User Guide

ForwardHealth Portal Enrollment Verification

June 13, 2023

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1 Introduction

Users are required to verify dates of enrollment and other coverage information to determine whether a member is enrolled in a ForwardHealth program.

Portal enrollment verification allows users to request enrollment information for past dates of service (DOS) and future DOS. Since a member's enrollment may change monthly, enrollment information for future dates should always be verified again when the service(s) will actually be rendered.

The secure area of the ForwardHealth Portal offers real-time member enrollment verification for all ForwardHealth programs. Portal users will be able to use enrollment verification to determine the following:

- The benefit plan(s) or program(s) in which the member is enrolled
- If the member is enrolled in a state-contracted managed care organization (Medicaid and BadgerCare Plus members)
- If the member has any other coverage, such as Medicare or commercial health insurance
- If the member is exempted from copays (Medicaid and BadgerCare Plus members only)
- If a member was previously enrolled in a plan on specific days of service
- If a member is enrolled in the Pharmacy Services Lock-In Program and the member's Lock-In pharmacy, primary care provider, and referral providers (if applicable)

The ForwardHealth Portal is available 24 hours a day, seven days a week.

2 Verify a Member's Enrollment

Users can only view enrollment information for the financial payer under which they are logged in or for which they have permission. For example, if a user is logged in as a Wisconsin Well Woman (WWWP) or an AIDS Drug Assistance Program provider and tries to check Medicaid enrollment, a "No rows found" message will be returned. The user would need to be logged in as a Medicaid or BadgerCare Plus financial payer in order to check Medicaid enrollment.

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

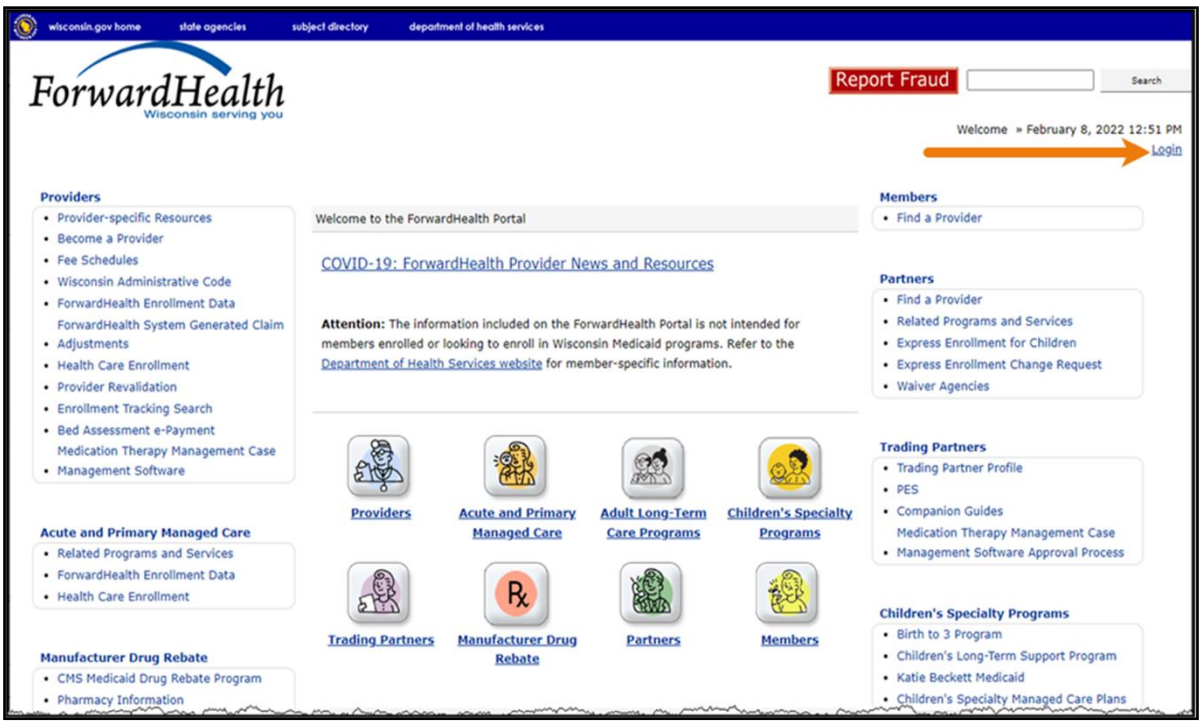

Figure 1 ForwardHealth Homepage

2. Click **Login**. The ForwardHealth Portal Login box will be displayed.

Figure 2 ForwardHealth Portal Login

Note: The login box can also be accessed by clicking the user icon on the homepage of the ForwardHealth Portal.

3. Enter the user's username.

4. Enter the user's password.

5. Click **Go!** to display the secure homepage.

   Note: The screens displayed in this user guide may be different from the screens displayed for the account under which the user is logged in.

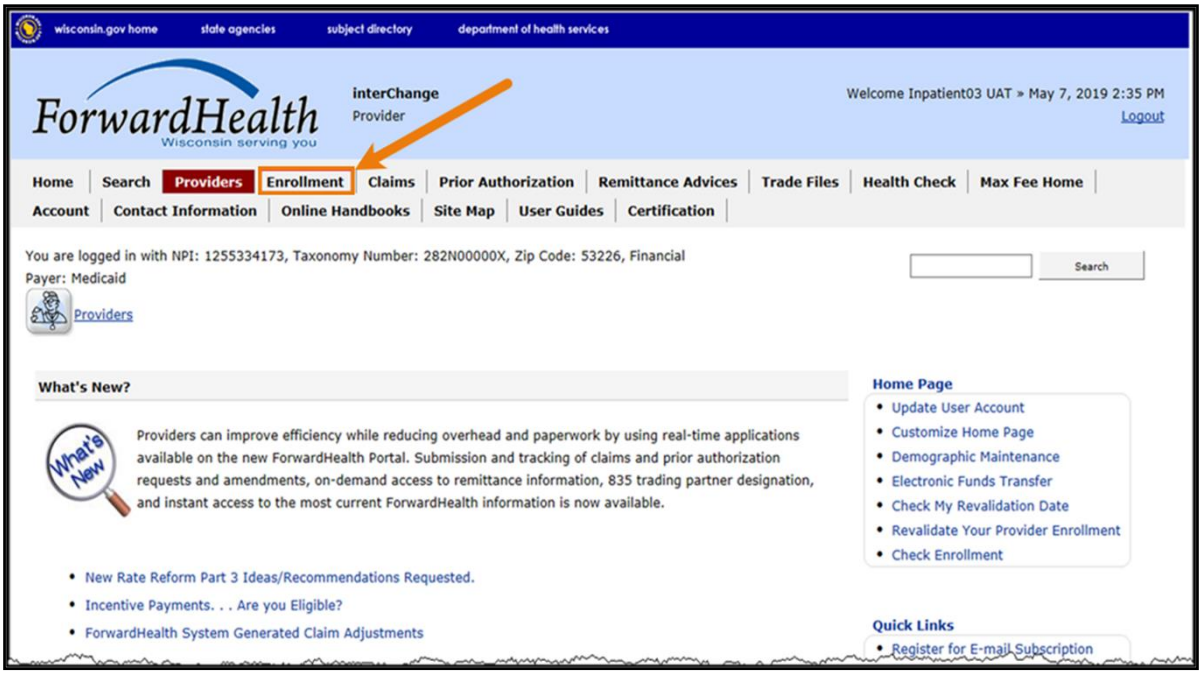

Figure 3 Secure Provider Page

6. Click **Enrollment** on the main menu at the top of the page.

If logged in with a provider account, the following Enrollment Verification page will be displayed.

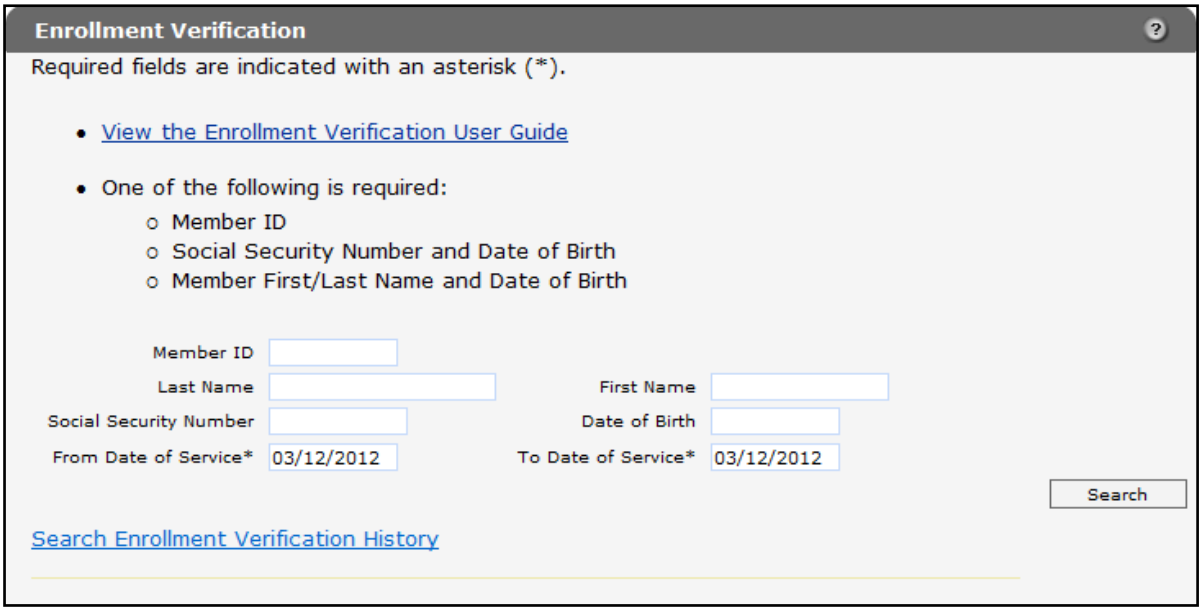

Figure 4 Enrollment Verification Page for Provider Accounts

If logged in with a partner account, the following Enrollment Verification page will be displayed.

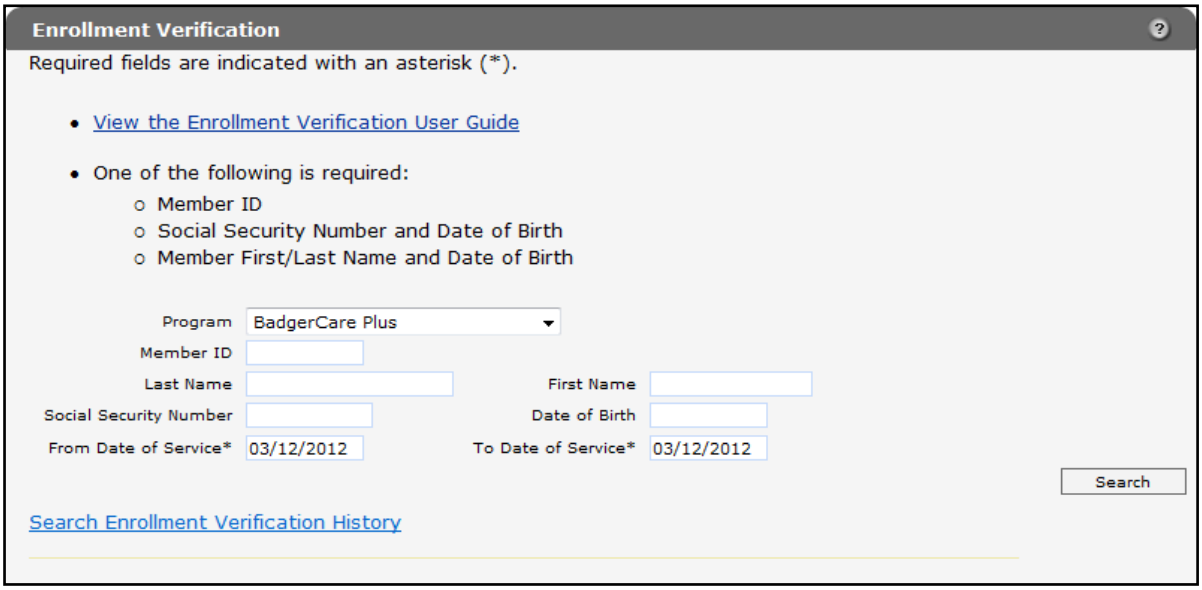

Figure 5 Enrollment Verification Page for Partner Accounts

7. Users logged in with a partner account must select either **BadgerCare Plus** or **Wisconsin Well Woman Program** from the Program drop-down menu.

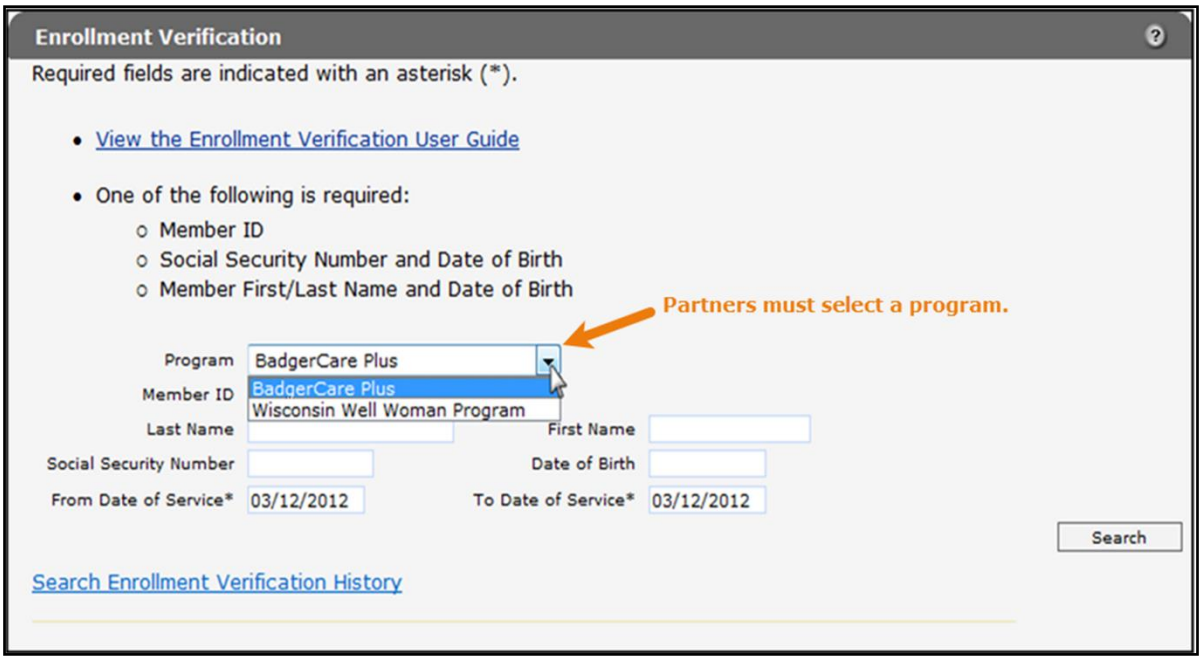

Figure 6 Program Menu

8. All users must enter one of the following:

   - The Member ID. The Member ID will return the most accurate result. When using the Member ID as a search query, it is best to not enter any other search information. The Member ID will override any other search criteria entered in the search fields, such as the member's name or Social Security number (SSN). If any information entered in the search panel is inconsistent with the information for the Member ID, only the information related to the Member ID will be returned.

   If the member's ID is not available, the following combinations can be used:

   - The member's last name, first name, and date of birth.
   - The member's SSN and date of birth. Some members' SSNs may not be recorded in the ForwardHealth system. If a search by SSN yields a "No rows found" result, clear the information in the SSN field and enter information in a different field.

   Users should verify the member's information after the search results are returned.

9. Enter the From Date of Service and To Date of Service (required). The dates will default to the current date if nothing is entered. Otherwise, enter the dates of the member's enrollment if different from the current date.

   - Users can enter any time in the past for which records are kept. However, no single enrollment request can cover a period of greater than one year. For example, users may check for enrollment for January 1, 2013, through December 31, 2013, or June 15, 2013, through June 14, 2014.

- If the inquiry is made **prior** to the 20th of the current month, users may enter a "From" DOS and "To" DOS up to the end of the current calendar month. For example, if the date of the request was November 15, 2013, users could request dates up to and including November 30, 2013.
- If the inquiry is made **on and after** the 20th of the current month, users may enter a "From" DOS and "To" DOS up to the end of the following calendar month. For example, if the date of the request was November 25, 2013, users could request dates up to and including December 31, 2013.

If any of these requirements are not met, an error message will be displayed at the top of the page.

10. Click **Search**. One of the following will be displayed:

- If the member has coverage for the DOS indicated, the enrollment verification tracking number and the "Search Results" section will be displayed.

Enrollment Verification

Required fields are indicated with an asterisk (*).

- View the Enrollment Verification User Guide

- One of the following is required:
  - Member ID
  - Social Security Number and Date of Birth
  - Member First/Last Name and Date of Birth

Member ID 2222222222
Last Name
First Name
Social Security Number
Date of Birth
From Date of Service* 09/11/2018
To Date of Service* 09/11/2018

Search

Search Enrollment Verification History

For your reference, the enrollment verification tracking number 182540000C verifies the enrollment information below only for the following time frame of 09/11/2018 through 09/11/2018.

Search Results

Member Information

Member ID 2222222222
Name IMA MEMBER
Date of Birth 06/25/1978
County Polk
Medicare Beneficiary ID
Address 1 ANY STREET MADISON WI, 53703

Benefit Plan

Payer	Benefit Plan	Effective Date	End Date
MEDICAID	Medicaid for SSI (HPSA Recipient)	09/11/2018	09/11/2018

Non-Emergency Transportation Services Enrollment

Provider Name	Effective Date	End Date
MEDICAL TRANSPORTATION MANAGEMENT, INC	09/11/2018	09/11/2018

Figure 7 Search Results Section

Verify that the member's information is correct.

For each inquiry, a unique enrollment verification tracking number will be displayed above the “Search Results” section. This number should be retained for tracking and research purposes. The enrollment verification tracking number confirms an inquiry was made regarding the member's enrollment.

For information about searching for enrollment verification inquiries, refer to Section 3 Search Enrollment Verification History.

Users are advised to print the Enrollment Verification page using the Print function of their browser so that they have a permanent paper copy of the enrollment verification inquiry for their records.

Note: While users are able to search enrollment verification history later using the tracking number, the results are not as comprehensive as the results of the initial inquiry.

- If the member has no coverage for the DOS indicated, an enrollment verification tracking number will be displayed above the “Search Results” section, and a “No rows found” message will be displayed in the Benefit Plan panel.

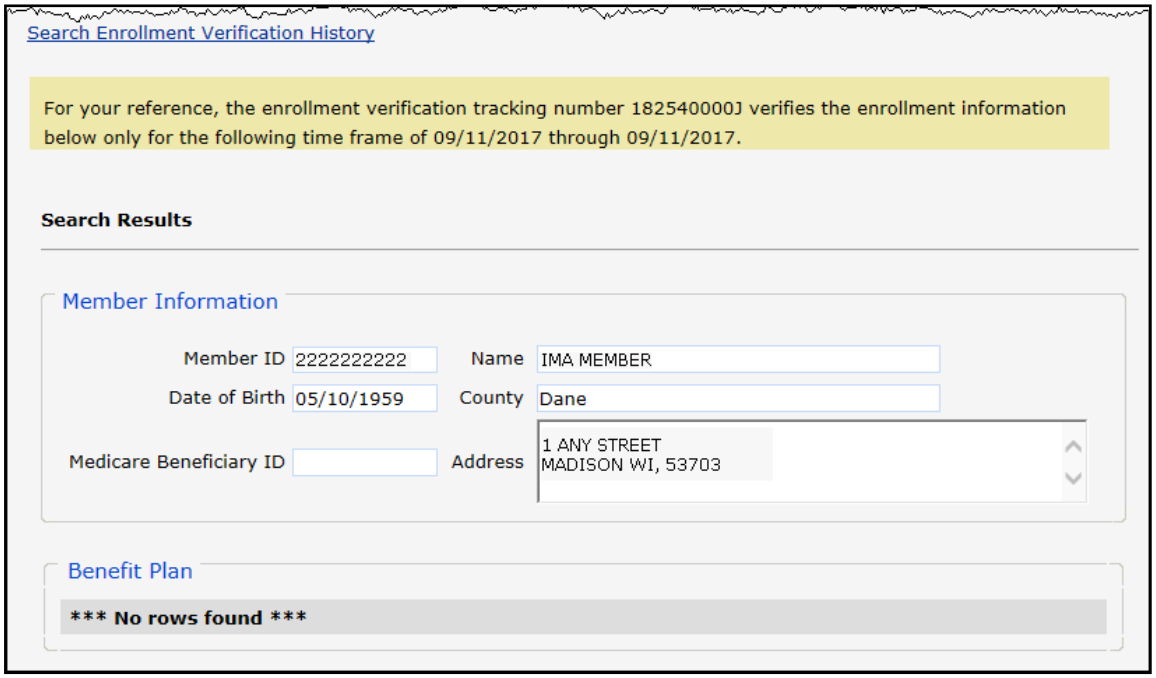

Figure 8 No Rows Found Message

Verify that the member’s information is correct.

- If an invalid member ID is entered, a message indicating the reason the member’s enrollment could not be verified will be displayed at the top of the page.

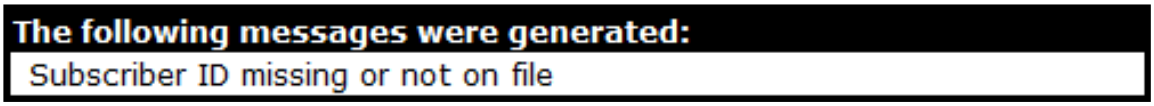

Figure 9 Error Message

- If the member is deceased and a DOS is entered that is **later** than the date of death, an enrollment verification tracking number will be displayed above the "Search Results" section, and a message indicating the member's date of death will be displayed at the top of the Enrollment Verification page.

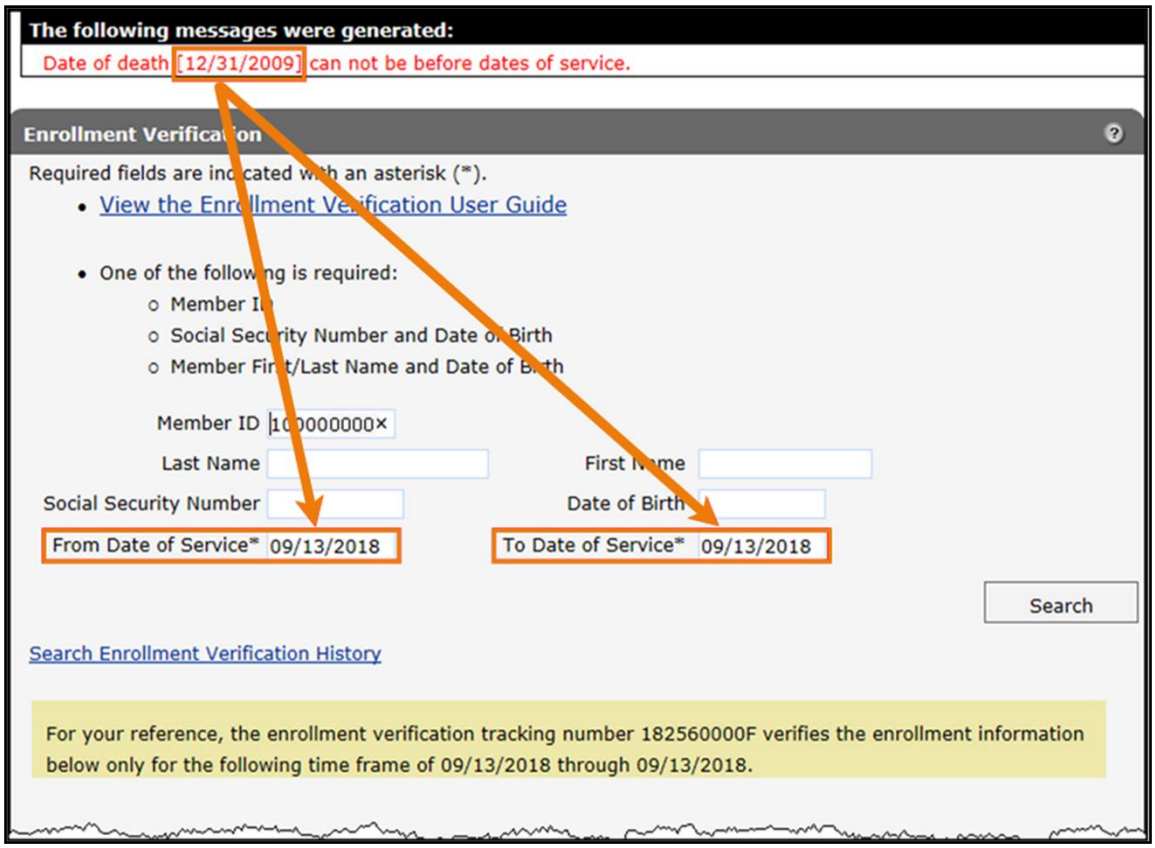

Figure 10 Date of Death Message

The member's date of death is considered the last DOS (or end date). If the date of death (or a date before the member's death) is entered in the To Date of Service field, the member's enrollment information will be displayed.

Enrollment Verification

Required fields are indicated with an asterisk (*).

- View the Enrollment Verification User Guide

- One of the following is required:
  - Member ID
  - Social Security Number and Date of Birth
  - Member First/Last Name and Date of Birth

Member ID 1000000000
Last Name
First Name
Social Security Number
Date of Birth
From Date of Service* 01/01/2009
To Date of Service* 02/17/2009

Search

Search Enrollment Verification History

For your reference, the enrollment verification tracking number 182560000J verifies the enrollment information below only for the following time frame of 01/01/2009 through 02/17/2009.

Search Results

Member Information

Member ID 1000000000
Name MARGARET MEMBER
Date of Birth 01/01/1970
County Ho Chunk
Medicare Beneficiary ID
Address 100 ROAD MADISON WI, 53703

Benefit Plan

Payer	Benefit Plan	Effective Date	End Date
MEDICAID	Medicaid (No Copay)	01/01/2009	02/17/2009

Figure 11 Search Results Section

- If an inactive (outdated) member ID is used to search for a member's enrollment information, the active member ID will be displayed in the "Member Information" section.

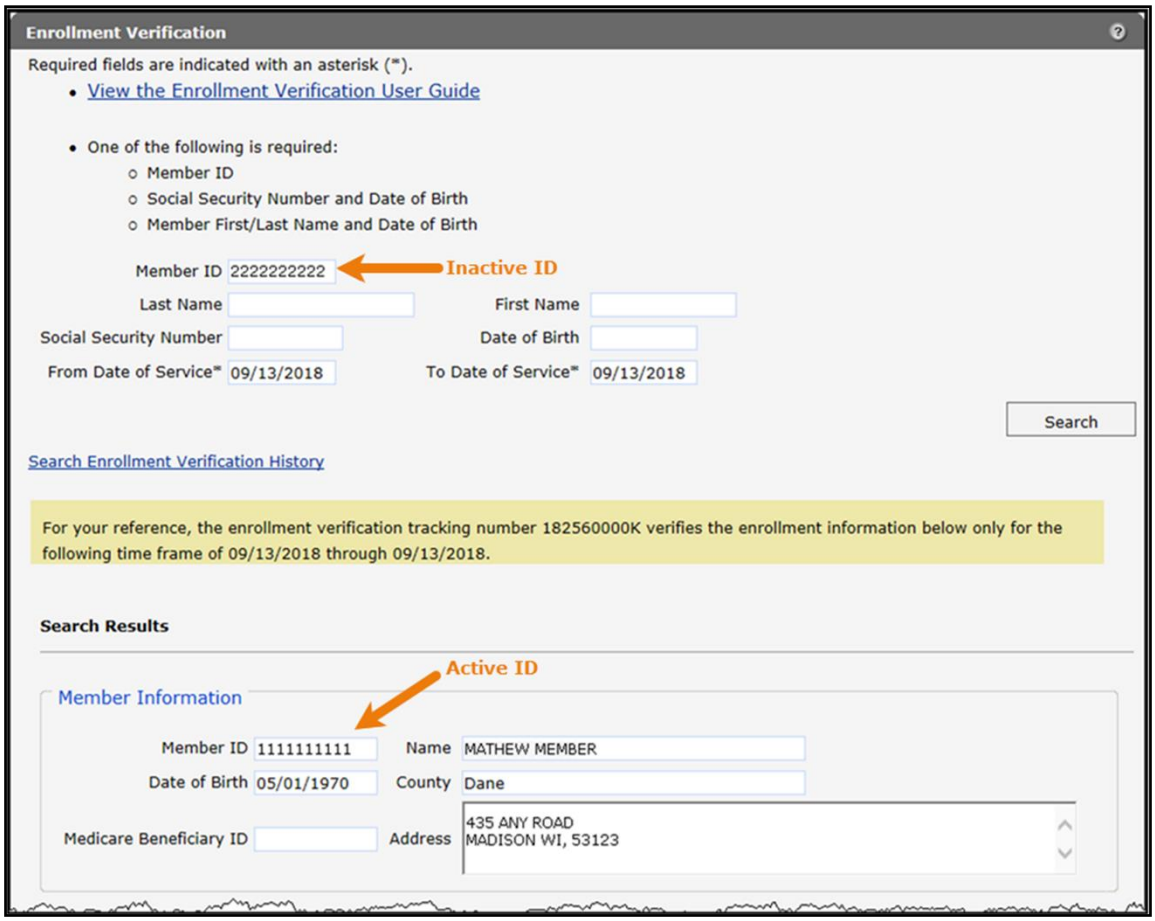

Figure 12 Search Using an Inactive ID

2.1 Verify Wisconsin Well Woman Program and Wisconsin Well Woman Medicaid Enrollment

Users can only view enrollment information for the financial payer under which they are logged in or for which they have authorization.

2.1.1 Wisconsin Well Woman Program

To verify a member's WWWP enrollment, a user must be logged in as a WWWP provider or must be authorized to view WWWP enrollment information.

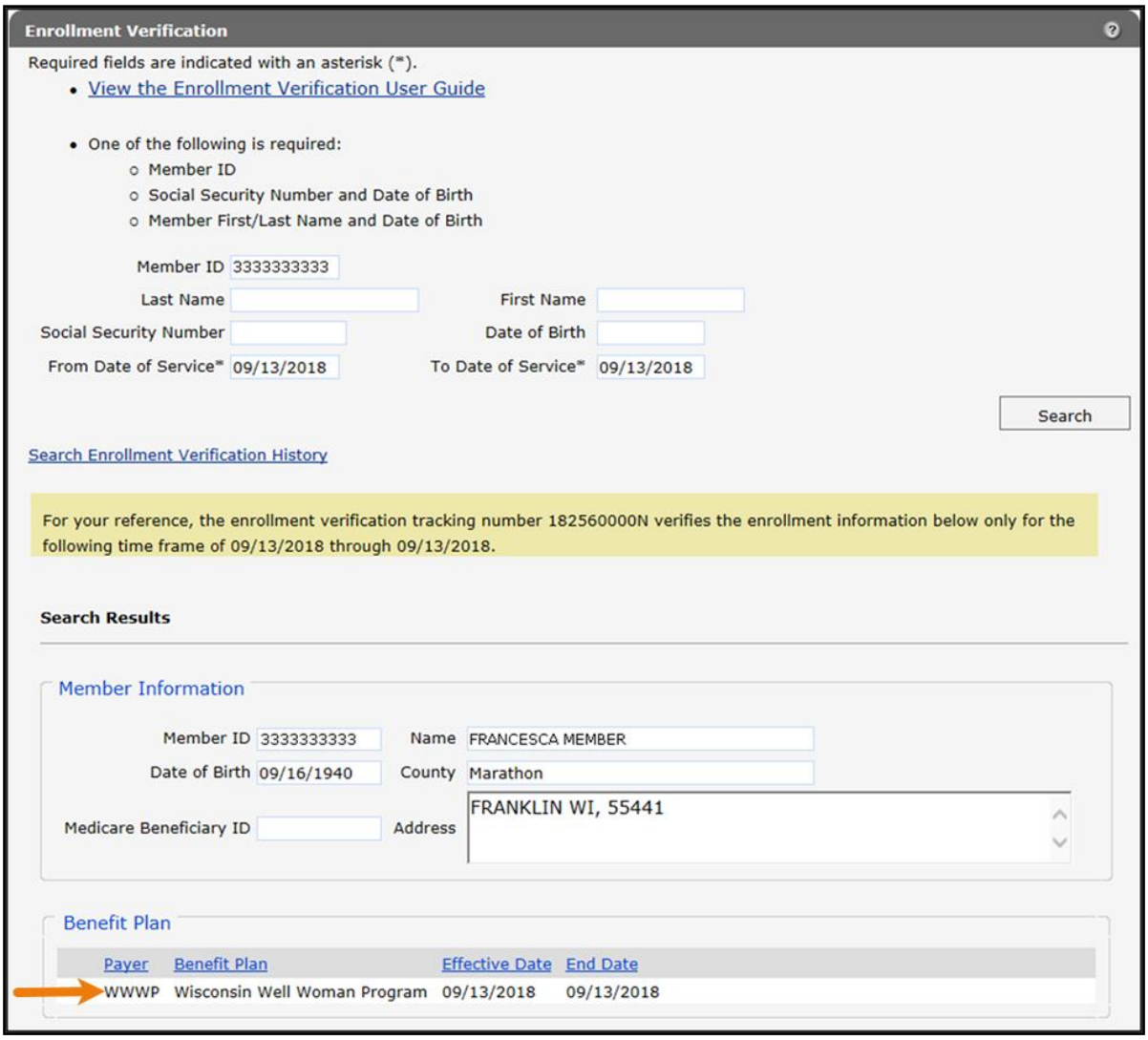

Figure 13 Wisconsin Well Woman Program Benefit Plan

2.1.2 Wisconsin Well Woman Medicaid

Since Medicaid is the financial payer for Wisconsin Well Woman Medicaid, in order to verify a member's Wisconsin Well Woman Medicaid enrollment, a user must be logged in as a Medicaid provider or must be authorized to view Medicaid or BadgerCare Plus enrollment information.

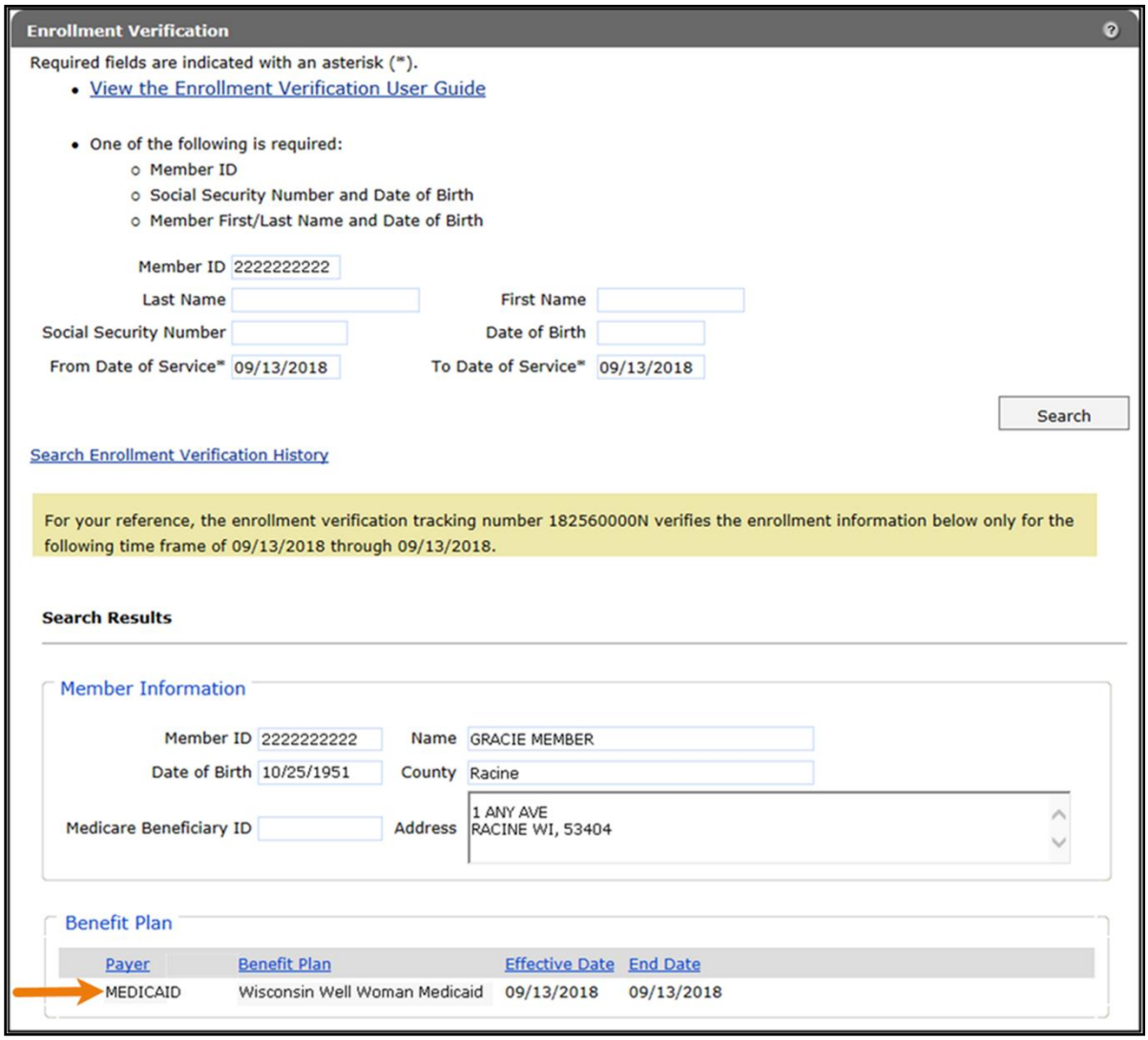

Figure 14 Wisconsin Well Woman Medicaid Benefit Plan

2.2 Enrollment Verification Search Results Panels

The Benefit Plan panel will always display when a user searches for a valid member enrolled in a ForwardHealth program for valid DOS. In addition to the Benefit Plan panel, several other panels may also be displayed. For example, a member may be enrolled in Wisconsin Medicaid for the DOS entered and may also be enrolled in a managed care organization or may have other insurance. In determining a member's enrollment, users must consider all the information displayed.

2.2.1 Benefit Plan Panel

The Benefit Plan panel shows the financial payer under which the benefit plan is covered, the specific benefit plan in which the member is enrolled, the effective date, and the end date of enrollment (for the DOS entered).

Benefit Plan

Payer	Benefit Plan	Effective Date	End Date
MEDICAID	Medicaid	03/13/2012	03/13/2012

Figure 15 Benefit Plan Panel

If the member is not enrolled in a benefit plan for the DOS entered, a “No rows found” message will be displayed.

Benefit Plan

*** No rows found ***

Figure 16 No Rows Found Message

If the member is not required to pay copays or has met the copay limit for the month, “No Copay” will be displayed next to the benefit plan. “No Copay” will be removed at the beginning of the following month for members required to pay a monthly copay. If “No Copay” is **not** displayed, the member **must** pay a copay for services that require a copay.

Benefit Plan

Payer	Benefit Plan	Effective Date	End Date
MEDICAID	BC+ Standard Plan (HPSA Recipient)(No Copay)	03/13/2012	03/13/2012

Figure 17 No Copay

If the member is eligible for the $8 non-emergent copay, “Eligible for Non-emergent Copay” will be displayed next to the benefit plan. This message indicates that a member is a BadgerCare Plus childless adult, and they are eligible for the copay if they do not meet the prudent layperson standard and seek and receive additional post-stabilization care in the emergency department after being informed of the $8 copay and availability of alternative providers with lesser or no cost share.

Benefit Plan

Payer	Benefit Plan	Effective Date	End Date
MEDICAID	BC+ Standard Plan(Eligible for Non-emergent Copay)	08/11/2020	08/11/2020

Figure 18 Non-Emergent Copay

2.2.2 Coinsurance Panel

The Coinsurance panel will only display for members enrolled in the Wisconsin Chronic Disease Program (WCDP). The Coinsurance panel displays the annual maximum amount of cost share the member must pay as determined by WCDP; the cutback percent, which represents the percentage of the allowed amount on the claim to be cut back; and the effective and end dates for the coinsurance.

Coinsurance

Payer	Benefit Plan	Annual Max Amount	Cutback Percent	Effective Date	End Date
Wisconsin Chronic Disease	WCDP COST SHARE	$1,000.00	14%	01/01/2008	06/30/2008

Figure 19 Coinsurance Panel

2.2.3 Deductible Panel

The Deductible panel will display for applicable members enrolled in WCDP and SeniorCare. The Deductible panel displays a member's deductible amount (the amount that must be met before claims can be paid) as determined by the member's benefit plan and the period during which the deductible is in effect.

Deductible

Payer	Benefit Plan	Services	Current Balance	Effective Date	End Date
Medicaid	WAIVER COST SHARE	Overall	$100.00	01/01/2015	12/31/2299

Figure 20 Deductible Panel

2.2.4 Lockin Panel

The Lockin panel displays lock-in information for the period covered by the From DOS and the To DOS entered on the Enrollment Verification page. The Lockin panel displays the category of service for which the lock-in is in effect, the effective date and end date of the lock-in, the provider's name and phone number, and referral information if applicable.

Lockin

Category of Service	Effective Date	End Date	Provider Name	Provider Phone	Referral
Lockin Pharmacy	03/13/2009	06/30/2009	EXAMPLE PHARMACY	(847)444-4444	
Lockin Primary Provider	03/13/2009	06/30/2009	EXAMPLE PHARMACY	(414)888-8888	

Figure 21 Lockin Panel

2.2.5 Managed Care Enrollment Panel

The Managed Care Enrollment panel will display for applicable members enrolled in a managed care plan, such as a BadgerCare Plus HMO, SSI HMO, or Family Care Care Management Organization plan, during the period covered by the DOS entered on the Enrollment Verification page.

Managed Care Enrollment

Provider Name	MC Program	Telephone Number	Effective Date	End Date
HEALTHCARE HMO	HMO - Medical/Dental	(888)999-9999	06/06/2014	06/06/2014

Figure 22 Managed Care Enrollment Panel

HMOs are required to provide at least the same benefits as those provided by BadgerCare Plus under fee-for-service arrangements. However, HMOs do not need to provide dental or chiropractic services but may do so at their discretion. If either service is provided by the HMO, the designation Dental or Chiro will be displayed following the program designation under the MC Program column.

2.2.6 Medicare Panel

If the member has Medicare coverage, the Medicare panel will display the type of coverage and the start and end dates of the coverage.

Medicare

Coverage	Medicare Coverage Start Date	Medicare Coverage End Date
Medicare Part A	09/06/2011	09/06/2011
Medicare Part B	09/06/2011	09/06/2011
Medicare Part D	09/06/2011	09/06/2011

Figure 23 Medicare Panel

2.2.7 Med Stats Panel

The Med Stats panel will display all information related to childless adult (CLA) med stat codes. The panel displays CLA member med stat group code information, med stat code information, and the effective and end dates of the med stats based on the date search criteria. CLA med stats are exclusive to transportation services.

Med Stats

Med Stat Code Group	Med Stat Code(s)	Effective Date	End Date
BadgerCare Expansion Waiver Med Stats	Transitional Childless Adult (>0-50%)	06/01/2022	12/31/2022
Transportation Manager CLA Med Stats	Transitional Childless Adult (>0-50%)	06/01/2022	12/31/2022
ER Copay Childless Adults w/non-emergent visits	Transitional Childless Adult (>0-50%)	06/01/2022	12/31/2022

Figure 24 Med Stats Panel

2.2.8 Non-Emergency Transportation Services Enrollment Panel

The Non-Emergency Transportation Services Enrollment panel will display when a member is eligible for non-emergency medical transportation through the Non-emergency Medical Transportation Management System Contractor. This panel displays the name of the contractor as well as the effective start and end dates.

Non-Emergency Transportation Services Enrollment

Provider Name	Effective Date	End Date
LOGISTICARE SOLUTIONS, LLC	06/01/2012	06/30/2012

Figure 25 Non-Emergency Transportation Services Enrollment Panel

2.2.9 Nursing Home Level of Care Panel

The Nursing Home Level of Care panel will display the nursing home level of care and the effective and end dates of the level of care for applicable members. The facility may be a nursing facility, intermediate care facility, or skilled nursing facility.

Nursing Home Level Of Care

Code	Description	Provider Id	Effective Date	End Date
SNF	0194 - Skilled Nursing Facility	1555555555	04/27/2006	12/31/2299

Figure 26 Nursing Home Level of Care Panel

2.2.10 Other Commercial Health Insurance Panel

The Other Commercial Health Insurance panel displays any other commercial health insurance coverage applicable members have for the DOS entered.

Other Commercial Health Insurance

Group Number	GROUPTPL0000	**Carrier Name**	INSURANCE GRP
Policy Number	TPL0000	**Carrier Telephone**	(608)111-1111
Policy Holder	POLICY HOLDER (OTHER)	**Effective Date**	03/13/2012
PH Date Of Birth	10/04/1994	**End Date**	03/13/2012
PH Address	PO BOX 2 MADISON, WI 53705	**Coverage Code**	MAJOR MED
Group Number	GROUP9999	**Carrier Name**	INSURANCE GRP
Policy Number	TPL9999	**Carrier Telephone**	(608)111-1111
Policy Holder	POLICY HOLDER (OTHER)	**Effective Date**	03/13/2012
PH Date Of Birth	10/04/1994	**End Date**	03/13/2012
PH Address	PO BOX 2 MADISON, WI 53705	**Coverage Code**	DRUG

Figure 27 Other Commercial Health Insurance Panel

Some or all of the following information may be displayed:

- Policy group number

- Policy number
- Policyholder name (and relation to member)
- Policyholder date of birth
- Policyholder address
- Carrier name
- Carrier phone number
- Policy effective date and end date (unless those dates fall outside the entered dates, in which case the entered DOS will be displayed)
- Coverage codes

If members do **not** have current enrollment in at least one full or limited benefit plan but do have other insurance, the Other Commercial Health Insurance panel will **not** be displayed under the "Search Results" section.

2.2.11 Patient Liability Panel

For some members, the Patient Liability panel will display the benefit plan group, either a single plan or group of benefit plans, in which the member is enrolled; the monthly amount the member must pay toward the cost of institutional care; and the effective and end dates for the liability amount.

Patient Liability

Benefit Plan Group	Liability Amount	Effective Date	End Date
MEDICAID COST SHARE	$10,000.00	01/01/2011	12/31/2299

Figure 28 Patient Liability Panel

2.2.12 Spenddown Panel

For some members, the Spenddown panel will display the available balance in the member's case spenddown account. The spenddown may apply to Wisconsin Medicaid, SeniorCare, or WCDP.

Spenddown

Payer	Benefit Plan	Current Balance	Effective Date	End Date
Medicaid	SENIORCARE COST SHARE	$156,956.45	01/01/2009	12/31/2299

Figure 29 Spenddown Panel

3 Search Enrollment Verification History

Users may search for their previous enrollment verification inquiries using the Search Enrollment Verification History link on the Enrollment Verification page.

Note: Users must be logged in under the same Portal account used for the original enrollment verification inquiry. Only requests originally made by the requesting service location will be returned. For example, if Clinic 1 made the original request and the user is logged in as Clinic 2, the request being searched for, although for the same provider, will not be returned because the request was made under a different location.

1. On the Enrollment Verification page, click **Search Enrollment Verification History**.

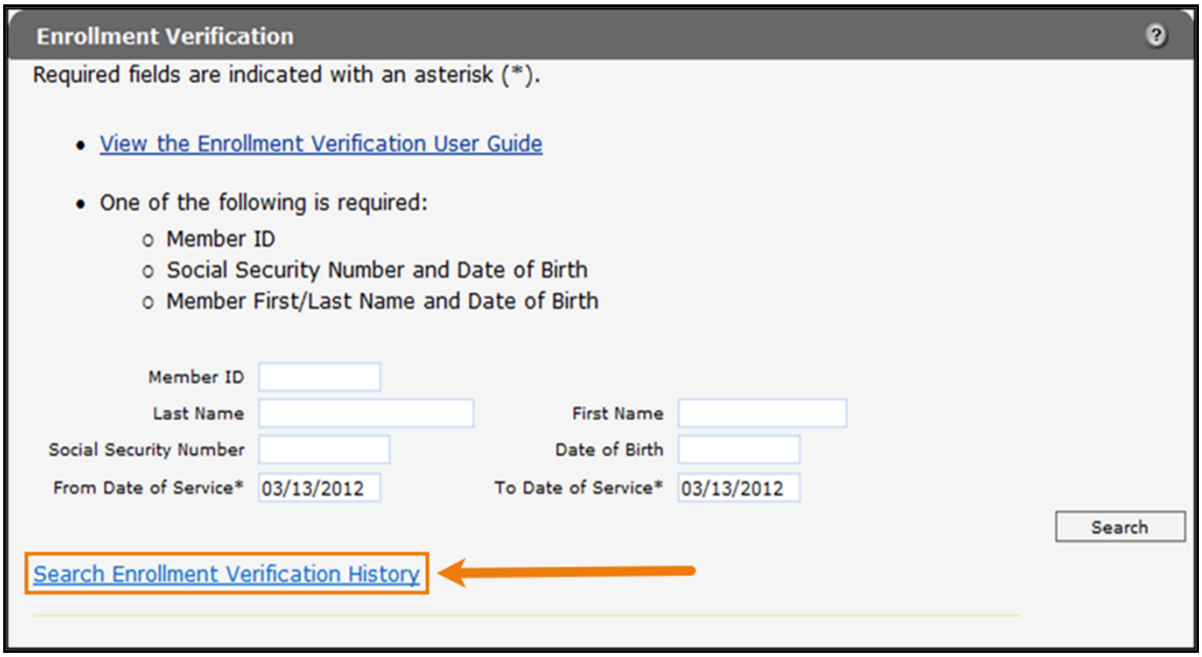

Figure 30 Search Enrollment Verification History Link

The Enrollment Verification History page will be displayed.

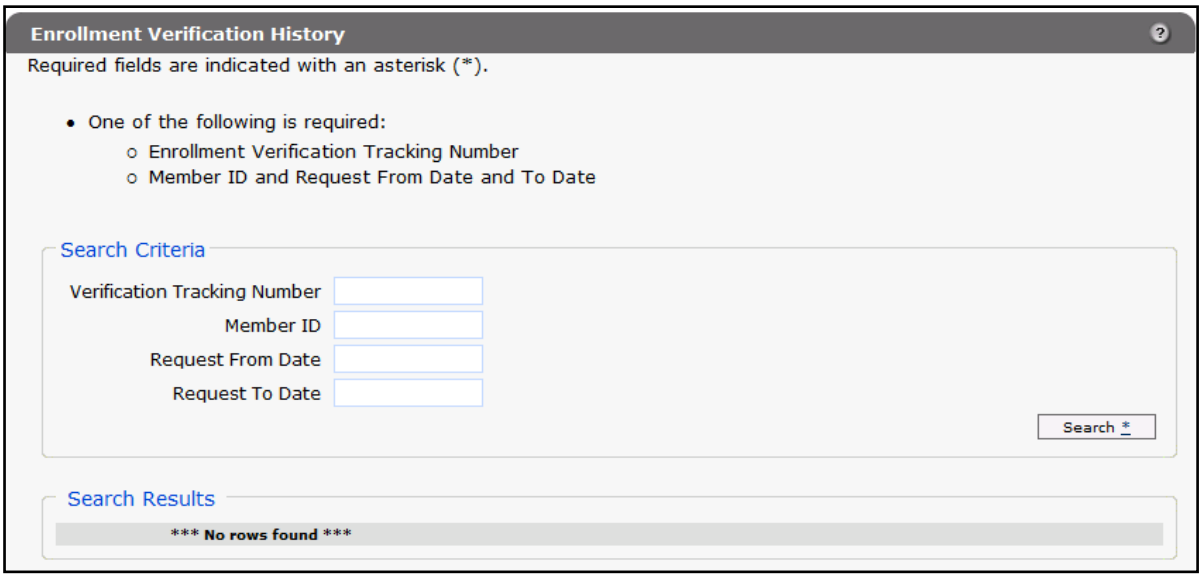

Figure 31 Enrollment Verification History Page

2. Enter either of the following:

   - The verification tracking number assigned when the original request for enrollment verification was made.
   - The member's ID and the date when the original request for enrollment verification was made.

   Note: Do **not** enter the DOS indicated on the original request (if different from the date of the request) in the Request From Date and Request To Date fields.

3. Click **Search**.

If only one result is found, a summary of the verification will be displayed at the bottom of the page.

Enrollment Verification History

Required fields are indicated with an asterisk (*).

- One of the following is required:
  - Enrollment Verification Tracking Number
  - Member ID and Request From Date and To Date

Search Criteria

Verification Tracking Number 112440000g
Member ID
Request From Date
Request To Date

Search *

Search Results

Verification Number	Member ID	Date Requested	From Date of Service	To Date of Service	Request Method
112440000G	1111111111	09/01/2011	09/01/2011	09/01/2011	Portal

Original Search Criteria

Verification Tracking Number 112440000G
Request Method Portal
From Date of Service 09/01/2011
To Date of Service 09/01/2011
Response Date 09/01/2011
Response Time 14:52:04

Member Information

Member ID 1111111111
Date of Birth 02/02/1980
Name MARY W JONES
Gender Female
County Green Lake

Benefit Plan

Payer	Benefit Plan	Effective Date	End Date
Medicaid	Medicaid	09/01/2011	09/01/2011

Figure 32 Enrollment Verification History Page

If several results are found, the Search Results panel will be displayed.

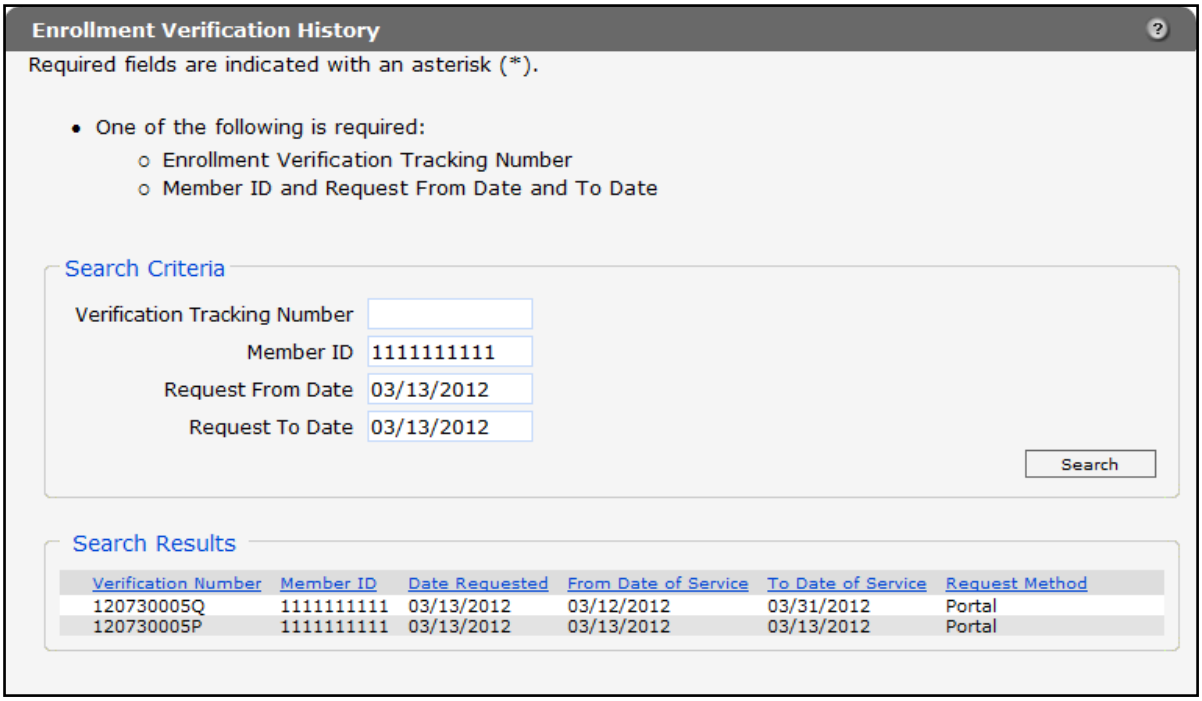

Figure 33 Search Results Panel

4. Click the applicable row to view the result. A summary of the verification will be displayed.

Enrollment Verification History

Required fields are indicated with an asterisk (*).

- One of the following is required:
  - Enrollment Verification Tracking Number
  - Member ID and Request From Date and To Date

Search Criteria

Verification Tracking Number
Member ID 1111111111
Request From Date 03/13/2012
Request To Date 03/13/2012

Search

Search Results

Verification Number	Member ID	Date Requested	From Date of Service	To Date of Service	Request Method
120730005Q	1111111111	03/13/2012	03/12/2012	03/31/2012	Portal
120730005P	1111111111	03/13/2012	03/13/2012	03/13/2012	Portal

Original Search Criteria

Verification Tracking Number 120730005Q
Request Method Portal
From Date of Service 03/12/2012
To Date of Service 03/31/2012
Response Date 03/13/2012
Response Time 14:57:04

Member Information

Member ID 1111111111
Date of Birth 02/01/1958
Name TEST MEMBER
Gender Female
County Dane

Benefit Plan

Payer	Benefit Plan	Effective Date	End Date
Medicaid	BC+ Standard Plan (COPAY EXEMPT)	03/12/2012	03/31/2012

Managed Care Enrollment

Provider Name	Telephone Number	Effective Date	End Date
EXAMPLE MCO	(608)000-0000	03/12/2012	03/31/2012

Figure 34 Enrollment Verification History Page

When viewing the summary, the following information will not be displayed on the Enrollment Verification page:

- Medicare IDs
- Subscriber address

- Patient liability amounts
- Referral indicator on lock-in requests
- Third-party liability policyholder name
- Date of birth
- Address
- Third-party liability group number
- Managed care organization benefit plan information

4 Additional Information

In addition to verifying member enrollment using the Enrollment function available on the secure area of the ForwardHealth Portal, users may also verify member enrollment by calling WiCall at 800-947-3544.

Note: Enrollment verification for AIDS Drug Assistance Program members is not available using WiCall.

For more information about enrollment verification, providers should refer to the Enrollment Verification chapter of the Resources section of the ForwardHealth Online Handbook. Providers may call Provider Services at 800-947-9627 with any questions.

4.1 Benefit Plans

Members may be enrolled concurrently in multiple benefit plans. For example, a member enrolled in Wisconsin Medicaid may also be enrolled in Qualified Medicare Beneficiary Only, which is a limited benefit plan. A limited benefit plan does not restrict or limit the number of ForwardHealth programs in which a member may wish to enroll. Both benefit plans for that member will be displayed on the ForwardHealth Portal or spoken through WiCall.

Full Benefit Plans	
BCSP	BadgerCare Plus Standard Plan
MCD	Medicaid
MCDW	Medicaid Waiver
MAPW	Medicaid Purchase Plan Waiver
MAP	Medicaid Purchase Plan
WWMA	Wisconsin Well Woman Medicaid
SSIMA	Medicaid for Supplemental Security Income
FSTMA	Medicaid for Foster Care

Limited Benefit Plans	
ADAP	Wisconsin AIDS Drug Assistance Program
AE	Alien Emergency Services
BCSEE	BadgerCare Plus Standard Plan Express Enrollment for Pregnant Women
CRSW	CRS Waiver
DENTL	Dental Ortho/Dentures Only
FPW	Family Planning Only Services
PE	Presumptive Eligibility—Pregnancy
QMB	Qualified Medicare Beneficiary Only
TB	Tuberculosis Services-Only

Other Benefit Plans	
SC1	SeniorCare Level 1—0 to 200 percent Federal Poverty Level
SC2	SeniorCare Level 2—Over 200 percent Federal Poverty Level
WCDK	Wisconsin Chronic Disease Program—Renal Disease
WCDH	Wisconsin Chronic Disease Program—Hemophilia Home Care
WCDC	Wisconsin Chronic Disease Program—Adult Cystic Fibrosis
WWWP	Wisconsin Well Woman Program

Benefit Plans Without Health Services*	
SLB	Specified Low-income Medicare Beneficiary
SLB+	Specified Low-income Medicare Beneficiary Plus
QDWI	Qualified Disabled Working Individuals
SSI	State Supplemental Payment—State Supplement
SSIE	State Supplemental Payment—State Supplement
CTS	State Supplemental Payment—Caretaker Supplement
LI ED/LI PP/LI RX	Lock-in Status

* The state pays Medicare premiums or issues other cash benefits for these plans. Members do not receive coverage for health care services under these plans.

For more information about limited benefit categories or other programs, refer to the Enrollment Categories chapter of the Member Information section of the ForwardHealth Online Handbook.