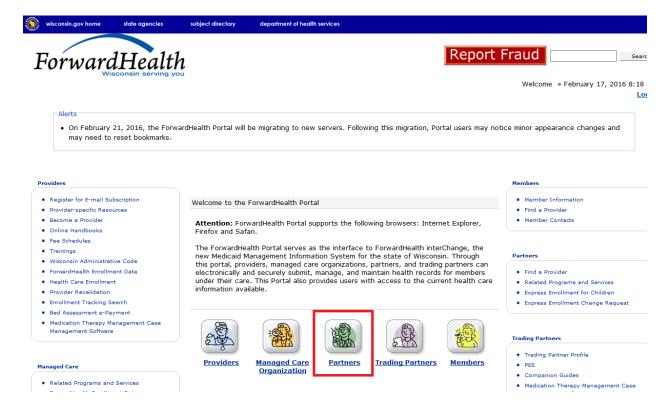


**Division of Care and Treatment Services** 

# PPS PORTAL Login Request Guide for Access Administrators

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

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 and approving access for other users in your county.



### 2. Click Partners.

The public Partner home page will be displayed.

# 3. Click on Request Secure Partner Site

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

ForwardHealth <sup>interChange</sup> Pather	ľ
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 res	et 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     FosterCare and Sublicked Adoption workers     Managed Care Organization Enrollment Brokers     Ordial Support staff     Wacconsin Well Worman Program Local Coordinating Agencies (LCAs)     Social Security Administration (SSA)     Social Security Administration (SSA)     Social Security Administration (SSA)     Social Security Administration (SSA)     Subrogation workers     Wacconsin Department of Justice     Wacconsin Department of Justice     Weaconsin Department of Justice     Weaconsin Department of Justice     Wacconsin Division of Juvenile Corrections	Username Password Go! • Forgot your Quick Links • Online Hand
Patners 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.	Forward Heal     Max Fee Sd
Accessing the Secure Partner Site	Partner Rep
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.	<ul> <li>Wisconsin W Procedure M</li> </ul>
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 ForwardHaalth programs as well as other programs and services. Go >	
MemberResources	
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 and Partner Portal Administrative Access**, then click **Next**.

Portal Access Choose Request Type	0
Required fields are indicated with an asterisk (*).	
Select what you wish to do	
Request Type*	
ONew user requesting Partner Portal Access	
• New User requesting Partner Portal and Partner Portal Administrative Access	
Next	Exit Clear

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

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

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

Portal Access Request Information	0
Required fields are indicated with an asterisk (*).	
<ul> <li>Requested User ID must be Alphanumeric.</li> <li>Requested User ID can not begin with a number.</li> <li>Requested User ID must be at least 6 characters in length.</li> <li>Requested User ID can not be greater than 20 characters.</li> </ul>	
User Information	
First Name*	
Last Name*	
E-Mail Address*	
Confirm E-Mail*	
Requested User ID*	
Work Phone Number*	
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 b 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 documentatio DHS; and, WHEREAS, DHS, in its implementation of the ForwardHealth program in Wisconsin, provides a System of operational and informationa User inquiries to exchange certain data, claims, and billing information through electronic communications and through the Internet ( the "System"); Please check the box if you have read and agreed to Wisconsin's User Security Agreement.	n of those Services to
Previous Next	Exit Clear

Click Next.

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

In the **Certifying Agency/Site Code** field, select the county for which you will be an admin. 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*	
C Financial Payer Information	
BadgerCare Plus/Medicaid	
U WWWP	
Previous Next Exit	Clear

Click Next.

## 7. Complete the Portal Access Admin form.

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

In the **Organization** drop-down, select the county for which you will be an Access Administrator. Click **Add**.

If there are multiple counties for which you will be an Access Administrator, you can continue entering them. Once you have finished, click **Next**.

Portal Access Admin Information		0
Required fields are indicated with an asterisk (*).		
Role	Organization	
	Select row above to update - or- click Add button below.	
Role PPS MH & AODA Reports Organization		
	Add	Cancel
	Previous Next Exit	Clear

#### 8. Fill out the **Portal Access Universe** form.

The **Universe** drop-down should have only one option: **PPS MH & AODA Reports**. Select this one. In the checklist below, select the county(ies) whose reports you need access to. You should only check the counties whose data you have access to in PPS; typically, this will only be the county where you are employed, but could include more if your county is part of a region that delivers behavioral health services.

fields are indicated with an asteris	· · · · · · · · · · · · · · · · · · ·
Requested	Satur
	Select row above to update -or- click Add button below.
rse* PPS MH & ACDA Reports	1
select one or more of the Univ	erse Control tems below*
Adams Co. HSD	Manitowoc Co. HSD
Ashland Co. HSD	Marinette Co. HSD
Bad River Chippewa Tribe	Marquette Co. HSD
Barron Co. HSD	C Menominee Co. HSD
Bayfield Co. HSD	Menominee Tribe
Brown Co. HSD	Milwaukee Co. HSD
Buffalo Co. HSD	C Monroe Co. HSD
Burnett Co. HSD	Conto Co. HSD
Calumet Co. HSD	Oneida Co. DSS
Chippewa Co. HSD	Oneida Tribe
Gark Co. DCP	Outagamie Co. HSD
Gark Co. DSS	Cozaukee Co DHS
Columbia Co. HSD	Pepin Co. HSD
Crawford Co. HSD	Pierce Co, HSD
Dane Co. HSD	Polk Co. HSD
Dodge Co. HSD	Portage Co. HSD
Door Co. DCP	Price Co. HSD
Douglas Co. HSD	Recine Co. HSD
Dunn Co. HSD	Red Cliff Chippewa Tribe
Eau Claire Co. HSD	Richland Co. HSD
Florence Co. HSD	Rock Co. H5D
Eard du Las Co DCD	

Click Next.

## 9. 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**.

Portal Access Secret Questions	2
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.

10. 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: <u>vedswiedi@wisconsin.gov</u> Phone: 1-866-908-1363