

FORWARDHEALTH NURSING HOME CARE DETERMINATION REQUEST COMPLETION INSTRUCTIONS

ForwardHealth requires certain information to enable Medicaid to authorize and pay for medical services provided to eligible members.

ForwardHealth members are required to give providers full, correct, and truthful information for the submission of correct and complete claims for reimbursement. Per Wis. Admin. Code § DHS 104.02[4], this information should include, but is not limited to, information concerning eligibility status, accurate name, address, and member ID number.

Under Wis. Stat. § 49.45(4), personally identifiable information about Medicaid applicants and members is confidential and is only used for purposes directly related to ForwardHealth administration such as determining eligibility of the applicant, processing prior authorization requests, or processing provider claims for reimbursement. Failure to supply the information requested by the form may result in denial of payment for the service.

Completion of the Nursing Home Determination Request form, F-01020, is required to establish or update a nursing home authorization segment for a member.

This is a mandatory form. ForwardHealth will not accept other versions of this form. Print or type the information on the form so that it is legible.

Providers may submit forms by fax to ForwardHealth at 608-221-8815 or by mail to the following address:

ForwardHealth
Eligibility Unit
313 Blettner Blvd
Madison WI 53784

To establish an intellectual/developmental disability (DD) level of care (LOC), a copy of the Preadmission Screen and Resident Review (PASRR) Level II Screen Facesheet, F-20853, that states the member needs specialized services must be attached to the request.

SECTION I – PROVIDER INFORMATION

Element 1 – Name – Billing Provider (Practice Location)

Enter the billing provider's name.

Element 2 – National Provider Identifier (Required)

Enter the billing provider's 10-digit National Provider Identifier.

Element 3 – Taxonomy Code (Required)

Enter the billing provider's taxonomy code.

Element 4 – ZIP+4 Code

Enter the billing provider's practice location's ZIP+4 code.

Element 5 – Billing Provider's Medicaid Provider Number

Enter the eight-digit Medicaid provider number of the provider who will be submitting claims.

Element 6 – Address – Billing Provider

Enter the billing provider's address, including the street, city, state, and ZIP+4 code.

Element 7 – Name – Nursing Home Contact Person

Enter the name of the person who is most able to answer questions that may arise regarding all aspects of the nursing home LOC determination for the member.

Element 8 – Telephone Number – Nursing Home Contact Person

Enter the telephone number, including the area code, of the nursing home contact person.

SECTION II – MEMBER INFORMATION

Element 9

Indicate whether this is a new or initial request, a revised start date, or an added or revised discharge date.

To establish a nursing home LOC, the nursing home should select “New or Initial Request.” If the effective date of a nursing home LOC for a member needs to be changed, select “Revised Start Date.” If “Revised Start Date” is selected, the provider is required to complete Element 15. If a member is discharged from a nursing home, providers are required to select “Added or Revised Discharge Date.” If “Added or Revised Discharge Date” is selected, Element 16 must be completed.

Element 10 – Name – Member

Enter the member’s last name, first name, and middle initial. Use Wisconsin’s Enrollment Verification System (EVS) to obtain the correct spelling of the member’s name. If the name or spelling of the name on the ForwardHealth ID card and the EVS do not match, use the spelling from the EVS. It is important that the spelling of the name on this form matches the spelling of the name on the member’s Minimum Data Set (MDS) Admission Assessment.

Element 11 – Member ID Number

Enter the member ID. Do not enter any other numbers or letters. Use the ForwardHealth card or the EVS to obtain the correct member ID.

Element 12 – Social Security Number – Member

Enter the member’s nine-digit Social Security number. Do not enter any other numbers or letters.

Element 13 – Date of Birth – Member

Enter the member’s date of birth in the MM/DD/CCYY format.

Element 14 – Requested Start Date for Nursing Home LOC

Enter the requested start date for the nursing home LOC in MM/DD/CCYY format.

Element 15 – Nursing Home Discharge Date

Enter the requested discharge date for the nursing home LOC in MM/DD/CCYY format.

Element 16 – Minimum Data Set (MDS) Admission Assessment Submittal

Enter an “X” in the appropriate box.

For cases where an MDS admission assessment will not be submitted due to a short-term stay, providers are required to submit a copy of the following information:

- Physician’s orders admitting the member to a nursing home
- All nursing medical notes
- Member’s discharge summary

This information will be used in the nursing home care determination process.