ForwardHealth Portal Enrollment Verification

February 17, 2025



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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 HIV 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 <u>www.forwardhealth.wi.gov/</u>.

| wisconsin.gov home state agencies su | ubject directory departm | nent of health services | | | |
|---|--|-------------------------|-------------------|----------------------|---|
| ForwardHealth | | | | Rep | Welcome = February 8, 2022 12:51 P |
| Providers | | | | | Members |
| Provider-specific Resources Become a Provider | Welcome to the Forwar | dHealth Portal | | | Find a Provider |
| Fee Schedules Wisconsin Administrative Code | COVID-19: Forwa | rdHealth Provider Ne | ews and Resources | | Partners |
| ForwardHealth Enrollment Data | | | | | Find a Provider |
| ForwardHealth System Generated Claim | Attention: The information included on the ForwardHealth Portal is not intended for | | | | Related Programs and Services |
| Adjustments Health Care Enrollment | members enrolled or looking to enroll in Wisconsin Medicaid programs. Refer to the Department of Health Services website for member-specific information. | | | | Express Enrollment for Children Express Enrollment Change Request |
| Provider Revalidation | | | | | Waiver Agencies |
| Enrollment Tracking Search | | | | | |
| Bed Assessment e-Payment | 07 | () | | | Trading Partners |
| Management Software | er Er | SER. | 99 | 0 | Trading Partner Profile |
| | (SIR) | CAN | (AGD_D) | (Marine) | • PES |
| | Providers | Acute and Primary | Adult Long-Term | Children's Specialty | Companion Guides |
| Acute and Primary Managed Care | | Managed Care | Care Programs | Programs | Medication Therapy Management Case |
| Kelateo Programs and Services EonwardHealth Enrollment Data | () | | | | Management Soltware Approval Process |
| Health Care Enrollment | 5 FR | R | | 1 Alexandre | Children's Specialty Programs |
| | Trading Partners | Manufacturer Drug | Partners | Members | Birth to 3 Program |
| Manufacturer Drug Rebate | | Rebate | | | Children's Long-Term Support Program |
| CMS Medicaid Drug Rebate Program | | | | | Katie Beckett Medicaid |
| Pharmacy Information | | | | | Children's Specialty Managed Care Plans |

Figure 1 ForwardHealth Homepage

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

| sername | | |
|--------------------|-------------|------|
| ssword | | |
| Go! | | |
| Logging in for the | first time? | 1000 |

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.

| Wisconsin.gov home state agencies subject directory department of health services | |
|--|---|
| ForwardHealth Wisconsin serving you | Welcome Inpatient03 UAT > May 7, 2019 2:35 PM Logout |
| Home Search Providers Enrollment Claims Prior Authorization Remittance Advices Trade Files Account Contact Information Online Handbooks Site Map User Guides Certification | Health Check Max Fee Home |
| You are logged in with NPI: 1255334173, Taxonomy Number: 282N00000X, Zip Code: 53226, Financial Payer: Medicaid Providers | Search |
| What's New? | Home Page |
| Providers can improve efficiency while reducing overhead and paperwork by using real-time applications available on the new ForwardHealth Portal. Submission and tracking of claims and prior authorization requests and amendments, on-demand access to remittance information, 835 trading partner designation, and instant access to the most current ForwardHealth information is now available. | Update User Account Customize Home Page Demographic Maintenance Electronic Funds Transfer Check My Revalidation Date Revalidate Your Provider Enrollment Check Enrollment |
| New Rate Reform Part 3 Ideas/Recommendations Requested. | |
| Incentive Payments Are you Eligible? | |
| ForwardHealth System Generated Claim Adjustments | Quick Links |
| | • Register for E-mail Subscription |

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.

| Enrollment Verificat | tion | | | ? |
|--|---------------------|---------------------|------------|--------|
| Required fields are inc | licated with an ast | erisk (*). | | |
| <u>View the Enroll</u> | ment Verification U | lser Guide | | |
| One of the following | owing is required: | | | |
| o Member | ID | | | |
| Social Se | ecurity Number and | Date of Birth | | |
| o Member | First/Last Name an | d Date of Birth | | |
| | | | | |
| Member ID | | | | |
| Last Name | | First Name | | |
| Social Security Number | | Date of Birth | | |
| From Date of Service* | 03/12/2012 | To Date of Service* | 03/12/2012 | |
| | | | | Search |
| Search Enrollment Ve | rification History | | | |
| | | | | |
| | | | | |

Figure 4 Enrollment Verification Page for Provider Accounts

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

| Enrollment Verificat | tion | | | ୖ |
|-------------------------|-------------------|---------------------|------------|--------|
| Required fields are ind | licated with an | asterisk (*). | | |
| | | | | |
| View the Enrolli | ment Verificatio | on User Guide | | |
| One of the follo | wing is require | d: | | |
| o Member | ID | | | |
| o Social Se | curity Number | and Date of Birth | | |
| o Member | First/Last Name | e and Date of Birth | | |
| | | | | |
| Program | BadgerCare Plus | s 🔻 | | |
| Member ID | | | | |
| Last Name | | First Name | | |
| Social Security Number | | Date of Birth | | |
| From Date of Service* | 03/12/2012 | To Date of Service* | 03/12/2012 | |
| | | | | Search |
| Search Enrollment Ver | rification Histor | Y | | |
| | | | | |
| | | | | |

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.

| F Enrollment Verifica | tion | | | | ୖ |
|--------------------------|----------------------|---------------------|----------------|---------------------|--------|
| Required fields are inc | licated with an aste | risk (*). | | | |
| <u>View the Enroll</u> | ment Verification Us | er Guide | | | |
| One of the follo | owing is required: | | | | |
| o Member | ID | | | | |
| o Social S | ecurity Number and | Date of Birth | | | |
| o Member | First/Last Name and | Date of Birth | Partners mu | st select a program | |
| | | | - untilers ind | se selece a program | |
| Program | BadgerCare Plus | 3 | | | |
| Member ID | BadgerCare Plus | Program | | | |
| Last Name | wisconsin weir woma | First Name | | | |
| Social Security Number | | Date of Birth | | | |
| From Date of Service* | 03/12/2012 | To Date of Service* | 03/12/2012 | | |
| | | | | | Search |
| Search Enrollmont Vo | rification History | | | | |
| Search Enrollment ve | filleation History | | | | |
| | | | | | |

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 | | 0 |
|--|--|---------|
| Required fields are indicated with an asterisk (*). | | |
| <u>View the Enrollment Verification User Gu</u> | uide | |
| • One of the following is required: | | |
| Member ID | | |
| Social Security Number and Date of Member First (Last Name and Date of | Birth | |
| Member First/Last Name and Date of | n Birth | |
| Member ID 222222222 | | |
| Last Name | First Name | |
| Social Security Number | Date of Birth | |
| From Date of Service* 09/11/2018 | To Date of Service [*] 09/11/2018 | |
| | | |
| | Se | arch |
| | | |
| Search Enrollment Verification History | | |
| | | |
| For your reference, the enrollment verification tra | cking number 182540000C verifies the enrollment info | rmation |
| below only for the following time frame of 09/11/2 | 2018 through 09/11/2018. | |
| | | |
| Converte Docustor | | |
| Search Results | | |
| | | |
| Member Information | | |
| Member ID 200000000 Nat | | |
| | | |
| Date of Birth 06/25/1978 Cour | Polk | |
| Medicare Beneficiary ID | 1 ANY STREET | ^ |
| Hedicare beneficiary 10 | HAD130N W1, 33703 | \sim |
| | , | |
| | | |
| Benefit Plan | | |
| <u>Payer</u> <u>Benefit Plan</u> | Effective Date End Date | |
| MEDICAID Medicaid for SSI (HPSA Recipie | ent) 09/11/2018 09/11/2018 | |
| Non-Emergency Transportation Services En | nrollment | |
| Provider Name | Effective Date End Date | |
| MEDICAL TRANSPORTATION MANAGEMEN | T, 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 <u>Section 3</u> <u>Search Enrollment Verification History</u>.

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.

| low only for the following | g time frame of | 09/11/201 | 7 through 09/11/2017. | |
|----------------------------|-----------------|-----------|-----------------------------------|-------------------|
| arch Results | | | | |
| Member Information | | | | |
| Member ID | 2222222222 | Name | IMA MEMBER | |
| Date of Birth | 05/10/1959 | County | Dane | |
| Medicare Beneficiary ID | | Address | 1 ANY STREET MADISON WI, 53703 | $\langle \rangle$ |
| | | | , | |

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.

| Subscriber ID missing or not on file | |
|--------------------------------------|--|

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.

| The following messages were generated: |
|--|
| Date of death [12/31/2009] can not be before dates of service. |
| |
| Enrollment Verification |
| Required fields are increated with an asterisk (*). |
| <u>View the Enrollment Verification User Guide</u> |
| |
| One of the following is required: |
| o Member I |
| Social Security Number and Date of Birth |
| Member First/Last Name and Date of Birth |
| Member ID 10000000× |
| Last Name First Name |
| Social Security Number Date of Birth |
| From Date of Service* 09/13/2018 To Date of Service* 09/13/2018 |
| Search |
| Search Enrollment Verification History |
| |
| For your reference, the aprollment verification tracking number 192560000E verifies the enrollment information |
| below only for the following time frame of 09/13/2018 through 09/13/2018. |
| |
| |

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.

| nrollment Verification | | | | 0 |
|-------------------------------------|-------------------------------|--------------------------|-------------------------------------|----------------------|
| Required fields are indicat | ed with an asteris | sk (*). | | |
| View the Enroll | nent Verificatio | n User Gui | ide | |
| | | | | |
| One of the following | ng is required: | | | |
| o Member II |) | | | |
| o Social Sec | urity Number and | Date of Birt | :h | |
| o Member Fi | rst/Last Name an | d Date of Bi | rth | |
| Member ID | 1000000000 | | | |
| Last Name | | | First Name | |
| Social Security Number | | | Date of Birth | |
| Social Security Number | | | | |
| From Date of Service* | 01/01/2009 | Tot | Date of Service* 02/17/2009 | |
| | | | | Search |
| | | | | Jearch |
| Search Enrollment Verific | ation History | | | |
| | | | | |
| For your reference, the | oprollmont vorific | ation trackir | a number 1825600001 verifies the or | rollmont information |
| below only for the follow | ving time frame of | f 01/01/200 | 9 through 02/17/2009 | ioninent miormation |
| | ing the name of | , , | 5 aag. 02, 27, 20051 | |
| | | | | |
| Search Results | | | | |
| | | | | |
| C Mombor Informatic | | | | |
| Member Informatio | | | | |
| Member | ID 100000000 | Name | MARGARET MEMBER | |
| Date of Bi | th 01/01/1970 | County | Ho Chunk | |
| | | | | |
| Medicare Beneficiary | ID | Address | MADISON WI 53703 | ^ |
| | | | MADISON WI, 55705 | \sim |
| | | | | |
| | | | | |
| Benefit Plan | | | | |
| | | | | |
| Payer Ben | efit Plan | Effective D | ate End Date | |
| Payer Ben MEDICAID Med | efit Plan icaid (No Copav) | Effective D 01/01/200 | Pate End Date 9 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.

| nrollment Verification | | | | | | | |
|--|---|----------------|------------|-------------|------------|-------------|-------------------|
| quired fields are indicated with an asteri | sk (*). | | | | | | |
| View the Enrollment Verification | on User Guide | | | | | | |
| | | | | | | | |
| One of the following is required: Mambas ID | | | | | | | |
| o Member ID | Date of Birth | | | | | | |
| Member First/Last Name and | d Date of Birth | | | | | | |
| | | | | | | | |
| Member ID 222222222 | Inactive ID | | | | | | |
| Last Name | First Name | | | | | | |
| Social Security Number | Date of Birth | | | | | | |
| From Date of Constants and the land | To Date of Service* | 09/13/2018 | | | | | |
| From Date of Service 09/13/2018 | To Date of Service | 00/10/2010 | | | | | |
| From Date of Service 09/13/2018 | To Date of Service | 00,10,2010 | | | | г | |
| arch Enrollment Verification History | TO Date of Service | 00,10,2010 | | | | [| Search |
| From Date of Service 09/13/2018 earch Enrollment Verification History For your reference, the enrollment verific | ration tracking number 1825 | 60000K verifie | s the enro | llment inf | ormation t | elow only t | Search |
| From Date of Service ² 09/13/2018 earch Enrollment Verification History For your reference, the enrollment verific following time frame of 09/13/2018 throu | ation tracking number 1825 | 60000K verifie | s the enro | llment info | ormation t | elow only t | Search for the |
| From Date of Service ² 09/13/2018 earch Enrollment Verification History For your reference, the enrollment verific following time frame of 09/13/2018 throu | cation tracking number 1825 ugh 09/13/2018. | 60000K verifie | s the enro | llment inf | ormation t | elow only s | Search for the |
| From Date of Service 09/13/2018 earch Enrollment Verification History For your reference, the enrollment verific following time frame of 09/13/2018 throus | ration tracking number 1825 ugh 09/13/2018. | 60000K verifie | s the enro | ilment inf | ormation t | elow only | Search for the |
| From Date of Service 09/13/2018 earch Enrollment Verification History For your reference, the enrollment verific following time frame of 09/13/2018 throu Search Results | ation tracking number 1825 ugh 09/13/2018. | 60000K verifie | s the enro | ilment inf | ormation t | elow only | Search for the |
| From Date of Service 09/13/2018 earch Enrollment Verification History For your reference, the enrollment verific following time frame of 09/13/2018 throu Search Results | ation tracking number 1825 ugh 09/13/2018. | 60000K verifie | s the enro | llment inf | ormation b | elow only s | Search for the |
| From Date of Service 09/13/2018 earch Enrollment Verification History For your reference, the enrollment verific following time frame of 09/13/2018 throu Search Results Member Information | ation tracking number 1825 ugh 09/13/2018. | 60000K verifie | s the enro | llment inf | ormation b | [| Search for the |
| From Date of Service 09/13/2018 earch Enrollment Verification History For your reference, the enrollment verific following time frame of 09/13/2018 through Search Results Member Information Member ID 111111111 | Active ID Name MATHEW MEMBE | 60000K verifie | s the enro | llment inf | ormation b | elow only | Search |
| From Date of Service 09/13/2018 Baarch Enrollment Verification History For your reference, the enrollment verific following time frame of 09/13/2018 throu Search Results Member Information Member ID 111111111 | Active ID Name MATHEW MEMBE | 60000K verifie | s the enro | llment inf | ormation b | elow only | Search for the |
| From Date of Service 09/13/2018 Baarch Enrollment Verification History For your reference, the enrollment verific following time frame of 09/13/2018 through the frame of 09/13/2018 through t | Active ID Active ID Name MATHEW MEMBE | 60000K verifie | s the enro | llment inf | ormation b | elow only | Search for the |
| From Date of Service 09/13/2018 Baarch Enrollment Verification History For your reference, the enrollment verific following time frame of 09/13/2018 through the frame of 09/13/2018 through t | Active ID Active ID Name MATHEW MEMBE County Dane | 60000K verifie | s the enro | llment inf | ormation b | elow only | Search for the |

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.

| quired fields are indicat | ted with an asteris | L (*) | | |
|---|---|---|--|------------------------------------|
| View the Enrolli | ment Verification | User Guide | | |
| • <u>tren tre crea</u> | nene vernieseer. | 10301 Odide | | |
| One of the following | ng is required: | | | |
| o Member II | 5 | | | |
| o Social Sec | urity Number and I | Date of Birth | | |
| o Member Fi | rst/Last Name and | Date of Birth | | |
| Member ID | 33333333333 | | | |
| Last Name | | First Name | | |
| Lost Number | | Date of Dirth | | |
| ocial Security Number | | Date or Birth | | |
| From Date of Service* | 09/13/2018 | To Date of Service* | 09/13/2018 | |
| | | | | |
| or your reference, the Mowing time frame of | enrollment verifica 09/13/2018 throug | ition tracking number 1825 gh 09/13/2018. | 60000N verifies the enrollme | ent information below only for the |
| or your reference, the ollowing time frame of earch Results | enrollment verifica 09/13/2018 throug | ition tracking number 1825 gh 09/13/2018. | 60000N verifies the enrollme | ent information below only for the |
| or your reference, the ollowing time frame of earch Results Member Informatic | enrollment verifica 09/13/2018 throug | ation tracking number 1825 gh 09/13/2018. | 60000N verifies the enrollme | ent information below only for the |
| or your reference, the ollowing time frame of earch Results Member Informatic | enrollment verifica 09/13/2018 throug | ition tracking number 1825 gh 09/13/2018. | 60000N verifies the enrollme | ent information below only for the |
| For your reference, the ollowing time frame of Search Results Member Informatic Member | enrollment verifica 09/13/2018 throug nn ID 333333333 | ation tracking number 1825 gh 09/13/2018. Name FRANCESCA MEM | 60000N verifies the enrollme | ent information below only for the |
| For your reference, the ollowing time frame of Search Results Member Informatic Member Date of Bi | enrollment verifica 09/13/2018 throug on ID 3333333333 rth 09/16/1940 | ntion tracking number 1825 gh 09/13/2018. Name FRANCESCA MEN County Marathon | 60000N verifies the enrollme | ent information below only for the |
| For your reference, the ollowing time frame of Search Results Member Informatic Member Date of Bi | enrollment verifica 09/13/2018 throug on ID 3333333333 rth 09/16/1940 | ntion tracking number 1825 gh 09/13/2018. Name FRANCESCA MEM County Marathon FRANKLIN W | 60000N verifies the enrollme MBER I, 55441 | ent information below only for the |
| For your reference, the ollowing time frame of Search Results Member Informatic Member Date of Bi Medicare Beneficiary | enrollment verifica 09/13/2018 throug on ID 3333333333 rth 09/16/1940 ID | tion tracking number 1825 gh 09/13/2018. Name FRANCESCA MER County Marathon Address FRANKLIN W | 60000N verifies the enrollme MBER I, 55441 | ent information below only for the |
| For your reference, the ollowing time frame of search Results Member Informatic Member Date of Bi Medicare Beneficiary | enrollment verifica 09/13/2018 throug on ID 3333333333 rth 09/16/1940 ID | Ition tracking number 1825 gh 09/13/2018. Name FRANCESCA MER County Marathon Address FRANKLIN W | 60000N verifies the enrollme MBER I, 55441 | ent information below only for the |
| For your reference, the following time frame of search Results Member Informatic Member Date of Bi Medicare Beneficiary | enrollment verifica 09/13/2018 throug n ID 3333333333 rth 09/16/1940 ID | Ition tracking number 1825 gh 09/13/2018. Name FRANCESCA MER County Marathon Address FRANKLIN W | 60000N verifies the enrollme MBER I, 55441 | ent information below only for the |
| For your reference, the ollowing time frame of search Results Member Informatic Member Date of Bi Medicare Beneficiary Benefit Plan | enrollment verifica 09/13/2018 throug n ID 3333333333 rth 09/16/1940 ID | ation tracking number 1825 gh 09/13/2018. Name FRANCESCA MEN County Marathon Address FRANKLIN W | 60000N verifies the enrollme MBER I, 55441 | ent information below only for the |
| For your reference, the ollowing time frame of search Results Member Informatic Member Date of Bi Medicare Beneficiary Benefit Plan Payer Benefit | enrollment verifica 09/13/2018 throug n ID 3333333333 rth 09/16/1940 ID | ation tracking number 1825 gh 09/13/2018. Name FRANCESCA MEN County Marathon Address FRANKLIN W | 60000N verifies the enrollme MBER I, 55441 | ent information below only for the |

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.

| ronment vernication | | | | | | | | |
|---|--|---|---|---------------|--------------|--------------|---------------|--------------|
| quired fields are indica | ted with an asteris | k (*). | | | | | | |
| View the Enroll | ment Verification | 1 User Guide | | | | | | |
| | | | | | | | | |
| One of the following | ng is required: | | | | | | | |
| o Member II | > | | | | | | | |
| o Social Sec | urity Number and I | Date of Birth | | | | | | |
| o Member Fi | rst/Last Name and | Date of Birth | | | | | | |
| Member ID | 2222222222 | | | | | | | |
| Last Name | | | First Name | | | | | |
| ocial Security Number | | | Date of Birth | | | | | |
| From Date of Convice* | 00/10/0010 | To Date | of Convico* | 00/10/0010 | | | | |
| From Date of Service | 09/13/2018 | TO Date | e of Service | 09/13/2018 | | | | |
| | | | | | | | | Search |
| For your reference, the ollowing time frame of | enrollment verifica 09/13/2018 throug | ition tracking r gh 09/13/2018 | number 18256 3. | 0000N verifie | es the enrol | lment inform | ation below | only for the |
| For your reference, the ollowing time frame of Gearch Results | enrollment verifica 09/13/2018 throug | ation tracking r gh 09/13/2018 | number 18256 3. | 0000N verifie | es the enrol | lment inform | ation below | only for the |
| For your reference, the ollowing time frame of Gearch Results | enrollment verifica 09/13/2018 throug | ation tracking r gh 09/13/2018 | number 1825(| 0000N verifie | es the enrol | lment inform | ation below (| only for the |
| For your reference, the ollowing time frame of Gearch Results Member Informatic Member | enrollment verifica 09/13/2018 throug | ation tracking r gh 09/13/2018 | number 18256 3. XACIE MEMBER | 0000N verifié | es the enrol | lment inform | ation below | only for the |
| For your reference, the ollowing time frame of Gearch Results Member Informatic Member Date of Bi | enrollment verifica 09/13/2018 throug ID 222222222 rth 10/25/1951 | ation tracking r gh 09/13/2018 Name GR County Ra | Number 18256 3. RACIE MEMBER | 0000N verifie | es the enrol | Iment inform | ation below (| only for the |
| For your reference, the ollowing time frame of Search Results Member Informatic Member Date of Bi | enrollment verifica 09/13/2018 throug n ID 2222222222 rth 10/25/1951 | ation tracking r gh 09/13/2018 | AVACIE MEMBER | 0000N verifie | es the enrol | Iment inform | ation below (| only for the |
| For your reference, the ollowing time frame of search Results Member Informatio Member Date of Bi Medicare Beneficiary | enrollment verifica 09/13/2018 throug ID 222222222 rth 10/25/1951 ID | ation tracking r gh 09/13/2018] Name GR] County Ra] Address RA | AVACIE MEMBER | 0000N verifié | es the enrol | Iment inform | ation below | only for the |
| For your reference, the ollowing time frame of Search Results Member Informatic Member Date of Bi Medicare Beneficiary | enrollment verifica 09/13/2018 throu ID 222222222 ID 10/25/1951 | ation tracking r gh 09/13/2018] Name GR] County Ra] Address RA | ACIE MEMBER ACIE MEMBER Icine ANY AVE ICINE WI, 534 | 0000N verifie | es the enrol | Iment inform | ation below | only for the |
| For your reference, the ollowing time frame of Gearch Results Member Informatic Member Date of Bi Medicare Beneficiary | enrollment verifica 09/13/2018 throu ID 2222222222 rth 10/25/1951 ID | ation tracking r gh 09/13/2018 County Ra Address | AVY AVE ACINE WI, 534 | 0000N verifie | es the enrol | Iment inform | ation below (| only for the |
| For your reference, the ollowing time frame of search Results Member Informatio Member Date of Bi Medicare Beneficiary Benefit Plan Payer | enrollment verifica 09/13/2018 throu DN ID 2222222222 rth 10/25/1951 ID | ation tracking r gh 09/13/2018 County Ra Address | AVINE MEMBER | 0000N verifie | es the enrol | Iment inform | ation below | only for the |

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).

| Bene | efit 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.



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.

| Bene | fit 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.

| Ben | efit 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 |
| <u> </u> | | | | | | |

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.

| ſ | Deductible | | | | | |
|---|------------|-------------------|-----------------|-----------------|----------------|------------|
| | Payer | Benefit Plan | <u>Services</u> | 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 | |
| L | | | | | |

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.

| Ma | anaged Care Enrollmen | t | | | |
|----|-----------------------|----------------------|------------------|----------------|------------|
| | Provider Name | MC Program | Telephone Number | Effective Date | End Date |
| | HEALTHCARE HMO | HMO - Medical/Dental | (888)999-9999 | 06/06/2014 | 06/06/2014 |
| L | | | | | |

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.

| ſ | 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 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.

| ſ | Non-Emergency Transportation Services Enrollment | | | | |
|----|--|----------------|------------|--|--|
| | Provider Name | Effective Date | End Date | | |
| | LOGISTICARE SOLUTIONS, LLC | 06/01/2012 | 06/30/2012 | | |
| 15 | | | | | |

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.

| ſ | Nurs | ing Ho | me Level Of Care | | | | ٦ |
|---|------|-------------|---------------------------------|-------------|----------------|------------|---|
| | | <u>Code</u> | Description | Provider Id | Effective Date | End Date | |
| | | SNF | 0194 - Skilled Nursing Facility | 1555555555 | 04/27/2006 | 12/31/2299 | |
| 5 | | | | | | | 1 |

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.

| 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 |
| | 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.

```
        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.

| Spe | enddown | | | | |
|-----|----------|-----------------------|-----------------|----------------|------------|
| | Payer | Benefit Plan | Current Balance | Effective Date | End Date |
| | Medicaid | SENIORCARE COST SHARE | \$156,956.45 | 01/01/2009 | 12/31/2299 |
| | Medicald | SENIORCARE COST SHARE | \$100,900.40 | 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**.

| Enrollment Verifica | tion | | | | ି | | | |
|---|--|---------------------|------------|--|--------|--|--|--|
| Required fields are indicated with an asterisk (*). | | | | | | | | |
| <u>View the Enrollment Verification User Guide</u> | | | | | | | | |
| One of the follo | One of the following is required: | | | | | | | |
| o Member | ID | | | | | | | |
| Social S | ecurity Number and D | ate of Birth | | | | | | |
| o Member | First/Last Name and | Date of Birth | | | | | | |
| | | | | | | | | |
| Member ID | | | | | | | | |
| Last Name | | First Name | | | | | | |
| Social Security Number | | Date of Birth | | | | | | |
| From Date of Service* | 03/13/2012 | To Date of Service* | 03/13/2012 | | | | | |
| | | | | | Search | | | |
| Search Enrollment Ve | Search Enrollment Verification History | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Figure 30 Search Enrollment Verification History Link

The Enrollment Verification History page will be displayed.

| Enrollment Verification History | / | ? |
|---|--|---|
| Required fields are indicated with | an asterisk (*). | |
| One of the following is required on Enrollment Verification Member ID and Required | uired: on Tracking Number lest From Date and To Date | |
| Search Criteria | | |
| Verification Tracking Number | | |
| Member ID | | |
| Request From Date | | |
| Request To Date | | |
| | Search <u>*</u> | |
| Search Results | | |
| *** No rows found ** | * | |
| N | | |

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 | 3 |
|---|-----------------|
| 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 | |
| C Search Criteria | |
| Verification Tracking Number 112440000g | |
| Member ID | |
| Request From Date | |
| Request To Date | |
| | Search <u>*</u> |
| | |
| Search Results |] |
| Verification Number Member ID Date Requested From Date of Service To Date of Service Request Method | |
| | |
| Coriginal 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 | |
| C Member Information | |
| Member ID 111111111 | |
| Name MARY W JONES Gender Female | |
| County Green Lake | |
| C 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.

| Enrollment Verification Histo | ry | | | 3 | | | |
|---|---|----------------------|------------|----------------|--|--|--|
| Required fields are indicated wit | h an asterisk (*). | | | | | | |
| | | | | | | | |
| One of the following is required: | | | | | | | |
| Enrollment Verification Tracking Number | | | | | | | |
| Member ID and Rec | Member ID and Request From Date and To Date | | | | | | |
| | | | | | | | |
| | | | | | | | |
| C Search Criteria | | | |) | | | |
| | | | | | | | |
| Verification Tracking Number | | | | | | | |
| Member ID | 111111111 | | | | | | |
| Request From Date | 03/13/2012 | | | | | | |
| Request To Date | 03/13/2012 | | | | | | |
| | | | | Search | | | |
| | | | | Search | | | |
| ~ | | | | | | | |
| C Search Results | | | | | | | |
| | | | | - | | | |
| 1207300050 1111111 | D Date Requested | Prom Date of Service | 03/31/2012 | Request Method | | | |
| 120730005P 111111 | 111 03/13/2012 | 03/13/2012 | 03/13/2012 | Portal | | | |
| | • | | | | | | |
| | | | | | | | |

Figure 33 Search Results Panel

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

| | rification Histor | r y | | | | | ? |
|---|---|--|---|---|-----------------------------------|------------------|--------|
| quired fields a | are indicated wit | h an asterisk (*) | | | | | |
| • One of th o Eni o Me | e following is rea rollment Verificat mber ID and Req | quired: ion Tracking Num uest From Date a | iber and To Date | | | | |
| Search Crite | eria | | | | | | |
| Verification | Tracking Number | | | | | | |
| | Member ID | 1111111111 | | | | | |
| Re | quest From Date | 03/13/2012 | | | | | |
| | Request To Date | 03/13/2012 | | | | | |
| | | | | | | | Search |
| | | | | | | | |
| Search Res | sults | | | | | | |
| Verification | Number Member | Date Requeste | ed From Date of Se | vice <u>To Da</u> | ate of Service | Request | Method |
| 120730005 120730005 | Q 1111111 P 1111111 | 111 03/13/2012 111 03/13/2012 | 03/12/2012 03/13/2012 | 03/3: | L/2012 3/2012 | Portal Portal | |
| | ITCH CHLEHA | | | | | | |
| Verification Fron | Tracking Number n Date of Service Response Date | 120730005Q 03/12/2012 03/13/2012 | Request Metho To Date of Servi Response Tin | od Portal ce 03/31/ ne 14:57 | /2012 :04 | | |
| Verification Fron | Tracking Number n Date of Service Response Date | 120730005Q 03/12/2012 03/13/2012 | Request Metho To Date of Servi Response Tin | od Portal ce 03/31/ ne 14:57 | /2012 :04 | | |
| Verification Fron Member Info Member ID | Tracking Number n Date of Service Response Date ormation | 120730005Q 03/12/2012 03/13/2012 | Request Metho To Date of Servi Response Tin Da | d Portal e 03/31/ e 14:57: te of Birth | /2012 04 02/01/19 | 58 | |
| Verification Fron Member Info Member ID Name | Tracking Number n Date of Service Response Date ormation 1111111111 TEST MEMBER | 120730005Q 03/12/2012 03/13/2012 | Request Metho To Date of Servi Response Tin Da | te of Birth Gender | /2012 04 02/01/19 Female | 58 | |
| Verification Fron Member Info Member ID Name County | Tracking Number n Date of Service Response Date ormation 1111111111 TEST MEMBER Dane | 120730005Q 03/12/2012 03/13/2012 | Request Metho To Date of Servi Response Tin Da | d Portal e 03/31/ e 14:57 te of Birth Gender | /2012 04 02/01/19 Female | 58 | |
| Verification Fron Member Info Member ID Name County Benefit Plan | Tracking Number n Date of Service Response Date ormation 1111111111 TEST MEMBER Dane | 120730005Q 03/12/2012 03/13/2012 | Request Metho To Date of Servi Response Tin Da | te of Birth Gender | /2012 04 02/01/19 Female | 58 | |
| Verification Fron Member Info Member ID Name County Benefit Plan Payer Medicaid | Tracking Number n Date of Service Response Date ormation 1111111111 TEST MEMBER Dane Benefit Plan BC+ Standard Pl | 120730005Q 03/12/2012 03/13/2012 | Request Metho To Date of Servi Response Tin Da Effective Date) 03/12/2012 | ed Portal ce 03/31/ de 14:57 te of Birth Gender | /2012 04 02/01/19 Female | 58 | |
| Verification Fron Member Info Member ID Name County Benefit Plan Payer Medicaid | Tracking Number n Date of Service Response Date ormation 1111111111 TEST MEMBER Dane Benefit Plan BC+ Standard Plan | 120730005Q 03/12/2012 03/13/2012 | Request Metho To Date of Servi Response Tin Da Effective Date) 03/12/2012 | ed Portal ce 03/31/ ne 14:57: te of Birth Gender | /2012 04 02/01/19 Female | 58 | |
| Verification Fron Member Info Member ID Name County Benefit Plan Payer Medicaid Managed Ca | Tracking Number n Date of Service Response Date ormation 1111111111 TEST MEMBER Dane Benefit Plan BC+ Standard Pl are Enrollment | 120730005Q 03/12/2012 03/13/2012 an (COPAY EXEMPT | Request Metho To Date of Servi Response Tin Da Da Effective Date) 03/12/2012 | ed Portal ce 03/31/ de 14:57 te of Birth Gender End Date 03/31/2012 | /2012 04 02/01/19 Female | 58 | |

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 HIV 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 <u>ForwardHealth Online Handbook</u>. 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 | | | | |
|-----------------------|---|--|--|--|
| HDAP | Wisconsin HIV 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 | | | |
| ТВ | 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.