tribes for which ser</li> <li>Use "&gt;" to add selected counties from the A</li> <li>Use "&gt;&gt;" to add all counties from the Availa</li> <li>Use "&lt;" to remove counties from the Select</li> <li>Use "&lt;&lt;" to remove all counties from the Select</li> </ul>	vailable Counties lis ble Counties list. ed Counties list.	t.		
Counties Served				
Available Counties		Selected Counties	5	
		<ul> <li>Adams</li> <li>Ashland</li> <li>Barron</li> <li>Bayfield</li> <li>Brown</li> <li>Buffalo</li> <li>Burnett</li> </ul>	•	
Tribes Served Bad River Band				
Forest County Potawatomi				
Ho-Chunk Nation				
□ La Courte Oreilles Band				
🗌 Lac du Flambeau Band				
Menominee Indian Tribe				
Oneida Nation				
Red Cliff Band				
Sokaogon Chippewa Community				
St. Croix Chippewa Community				
Stockbridge-Munsee Band of Mohican				
	Previous	Next		Exit

Figure 116 County and Tribe Served for LTC Waiver Services Panel

- 2. Make changes under the "Counties Served" section using the instructions provided at the top of the panel.
- 3. Make changes under the "Tribes Served" section checking or unchecking the appropriate box(es).
- 4. When finished entering information, one of three options may be chosen:
  - Click **Next** to go to the next panel on the list.

- Click one of the links at the top of the panel to go to any of the other demographic maintenance tool panels.
- Click the **Upload Files and Submit** link above the panel to submit the information. For information about submitting a provider's updates, refer to the <u>Upload Files and Submit</u> section of this guide.

If there is a problem with the information entered, an error message will be displayed at the top of the panel when leaving the page. Correct the error, and choose one of the above choices for continuing to another panel or submitting the provider's information.

#### **27.2 Medicaid Service Provider and Medicaid Member Count** Panel

On the Medicaid Service Provider and Medicaid Member Count panel, users can store the approximate number of Medicaid providers and members who can be serviced by an organization at a given time. This information is submitted by the provider.

Introduction » Practice Location Address » Mailing Address » Financial Information Additional Information « medicare information » Managing Employee » Tax Exempt and Public/Private Status dedicaid Service Provider and Medicaid Member Count > County and Tribe Served for LTC Waiver Services » Opload Files and Cubmit
Introduction
Required fields are indicated with an asterisk (*).
<ul> <li>Select one of the links above to update information. When all changes are complete, press "Submit."</li> </ul>
Next Exit

Figure 117 Medicaid Service Provider and Medicaid Member Count Panel Link

1. Click **Medicaid Service Provider and Medicaid Member Count** from the navigation links above the current panel. The Medicaid Service Provider and Medicaid Member Count panel will be displayed.

Medicaid Service Provider and Medicaid Mem	ber Count			0
<ul> <li>Required fields are indicated with an asterisk</li> <li>The Department of Health services is collectin serve. This information will be used in analysi available in the state to service Medicaid men</li> </ul>	ng the number of Me is of the Medicaid p	rovider network, to e		<u>F</u>
Medicaid Service Provider Count				
Please enter the approximate number of prov program. Do not include administrative or oth enrolled in a long-term care program.			uding members enrolled in a long-term care vices to Medicaid members, including members	
Number of Providers* 5				
Medicaid Member Count				
Please enter the approximate number of Med organization can typically serve at any given		uding members enro	lled in a long-term care program, your	
Number of Medicaid Members* 18				
	Previous	Next		Exit

Figure 118 Medicaid Service Provider and Medicaid Member Count

- 2. Under the "Medicaid Service Provider Count" and "Medicaid Member Count" sections, delete the number(s) that needs to be changed, and enter the new number(s).
- 3. When finished entering information, one of three options may be chosen:
  - Click **Next** to go to the next panel on the list.
  - Click one of the links at the top of the panel to go to any of the other demographic maintenance tool panels.
  - Click the Upload Files and Submit link above the panel to submit the information. For information about submitting the provider's updates, refer to the <u>Upload Files and</u> <u>Submit</u> section of this guide.

Note: Information is not saved until it is submitted to ForwardHealth via the Upload Files and Submit panel. If the demographic maintenance tool is exited before the information is submitted, the information will be lost and will need to be re-entered.

If there is a problem with the information entered, an error message will be displayed at the top of the panel when leaving the page. Correct the error, and choose one of the above choices for continuing to another panel or submitting your information.

#### 27.3 State License Panel

On the State License panel, users can enter or delete one or more licenses during enrollment.

ntroduction » Individual Information » Practice Location Address » Audit Address Iailing Address » Prior Authorization Address » Additional Information » Medicare Information axonomy » Specialty Change » Group Member » Medicaid Service Provider and Medicaid Member Count county and Tribe Served for LTC Waiver Services State License Upload Files and Submit
Introduction
Required fields are indicated with an asterisk (*).
<ul> <li>Select one of the links above to update information. When all changes are complete, press "Submit."</li> </ul>
Next

Figure 119 State License Panel Link

1. Click **State License** from the navigation links above the current panel. The State License panel will be displayed.

State License			0
Required fields are indica • Only add licenses wh Clicense Information	ich are applicabl	isk (*). e to your ForwardHealth Enrollment.	
License Number	Issuing State	License Board	
654321	WI	Department of Safety and Professional Services	
State License Inform License Number*	mation 🗸	-	
		Cancel Add	
		Previous Next	Exit

Figure 120 State License Panel

- 2. The user can either add or delete a license.
- 3. To add a license, complete the following steps:

- a. Under the "State License Information" section, enter the license number in the License Number<sup>\*</sup> field.
- b. Select the applicable state from the Issuing State<sup>\*</sup> drop-down menu.
- c. Select the applicable license board from the License Board<sup>\*</sup> drop-down menu.

State License			0
<ul> <li>Required fields are indic</li> <li>Only add licenses v</li> </ul>		sk (*). to your ForwardHealth Enrollment.	
CLicense Informatio	on List		
License Numbe	r Issuing State	License Board	
654321	WI	Department of Safety and Professional Services	
License Number* Issuing State*	VI V		
License Board*	Department of Pub	lic Health V	
		Cancel Add	
		Previous Next	Exit

Figure 121 State License Panel—Populated

d. Click Add. The license will be displayed under the "License Information List" section.

License Information		License Board
License Number	135ung State	License bound
123456	WI	Department of Public Health
654321	WI	Department of Safety and Professional Services
State License Infor License Number*	mation	
	mation	
License Number*		×
License Number* Issuing State*		v

Figure 122 State License Panel—License Added

4. To delete a license, complete the following steps:

a. Select the existing license to be deleted under the "License Information List" section.

License Information			
License Number			
123456	WI	Department of Public Health	
654321	WI	Department of Safety and Professional Services	
Issuing State*		to track and	
Issuing State <sup>®</sup> V License Board <sup>®</sup> D		lic Health 🗸	

Figure 123 State License Panel

b. Click **Delete**. A dialog box will be displayed.



Figure 124 Dialog Box

c. Click **OK**. The record will be removed from the data list and will be end dated with the current date in the database.

State License				0
Required fields are indica • Only add licenses wh Clicense Information	nich are applicable	isk (*). e to your ForwardHealth I	Enrollment.	
License Number	Issuing State	License Board		
654321	WI	Department of Safety ar	nd Professional Services	
State License Infon License Number*	▼.		v	
				Cancel Add
		Previous	Next	Exit

Figure 125 State License—License Deleted

- 6. When finished entering information, one of three options may be chosen:
  - Click **Next** to go to the next panel on the list.
  - Click one of the links at the top of the panel to go to any of the other demographic maintenance tool panels.
  - Click the **Upload Files and Submit** link above the panel to submit the information. For information about submitting a provider's updates, refer to the <u>Upload Files and Submit</u> section of this guide.

Note: Information is not saved until it is submitted to ForwardHealth via the Upload Files and Submit panel. If the demographic maintenance tool is exited before the information is submitted, the information will be lost and will need to be re-entered.

When leaving the page, if there is a problem with the information entered, an error message will be displayed at the top of the panel. Correct the error, and choose one of the above choices for continuing to another panel or submitting the provider's information.

#### **27.4 Provider Directory Panel**

On the Provider Directory panel, certain providers can opt in or out of being included in the Provider Directory.



Figure 126 Provider Directory Link

1. Click **Provider Directory** from the navigation links above the current panel. The Provider Directory panel will be displayed.

Provider Directory		0
Required fields are indicated with • The following information will a Services, Waiver Prgrams, Cou	appear in the Provider Directory: Name, Address, Phone Number, Waiv	er
Do you wish to appear in the Yes No	Provider Directory?*	
L	Previous Next	Exit

Figure 127 Provider Directory Panel

- 2. Click the **Yes** or **No** radio button under Do you wish to appear in the Provider Directory?\* Note: Only certain providers are able to opt out of the Provider Directory.
- 3. When finished entering information, one of three options may be chosen:
  - Click **Next** to go to the next panel on the list.
  - Click one of the links at the top of the panel to go to any of the other demographic maintenance tool panels.
  - Click the **Upload Files and Submit** link above the panel to submit the information. For information about submitting a provider's updates, refer to the <u>Upload Files and Submit</u> section of this guide.

If there is a problem with the information entered, an error message will be displayed at the top of the panel when leaving the page. Correct the error, and choose one of the above choices for continuing to another panel or submitting the provider's information.

#### **27.5 Other License Credential Certification Panel**

On the Other License Credential Certification panel, users can view certification information applicable to the enrollment.

Introduction » Practice Location Address » Mailing Address » Financial Information Additional Information » Medicare Information » Managing Employee » Tax Exempt and Public/Private Status				
Provider Directory Other License Credential Certification Upload Files and Submit				
Introduction				
Required fields are indicated with an asterisk (*).				
Select one of the links above to update information. When all changes are complete, press "Submit."				
Next Exit				

Figure 128 Other License Credential Certification Link

1. Click **Other License Credential Certification** from the navigation links above the current panel. The Other License Credential Certification panel will be displayed. This panel is read-only.



Figure 129 Other License Credential Certification Panel

Any updates to license, credentials, or certifications require documentation that can be submitted through the Upload Files and Submit panel.

- 2. After viewing the information, one of three options may be chosen:
  - Click **Next** to go to the next panel on the list.

- Click one of the links at the top of the panel to go to any of the other demographic maintenance tool panels.
- Click the **Upload Files and Submit** link above the panel to submit the information. For information about submitting a provider's updates, refer to the <u>Upload Files and Submit</u> section of this guide.

# **28 Upload Files and Submit Panel**

After completing all revisions, the changes must be submitted to ForwardHealth from the Upload Files and Submit panel. Information is not saved until it is submitted to ForwardHealth via the Upload Files and Submit panel. If the demographic maintenance tool is exited before the information is submitted, the information will be lost and will need to be re-entered.

Introduction » Practice Location Address » Mailing Address » Prior Authorization Address Financial Information » Additional Information » Medicare Information » Taxonomy Specialty Change » Upload Files and Submit	
Taxonomy	0
Primary Indicator Taxonomy Description	

Figure 130 Upload Files and Submit Link

1. Click **Upload Files and Submit** from the links above the current panel. The Upload Files and Submit panel will be displayed.

Upload Files and Submit	?
Required fields are indicated with an asterisk (*).	
<ul> <li>Upload any supporting documentation needed (i.e. licenses, certifications, etc.).</li> <li>If you have no files to upload, select the submit button to save your changes.</li> </ul>	
<ul> <li>Select "Browse" to locate each file you wish to upload.</li> </ul>	
<ul> <li>Select "Upload" when you are ready to upload each file.</li> </ul>	
Please Note: JPG, JPEG, and PDF file formats are accepted for supporting document uploads.	
⊂ Upload File	
File Path Browse	
Upload	
C List of Files Uploaded	
Previous Submit Exit	



To upload files if necessary, complete the following steps:

a. Click **Browse**. The Choose file window will be displayed.

Choose file	JPGs I	✓ 4y Search		x Q
🖣 Organize 👻 🏭 Views	✓ I New Folder			0
Favorite Links	Name	Date modified	Туре	<b>^</b>
Documents	📮 cg001.jpg	11/10/2010 10:01 AM	JPG File	
Recently Changed	🖻 cg002.jpg	11/10/2010 10:17 AM	JPG File	
Recent Places	🗖 cg003.jpg	11/10/2010 10:50 AM	JPG File	Ξ
No. of Contract of	🖻 cg004.jpg	11/10/2010 10:51 AM	JPG File	
Desktop	🖻 cg005.jpg	11/10/2010 10:54 AM	JPG File	
Computer	🖻 cg006.jpg	11/10/2010 11:04 AM	JPG File	
🕑 Searches	🖻 cg007.jpg	11/10/2010 11:16 AM	JPG File	
More »	💶 cg008.jpg	4/12/2011 8:31 AM	JPG File	
	💶 cg009.jpg	11/10/2010 11:20 AM	JPG File	
	💶 cg010.jpg	11/10/2010 11:32 AM	JPG File	
	💶 cg011.jpg	4/5/2011 2:27 PM	JPG File	
Folders ^	ca012.ipa	4/5/2011 2:29 PM	JPG File	+
i onders	•			•
File <u>n</u> ame:	cg001.jpg	✓ All Files (*	.)	-
_		<u>O</u> pen	Cance	<b>.</b>

Figure 132 Choose File Window

- b. Navigate to the appropriate computer or network location and select the file to be uploaded.
- c. Click **Open**. The Choose File window will close and the file path will be displayed in the File Path field.
- d. Click Upload.

Upload File			
File Path*	C:\Users\Documents\Graphics\cg001.jpg	Browse	
			Upload

Figure 133 Upload File Section

The uploaded file will be displayed in the "List of Files Uploaded" section at the bottom of the panel, and a confirmation message will be displayed above the panel.

The following messages were generated File was uploaded successfully.		
Upload Files and Submit		0
Required fields are indicated with an aster	isk (*).	Ŭ
	needed (i.e. licenses, certifications, etc.). <b>t the submit button to save your changes.</b>	
Select "Browse" to locate each file you	ı wish to upload.	
<ul> <li>Select "Upload" when you are ready to</li> </ul>	upload each file.	
• Please Note: JPG, JPEG, and PDF file f	ormats are accepted for supporting document uploads	
Upload File		
File Path	Browse	
		Upload
List of Files Uploaded		
File Name		
cg001.jpg		
	Previous	Submit Exit

Figure 134 File Uploaded Successfully

- 2. Upload as many files as necessary.
- 3. Click **Submit** to submit the change(s).

If there was a problem with the submission, an error message indicating the reason the record was not updated will be displayed. Correct the error and click **Submit** again.

If ForwardHealth needs to review the entered information, the Application Submitted panel will display the following message: "Your information was uploaded successfully." ForwardHealth will verify the entered information and, once the information is verified, update the provider's file, if applicable.



Figure 135 Application Submitted Panel

- 4. Click **Save** to view and print a Provider Change of Address or Status form indicating the changes made in the demographic maintenance tool.
- 5. Click **Exit** to return to the secure Provider page.

If there are no problems with the submission and the entered information is updated automatically, the Application Submitted panel will display the following message, "Your information was updated successfully."



Figure 136 Confirmation Message