

Division of Care and Treatment Services

PPS PORTAL Login Request Guide for Wisconsin DHS Employees

1. Access the ForwardHealth portal at <u>http://www.forwardhealth.wi.gov/</u>

The public portal home page will be displayed as below. If you have an existing ForwardHealth portal account, do NOT log in using this account. You will be creating a new account for the purpose of accessing PPS MH/AODA Reports.



2. Click Partners.

The public Partner home page will be displayed (you may need to scroll down to see it).

3. Click on Request Secure Partner Site

You may need to scroll down slightly to see the link:

| ForwardHealth Partner | ١ |
|--|--|
| Alerts On February 21, 2016, the ForwardHealth Portal will be migrating to new servers. Following this migration, Portal users may notice minor appearance changes and may need to | o reset bookmarks. |
| The Partner site is specifically designed to provide up-to-date ForwardHealth information and functionality specific to the following partners: | Login to Secure : |
| Income Maintenance Workers/Coordinators Katie Backett Program staff Fost erCare and Subsidized Adoption workers Managed Care Organization EmolImint Brokers Managed Care Organization EmolImint Brokers Misconsin Well Worman Program Local Coordinating Agencies (LCAs) Visconsin Well Worman Program Local Coordinating Agencies (LCAs) Social Security Administration (SSA) Aging and Disability Resource Carters (ADRCs) Subrigation workers Wormsn, Infants, and Children (VUC) workers Wisconsin Department of Justice | Username Password Gol • Forgot your |
| MacMain Department of Jacket MetaStar Wisconsin Division of Juvenile Corrections | Quick Links |
| Partners should log in to the secure Partner Portal using the login area to the right on this page. The secure Partner Portal is designed to provide functions to each partner specific to the partner's relationship to the Department of Health Services and the various ForwardHealth programs as appropriate. | Online Hand Forward Heal Max Fee Sch |
| Accessing the Secure Partner Site | Partner Reg |
| Many partner users were emailed their login information during October 2008. If you received your login information, you do not need to request access and can immediately enter your login information in the "Login to Secure Site" area to the right. | Partner Port |
| If you did not receive your login information in October 2008, you will need to request access by clicking the link below and completing the necessary request information. | Wisconsin W Procedure M |
| Request Secure Partner Ste | |
| Find a Provider | Express Enro Express Enro |
| Search for providers by different criteria such as county, city, state and zip code. | |
| Related Programs and Services | |
| Use related programs & services to access information for all Forward-Health programs as well as other programs and services. Go > | |
| Member Resources | |
| Use Member Resources to access information and resources specific to members of ForwardHealth programs. | |

Member Information
 Member Contacts

4. Select your **Request Type**

Select the radio button indicating New user requesting Partner Portal Access, then click Next.

| Portal Access Choose Request Type | 3 |
|---|------------|
| Required fields are indicated with an asterisk (*). | |
| ⊂ Select what you wish to do | |
| Request Type* New user requesting Partner Portal Access | |
| New User requesting Partner Portal Access | |
| | |
| Next | Exit Clear |

5. Complete the **Portal Access Request Information** form

Take note of the username requirements at the top of the form, and make sure to accept the User Security Agreement in the lower left corner.

Write down and save your selected username, as this is what you will use to access the ForwardHealth portal in the future.

In the Role drop-down, select PPS MH & AODA Reports.

| Portal Access Request Information | 9 |
|---|----------|
| Required fields are indicated with an asterisk (*). | |
| Requested User ID must be Alphanumeric. Requested User ID can not begin with a number. Requested User ID must be at least 6 characters in length. Requested User ID can not be greater than 20 characters. | |
| User Information | |
| First Name* | |
| Last Name* | |
| E-Mail Address* | |
| Confirm E-Mail* | |
| Requested User ID* | |
| Work Phone Number* Ext. | |
| Role* | |
| Date Requested 02/17/2016 | |
| Security Agreement The User understands that the Portal Access User Account Agreement (hereinafter "Agreement"), effective today, is made by and between the State of Wisconsin Department of Health Services ("DHS") and users who sign up for an account on this website (hereinafter "User"). WHEREAS, User renders certain professional health care services ("Services") to ForwardHealth members, and submits documentation of those Services to DHS; and, WHEREAS, DHS, in its implementation of the ForwardHealth program in Wisconsin, provides a System of operational and informational support to respond to User inquiries to exchange certain data, claims, and billing information through electronic communications and through the Internet (hereinafter the "System"); Please check the box if you have read and agreed to Wisconsin's User Security Agreement. | ` |
| Previous Next Exit | Clear |

Click Next.

6. Complete the **Portal Access Additional Information** form

In the Certifying Agency/Site Code field, select State User.

The Financial Payer Information fields will be greyed out. You do not need to check any of these boxes.

| Portal Access Additional Information | 3 |
|---|-------|
| Required fields are indicated with an asterisk (*). | |
| Certifying Agency/Site Code* | |
| Financial Payer Information | |
| BadgerCare Plus/Medicaid | |
| | |
| □ WWWP | |
| | |
| | |
| Previous Next Exit | Clear |

Click Next.

7. Fill out the **Portal Access Universe** form.

The **Universe** drop-down should have only one option: **All Counties/Tribes**. Select this one. In the checklist below, also select All Counties/Tribes. It should be the only available option.

| Universe Requested | Status | | |
|--------------------------------|---|------|--------|
| | Select row above to update -or- click Add button below. | | |
| Universe* All Counties/Tribes | [| | |
| Please select one or more of t | he Universe Control Items below* | | |
| ☑ All Counties/Tribes | | | |
| | | Save | Cancel |
| | | | |
| | | | |
| | Previous Next | Exit | Clear |

Click Save and then click Next.

8. Fill out the Portal Access Secret Questions form

Note that the **Security Answers** are case sensitive and you must have distinct answers for each **Security Question**.

Take note of your chosen password. This is the password that you will use to access the ForwardHealth portal in the future. Passwords must contain an uppercase letter and a number or symbol.

| Portal Access Secret Questions | 0 |
|---|-------------------|
| Required fields are indicated with an asterisk (*). | |
| Security Answers are case sensitive | |
| C Secret Questions | |
| Password* | |
| Confirm Password* | |
| First Security Question* | |
| First Answer* | |
| Second Security Question* | |
| Second Answer* | |
| Third Security Question* | |
| Third Answer* | |
| Fourth Security Question* | |
| Fourth Answer* | |
| | |
| | |
| Previous | Submit Exit Clear |

Click Submit.

9. The following message will appear at the top of the screen, letting you know that your request was submitted successfully:

The following messages were generated: Save was successful. Once your request is processed, you will receive an email. If the request is approved, log in with your username and password.

Where to Get Help

For questions related to your ForwardHealth logins or any errors that you are experiencing, please contact the ForwardHealth portal Help Desk:

Email: vedswiedi@wisconsin.gov Phone: 1-866-908-1363