User Guide

**ForwardHealth
County Income Maintenance
Coordinators and Workers
interChange Functionality**

September 11, 2024

WISCONSIN DEPARTMENT
of **HEALTH SERVICES**

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1 Access interChange Functionality

The interChange (iC) Functionality section of the Partner area of the ForwardHealth Portal allows authorized users to access member, financial, third-party liability (TPL), managed care, provider, and claim information. To use interChange functionality on the Portal, complete the following steps:

1. Access the ForwardHealth Portal at www.forwardhealth.wi.gov.
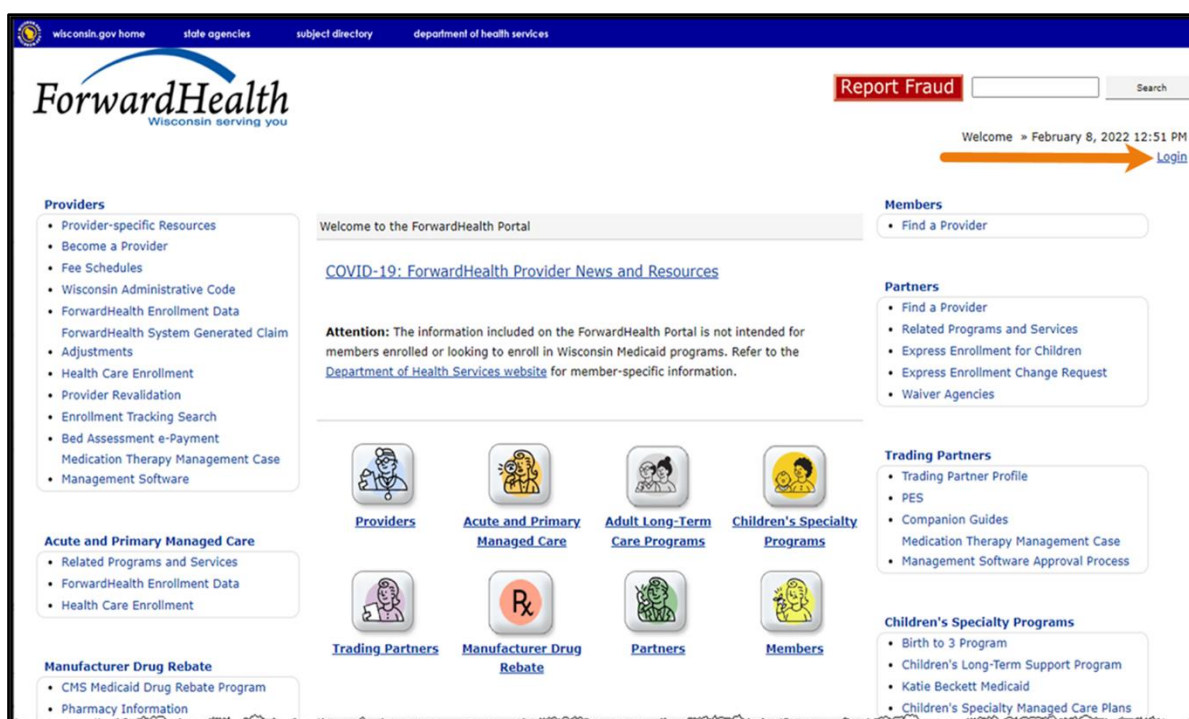
Figure 1 ForwardHealth Portal Page

2.   Click **Login**. A Sign In box will be displayed.
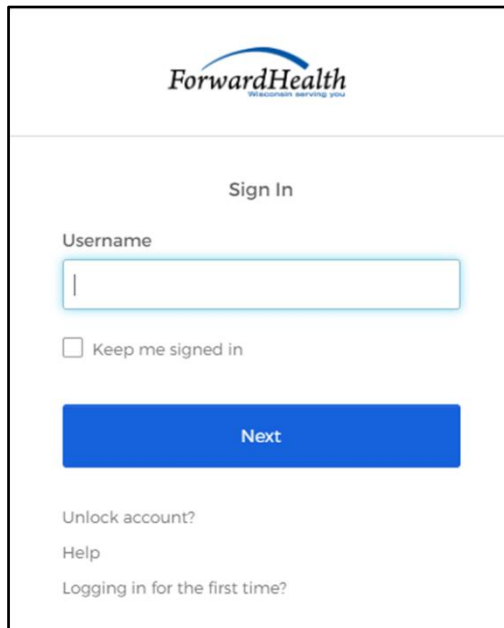
Figure 2 Sign In Box

3.   Enter the user's username.

4.   Click **Next**. A Verify with your password box will be displayed.

Figure 3 Verify With Your Password

5.   Enter the user's password.

6. Click **Verify**. Your secure Partner page will be displayed.
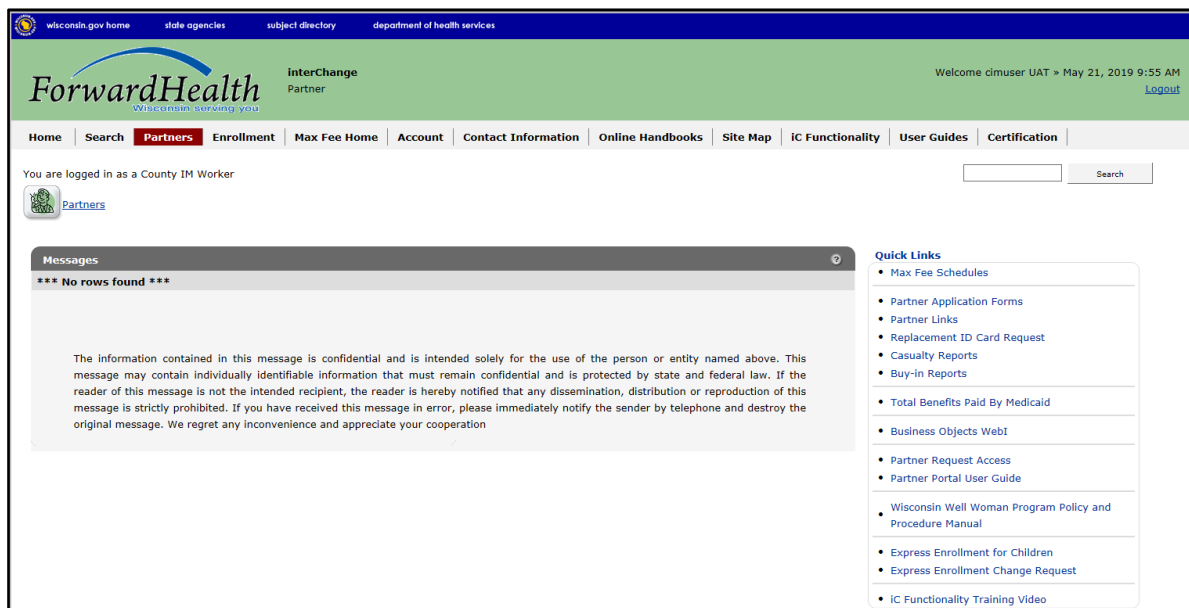
Figure 4 Secure Partner Page

7. Click **iC Functionality** on the main menu at the top of the page. The iC Functionality page will be displayed.
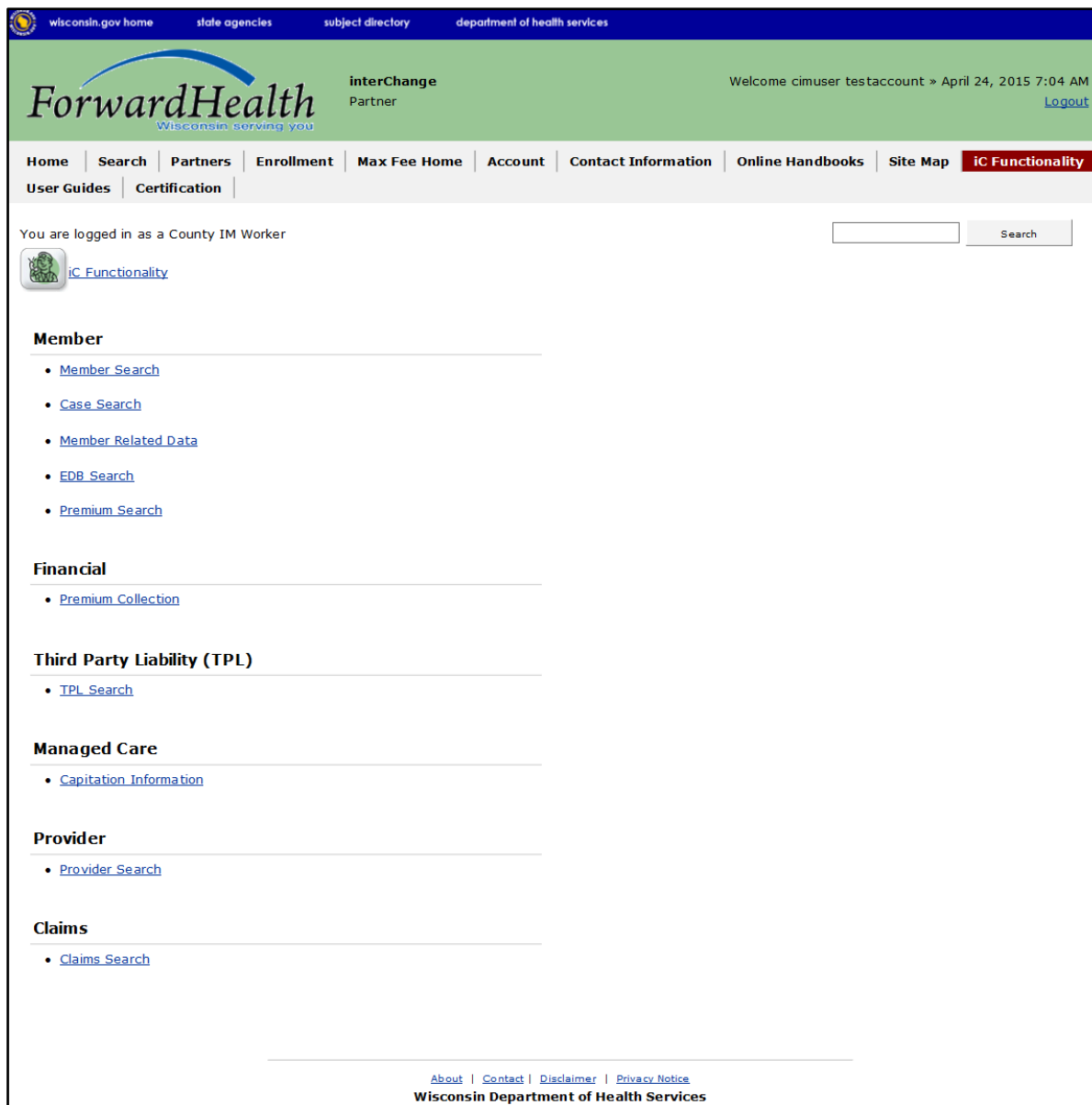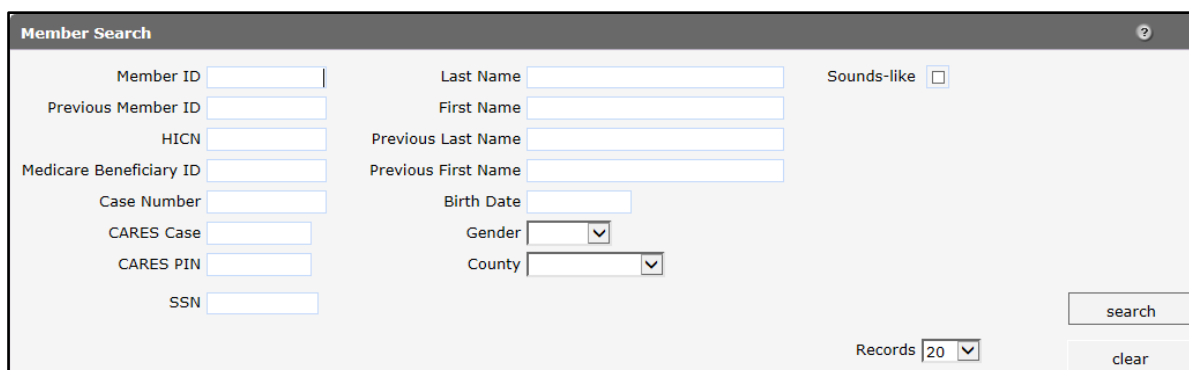
Figure 5 iC Functionality Page

2 Member

2.1 Member Search

1. On the iC Functionality page, click **Member Search**. The Member Search panel will be displayed.

Member Search		?
Member ID	Last Name	Sounds-like ☐
Previous Member ID	First Name	
HICN	Previous Last Name	
Medicare Beneficiary ID	Previous First Name	
Case Number	Birth Date	
CARES Case	Gender	
CARES PIN	County	
SSN		search
	Records 20	clear

Figure 6 Member Search Panel

This user guide explains how to complete a member search using a member's name. Users can search for a member using any of the fields on the Member Search panel but should enter as much information as possible to narrow the results.

If a search returns too many results, a message will indicate that additional criteria must be entered. If a search does not return any results, a "No rows found" message will be displayed in the Search Results panel. Users should ensure that the entered information is accurate and correct any inaccurate information.

Note: If no results are found when searching using a member ID, enter the member's ID in the Previous Member ID field in case the member's ID has changed. If the member is found, the member's information will be displayed with his or her new ID.

The Search Results panel will display 20 results per page by default. To change the number of results that display, select another number from the Records menu.

To clear information from all the fields on the Member Search panel, click **clear**.

2. Enter the member's last name in the Last Name field.

    Check the **Sounds-like** box to perform a phonetic search on the member's last name. If the box is unchecked, an exact letter search will be performed.

3. Enter the member's first name in the First Name field.

4. Click **search**. If only one member record is found, the Member Information page will be displayed. If multiple member records matching the entered search criteria are found, the records will be displayed in the Search Results panel.

Figure 7 Search Results Panel

The member information will be displayed by column (e.g., Member ID, Last Name, First Name). To sort the results, click a column heading. Clicking a column heading once will sort the results in ascending order by that column. Clicking a column heading twice will sort the results in descending order.

5. Click the applicable member record. The Member Information page will be displayed.

Figure 8 Member Information Page

The Member Information page consists of the following:

*   @neTouch sidebar. The @neTouch sidebar contains a "Quick Search" section and a "Recent Searches" section.

- o The "Quick Search" section allows users to search for a new member record by entering either a member ID in the Member ID field or a Client Assistance for Reemployment and Economic Support (CARES) case number in the Case Number field and clicking **search**. Users can click **clear** to delete information from the Member ID or Case Number fields or **prev** to return to the Member Search panel.

  - o The "Recent Searches" section displays the IDs of the last five members for whom users searched. Users can click an ID to populate that member's information in the Member Information panel. Both search sections can be minimized by clicking the arrow on the right.

- Navigation toolbar. The navigation toolbar contains the Open Tab menu, the Help menu, and the Stacked/Tabbed View function. The other functions are unavailable.

  - o The *Open Tab* menu provides access to panels that contain more detailed member information.

  - o The *Help* menu provides access to information regarding the Member Information panel (Page Specific Help) or the panels available under the Open Tab menu (Tab Specific Help). A panel from the Open Tab menu must be selected for the Tab Specific Help option to be available.

  - o The *Stacked/Tabbed View* function allows users to choose whether to display the panels available under the Open Tab menu in a stacked or tabbed view. In the stacked view, all panels that have been selected from the Open Tab menu will display together beneath the Member Information panel. In the tabbed view, the panels will display on different tabs located across the top of the panel, and users can switch between the panels by clicking the tabs. The shortcut for switching between the stacked and tabbed views is Alt+o. The screen captures in this user guide display the tabbed view option.

- Member Information panel.

2.1.1 Member Information Panel

The Member Information panel displays basic data about a member.

Figure 9 Member Information Panel

The left column may include the following information:

- The *MCI Ind* field indicates whether or not a Master Client Index (MCI) indicator was assigned. The field will indicate *Yes* if the member's ID was assigned from the MCI database and *No* if the member's ID is temporary.

- The *CARES Pin* field displays the member's CARES personal identification number.

- The member's demographic data.

The middle column displays some of the following information:

- The member's name and previous name, if applicable.

- The member's CARES case number.

- The member's contact information.

The right column displays applicable member enrollment information such as the following:

- The *Active* field indicates *Active* if the ID in the Member ID field is current or *Inactive* if the ID is no longer used. If *Inactive* is displayed and the member has a more current ID, the most current ID would be displayed in the Linked ID field.

  Note: Throughout this user guide, an *Active* status indicates that the displayed information is current. An *Inactive* or *History* status indicates that the displayed information is no longer used or is invalid. Inactive or historical information is maintained for informational or auditing purposes only.

- The *Linked ID* field displays information if the member has another ID that is linked to the member's present ID.

- The *Case History* menu displays the case ID with which the member is associated and the date(s) that the member's case ID was applied to interChange.

- The *Benefit Plan* menu displays the benefit plan(s) in which a member is or was enrolled. The field includes a benefit plan code and the effective dates of each plan.

  Note: An end date of 12/31/2299 signifies an open end date.

- The *Medicare Cov* field displays the member's current Medicare coverage. The field may show one or more of the following:

  o *A* indicates Medicare Part A.

  o *B* indicates Medicare Part B.

  o *D* indicates Medicare Part D.

  The field will be blank if the member does not have current coverage.

- The *Managed Care* field indicates if the member is enrolled in a BadgerCare Plus HMO, Medicare Supplemental Security Income (SSI) HMO, Family Care, Program for All Inclusive Care for the Elderly, Family Care Partnership, or a children's health managed care plan (e.g., Children Come First, Wraparound Milwaukee). The field also displays the effective and end dates of the member's enrollment.

- The *MC Special Cond* field displays the member's Managed Care Special Condition level of care (LOC) if he or she is enrolled in a long term care managed care program and/or the member's exemption information, if applicable. The field also displays the effective and end dates related to the member's LOC or exemption.

- The *TPL* field displays a *Yes* or a *No* to indicate whether or not the member has current third party (private) insurance coverage.

- The *Lockin* field indicates if the member is restricted to specific providers or if the member is enrolled in a hospice program. If a lock in is in effect, the effective and end dates will also be displayed.

- The *NH Level of Care* field displays nursing home LOC codes not related to managed care. The field also displays the effective and end dates of the member's LOC authorization.

- The *Patient Liability* field displays the monthly institutional liability or waiver cost share amounts the member must contribute to his or her cost of care. The field also displays the effective and end dates of the cost share.

- The *Deductible* field indicates the member's current SeniorCare deductible and the effective and end dates for which the member's SeniorCare deductible was applied. This field does not apply to private insurance. For more information about a Medicaid deductible or spenddown, refer to the Case Spenddown Panel under Section 2.2.2 Case Maintenance Section.

- The *Last HlthChk Scrn* field displays the date of the member's last HealthCheck screening.

- The *Last HlthChk Dntl* field displays the date of the member's last dental screening that was provided as a HealthCheck service.

- The *Incarceration* field indicates the incarceration effective date and end date for members with active incarceration information.

2.1.2 Open Tab Menu

Hover over Open Tab on the navigation toolbar to display the Open Tab menu. The Open Tab menu displays six different menu options; however, only the Member, Managed Care, Medicare, and SSI menu options are available.
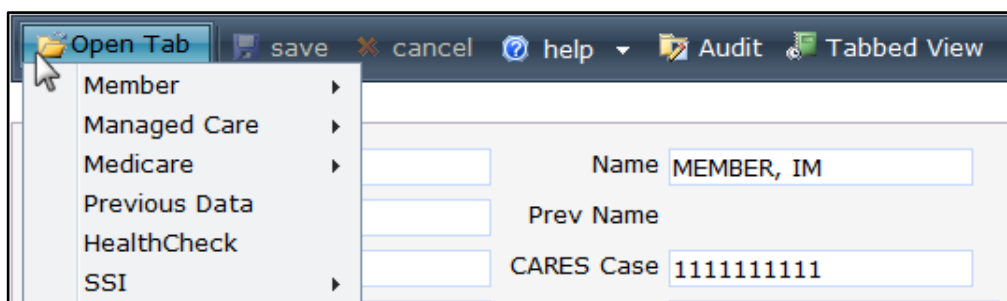
Figure 10 Open Tab Menu

Member Menu

Hover over Member on the Open Tab menu to display menu options for panels containing a member's alternate address, benefit plan enrollment, ID card issuance history, and review and suspension information.
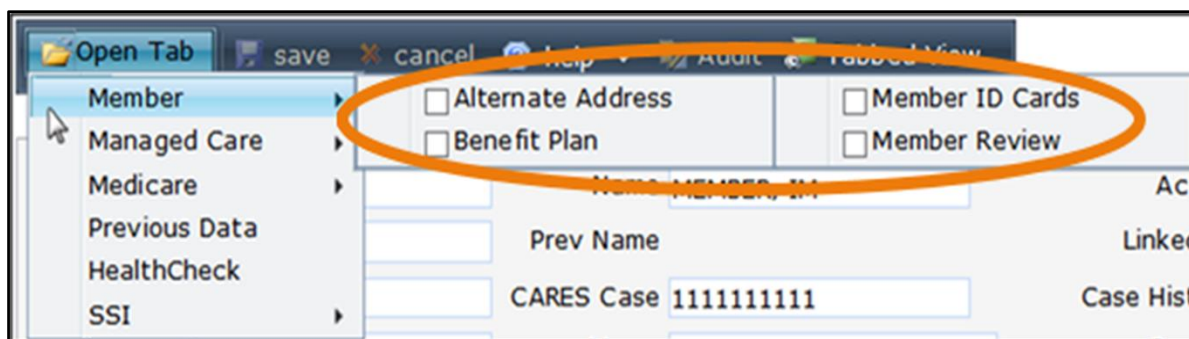
Figure 11 Member Menu

Panels listed under menus operate under the following principles:

- Clicking a panel name will open the selected panel.

- Checking the box next to the panel name causes the panel to display automatically each time that menu is accessed, even in subsequent Portal sessions.

- Panel names that are highlighted indicate the panel is currently open.

- Panel names that are italicized indicate the panel is inaccessible to the user.

Alternate Address Panel

The Alternate Address Panel displays any addresses besides the member's main address to which the member may have requested his or her Protected Health Information (PHI) or other program correspondence and materials be sent.

Note: If information is not available for a selected panel, a "No rows found" message will be displayed at the top of the panel.

1. Select **Alternate Address** from the Member menu. The Alternate Address panel will be displayed.

2. Click the applicable row to populate information in the fields on the panel.

Figure 12 Alternate Address Panel

The Alternate Address Panel may include the following information:

- The *Contact Type* field indicates the type of address being displayed, such as emergency contact or mailing address.

- The *Relationship* field indicates the contact's relationship to the member.

- The *Name, Phone, Email,* and *Address* fields display contact information.

- The *Phone Type* field can indicate either to whom the telephone belongs, such as a neighbor's telephone or a spouse's work telephone, or the type of telephone, such as a cell phone or a fax.

Benefit Plan Panel

1. Select **Benefit Plan** from the Member menu. The Benefit Plan panel will be displayed.

   Note: A member may be enrolled in multiple benefit plans during the same period.

2. Click the applicable row to populate information in the fields on the panel. A row(s) displaying the medical status code(s) assigned to the member for the eligible benefit plan(s) will be added to the "Medical Status Code Data" section.

Figure 13 Benefit Plan Panel

The Benefit Plan panel may include the following information:

- The *Status* menu defaults to display Active Only benefit plans.

   o To see inactive benefit plan enrollments, select **History Only** from the Status menu and click **search**.

   o To see both Active Only and History Only benefit plans, select **All** from the Status menu and click **search**.

- The *Benefit Plan* field displays benefit plans in which a member is or has been enrolled.

- The *Status* field indicates if the status of the benefit plan displayed is *Active* or *History.*

- The *Stop Reason* field displays a description of why a member's enrollment was terminated. The information in this field is not currently used and may not accurately reflect why the member's enrollment was stopped.

- The *Plan Type* field displays a code that identifies the type of plan in which the member is enrolled. The plan type will always be *Benefit*.

- The *Financial Payer* field displays the unique program under which the claims transactions are processed. Examples include Wisconsin Medicaid, Wisconsin Chronic Disease Program (WCDP), and the Wisconsin Well Woman Program (WWWP).

- The *Effective Date* field displays the date that the member's benefit plan enrollment began.

- The *End Date* field displays the date that the member's benefit plan enrollment ended or will end.

- The *Worker ID* field displays the assigned ID of the certifying or coordinating agency's worker that was submitted during the member's enrollment period.

3. Click the row containing the applicable medical status code to populate information in the "Medical Status Code Data" section.

Figure 14 Medical Status Code Data Section

The "Medical Status Code Data" section may include the following information:

- The *Medical Status Code* field displays a code that represents the type or category of medical assistance for which the member was determined eligible and is enrolled in for that benefit plan period.

- The *Medical Status Code Status* field indicates *Active* or *History*.

- The *Medical Status Code Effective Date* field displays the first date for which the member became eligible for the selected category of medical assistance.

- The *Medical Status Code End Date* field displays the last date for which the member is or was eligible for the selected category of medical assistance.

- The *Agency* field displays the name and location code of the member's certifying or coordinating agency assigned to the selected medical status code, if applicable.

Member ID Cards Panel

The Member ID Cards panel allows users to view a member's ID card issuance history.

1. Select **Member ID Cards** from the Member menu. The Member ID Cards panel will be displayed.

2. Click the applicable row to populate information in the fields on the panel.

Figure 15 Member ID Cards Panel

The Member ID Cards panel may include the following information:

*   The *Date Issued* field displays the date that a specific card was created by interChange. The ID card is mailed the business day following the date issued. If a member requests an ID card, but the issue date is within three or four days of this request, the last issued ID card may still be in transit.

*   The *Card Type* field displays the type of card(s) issued to a member based on his or her program enrollment. A member may have up to three active ID cards at the same time.

*   The *Address* fields display the address where the ID card was mailed. If the address is incorrect and the member has not received the ID card, verify that the mailing address on the Member Information panel is correct before requesting another ID card. For more information about the Member Information panel, refer to Section 2.1 Member Search.

*   The *Issue Reason* field displays the reason the ID card was issued (e.g., new, lost, stolen).

*   The *PAN* field displays the 16-digit personal account number that uniquely identifies an ID card in interChange. This field is for internal use only.

*   The *Source* field identifies the source that initiated the ID card and the reason that the ID card was created (e.g., PS/2 indicates a new enrollment ID card was automatically created by interChange).

*   The *Active Indicator* field displays whether the ID card is *Active*, *Inactive*, or *Purged*.

*   The *Return Reason* field displays a reason code and a description that identifies whether or not the ID card was returned by the United States Postal Service.

Member Review Panel

The Member Review panel displays if a member is on review and describes why.

1. Select **Member Review** from the Member menu. The Member Review panel will be displayed.

2. Click the applicable row to populate information in the fields on the panel.

Figure 16 Member Review Panel

The Member Review panel may include the following information:

- The *Review Reason* field indicates the reason the member was put on review (e.g., Divestment*).*

  Note: Divestment information is sent to iC through the CARES interface. The ForwardHealth Call Center will review the penalty period start date before the information is added to iC and will consider adverse action and notice requirements.

- The *Review Requestor* indicates the person who determined that the member should be put on review (e.g., IM Worker).

- The *Effective Date* field displays the first date of service (DOS) the member review is effective.

- The *End Date* field displays the last DOS the member review is effective.

Managed Care Menu

Hover over Managed Care on the Open Tab menu to display an option for a panel containing a member's MCO enrollment history.
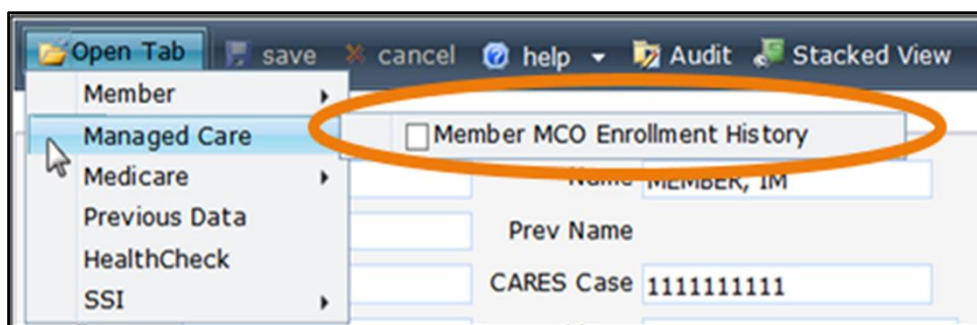

Figure 17 Managed Care Menu

If a user checks the box next to a panel name, that panel will automatically display each time the Member Information panel is accessed.

Member MCO Enrollment History Panel

The Member MCO Enrollment History panel lists all active and inactive MCO enrollments for a member.

1. Select **Member MCO Enrollment History** from the Managed Care menu. The Member MCO Enrollment History panel will be displayed.

2. Click the applicable row to populate information in the fields on the panel.

Figure 18 Member MCO Enrollment History Panel

The Member MCO Enrollment History panel may include the following information:

- The *MCO ID* field uniquely identifies an MCO.

- The *MC Program* field describes the managed care program in which the member is enrolled.

- The *MC Service Area* field displays the managed care service area in which the member resides.

- The *Start Reason* field displays a code that describes why the member was enrolled in an MCO. Since interChange often sets the start reason, the start reason may not accurately represent why the member was enrolled in the MCO.

- The *Stop Reason* field displays a code that describes why the member is no longer enrolled in an MCO. Since interChange often sets the stop reason, the stop reason may not accurately represent why the member was disenrolled from the MCO.

- The *Effective Date* and *End Date* fields display the first and last day of the member's MCO enrollment.

- The *Lock-In Date* field displays the last date of a member's lock-in period, if applicable. During the lock-in period, a member cannot change his or her MCO enrollment.

- The *Status* field indicates an *Active* or *Inactive* status of a member's MCO enrollment. If an *Inactive* status is displayed, the inactive enrollment period may have been replaced with an active enrollment or an exemption was added to the member's file.

- The *Enrollment Source* field identifies how the MCO enrollment record was assigned to the member such as *Health Care Authority* (i.e., the enrollment was entered manually by an enrollment broker or another authorized person).

Medicare Menu

Hover over Medicare on the Open Tab menu to display menu options for panels containing a member's Medicare information.
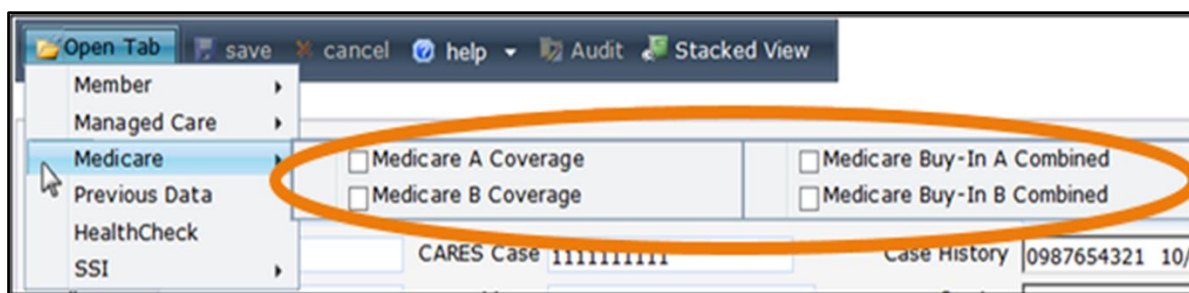

Figure 19 Medicare Menu

If a user checks the box next to a panel name, that panel will automatically display each time the Member Information panel is accessed.

Medicare A Coverage or Medicare B Coverage Panels

Note: Since the fields for the Medicare A Coverage and Medicare B Coverage panels are the same, this user guide uses Medicare A Coverage examples.

1. Select **Medicare A Coverage** or **Medicare B Coverage** from the Medicare menu. The Medicare A Coverage or Medicare B Coverage panel will be displayed.

2. Click on the applicable row to populate information in the fields on the panel. The Medicare A Coverage panel will display information if the member has Medicare Part A coverage. The Medicare B Coverage panel will display information if the member has Medicare Part B coverage. (The Medicare Cov field on the Member Information panel indicates if and what kind of Medicare coverage the member has.)

Figure 20 Medicare A Coverage Panel

The Medicare A Coverage or Medicare B Coverage panel may include the following information:

- The *Retroactive* box, if checked, indicates that the member's Medicare coverage is applied for past dates.

- The *Effective Date* and *End Date* fields designate the length of the Medicare coverage.

- The *Source* field indicates how the member information was last updated.

- The *Last Changed Date* field displays the date the last change was made to the member's coverage information.

Medicare Buy-In A Combined or Medicare Buy-In B Combined Panels

Wisconsin Medicaid's Buy-In program assists low-income members who have limited assets pay for monthly Medicare premiums. Buy-in A refers to payment of Medicare Part A premiums that cover hospital-related costs. Buy-in B refers to payment of Medicare Part B premiums that cover physician-related costs.

Note: Since the fields for the Medicare Buy-In A Combined and Medicare Buy-In B Combined panels are similar, this user guide uses Medicare Buy-In B Combined examples.

1. Select **Medicare Buy-In A Combined** or **Medicare Buy-In B Combined** from the Medicare menu. The Medicare Buy-In A Combined or Medicare Buy-In B Combined panel will be displayed.

Figure 21 Medicare Buy-In B Combined Panel

The Txn column displays either a Bill or Premium (Prem) transaction (Txn) type. Bill indicates the billing record was returned from the Centers for Medicare and Medicaid Services (CMS). Premium indicates the billing record was sent to CMS.

2. Click the applicable row.

If you select a Bill transaction, information will populate the "Bill Record" and "Bill Information" sections.

If you select a Premium transaction, information will populate the "Premium Record" section. For more information, refer to the Premium Record Section of this user guide.

Bill Record and Bill Information Sections

Figure 22 Bill Record and Bill Information Sections

The "Bill Record" section may include the following information:

- The *Buy-In Enrollment Code* field displays a code used to identify the specific category of medical assistance provided for each individual enrolled.

  Note: The Buy-In Enrollment Code field does not appear on the Medicare Buy-In A Combined panel.

- The *Bill Txn/Mod/Sub Code* field displays one or more of three codes:

  o *Txn* describes the CMS monthly Buy-In transaction code.

  o *Mod* describes the last two digits of a four-digit billing modifier used by CMS that may be added to the transaction code to provide additional information regarding the member's Buy-In or Medicare information.

  o *Sub Code* describes a code used on the billing file that is applicable to a rejected accretion record, a duplicate accretion or deletion record, or a state-submitted accretion record that matches a death deletion.

- The *Error* field indicates if the billing record was applied to the wrong member.

- The *Effective Date* and *End Date* fields display the time period for which the transaction is included on the Buy-In Part A or B billing file.

- The *CMS Process Date* field displays the date the Buy-In Part A or B billing file was processed by CMS.

- The *Premium Amount* field displays the premium amount on the billing record.

  o On an accretion acknowledgement record, this value reflects a debit for the amount the state *owes*.

  o On a deletion acknowledgement record, this value reflects a *credit due* to the state.

- The *More Buyin* field displays a *Y* or *N* to indicate whether or not there is more Buy-In billing information available on the file because the amount of information differs between CMS and iC.

The "Bill Information" section displays the member-level detail information for the selected Bill Record.

Premium Record Section

Figure 23 Premium Record Section

The "Premium Record" section may include the following information:

- The *Source* field indicates if the transaction was initiated by the CMS billing file (Automatic) or by the state (Manual).

- The *Transaction* field displays the transaction code used for Buy-In Part B premium transactions.

- The *Transaction Date* field displays the start date of the Buy-In Part B premium transaction.

- The *Buy-In Enrollment Code* field is for internal use only.

  Note: The Buy-In Enrollment Code field does not appear on the Medicare Buy-In A Combined panel.

- The *Process Date* field displays the date when iC processed the transaction.

- The *End Date* field, if applicable, displays the end date for the transaction on the Buy-In Part B billing file.

- The *Date to CMS* field displays the date when iC sent the transaction to CMS on the Buy-In Part B premium file.

SSI Menu

Hover over SSI on the Open Tab menu to display menu options for panels containing a member's SSI information.
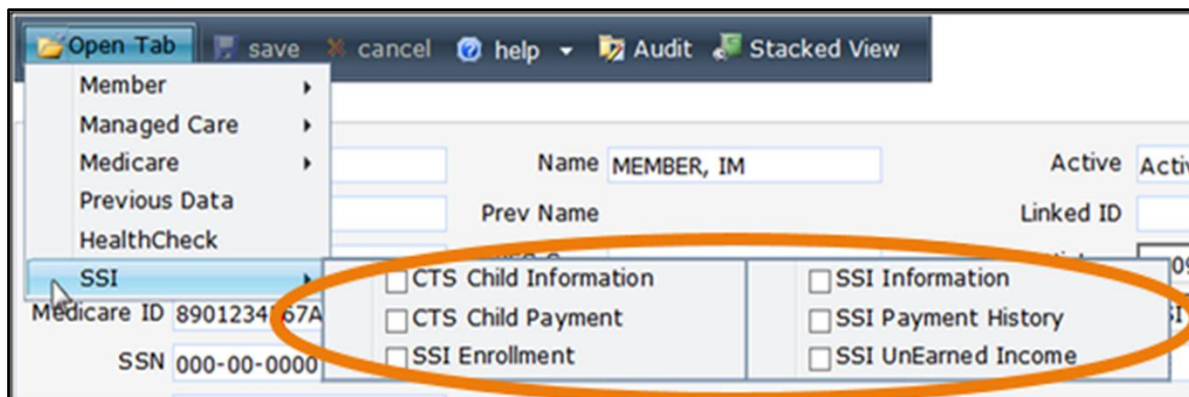
Figure 24 SSI Menu

If a user checks the box next to a panel name, that panel will automatically display each time the Member Information panel is accessed.

CTS Child Information Panel

The CTS Child Information panel displays Caretaker Supplement (CTS) child information that is received from the CARES system.

1. Select **CTS Child Information** from the SSI Menu. The CTS Child Information panel will be displayed.

2. Click the applicable row to populate information in the fields on the panel.

Figure 25 CTS Child Information Panel

The CTS Child Information panel may include the following information:

- The child's personal information such as name, Social Security number (SSN), and date of birth (DOB).

- The *MA App Date* field displays the child's Medicaid application date (the payment cycle date when a child is added to an existing CTS monthly detail).

CTS Child Payment Panel

1. Select **CTS Child Payment** from the SSI menu.

   If the CTS Child Information panel is already displayed and a row is selected, the CTS Child Payment panel will be displayed.

   If the CTS Child Information panel is not already displayed, when you select CTS Child Payment, both the CTS Child Information and CTS Child Payment panels will be displayed.

2. Click the applicable row in the CTS Child Information panel to populate information in the CTS Child Payment panel. Click the **CTS Child Payment** tab if using the tabbed view to open the CTS Child Payment panel.

CTS Child Information	CTS Child Payment		
Payment Month	Transaction Date	Amount Paid	Payment Status
201401	03/02/2014	$250.00	C01
201402	03/02/2014	$250.00	C01
201403	03/02/2014	$250.00	C01
201404	10/05/2014	$117.00	C01

Figure 26 CTS Child Payment Panel

The CTS Child Payment panel may include the following information:

- Payment month in CCYYMM format.

- Transaction date in MM/DD/CCYY format (SSI transaction cycle date).

- Amount paid (the amount CTS paid for the selected child for the listed payment period).

- Payment status code.

SSI Enrollment Panel

1. Select **SSI Enrollment** from the SSI menu. The SSI Enrollment panel will be displayed.

2. Click the applicable row to populate information in the fields on the panel.

Figure 27 SSI Enrollment Panel

The SSI Enrollment panel may include the following information:

- The *Medicaid Enrollment* field displays a code and description that indicate the status of the member's Medicaid enrollment.

- The *Payment Status* field displays a code that indicates the member's current SSI payment status.

- The *Effective Date* and *End Date* fields display the first and last days of the SSI enrollment information for the selected row.

- The *State Only* field displays a code and description that indicate what type of state and/or federal SSI payments were received. Some of the following codes may be displayed:

  o *Y* indicates the member received only the state SSI payment.

  o *N* indicates the member received both state and federal SSI payments.

  o *B* indicates the member received Medicaid only as a State Only 1619(b) member.

- The *State Living Arrangement* field displays a code and description that indicates the type of state living arrangement of the member for Title XVI purposes (e.g., own household, another household, parent's household, unknown).

- The *Federal Living Arrangement* field displays a code and description that indicates the type of federal living arrangement of the member for Title XVI purposes (e.g., own household, another's household, parent's household, unknown).

- The *Jurisdiction State* field displays *WI* (Wisconsin).

- The *Jurisdiction County* field displays the county in which the Social Security Administration (SSA) agency is located.

- The *Federal Gross Amount* field displays the amount of allowed federal SSI.

- The *Federal Paid Amount* field displays the amount of federal SSI paid to the member.

- The *Earned Income Estimate* field indicates the amount of estimated earned income, if applicable.

- The *Self Employed Income Est* field displays the estimated amount of self-employed income, if applicable.

- The *Earned Income Exclusion* field displays the amount of excluded earned income, if applicable.

- The *Work Expense Blind* field displays the amount of calculated work expenses for a blind member.

SSI Information Panel

1. Select **SSI Information** from the SSI menu. The SSI Information panel will be displayed.

Figure 28 SSI Information Panel

The SSI Information panel may include the following information (the fields are described from left to right):

- The *Representative Payee* field displays the name of a person authorized to be the payee for the member, if applicable.
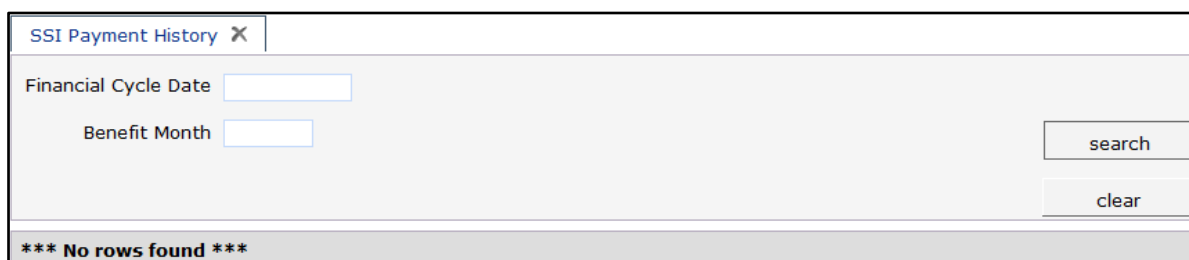
- The *Payee Date* field displays the date the current representative payee authorization became effective.

- The *Payee Type* field displays a code that represents an entity receiving payment on behalf of the member.

- The *Auth 1* field indicates the name of a person that a member or payee has authorized to obtain information regarding his or her SSI benefits, if applicable. A member can list up to two persons as authorized representatives.

- The *Auth 2* field indicates the name of an additional person that has been authorized as a member's representative.

- The *Grand Fathered* field indicates *Yes* if a member was grandfathered into the state SSI program and is eligible for state-only benefits. The field indicates *No* if a member is enrolled in a state/federal SSI program and is eligible for state and federal benefits.

- The *Category/Type* field displays a member type code and description. Some of the following codes may be displayed:

  o *AI* indicates an aged individual.

  o *AS* indicates an aged spouse.

  o *BC* indicates a blind child.

  o *BI* indicates a blind individual.

  o *BS* indicates a blind spouse.

  o *DC* indicates a disabled child.

  o *DI* indicates a disabled individual.

  o *DS* indicates a disabled spouse.

  o *EP* indicates an essential person. (An essential person is a person identified as essential to a member's welfare under a state program preceding the SSI program.)

- The *Competency* field displays a code that identifies the representative payee's status based on legal guardianship and/or the competency of the member (e.g., *A* indicates the member has a representative payee, *B* indicates the member is competent and has no legal guardian, *C* indicates the legal guardian is someone other than the representative payee, *N* indicates that there is no legal guardian).

- The *SSA District Office* field displays a code and description that indicates the location of the SSA district office for the SSI member.

- The *Record ID* field displays a record identification code and description that identifies the living arrangement of the member. Some of the following codes may be displayed:

  o *C* indicates a couple (eligible individual with eligible spouse).

- o *F* indicates a child claim with father.

- o *I* indicates an individual (with or without an ineligible spouse).

- o *M* indicates a child claim with mother.

- o *P* indicates a child claim with parents.

- o *U* indicates the living arrangement is unknown.

- o *X* indicates a state-to-SSA record exception.

- The *Application Date* field displays the date the member filed for SSI benefits.

- The *Deny Code* field displays a code that indicates why the member was denied SSI, if applicable.

- The *Deny Date* field displays the date when the member was denied SSI.

- The *Optional Elig Date* field displays the optional enrollment or eligibility date, if applicable.

- The *Trans Code* field displays a code that indicates the type of transaction being made to the member's file.

- The *Appeal Decision* field displays a code and description that indicates the appeal decision if the member was previously denied SSI and then appealed the denial.

- The *Decision Date* field displays the date that the appeal decision was made, if applicable.

- The *Appeal Code* field displays a code and description that indicates the level of appeal and the latest action, if applicable. Some of the following codes may be displayed:

- o *A* indicates an appeals council review.

- o *C* indicates court activity.

- o *H* indicates a hearing.

- o *O* indicates a class action.

- o *R* indicates reconsideration.

- o *U* indicates the action is unknown.

- The *Appeal Date* field displays the date when an appeal code was last added.

- The *Essential Person* field displays a code and description that indicates if the member has an essential person and who the essential person is, if applicable.

- The *Elig Spouse/Parent SSN* field displays the SSN of an SSI eligible spouse or parent.

- The *Death Code* field indicates the source for the date of death (e.g., hospital insurance notification), if applicable.

- The *Date Added* field displays the date the member's SSI information was added to iC.

- The *Date Last Updated* field displays the date the member's SSI information was last updated in iC.
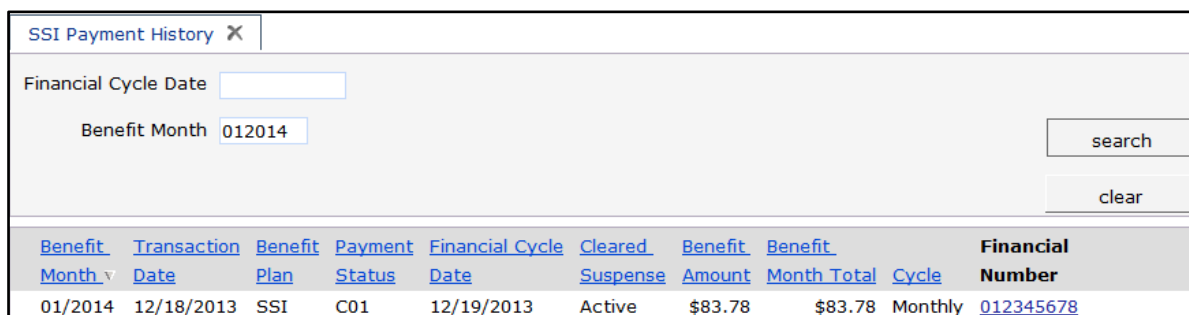
SSI Payment History Panel

1. Select **SSI Payment History** from the SSI menu. The SSI Payment History panel will be displayed.

Figure 29 SSI Payment History Panel

2. To search for a member's state SSI payment history, complete one of the following:

- Enter the financial cycle date in MM/DD/CCYY format.

- Enter the benefit month in MMCCYY format.

3. Click **search**. The result(s) will be displayed at the bottom of the panel.

Figure 30 SSI Payment History Panel with Search Results

The SSI Payment History panel may include the following information:

- The *Benefit Month* column displays the month covered by the payment.

- The *Transaction Date* column displays the date of the SSI transaction cycle.

- The *Benefit Plan* column indicates whether payment was made under a CTS, SSI, or Supplemental Security Income Exceptional Expense (SSI-E) benefit plan.

- The *Payment Status* column displays a code that indicates the current status of a payment transaction.

- The *Financial Cycle Date* column displays the date the check write voucher was posted. This date is not necessarily the release date of the electronic funds transfer (EFT) payment. A zero cycle date indicates that the record has not been processed yet.

- The *Cleared Suspense* column displays the status of the payment record. Statuses may include the following:

  o *Active* indicates the record is set up for financial payment.

  o *Suspense* indicates that payment is suspended from financial processing.

  o *Paid* indicates that payment has been made.

- The *Benefit Amount* column displays the state's SSI payment to the member. A positive amount indicates a payment and a negative amount indicates a recoupment request has been issued.

- The *Benefit Month Total* column displays the total SSI amount paid to the member for the listed benefit month for all benefit plans.

- The *Cycle* column displays whether the payment was processed in the regular monthly cycle or as a part of the weekly adjustment cycle.

- The *Financial Number* column displays an identifier for the payment such as the check number or EFT trace number. If the column is blank, no payment has been made yet.

SSI UnEarned Income Panel

The SSI UnEarned Income panel displays the unearned income for a member, such as Social Security and state SSI.

1. Select **SSI UnEarned Income** from the SSI menu. The SSI UnEarned Income panel will be displayed.

2. Click the applicable row to populate information in the fields on the panel.

Figure 31 SSI UnEarned Income Panel

The SSI UnEarned Income panel may include the following information:

- The *Claim ID* field displays the ID number of the claim under which the unearned income is received.

- The *Income Amount* field displays the member's monthly unearned income.

- The *Effective Date* field displays the date when the unearned income information is valid.

- The *End Date* field displays the date when the unearned income information is no longer valid.

- The *Income Type* field displays a code and description that indicate what kind of unearned income the member was or is receiving (e.g., Social Security).

- The *Frequency* field displays a code and description that indicate how often the unearned income is received.

- The *Validity* field displays a code and description that indicate if the number and amount of unearned income payments have been verified.

2.2 Case Search

Through the Case Search panel, users can search for and view existing cases in interChange. A case can contain one or more members of a household.

1. On the iC Functionality page, click **Case Search**. The Case Search panel will be displayed.

Figure 32 Case Search Panel

2. Enter information in at least one of the following fields:

   - Case Number.

   - Member ID.

   - Last Name.

   To narrow the search results, enter as much information as possible.

3. Click **search**. If only one record is found, the Case Information page will be displayed. If multiple records are found, the Search Results panel will be displayed.

Figure 33 Case Search and Search Results Panels

4. Click the applicable row in the Search Results panel. The Case Information page will be displayed.

Figure 34 Case Information Page

The Case Information page consists of the following:

- Navigation toolbar. The navigation toolbar contains the Open Tab menu, the Help menu, and the view function. The other functions are unavailable.

    o The Open Tab menu provides access to panels that contain more detailed member information.

    o The Help menu provides access to information regarding the Member Information panel (Page Specific Help) or the panels available under the Open Tab menu (Tab Specific Help). A panel from the Open Tab menu must be selected for the Tab Specific Help option to be available.

    o The Stacked/Tabbed View function allows users to choose whether to display the panels available under the Open Tab menu in a stacked or tabbed view. In the stacked view, all panels that have been selected from the Open Tab menu will display together beneath the Member Information panel. In the tabbed view, the panels will display on different tabs located across the top of the panel, and users can switch between the panels by clicking the tabs. The shortcut for switching between the stacked and tabbed views is Alt+o. The screen captures in this user guide display the tabbed view option.

- The Case Information panel displays basic case information.

Note: The @neTouch "Quick Search" box allows users to search for a different record using a case number.

2.2.1 Case Information Panel

Figure 35 Case Information Panel

The Case Information panel may include the following information:

- The *Income Amount* field displays the total combined household income for the case, if applicable. This field only applies to WCDP.

- The *Member IDs/Certification Dates* menu displays a list of all the members who have belonged to the case and the dates that they became certified in the case.

2.2.2 Open Tab Menu

Hover over Open Tab on the navigation toolbar to display the Open Tab menu. The Open Tab menu will display the Case menu option.
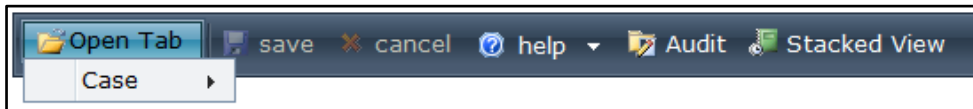

Figure 36 Open Tab Menu

Case Menu

Hover over Case on the Open Tab menu to display menu options for panels containing more detailed information for the selected case.
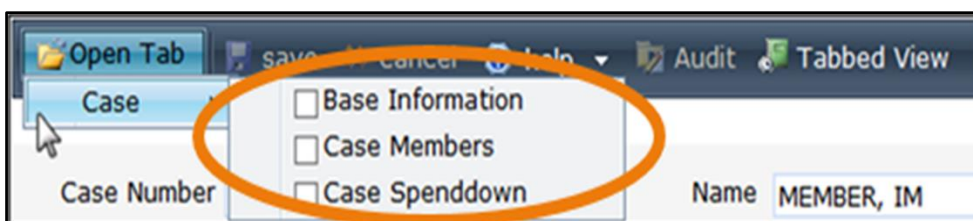

Figure 37 Case Menu

If a user checks the box next to a panel name, that panel will automatically display each time the Case Information panel is accessed.

Base Information Panel

The Base Information panel contains basic data about the case, such as case number and the number of adults and children in the case. Additionally, the Source Code field displays the location from which the case information originated.

1. Select **Base Information** from the Case menu. The Base Information panel will be displayed.

Figure 38 Base Information Panel

Case Members Panel

The Case Members panel displays basic data about members associated with a case, such as their ID, name, and the date that they were enrolled as part of the case.

1. Select **Case Members** from the Case menu. The Case Members panel will be displayed.

2. Click the applicable row to populate information in the fields on the panel.

Figure 39 Case Members Panel

Case Spenddown Panel

Spenddown is a type of Medicaid insurance deductible that represents the difference between the member's income and the Medicaid income limit. The spenddown amount must be met before Medicaid benefits are made available.

The Case Spenddown panel displays the amount of out-of-pocket expenses applied to a case. The remaining spenddown amounts are applied to Medicaid, SeniorCare, or WCDP. The amounts come from CARES for SeniorCare and 4818 manual forms for Wisconsin Medicaid. Wisconsin Chronic Disease Program amounts are applied manually and by application.

1. Select **Case Spenddown** from the Case menu. The Case Spenddown panel will be displayed.

2. Click the applicable row to populate information in the fields on the panel. An "ICN Detail" section will also be displayed, which will list any internal control numbers (ICNs), dates, and spenddown applied associated with the row selected.

Figure 40 Case Spenddown Panel with ICN Detail Section

The Case Spenddown panel may include the following information:

- The *Amount* field displays the total amount of out-of-pocket expenses the case is responsible for during the specified time period.

- The *Time Period Indicator* field displays the specified time for the case, such as for a month (Monthly) or a date span (Spanned).

    Note: Monthly is only indicated when the Benefit Plan Group field displays *Waiver Cost Share*.

- The *Benefit Plan Group* field displays the benefit program in which the member is enrolled.

- The *Financial Payer* field displays the program under which claims transactions are processed such as Medicaid, WCDP, or WWWP.

- The *Provider ID* field displays the billing provider's ID number.

- The *Effective Date* and *End Date* fields display the time period the case is liable for spenddown.

Two unique rows in the ICN Detail section include the following:

- The *Total Spenddown Applied* row displays the total amount of spenddown already applied.

- The *Remaining Balance* row displays the difference between the spenddown Amount and the Total Spenddown Applied.

Note: The Total Spenddown Applied row and the Remaining Balance row are only displayed when the Time Period Indicator field indicates *Spanned*.

3. To view information about a particular claim, click the applicable row in the "ICN Detail" section.

    The Claim Information section will open in a new window. For additional information, refer to the Claim Information section in Section 7.1 Claims Search.

2.3 Member Related Data

On the iC Functionality page, click **Member Related Data**. The navigation toolbar will be displayed.

2.3.1 Open Tab Menu

Hover over Open Tab on the navigation toolbar to display the Open Tab menu. The Open Tab menu will display the Codes, Other, and Xref menu options; however, only the Other menu option is available.
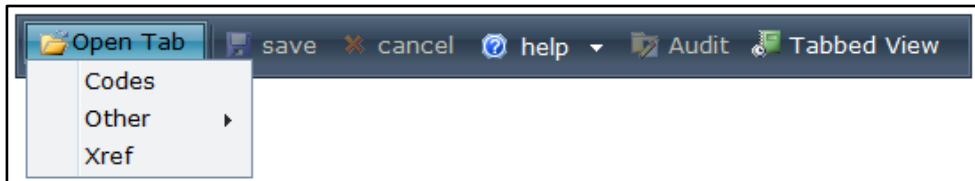

Figure 41 Open Tab Menu

Other Menu

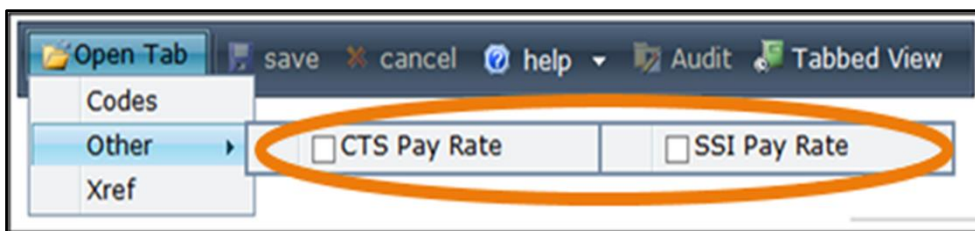Hover over Other on the Open Tab menu to display menu options for panels containing a member's pay rates.

Figure 42 Other Menu

CTS Pay Rate Panel

1. Select **CTS Pay Rate** from the Other menu. The CTS Pay Rate panel will be displayed.

Figure 43 CTS Pay Rate Panel

The CTS Pay Rate panel may include the following information:

- The *First Child Payment* field displays the monthly CTS payment for the first enrolled child.

- The *Additional Child Payment* field displays the monthly CTS payment for each additional enrolled child.

- The *Effective Date* and *End Date* fields display the start date and the last date the payment record is in effect.

SSI Pay Rate Panel

1. Select **SSI Pay Rate** from the Other menu. The SSI Pay Rate panel will be displayed.

2. Click the applicable row to populate information in the fields on the panel.

Figure 44 SSI Pay Rate Panel

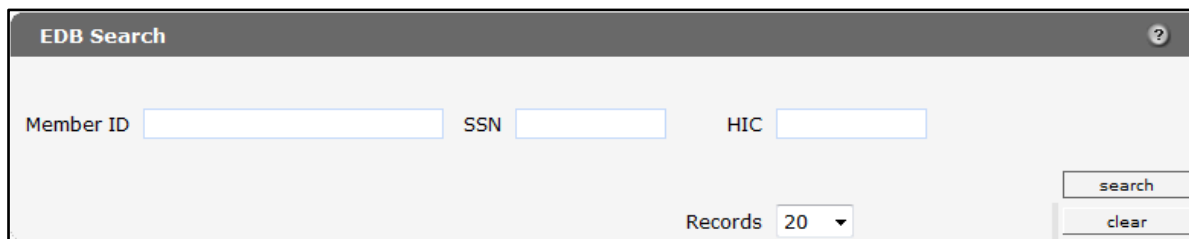The SSI Pay Rate panel may include the following information:

- The *Effective Date* and *End Date* fields display the start date and the last date of the pay rate record.

- The *Marital Status Code* field displays a code of *I* (individual) or *C* (Couple) that indicates marital status for pay rate calculations. .

- The *Pay Rate Amount* field displays the monthly SSI pay rate.

- The *Benefit Plan* field displays the covered service in which the member is enrolled.

- The *State Living Arrangement Code* field displays a code and description that indicates the type of state living arrangement of the member for Title XVI purposes (e.g., own household, another household, parent's household, unknown.)

2.4 EDB Search

The Centers for Medicare and Medicaid Services maintain the EDB to support Medicare enrollment functions through the maintenance of records for all individuals who are now, or have ever been, entitled to Medicare benefits. This database includes Medicare entitlement/enrollment dates and disability date information.

ForwardHealth sends a file to CMS on a monthly basis to identify individuals enrolled in Medicare and Medicaid. The CMS then returns results from the EDB file to ForwardHealth.
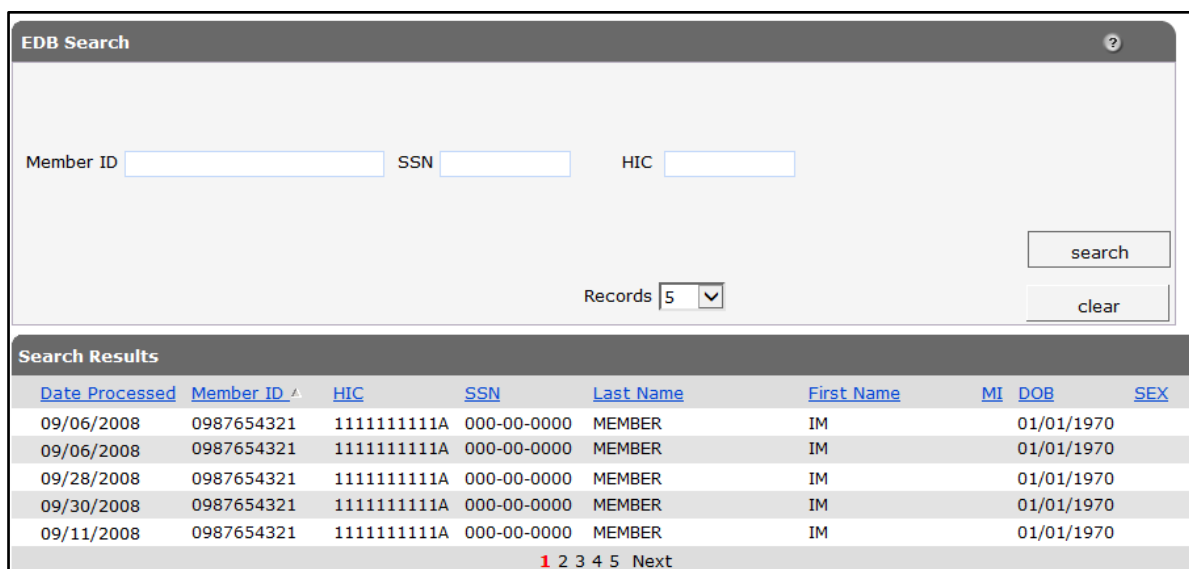
1. On the iC Functionality page, click **EDB Search**. The EDB Search panel will be displayed.

Figure 45 EDB Search Panel

2. Enter information in one of the following fields:

   - Member ID.

   - SSN.

   - HIC (Health Insurance Claim number).

3. Click **search**. If only one record is found, the EDB Entitlement Information section will be displayed. If multiple records are found, the Search Results panel will be displayed.

Figure 46 Search Results Panel

2.4.1 EDB Entitlement Information Panel

1. Click the applicable record. The EDB Entitlement Information panel will be displayed.

Figure 47 EDB Entitlement Information Panel

The EDB Entitlement Information panel may include the following information:

- The *HIC ID* field displays the member's Medicare benefit claim number, also known as the Medicare ID.

- The *Entitlement Reason Change Date* field displays the date of the most recent reason for entitlement or termination of entitlement for a member according to the EDB file from CMS.

- The *Disability Start Date* field displays the date a member became entitled to Medicare disability insurance benefits.

- The *Part A Entitlement Start Date* field displays the date a member became entitled to Medicare Part A benefits.

- The *Part A Entitlement Status* field displays a code that indicates the reason for entitlement or termination of a member's Medicare Part A benefits during a period of coverage.

- The *Part B Entitlement Start Date* field displays the date a member became entitled to Medicare Part B benefits.

- The *Part B Entitlement Status* field displays a code that indicates the reason for entitlement or termination of a member's Medicare Part B benefits during a period of coverage.

- The *Payee* field displays a *Y* (Yes) or an *N* (No) to indicate if the member has a representative payee.

- The *Entitlement Reason Code* field displays a code that indicates the reason for the member's entitlement or termination of entitlement.

- The *Entitlement End Date* field displays the last date through which a member has disability insurance benefits.

- The *Part A End Date* field displays the last date through which a member has Medicare Part A benefits.

- The *Part A No Entitlement* field displays a code when there is no Medicare Part A entitlement date.

- The *Part B End Date* field displays the last date through which a member has Medicare Part B benefits.

- The *Part B No Entitlement* field displays a code when there is no Medicare Part B entitlement date.

- The *Disability Justification Code* field displays a code that determines the justification for Medicare entitlement.

- The *Part A Entitlement Reason* field displays the reason for a member's enrollment in Medicare Part A.

- The *Part A Premium Payer Code* field displays a code that indicates the third party agency responsible for paying a member's Medicare Part A premiums.

- The *Part B Entitlement Reason* field displays the reason for a member's enrollment in Medicare Part B.

- The *Part B Premium Payer Code* field displays a code that indicates the third party agency responsible for paying a member's Medicare Part B premiums.

2.5 Premium Search

Through Premium Search, users can access a member's BadgerCare Plus or Medicaid Purchase Plan (MAPP) premium information.

1. On the iC Functionality page, click **Premium Search**.

2. In the @neTouch Quick Search box, enter a CARES case number in the Next search by field.

3. To narrow the search results, enter one of the following:

- A program code such as *BC* for BadgerCare Plus or *MAP* for MAPP in the Category field.

- A sequence number such as *01* for one BadgerCare Plus or MAPP member in a case or *02* for two MAPP members in a case in the Sequence Number field.

- The month and year the premium is due in the Benefit Month field. Enter the date in CCYYMM format.

4. Click **search**. If only one record is found, the Premium Information panel will be displayed. If multiple records are found, the Search Results panel will be displayed.

Figure 48 Search Results Panel

2.5.1 Premium Information Panel

1. Click the applicable record. The Premium Information panel will be displayed.

Figure 49 Premium Information Panel

The Premium Information panel may include the following information:

- The *Category* field displays a code that indicates which program receives the premium (e.g., BC for BadgerCare Plus or MAP for MAPP).

- The *Sequence Number* field displays a code associated with the case and program.

- The *Benefit Month* field displays the benefit period for which the premium is due.

- The *Premium Amount Due* field displays the amount to be paid for the specified benefit month.

- The *Premium Payer* field displays who is responsible for paying the premium as determined by CARES.

- The *Employer* field displays the employer with which the invoice or EFT is associated when payments are to be taken out of the premium payer's wages, if applicable.

- The *Coupon Date* field displays the date when the premium was invoiced.

- The *Date Update* field displays the last date the premium record was added or updated.

- The *Source* field indicates where the most recent premium record information originated.

2.5.2 Open Tab Menu

Hover over Open Tab on the navigation toolbar to display the Open Tab menu. The Open Tab menu will display the Premium menu option.
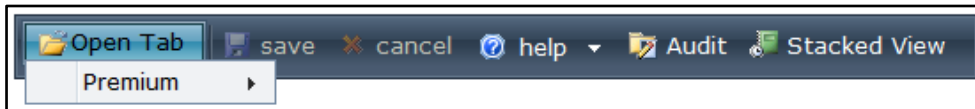

Figure 50 Open Tab Menu

Note: To perform a new premium search, enter the CARES case number in the @neTouch Quick Search box and click **search**. To narrow the search, include the category, sequence number, and/or benefit month.

Premium Menu

Hover over Premium on the Open Tab menu to display menu options for panels containing more detailed information for the selected case.
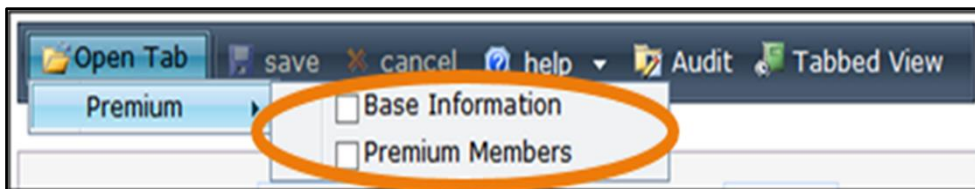

Figure 51 Premium Menu

If a user checks the box next to a panel name, that panel will automatically display each time the Premium Information panel is accessed.

Base Information Panel

1. Select **Base Information** from the Premium menu. The Base Information panel will be displayed.

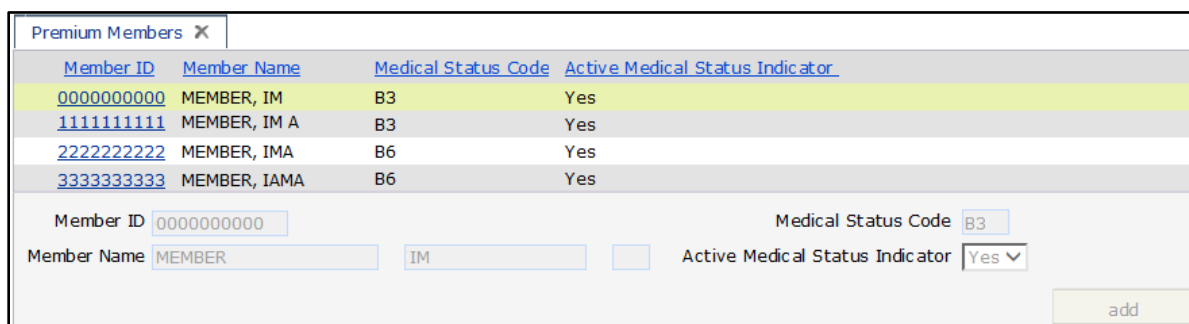
Figure 52 Base Information Panel

Although the Base Information panel contains some information from the Premium Information panel, other information this panel may provide includes the following:

- The *CARES Paid Indicator* field indicates whether the premium member should receive a paper invoice. A *Yes* indicates that the member should *not* receive paper invoices. A *No* indicates that the member should receive paper invoices.

- The *Premium Payer ID* field displays a non-provider ID assigned to the case head.

- The *Prem Ref Number* field displays a unique number that identifies the premium coupon.

- The Employer ID field displays an ID number that is automatically assigned by iC. The Employer ID is used on all screens and reports to identify that specific employer.

Premium Members Panel

The Premium Members panel displays all the members associated with the selected case and for whom a premium is due.

1. Select **Premium Members** from the Premium menu. The Premium Members panel will be displayed.

2. Select the applicable row to populate information in the fields on the panel.
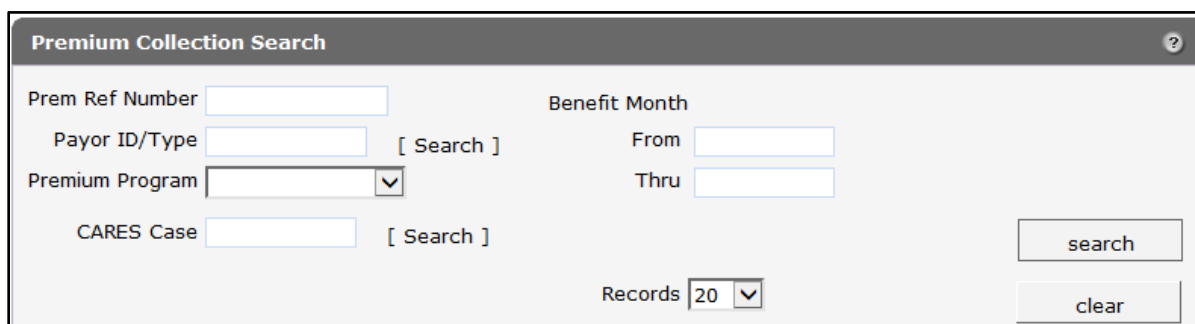

Figure 53 Premium Members Panel

The Premium Members panel may include the following information:

- The *Medical Status Code* field displays a code associated with the premium in which the member is enrolled.

- The *Active Medical Status Indicator* field displays a *Yes* or a *No* to indicate whether the enrollment for the aid category is active (Yes) or inactive (No).

3 Financial

3.1 Premium Collection Search

1. On the iC Functionality page, click **Premium Collection**. The Premium Collection Search panel will be displayed.

Figure 54 Premium Collection Search Panel

2. Enter the specific premium reference number of the coupon in the Prem Ref Number field, if known.

    If the premium reference number is unknown, enter at least a payor ID in the Payor ID/Type field or a CARES case number in the CARES Case field with the first and last month of program enrollment/coverage represented by the premium coupon in the From and Thru fields (in MM/CCYY format).

    To narrow your results, select a program (e.g., BadgerCare, BadgerCare Plus, or MAPP) from the Premium Program menu.

3. To search for a Payor ID/Type, click **search** to the right of the field. The Payor ID/Type search box will be displayed.
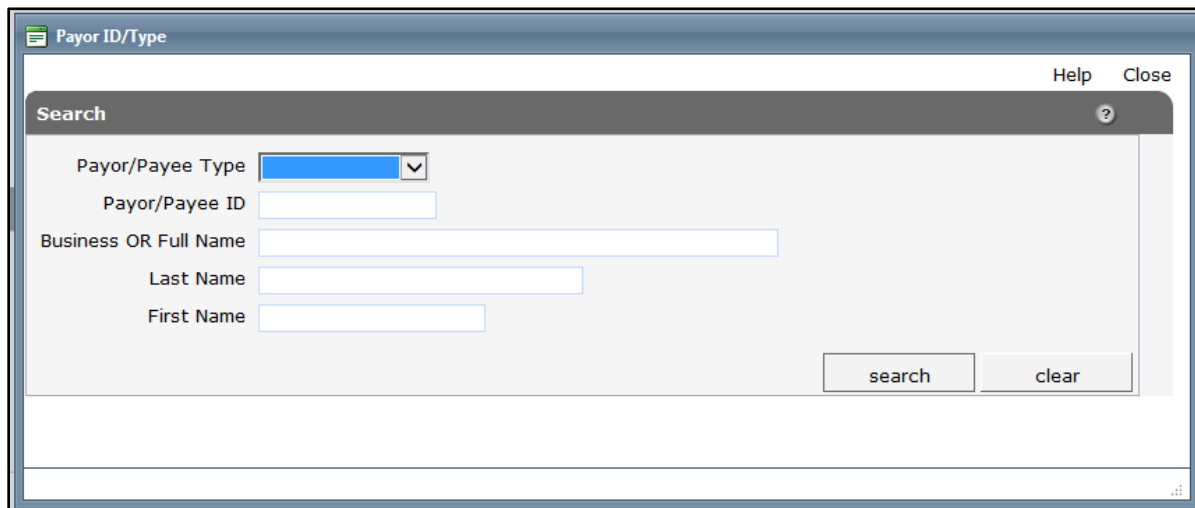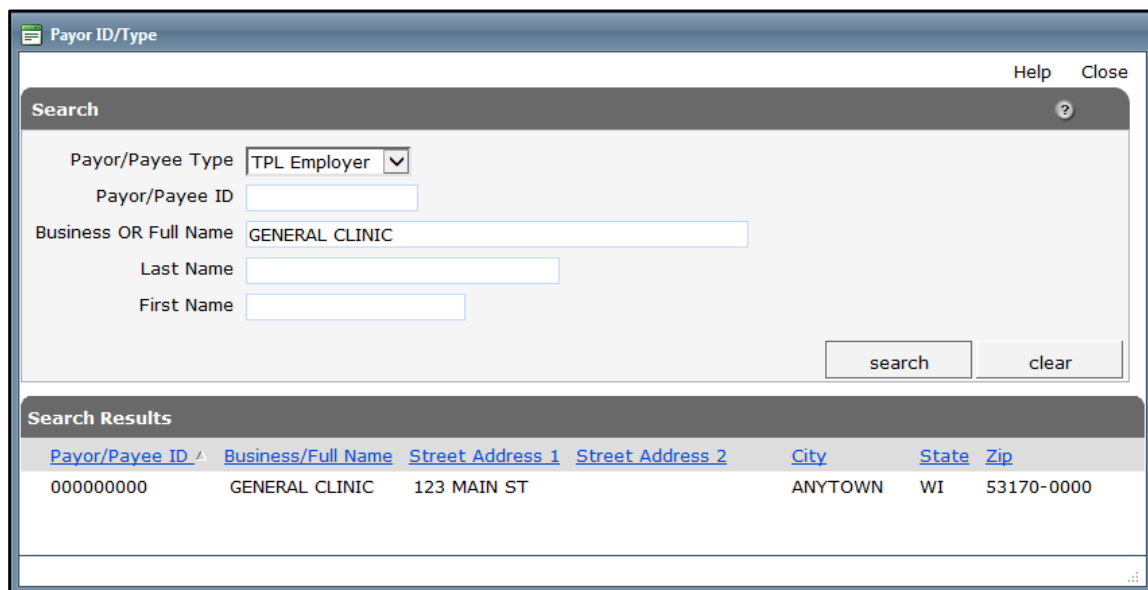
Figure 55 Payor ID/Type Search Box

a. Select a payor or payee type from the Payor/Payee Type menu.

b. Enter information in either the Payor/Payee ID field, the Business OR Full Name field, or the Last Name and First Name fields.

c. Click **search**. The Search Results panel will be displayed.

Figure 56 Search Results Panel

d. Click the applicable record.

e. The Payor ID/Type search box will close and the selected payor/payee ID and type will populate the Payor ID/Type fields.

4. To search for a CARES Case, click **search** to the right of the field. The CARES Case search box will be displayed.

Figure 57 CARES Case Search Box

a. Enter, select, or search for information using any of the fields. To narrow your search results, enter as much information as possible.

b. Click **search**. Results will be displayed in the Search Results panel.

Figure 58 Search Results Panel

c. Click the applicable record. The CARES Case search box will close and the selected CARES Case number will populate the CARES Case field.

5. Click **search**. The Premium Collection Information panel will be displayed.

3.1.1 Premium Collection Information Panel

The Premium Collection Information panel displays detailed information for a specific coupon.

Note: To search for another premium collection record, enter the premium reference number in the @neTouch Quick Search box and click search.

Prem Ref Number	XXXXXX	Coupon Status	Paid Late
Premium Program	BadgerCare	Coupon Amount	$125.00
Benefit Month	05/2007	Coupon Date	04/18/2007
Premium Method	Direct Billed	Premium Amount Due	$125.00
Payor Type	Premium Payer	Premium Due Date	05/10/2007
Payor Name	IM A MEMBER	Amount Paid To Date	$125.00
Payor ID	123456789	Date Premium Satisfied	06/21/2007
CARES Case	1111111111		

Figure 59 Premium Collection Information Panel

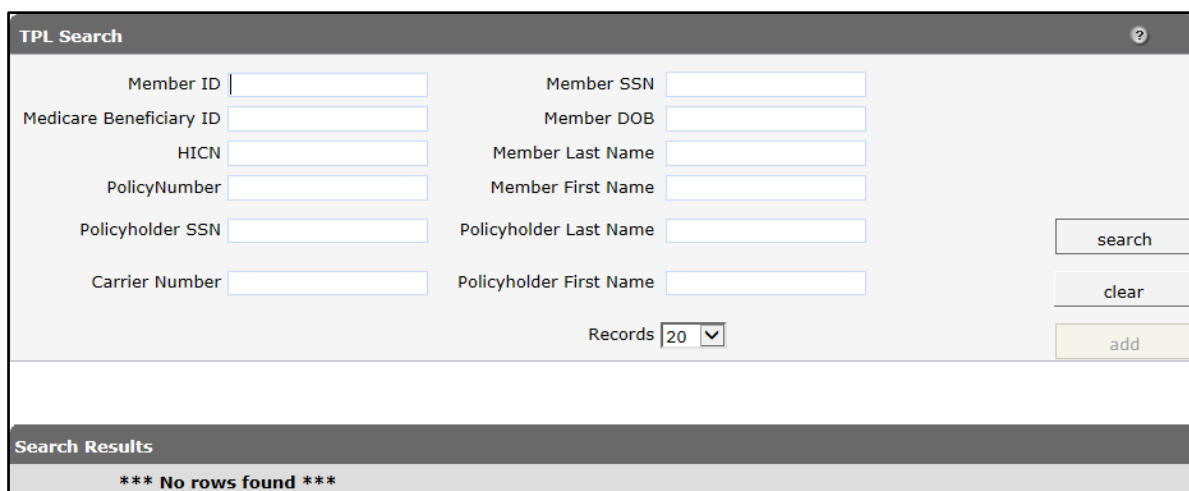The Premium Collection Information panel may include the following information:

- The *Prem Ref Number* field displays the number that identifies the premium coupon.

- The *Premium Program* field displays the name of the program for which premiums are being paid.

- The *Benefit Month* field displays the month and year for which the premium is due.

- The *Premium Method* field displays the method by which the premium was billed.

- The *Payor Type* field displays the type of entity making the payment.

- The *Payor Name* field displays the name of the payor associated with the premium coupon.

- The *Payor ID* field displays a number that identifies the entity receiving payment for goods and/or services (e.g., provider ID, county ID).

- The *Coupon Status* field displays a system-derived value indicating the status of the coupon.

- The *Coupon Amount* field displays the amount printed on the coupon.

- The *Coupon Date* field displays the date printed on the coupon.

- The *Premium Amount Due* field displays the total amount owed for the premium including any adjustments made to the coupon amount after the coupon was issued.

- The *Premium Due Date* field displays the date the premium is due. If the full premium is not satisfied by this date, the no pay process begins for the corresponding benefit month.

- The *Amount Paid to Date* field displays the amount that has been paid on the coupon.

- The *Date Premium Satisfied* field displays the date on which an amount received fully satisfies the premium amount due for the corresponding benefit month.

4 Third Party Liability

4.1 TPL Search

1. On the iC Functionality page, click **TPL Search**. The TPL Search panel will be displayed.

Figure 60 TPL Search Panel

2. Enter information in any of the fields. To narrow the search results, enter as much information as possible.

    Note: For some fields, such as the Member DOB field, additional information must be entered in other fields before searching.

3. Click **search**. If only one record is found, the TPL Information section will be displayed. If multiple records are found, the records will be displayed in the Search Results panel.

Figure 61 Search Results Panel

4.1.1 TPL Information Panel

The TPL Information panel displays a member's high-level health coverage information for a specific carrier.

1. Click the applicable record. The TPL Information panel will be displayed.

Figure 62 TPL Information Panel

The TPL Information panel may include the following information:

- The *MMIS Case* field displays the member's case number.

- The *Policy Number* field displays the policy number for the TPL policy.

- The *Policy Type* field displays what type of insurance policy the member or policyholder is covered under (e.g., private pay health insurance).

- The *Carrier Number* field displays a code that is used to determine the type of insurance carrier. This code also identifies an insurance carrier's correspondence.

- The *Carrier Name* field displays the insurance carrier's business name.

- The *Policy Start Date* and *Policy End Date* fields display the effective dates for the coverage.

4.1.2 Open Tab Menu

Hover over Open Tab on the navigation toolbar to display the Open Tab menu. The Open Tab menu will display the TPL menu option.
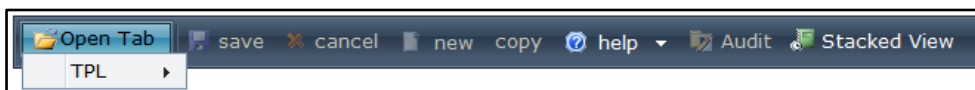

Figure 63 Open Tab Menu

TPL Menu

Hover over Additional Policies under TPL on the Open Tab menu to display menu options for panels containing a member's other insurance information.
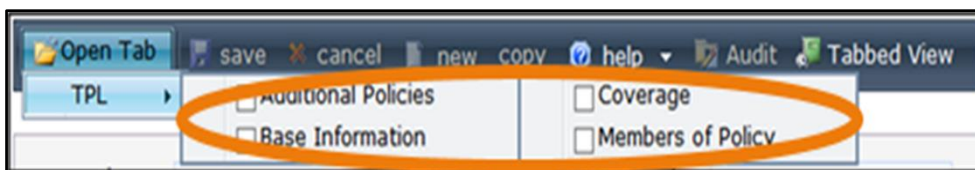
Figure 64 TPL Menu

If a user checks the box next to a panel name, that panel will automatically display each time the TPL Information panel is accessed.

Additional Polices Panel

The Additional Policies panel displays other policies in which a member may be enrolled.

1. Select **Additional Policies** from the TPL menu. The Additional Policies panel will be displayed.

Figure 65 Additional Policies Panel

The Additional Policies panel may include the following information:

- The *Effective Date* and *End Date* columns display the dates covered by the policy.

- The *Verification Code* column displays how the policy was verified.

Base Information Panel

The Base Information panel displays header level information about a TPL resource.

1. Select **Base Information** from the TPL menu. The Base Information panel will be displayed.

Figure 66 Base Information Panel

The Base Information panel may include the following information:

- The *Employer ID* field displays an ID number that is automatically assigned by iC. The Employer ID is used on all screens and reports to identify that specific employer.

- The *Employer Name* field displays the employer's business name.

- The *Relationship* field displays a code that identifies the relationship between the policyholder and the member covered by the TPL policy. Codes could include *C* for child, *D* for step-child, *E* for self, *O* for other, or *S* for spouse.

- The *Relationship Description* field displays a description for the code in the Relationship field.

- The *Cost Avoidance* field indicates whether the policy is allowed to bypass cost avoidance. For cost avoidance, the service provider bills and collects from liable third parties before sending the claim to Wisconsin Medicaid.

- The *Original Source* field displays where the information regarding the policy originated.

- The *Original Source Date* field displays the date the resource was originally added to iC.

- The *Last Change Origin* field displays the source that caused a change in the policy information.

- The *Verification Code* field indicates whether the TPL resource has been verified and how it was verified.

- The *Verification Date* field displays the date the resource was verified.

- The *Absent Parent Indicator* field displays a *Yes* or *No* to indicate whether or not the policyholder is an absent parent.

- The *Last Change Date* field displays the last date the TPL record was changed.

- The *BIN* field displays the bank's identification number (pharmacy only) that the carrier uses when paying Wisconsin Medicaid for claims.

- The *PCN* field displays the processor control number (pharmacy only).

Coverage Panel

1. Select **Coverage** from the TPL menu. The Coverage panel will be displayed.

2. Click the applicable row to populate information in the fields on the panel.

Figure 67 Coverage Panel

The Coverage panel may include the following information:

- The *Coverage Code* field displays a code that indicates what type of coverage the TPL policy provides.

- The *Coverage Description* field displays a description for the code in the Coverage Code field.

- The *Coverage Start Date* and *Coverage End Date* fields display the effective dates of the coverage.

Members of Policy Panel

The Members of Policy panel lists all members covered under the TPL policy and displays basic information such as the member ID, last and first name, SSN, and DOB.

1. Select **Members of Policy** from the TPL menu. The Members of Policy panel will be displayed.

Member ID	Member Last Name	MemberFirst Name	Member SSN	Member DOB
0987654321	MEMBER	IM A	000-00-0000	04/14/1988
0001112224	MEMBER	IAMA	111-11-1111	04/18/1981
0123456789	MEMBER	IAM	222-22-2222	01/01/1970

Figure 68 Members of Policy Panel

2. To view more information for a particular member, click the applicable row. The TPL Information panel will open in a new window and will display information about the selected member.

Member ID 0987654321	Policy Number 0000000000	Carrier Number 000
Member Name MEMBER, IM A	Policyholder Name MEMBER IAMA	Carrier Name XYZ HEALTH PLAN
Member SSN 000-00-0000	Policyholder SSN 111-11-1111	Policy Start Date 01/01/2011
MMIS Case 1111111111	Policy Type PRIVATE PAY HEALTH IN	Policy End Date 12/31/2299

Figure 69 TPL Information Panel

5 Managed Care

5.1 Capitation Information

On the iC Functionality page, click **Capitation Information**. The navigation toolbar will be displayed.

5.1.1 Open Tab Menu

Hover over Open Tab on the navigation toolbar to display the Open Tab menu. The Open Tab menu will display the Capitation Information menu option.
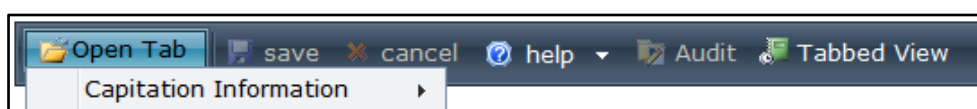
Figure 70 Open Tab Menu

Capitation Information Menu

Hover over Capitation Information on the Open Tab menu to display the Member Capitation History menu option.
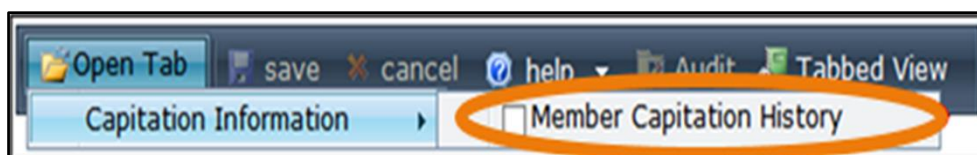
Figure 71 Capitation Information Menu

Note: It is recommended that income maintenance workers use the Total Benefits Paid by Medicaid Report when calculating overpayments.

Member Capitation History Panel

Information from the "Capitation Details" section can be used for benefit recovery activities.

1. Select **Member Capitation History** from the Capitation Information menu. The Member Capitation History panel will be displayed.
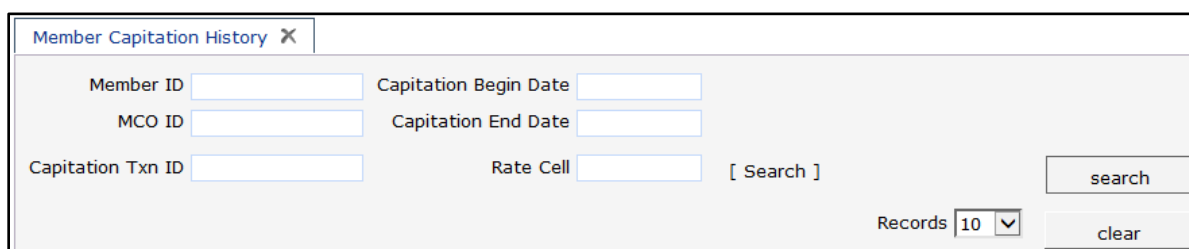
Figure 72 Member Capitation History Panel

2. Enter information in at least one of the following fields:

    - Member ID.

    - MCO ID.

    - Capitation Txn ID.

    To narrow the search results, enter additional information in the Capitation Begin Date, Capitation End Date, or Rate Cell fields (you can also search for rate cell information).

3. Click **search**. If only one record is found, the Search Results panel and "Capitation Details" section will be displayed. If multiple records are found, the Search Results panel will be displayed.

Figure 73 Search Results Panel

4. Click the applicable record.

5. The "Capitation Details" section will be displayed.

Figure 74 Capitation Details Section

The "Capitation Details" section may include the following information:

- The *Rate Cell* field displays a code and description that is used to determine the rate of capitation payment to a member.

- The *MC Service Area* field displays the geographic area used to determine the capitation payment rate.

- The *Capitation Reason* field displays why the capitation is being completed.

- The *MC Program* field displays the name of the managed care program that the member is enrolled in during a specific capitation transaction period.

- The *Medical Status Code* field displays a code that indicates the type of aid or benefit plan in which a member is eligible to participate.

- The *Medicare Coverage* field displays a *Yes* or a *No* to indicate if the member had Medicare coverage at the time the capitation payment was issued.

- The *Capitation Month* field displays the enrollment month for which the capitation transaction was made.

- The *Days Paid* field displays the number of days out of the capitation month covered by the capitation payment.

- The *Capitation Begin Date* field displays the first date covered by the capitation payment.

- The *Capitation End Date* field displays the last date covered by the capitation payment.

- The *Capitation Txn Date* field displays the date the capitation transaction was created.

- The *Capitation Amount* field displays the amount Medicaid paid to the MCO either by check or EFT.

- The *Cost Share Amount* field displays the monthly amount the member may have to contribute toward the cost of his or her waiver services.

Note: Financial Details at the bottom of the "Capitation Details" section apply to the MCO, not the member, and should not be used in benefit recovery calculation.

6 Provider

6.1 Provider Search

The Provider Search function can be used to find provider numbers in order to complete Remaining Deductible forms.

1. On the iC Functionality page, click **Provider Search**. The Provider Search panel will be displayed.

Figure 75 Provider Search Panel

2. Enter as much information as possible in the fields to narrow the search results. Note: Some providers may have multiple provider records, one for each physical enrolled address.

3. Click **search**. If only one record is found, the Provider Information panel will be displayed. If multiple records are found, a Search Results panel will be displayed.

Figure 76 Search Results Panel

6.1.1 Provider Information Panel

1. Click the applicable record. The Provider Information panel will be displayed.

Figure 77 Provider Information Panel

The Provider Information panel may include the following information:

- The *Base ID* field displays a system-generated ID that is used to link multiple service locations.

- The *Restriction* field displays a *Yes* or a *No* to indicate whether or not the provider has service restrictions.

- The *Gender* field displays the provider's gender, if applicable.

- The *Ownership* field displays a *Yes* or a *No* to indicate whether or not the provider has a controlling ownership interest in any other provider facility or practice.

- The *Service Location* menu displays all the service locations for the provider's Base ID.

- The *Provider IDs* menu displays all the provider IDs associated with the selected provider and the period of time that each ID is active.

  o The provider type identifier is to the right of the provider ID number. Some examples of provider type identifiers include the following: NPI (National Provider Identifier), MCD (ForwardHealth Assigned ID), CNV (Converted ID), or BSE (Base ID). Select the NPI provider type identifier when available.

  o The dates after the provider type signify the period the specific ID is in effect.

- The *Address Type* field defaults to *Service Location* (the physical address listed for the provider's practice).

- The *Licenses* field displays a provider's license number and the license's grant and expiration dates.

- The *Specialties* field displays a description of the provider's specialty and the effective dates for the specialty.

- The *Taxonomies* field displays all the taxonomy codes and their descriptions that have been assigned to the selected provider.

- The *Tax ID* field displays a provider's tax ID number and the effective dates for the tax ID.

- The *Contract* field displays the contracts on file for the selected provider and the contract's effective dates.

- The *Medicare* field displays the provider's Medicare number and the effective dates of the number.

- The *Certification* field displays a description and the effective dates for a special certification a provider may have for a particular service.

- The *Accept New Patients* field displays a *Yes*, *No*, or *Limited* to indicate if the provider is accepting new patients, if applicable.

- The *Managed Care* field displays a *Yes* or *No* to indicate whether the selected provider is a managed care provider.

- The *Reval Date* field displays the next revalidation date for the selected provider.

6.1.2 Open Tab Menu

Hover over Open Tab on the navigation toolbar to display the Open Tab menu. The Open Tab menu will display the Service Location option under the Provider menu option.
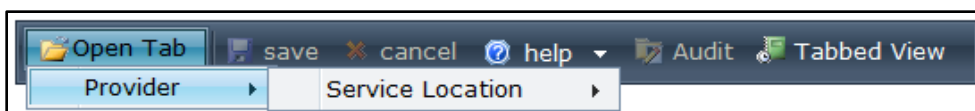

Figure 78 Open Tab Menu

Note: To perform a new provider search, enter the provider ID number; the business or last name, first; or the tax ID number in the @neTouch Quick Search box and click **search**.

Provider Menu

Hover over Service Location under Provider on the Open Tab menu to display menu options for panels containing rate information for various service locations.
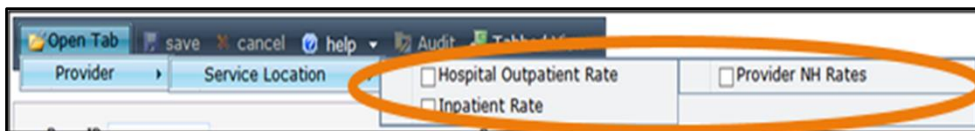

Figure 79 Provider Menu

If a user checks the box next to a panel name, that panel will automatically display each time the Provider Information panel is accessed.

Hospital Outpatient Rate Panel

The Hospital Outpatient Rate panel displays hospital outpatient rates for a specific provider.

1. Select **Hospital Outpatient Rate** from Service Location under the Provider menu. The Hospital Outpatient Rate panel will be displayed.

2. Click the applicable row to populate information in the fields on the panel.

Rate Type	Rate Amount	Rate Percent	Effective Date	End Date	Active Date	Inactive Date
EAPG Outpatient	$55.00	0.00%	01/07/2013	01/09/2013	12/26/2012	12/31/2299
EAPG Outpatient	$100.25	0.00%	01/10/2013	01/15/2013	01/07/2013	12/31/2299
IP/OP Hosp BCCP	$339.73	0.00%	01/01/2009	01/31/2009	02/25/2009	12/31/2299
IP/OP Hosp BCCP	$0.00	14.29%	02/01/2009	12/31/2299	02/26/2009	12/31/2299
DEFAULT	$138.00	0.00%	01/01/2004	06/30/2004	01/01/2004	12/31/2299
DEFAULT	$140.31	0.00%	07/01/2004	06/30/2005	07/01/2004	12/31/2299
DEFAULT	$165.67	0.00%	07/01/2005	06/30/2006	07/01/2005	12/31/2299
DEFAULT	$161.76	0.00%	07/01/2006	12/31/2008	07/01/2006	12/31/2299
DEFAULT	$161.76	0.00%	01/01/2009	01/31/2009	02/25/2009	12/31/2299
DEFAULT	$250.00	0.00%	01/07/2012	02/28/2012	02/26/2009	12/31/2299

Rate Type: APG - EAPG Outpatient Effective Date: 01/10/2013
Rate Amount: $100.25 End Date: 01/15/2013
Rate Percent: 0.00% Active Date: 01/07/2013
Inactive Date: 12/31/2299

add

Figure 80 Hospital Outpatient Rate Panel

The Hospital Outpatient Rate panel may include the following information:

*   The *Rate Type* field displays the type of rate used to determine the hospital's outpatient reimbursement amount.

*   The *Rate Amount* field displays the outpatient per diem (per day) amount the hospital is eligible to receive.

*   The *Rate Percent* field displays the hospital's per diem percentage reimbursement amount.

- The *Effective Date* and *End Date* fields display the time period the rate is in effect for the selected provider.

- The *Active Date* and *Inactive Date* fields display the time period the rate is active for the selected provider.

Inpatient Rate Panel

The Inpatient Rate panel displays inpatient per diem rates for a specific provider.

1. Select **Inpatient Rate** from Service Location under the Provider menu. The Inpatient Rate panel will be displayed.

2. Click the applicable row to populate information in the fields on the panel.

Figure 81 Inpatient Rate Panel

The Inpatient Rate panel may include the following information:

- The *Rate Type* field displays a rate type code and code description that is used to determine the provider's reimbursement amount. The rate ForwardHealth pays for each day a member is in a facility is determined by the rate code for that county, set of counties, or other criteria that are established for certain situations, such as when the patient is in a coma or if the payment is for a lab diagnosis.

- The *Rate Amount* field displays the inpatient per diem rate amount that the hospital is eligible to receive.

- The *Effective Date* and *End Date* fields display the time period the rate is in effect for the selected provider.

- The *Active Date* and *Inactive Date* fields display the time period the rate is active for the selected provider.

Provider NH Rates Panel

The Provider NH Rate panel displays nursing home per diem rates for a specific provider.

1. Select **Provider NH Rates** from Service Location under the Provider menu. The Provider NH Rates panel will be displayed.

2. Click the applicable row to populate information in the fields on the panel.

LOC/Rate Type	Revenue Code	Condition	Rate Amount	Effective Date	End Date	Active Date	Inactive Date	Pop ID	Total Beds Number	Medicare Beds Number	Medicaid Beds Number	LTC Certification Date	Facility Inspect Date
DEFAULT	185	A5	$59.00	01/01/2011	12/31/2299	02/17/2012	12/31/2299	3333	0	0	0		
DEFAULT	185		$3,000.00	01/01/2011	12/31/2299	02/17/2012	12/31/2299	163	0	0	0		
DEFAULT	183	A5	$59.00	01/01/2011	12/31/2299	02/17/2012	12/31/2299	3333	0	0	0		
DEFAULT	183		$3,000.00	01/01/2011	12/31/2299	02/17/2012	12/31/2299	163	0	0	0		
DEFAULT	193		$36.00	01/01/2011	12/31/2299	02/17/2012	12/31/2299	163	0	0	0		
DEFAULT	192	A5	$30.00	01/01/2011	12/31/2299	02/17/2012	12/31/2299	3333	0	0	0		
DEFAULT	194		$100.00	01/01/2011	12/31/2299	02/17/2012	12/31/2299	163	0	0	0		
DEFAULT	199		$150.00	01/01/2011	12/31/2299	02/17/2012	12/31/2299	163	0	0	0		
DEFAULT	194	A5	$870.00	01/01/2011	12/31/2299	02/17/2012	12/31/2299	3333	0	0	0		
DEFAULT	190	A5	$350.00	01/01/2011	12/31/2299	02/17/2012	12/31/2299	3333	0	0	0		

1 2 3 4 5 6 7 Next

LOC/Rate Type	DEFAULT	Revenue Code	185
Rate Amount	$59.00	Condition	Disability
Effective Date	01/01/2011	Total Beds Number	0
End Date	12/31/2299	Medicare Beds Number	0
Active Date	02/17/2012	Medicaid Beds Number	0
Inactive Date	12/31/2299	LTC Certification Date	
POP ID	3333	Facility Inspect Date	

delete   add

Figure 82 Provider NH Rates Panel

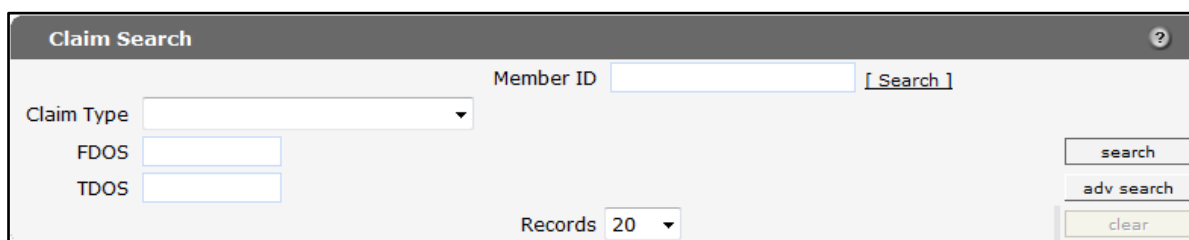The Provider NH Rates panel may include the following information:

- The *LOC/Rate Type* field displays the approved LOC and reimbursement rate for the selected provider.

- The *Rate Amount* field displays the reimbursable LOC amount.

- The *Effective Date* and *End Date* fields display the time period the rate is in effect for the selected provider.

- The *Active Date* and *Inactive Date* fields display the time period the rate is active.

- The *POP ID* field displays the permanent operation provider (POP) ID. The POP ID is used to track the provider's nursing home population.

- The *Revenue Code* field displays a code that identifies specific accommodation or ancillary services such as various room and board rates, intensive care services, or coronary care.

- The *Condition* field displays a condition for an institutional claim that may affect payer processing.

- The *Total Beds Number* field displays the total number of beds at the selected facility.

- The *Medicare Beds Number* field displays the total number of beds at the selected facility certified for Medicare.

- The *Medicaid Beds Number* field displays the total number of beds at the selected facility certified for Wisconsin Medicaid.

- The *LTC Certification Date* field displays the date a facility was certified as a long term care facility, if applicable.

- The *Facility Inspect Date* field displays the last date the facility was inspected by the state.
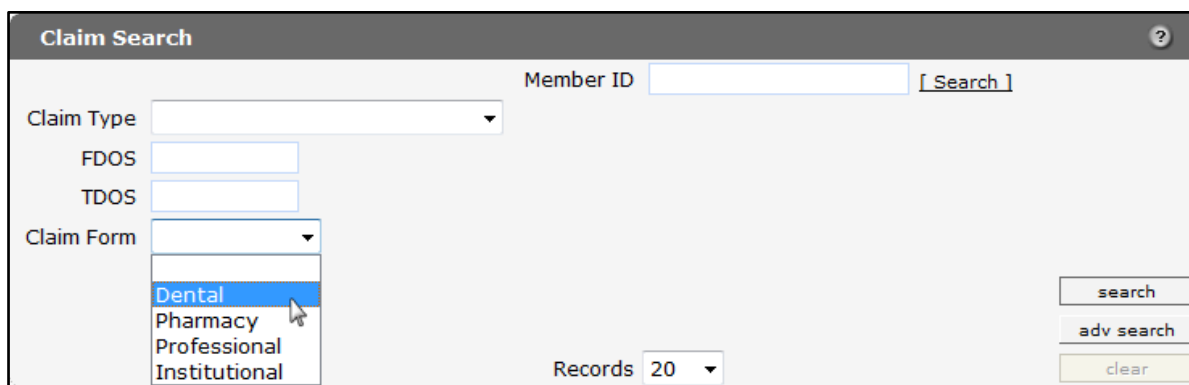
7 Claims

7.1 Claims Search

1. On the iC Functionality page, click **Claims Search**. The Claim Search panel will be displayed.

Figure 83 Claim Search Panel

2. Enter information in or select information for the following fields:

    - Member ID.

    - Claim Type.

    - FDOS (from date of service).

      Note: If a date is entered in only one field, the other field will default to that same date.

    - TDOS (to date of service).

3. If you wish to further narrow your search results, click **adv search.** The Claim Form field will be displayed, and you will be able to select a claim type from the Claim Form menu.

Figure 84 Claim Form Menu

4. Click **search**. If only one result is found, the Claim Information panel will be displayed. If multiple results are found, the Search Results panel will be displayed.

Figure 85 Search Results Panel

Note: To perform a new claim search, enter the ICN number in the @neTouch Quick Search box and click **search**. An advanced search (adv search) function is also available to further narrow the search results.

7.1.1 Claim Information Panel

1. Click the applicable record.

Figure 86 Claim Information Panel

Note: The Claim Information panel varies according to the search criteria entered on the Claim Search panel. The Claim Information panel could display a physician (professional), dental, institutional, or pharmacy claim. The examples used in this user guide are for a physician (professional) claim.

The Claim Information panel may include the following information:

- The *ICN* field displays the ICN assigned to the claim. The ICN allows each claim to be processed, tracked, and reported.

- The *Ref Prov 1 ID* field displays the provider ID of the first provider who referred the member to a second provider for services.

- The *Ref Prov 2 ID* field displays the provider ID of the second provider who referred the member to a third provider for services.

- The *Rend Provider ID* field displays the provider ID of the provider who performed the service.

- The *Signature/Date* field indicates if the claim was signed and dated by the provider or representative.

- The *Claim Type* field displays the type of claim selected on the Claim Search panel.

- The *Date Billed* field displays the date the claim was submitted for processing.

- The *Payment Date* field displays the date the claim was posted to iC as paid. The payment date is often different from the date on the check or EFT payment.

- The *Hosp FDOS* field displays the date the member was first hospitalized.

- The *Hosp TDOS* field displays the date the member was last hospitalized.

- The *Diagnosis* field displays the diagnosis code(s) that appears in one or more claim details.

- The *Accident Related To* field displays a *Yes*, *No*, or *Not Sure* to indicate whether or not the service was provided as a result of an accident.

- The *Medicare Disclaimer* field displays the Medicare Status Disclaimer Code and the code description associated with the claim.

- The *Details* field displays the number of line items on the claim.

- The *Total Charge* field displays the total billed amount for the claim.

- The *Net Billed* field displays the amount remaining on a claim after payment has been made by all other sources (e.g., copayment, TPL).

- The *OI* field displays the total amount paid by other sources. Other Insurance (OI) for pharmacy includes Medicare and commercial insurance. Other Insurance for all other claim types includes commercial insurance only.

- The *Cost Share* field displays the total cost share amount applied to the claim details.

- The *Paid* field displays the allowed amount minus spenddown, coinsurance, deductible, patient liability, OI, OI patient paid, etc.

- The *Reimbursed* field displays the amount paid minus any state share amount.

- The *PCN* field displays a Patient Control Number or Patient Account Number assigned by a provider to track a patient's financial records.

- The *Other Ins* field displays the Other Insurance disclaimer associated with the claim, if applicable. Other Insurance disclaimers may include the following: *P* (paid), *D* (denied) and *Y* (has commercial health insurance or HMO coverage).

- The *MRN* field displays a code indicating the medical record number, if applicable.

- The *Version* field displays what type of transaction was used to originally submit the claim. Transaction types include 4010, 5010, 51 (pharmacy), or D0 (pharmacy).