

# User Guide

## Nursing Home Level of Care Request

March 11, 2024



WISCONSIN DEPARTMENT  
*of* HEALTH SERVICES

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# 1 Introduction

The nursing home level of care (LOC) wizards will allow users to create, revise, submit, and cancel nursing home LOC requests via the ForwardHealth Portal.

# 2 Access Nursing Home Level of Care Wizards

1. Access the ForwardHealth Portal at [www.forwardhealth.wi.gov/](http://www.forwardhealth.wi.gov/).

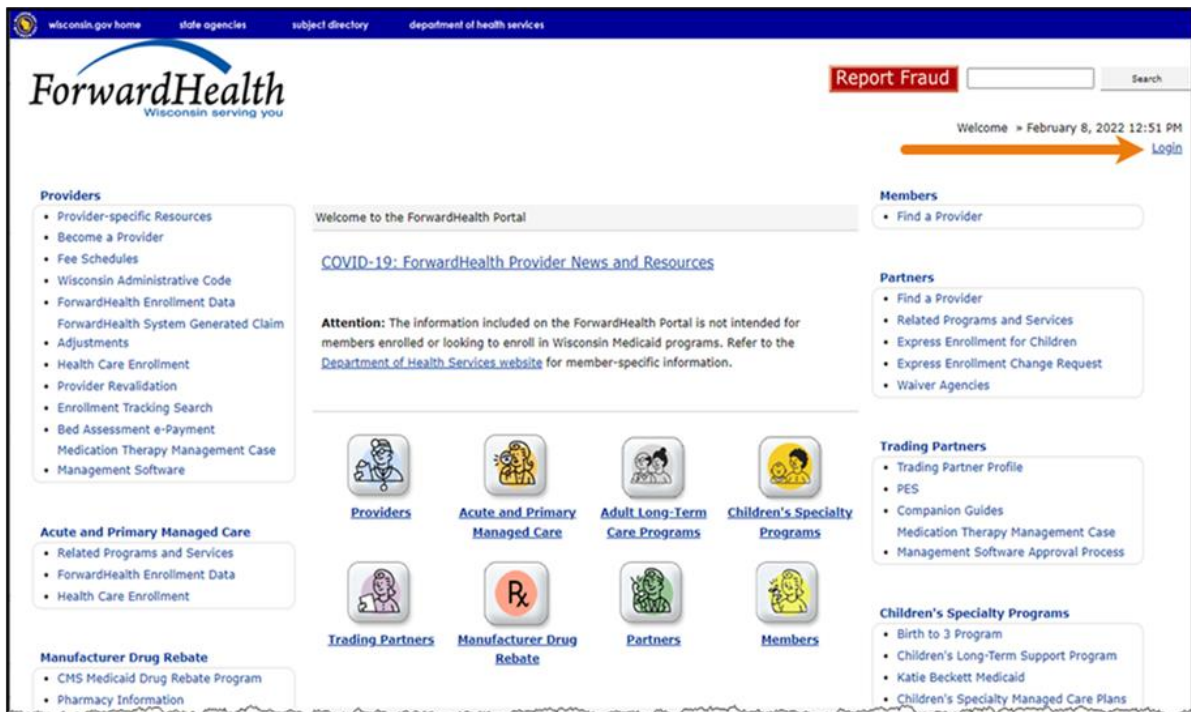
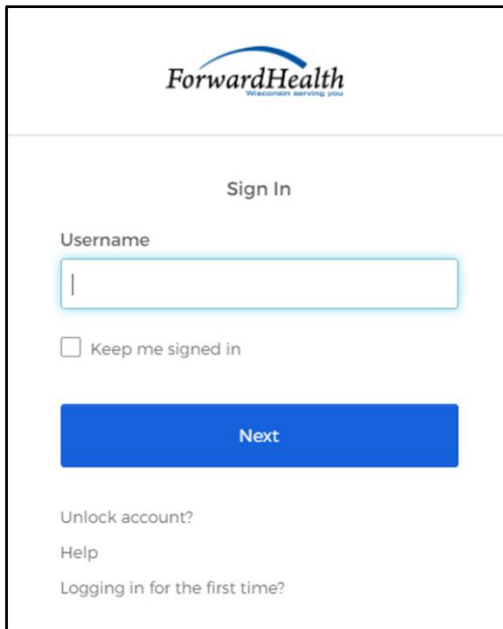


Figure 1 ForwardHealth Portal Home Page

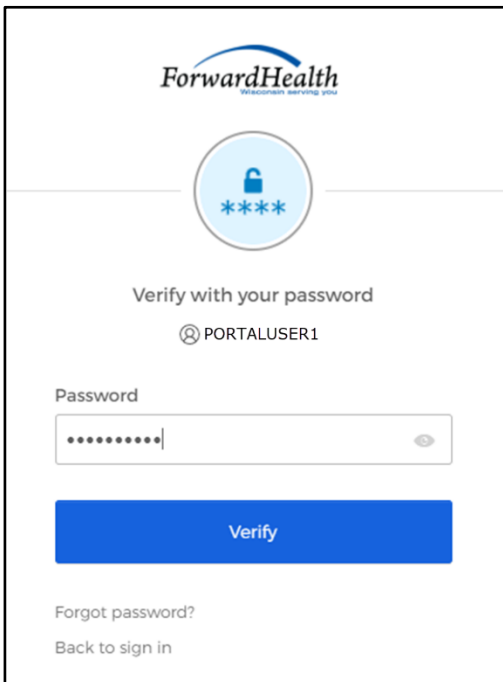
1. Click **Login**. A Sign In box will be displayed.



The screenshot shows the ForwardHealth Sign In interface. At the top is the ForwardHealth logo with the tagline "Wisconsin serving you". Below the logo is the heading "Sign In". There is a "Username" label above a text input field. Below the input field is a checkbox labeled "Keep me signed in". A blue "Next" button is positioned below the checkbox. At the bottom of the form, there are three links: "Unlock account?", "Help", and "Logging in for the first time?".

**Figure 2** Sign In Box

2. Enter the user's username.
3. Click **Next**. A Verify with your password box will be displayed.



The screenshot shows the ForwardHealth Verify with your password interface. At the top is the ForwardHealth logo with the tagline "Wisconsin serving you". Below the logo is a circular icon containing a padlock and four asterisks. Below the icon is the heading "Verify with your password". Underneath is the text "PORTALUSER1" with a small icon to its left. There is a "Password" label above a text input field filled with asterisks. A blue "Verify" button is positioned below the input field. At the bottom of the form, there are two links: "Forgot password?" and "Back to sign in".

**Figure 3** Verify With Your Password Box

4. Enter the user's password.
5. Click **Verify**. The Secure Provider page will be displayed.

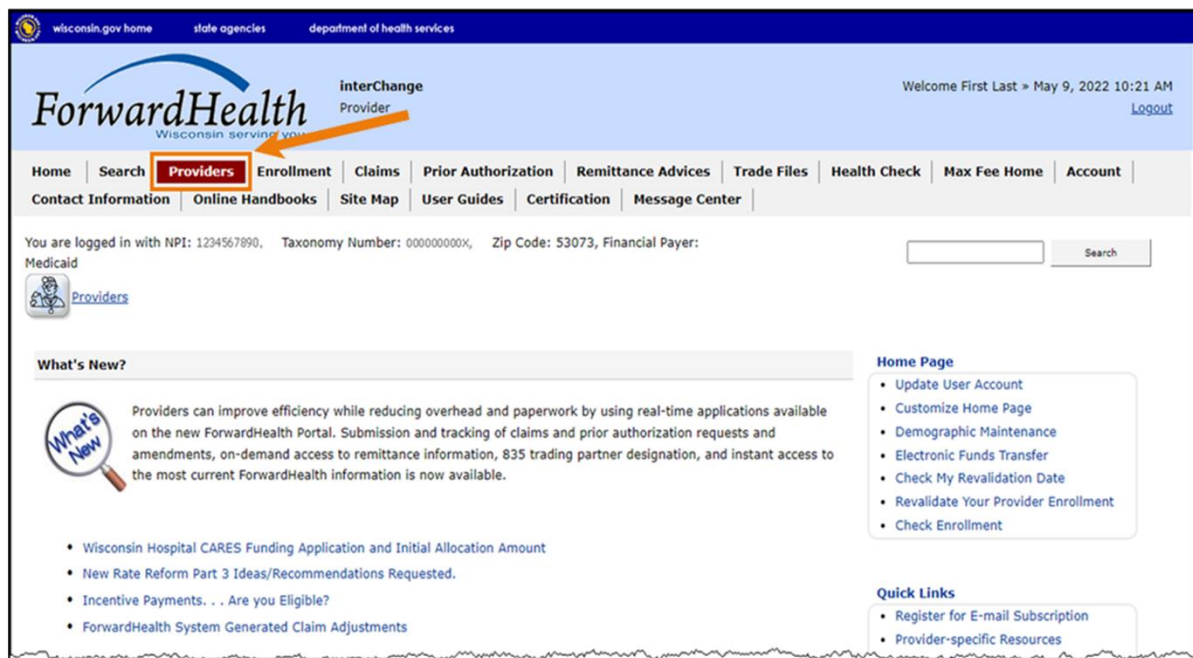


Figure 4 Secure Provider Page

- Click **Providers** on the main menu at the top of the page. The Providers page will be displayed.

ForwardHealth  
Wisconsin serving you

interChange  
Provider

Welcome First Last » May 9, 2022 10:50 AM  
[Logout](#)

Home Search **Providers** Enrollment Claims Prior Authorization Remittance Advices Trade Files Health Check Max Fee Home Account

Contact Information Online Handbooks Site Map User Guides Certification Message Center

You are logged in with NPI: 1234567890, Taxonomy Number: 000000000X, Zip Code: 53073, Financial Payer: Medicaid

[Providers](#)

**What's New?**

Providers can improve efficiency while reducing overhead and paperwork by using real-time applications available on the new ForwardHealth Portal. Submission and tracking of claims and prior authorization requests and amendments, on-demand access to remittance information, 835 trading partner designation, and instant access to the most current ForwardHealth information is now available.

- Wisconsin Hospital CARES Funding Application and Initial Allocation Amount
- New Rate Reform Part 3 Ideas/Recommendations Requested.
- Incentive Payments. . . Are you Eligible?
- ForwardHealth System Generated Claim Adjustments

**Home Page**

- Update User Account
- Customize Home Page
- Demographic Maintenance
- Electronic Funds Transfer
- Check My Revalidation Date
- Revalidate Your Provider Enrollment
- Check Enrollment

**Quick Links**

- Register for E-mail Subscription
- Provider-specific Resources
- Request Portal Access
- Designate 835 Receiver
- Online Handbooks
- ForwardHealth Updates
- Fee Schedules
- Forms
- Become a Provider
- Enrollment Tracking Search
- Training Listing
- Explanation of Benefits (EOBs)
- Newborn Reporting
- Express Enrollment for Adults
- Accessing the MTM Member List instructions
- MTM Data Dictionary Medication Therapy Management (MTM)
- Documentation Storage
- View Nursing Home Rate Communications
- Nursing Home LOC Request - Add/Revise
- View Submitted Nursing Home LOC Requests
- Update Pending Nursing Home LOC Request
- Cancel Pending Nursing Home LOC Request
- Nursing Home Level Of Care Reports
- Hospice Election

**Messages**

\*\*\* No rows found \*\*\*

The information contained in this message is confidential and is intended solely for the use of the person or entity named above. This message may contain individually identifiable information that must remain confidential and is protected by state and federal law. If the reader of this message is not the intended recipient, the reader is hereby notified that any dissemination, distribution or reproduction of this message is strictly prohibited. If you have received this message in error, please immediately notify the sender by telephone and destroy the original message. We regret any inconvenience and appreciate your cooperation

**Claims**

ICN	Member ID	From Date of Service	To Date of Service	Claim Type	Status	Amount Billed
12121212121	0123456789	03/01/2021	03/03/2021	Long Term Care Claims	RECYCLE CLAIMS	\$1500
12121212121	0123456789	03/01/2021	03/03/2021	Long Term Care Claims	RECYCLE CLAIMS	\$1500

**Prior Authorizations**

The grant date and expiration date shown below are for the first line-item only.

\*\*\* No rows found \*\*\*

**Remittance Advices**

To get RA's older than 121 days, please contact provider services.

**Figure 5** Providers Page

Under Quick Links on the Providers page, users can choose from the following:

- [Nursing Home LOC Request – Add/Revise](#)
- [View Submitted Nursing Home LOC Requests](#)
- [Update Pending Nursing Home LOC Request](#)
- [Cancel Pending Nursing Home LOC Request](#)
- [Nursing Home Level of Care Reports](#)

## 2.1 Assign Role for Accessing Nursing Home Level of Care Wizards

The account administrator must initially establish clerk accounts and assign roles for the various functions the clerks will be performing. Administrators will need to assign the **NHLOC Clerk** role for clerks to access the nursing home LOC wizards to complete and send nursing home LOC requests.

Administrators can refer to the Clerk Maintenance chapter of the [ForwardHealth Provider Portal Account User Guide](#) for detailed instructions on assigning roles and setting up clerk accounts.



# 3 Add or Revise Nursing Home Level of Care Request

The Nursing Home LOC Request panel will allow a user to add or revise a nursing home LOC request.

## 3.1 Add New Nursing Home Level of Care Request

1. On the Providers page under Quick Links, click **Nursing Home LOC Request – Add/Revise**.

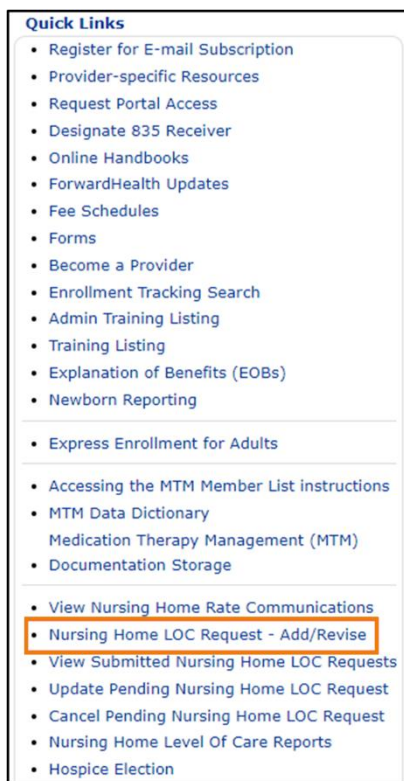


Figure 6 Quick Links Menu

The Nursing Home LOC Request panel will be displayed.

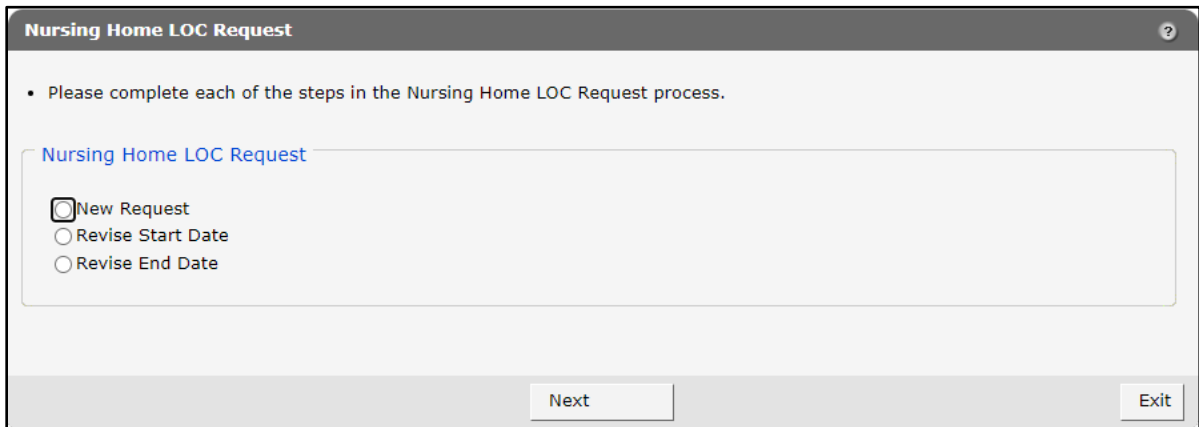


Figure 7 Nursing Home LOC Request Panel

2. Select **New Request** and click **Next**.

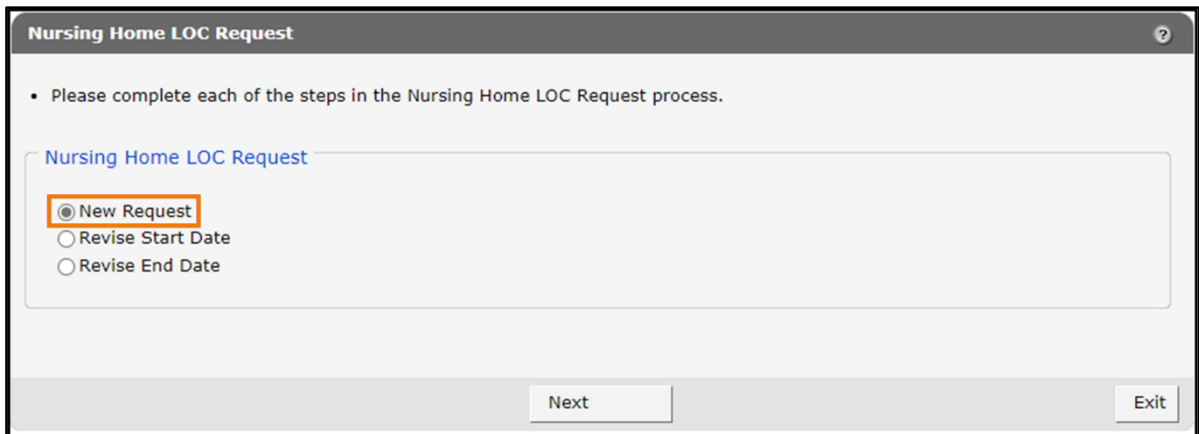


Figure 8 Nursing Home LOC Request Panel

The Member Search panel will be displayed.

**Member Search**

Required fields are indicated with an asterisk (\*).

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

Member ID

Last Name  First Name

Social Security Number  Date of Birth

**Search Results**

**Member Information**

Member ID  Name

Date of Birth  Social Security Number

Figure 9 Member Search Panel

3. Enter the member ID or a combination of the following required fields for the member and click Search:
  - Member ID
  - Social Security number (SSN) and date of birth (DOB)
  - Member first name, last name, and DOB

The member search results will be displayed.

The screenshot shows a web application window titled "Member Search". At the top, it lists required fields: Member ID, Social Security Number and Date of Birth, or Member First Name, Last Name, and Date of Birth. Below this are input fields for Member ID (0000000000), Last Name, First Name, Social Security Number, and Date of Birth. There are "search" and "clear" buttons. The "Search Results" section contains two panels: "Member Information" with fields for Member ID (0000000000), Name (FIVE NEW MEMBER), Date of Birth (05/21/1947), and Social Security Number (555-55-5555); and "Nursing Home LOC History" with a table. The table has columns for Level of Care, Provider ID, Start Date, and End Date, with one row showing "ICF2 Nursing Home - Non-DD", "5555555555", "01/01/2020", and "12/31/2020". At the bottom are "Next" and "Exit" buttons.

**Member Search**

Required fields are indicated with an asterisk (\*).

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

Member ID: 0000000000  
Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

search clear

**Search Results**

**Member Information**

Member ID: 0000000000 Name: FIVE NEW MEMBER  
Date of Birth: 05/21/1947 Social Security Number: 555-55-5555

**Nursing Home LOC History**

Level of Care	Provider ID	Start Date	End Date
ICF2 Nursing Home - Non-DD	5555555555	01/01/2020	12/31/2020

Next Exit

Figure 10 Member Search Panel—Search Results

- Click **Next**. The Nursing Home LOC New Request panel will be displayed.

**Nursing Home LOC New Request**

**Member Information**

Member ID: 0000000000  
 Last Name: MEMBER  
 First Name: FIVE NEW  
 Middle Initial:   
 Date of Birth: 05/21/1947  
 Social Security Number: 555-55-5555

**Level of Care Information**

Level Of Care: ICF2 Nursing Home - Non-DD  
 Start Date for Nursing Home LOC\*:   
 End Date for Nursing Home LOC:   
 (This section is highlighted with an orange border in the original image)

**Minimum Data Set (MDS) Comprehensive Assessment Submittal**

Short term stay 13 days or less\*  Yes  No

If Short term stay 13 days or less is Yes, providers are required to upload an attachment of the following with this form:

- Physician's orders admitting the member to the nursing home
- All nursing medical notes including therapy notes, if any
- Discharge summary

An MDS Comprehensive Assessment will be submitted to the Centers for Medicare and Medicaid Services (CMS) MDS system.\*  Yes  No

**Request Attachments**

- Select "Choose File" to locate each file you wish to upload.
- Select "Upload" when you are ready to upload each file.
- Note: only JPG, JPEG, TXT, RFT, CSV and PDF file formats are accepted for uploads.**

**Upload Attachment**

File Path: Choose File No file chosen Upload

**Nursing Home Contact**

Name\*: Ima Provider  
 Telephone\*: (608)123-4567 Ext.:   
 Email\*: Imaprovider.com

Previous Next Exit

Figure 11 Nursing Home LOC New Request Panel

- Under the Level of Care Information section, enter the nursing home LOC start date. The nursing home end date field should be left blank.

Note: All LOC are automatically categorized as non-developmentally disabled. However, if the user has a DD LOC request, they must select ICF2 Nursing Home - Non-DD and upload an attachment identifying the request. The request will then be sent for manual review.

6. Under the Minimum Data Set (MDS) Comprehensive Assessment Submittal section, answer the following:
  - Is the short term stay less than 13 days? Select **Yes** or **No**.  
  
Note: If yes, the user will need to upload an attachment with the following: physician's orders admitting the member to the nursing home, all nursing medical notes including any therapy notes, and a discharge summary from the previous facility, if applicable.
  - Will an MDS Comprehensive Assessment be submitted to the Centers for Medicare and Medicaid Services (CMS) MDS system? Select **Yes** or **No**.
7. Under the Upload Attachment section, users can choose to upload an attachment(s). The following file extensions are allowed for uploading: .jpg, .jpeg, .txt, .rft, .csv, and .pdf. To upload an attachment:
  - a. Click **Choose File**.
  - b. Select and double-click the document.
  - c. Click **Upload**.

8. Under the Nursing Home Contact section, the fields will be populated with the contact information that was entered when setting up the Portal account.

Note: The user can update this information if it is different than the user entering this information.

- Click **Next**. The Nursing Home LOC Request Summary panel will be displayed with the updated information.

**Nursing Home LOC Request Summary**

- Once submitted, you may select the 'Print' button to print and/or save a copy of the completed form.

**Request Type**

New Request
  Revise Start Date
  Revise End Date

**Member Information**

Member ID: 0000000000  
 Last Name: MEMBER  
 First Name: FIVE NEW  
 Middle Initial:   
 Date of Birth: 05/21/1947  
 Social Security Number: 555-55-5555

**Level Of Care Information**

Level of Care:   
 Start Date for Nursing Home LOC: 05/01/2022  
 End Date for Nursing Home LOC:

**Provider Information**

Provider ID: 1212121212  
 Taxonomy Code: 000000000X  
 Address - Billing Provider Street 1: 123 MAIN ST  
 Street 2:   
 City: BLAIR  
 State/ZipCode: WI 55555

**Minimum Data Set (MDS) Comprehensive Assessment Submittal**

Short term stay 13 days or less  Yes  No

If Short term stay 13 days or less is Yes, providers are required to upload an attachment of the following with this form:

- Physician's orders admitting the member to the nursing home
- All nursing medical notes
- Discharge summary

An MDS Comprehensive Assessment will be submitted to the Centers for Medicare and Medicaid Services (CMS) MDS system.  Yes  No

**Nursing Home Contact**

Name: Ima Provider  
 Telephone: (608)123-4567 Ext.   
 Email: Imaprovider.com

**Attestation**

I attest that the information provided in this level of care request is true and accurate to the best of my knowledge.

Figure 12 Nursing Home LOC Request Summary Panel



10. Check the **Attestation** box at the bottom of the page.
11. Click **Submit**. A confirmation message will be displayed. The status of the LOC request can be viewed under the View Submitted Nursing Home LOC Requests panel. Refer to the [View Submitting Nursing Home Level of Care Requests](#) chapter for more information.

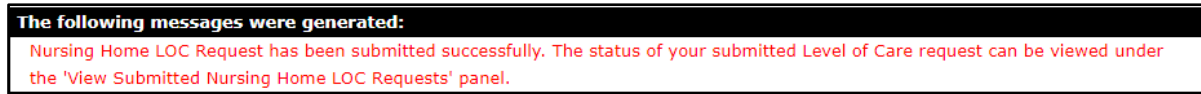


Figure 13 Confirmation Message

Note: To print the page, click **Print** in the lower right corner.



Figure 14 Print Option

## 3.2 Revise Level of Care Start Date

1. On the Nursing Home LOC Request panel, select **Revise Start Date** and click **Next**.

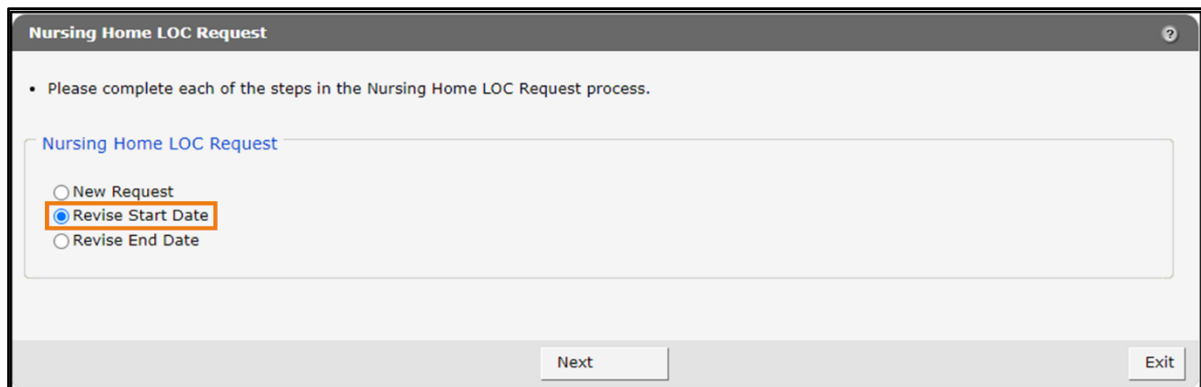


Figure 15 Nursing Home LOC Request Panel

The Member Search panel will be displayed.

**Member Search**

Required fields are indicated with an asterisk (\*).

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

Member ID

Last Name  First Name

Social Security Number  Date of Birth

**Search Results**

**Member Information**

Member ID  Name

Date of Birth  Social Security Number

Figure 16 Member Search Panel

2. Enter the member ID or a combination of the following required fields for the member and click **Search**.
  - Member ID
  - SSN and DOB
  - Member first name, last name, and DOB

The member search results will be displayed.

**Member Search**

Required fields are indicated with an asterisk (\*).

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

Member ID

Last Name  First Name

Social Security Number  Date of Birth

---

**Search Results**

**Member Information**

Member ID  Name

Date of Birth  Social Security Number

Figure 17 Member Search—Search Results

3. Click **Next**. The Member LOC Results panel will be displayed.

**Member LOC Results**

- Select a Level of Care segment to revise the start date

Member ID	Last Name	First Name	Level of Care	Provider ID	Start Date	End Date
222222222	MEMBER	SIX NEW	ICF2 Nursing Home - Non-DD	1234567890	01/01/2020	12/31/2021

Figure 18 Member LOC Results Panel

4. Select the desired LOC segment and click **Next**.

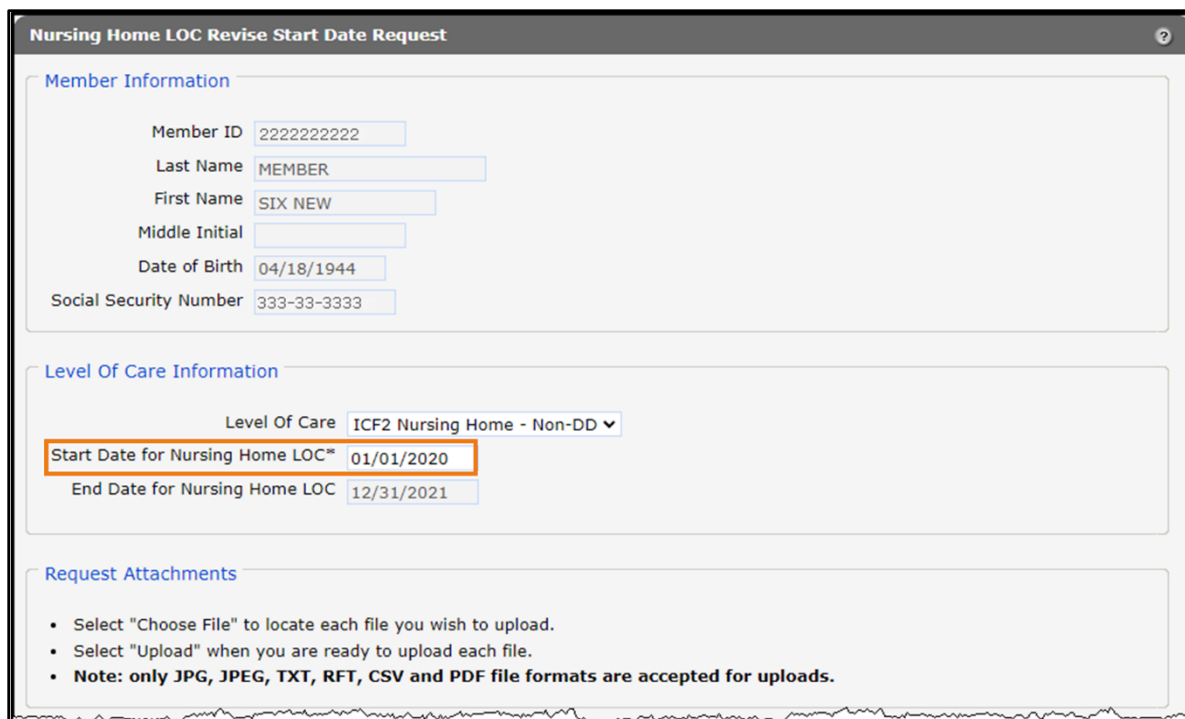
**Member LOC Results**

- Select a Level of Care segment to revise the start date

Member ID	Last Name	First Name	Level of Care	Provider ID	Start Date	End Date
222222222	MEMBER	SIX NEW	ICF2 Nursing Home - Non-DD	1234567890	01/01/2020	12/31/2021

Figure 19 Member LOC Results Panel

The Nursing Home LOC Revise Start Date Request panel will be displayed.



The screenshot shows a web form titled "Nursing Home LOC Revise Start Date Request". It is divided into three sections: "Member Information", "Level Of Care Information", and "Request Attachments".

**Member Information:**

Member ID	2222222222
Last Name	MEMBER
First Name	SIX NEW
Middle Initial	
Date of Birth	04/18/1944
Social Security Number	333-33-3333

**Level Of Care Information:**

Level Of Care	ICF2 Nursing Home - Non-DD ▼
Start Date for Nursing Home LOC*	01/01/2020
End Date for Nursing Home LOC	12/31/2021

**Request Attachments:**

- Select "Choose File" to locate each file you wish to upload.
- Select "Upload" when you are ready to upload each file.
- **Note: only JPG, JPEG, TXT, RFT, CSV and PDF file formats are accepted for uploads.**

Figure 20 Nursing Home LOC Revise Start Date Request

5. Enter the new start date in the Start Date for Nursing Home LOC\* field. Note: The start date field is the only field that can be edited.
6. Click **Next**. The Nursing Home LOC Request Summary panel will be displayed with the updated start date.

**Nursing Home LOC Request Summary**

- Once submitted, you may select the 'Print' button to print and/or save a copy of the completed form.

**Request Type**

New Request 
  Revise Start Date 
  Revise End Date

**Member Information**

Member ID: 2222222222  
 Last Name: MEMBER  
 First Name: SIX NEW  
 Middle Initial:   
 Date of Birth: 04/18/1944  
 Social Security Number: 333-33-3333

**Level Of Care Information**

Level of Care: ICF2 Nursing Home - Non-DD  
 Start Date for Nursing Home LOC: 12/31/2019  
 End Date for Nursing Home LOC: 12/31/2021

Figure 21 Nursing Home LOC Revise Start Date Request

7. Check the **Attestation** box at the bottom of the page.
8. Click **Submit**. A confirmation message will be displayed.

**The following messages were generated:**

Nursing Home LOC Request has been submitted successfully. The status of your submitted Level of Care request can be viewed under the 'View Submitted Nursing Home LOC Requests' panel.

Figure 22 Confirmation Message

Note: To print the page, click **Print** in the lower right corner.

### 3.3 Revise Level of Care End Date

1. On the Nursing Home LOC Request panel, select **Revise End Date** and click **Next**.

Figure 23 Nursing Home Level of Care Request Panel

The Member Search panel will be displayed.

Figure 24 Member Search Panel

2. Enter the member ID or a combination of the following required fields for the member and click **Search**:

- Member ID
- SSN and DOB
- Member first name, last name, and DOB

The member search results will be displayed.

**Member Search**

Required fields are indicated with an asterisk (\*).

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

Member ID

Last Name  First Name

Social Security Number  Date of Birth

**Search Results**

**Member Information**

Member ID  Name

Date of Birth  Social Security Number

Figure 25 Member Search Panel—Search Results

3. Click **Next**. The Member LOC Results panel will be displayed.

**Member LOC Results**

- Select a Level of Care segment to revise the end date

<a href="#">Member ID</a>	<a href="#">Last Name</a>	<a href="#">First Name</a>	<a href="#">Level of Care</a>	<a href="#">Provider ID</a>	<a href="#">Start Date</a>	<a href="#">End Date</a>
0000000000	MEMBER	FIVE NEW	ICF2 Nursing Home - Non-DD	9876543210	01/01/2020	12/31/2020

Figure 26 Member LOC Results Panel

4. Select the desired LOC segment and Click **Next**.

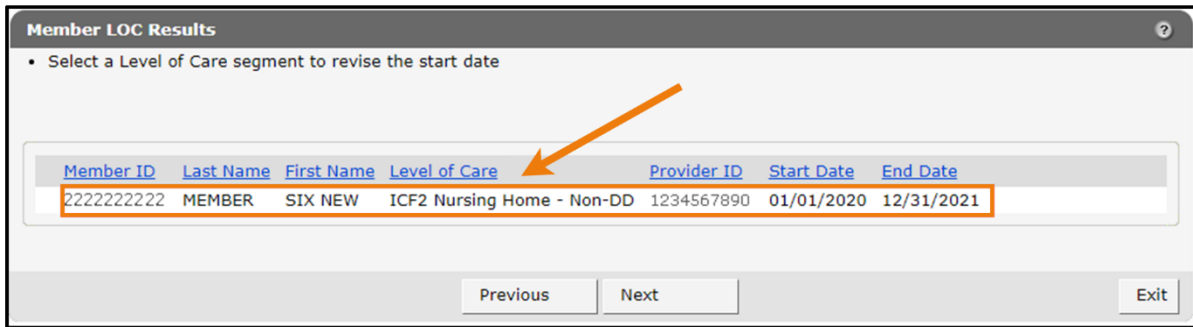


Figure 27 Member LOC Results Panel

The Nursing Home LOC Revise End Date Request panel will be displayed.

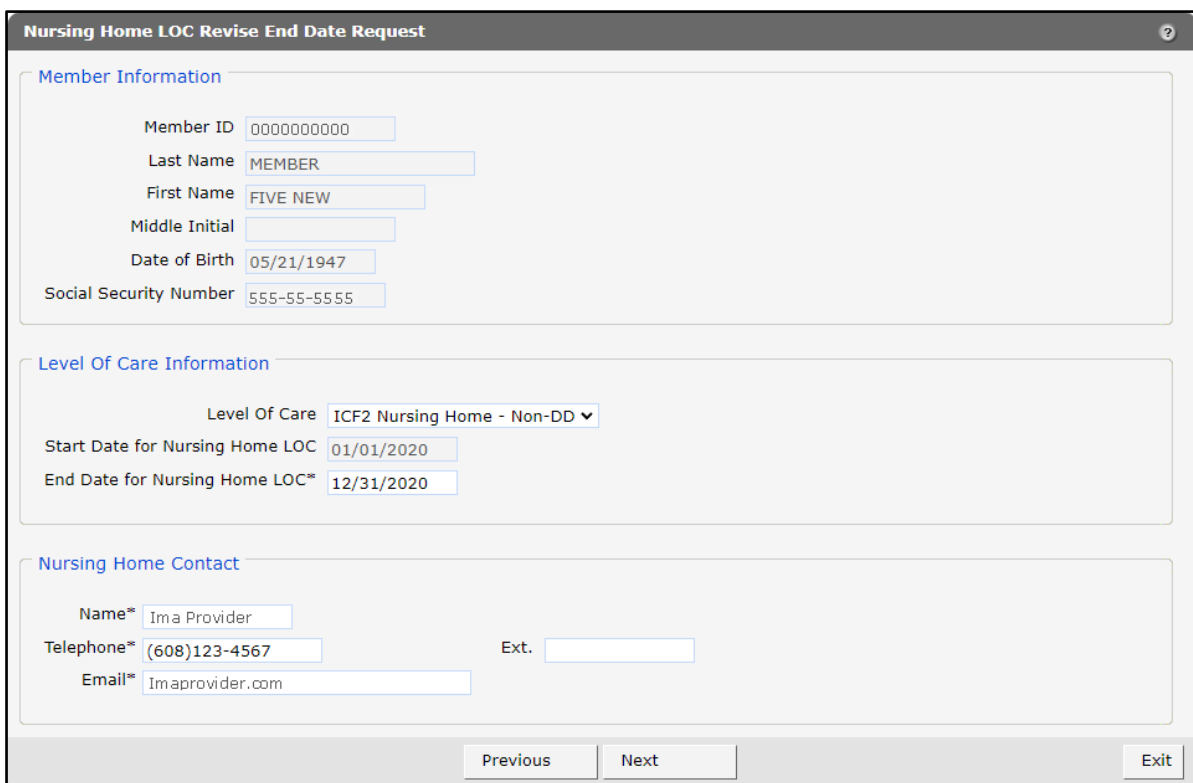
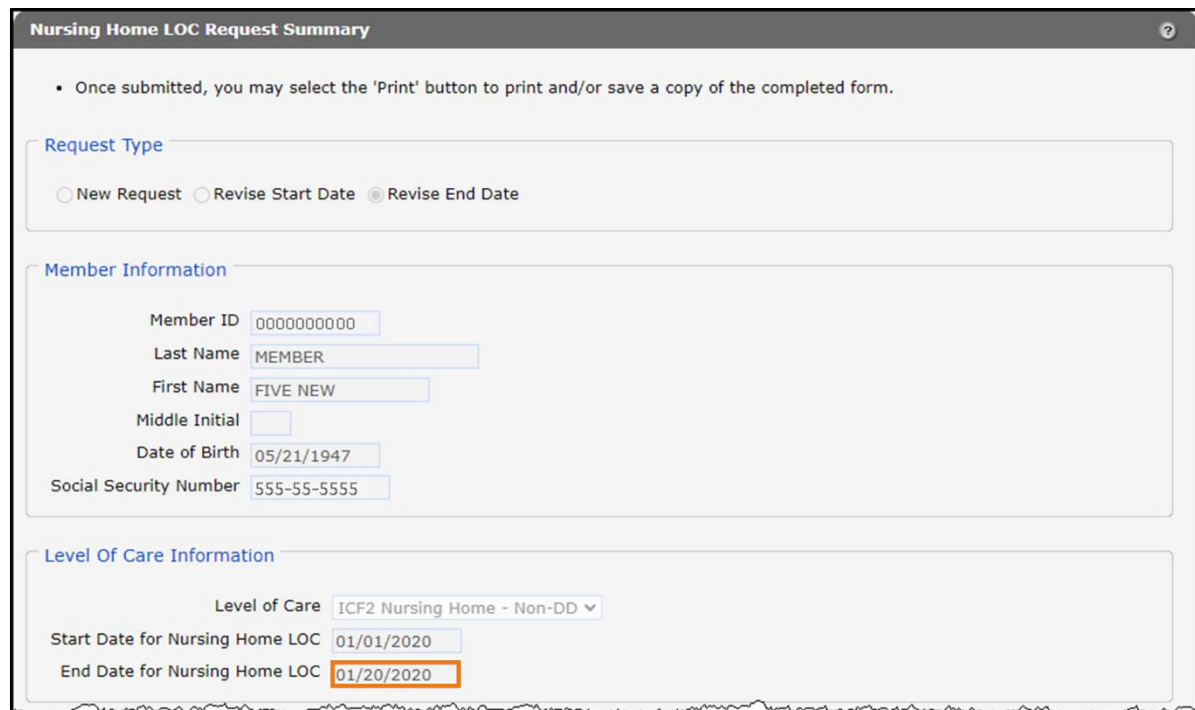


Figure 28 Nursing Home LOC Revise End Date Request Panel

5. Enter the new end date in the End Date for Nursing Home LOC field. Note: The end date field is the only field that can be edited.



- Click **Next**. The Nursing Home LOC Request Summary panel will be displayed with the updated end date.



**Nursing Home LOC Request Summary**

- Once submitted, you may select the 'Print' button to print and/or save a copy of the completed form.

**Request Type**

New Request
  Revise Start Date
  Revise End Date

**Member Information**

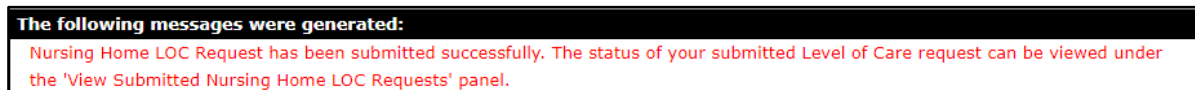
Member ID: 0000000000  
 Last Name: MEMBER  
 First Name: FIVE NEW  
 Middle Initial:   
 Date of Birth: 05/21/1947  
 Social Security Number: 555-55-5555

**Level Of Care Information**

Level of Care: ICF2 Nursing Home - Non-DD  
 Start Date for Nursing Home LOC: 01/01/2020  
 End Date for Nursing Home LOC: 01/20/2020

Figure 29 Nursing Home LOC Request Summary

- Check the **Attestation** box at the bottom of the page.
- Click **Submit**. A confirmation message will be displayed.



**The following messages were generated:**

Nursing Home LOC Request has been submitted successfully. The status of your submitted Level of Care request can be viewed under the 'View Submitted Nursing Home LOC Requests' panel.

Figure 30 Confirmation Message

Note: To print the page, click **Print** in the lower right corner.

## 4 View Submitted Nursing Home Level of Care Requests

The View Submitted Nursing Home LOC Requests Portal panel will provide a read-only list of all NH LOC requests for a provider that matched the search criteria.

1. Under Quick Links, click **View Submitted Nursing Home LOC Requests**.

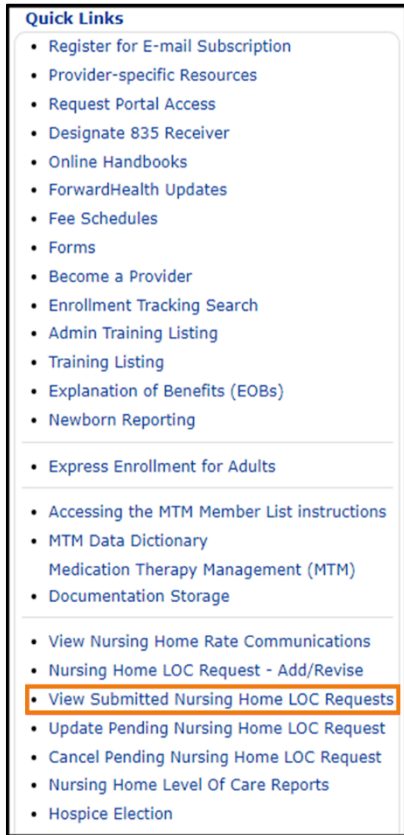


Figure 31 Quick Links Menu

The Nursing Home LOC Submitted Request Search panel will be displayed.

Figure 32 Nursing Home LOC Submitted Request Search

2. Enter the member ID or a combination of the following required fields for the member **and** click **Search**:

- Member ID
- First name, last name, and date of birth
- SSN and DOB
- Request status as pending/pending—provider
- Request status as approved/denied/cancelled along with date submitted to

The Nursing Home LOC Submitted Requests panel will be displayed.

Member ID	Last Name	First Name	Level of Care	Start Date of LOC	End Date of LOC	Request Type	Request Status	Status Reason	Contact Name	Contact Telephone	Contact Email	Date Submitted	Date Last Up
000000000	MEMBER	FIVE NEW	ICF2 Nursing Home - Non-DD	04/20/2022	12/31/2299	New Request	Pending		Ima Provider	608-812-4567	Imaprovider.com	05/22/2022	05/22/2022
000000000	MEMBER	FIVE NEW	ICF2 Nursing Home - Non-DD	01/01/2020	01/20/2020	Revise End Date	Approved		Ima Provider	608-812-4567	Imaprovider.com	05/22/2022	05/22/2022
000000000	MEMBER	FIVE NEW	ICF2 Nursing Home - Non-DD	11/01/2019	12/31/2020	Revise Start Date	Pending		Ima Provider	608-812-4567	Imaprovider.com	05/22/2022	05/22/2022
000000000	MEMBER	FIVE NEW	ICF2 Nursing Home - Non-DD	05/01/2022	12/31/2299	New Request	Pending		Ima Provider	608-812-4567	Imaprovider.com	05/19/2022	05/19/2022

Figure 33 Nursing Home LOC Submitted Requests Panel

# 5 Update Pending Nursing Home Level of Care Request

The Update Pending Nursing Home LOC Request Portal panel will allow a user to view and update a pending request.

If the pending request being updated is a new nursing home LOC request, the user will be able to update any of the fields on the request. If the pending request being updated is a revise start date nursing home LOC request, the user will be able to update only the start date. On either request, the user is able to upload new or additional documentation. Once the user submits the updated request, the status of the request will be updated to pending. The request will remain in a pending status until the system has processed it and it is matched with a qualifying MDS.

1. Under Quick Links, click **Update Pending Nursing Home LOC Request**.

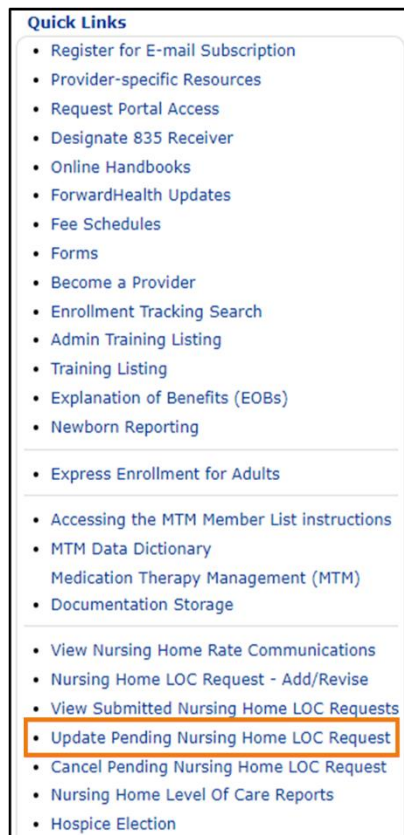


Figure 34 Quick Links Menu

The Nursing Home LOC Pending Request Search panel will be displayed.

Figure 35 Nursing Home LOC Pending Request Search

2. Enter the member ID or a combination of the following required fields and click **Search**:

- Member ID
- First name, last name, and DOB
- SSN and DOB
- Date submitted from and date submitted to

The Nursing Home LOC Pending Requests panel will be displayed.

Member ID	Last Name	First Name	Level of Care	Start Date of LOC	End Date of LOC	Request Type	Request Status	Status Reason
000000000	MEMBER	FIVE NEW	ICF2 Nursing Home - Non-DD	05/01/2022	12/31/2299	New Request	Pending	
000000000	MEMBER	FIVE NEW	ICF2 Nursing Home - Non-DD	04/20/2022	12/31/2299	New Request	Pending	
000000000	MEMBER	FIVE NEW	ICF2 Nursing Home - Non-DD	11/01/2019	12/31/2020	Revise Start Date	Pending	

Figure 36 Nursing Home LOC Pending Requests Panel

3. Select the desired segment and click **Next**.

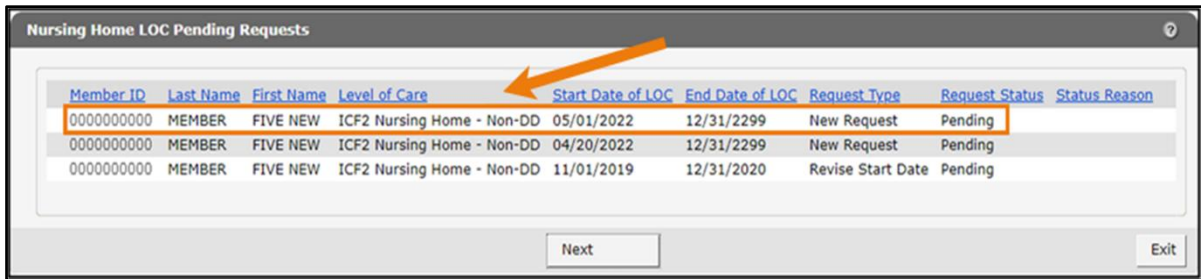


Figure 37 Nursing Home LOC Pending Requests Panel

The Nursing Home LOC Update Pending Request panel will be displayed.

**Nursing Home LOC Update Pending Request**
?

**Member Information**

Member ID

Last Name

First Name

Middle Initial

Date of Birth

Social Security Number

**Level Of Care Information**

Level of Care\*

Start Date for Nursing Home LOC\*

End Date for Nursing Home LOC

**Minimum Data Set (MDS) Comprehensive Assessment Submittal**

Short term stay of 13 days or less\*  Yes  No

If Short term stay of 13 days or less is Yes, providers are required to upload an attachment of the following with this form:

- Physician's orders admitting the member to the nursing home
- All nursing medical notes
- Discharge summary

An MDS Comprehensive Assessment will be submitted to the Centers for Medicare and Medicaid Services (CMS) MDS system.\*  Yes  No

**Request Attachments**

- Select "Choose File" to locate each file you wish to upload.
- Select "Upload" when you are ready to upload each file.
- Note: only JPG, JPEG, TXT, RTF, CSV and PDF file formats are accepted for uploads.**

**Upload Attachment**

File Path  No file chosen

**Nursing Home Contact**

Name\*

Telephone\*  Ext.

Email\*

Figure 38 Nursing Home LOC Update Pending Request Panel

- Update the desired field(s) and click **Next**. The Nursing Home LOC Request Summary panel will be displayed with the updated information.

**Nursing Home LOC Request Summary**

• Once submitted, you may select the 'Print' button to print and/or save a copy of the completed form.

**Request Type**

New Request  Revise Start Date

**Member Information**

Member ID: 0000000000  
 Last Name: MEMBER  
 First Name: FIVE NEW  
 Middle Initial:   
 Date of Birth: 05/21/1947  
 Social Security Number: 555-55-5555

**Level Of Care Information**

Level of Care: ICF2 Nursing Home - Non-DD  
 Start Date for Nursing Home LOC: 05/01/2022  
 End Date for Nursing Home LOC: 05/21/2022

**Provider Information**

Provider ID: 1212121212  
 Taxonomy Code: 000000000X  
 Address - Billing Provider Street 1: 123 MAIN STREET  
 Street 2:   
 City: BLAIR  
 State/ZipCode: WI 55555 -

**Minimum Data Set (MDS) Comprehensive Assessment Submittal**

Short term stay 13 days or less  Yes  No

If Short term stay 13 days or less is Yes, providers are required to upload an attachment of the following with this form:

- Physician's orders admitting the member ToUpper the nursing home
- All nursing medical notes
- Discharge summary

An MDS Comprehensive Assessment will be submitted to the Centers for Medicare and Medicaid Services (CMS) MDS system.  Yes  No

**Nursing Home Contact**

Name: GREGG HAMMILL  
 Telephone: (608)123-4567 Ext.   
 Email: gregg.hammill@wisconsin.gov

**Attestation**

I attest that the information in this level of care request is true and accurate to the best of my knowledge.

Figure 39 Nursing Home LOC Request Summary Panel



5. Check the **Attestation** box at the bottom of the page.
6. Click **Submit**. A confirmation message will be displayed.

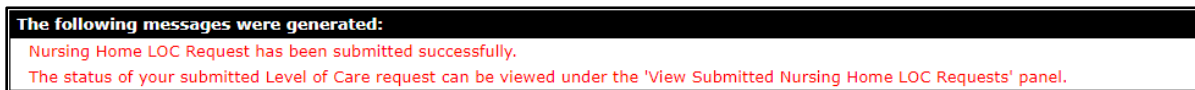


Figure 40 Confirmation Message

Note: To print the page, click **Print** in the lower right corner.

# 6 Cancel Pending Nursing Home Level of Care Request

The Cancel Pending Nursing Home LOC Request Portal panel will allow a user to view and cancel any NH LOC requests that have been submitted in a pended status.

1. Under Quick Links, click **Cancel Pending Nursing Home LOC Request**.

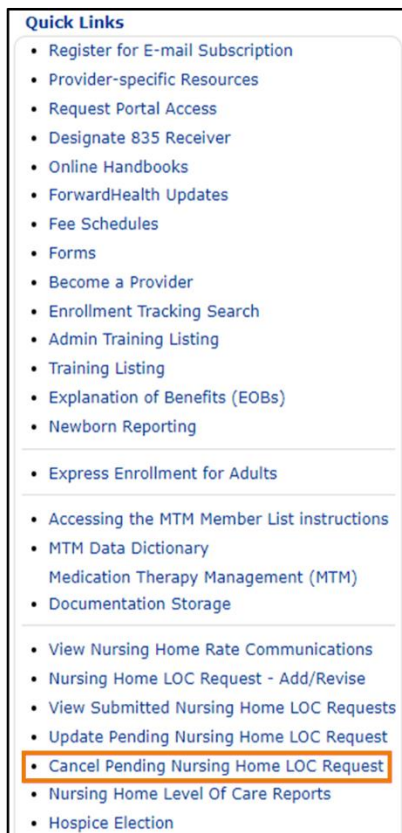


Figure 41 Quick Links Menu

The Nursing Home LOC Pending Request Search panel will be displayed.

**Nursing Home LOC Pending Request Search**

One of the following is required:

- Member ID
- First Name, Last Name and Date of Birth
- Social Security Number and Date of Birth
- Date Submitted From and Date Submitted To

Provider ID

Member ID

Social Security Number

Last Name

Start Date of LOC

Date Submitted From

Date of Birth

First Name

End Date of LOC

Date Submitted To

Figure 42 Nursing Home LOC Pending Request Search

2. Enter the member ID or a combination of the following required fields and click **Search**:

- Member ID
- First name, last name, and DOB
- SSN and DOB
- Date submitted from and date submitted to

The Nursing Home LOC Pending Requests panel will be displayed.

**Nursing Home LOC Pending Requests**

Member ID	Last Name	First Name	Level of Care	Start Date of LOC	End Date of LOC	Request Type	Request Status	Status Reason
0000000000	MEMBER	FIVE NEW	ICF2 Nursing Home - Non-DD	05/01/2022	12/31/2299	New Request	Pending	
0000000000	MEMBER	FIVE NEW	ICF2 Nursing Home - Non-DD	04/20/2022	12/31/2299	New Request	Pending	
0000000000	MEMBER	FIVE NEW	ICF2 Nursing Home - Non-DD	11/01/2019	12/31/2020	Revise Start Date	Pending	

Figure 43 Nursing Home LOC Pending Requests Panel

3. Select the desired segment and click **Next**.

Member ID	Last Name	First Name	Level of Care	Start Date of LOC	End Date of LOC	Request Type	Request Status	Status Reason
000000000	MEMBER	FIVE NEW	ICF2 Nursing Home - Non-DD	05/31/2022	12/31/2299	New Request	Pending	
000000000	MEMBER	FIVE NEW	ICF2 Nursing Home - Non-DD	04/20/2022	12/31/2299	New Request	Pending	
000000000	MEMBER	FIVE NEW	ICF2 Nursing Home - Non-DD	11/01/2019	12/31/2020	Revise Start Date	Pending	

Figure 44 Nursing Home LOC Pending Requests Panel

The Nursing Home Cancel Pending Request panel will be displayed.

• To cancel this request, select the checkbox below, then select the 'Submit' button. WARNING: This cannot be undone.

**Member Information**

Member ID: 0000000000  
 Last Name: MEMBER  
 First Name: FIVE NEW  
 Middle Initial:   
 Date of Birth: 05/21/1947  
 Social Security Number: 555-55-5555

**Level of Care Information**

Level of Care: ICF2 Nursing Home - Non-DD  
 Start Date for Nursing Home LOC: 04/20/2022  
 End Date for Nursing Home LOC: 12/31/2299

**Nursing Home Contact**

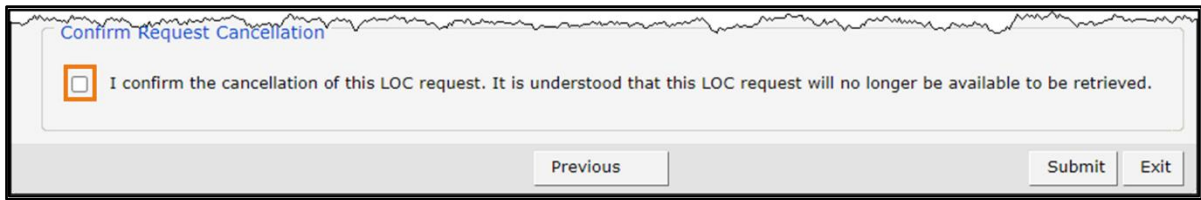
Name\*: Ima Provider  
 Telephone\*: (608)123-4567 Ext.   
 Email\*: Imaprovider.com

**Confirm Request Cancellation**

I confirm the cancellation of this LOC request. It is understood that this LOC request will no longer be available to be retrieved.

Figure 45 Nursing Home LOC Cancel Pending Request Panel

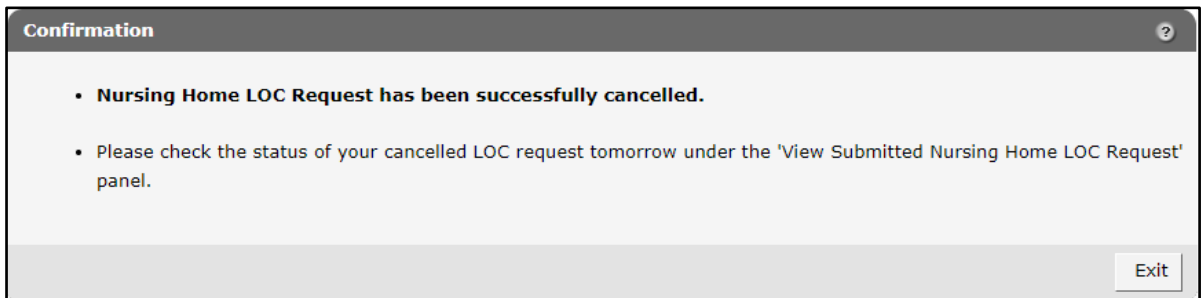
4. Check the box at the bottom of the page to confirm the cancellation of the pending request.



The screenshot shows a dialog box titled "Confirm Request Cancellation". Inside the dialog, there is a checkbox that is currently unchecked, followed by the text: "I confirm the cancellation of this LOC request. It is understood that this LOC request will no longer be available to be retrieved." At the bottom of the dialog, there are three buttons: "Previous", "Submit", and "Exit".

Figure 46 Confirm Cancellation Box

5. Click **Submit**. A confirmation message will be displayed.



The screenshot shows a "Confirmation" dialog box. The title bar says "Confirmation" with a question mark icon on the right. The main content area contains two bullet points: "**Nursing Home LOC Request has been successfully cancelled.**" and "Please check the status of your cancelled LOC request tomorrow under the 'View Submitted Nursing Home LOC Request' panel." At the bottom right of the dialog, there is an "Exit" button.

Figure 47 Confirmation Message

# 7 Nursing Home Level of Care Reports

The Nursing Home LOC Reports page provides users with the ability to view nursing home LOC reports. The reports available are those specific to the user that is logged in. ForwardHealth has four nursing home LOC reports available. The reports will display the user's approved, pending, closed, or denied LOC requests and will include a status description. LOC reports are available for the past six months.

1. Under Quick Links, click **Nursing Home Level of Care Reports**.

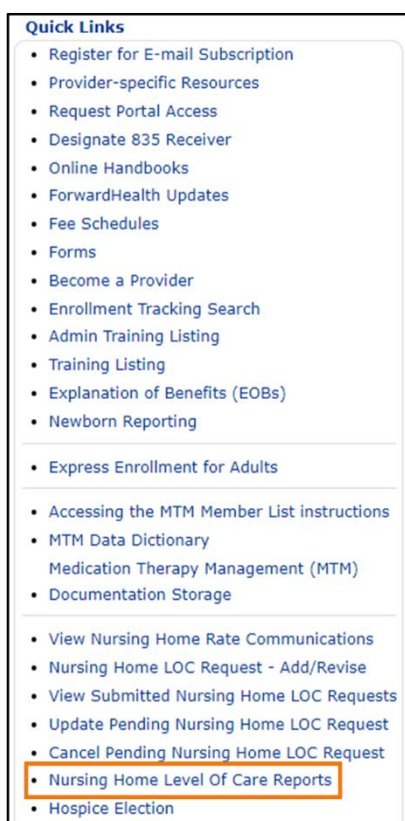


Figure 48 Quick Links Menu

The Level of Care Reports page will be displayed (Figure 51). Links to the following reports may be available on this page:

- Approved Level of Care Report—Contains a comprehensive list of active LOC segments for the provider National Provider Identifier shown.
- Closed Level of Care Report—Contains a list of LOC segments that were closed due to the member not having a qualifying MDS assessment on file within the last 120 days.

- Denied Level of Care Report—Contains a list of requests that were denied during the previous week.
- Pending Level of Care Report—Contains a comprehensive list of pending LOC requests.

**Level of Care Reports**

ForwardHealth has four Nursing Home Level of Care (LOC) Reports available. The reports will display the provider's approved, pending, closed, or denied LOC requests and will include a status description. LOC reports are available for the past six months.

**Approved Level of Care Report**

The [Approved Level of Care Report](#) contains a comprehensive list of active LOC segments for the provider National Provider Identifier (NPI) shown. The corresponding start and end dates identify the period for which the LOC segment is active and for which services may be billed. These dates may differ from the provider's requested dates in circumstances where program eligibility did not warrant establishing an LOC for the dates requested. Included in this report is the member's Most Recent Qualifying Assessment, which represents the most recent qualifying minimum data set (MDS) assessment on file for that member along with the corresponding assessment reference date. Members who have not had a qualifying MDS assessment within 120 days will have their LOC assignments closed. Providers should regularly monitor this report to ensure that MDS assessments are submitted for members whose most recent qualifying assessment reference date is approaching 120 days old to ensure that these segments are not closed.

**Closed Level of Care Report**

The [Closed Level of Care Report](#) contains a list of LOC segments that were closed due to the member not having a qualifying MDS assessment on file within the past 120 days. The 120-day look-back includes both MDS assessments that were systematically scored and manual reviews conducted by the nurse consultant.

**Denied Level of Care Report** (\*\* Historical Denied Level of Care Report shall be available only until 11/30/2022. The current Denied Level of Care Requests can be accessed in under "View Submitted Nursing Home LOC Requests" from the landing page'.)

The historical [Denied Level of Care Report](#) contains a list of requests that were denied during the previous week. Requests that have pending for 30 days without establishing an LOC segment will be denied. Requests may also be denied after manual review by the nurse consultant indicates that the supplied documentation does not support the need for skilled nursing care. If an LOC request is denied, a new request may be submitted with supporting medical documentation that demonstrates the member's need for skilled nursing care.

**Pending Level of Care Report** (\*\* Historical Pending Level of Care Report shall be available only until 11/30/2022. The current Pending Level of Care Requests can be accessed under "View Submitted Nursing Home LOC Request" from the landing page.)

The historical [Pending Level of Care Report](#) contains a comprehensive list of pending LOC requests. These are requests that do not yet have an available MDS assessment on file that meets the required criteria (refer to the LOC Status Description). A request will be pending for up to 30 days before denying if no qualifying MDS becomes available.

Figure 49 Level of Care Reports Page