User Guide

ForwardHealth Provider Portal Prior Authorization

June 28, 2024

WISCONSIN DEPARTMENT of HEALTH SERVICES

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1 Introduction

Prior authorization (PA) is the electronic or written authorization issued by ForwardHealth to a provider prior to the provision of a service. In most cases, providers are required to obtain PA **before** providing services that require PA. When granted, a PA request is approved for a specific period of time and specifies the type and quantity of service allowed.

Providers can use the PA features on the ForwardHealth Portal to do the following:

- Submit a new PA
- Complete a saved PA request
- Check on a previously submitted PA
- Amend an approved PA
- Correct a returned PA
- Extend a returned PA
- Correct a returned PA amendment
- Print PA cover sheet
- Upload documents for a PA
- View documents for a PA
- View or maintain a PA collaboration

2 Access the Prior Authorization Page

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

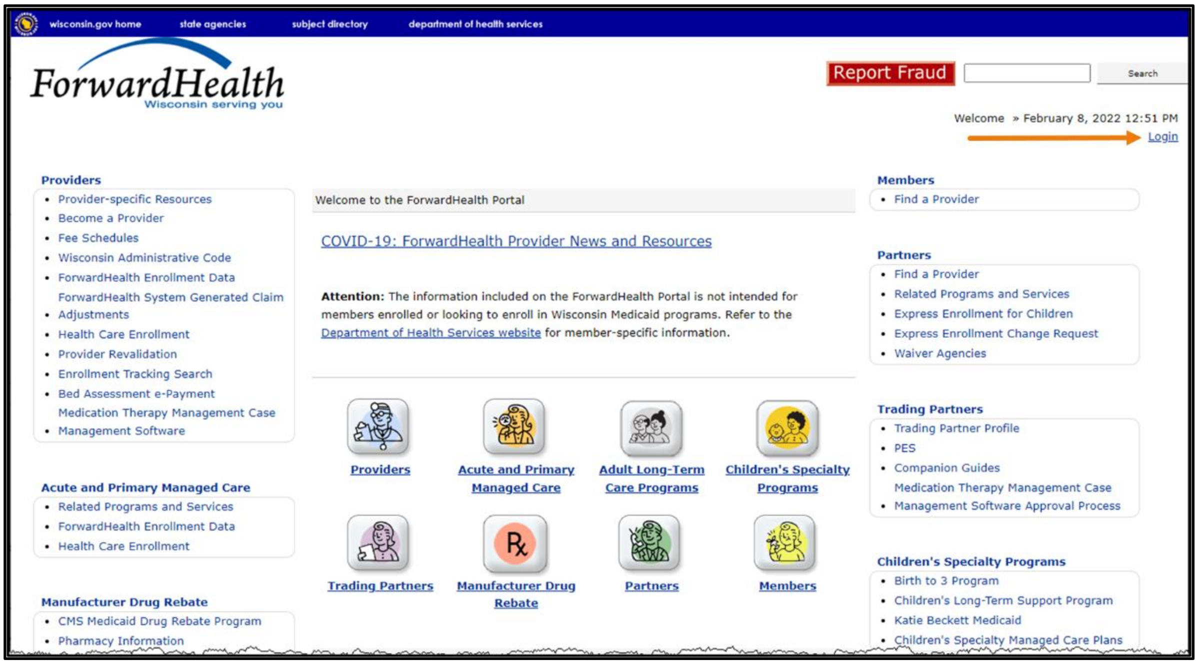


Figure 1 ForwardHealth Portal Page

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

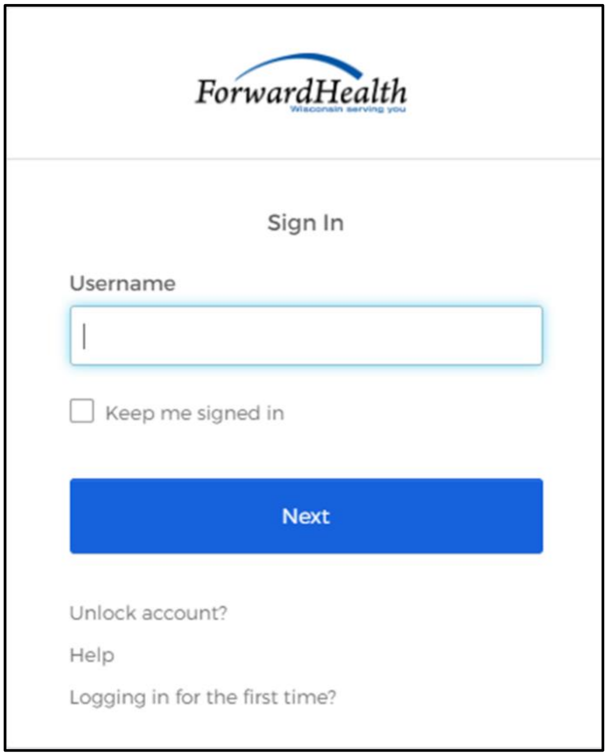


Figure 2 Sign In Box

3. Enter the user's username.

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

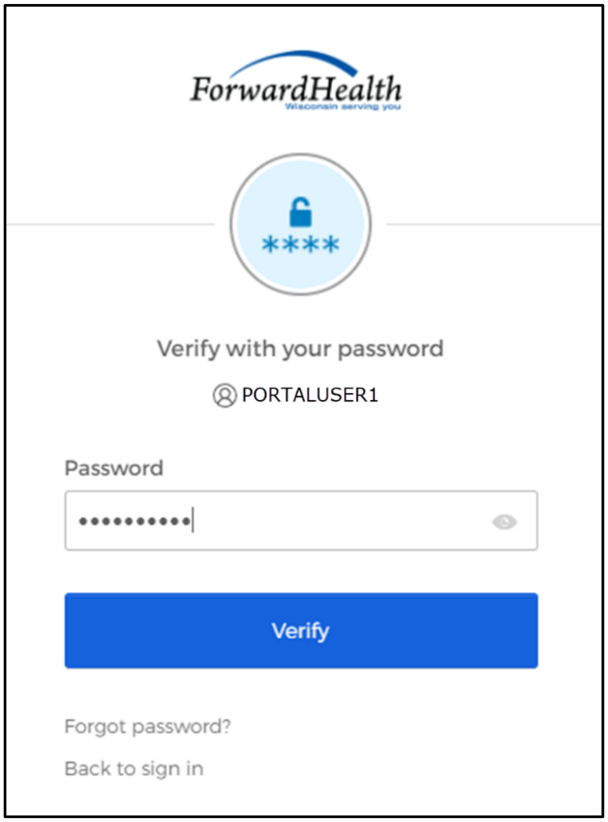


Figure 3 Verify With Your Password Box

5. Enter the user's password.

6. Click **Verify**. The secure Provider page will be displayed.

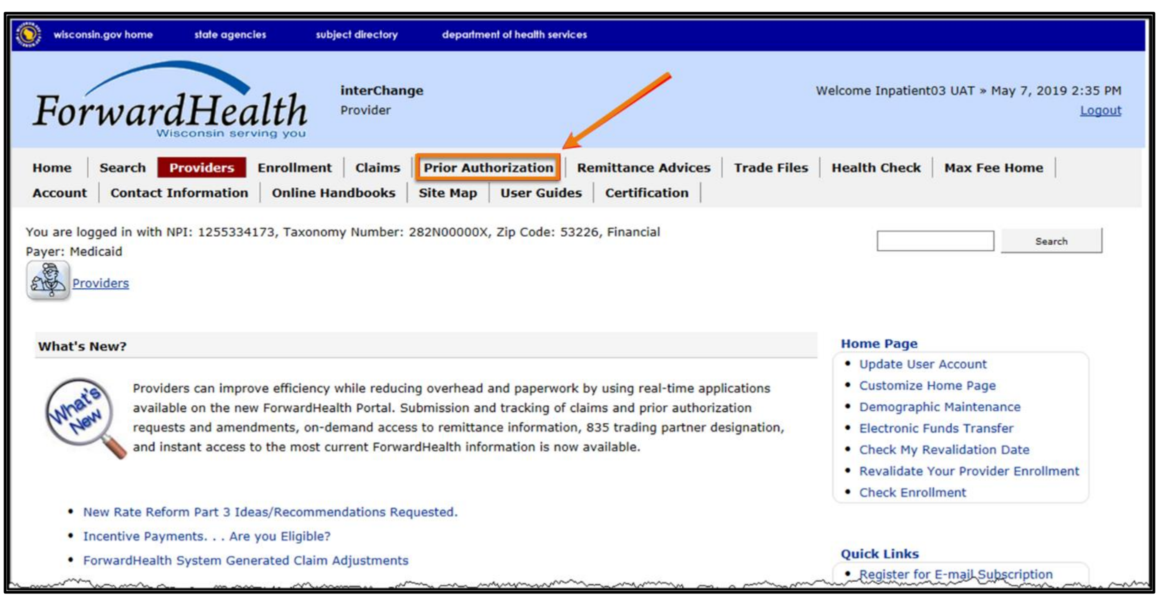


Figure 4 Secure Provider Page

7. Click **Prior Authorization** on the main menu at the top of the page. The Prior Authorization page will be displayed.

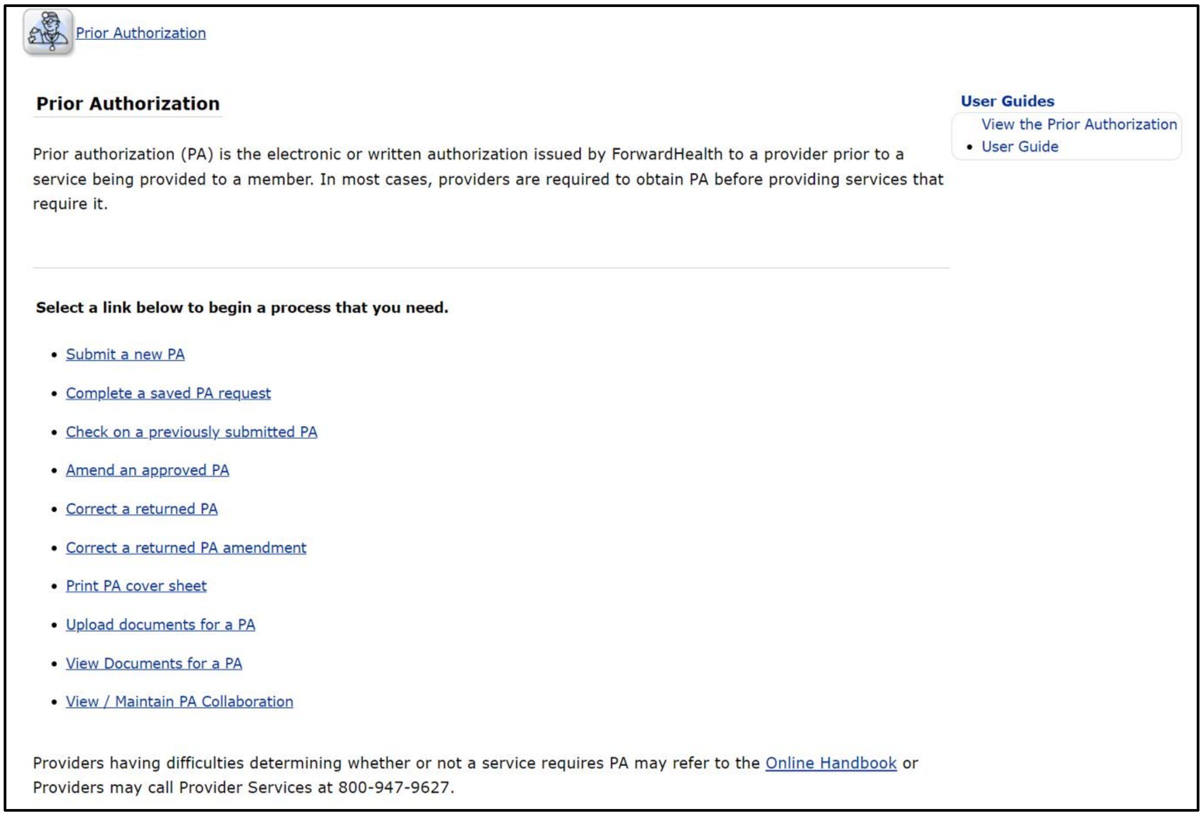


Figure 5 Prior Authorization Page

From the Prior Authorization page, providers can choose to do the following:

- Submit a new PA
- Complete a saved PA request
- Check on a previously submitted PA
- Amend an approved PA
- Correct a returned PA
- Correct a returned PA amendment
- Print a PA cover sheet
- Upload documents for a PA
- View Documents for a PA
- View/maintain PA collaboration

3 Submit a New Prior Authorization

To save time, providers can copy and paste information from plans of care and other medical documentation into the appropriate fields on a PA request. Except for those providers exempt from National Provider Identifier (NPI) requirements, NPI and related data are required on PA requests submitted via the Portal.

Note: The following is a general overview of the process flow for submitting a new PA request. Providers should be aware that the details of the actual process flow may differ by process type. Some process types have enhanced process flows to permit immediate, real-time approval of qualifying requests.

1. On the Prior Authorization page, click **Submit a new PA**. The Initial Information panel will be displayed.

   Note: Fields marked with an asterisk (*) are required fields.

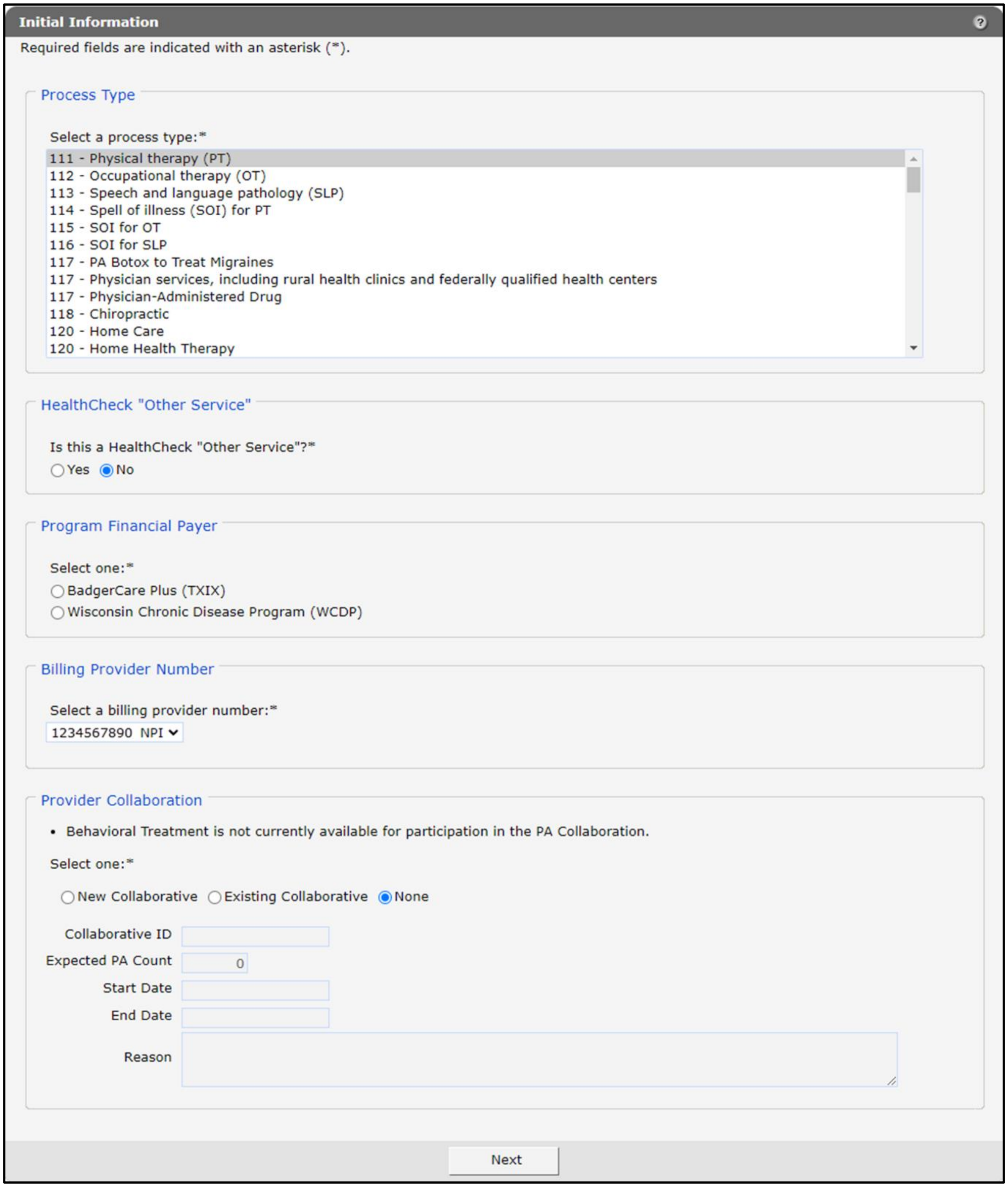


Figure 6 Initial Information Panel

2. In the “Process Type” section, scroll to and select the desired process type.

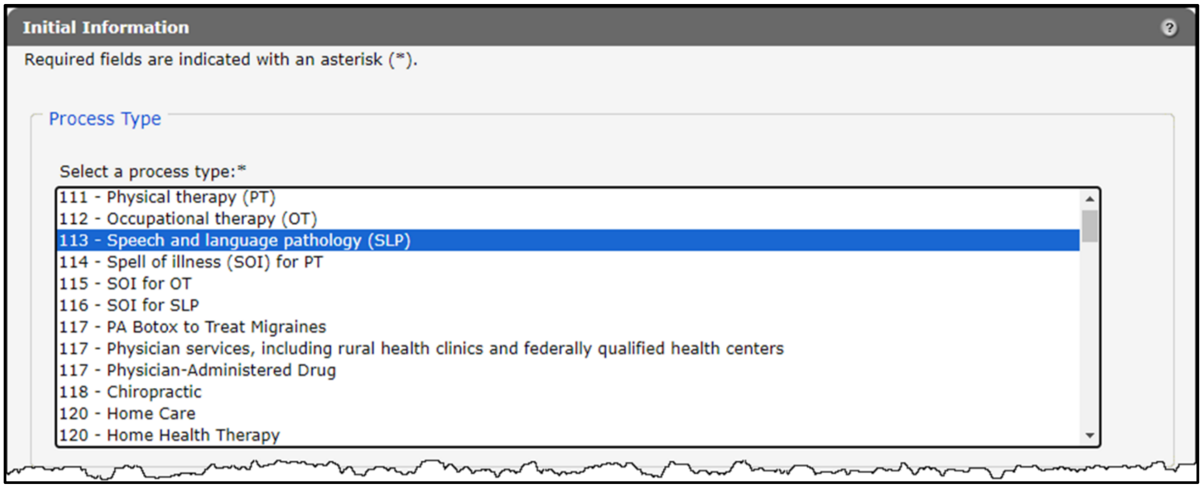


Figure 7 Process Type Section

3. The “HealthCheck ‘Other Service’” section defaults to No. Select **Yes** if the PA request is for a HealthCheck “Other Service.”

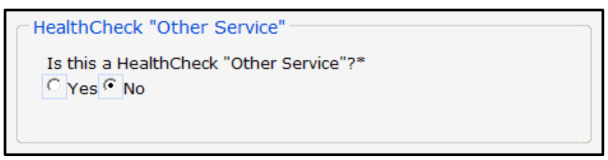


Figure 8 HealthCheck “Other Service” Section

Note: HealthCheck “Other Services” are available for members under 21 years of age to treat conditions identified during a HealthCheck screening.

4. In the “Program Financial Payer” section, select either **BadgerCare Plus (TXIX)**, which includes BadgerCare Plus and Wisconsin Medicaid, or **Wisconsin Chronic Disease Program (WCDP)** as the financial payer.

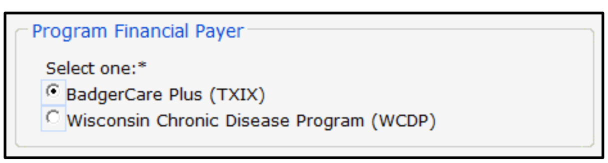


Figure 9 Program Financial Payer Section With BadgerCare Plus (TXIX) Selected

5. In the “Billing Provider Number” section, hospital providers will need to select an NPI as the billing provider for the PA request from the drop-down menu in the “Billing Provider Number” section.

Note: This section will only be displayed for hospital providers.

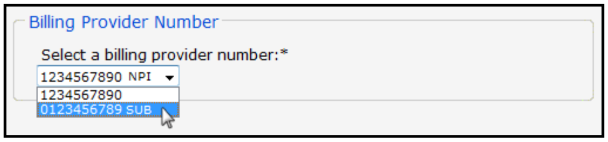


Figure 10 Billing Provider Number Section

6. In the "Provider Collaboration" section, select one of the following:

   - New Collaborative—Indicates the initiation of a PA collaborative that will contain two or more PA requests from providers coordinating care for a single member. Once the PA request from the initiating provider is successfully submitted, a collaborative ID will automatically be assigned.
   - Existing Collaborative—Indicates this PA request will be part of an existing PA collaborative that was initiated by another provider. To select this option, the provider will need to obtain the nine-digit collaborative ID from the initiating provider.
   - None—Indicates this PA request will not be part of a PA collaborative.

   Note: This section will only be displayed if the process type selected is eligible to participate in a PA collaboration.

   Once a PA collaboration is started or a PA request is associated with an existing collaborative, each provider must attest to and sign their respective PA requests. The PA collaborative must contain at least two PAs and the collaborating providers must agree that all PAs are included and have been attested to prior to submitting the collaborative. Submission of the collaborative begins the consultant review of the individual PAs.

For information on attesting to, signing, and submitting a PA collaboration, refer to the View or Maintain a PA Collaboration chapter of this user guide.

If the PA request will not be part of a collaborative, select **None**. Proceed to step 7.

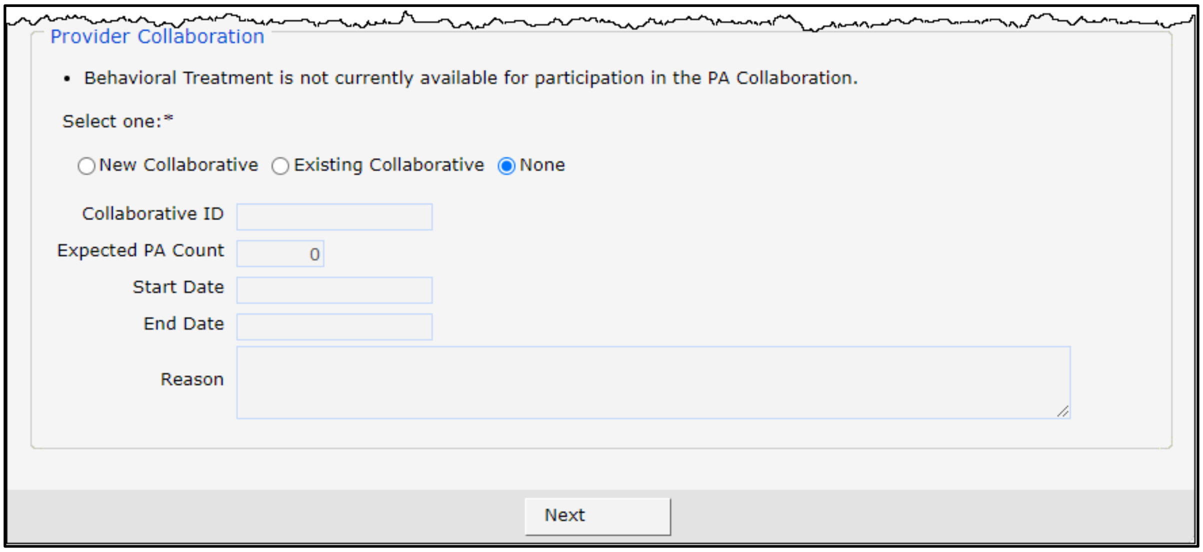


Figure 11 Provider Collaboration Section

If the PA is the first request in a collaborative, select **New Collaborative**. Once New Collaborative is selected, the Expected PA Count, Start Date, End Date, and Reason fields will become active.

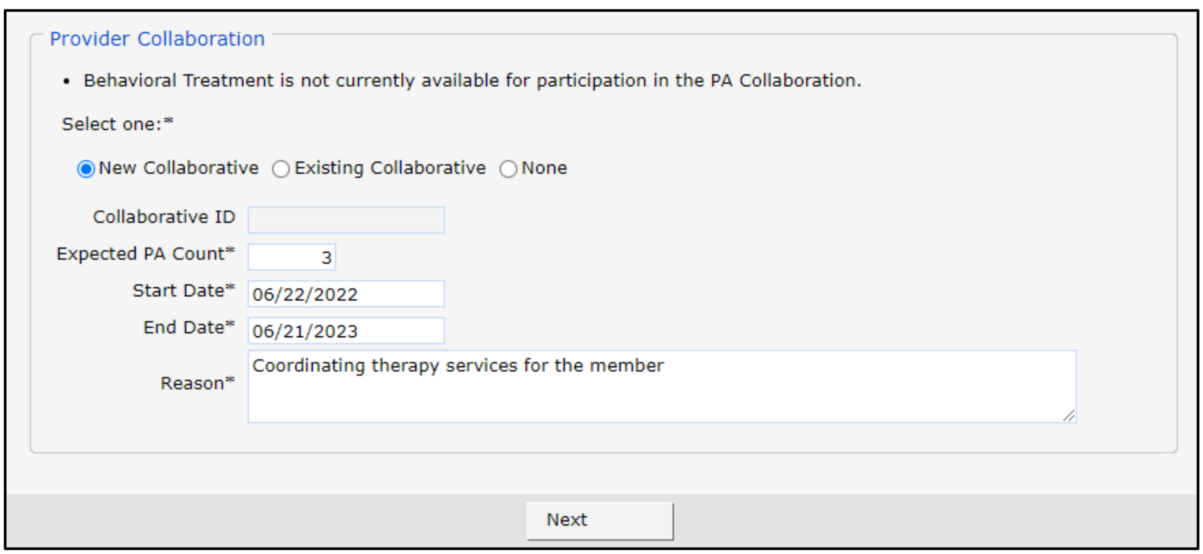


Figure 12 Provider Collaboration Section, New Collaborative

Complete the following fields to begin a new PA collaborative:

- Enter the total expected number of PAs that will be part of the collaborative in the Expected PA Count field.

- Enter a date in the Start Date field. This should reflect the start date for the collaborative as a whole and should be the earliest date on which at least one of the PAs will provide services.
- Enter a date in the End Date field, if different from the default date of 364 days from the start date. The end date may be less than the default date but may not exceed it.
- Enter a description of why the PA collaborative is being requested in the Reason field.

If the PA request is part of an existing collaborative, select **Existing Collaborative**. Once Existing Collaborative is selected, the Collaborative ID field will become active.

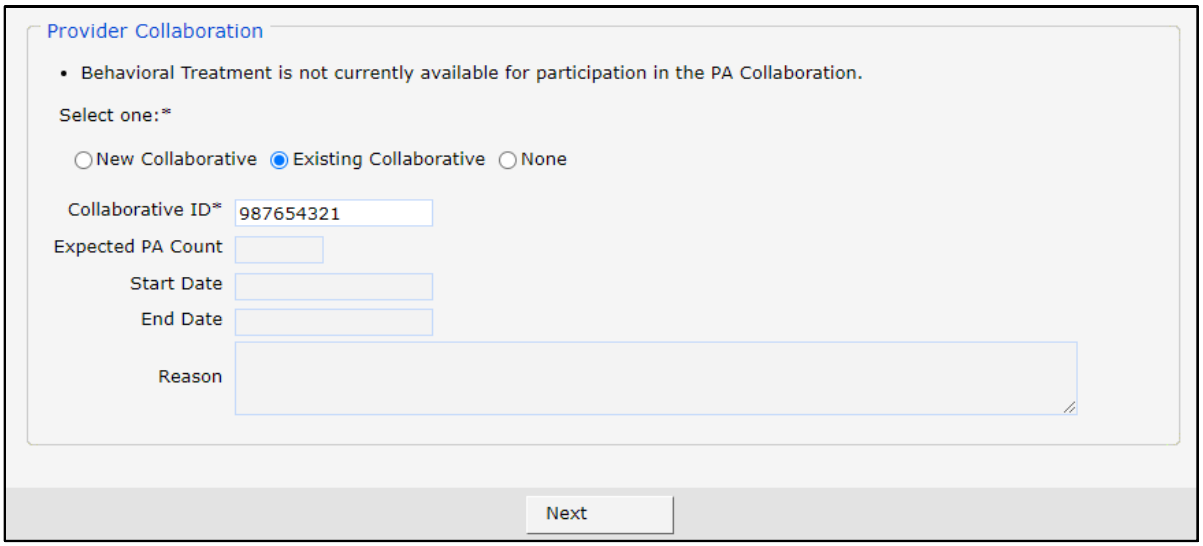


Figure 13 Provider Collaboration Section, Existing Collaborative

To associate the PA request to an existing collaborative, enter the nine-digit collaborative ID in the active field. Note: This number should be obtained from the provider who initiated the collaborative.

Once the page refreshes, the Expected PA Count, Start Date, End Date, and Reason fields will auto-populate.

7. Click **Next**.

8. If there are no processing notes for the selected process type, the Member Information panel will be displayed. Proceed to step 10.

   If there are any processing notes for the selected process type, the Processing Notes panel will be displayed.

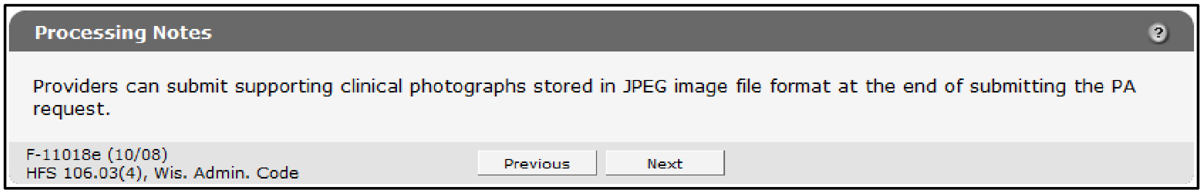


Figure 14 Processing Notes Panel

9. Review the processing notes information. Click **Next**.

10. The Member Information panel will be displayed.

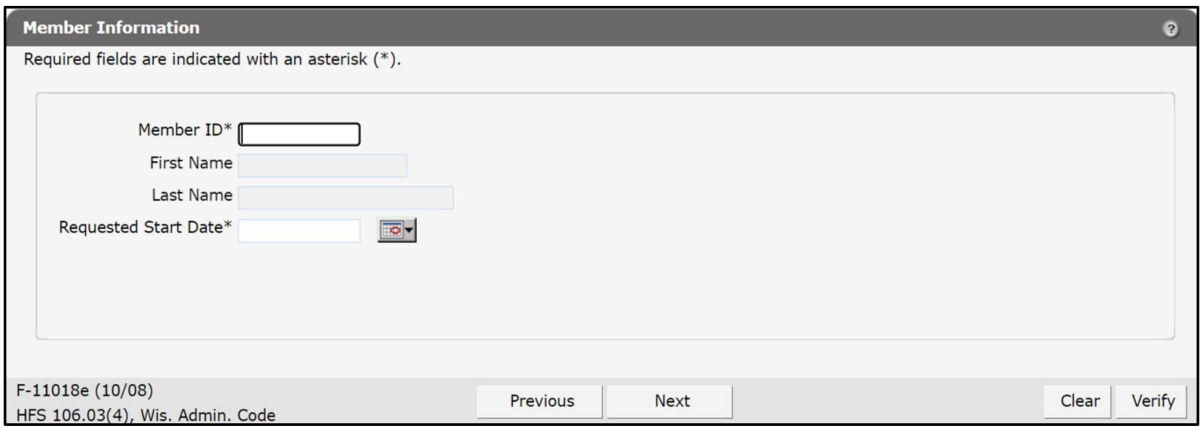


Figure 15 Member Information Panel

11. Enter the member's ID in the Member ID field. The member's first and last name will be prefilled after the member's ID is entered.

12. Enter the PA's start date using MM/DD/CCYY format in the Requested Start Date field. The calendar icon located to the right of the Requested Start Date field may also be used to select a date.

    Note: If process type 123—Hearing Aid was selected, the Requested Start Date field will only display the current date.

    Note: If process type 139—DME (Oxygen and Oxygen-Related Services) was selected, a Place of Service (POS) field will be displayed under the Requested Start Date. Select the appropriate POS from the drop-down menu.

13. To verify the member's information, click **Verify**. The panel will refresh and if the member information is valid, additional information will be displayed.

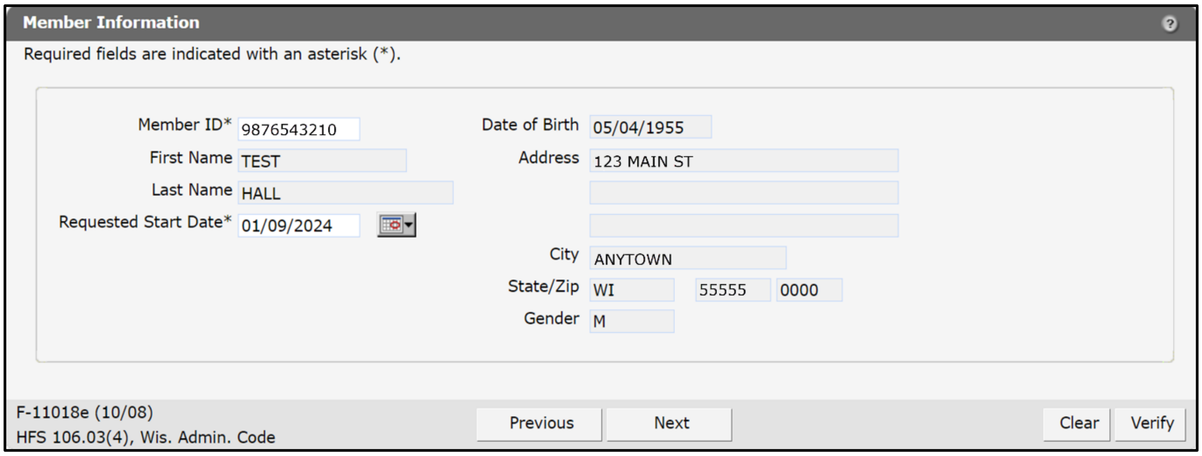


Figure 16 Member Information Panel With Verified Information

If the member is not found, an error message will be displayed at the top of the panel. Correct the invalid information.

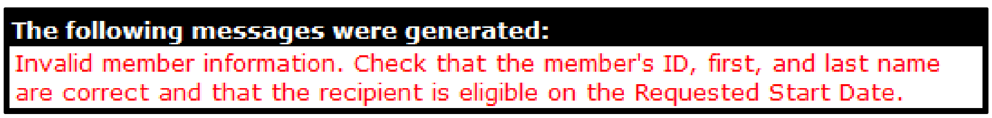


Figure 17 Example Error Message

Note: To clear information from all the fields on the panel, click **Clear**.

14. Click **Next**. The Service Information panel will be displayed.

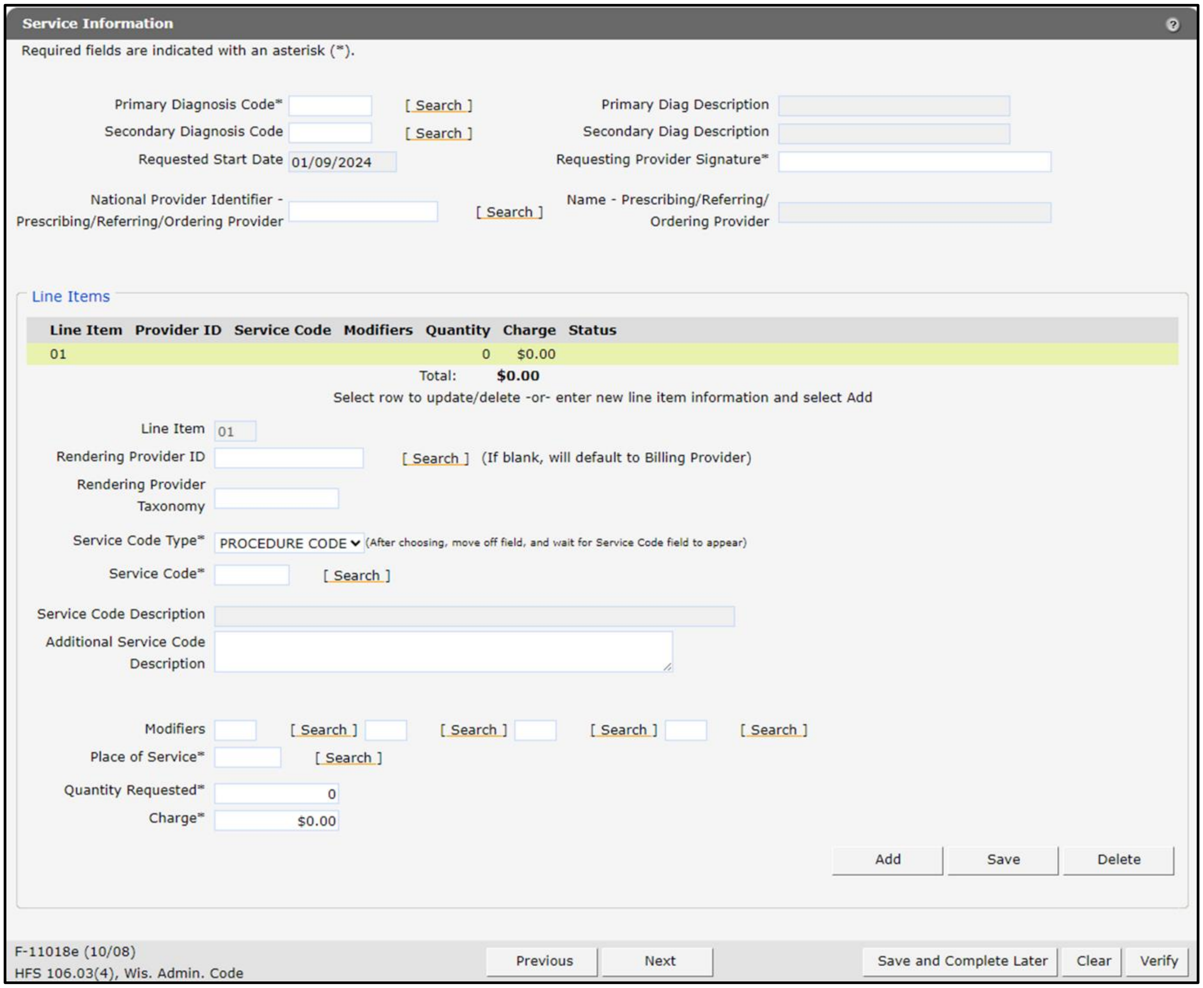


Figure 18 Service Information Panel

The fields on the Service Information panel will vary depending on the process type selected on the Initial Information panel. Enter all relevant information for the selected process type.

Note: If it is not possible to complete a PA request in one session, providers may save a partially completed request at any time from this point until the request is submitted. For information on saving and retrieving partially completed PA requests, refer to the Save a Partially Completed Prior Authorization Request chapter of this user guide.

15. Enter the appropriate and most-specific International Classification of Diseases (ICD) diagnosis code most relevant to the service or product being requested.

    Note: Do not use a decimal point when entering a diagnosis code.

- To search for a code, click **Search** to the right of the Primary Diagnosis Code field. The Primary Diagnosis Code Search box will be displayed.

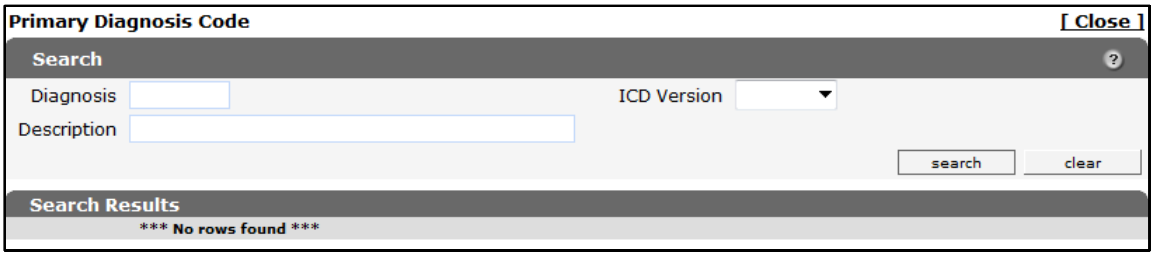


Figure 19 Primary Diagnosis Code Search Box

- Enter a description of the code.

  a. If the entire description is unknown, enter a key word.

  b. If the exact description is unknown, use the percent symbol (%) on either side of a word to display all codes containing that word.

  Note: The ICD Version drop-down menu can be used to limit search results to either International Classification of Diseases, Ninth Revision (ICD-9) or International Classification of Diseases, 10th Revision (ICD-10) diagnosis codes.

- Click **Search**. Any results matching the query will be displayed in the "Search Results" section.

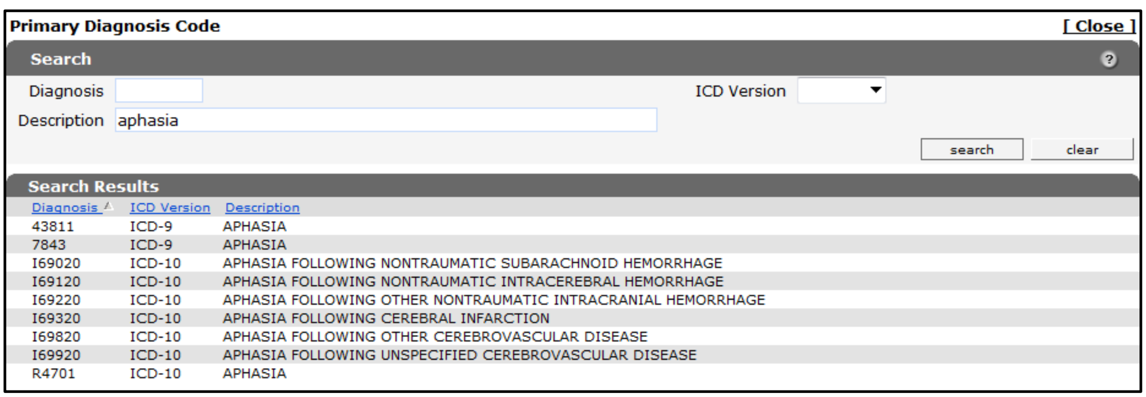


Figure 20 Primary Diagnosis Code Search Box With Search Results Section

Note: Click the **Description** column heading to sort the results alphabetically. Click the heading once to sort the results in ascending order. Click the heading again to sort the results in descending order. Click **Next** or one of the page numbers at the bottom of the section to display additional results.

- Click the applicable code. The Primary Diagnosis Code Search box will closet, and the selected code information will populate the Primary Diagnosis Code and Primary Diag Description fields.

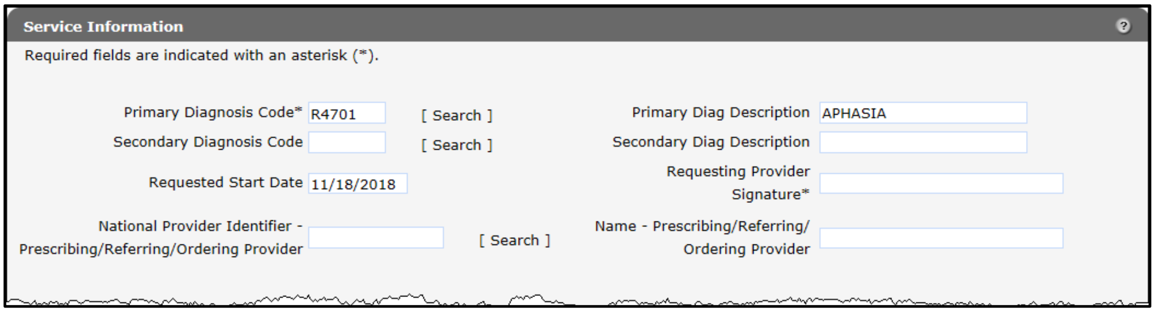


Figure 21 Primary Diagnosis Code and Description Populated

16. Enter the secondary diagnosis code in the Secondary Diagnosis Code field, if applicable.

    Note: The date entered on the Member Information panel will already be populated in the Requested Start Date field. If the date is incorrect, it must be corrected on the Member Information panel.

17. In the Requesting Provider Signature field, enter the name of the provider who is requesting the service.
18. Enter the NPI of the prescribing/referring/ordering provider in the National Provider Identifier - Prescribing/Referring/Ordering Provider field when required.
19. Enter the name of the prescribing/referring/ordering provider in the Name - Prescribing/Referring/Ordering Provider field when required.
20. In the “Line Items” section, although not all the fields are required, enter as much information as possible.
    a. The Line Item field populates each time information is entered in the PA. The Line Item field starts with 01.

       Note: Up to 26 line items may be entered.

    b. Enter the ID of the provider who will provide the service in the Rendering Provider ID field. If the field is left blank, the billing provider’s number will be used by default.
    c. In the Rendering Provider Taxonomy field, enter the taxonomy code that identifies the rendering provider's provider type and area of specialization.
    d. Select the type of service code being indicated from the Service Code Type drop-down menu.

       Note: For HealthCheck “Other Services,” include the procedure code that most accurately describes the service or product, even if the code is not ordinarily covered.

    e. Enter the service code in the Service Code field. To search for the code, click **Search** to the right of the field.

f. Once a service code has been entered, information will populate in the Service Code Description field.

g. Enter any additional information about the service code that is needed to describe the service requested in the Additional Service Code Description field.

h. Enter any appropriate modifier codes that apply to this PA process in one or more of the four Modifier fields. To search for the modifier(s), click **Search** to the right of each field.

i. Enter the appropriate POS code in the Place of Service field. To search for the POS code, click **Search** to the right of the field.

j. Enter the amount being requested (for example, number of services, days' supply) for the selected procedure code in the Quantity Requested field.

k. Enter the provider's usual and customary charge for each service, procedure, or item requested in the Charge field.

   If the quantity is greater than 1.0, multiply the quantity by the charge for each service, procedure, or item requested.

21. Click **Save** in the lower right corner of the page. The row will be populated with the updated information.

22. Click **Verify** to ensure the information entered is valid.

    If a required field is left blank or if the information entered is invalid, an error message will be displayed at the top of the panel. Correct the error and click **Verify** again.

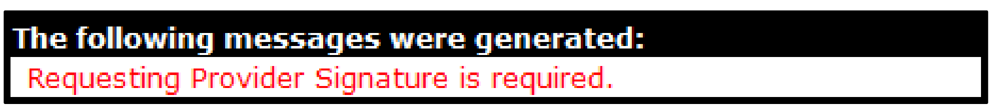


Figure 22 Example Error Message

If there is a policy rule issue related to the PA request, a message will be displayed at the top of the panel. Providers submitting a HealthCheck “Other Services” PA request can bypass the edit(s) by checking **Ignore** and clicking **Continue**.

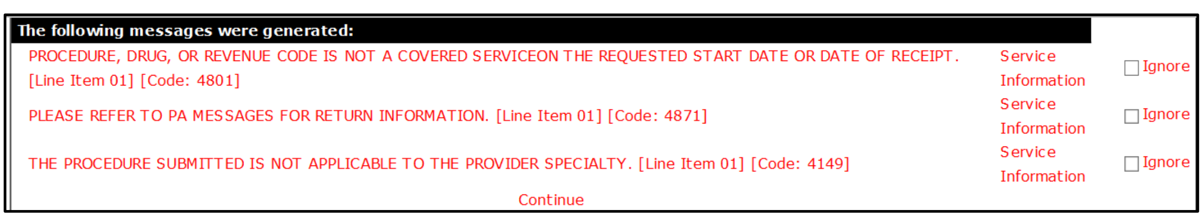


Figure 23 Policy Rule-Based Edit Message

If the entered information is valid, a validation message will be displayed at the top of the panel.

Figure 24 Validation Message

- To add additional line items to the PA request, click **Add** and enter the appropriate information.
- To cancel the PA request or delete a saved PA request, click **Delete**.
- To save the partially completed request to be completed later, click **Save and Complete Later**. For information on saving and retrieving partially completed PA requests, refer to the Save a Partially Completed Prior Authorization Request chapter of this user guide.

23. Click **Next** to continue. The Required Attachments panel will be displayed.

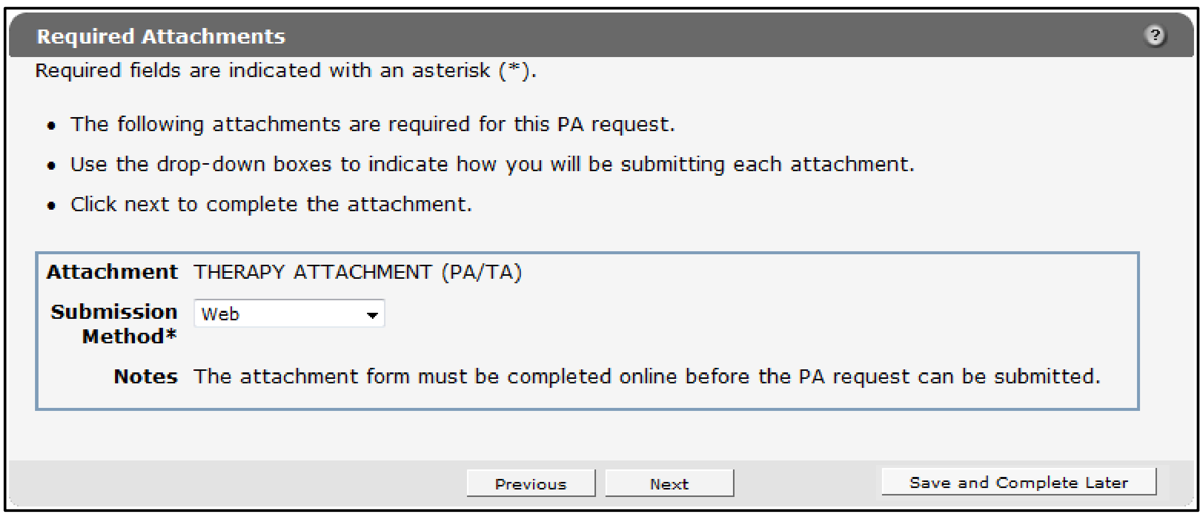


Figure 25 Required Attachments Panel

The Required Attachments panel indicates the following information:

- Attachment—Displays the title of the required attachment.
- Submission Method—Displays submission options providers can select.
    a. To submit documentation via the web, refer to the Submission Method—Web section of this user guide.
    b. To submit documentation via electronic upload, refer to the Submission Method—Electronic Upload section of this user guide.
    c. To submit documentation via mail or fax, refer to the Submission Method—Mail or Fax section of this user guide.

d. To submit a HealthCheck “Other Services” request, refer to the HealthCheck Request—No Attachment Is Needed section of this user guide.

- Notes—Explains the steps required to complete the submission using the selected submission method.

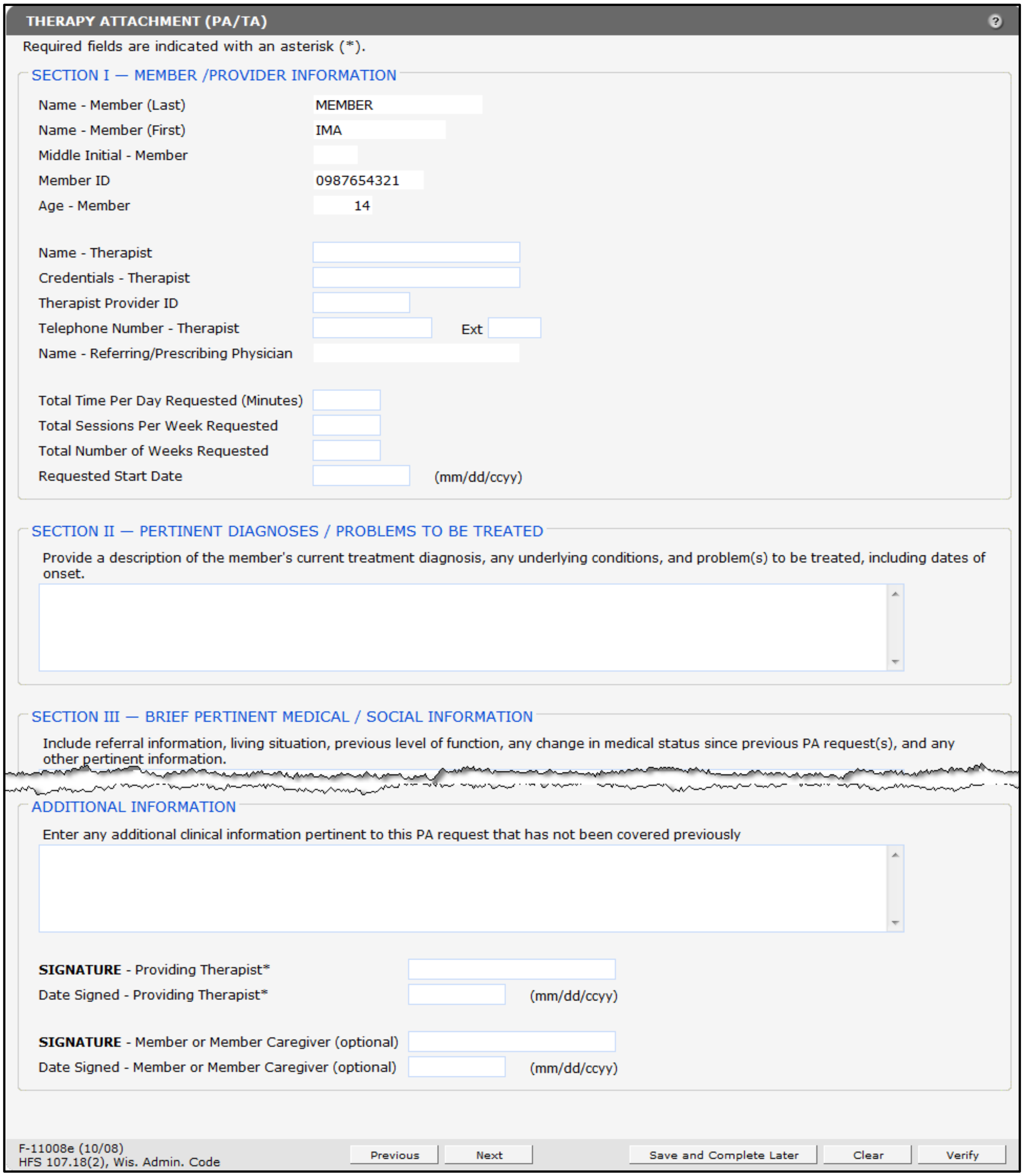
Note: If more than one attachment is required, choose a submission method for each of the attachments before clicking Next.

3.1 Submission Method—Web

If the service-specific PA attachment (for example, Prior Authorization/Therapy Attachment, Prior Authorization/Physician Attachment) will be completed on the Portal, the PA attachment form must be completed online before the PA request can be submitted. If needed, providers can use the Additional Information field at the end of the PA attachment to enter up to five pages of text.

Note: Certain PA attachments cannot be completed online or uploaded. These PA attachments can only be submitted via mail or fax.

1. Select **Web** from the Submission Method drop-down menu.
2. Read the Notes for further instructions.
3. Click **Next**. The required attachment form for the specific PA will be displayed. The example below shows the Portal Prior Authorization/Therapy Attachment (PA/TA) form, F-11008.



THERAPY ATTACHMENT (PA/TA)

Required fields are indicated with an asterisk (*).

SECTION I — MEMBER /PROVIDER INFORMATION

Name - Member (Last)	MEMBER
Name - Member (First)	IMA
Middle Initial - Member	
Member ID	0987654321
Age - Member	14
Name - Therapist	
Credentials - Therapist	
Therapist Provider ID	
Telephone Number - Therapist	Ext
Name - Referring/Prescribing Physician	
Total Time Per Day Requested (Minutes)	
Total Sessions Per Week Requested	
Total Number of Weeks Requested	
Requested Start Date	(mm/dd/ccyy)

SECTION II — PERTINENT DIAGNOSES / PROBLEMS TO BE TREATED

Provide a description of the member's current treatment diagnosis, any underlying conditions, and problem(s) to be treated, including dates of onset.

SECTION III — BRIEF PERTINENT MEDICAL / SOCIAL INFORMATION

Include referral information, living situation, previous level of function, any change in medical status since previous PA request(s), and any other pertinent information.

ADDITIONAL INFORMATION

Enter any additional clinical information pertinent to this PA request that has not been covered previously

SIGNATURE - Providing Therapist*	
Date Signed - Providing Therapist*	(mm/dd/ccyy)
SIGNATURE - Member or Member Caregiver (optional)	
Date Signed - Member or Member Caregiver (optional)	(mm/dd/ccyy)

F-11008e (10/08)
HFS 107.18(2), Wis. Admin. Code

Previous Next Save and Complete Later Clear Verify

Figure 26 Example Attachment Form

Refer to the Forms page of the Portal for instructions for specific attachments.

4. Complete the attachment form.
5. Click **Verify**.

If a required field is left blank or if the information entered is invalid, an error message will be displayed at the top of the panel.

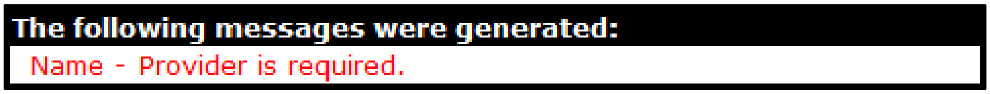


Figure 27 Example Error Message

If there are **no** problems with the form, no message will appear.

6. Click **Next**. The PA Summary page will be displayed.

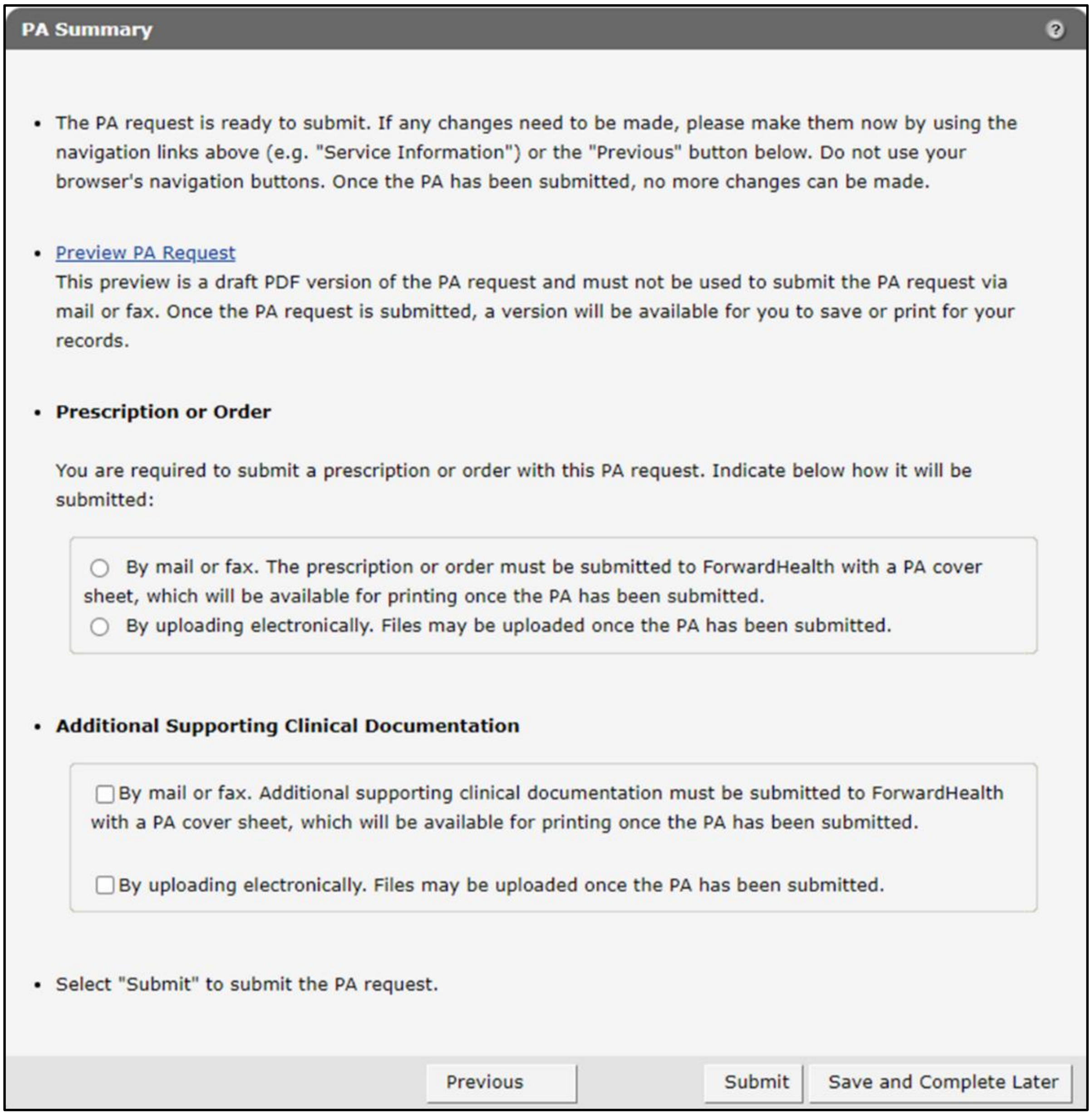
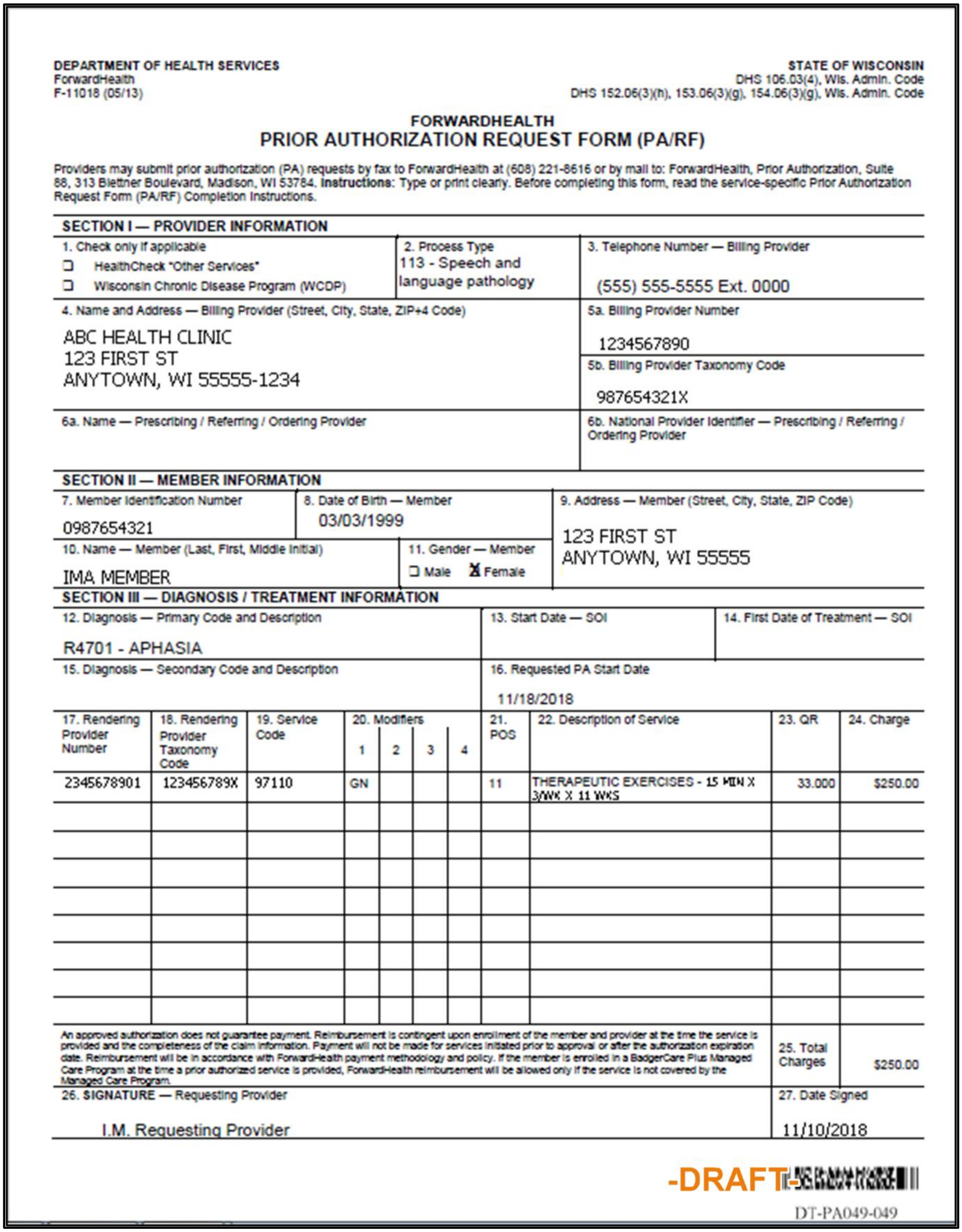


Figure 28 PA Summary Page

7. To view a draft of the PA request, click **Preview PA Request**. A draft PDF version of the PA request will open in a new window.



DEPARTMENT OF HEALTH SERVICES
ForwardHealth
F-11018 (05/13)

STATE OF WISCONSIN
DHS 106.03(4), Wis. Admin. Code
DHS 152.06(3)(h), 153.06(3)(g), 154.06(3)(g), Wis. Admin. Code

FORWARDHEALTH
PRIOR AUTHORIZATION REQUEST FORM (PA/RF)

Providers may submit prior authorization (PA) requests by fax to ForwardHealth at (608) 221-8616 or by mail to: ForwardHealth, Prior Authorization, Suite 88, 313 Blettner Boulevard, Madison, WI 53784. **Instructions:** Type or print clearly. Before completing this form, read the service-specific Prior Authorization Request Form (PA/RF) Completion Instructions.

SECTION I — PROVIDER INFORMATION

1. Check only if applicable
❑ HealthCheck "Other Services"
❑ Wisconsin Chronic Disease Program (WCDP)

2. Process Type
113 - Speech and language pathology

3. Telephone Number — Billing Provider
(555) 555-5555 Ext. 0000

4. Name and Address — Billing Provider (Street, City, State, ZIP+4 Code)
ABC HEALTH CLINIC
123 FIRST ST
ANYTOWN, WI 55555-1234

5a. Billing Provider Number
1234567890

5b. Billing Provider Taxonomy Code
987654321X

6a. Name — Prescribing / Referring / Ordering Provider

6b. National Provider Identifier — Prescribing / Referring / Ordering Provider

SECTION II — MEMBER INFORMATION

7. Member Identification Number
0987654321

8. Date of Birth — Member
03/03/1999

9. Address — Member (Street, City, State, ZIP Code)
123 FIRST ST
ANYTOWN, WI 55555

10. Name — Member (Last, First, Middle Initial)
IMA MEMBER

11. Gender — Member
❑ Male X Female

SECTION III — DIAGNOSIS / TREATMENT INFORMATION

12. Diagnosis — Primary Code and Description
R4701 - APHASIA

13. Start Date — SOI

14. First Date of Treatment — SOI

15. Diagnosis — Secondary Code and Description

16. Requested PA Start Date
11/18/2018

17. Rendering Provider Number	18. Rendering Provider Taxonomy Code	19. Service Code	20. Modifiers 1	2	3	4	21. POS	22. Description of Service	23. QR	24. Charge
2345678901	123456789X	97110	GN				11	THERAPEUTIC EXERCISES - 15 MIN X 3/WK X 11 WKS	33.000	$250.00

An approved authorization does not guarantee payment. Reimbursement is contingent upon enrollment of the member and provider at the time the service is provided and the completeness of the claim information. Payment will not be made for services initiated prior to approval or after the authorization expiration date. Reimbursement will be in accordance with ForwardHealth payment methodology and policy. If the member is enrolled in a BadgerCare Plus Managed Care Program at the time a prior authorized service is provided, ForwardHealth reimbursement will be allowed only if the service is not covered by the Managed Care Program.

25. Total Charges $250.00

26. SIGNATURE — Requesting Provider
I.M. Requesting Provider

27. Date Signed
11/10/2018

-DRAFT-

DT-PA049-049

Figure 29 Draft PDF Version of PA Request

8. Review the draft to ensure the entered information is accurate.
9. Place a check in the appropriate box indicating how the prescription or order (if required) and additional supporting clinical information is being submitted (mail or fax or uploading electronically).
10. Click **Submit**.

    Note: This is the last opportunity to save the request and complete it later. The request cannot be edited once it is submitted.

    If the provider chooses to upload a prescription or an order and additional supporting clinical information electronically, the File Upload panel will be displayed.

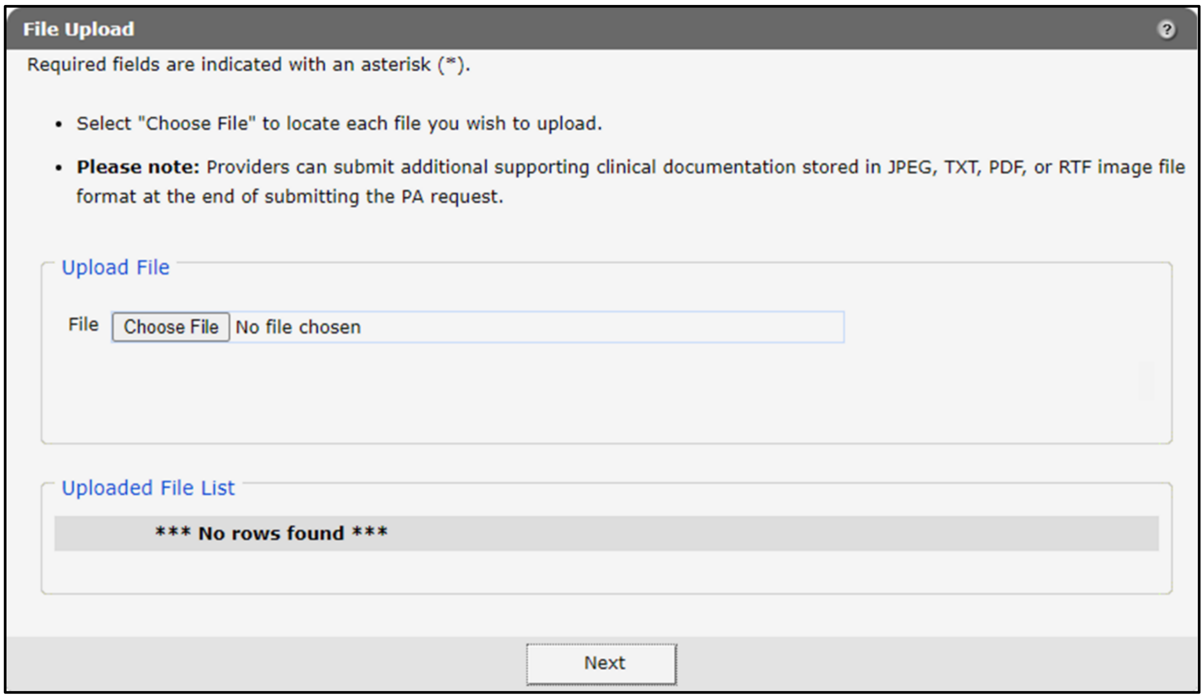


Figure 30 File Upload Panel

a. Click **Choose File**. The Choose file window will be displayed.

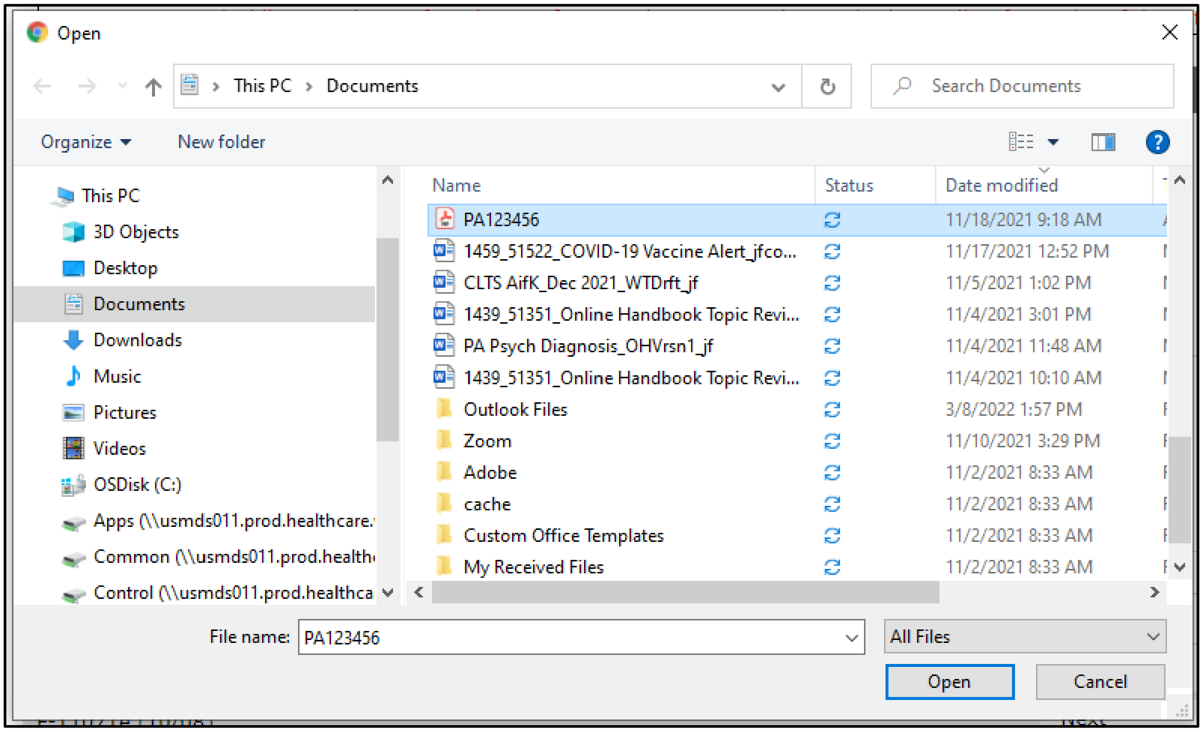


Figure 31 Choose File Window

b. Browse to and select the desired file.

c. Click **Open**.

A confirmation message will be generated at the top of the page and the uploaded file will be displayed in the “Uploaded File List” section. To remove a file, click the red “**X.**”

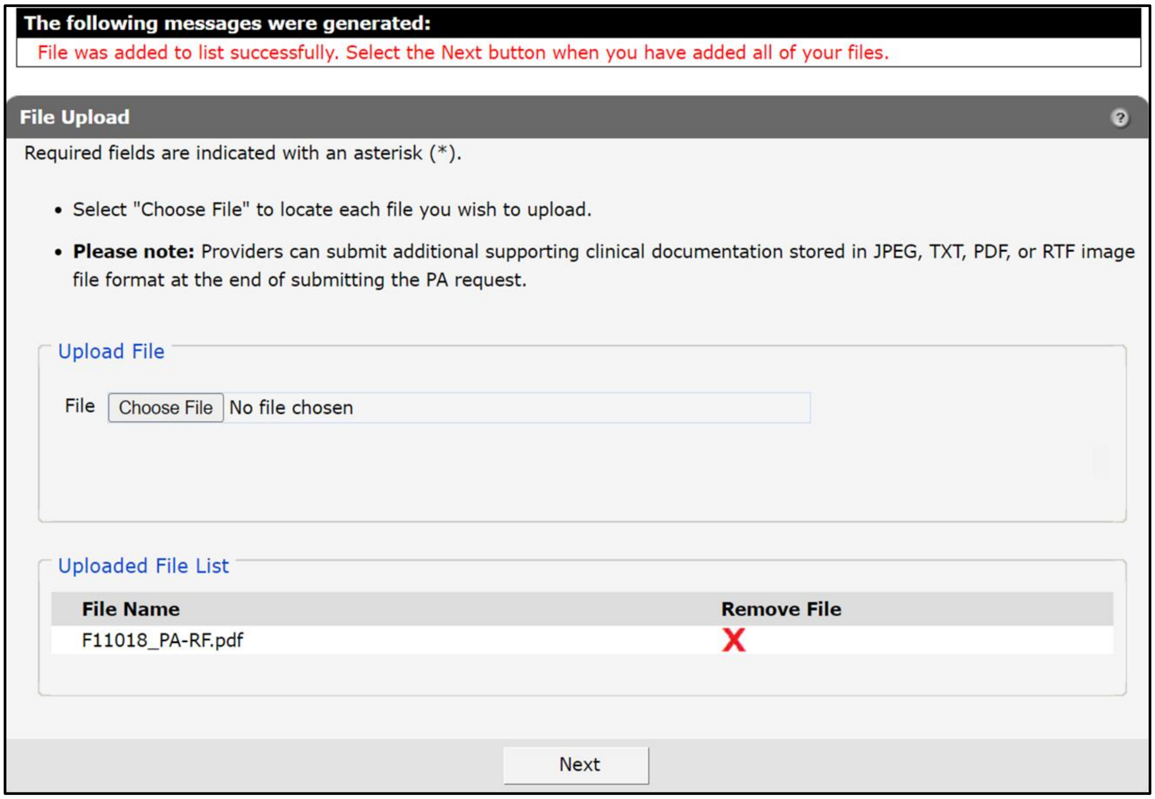


Figure 32 Uploaded File List Section

d. Upload as many files as necessary.

e. Click **Next**. The Confirmation of Receipt page will be displayed.

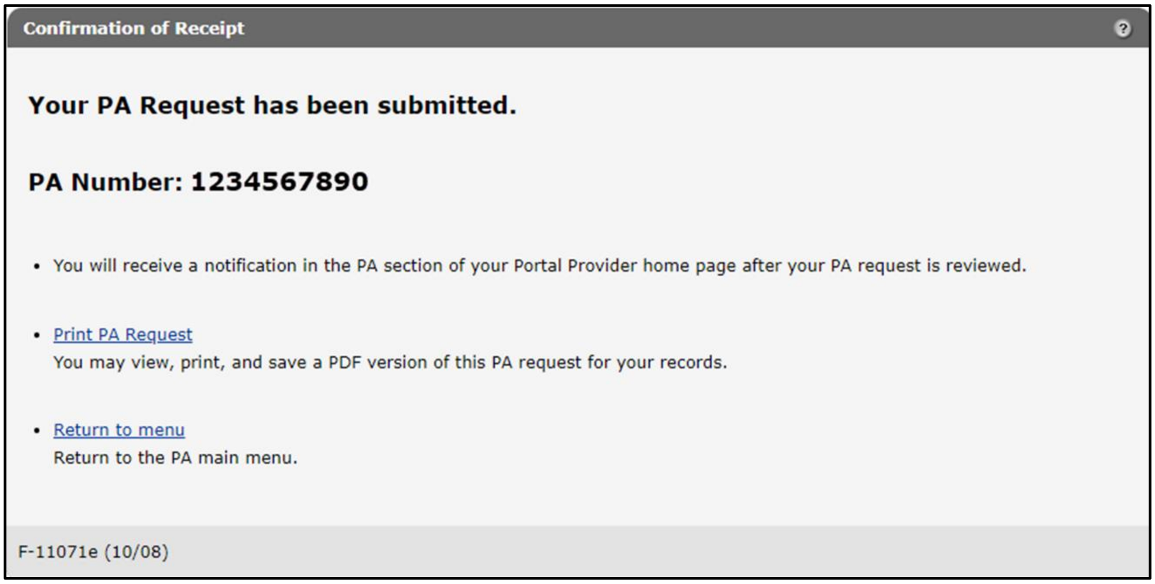


Figure 33 Confirmation of Receipt Page Without Collaborative ID

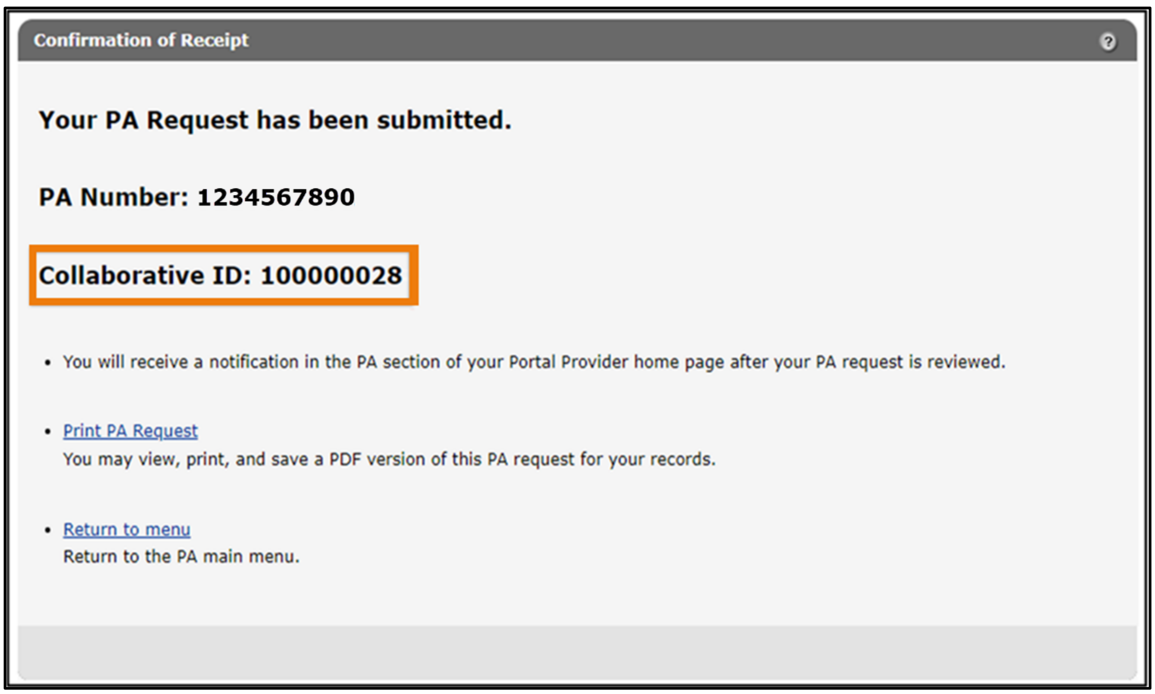


Figure 34 Confirmation of Receipt Page With Collaborative ID

f. Proceed to step 11.

If the provider chooses to mail or fax additional supporting clinical information, the Print the PA Cover Sheet page will be displayed.

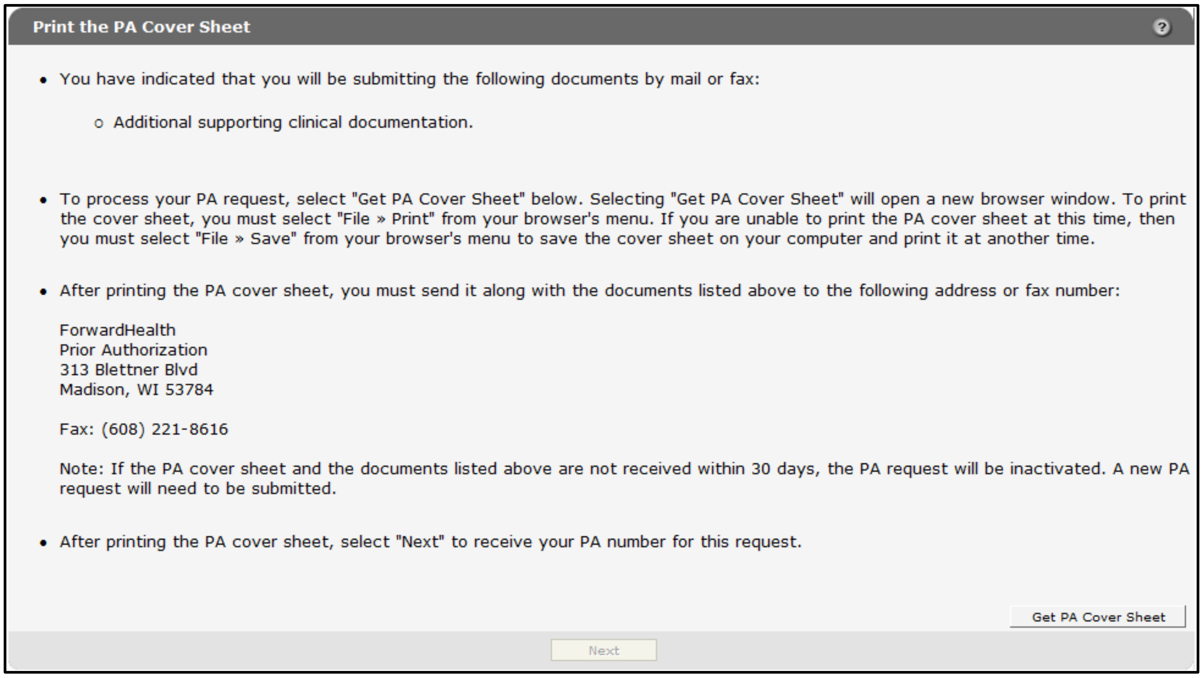
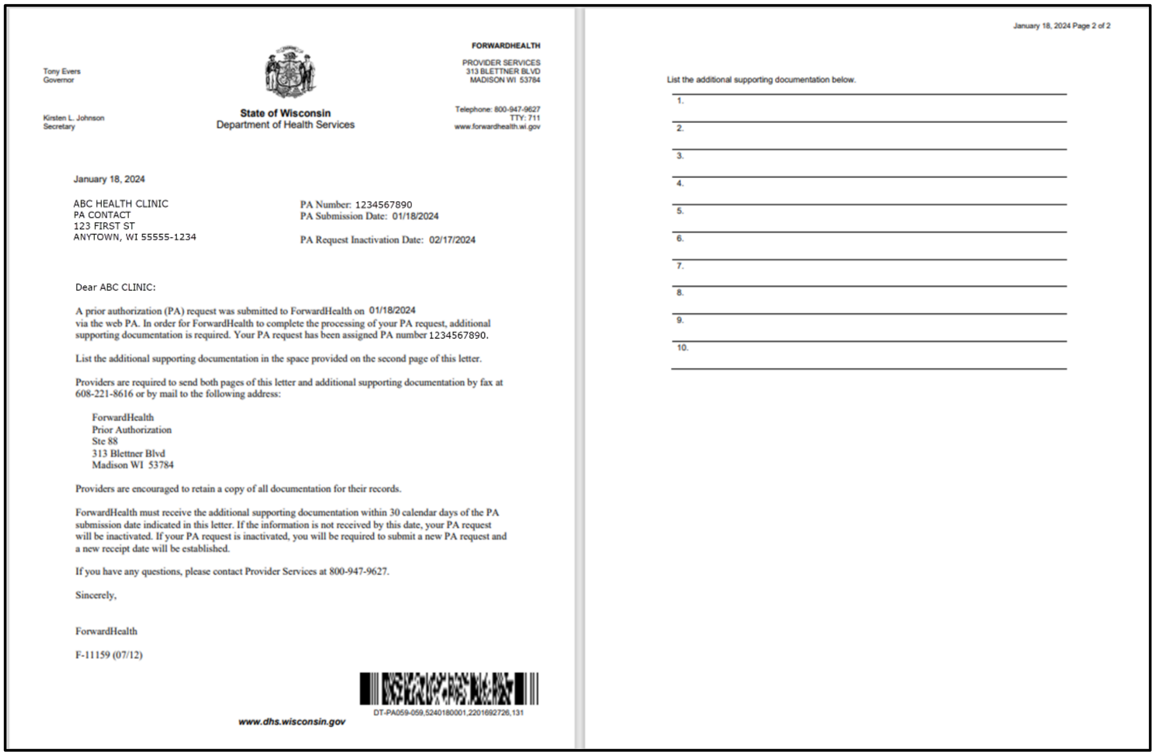


Figure 35 Print the PA Cover Sheet Page

a. Read the instructions on the Print the PA Cover Sheet page.

b. Click **Get PA Cover Sheet**. A PDF version of the PA cover sheet will open in a new window.



Tony Evers
Governor

Kirsten L. Johnson
Secretary

State of Wisconsin
Department of Health Services

FORWARDHEALTH
PROVIDER SERVICES
313 BLETTNER BLVD
MADISON WI 53784

Telephone: 800-947-9627
TTY: 711
www.forwardhealth.wi.gov

January 18, 2024

ABC HEALTH CLINIC
PA CONTACT
123 FIRST ST
ANYTOWN, WI 55555-1234

PA Number: 1234567890
PA Submission Date: 01/18/2024

PA Request Inactivation Date: 02/17/2024

Dear ABC CLINIC:

A prior authorization (PA) request was submitted to ForwardHealth on 01/18/2024 via the web PA. In order for ForwardHealth to complete the processing of your PA request, additional supporting documentation is required. Your PA request has been assigned PA number 1234567890.

List the additional supporting documentation in the space provided on the second page of this letter.

Providers are required to send both pages of this letter and additional supporting documentation by fax at 608-221-8616 or by mail to the following address:

ForwardHealth
Prior Authorization
Ste 88
313 Blettner Blvd
Madison WI 53784

Providers are encouraged to retain a copy of all documentation for their records.

ForwardHealth must receive the additional supporting documentation within 30 calendar days of the PA submission date indicated in this letter. If the information is not received by this date, your PA request will be inactivated. If your PA request is inactivated, you will be required to submit a new PA request and a new receipt date will be established.

If you have any questions, please contact Provider Services at 800-947-9627.

Sincerely,

ForwardHealth

F-11159 (07/12)

DT-PA059-059,5240180001,2201692726,131

www.dhs.wisconsin.gov

January 18, 2024 Page 2 of 2

List the additional supporting documentation below.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

Figure 36 PDF Version of the PA Cover Sheet

c. To print or save the PA cover sheet to a hard drive or network location, use the Print or Save As function of the browser. If there are problems printing or saving the PA cover sheet, click the link that appears at the top of the Print the PA Cover Sheet page.

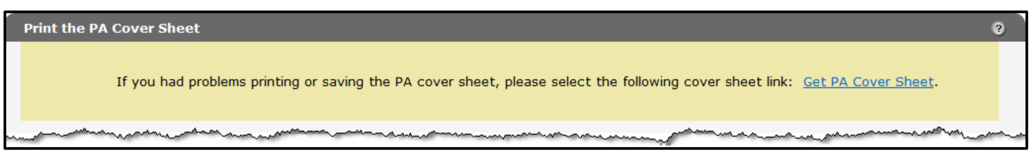


Figure 37 Get PA Cover Sheet Link

Note: If the PA cover sheet and required attachments are not received within 30 days, the PA request will be inactivated. A new PA request will need to be submitted.

d. Click **Next**. The Confirmation of Receipt page will be displayed.

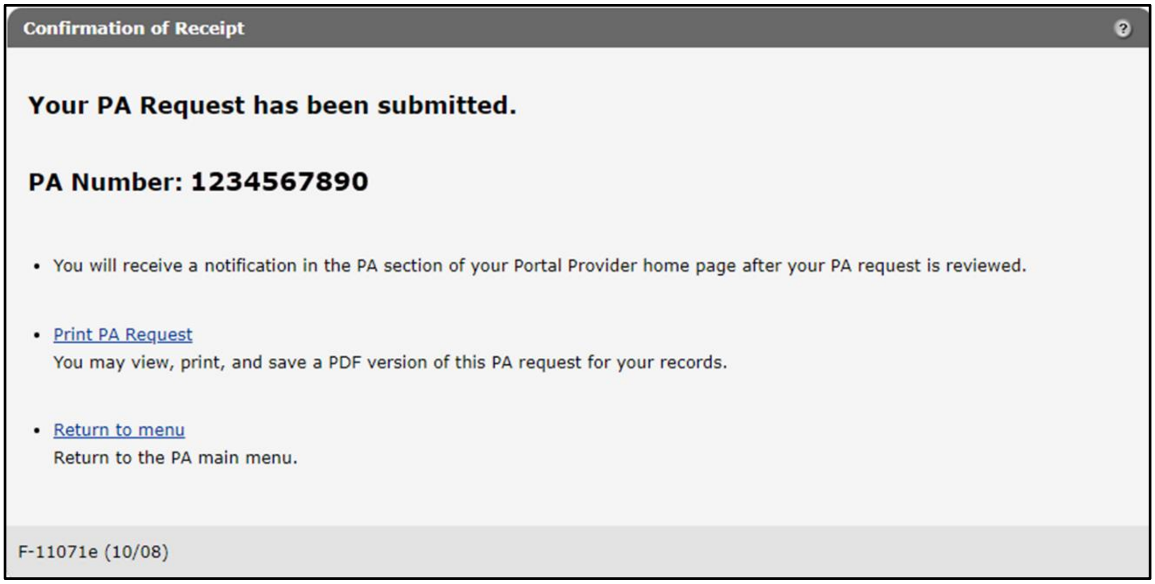


Figure 38 Confirmation of Receipt Page Without Collaborative ID

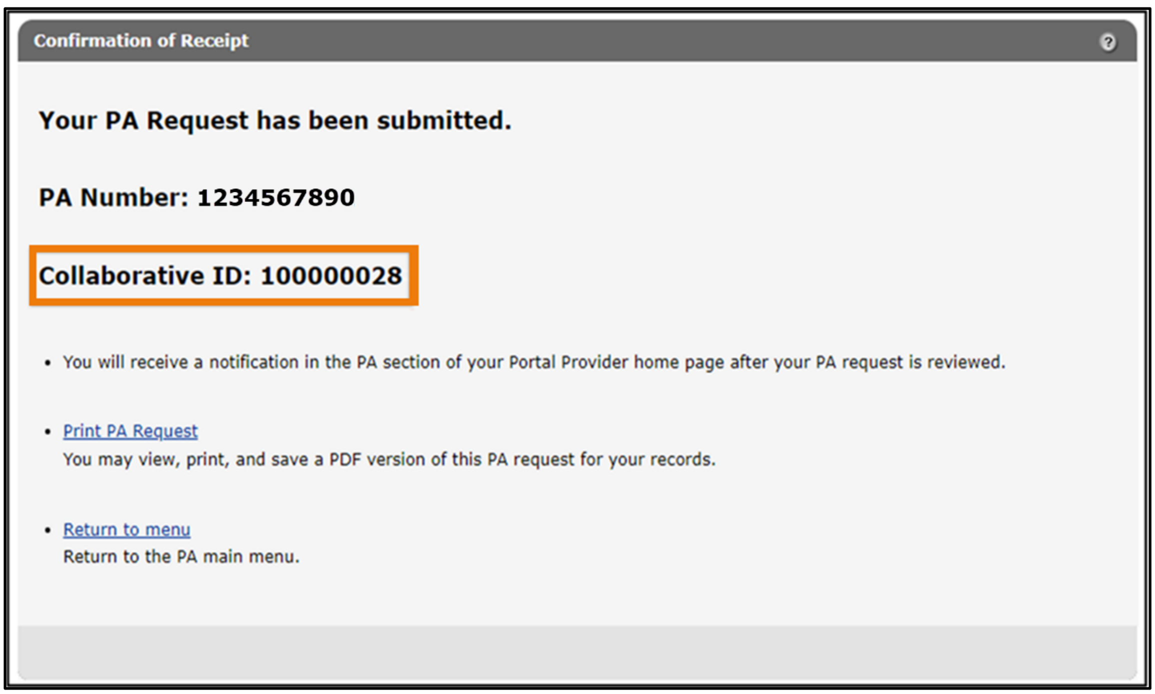


Figure 39 Confirmation of Receipt Page With Collaborative ID

11. Click **Print PA Request** to view, print, or save a PDF version of the PA request.

DEPARTMENT OF HEALTH SERVICES
ForwardHealth
F-11018 (05/13)

STATE OF WISCONSIN
DHS 106.03(4), Wis. Admin. Code
DHS 152.06(3)(h), 153.06(3)(g), 154.06(3)(g), Wis. Admin. Code

FORWARDHEALTH
PRIOR AUTHORIZATION REQUEST FORM (PA/RF)

Providers may submit prior authorization (PA) requests by fax to ForwardHealth at (608) 221-8616 or by mail to: ForwardHealth, Prior Authorization, Suite 88, 313 Blettner Boulevard, Madison, WI 53784. **Instructions:** Type or print clearly. Before completing this form, read the service-specific Prior Authorization Request Form (PA/RF) Completion Instructions.

SECTION I — PROVIDER INFORMATION

1. Check only if applicable
❑ HealthCheck "Other Services"
❑ Wisconsin Chronic Disease Program (WCDP)

2. Process Type
113 - Speech and language pathology

3. Telephone Number — Billing Provider
(555) 555-5555 Ext. 0000

4. Name and Address — Billing Provider (Street, City, State, ZIP+4 Code)
ABC HEALTH CLINIC
123 FIRST ST
ANYTOWN, WI 55555-1234

5a. Billing Provider Number
1234567890

5b. Billing Provider Taxonomy Code
987654321X

6a. Name — Prescribing / Referring / Ordering Provider

6b. National Provider Identifier — Prescribing / Referring / Ordering Provider

SECTION II — MEMBER INFORMATION

7. Member Identification Number
0987654321

8. Date of Birth — Member
03/03/1999

9. Address — Member (Street, City, State, ZIP Code)
123 FIRST ST
ANYTOWN, WI 55555

10. Name — Member (Last, First, Middle Initial)
IMA MEMBER

11. Gender — Member
❑ Male X Female

SECTION III — DIAGNOSIS / TREATMENT INFORMATION

12. Diagnosis — Primary Code and Description
R4701 - APHASIA

13. Start Date — SOI

14. First Date of Treatment — SOI

15. Diagnosis — Secondary Code and Description

16. Requested PA Start Date
11/18/2018

17. Rendering Provider Number	18. Rendering Provider Taxonomy Code	19. Service Code	20. Modifiers 1	2	3	4	21. POS	22. Description of Service	23. QR	24. Charge
2345678901	123456789X	97110	GN				11	THERAPEUTIC EXERCISES - 15 MIN X 3/WK X 11 WKS	33.000	$250.00

An approved authorization does not guarantee payment. Reimbursement is contingent upon enrollment of the member and provider at the time the service is provided and the completeness of the claim information. Payment will not be made for services initiated prior to approval or after the authorization expiration date. Reimbursement will be in accordance with ForwardHealth payment methodology and policy. If the member is enrolled in a BadgerCare Plus Managed Care Program at the time a prior authorized service is provided, ForwardHealth reimbursement will be allowed only if the service is not covered by the Managed Care Program.

25. Total Charges $250.00

26. **SIGNATURE** — Requesting Provider
I.M. Requesting Provider

27. Date Signed
11/10/2018

-DRAFT-

DT-PA049-049

Figure 40 Draft PDF Version of the PA Request

12. To print or save the PA request to a hard drive or network location, use the Print or Save As function of the browser.

13. Click **Return to menu** to be redirected to the Prior Authorization page.

3.2 Submission Method—Electronic Upload

To help reduce the chance of a PA request being returned for clerical errors, ForwardHealth recommends completing the PA attachment online as opposed to uploading an electronically completed version of the paper attachment form.

Note: Certain PA attachments cannot be completed online or uploaded. These PA attachments can only be submitted via mail or fax.

1. Select **Electronic Upload** from the Submission Method drop-down menu.

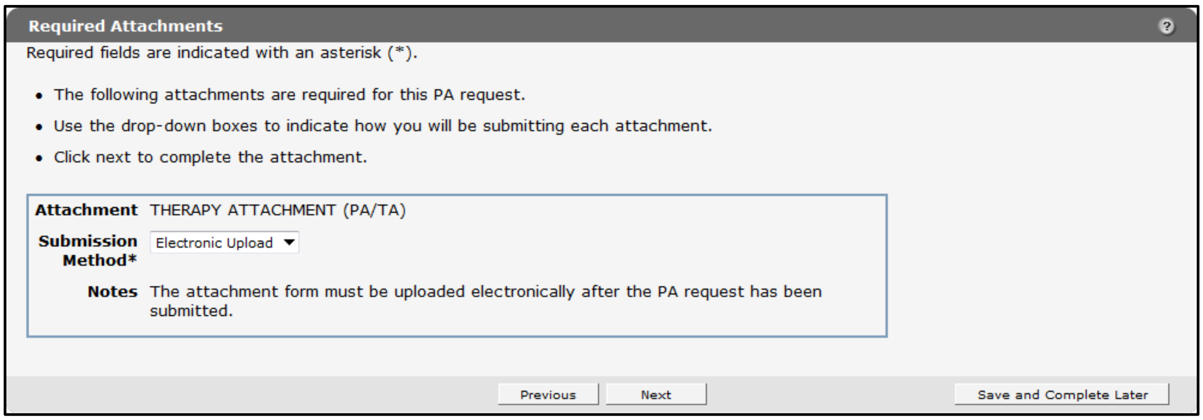


Figure 41 Required Attachments Page

2. Read the Notes for further instructions.

3. Click **Next**. The PA Summary page will be displayed.

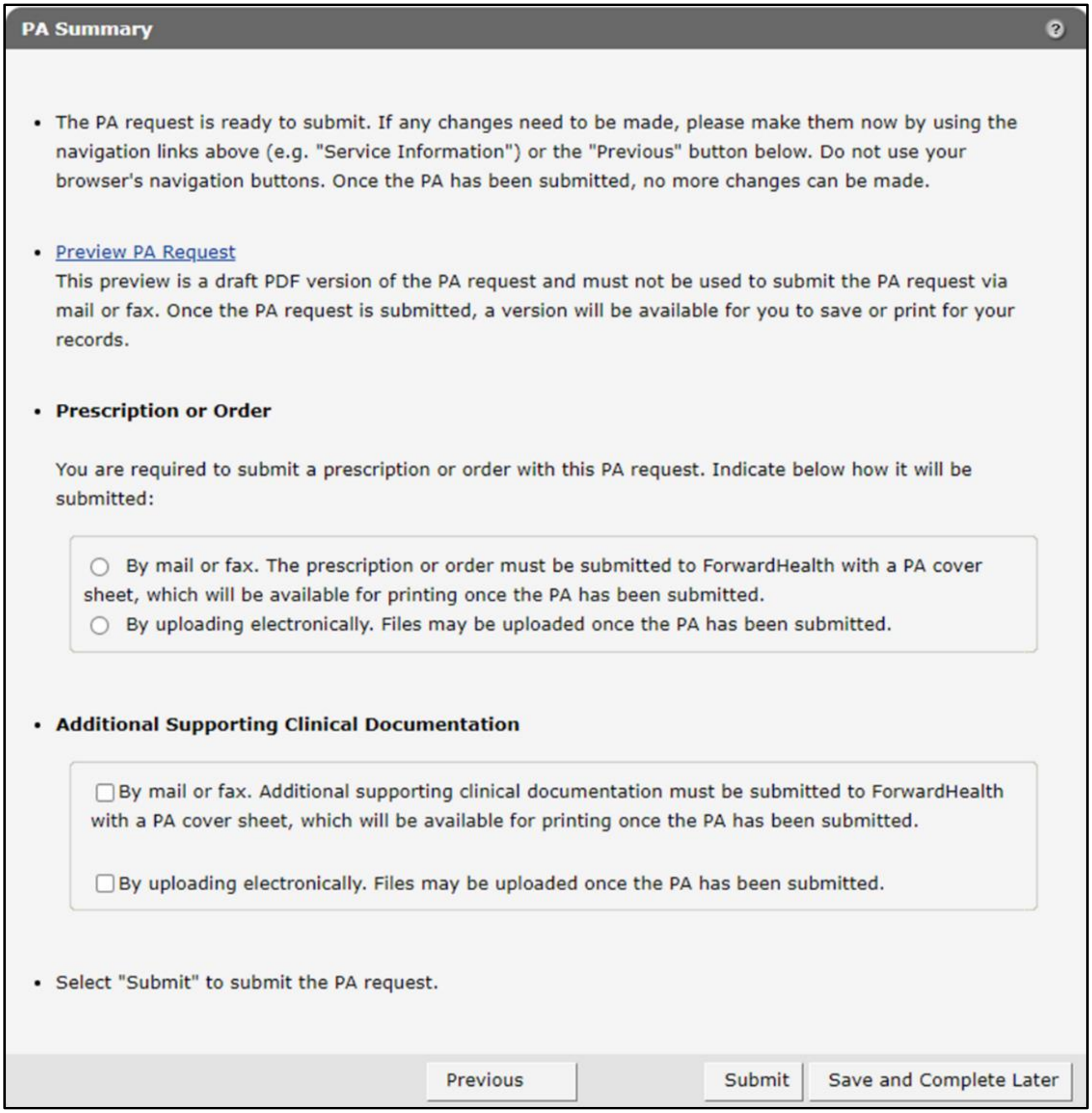


Figure 42 PA Summary Page

4. To view a draft of the PA request, click **Preview PA Request**. A draft PDF version of the PA request will open in a new window.

DEPARTMENT OF HEALTH SERVICES
ForwardHealth
F-11018 (05/13)

STATE OF WISCONSIN
DHS 106.03(4), Wis. Admin. Code
DHS 152.06(3)(h), 153.06(3)(g), 154.06(3)(g), Wis. Admin. Code

FORWARDHEALTH
PRIOR AUTHORIZATION REQUEST FORM (PA/RF)

Providers may submit prior authorization (PA) requests by fax to ForwardHealth at (608) 221-8616 or by mail to: ForwardHealth, Prior Authorization, Suite 88, 313 Blettner Boulevard, Madison, WI 53784. **Instructions:** Type or print clearly. Before completing this form, read the service-specific Prior Authorization Request Form (PA/RF) Completion Instructions.

SECTION I — PROVIDER INFORMATION

1. Check only if applicable
❏ HealthCheck "Other Services"
❏ Wisconsin Chronic Disease Program (WCDP)

2. Process Type
113 - Speech and language pathology

3. Telephone Number — Billing Provider
(555) 555-5555 Ext. 0000

4. Name and Address — Billing Provider (Street, City, State, ZIP+4 Code)
ABC HEALTH CLINIC
123 FIRST ST
ANYTOWN, WI 55555-1234

5a. Billing Provider Number
1234567890

5b. Billing Provider Taxonomy Code
987654321X

6a. Name — Prescribing / Referring / Ordering Provider

6b. National Provider Identifier — Prescribing / Referring / Ordering Provider

SECTION II — MEMBER INFORMATION

7. Member Identification Number
0987654321

8. Date of Birth — Member
03/03/1999

9. Address — Member (Street, City, State, ZIP Code)
123 FIRST ST
ANYTOWN, WI 55555

10. Name — Member (Last, First, Middle Initial)
IMA MEMBER

11. Gender — Member
❏ Male ☒ Female

SECTION III — DIAGNOSIS / TREATMENT INFORMATION

12. Diagnosis — Primary Code and Description
R4701 - APHASIA

13. Start Date — SOI

14. First Date of Treatment — SOI

15. Diagnosis — Secondary Code and Description

16. Requested PA Start Date
11/18/2018

17. Rendering Provider Number	18. Rendering Provider Taxonomy Code	19. Service Code	20. Modifiers 1	2	3	4	21. POS	22. Description of Service	23. QR	24. Charge
2345678901	123456789X	97110	GN				11	THERAPEUTIC EXERCISES - 15 MIN X 3/WK X 11 WKS	33.000	$250.00

An approved authorization does not guarantee payment. Reimbursement is contingent upon enrollment of the member and provider at the time the service is provided and the completeness of the claim information. Payment will not be made for services initiated prior to approval or after the authorization expiration date. Reimbursement will be in accordance with ForwardHealth payment methodology and policy. If the member is enrolled in a BadgerCare Plus Managed Care Program at the time a prior authorized service is provided, ForwardHealth reimbursement will be allowed only if the service is not covered by the Managed Care Program.

25. Total Charges $250.00

26. SIGNATURE — Requesting Provider
I.M. Requesting Provider

27. Date Signed
11/10/2018

-DRAFT-

DT-PA049-049

Figure 43 Draft PDF Version of the PA Request

5. Review the draft to ensure the entered information is accurate.
6. Check the **By uploading electronically** box(es).
7. Click **Submit**. The File Upload panel will be displayed.

   Note: This is the last opportunity to save the request and complete it later. The request cannot be edited once it is submitted.

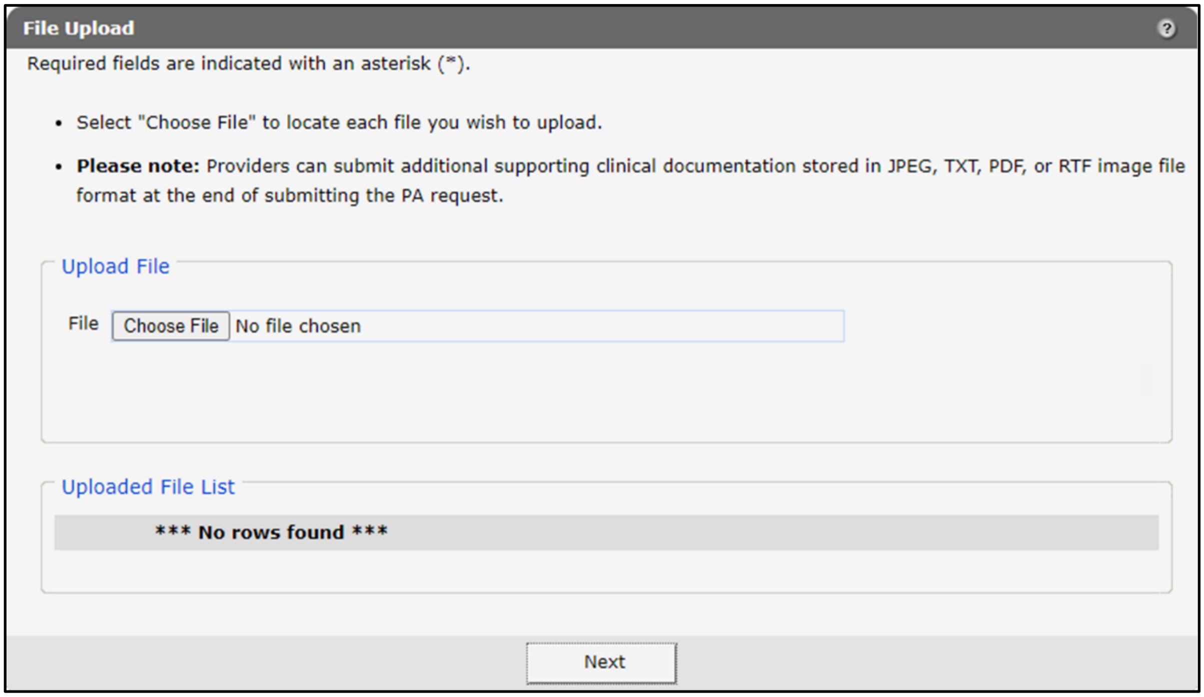


Figure 44 File Upload Panel

8. Click **Choose File**. The Choose file window will be displayed.

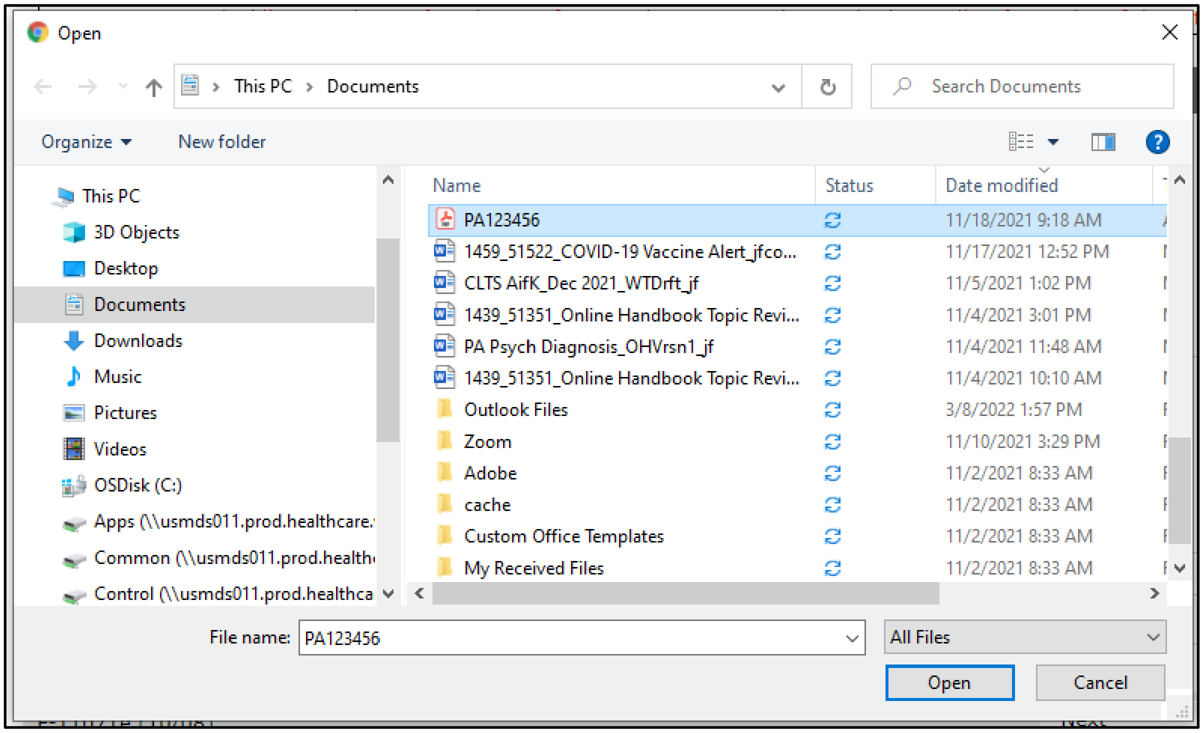


Figure 45 Choose File Window

9. Browse to and select the desired file.

10. Click **Open**.

A confirmation message will be generated at the top of the page and the uploaded file will be displayed in the “Uploaded File List” section. To remove a file, click the red “**X.**”

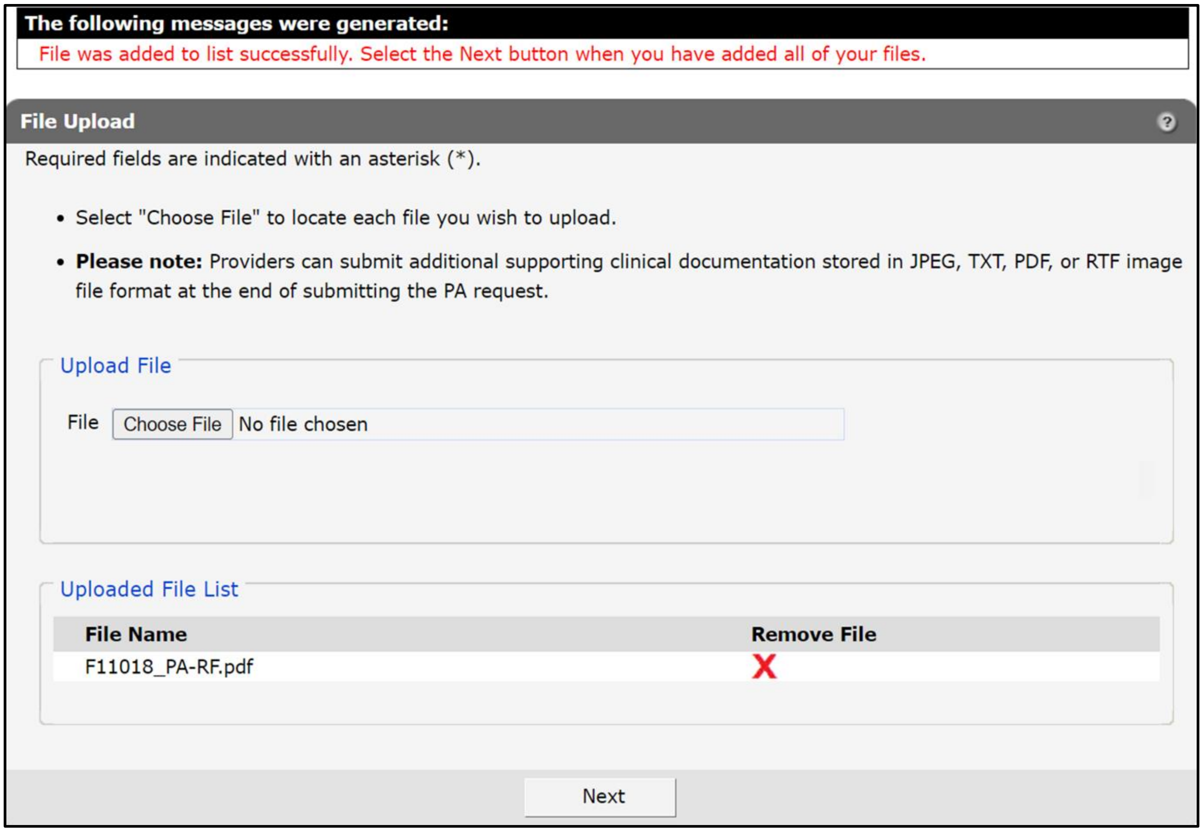


Figure 46 Uploaded File List Section

11. Upload as many files as necessary.

12. Click **Next**. The Confirmation of Receipt page will be displayed.

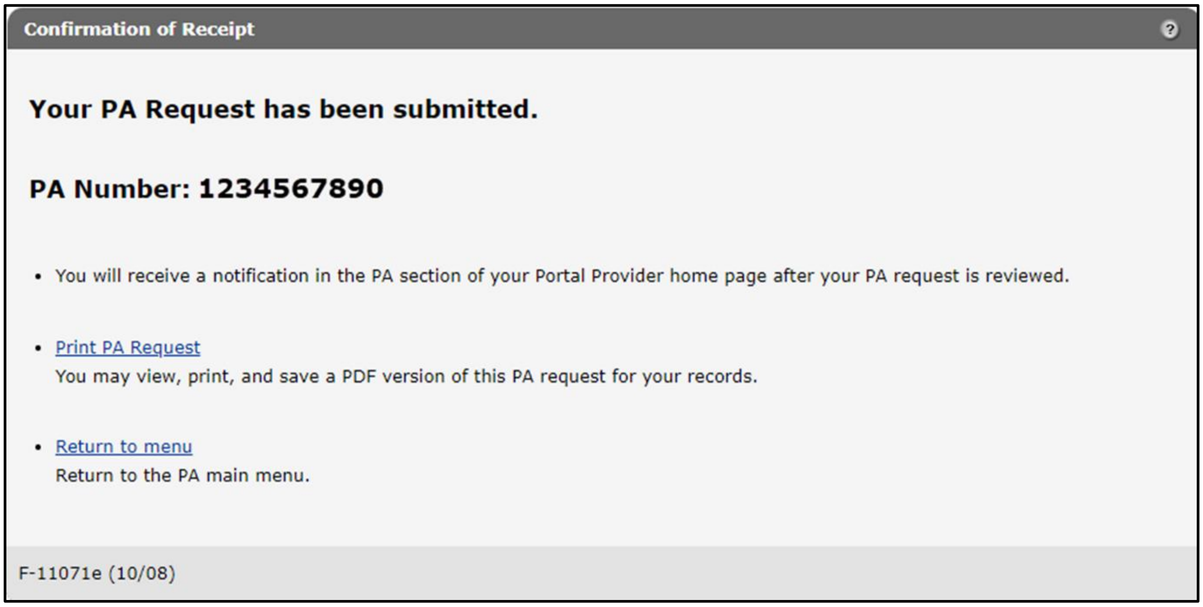


Figure 47 Confirmation of Receipt Page Without Collaborative ID

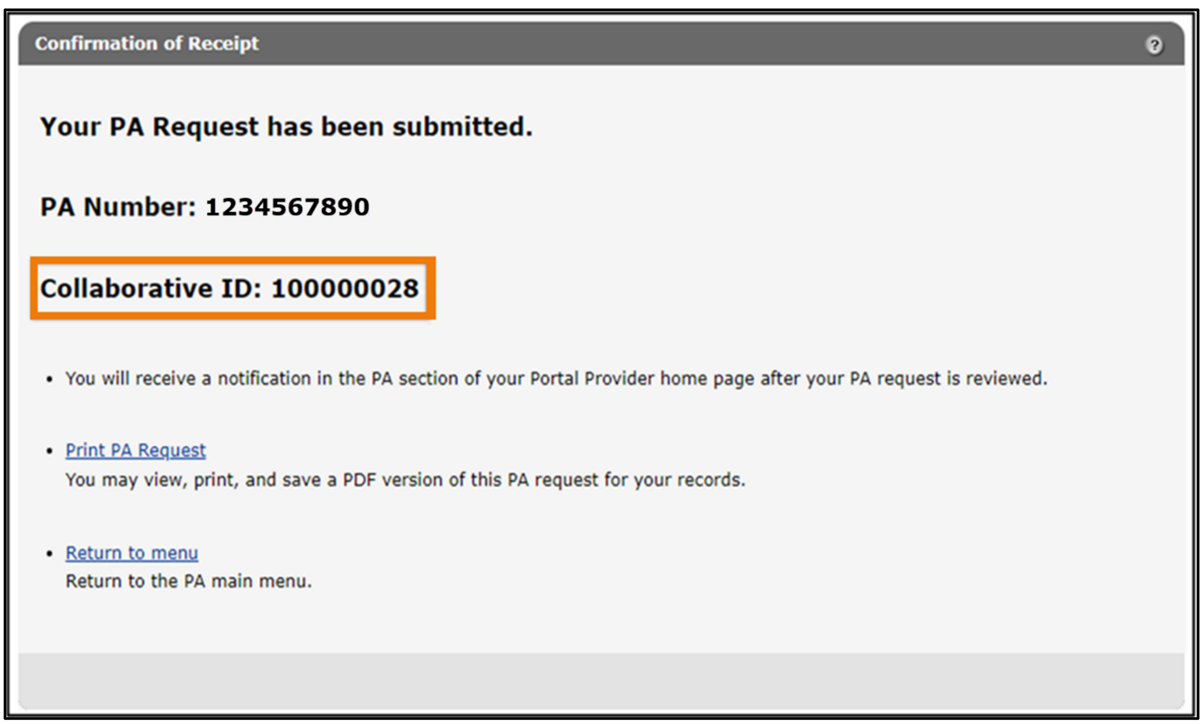


Figure 48 Confirmation of Receipt Page With Collaborative ID

13. Click **Print PA Request** to view, print, or save a PDF version of the PA request.

DEPARTMENT OF HEALTH SERVICES
ForwardHealth
F-11018 (05/13)

STATE OF WISCONSIN
DHS 106.03(4), Wis. Admin. Code
DHS 152.06(3)(h), 153.06(3)(g), 154.06(3)(g), Wis. Admin. Code

FORWARDHEALTH
PRIOR AUTHORIZATION REQUEST FORM (PA/RF)

Providers may submit prior authorization (PA) requests by fax to ForwardHealth at (608) 221-8616 or by mail to: ForwardHealth, Prior Authorization, Suite 88, 313 Blettner Boulevard, Madison, WI 53784. **Instructions:** Type or print clearly. Before completing this form, read the service-specific Prior Authorization Request Form (PA/RF) Completion Instructions.

SECTION I — PROVIDER INFORMATION

1. Check only if applicable ❑ HealthCheck "Other Services" ❑ Wisconsin Chronic Disease Program (WCDP)	2. Process Type 113 - Speech and language pathology	3. Telephone Number — Billing Provider (555) 555-5555 Ext. 0000
4. Name and Address — Billing Provider (Street, City, State, ZIP+4 Code) ABC HEALTH CLINIC 123 FIRST ST ANYTOWN, WI 55555-1234		5a. Billing Provider Number 1234567890 5b. Billing Provider Taxonomy Code 987654321X
6a. Name — Prescribing / Referring / Ordering Provider		6b. National Provider Identifier — Prescribing / Referring / Ordering Provider

SECTION II — MEMBER INFORMATION

7. Member Identification Number 0987654321	8. Date of Birth — Member 03/03/1999	9. Address — Member (Street, City, State, ZIP Code) 123 FIRST ST ANYTOWN, WI 55555
10. Name — Member (Last, First, Middle Initial) IMA MEMBER	11. Gender — Member ❑ Male X Female	

SECTION III — DIAGNOSIS / TREATMENT INFORMATION

12. Diagnosis — Primary Code and Description R4701 - APHASIA	13. Start Date — SOI	14. First Date of Treatment — SOI
15. Diagnosis — Secondary Code and Description	16. Requested PA Start Date 11/18/2018	

17. Rendering Provider Number	18. Rendering Provider Taxonomy Code	19. Service Code	20. Modifiers 1	2	3	4	21. POS	22. Description of Service	23. QR	24. Charge
2345678901	123456789X	97110	GN				11	THERAPEUTIC EXERCISES - 15 MIN X 3/WK X 11 WKS	33.000	$250.00

An approved authorization does not guarantee payment. Reimbursement is contingent upon enrollment of the member and provider at the time the service is provided and the completeness of the claim information. Payment will not be made for services initiated prior to approval or after the authorization expiration date. Reimbursement will be in accordance with ForwardHealth payment methodology and policy. If the member is enrolled in a BadgerCare Plus Managed Care Program at the time a prior authorized service is provided, ForwardHealth reimbursement will be allowed only if the service is not covered by the Managed Care Program.

25. Total Charges $250.00

26. **SIGNATURE** — Requesting Provider: I.M. Requesting Provider

27. Date Signed: 11/10/2018

-DRAFT-

DT-PA049-049

Figure 49 Draft PDF Version of the PA Request

14. Click **Return to menu** to be redirected to the Prior Authorization page.

3.3 Submission Method—Mail or Fax

1. Select **Mail or Fax** from the Submission Method drop-down menu.

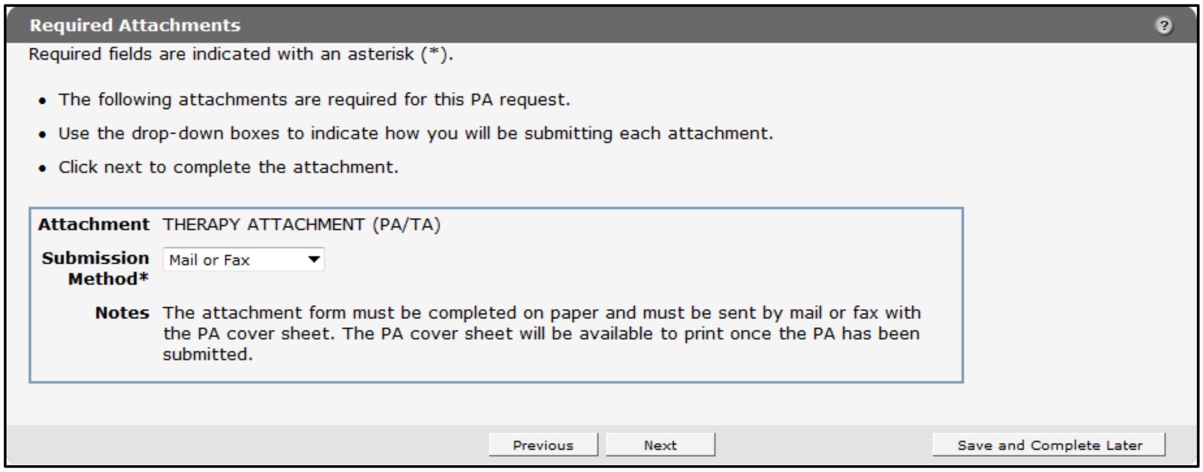


Figure 50 Required Attachments Page

2. Read the Notes for further instructions.

3. Click **Next**. The PA Summary page will be displayed.

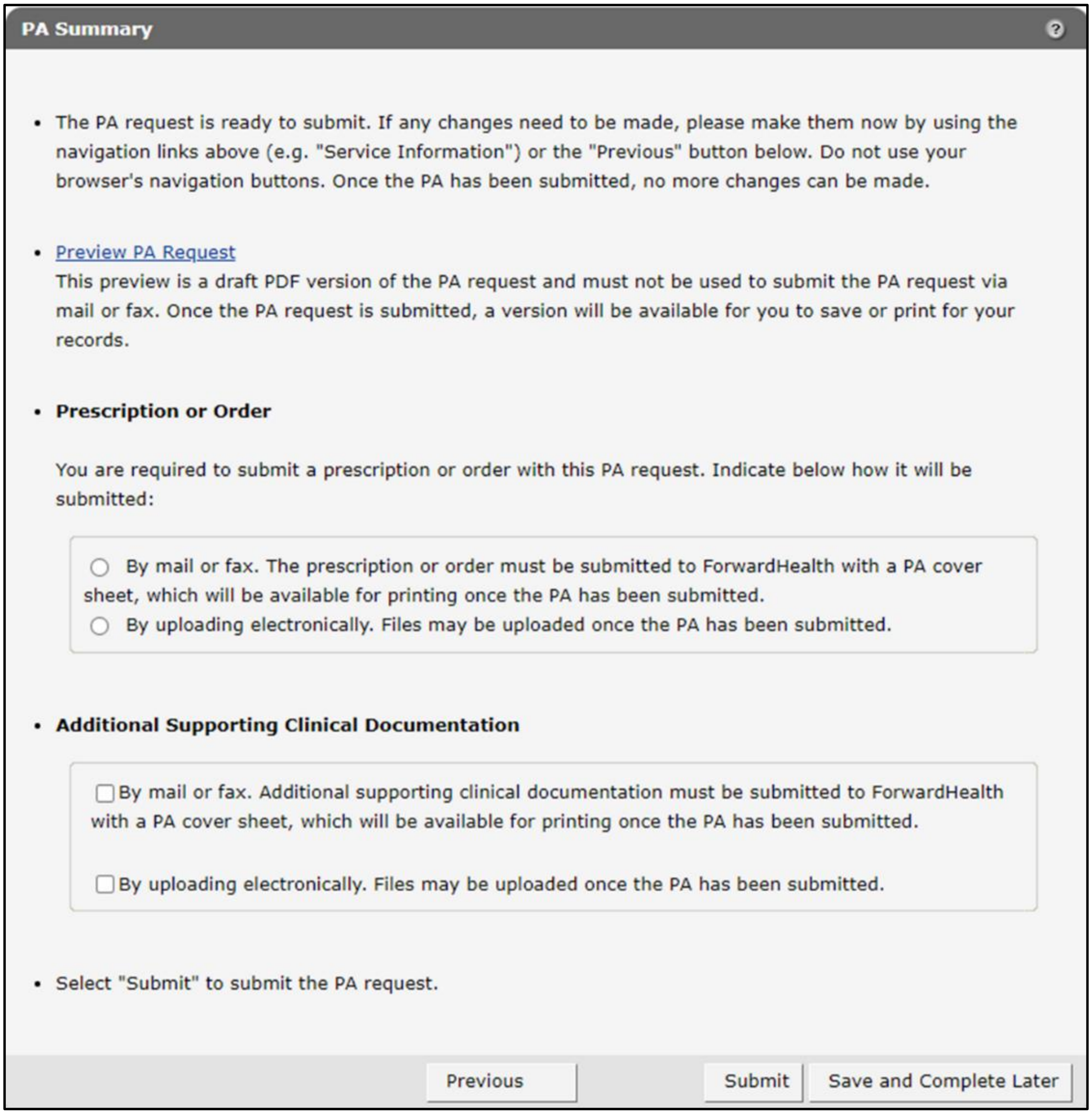


Figure 51 PA Summary Page

4. To view a draft of the PA request, click **Preview PA Request**. A draft PDF version of the PA request will open in a new window.

DEPARTMENT OF HEALTH SERVICES
ForwardHealth
F-11018 (05/13)

STATE OF WISCONSIN
DHS 106.03(4), Wis. Admin. Code
DHS 152.06(3)(h), 153.06(3)(g), 154.06(3)(g), Wis. Admin. Code

FORWARDHEALTH
PRIOR AUTHORIZATION REQUEST FORM (PA/RF)

Providers may submit prior authorization (PA) requests by fax to ForwardHealth at (608) 221-8616 or by mail to: ForwardHealth, Prior Authorization, Suite 88, 313 Blettner Boulevard, Madison, WI 53784. **Instructions:** Type or print clearly. Before completing this form, read the service-specific Prior Authorization Request Form (PA/RF) Completion Instructions.

SECTION I — PROVIDER INFORMATION

1. Check only if applicable
☐ HealthCheck "Other Services"
☐ Wisconsin Chronic Disease Program (WCDP)

2. Process Type
113 - Speech and language pathology

3. Telephone Number — Billing Provider
(555) 555-5555 Ext. 0000

4. Name and Address — Billing Provider (Street, City, State, ZIP+4 Code)
ABC HEALTH CLINIC
123 FIRST ST
ANYTOWN, WI 55555-1234

5a. Billing Provider Number
1234567890

5b. Billing Provider Taxonomy Code
987654321X

6a. Name — Prescribing / Referring / Ordering Provider

6b. National Provider Identifier — Prescribing / Referring / Ordering Provider

SECTION II — MEMBER INFORMATION

7. Member Identification Number
0987654321

8. Date of Birth — Member
03/03/1999

9. Address — Member (Street, City, State, ZIP Code)
123 FIRST ST
ANYTOWN, WI 55555

10. Name — Member (Last, First, Middle Initial)
IMA MEMBER

11. Gender — Member
☐ Male ☒ Female

SECTION III — DIAGNOSIS / TREATMENT INFORMATION

12. Diagnosis — Primary Code and Description
R4701 - APHASIA

13. Start Date — SOI

14. First Date of Treatment — SOI

15. Diagnosis — Secondary Code and Description

16. Requested PA Start Date
11/18/2018

17. Rendering Provider Number	18. Rendering Provider Taxonomy Code	19. Service Code	20. Modifiers 1	2	3	4	21. POS	22. Description of Service	23. QR	24. Charge
2345678901	123456789X	97110	GN				11	THERAPEUTIC EXERCISES - 15 MIN X 3/WK X 11 WKS	33.000	$250.00

An approved authorization does not guarantee payment. Reimbursement is contingent upon enrollment of the member and provider at the time the service is provided and the completeness of the claim information. Payment will not be made for services initiated prior to approval or after the authorization expiration date. Reimbursement will be in accordance with ForwardHealth payment methodology and policy. If the member is enrolled in a BadgerCare Plus Managed Care Program at the time a prior authorized service is provided, ForwardHealth reimbursement will be allowed only if the service is not covered by the Managed Care Program.

25. Total Charges $250.00

26. **SIGNATURE** — Requesting Provider
I.M. Requesting Provider

27. Date Signed
11/10/2018

-DRAFT-

DT-PA049-049

Figure 52 Draft PDF Version of the PA Request

Note: This preview is a draft PDF version of the PA request and must not be used to submit the PA request via mail or fax. Once the PA request is submitted, a version will be available to save or print.

5. Review the draft to ensure the entered information is accurate.
6. Check the **By mail or fax** box(es).
7. Click **Submit**. The Print the PA Cover Sheet page will be displayed.

Note: This is the last opportunity to save the request and complete it later. The request cannot be edited once it is submitted.

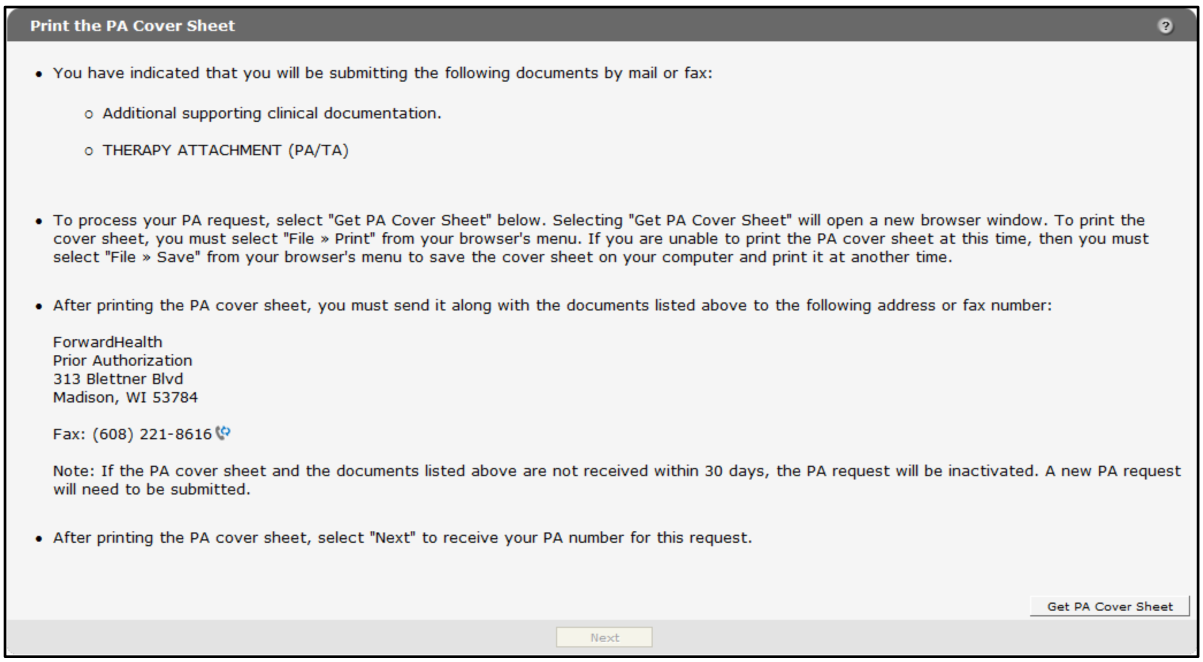
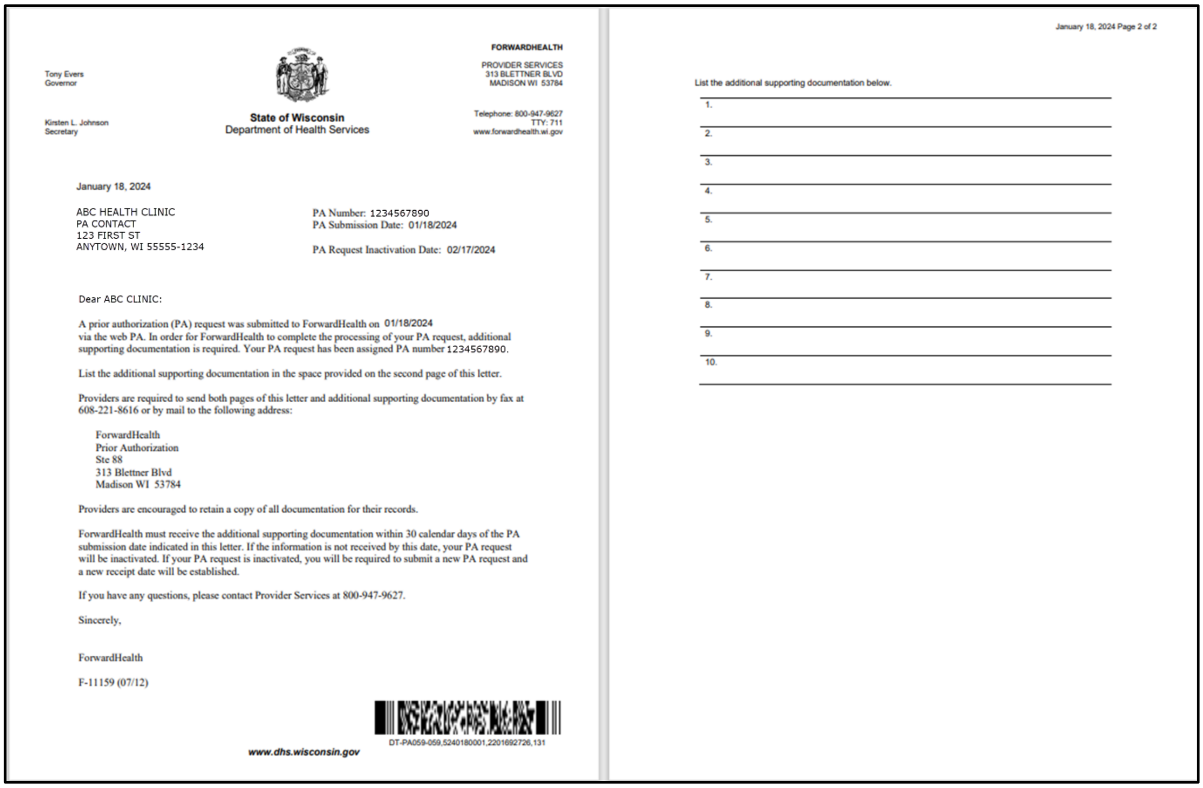


Figure 53 Print the PA Cover Sheet Page

8. Read the instructions on the Print the PA Cover Sheet page.

9. Click **Get PA Cover Sheet**. A PDF version of the PA cover sheet will open in a new window.



Tony Evers
Governor

Kirsten L. Johnson
Secretary

State of Wisconsin
Department of Health Services

FORWARDHEALTH

PROVIDER SERVICES
313 BLETTNER BLVD
MADISON WI 53784

Telephone: 800-947-9627
TTY: 711
www.forwardhealth.wi.gov

January 18, 2024

ABC HEALTH CLINIC
PA CONTACT
123 FIRST ST
ANYTOWN, WI 55555-1234

PA Number: 1234567890
PA Submission Date: 01/18/2024

PA Request Inactivation Date: 02/17/2024

Dear ABC CLINIC:

A prior authorization (PA) request was submitted to ForwardHealth on 01/18/2024 via the web PA. In order for ForwardHealth to complete the processing of your PA request, additional supporting documentation is required. Your PA request has been assigned PA number 1234567890.

List the additional supporting documentation in the space provided on the second page of this letter.

Providers are required to send both pages of this letter and additional supporting documentation by fax at 608-221-8616 or by mail to the following address:

ForwardHealth
Prior Authorization
Ste 88
313 Blettner Blvd
Madison WI 53784

Providers are encouraged to retain a copy of all documentation for their records.

ForwardHealth must receive the additional supporting documentation within 30 calendar days of the PA submission date indicated in this letter. If the information is not received by this date, your PA request will be inactivated. If your PA request is inactivated, you will be required to submit a new PA request and a new receipt date will be established.

If you have any questions, please contact Provider Services at 800-947-9627.

Sincerely,

ForwardHealth

F-11159 (07/12)

DT-PA059-059,5240180001,2201692726,131

www.dhs.wisconsin.gov

January 18, 2024 Page 2 of 2

List the additional supporting documentation below.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

Figure 54 Sample PDF Version of the PA Cover Sheet

10. To print or save the PA cover sheet to a hard drive or network location, use the Print or Save As function of the browser. If there are problems printing or saving the PA cover sheet, click the link that appears at the top of the Print the PA Cover Sheet page.

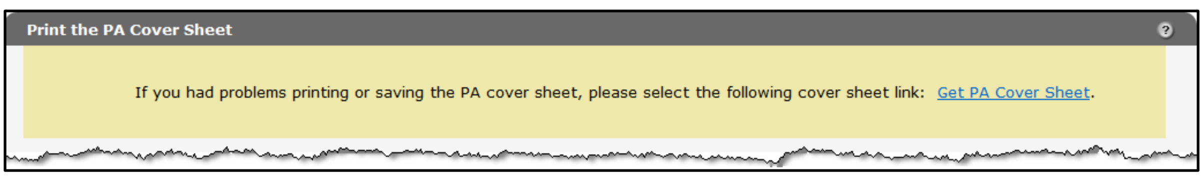


Figure 55 Get PA Cover Sheet Link

Note: If the PA cover sheet and required attachments are not received within 30 days, the PA request will be inactivated. A new PA request will need to be submitted.

11. Click **Next**. The Confirmation of Receipt page will be displayed.

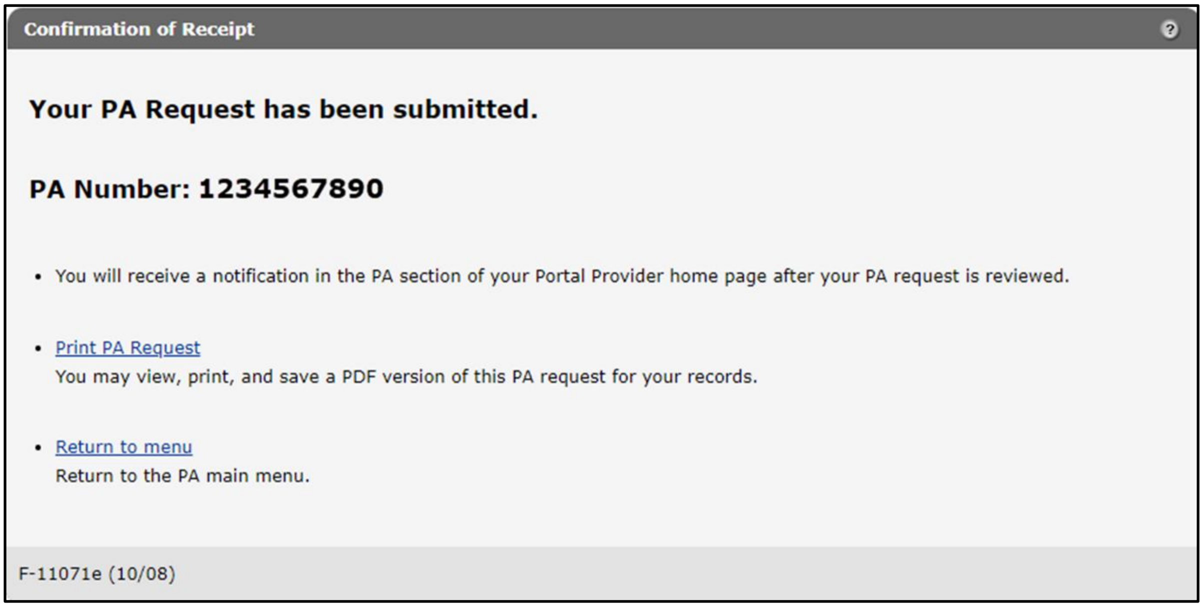


Figure 56 Confirmation of Receipt Page Without Collaborative ID

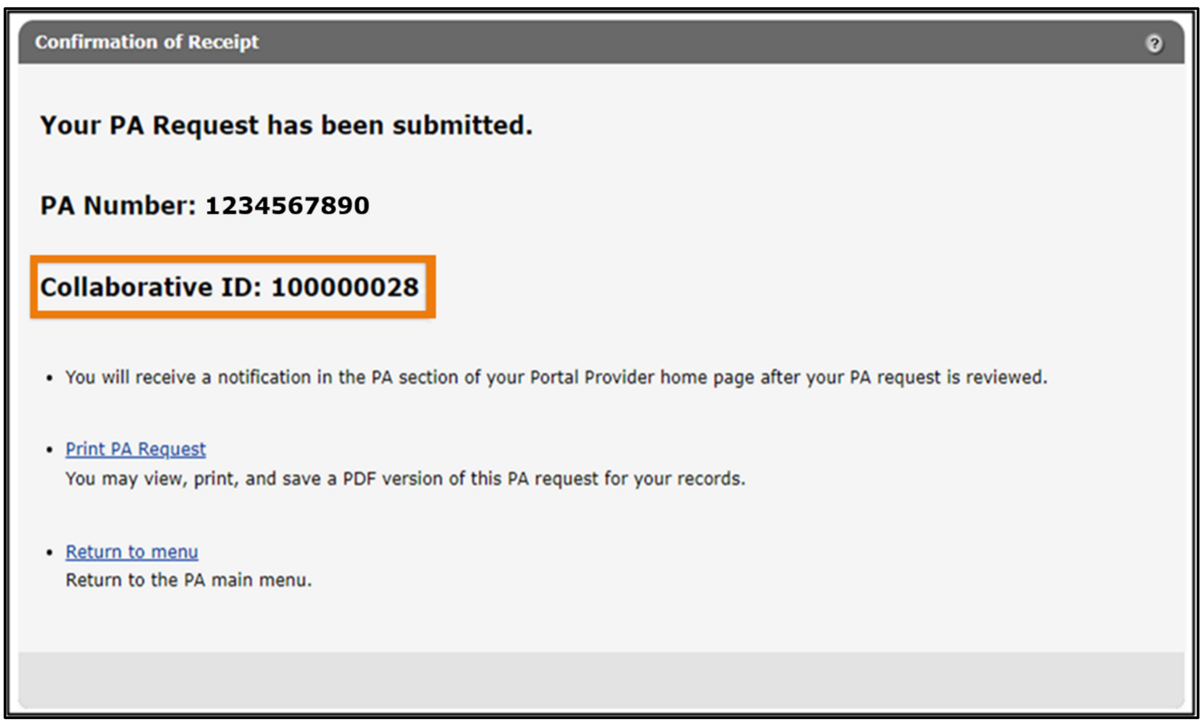
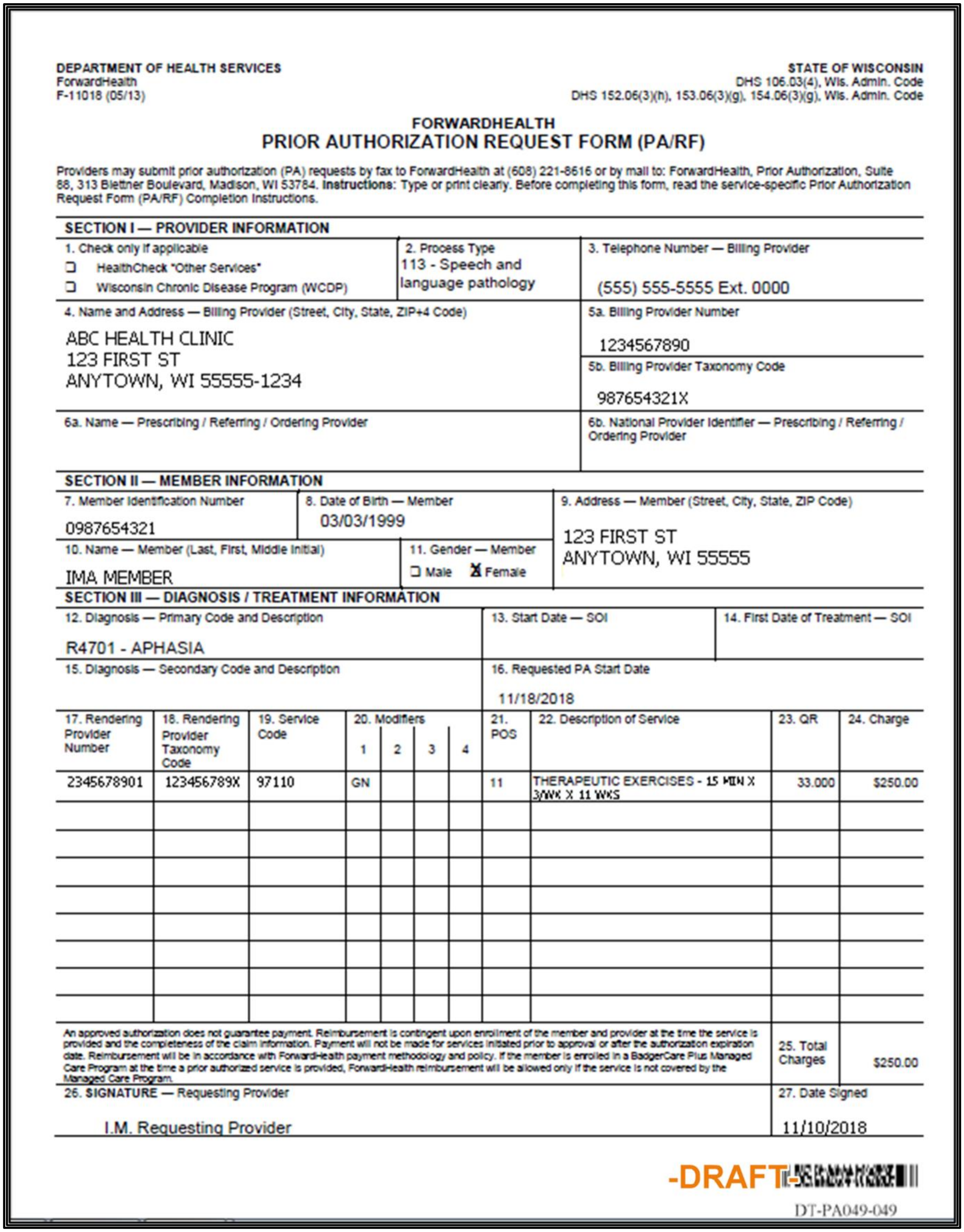


Figure 57 Confirmation of Receipt Page With Collaborative ID

12. Click **Print PA Request** to view, print, or save a PDF version of the PA request.



DEPARTMENT OF HEALTH SERVICES
ForwardHealth
F-11018 (05/13)

STATE OF WISCONSIN
DHS 106.03(4), Wis. Admin. Code
DHS 152.06(3)(h), 153.06(3)(g), 154.06(3)(g), Wis. Admin. Code

FORWARDHEALTH
PRIOR AUTHORIZATION REQUEST FORM (PA/RF)

Providers may submit prior authorization (PA) requests by fax to ForwardHealth at (608) 221-8616 or by mail to: ForwardHealth, Prior Authorization, Suite 88, 313 Blettner Boulevard, Madison, WI 53784. **Instructions:** Type or print clearly. Before completing this form, read the service-specific Prior Authorization Request Form (PA/RF) Completion Instructions.

SECTION I — PROVIDER INFORMATION

1. Check only if applicable
❑ HealthCheck "Other Services"
❑ Wisconsin Chronic Disease Program (WCDP)

2. Process Type
113 - Speech and language pathology

3. Telephone Number — Billing Provider
(555) 555-5555 Ext. 0000

4. Name and Address — Billing Provider (Street, City, State, ZIP+4 Code)
ABC HEALTH CLINIC
123 FIRST ST
ANYTOWN, WI 55555-1234

5a. Billing Provider Number
1234567890

5b. Billing Provider Taxonomy Code
987654321X

6a. Name — Prescribing / Referring / Ordering Provider

6b. National Provider Identifier — Prescribing / Referring / Ordering Provider

SECTION II — MEMBER INFORMATION

7. Member Identification Number
0987654321

8. Date of Birth — Member
03/03/1999

9. Address — Member (Street, City, State, ZIP Code)
123 FIRST ST
ANYTOWN, WI 55555

10. Name — Member (Last, First, Middle Initial)
IMA MEMBER

11. Gender — Member
❑ Male ☒ Female

SECTION III — DIAGNOSIS / TREATMENT INFORMATION

12. Diagnosis — Primary Code and Description
R4701 - APHASIA

13. Start Date — SOI

14. First Date of Treatment — SOI

15. Diagnosis — Secondary Code and Description

16. Requested PA Start Date
11/18/2018

17. Rendering Provider Number	18. Rendering Provider Taxonomy Code	19. Service Code	20. Modifiers 1	2	3	4	21. POS	22. Description of Service	23. QR	24. Charge
2345678901	123456789X	97110	GN				11	THERAPEUTIC EXERCISES - 15 MIN X 3/WK X 11 WKS	33.000	$250.00

An approved authorization does not guarantee payment. Reimbursement is contingent upon enrollment of the member and provider at the time the service is provided and the completeness of the claim information. Payment will not be made for services initiated prior to approval or after the authorization expiration date. Reimbursement will be in accordance with ForwardHealth payment methodology and policy. If the member is enrolled in a BadgerCare Plus Managed Care Program at the time a prior authorized service is provided, ForwardHealth reimbursement will be allowed only if the service is not covered by the Managed Care Program.

25. Total Charges $250.00

26. **SIGNATURE** — Requesting Provider
I.M. Requesting Provider

27. Date Signed
11/10/2018

-DRAFT-

DT-PA049-049

Figure 58 Draft PDF Version of the PA Request

13. Click **Return to menu** to be redirected to the Prior Authorization page.

3.4 Submission Method–HealthCheck Request–No Attachment Is Needed

Providers submitting a PA request for HealthCheck “Other Services,” can submit the request without including a specific PA attachment. If the provider is unclear which attachment form to use, the provider can submit the clinical rationale and documentation (for example, test results or clinical notes) with the PA/RF.

1. Select **Health check request – No Attachment is needed** from the Submission Method drop-down menu.

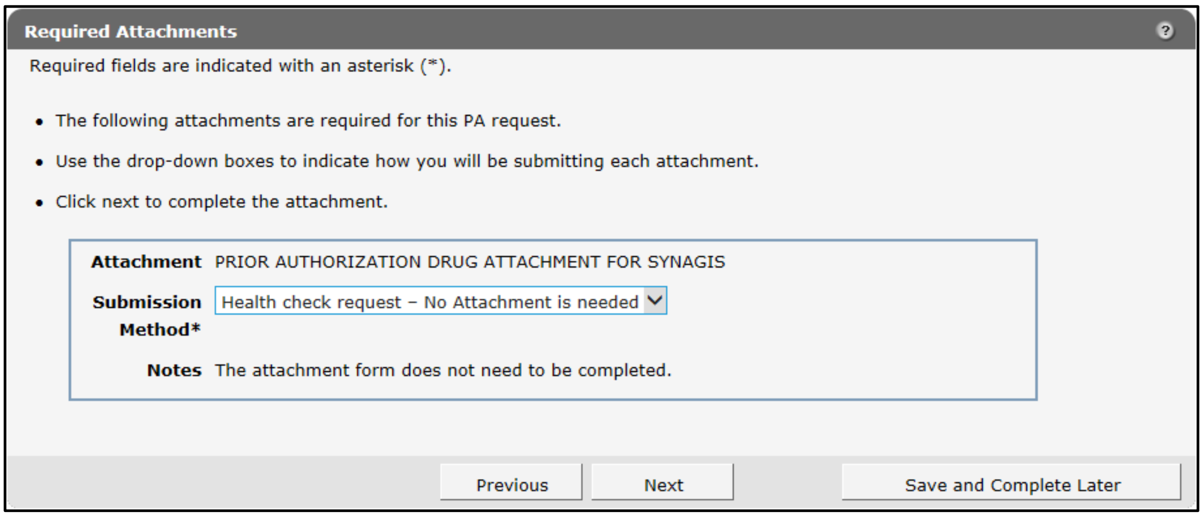


Figure 59 Required Attachments Page

2. Read the Notes for further instructions.

3. Click **Next**. The PA Summary page will be displayed.

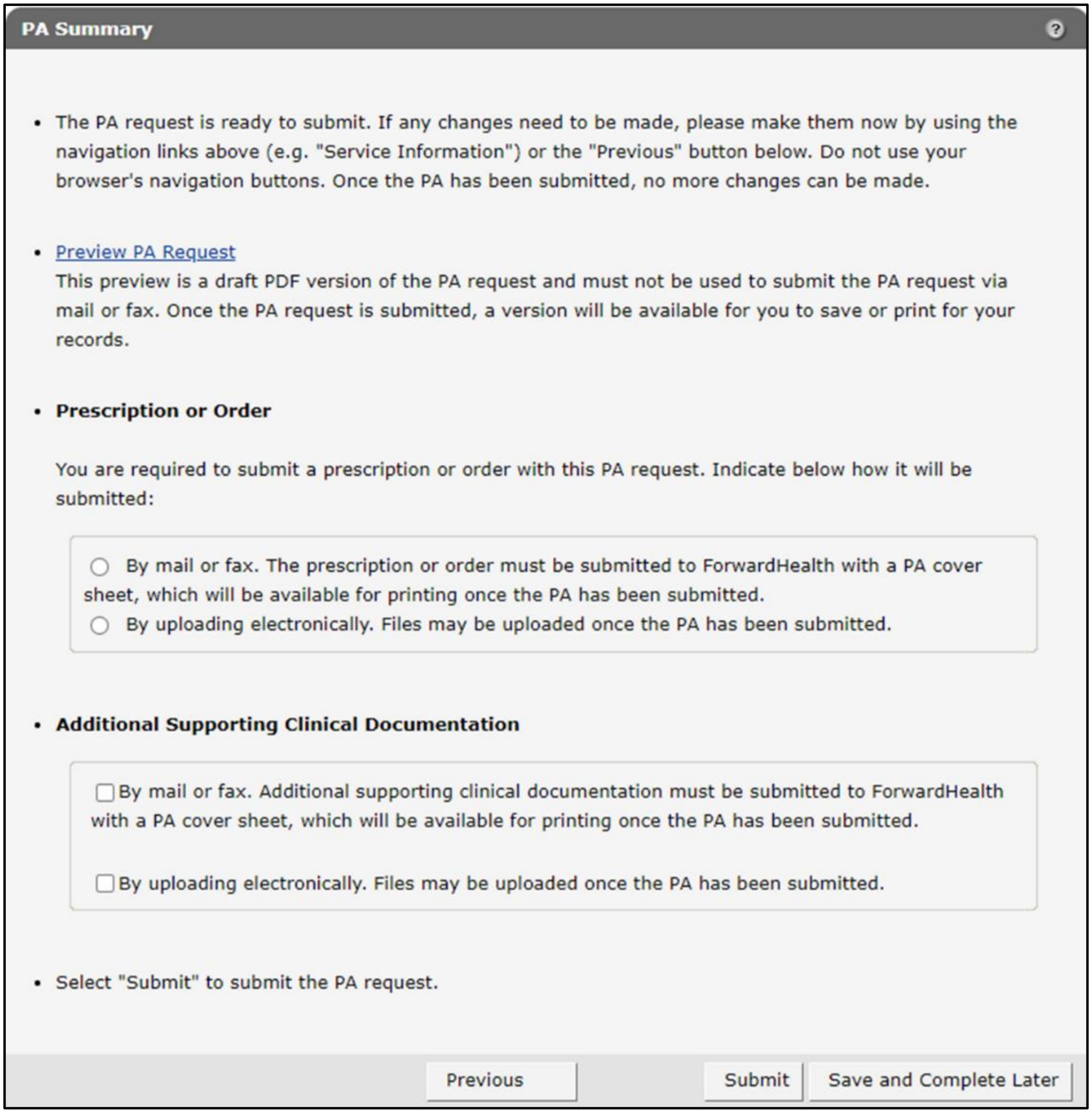


Figure 60 PA Summary Page

4. To view a draft of the PA request, click **Preview PA Request**. A draft PDF version of the PA request will open in a new window.

DEPARTMENT OF HEALTH SERVICES
ForwardHealth
F-11018 (05/13)

STATE OF WISCONSIN
DHS 106.03(4), Wis. Admin. Code
DHS 152.06(3)(h), 153.06(3)(g), 154.06(3)(g), Wis. Admin. Code

FORWARDHEALTH
PRIOR AUTHORIZATION REQUEST FORM (PA/RF)

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SECTION I — PROVIDER INFORMATION

1. Check only if applicable
   - X ☐ HealthCheck "Other Services"
   - ☐ Wisconsin Chronic Disease Program (WCDP)

2. Process Type: 117 - Synagis

3. Telephone Number — Billing Provider: (555) 555-5555 Ext. 0000

4. Name and Address — Billing Provider (Street, City, State, ZIP+4 Code)
ABC CLINIC
123 FIRST ST
ANYTOWN, WI 55555-1234

5a. Billing Provider Number: 1234567890

5b. Billing Provider Taxonomy Code: 987654321X

6a. Name — Prescribing / Referring / Ordering Provider

6b. National Provider Identifier — Prescribing / Referring / Ordering Provider

SECTION II — MEMBER INFORMATION

7. Member Identification Number: 0987654321

8. Date of Birth — Member: 03/03/1999

9. Address — Member (Street, City, State, ZIP Code)
123 FIRST ST
ANYTOWN, WI 55555

10. Name — Member (Last, First, Middle Initial): MEMBER, IMA

11. Gender — Member: ☐ Male X Female

SECTION III — DIAGNOSIS / TREATMENT INFORMATION

12. Diagnosis — Primary Code and Description: F10 - ALCOHOL RELATED DISORDERS

13. Start Date — SOI

14. First Date of Treatment — SOI

15. Diagnosis — Secondary Code and Description

16. Requested PA Start Date: 10/16/2018

17. Rendering Provider Number	18. Rendering Provider Taxonomy Code	19. Service Code	20. Modifiers 1	2	3	4	21. POS	22. Description of Service	23. QR	24. Charge
2345678901	123456789X	99205					12	OFFICE/OUTPATIENT VISIT NEW	2.000	$360.00

An approved authorization does not guarantee payment. Reimbursement is contingent upon enrollment of the member and provider at the time the service is provided and the completeness of the claim information. Payment will not be made for services initiated prior to approval or after the authorization expiration date. Reimbursement will be in accordance with ForwardHealth payment methodology and policy. If the member is enrolled in a BadgerCare Plus Managed Care Program at the time a prior authorized service is provided, ForwardHealth reimbursement will be allowed only if the service is not covered by the Managed Care Program.

25. Total Charges: $360.00

26. SIGNATURE — Requesting Provider: I.M. Requesting Provider

27. Date Signed: 10/10/2018

-DRAFT-

DT-PA049-049

Figure 61 Draft PDF Version of the PA Request

5. Review the draft to ensure the entered information is accurate.

6. Place a check in the appropriate box indicating how the prescription or order (if required) and additional supporting clinical information will be submitted (mail or fax or uploading electronically).

7. Click **Submit**.

   Note: This is the last opportunity to save the request and complete it later. The request cannot be edited once it is submitted.

   If the provider chooses to upload a prescription or an order and additional supporting clinical information electronically, the File Upload panel will be displayed.

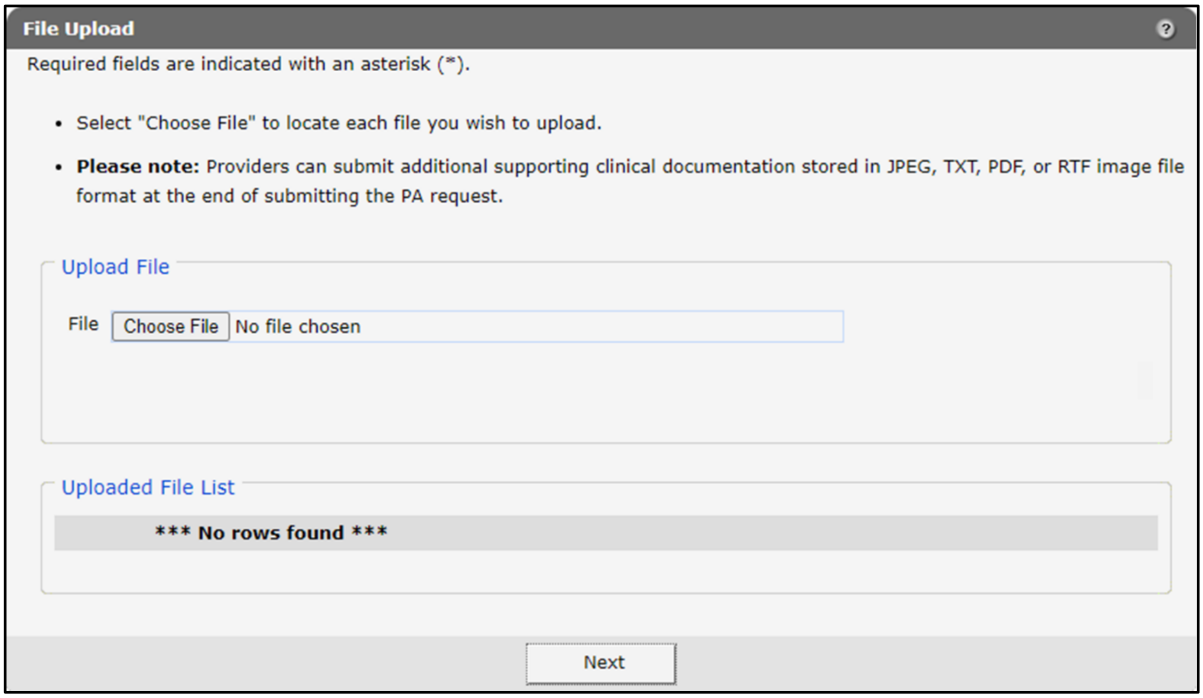


Figure 62 File Upload Panel

a. Click **Choose File**. The Choose file window will be displayed.

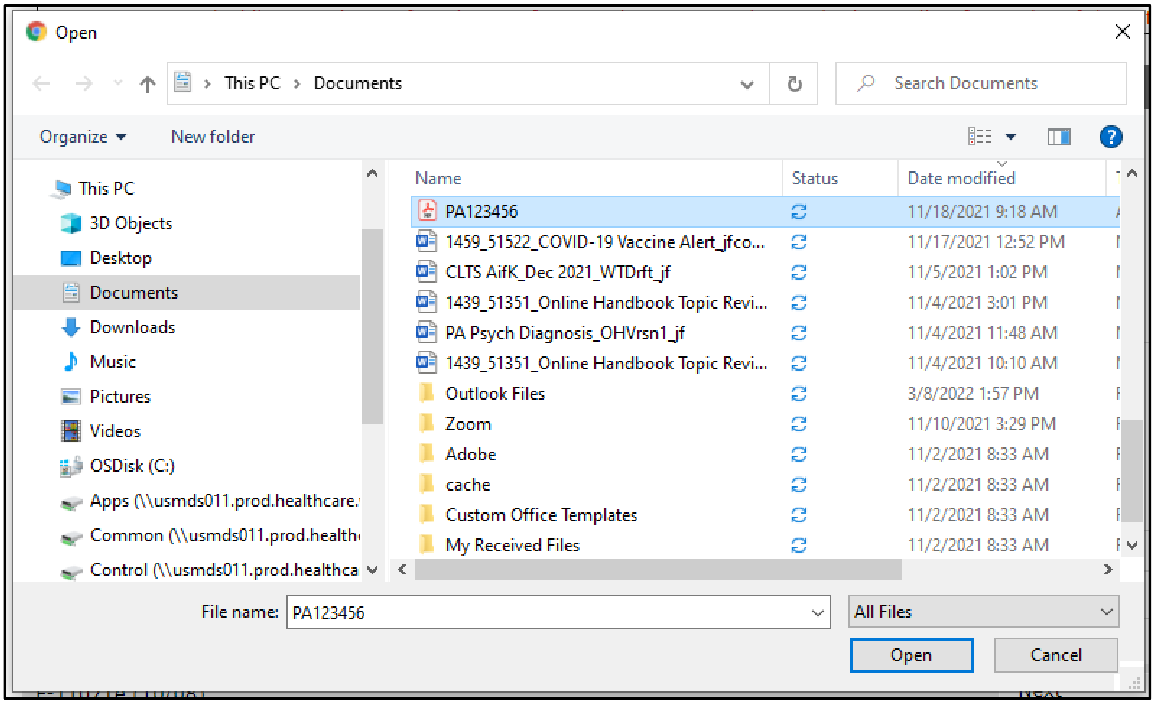


Figure 63 Choose File Window

b. Browse to and select the desired file.

c. Click **Open**.

A confirmation message will be generated at the top of the page and the uploaded file will be displayed in the “Uploaded File List” section. To remove a file, click the red “**X.**”

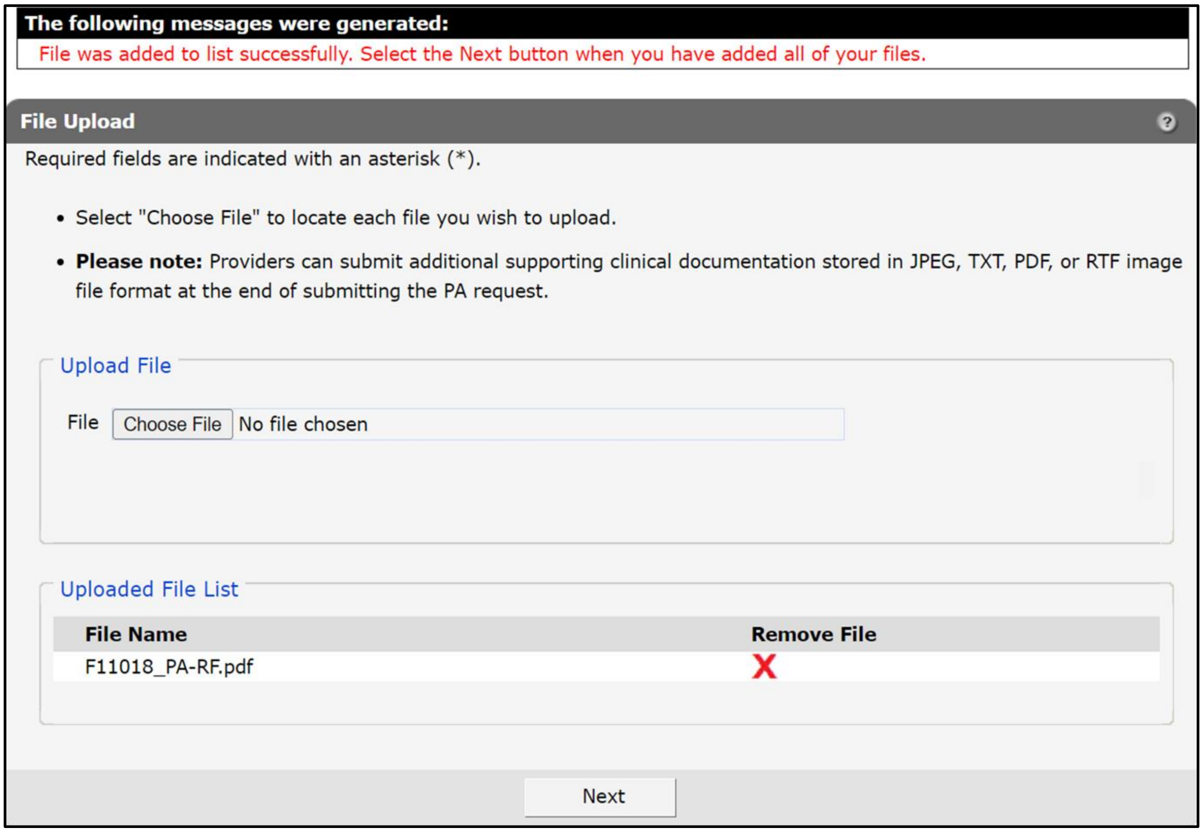


Figure 64 Uploaded File List Section

d. Upload as many files as necessary.

e. Click **Next**. The Confirmation of Receipt page will be displayed.

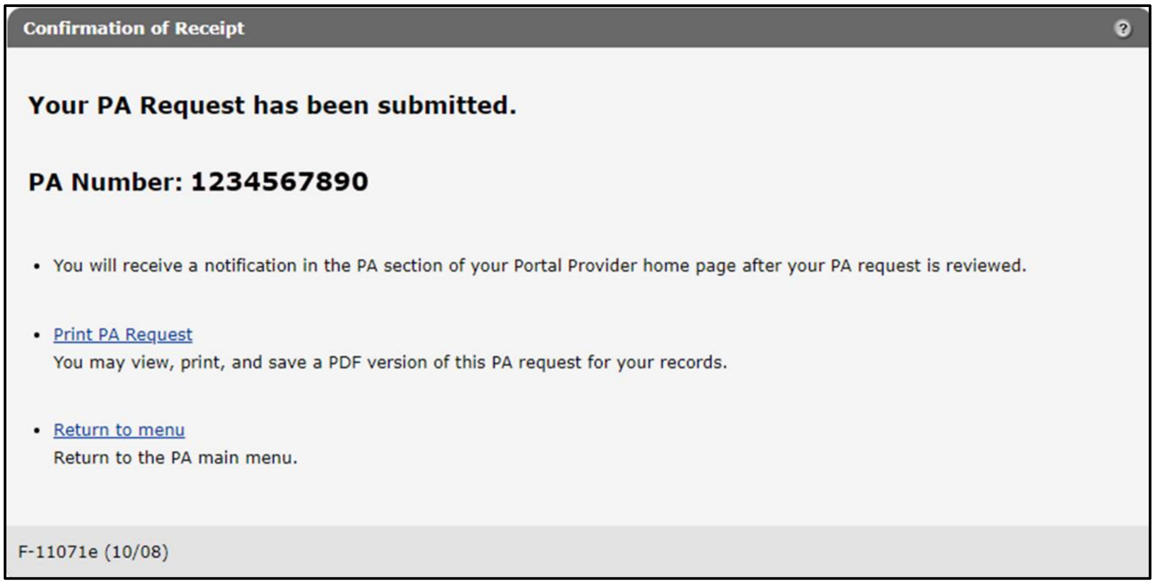


Figure 65 Confirmation of Receipt Page Without Collaborative ID

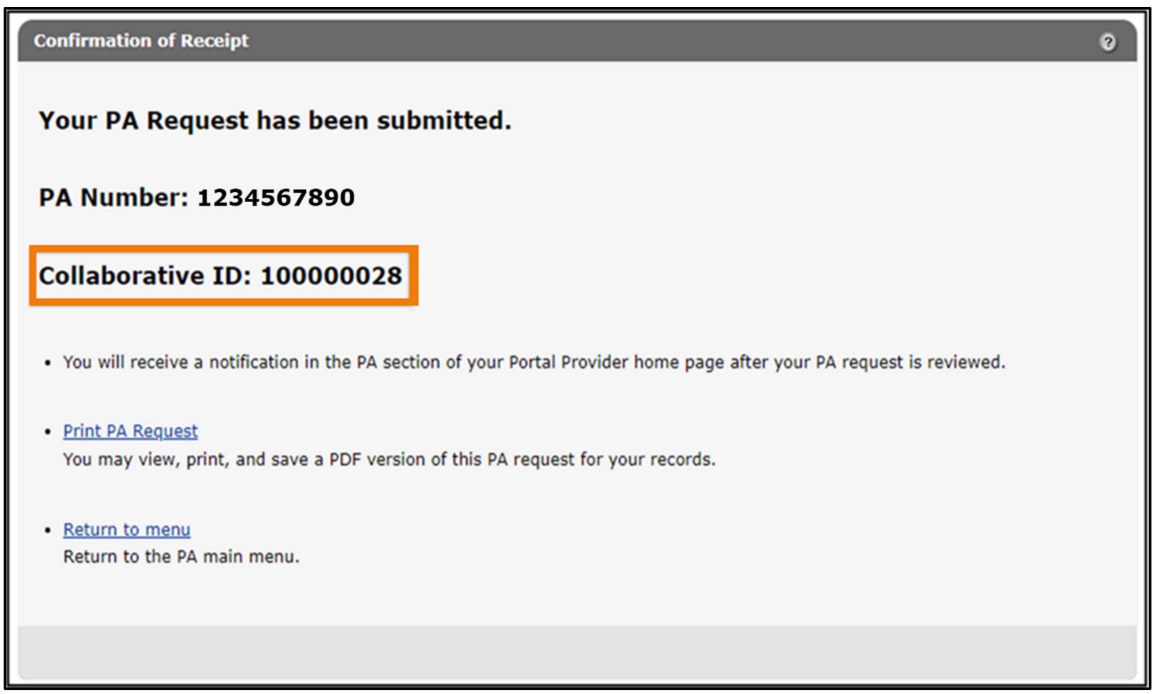


Figure 66 Confirmation of Receipt Page With Collaborative ID

f. Proceed to step 9.

If the provider chooses to mail or fax additional supporting clinical information, the Print the PA Cover Sheet page will be displayed.

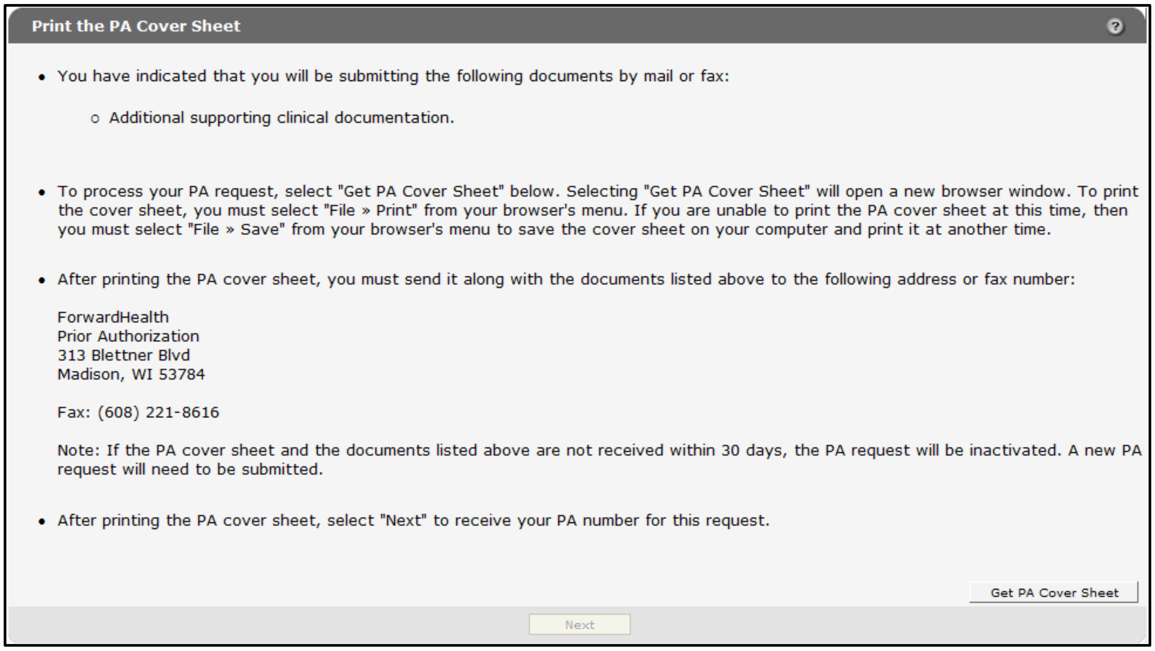
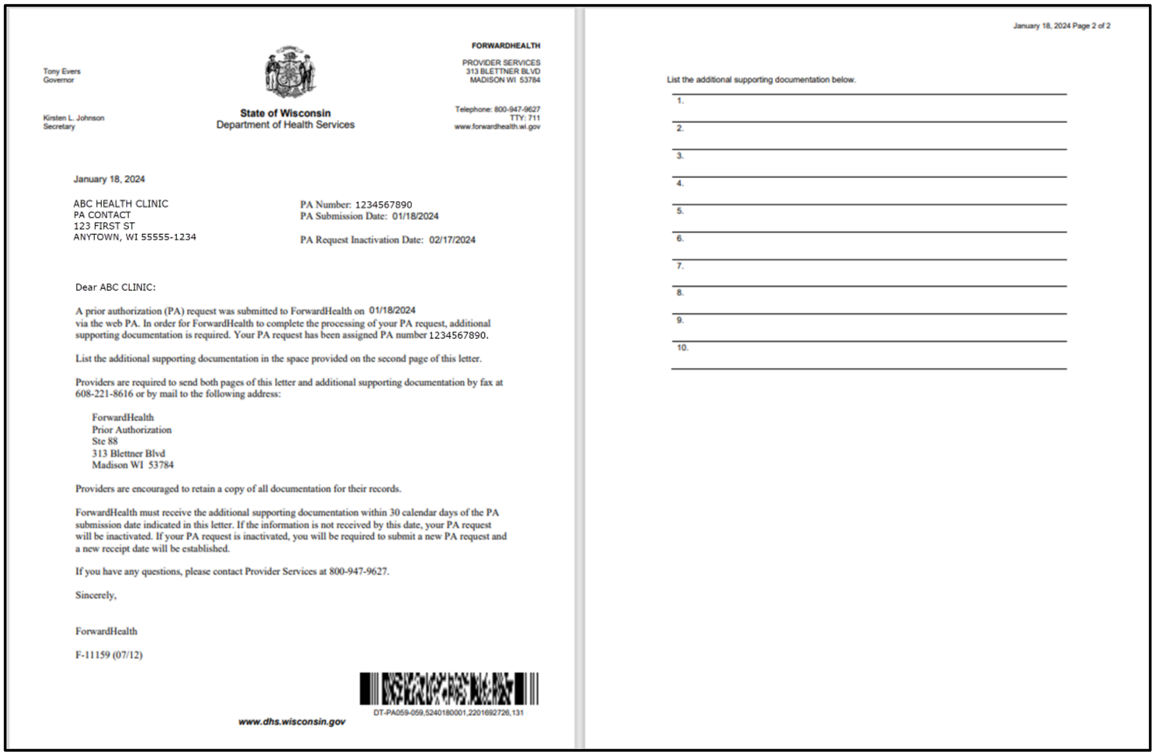


Figure 67 Print the PA Cover Sheet Page

a. Read the instructions on the Print the PA Cover Sheet page.

b. Click **Get PA Cover Sheet**. A PDF version of the PA cover sheet will open in a new window.



Tony Evers
Governor

Kirsten L. Johnson
Secretary

State of Wisconsin
Department of Health Services

FORWARDHEALTH

PROVIDER SERVICES
313 BLETTNER BLVD
MADISON WI 53784

Telephone: 800-947-9627
TTY: 711
www.forwardhealth.wi.gov

January 18, 2024

ABC HEALTH CLINIC
PA CONTACT
123 FIRST ST
ANYTOWN, WI 55555-1234

PA Number: 1234567890
PA Submission Date: 01/18/2024

PA Request Inactivation Date: 02/17/2024

Dear ABC CLINIC:

A prior authorization (PA) request was submitted to ForwardHealth on 01/18/2024 via the web PA. In order for ForwardHealth to complete the processing of your PA request, additional supporting documentation is required. Your PA request has been assigned PA number 1234567890.

List the additional supporting documentation in the space provided on the second page of this letter.

Providers are required to send both pages of this letter and additional supporting documentation by fax at 608-221-8616 or by mail to the following address:

ForwardHealth
Prior Authorization
Ste 88
313 Blettner Blvd
Madison WI 53784

Providers are encouraged to retain a copy of all documentation for their records.

ForwardHealth must receive the additional supporting documentation within 30 calendar days of the PA submission date indicated in this letter. If the information is not received by this date, your PA request will be inactivated. If your PA request is inactivated, you will be required to submit a new PA request and a new receipt date will be established.

If you have any questions, please contact Provider Services at 800-947-9627.

Sincerely,

ForwardHealth

F-11159 (07/12)

DT-PA059-059,5240180001,2201692726,131

www.dhs.wisconsin.gov

January 18, 2024 Page 2 of 2

List the additional supporting documentation below.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

Figure 68 Sample PDF Version of the PA Cover Sheet

c. To print or save the PA cover sheet a hard drive or network location, use the Print or Save As function of the browser. If there are problems printing or saving the PA cover sheet, click the link that appears at the top of the Print the PA Cover Sheet page.

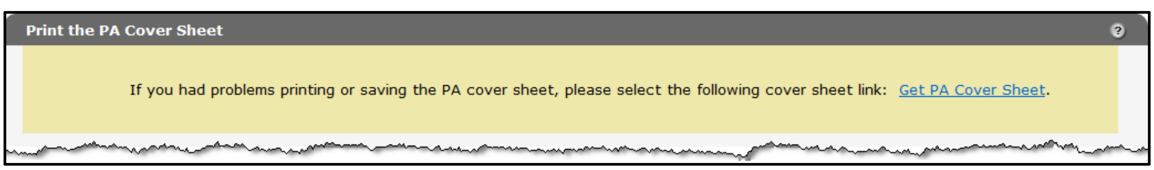


Figure 69 Get PA Cover Sheet Link

Note: If the PA cover sheet and required attachments are not received within 30 days, the PA request will be inactivated. A new PA request will need to be submitted.

8. Click **Submit**. The Confirmation of Receipt page will be displayed.

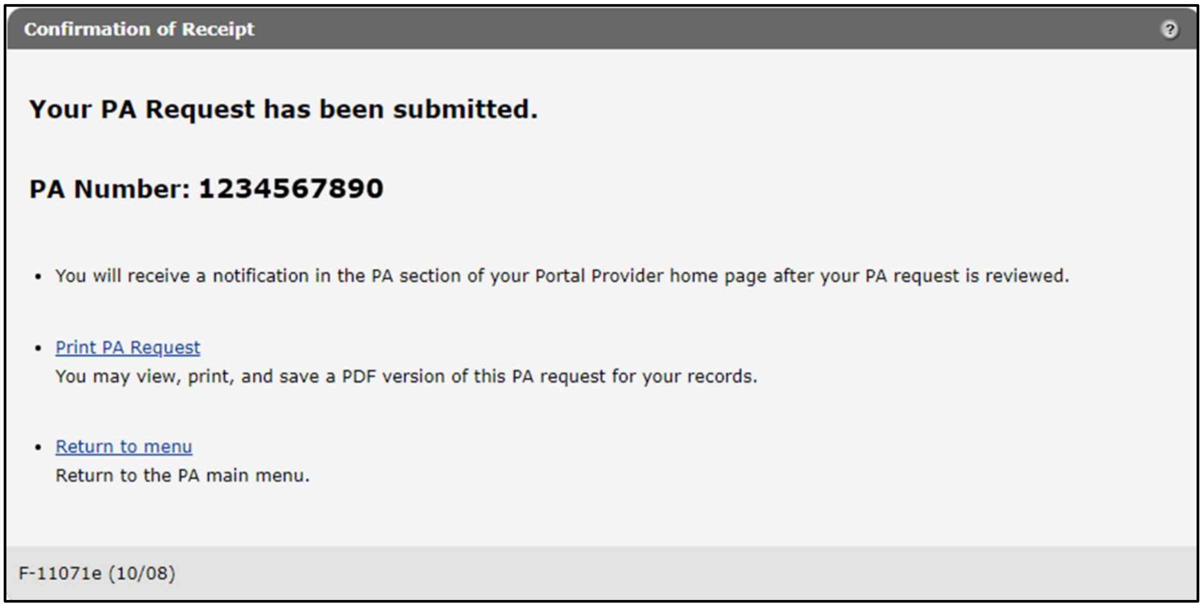


Figure 70 Confirmation of Receipt Page Without Collaborative ID

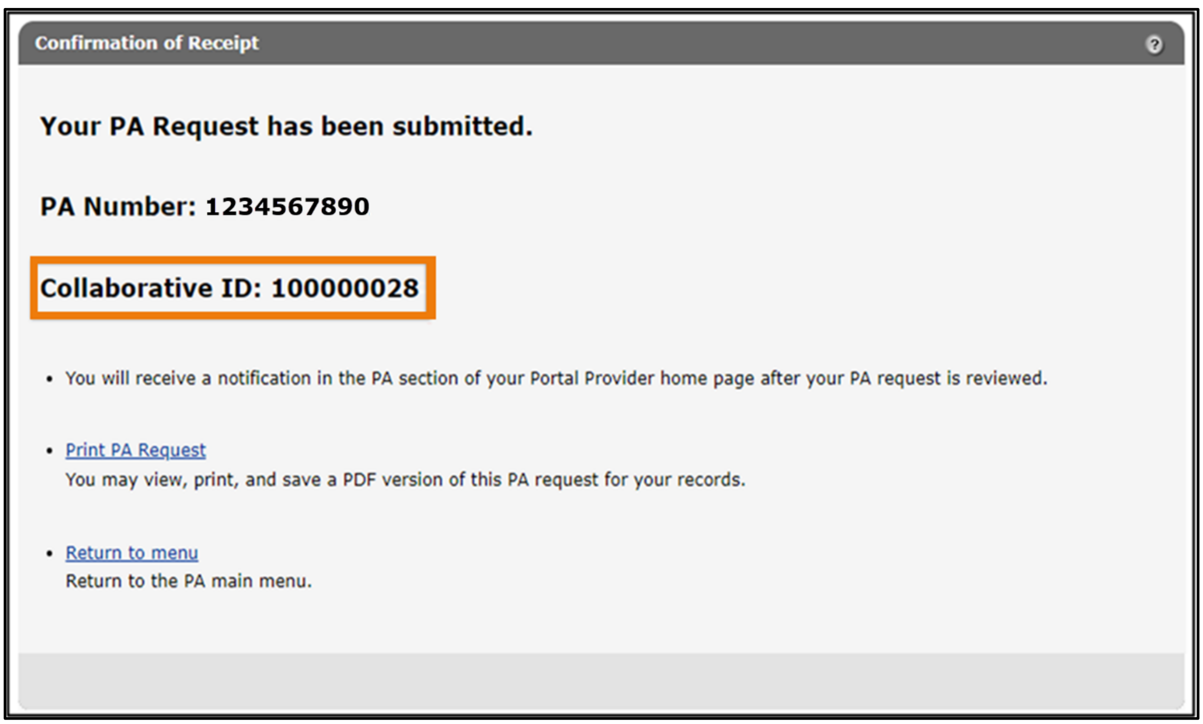
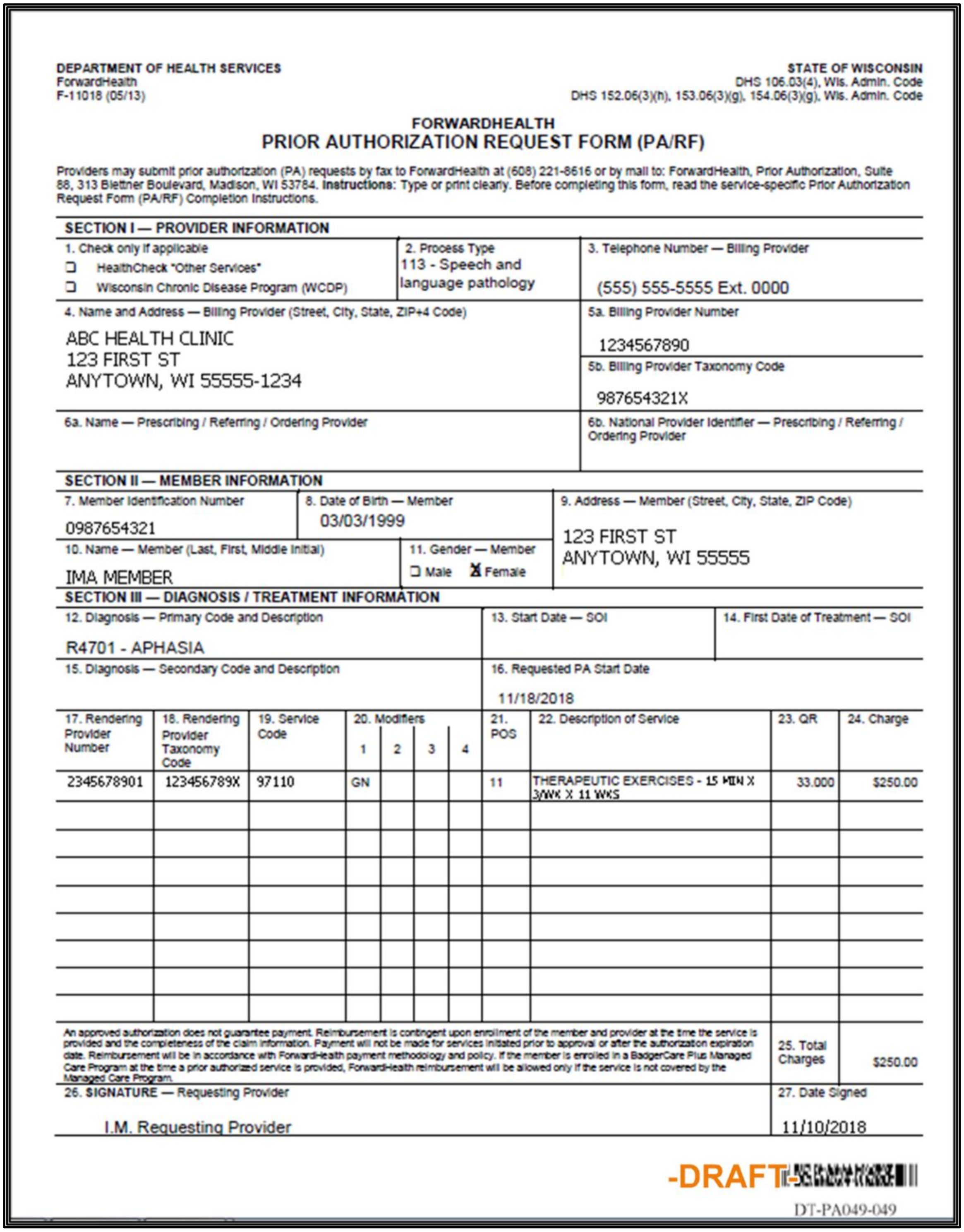


Figure 71 Confirmation of Receipt Page With Collaborative ID

9. Click **Print PA Request** to view, print, or save a PDF version of the PA request.



DEPARTMENT OF HEALTH SERVICES
ForwardHealth
F-11018 (05/13)

STATE OF WISCONSIN
DHS 106.03(4), Wis. Admin. Code
DHS 152.06(3)(h), 153.06(3)(g), 154.06(3)(g), Wis. Admin. Code

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SECTION I — PROVIDER INFORMATION

1. Check only if applicable
❏ HealthCheck "Other Services"
❏ Wisconsin Chronic Disease Program (WCDP)

2. Process Type
113 - Speech and language pathology

3. Telephone Number — Billing Provider
(555) 555-5555 Ext. 0000

4. Name and Address — Billing Provider (Street, City, State, ZIP+4 Code)
ABC HEALTH CLINIC
123 FIRST ST
ANYTOWN, WI 55555-1234

5a. Billing Provider Number
1234567890

5b. Billing Provider Taxonomy Code
987654321X

6a. Name — Prescribing / Referring / Ordering Provider

6b. National Provider Identifier — Prescribing / Referring / Ordering Provider

SECTION II — MEMBER INFORMATION

7. Member Identification Number
0987654321

8. Date of Birth — Member
03/03/1999

9. Address — Member (Street, City, State, ZIP Code)
123 FIRST ST
ANYTOWN, WI 55555

10. Name — Member (Last, First, Middle Initial)
IMA MEMBER

11. Gender — Member
❏ Male ☒ Female

SECTION III — DIAGNOSIS / TREATMENT INFORMATION

12. Diagnosis — Primary Code and Description
R4701 - APHASIA

13. Start Date — SOI

14. First Date of Treatment — SOI

15. Diagnosis — Secondary Code and Description

16. Requested PA Start Date
11/18/2018

17. Rendering Provider Number	18. Rendering Provider Taxonomy Code	19. Service Code	20. Modifiers 1	2	3	4	21. POS	22. Description of Service	23. QR	24. Charge
2345678901	123456789X	97110	GN				11	THERAPEUTIC EXERCISES - 15 MIN X 3/WK X 11 WKS	33.000	$250.00

An approved authorization does not guarantee payment. Reimbursement is contingent upon enrollment of the member and provider at the time the service is provided and the completeness of the claim information. Payment will not be made for services initiated prior to approval or after the authorization expiration date. Reimbursement will be in accordance with ForwardHealth payment methodology and policy. If the member is enrolled in a BadgerCare Plus Managed Care Program at the time a prior authorized service is provided, ForwardHealth reimbursement will be allowed only if the service is not covered by the Managed Care Program.

25. Total Charges $250.00

26. **SIGNATURE** — Requesting Provider
I.M. Requesting Provider

27. Date Signed
11/10/2018

-DRAFT-

DT-PA049-049

Figure 72 Draft PDF Version of the PA Request

10. Click **Return to menu** to be redirected to the Prior Authorization page.

4 Save a Partially Completed Prior Authorization Request

If a PA request cannot be completed in one session, providers may save the partially completed request without losing entered data.

Providers may save PA requests at any point after the Member Information page and any required processing notes have been completed. Once a request is submitted, providers will not be able to save the request to complete later.

Providers can retrieve the partially completed PA request later and either complete the request and submit it or delete it. For additional information, refer to the [Complete a Saved Prior Authorization Request](#) chapter of this user guide.

Note: The ability to save partially completed PA requests only applies to new PA requests. Providers will not be able to save partially completed PA amendments or corrections to returned PA requests or amendments.

A Save and Complete Later button is available at the bottom of the Service Information page and each succeeding page until the request is submitted.

1. Click **Save and Complete Later** on any page where the button is available.

Figure 73 Save and Complete Later Button

The Save Confirmation page will be displayed.

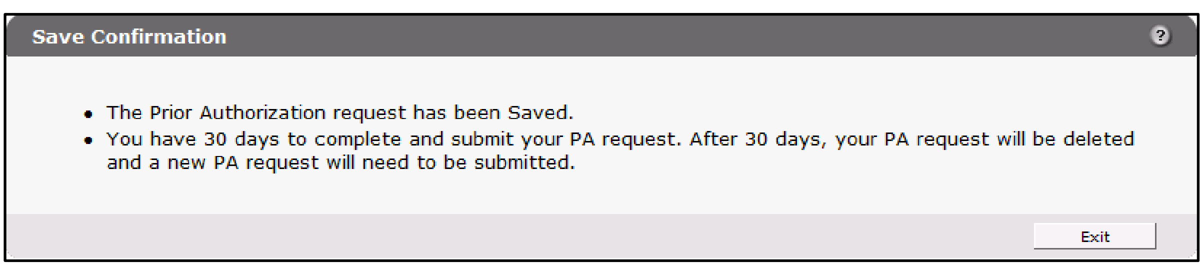


Figure 74 Save Confirmation Page

2. Click **Exit** to be redirected to the Prior Authorization page.

5 Complete a Saved Prior Authorization Request

A partially completed PA request can be retrieved at any time within 30 days from the last time it was saved.

Providers are required to submit or re-save a PA request within 30 calendar days of the date the PA request was last saved. After 30 calendar days of inactivity, a PA request will be automatically deleted, and the provider will have to re-enter the request.

1. On the Prior Authorization page, click **Complete a saved PA request**.

Figure 75 Prior Authorization Page With Complete a Saved PA Request Link

The Complete a Saved PA Request page will be displayed.

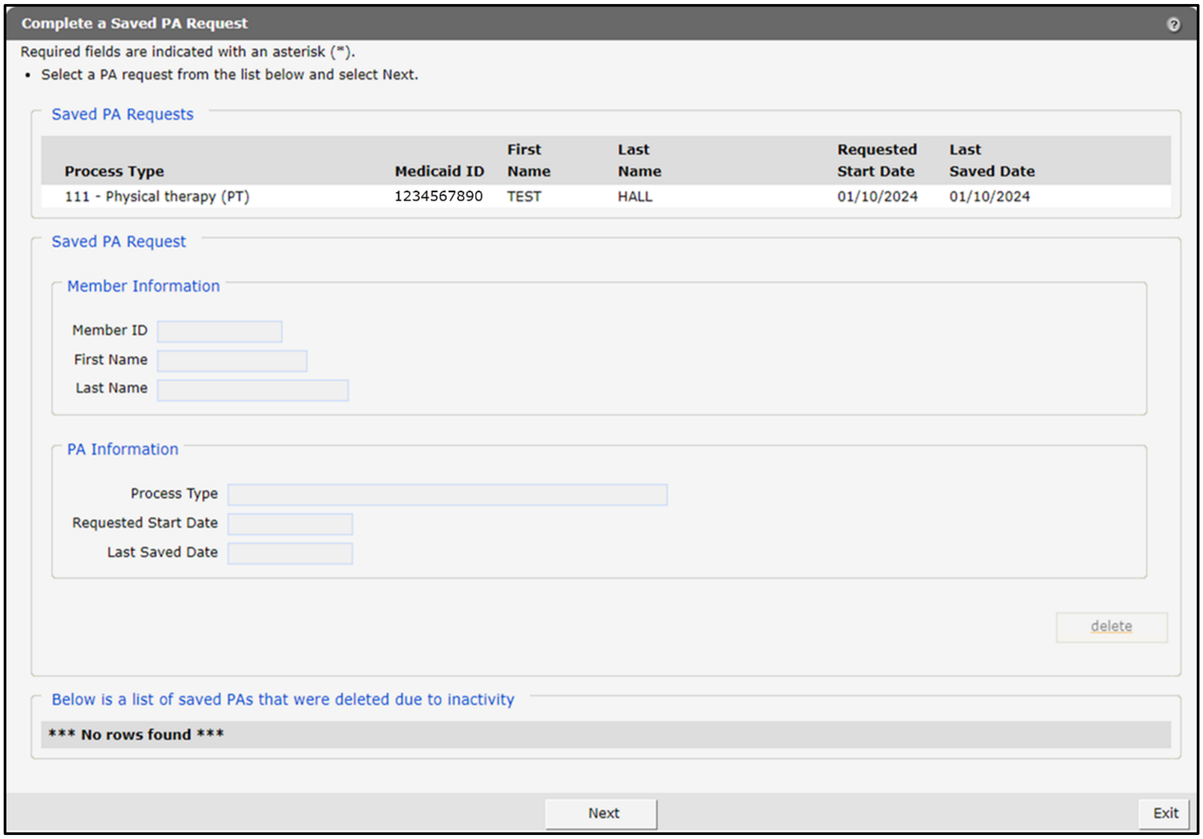


Figure 76 Complete a Save PA Request Page

The Complete a Saved PA Request page displays all the provider's PA requests that have been saved.

Any saved requests that have been deleted due to inactivity will be listed at the bottom of the page. The list will **not** include PA requests deleted by the provider. This list is for informational purposes only. Neither providers nor ForwardHealth will be able to retrieve PA requests that have been deleted.

2. Click the PA request the user wishes to complete or delete. The fields will populate with information regarding the selected PA request.

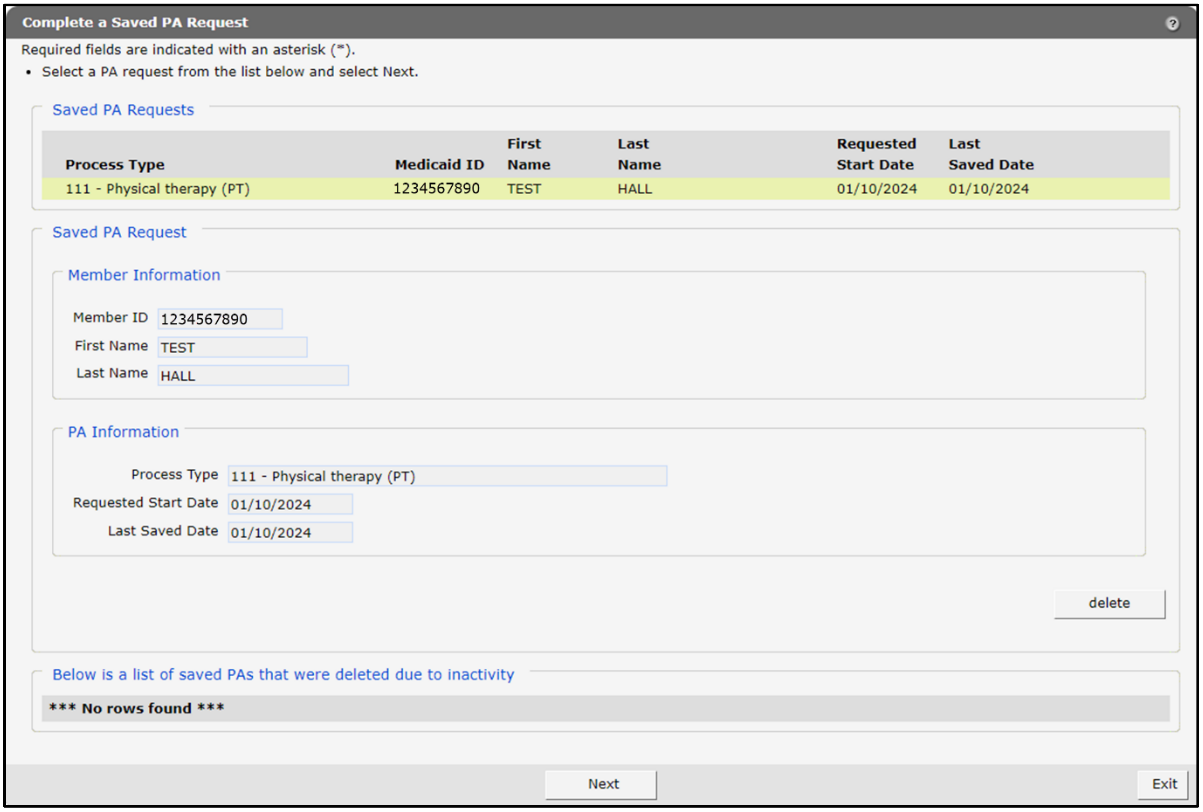


Figure 77 Complete a Saved PA Request Page With Populated Information

To delete the selected request, click **Delete**. A dialog box will be displayed. Click **OK** to delete the request.

3. Click **Next** to open a saved PA request. The Initial Information page will be displayed.

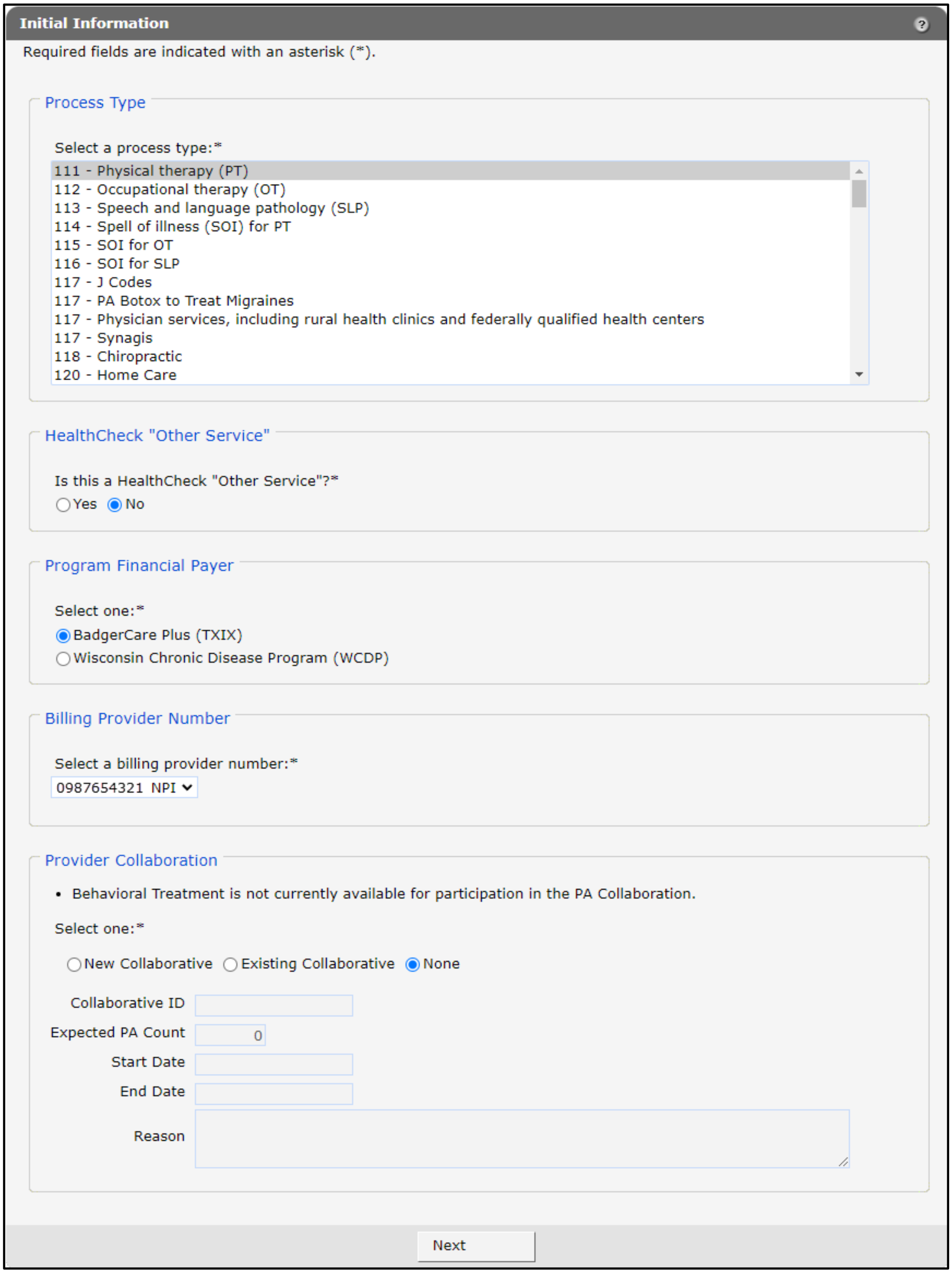


Figure 78 Initial Information Page for Saved PA Request

4. Verify the information on this page. Providers **cannot** change the process type after the PA has been saved. If the process type needs to be changed, the saved PA request should be deleted, and a new PA request started.

5. If the information is correct, click **Next**. The Member Information page will be displayed.

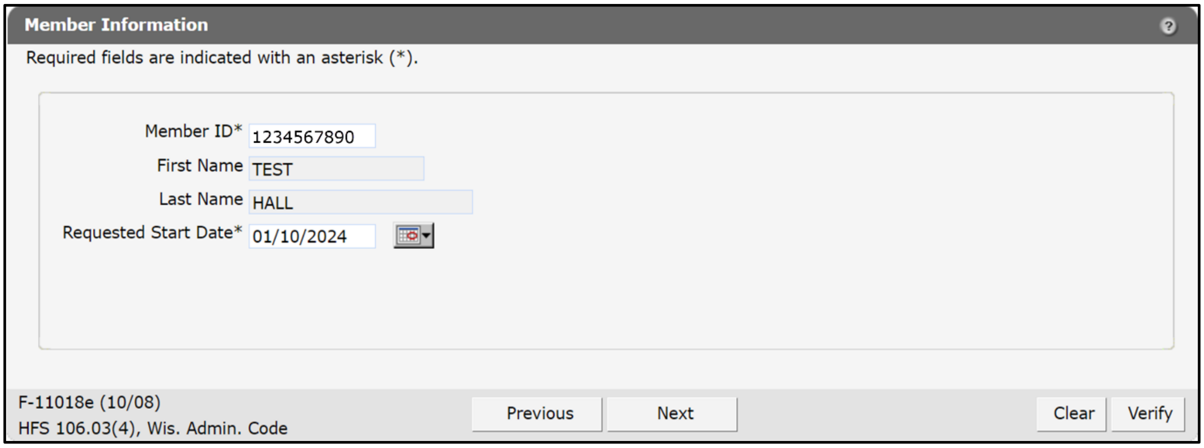


Figure 79 Member Information Page for Saved PA Request

6. Verify the information on this page. Information on this page may have changed.

7. Click **Next**. The Service Information page will be displayed.

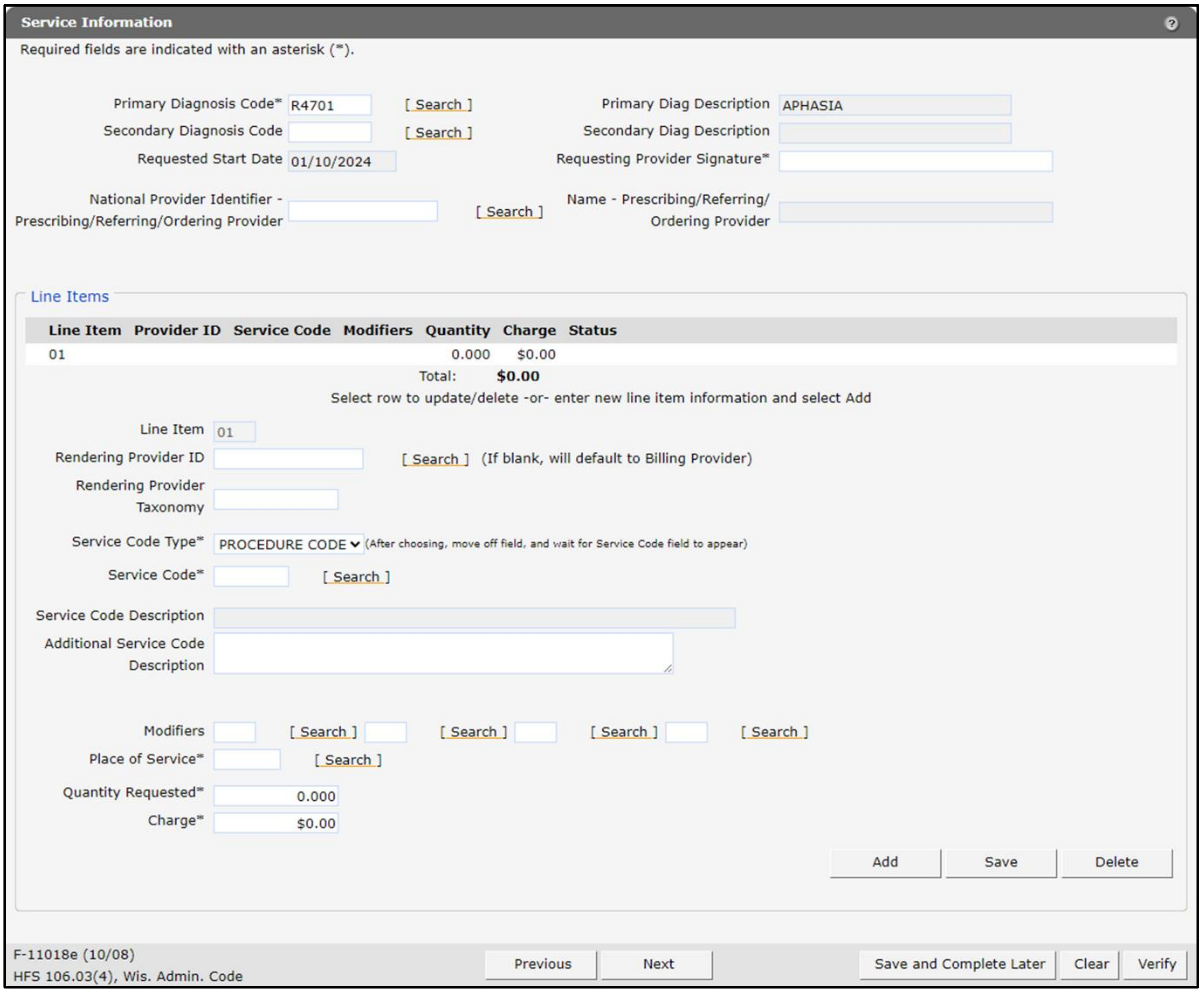


Figure 80 Service Information Page for Saved PA Request

8. To continue completing the PA request, follow the instructions beginning at step 15 under the Submit a New Prior Authorization chapter.

   If the PA request cannot be completed at this time, providers can save the request and finish it later by clicking **Save and Complete Later**. PA requests may be saved as many times as necessary as long as providers submit or re-save the request within 30 calendar days of the date the request was last saved. After 30 calendar days of inactivity, the request will be automatically deleted, and providers will need to start a new request.

6 Check on a Previously Submitted Prior Authorization

On the Prior Authorization page, click **Check on a previously submitted PA**. The Find PA Record page will be displayed.

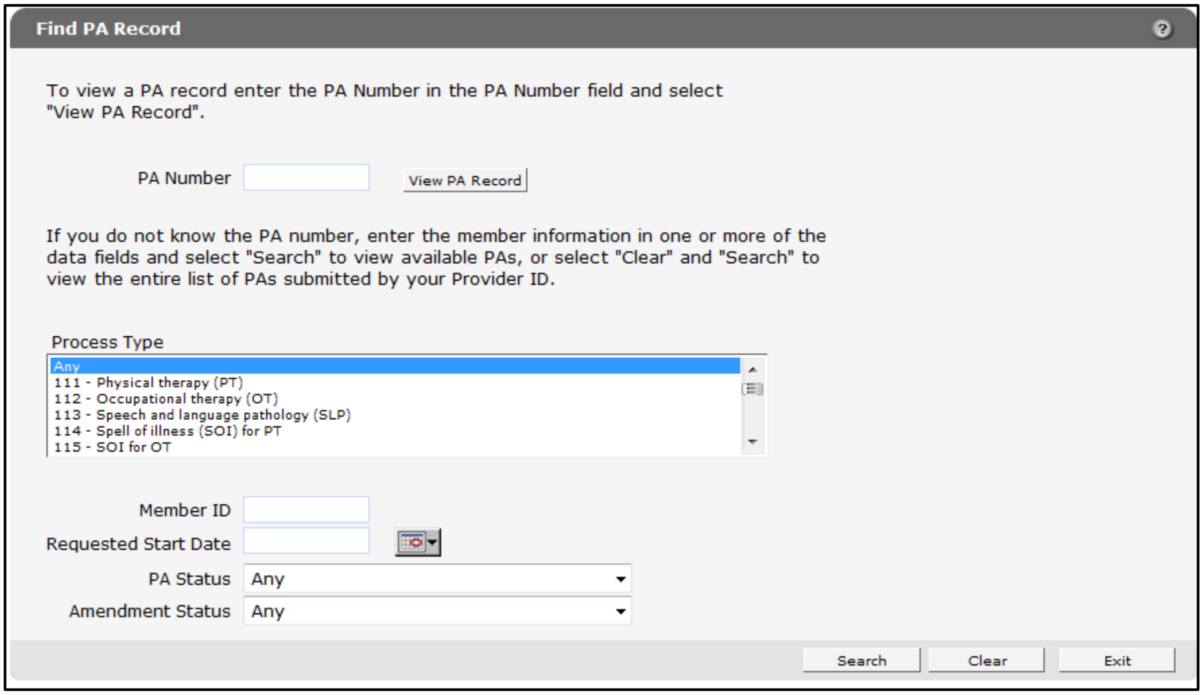


Figure 81 Find PA Record Page

The provider can find a PA by either entering a PA number or entering information in one or more of the data fields.

6.1 Search by Prior Authorization Number

1. Enter the PA number in the PA number field.

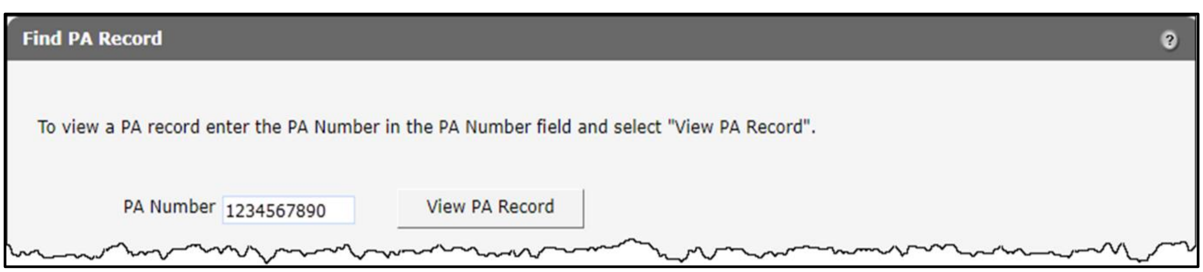


Figure 82 Search by PA Number

2. Click **View PA Record**. If no results match the search, an error message will be displayed at the top of the page.

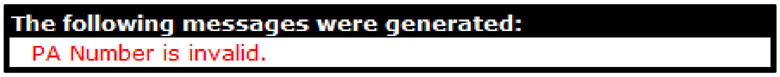
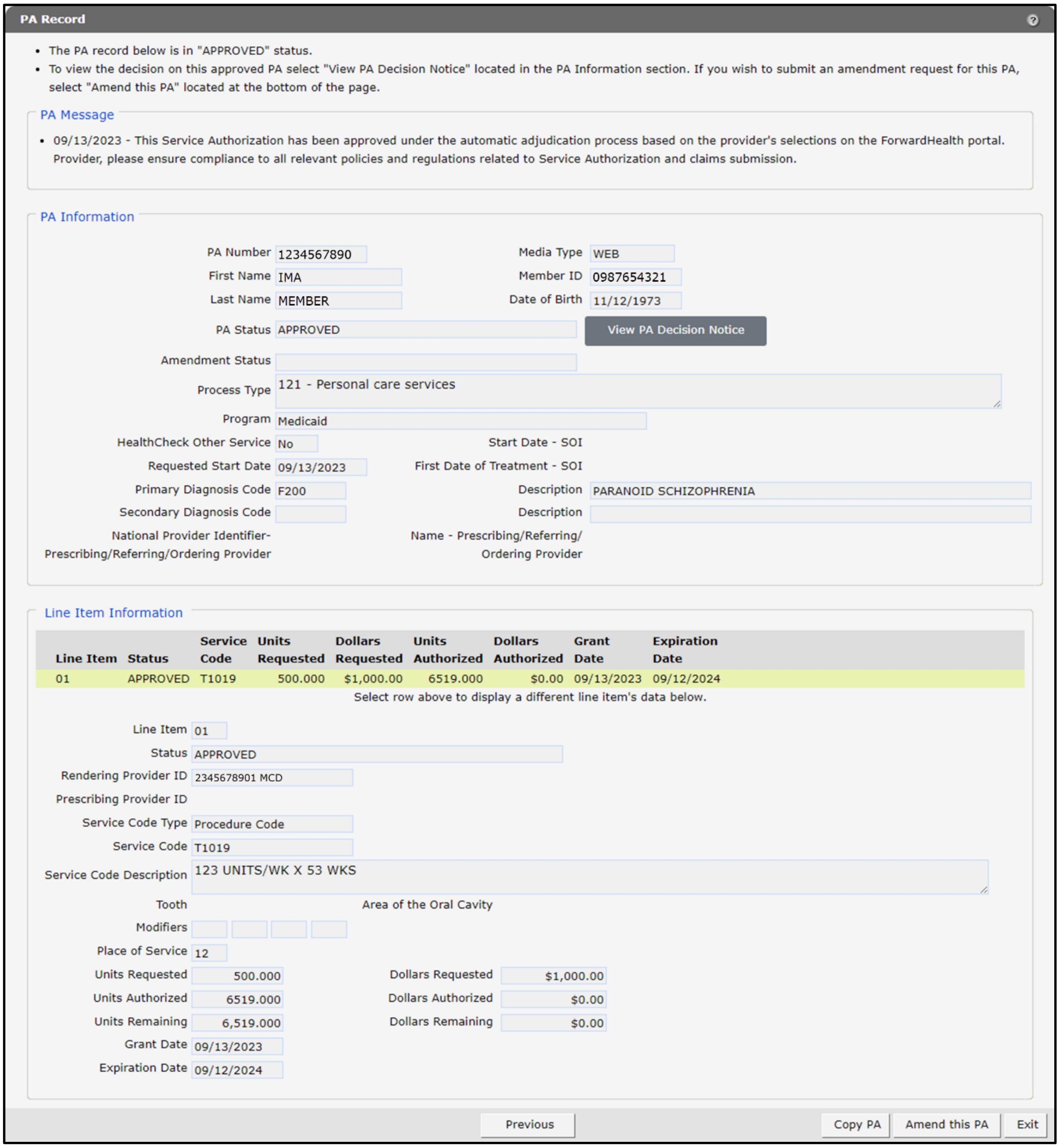


Figure 83 Example Error Message

If the entered PA number is valid, the PA Record page will be displayed. Note: Click **Copy PA** in the bottom right corner of the panel to copy the PA. Only PAs submitted through the Portal can be copied. The Copy PA button will always be visible but will only function for PAs in an approved or approved with modifications status. This option is available for most, but not all, process types.



PA Record

- The PA record below is in "APPROVED" status.
- To view the decision on this approved PA select "View PA Decision Notice" located in the PA Information section. If you wish to submit an amendment request for this PA, select "Amend this PA" located at the bottom of the page.

PA Message

- 09/13/2023 - This Service Authorization has been approved under the automatic adjudication process based on the provider's selections on the ForwardHealth portal. Provider, please ensure compliance to all relevant policies and regulations related to Service Authorization and claims submission.

PA Information

PA Number 1234567890
Media Type WEB
First Name IMA
Member ID 0987654321
Last Name MEMBER
Date of Birth 11/12/1973
PA Status APPROVED
View PA Decision Notice
Amendment Status
Process Type 121 - Personal care services
Program Medicaid
HealthCheck Other Service No
Start Date - SOI
Requested Start Date 09/13/2023
First Date of Treatment - SOI
Primary Diagnosis Code F200
Description PARANOID SCHIZOPHRENIA
Secondary Diagnosis Code
Description
National Provider Identifier-Prescribing/Referring/Ordering Provider
Name - Prescribing/Referring/Ordering Provider

Line Item Information

Line Item	Status	Service Code	Units Requested	Dollars Requested	Units Authorized	Dollars Authorized	Grant Date	Expiration Date
01	APPROVED	T1019	500.000	$1,000.00	6519.000	$0.00	09/13/2023	09/12/2024

Select row above to display a different line item's data below.

Line Item 01
Status APPROVED
Rendering Provider ID 2345678901 MCD
Prescribing Provider ID
Service Code Type Procedure Code
Service Code T1019
Service Code Description 123 UNITS/WK X 53 WKS
Tooth
Area of the Oral Cavity
Modifiers
Place of Service 12
Units Requested 500.000
Dollars Requested $1,000.00
Units Authorized 6519.000
Dollars Authorized $0.00
Units Remaining 6,519.000
Dollars Remaining $0.00
Grant Date 09/13/2023
Expiration Date 09/12/2024

Previous | Copy PA | Amend this PA | Exit

Figure 84 PA Record Page

3. Click **Exit** to return to the Prior Authorization page.

6.2 Search by Other Criteria

If the PA number is unknown, the provider can search for the PA using any of the remaining fields on the page. To refine a search, enter information in more than one field.

1. Enter or select information for any of the following fields:

    - Process Type
    - Provider ID

      Note: To search by Provider ID, the provider must be logged in to a hospital account.

    - Member ID
    - Requested Start Date
    - PA Status
    - Amendment Status

    To view all previously submitted PAs, leave all the fields blank.

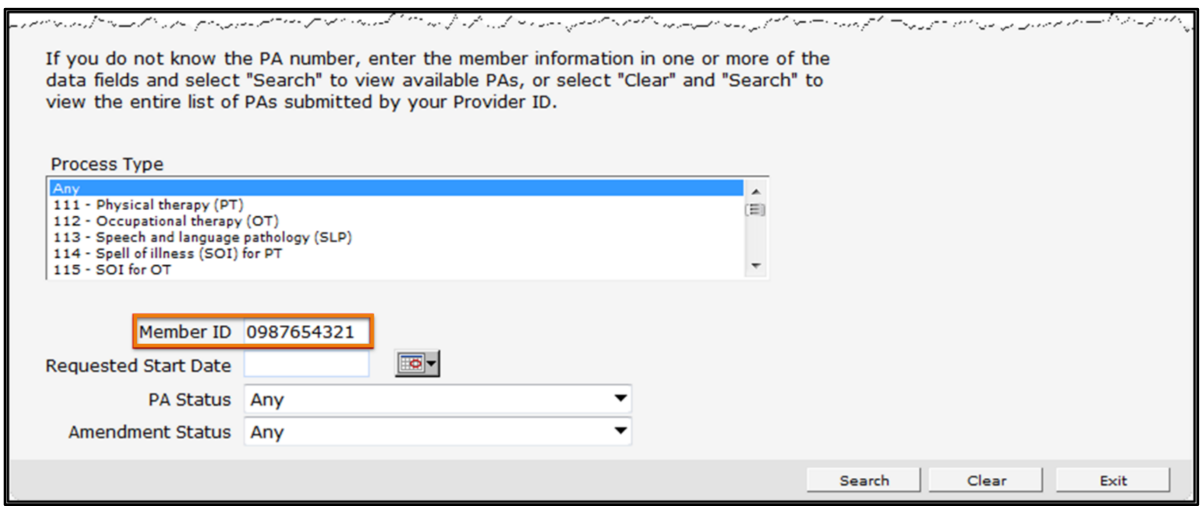


Figure 85 Search by Other Criteria

2. Click **Search**.

    If no results match the criteria entered, an error message will be displayed at the top of the page. Revise the search criteria and click **Search** again.

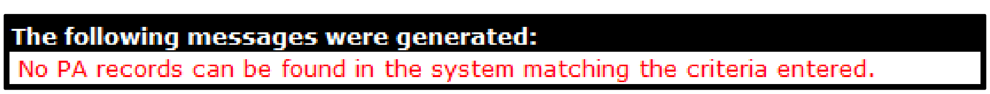


Figure 86 Example Error Message

If the entered information is valid, the Choose PA Record page will be displayed.

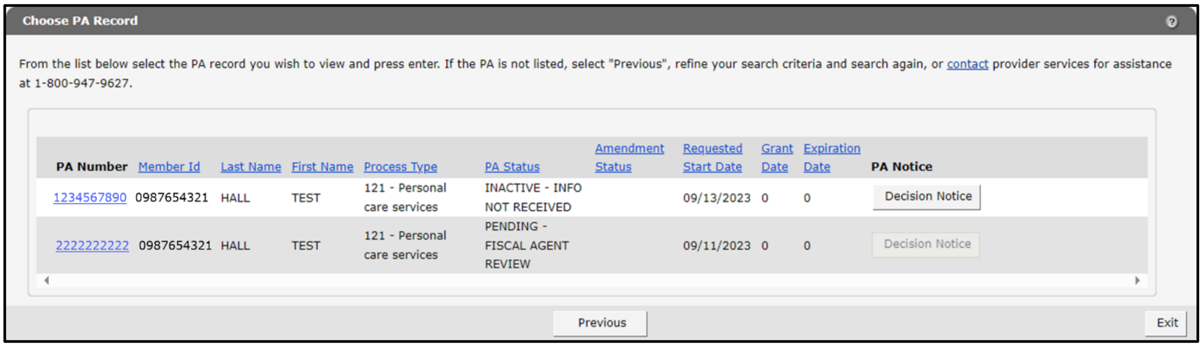


Figure 87 Choose PA Record Page

Note: To sort the results by category, click a column heading once to sort the results in ascending order. Click the heading twice to sort the results in descending order.

3. Select the PA the user wishes to view. The PA Record page will be displayed.

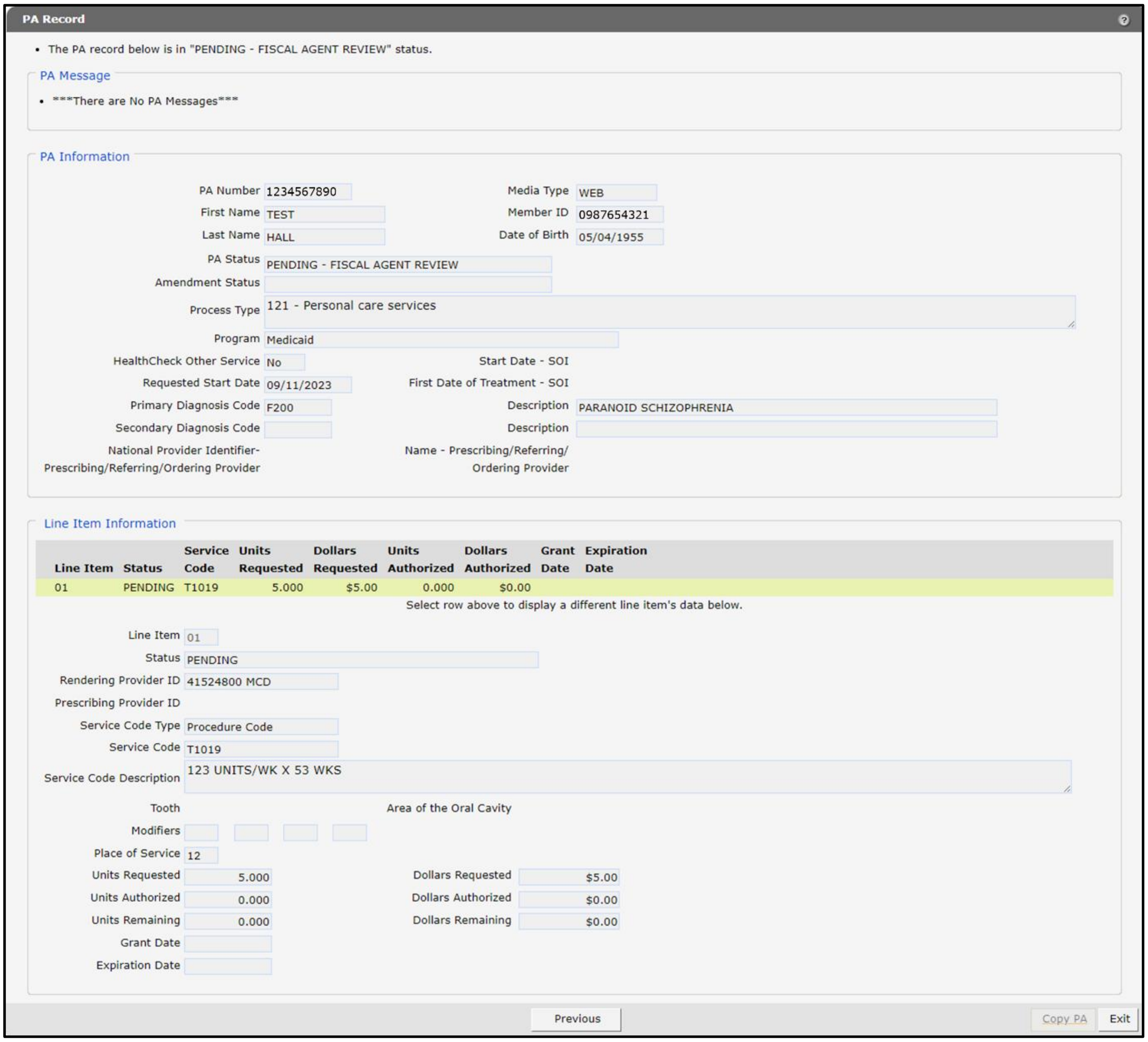


Figure 88 PA Record Page

4. Click **Exit** to return to the Prior Authorization page.

6.3 Change Suspended Prior Authorization Status

If the selected PA is in a status of *Suspended—Provider Sending Info*, providers have the option of changing the PA status from *Suspended* to *Pending* if it is determined that additional information will not need to be mailed or faxed.

1. On the Prior Authorization page, click **Check on a previously submitted PA**. The Find PA Record page will be displayed.

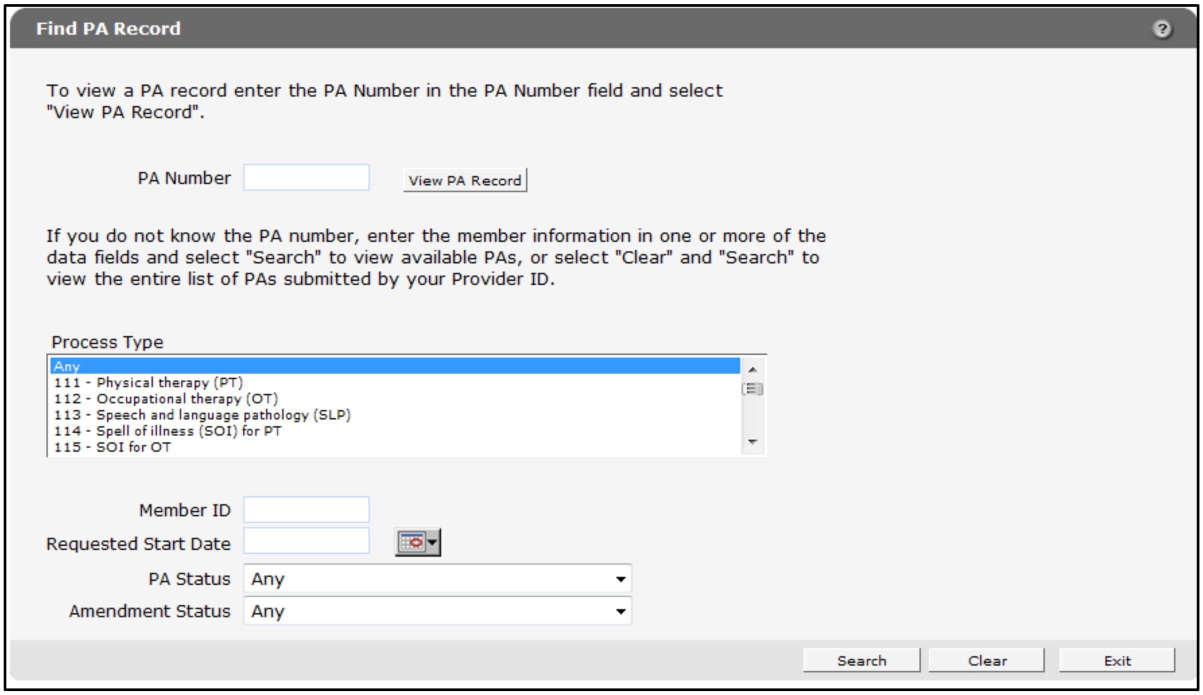


Figure 89 Find PA Record Page

2. Search for the PA.

    - If searching by PA number, the PA Record page will be displayed.
    - If searching by other criteria, the Choose PA Record page will be displayed. Select the PA to view to display the PA Record page.

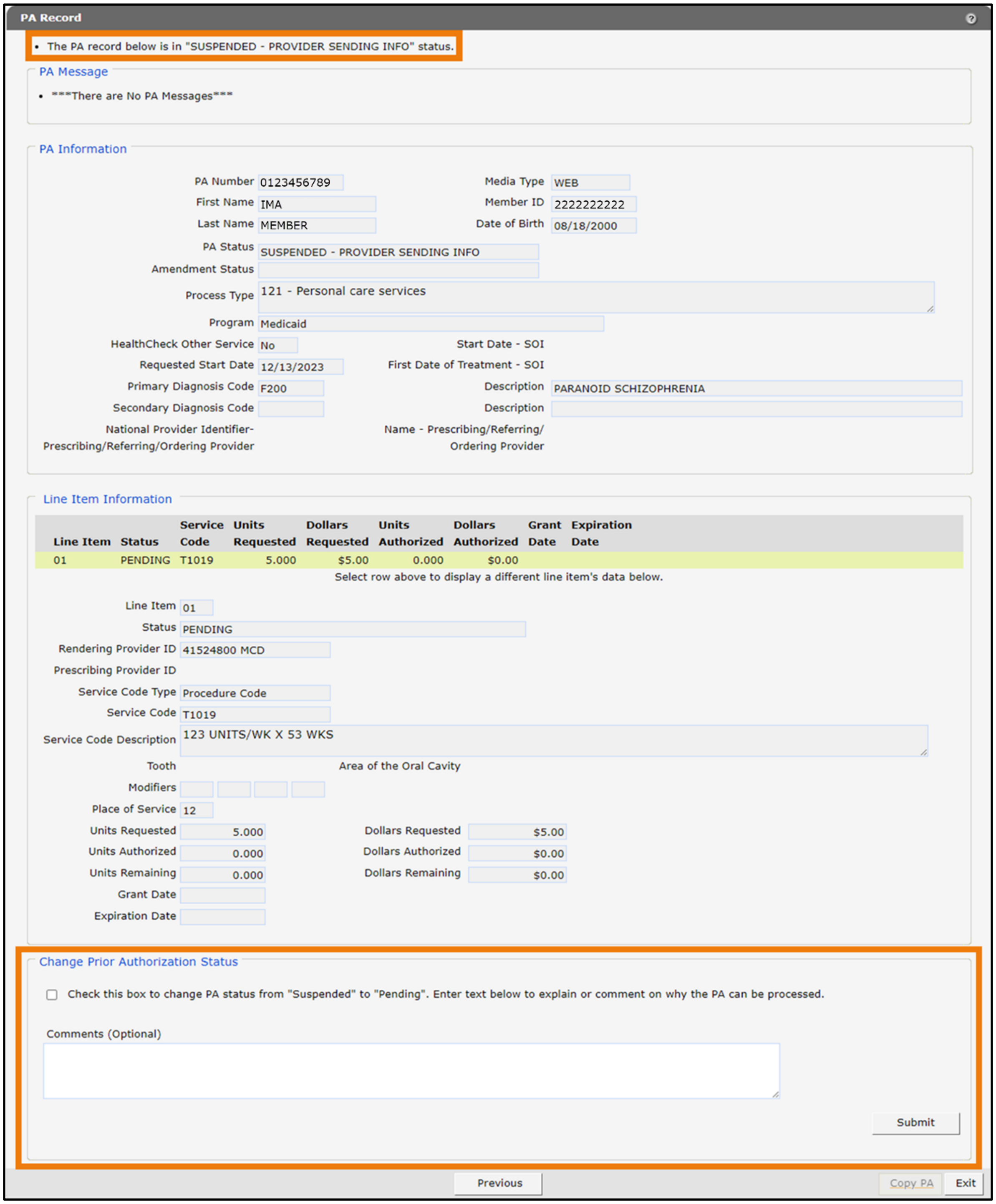


Figure 90 PA Record Page With Change Prior Authorization Status Section

3. Check the box in the "Change Prior Authorization Status" section of the PA Record page.

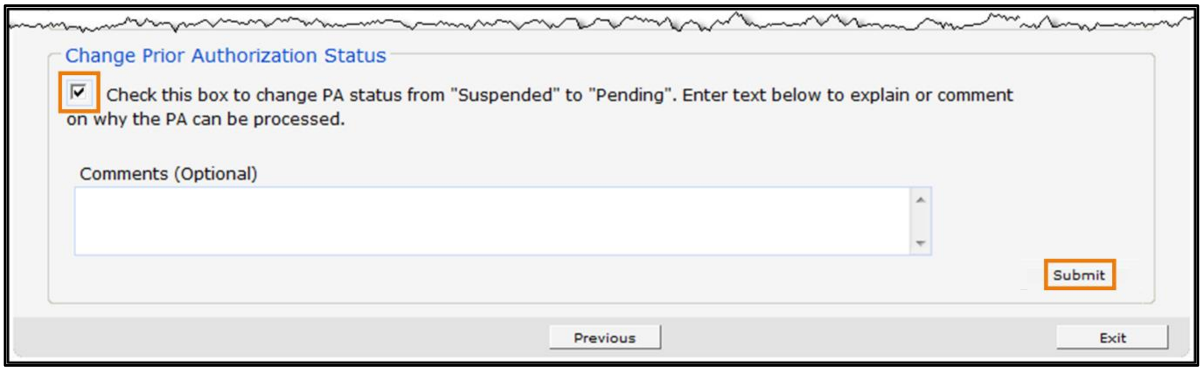


Figure 91 Change Prior Authorization Status Section

4. If necessary, add notes explaining or commenting on why the PA can be processed without additional clinical documentation in the Comments box.

5. Click **Submit**.

   If there were any problems with the submission, an error message will be displayed at the top of the page.

Figure 92 Example Error Message

   If the submission was successful, a confirmation message will be displayed at the top of the page.

Figure 93 Confirmation Message

   Note: The PA will still show a suspended status even though the status change was successful. To verify the status change, search for the PA again using the PA number. The current status of the PA will be displayed at the top of the PA Record page.

6. Click **Exit** to return to the Prior Authorization page.

7 Amend an Approved Prior Authorization

Only PAs with an approved status may be amended.

1. On the Prior Authorization page, click **Amend an approved PA**. The Find PA Record page will be displayed.

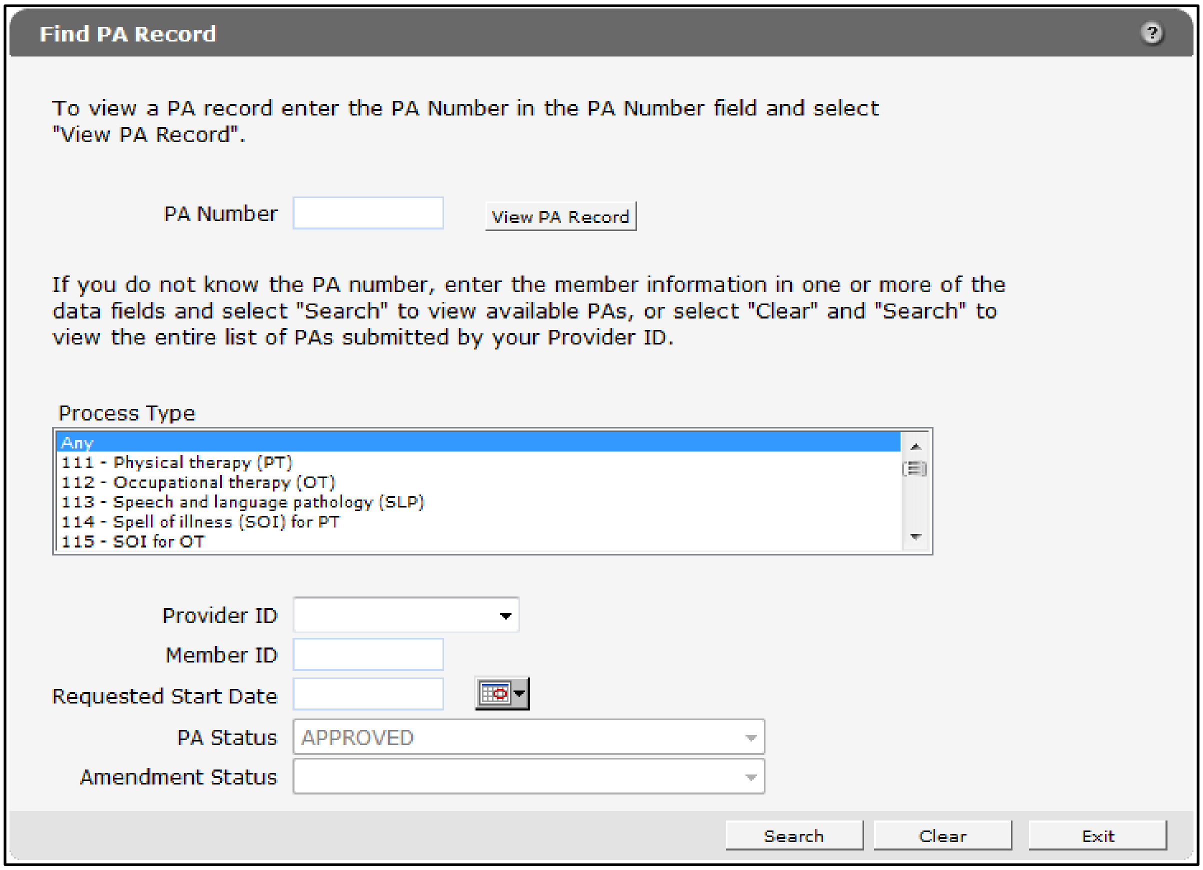


Figure 94 Find PA Record Page

The PA Status field will already be populated with an Approved status.

2. Search for the PA the user wishes to amend.

   For information on searching for a submitted PA, refer to the Check on a Previously Submitted PA chapter of this user guide.

   - If searching by PA number, the PA Record page will be displayed.
   - If searching by other criteria, the Choose PA Record page will be displayed. Select the PA to view to display the PA Record page.

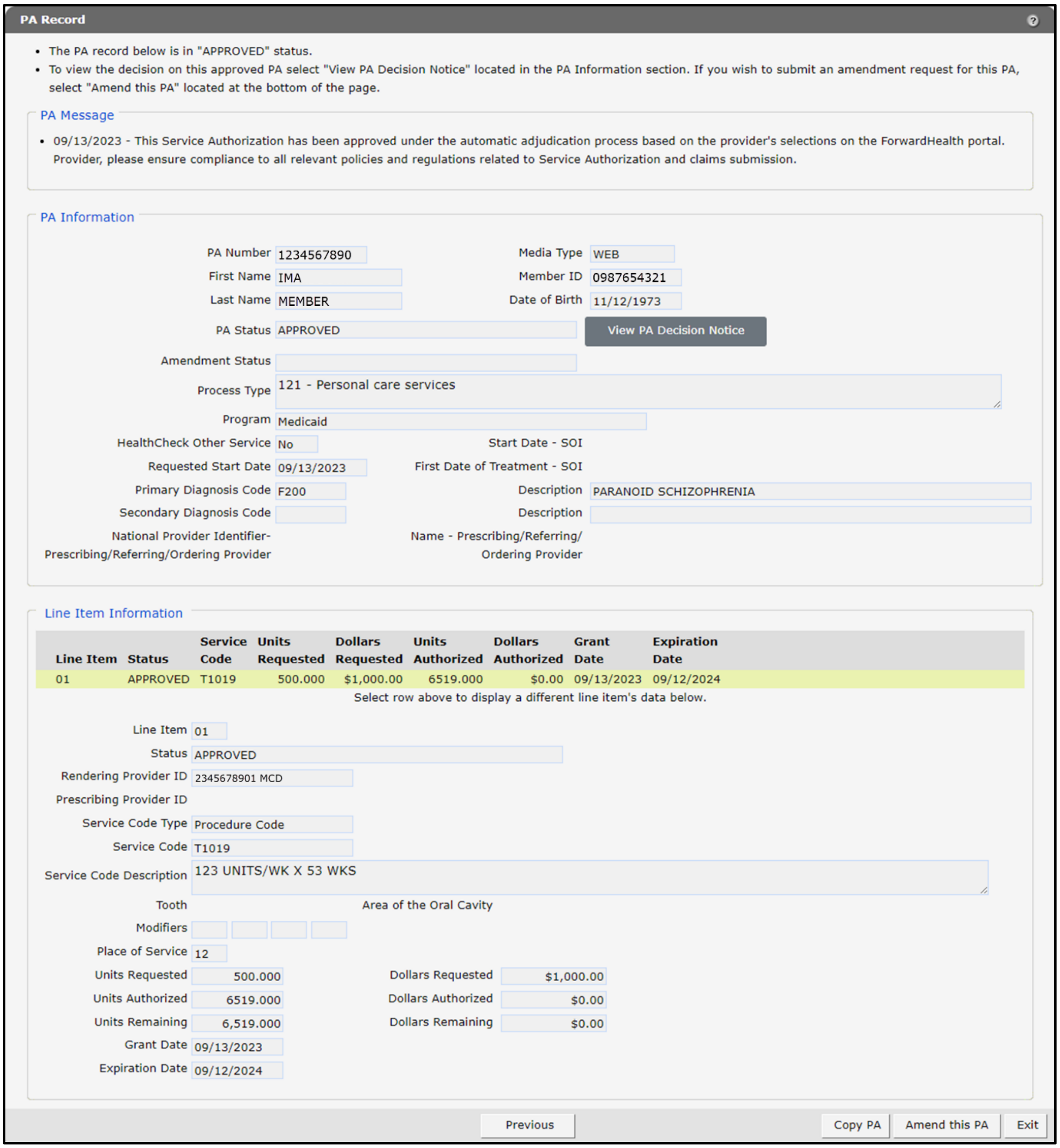
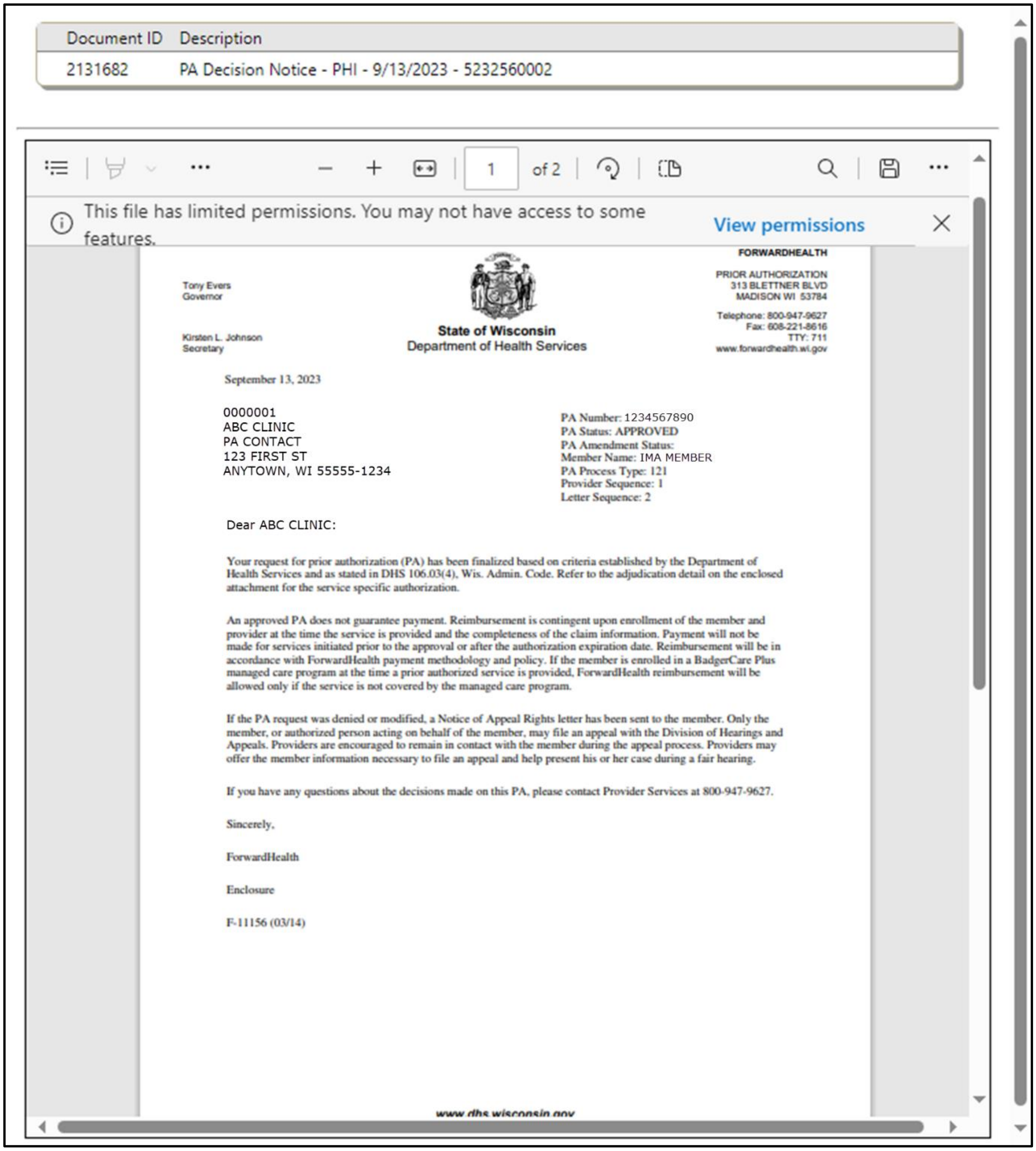


Figure 95 PA Record Page

3. To view the decision for this PA, click **View PA Decision Notice**. An OnBase Document Viewer window will open and display Document Results.

   Note: If only one document is listed, a PDF version of the PA Decision Notice letter will automatically open in the same window.



Document ID	Description
2131682	PA Decision Notice - PHI - 9/13/2023 - 5232560002

Tony Evers
Governor

Kirsten L. Johnson
Secretary

State of Wisconsin
Department of Health Services

FORWARDHEALTH

PRIOR AUTHORIZATION
313 BLETTNER BLVD
MADISON WI 53784

Telephone: 800-947-9627
Fax: 608-221-8616
TTY: 711
www.forwardhealth.wi.gov

September 13, 2023

0000001
ABC CLINIC
PA CONTACT
123 FIRST ST
ANYTOWN, WI 55555-1234

PA Number: 1234567890
PA Status: APPROVED
PA Amendment Status:
Member Name: IMA MEMBER
PA Process Type: 121
Provider Sequence: 1
Letter Sequence: 2

Dear ABC CLINIC:

Your request for prior authorization (PA) has been finalized based on criteria established by the Department of Health Services and as stated in DHS 106.03(4), Wis. Admin. Code. Refer to the adjudication detail on the enclosed attachment for the service specific authorization.

An approved PA does not guarantee payment. Reimbursement is contingent upon enrollment of the member and provider at the time the service is provided and the completeness of the claim information. Payment will not be made for services initiated prior to the approval or after the authorization expiration date. Reimbursement will be in accordance with ForwardHealth payment methodology and policy. If the member is enrolled in a BadgerCare Plus managed care program at the time a prior authorized service is provided, ForwardHealth reimbursement will be allowed only if the service is not covered by the managed care program.

If the PA request was denied or modified, a Notice of Appeal Rights letter has been sent to the member. Only the member, or authorized person acting on behalf of the member, may file an appeal with the Division of Hearings and Appeals. Providers are encouraged to remain in contact with the member during the appeal process. Providers may offer the member information necessary to file an appeal and help present his or her case during a fair hearing.

If you have any questions about the decisions made on this PA, please contact Provider Services at 800-947-9627.

Sincerely,

ForwardHealth

Enclosure

F-11156 (03/14)

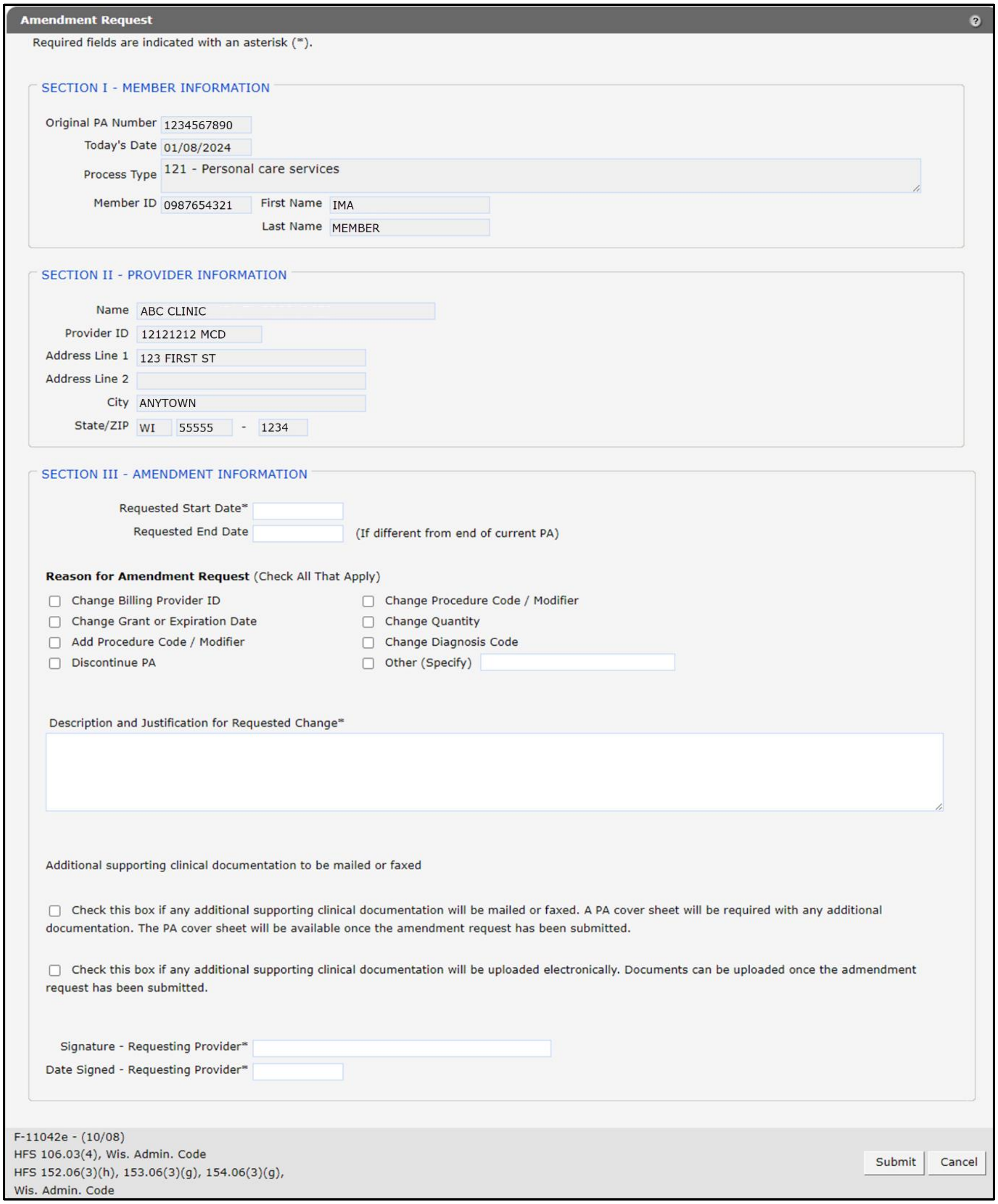
www.dhs.wisconsin.gov

Figure 96 OnBase Document Viewer Window

4. To print or save the PA Decision Notice to a hard drive or network location, use the Print or Save As function of the browser.

5. Close the OnBase Document Viewer window.

6. On the PA Record page, click **Amend this PA** located in the lower right corner of the page. The Amendment Request page will be displayed.



Amendment Request

Required fields are indicated with an asterisk (*).

SECTION I - MEMBER INFORMATION

Original PA Number 1234567890
Today's Date 01/08/2024
Process Type 121 - Personal care services
Member ID 0987654321 First Name IMA
Last Name MEMBER

SECTION II - PROVIDER INFORMATION

Name ABC CLINIC
Provider ID 12121212 MCD
Address Line 1 123 FIRST ST
Address Line 2
City ANYTOWN
State/ZIP WI 55555 - 1234

SECTION III - AMENDMENT INFORMATION

Requested Start Date*
Requested End Date (If different from end of current PA)

Reason for Amendment Request (Check All That Apply)

- Change Billing Provider ID
- Change Grant or Expiration Date
- Add Procedure Code / Modifier
- Discontinue PA
- Change Procedure Code / Modifier
- Change Quantity
- Change Diagnosis Code
- Other (Specify)

Description and Justification for Requested Change*

Additional supporting clinical documentation to be mailed or faxed

Check this box if any additional supporting clinical documentation will be mailed or faxed. A PA cover sheet will be required with any additional documentation. The PA cover sheet will be available once the amendment request has been submitted.

Check this box if any additional supporting clinical documentation will be uploaded electronically. Documents can be uploaded once the admendment request has been submitted.

Signature - Requesting Provider*
Date Signed - Requesting Provider*

F-11042e - (10/08)
HFS 106.03(4), Wis. Admin. Code
HFS 152.06(3)(h), 153.06(3)(g), 154.06(3)(g),
Wis. Admin. Code

Submit Cancel

Figure 97 Amendment Request Page

7. In "SECTION III - AMENDMENT INFORMATION", although not all the fields are required, enter as much information as possible.

    - In the Requested Start Date field, enter the start date requested for the amendment in MM/DD/CCYY format.
    - If the end date is different from the current expiration date, enter the end date requested for the amendment in MM/DD/CCYY format in the Requested End Date field.
    - In the "Reason for Amendment Request (Check All That Apply)" section, check a reason(s) for the amendment request.

      Note: If requesting to amend a PA collaborative, check the Other (Specify) box and enter "Amend collaborative" in the field next to it.
    - Enter a note describing and explaining the change in the Description and Justification for Requested Change box. (Enter information for each reason selected.)

      Note: If the user entered "Amend collaborative" in the Other (Specify) field, they should enter the collaborative ID and specify what changes are needed. For example, the user may request to add or remove a PA from the collaborative or change collaborative start or end dates.
    - If additional supporting clinical documentation is needed, check the appropriate box indicating whether the additional documents will be mailed, faxed, or uploaded.
    - In the Signature — Requesting Provider field, enter the signature of the provider that requested the original PA.
    - In the Date Signed — Requesting Provider field, enter the date the amendment request was signed by the requesting provider in MM/DD/CCYY format.

8. Click **Submit**.

    - If no additional clinical documentation is needed and the amendment request was submitted successfully, the Confirmation of Receipt page will be displayed.
    - If additional clinical documentation is being mailed or faxed, the Cover Sheet page will be displayed.

        a. Click **Get PA Cover Sheet**. A PDF version of the PA cover sheet will open in a new window.

        b. Print or save the PA cover sheet.

        c. Close the window.

        d. On the Cover Sheet page, click **Next**. The Confirmation of Receipt page will be displayed.

- If the provider is uploading additional clinical documentation, the File Upload panel will be displayed.

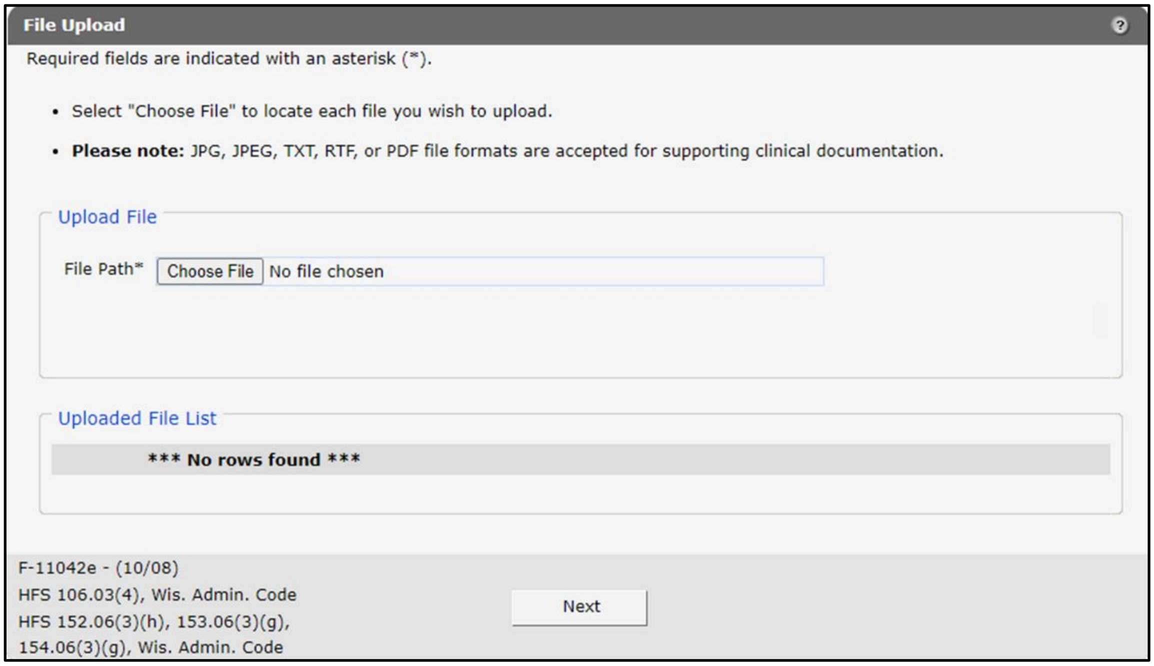


Figure 98 File Upload Panel

a. In the "Upload File" section, click **Choose File**. The Choose file window will be displayed.

b. Browse to and select the desired file.

c. Click **Open**.

A confirmation message will be generated at the top of the page and the uploaded file will be displayed in the "Uploaded File List" section. To remove a file, click the red "X."

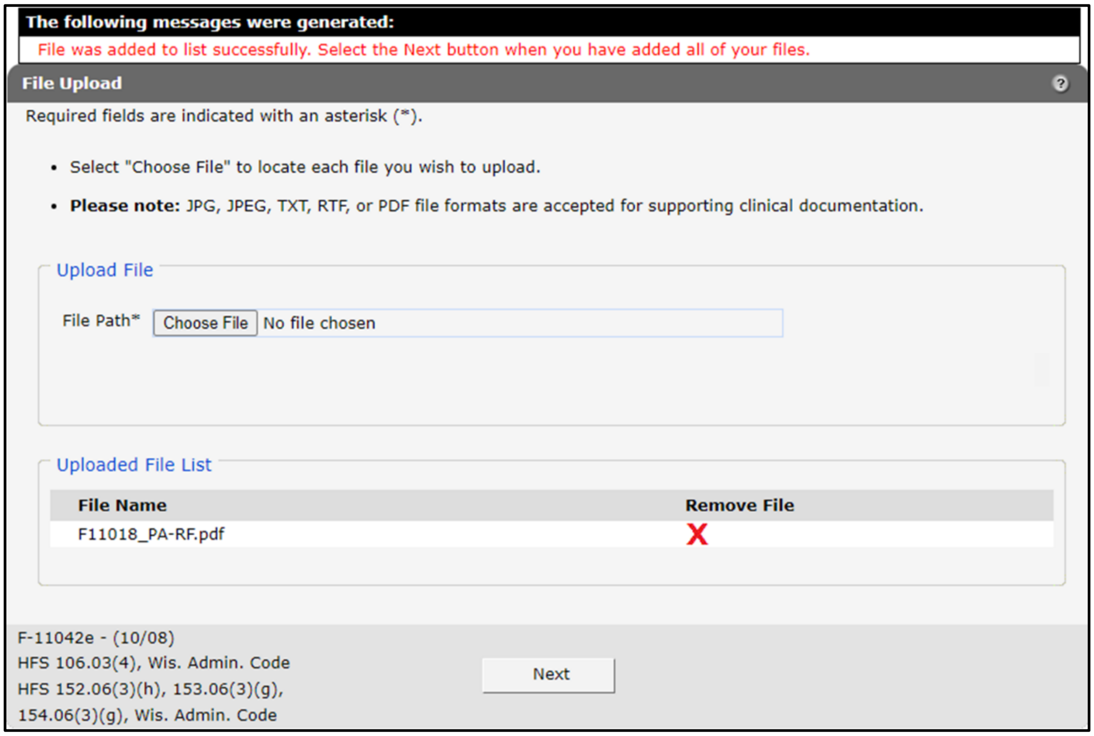


Figure 99 Uploaded File List Section

d. Upload as many files as necessary.

e. When all files have been uploaded, click **Next**. The Confirmation of Receipt page will be displayed.

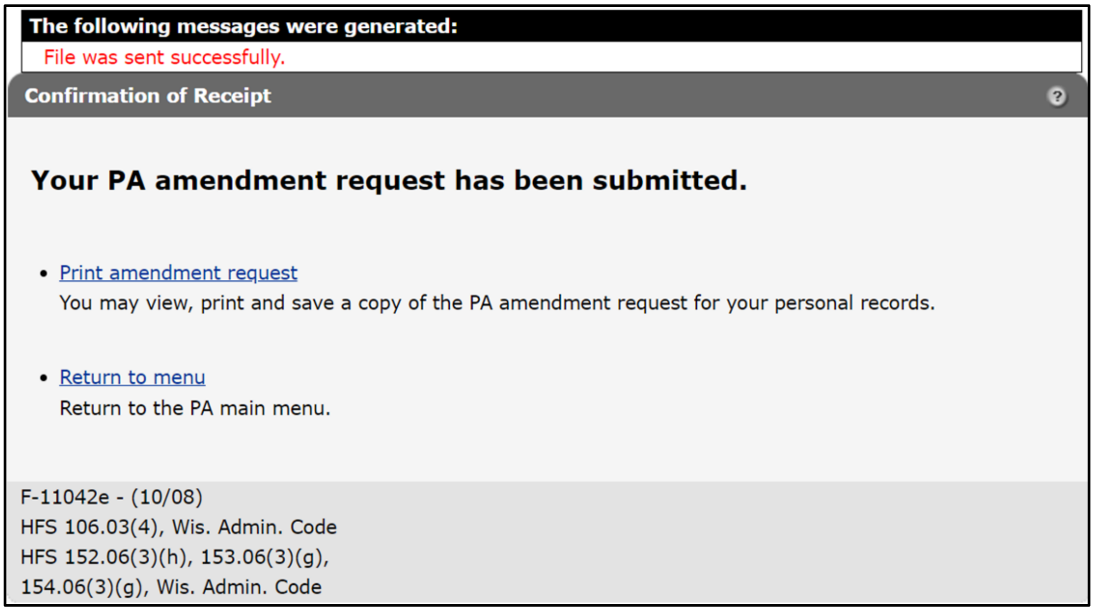


Figure 100 Confirmation of Receipt Page

9. To view, print, or save a copy of the amendment request, click **Print amendment request**. A PDF version of the amendment request will be displayed in a separate browser window.

DEPARTMENT OF HEALTH SERVICES
Division of Health Care Access and Accountability
F-11042 (07/12)

STATE OF WISCONSIN
DHS 106.03(4), Wis. Admin. Code
DHS 152.06(3(h), 153.06(3)(g), 154.06(3)(g), Wis. Admin. Code

FORWARDHEALTH
PRIOR AUTHORIZATION AMENDMENT REQUEST

Providers may submit prior authorization (PA) requests with attachments to ForwardHealth by fax at (608) 221-8616 or by mail to: ForwardHealth, Prior Authorization, Suite 88, 313 Blettner Boulevard, Madison, WI 53784. **Instructions:** Type or print clearly. Refer to the Prior Authorization Amendment Request Completion Instructions, F-11042A, for detailed information on completing this form.

SECTION I — MEMBER INFORMATION

1. Original PA Number	2. Process Type	3. Member Identification Number
1234567890	121 - Personal	0987654321

4. Name — Member (Last, First, Middle Initial)
MEMBER, IMA

SECTION II — PROVIDER INFORMATION

5. Billing Provider Number	7. Address — Billing Provider (Street, City, State, ZIP+4 Code)
2345678901 MCD	123 FIRST ST, ANYTOWN, WI 55555-1234
6. Name — Billing Provider	
ABC CLINIC	

SECTION III — AMENDMENT INFORMATION

8. Requested Start Date	9. Requested End Date (If Different from Expiration Date of Current PA)
10/13/2023	

10. Reasons for Amendment Request (Check All That Apply)

- ☐ Change Billing Provider Number
- ☐ Change Procedure Code / Modifier
- ☐ Change Grant or Expiration Date
- ☒ Change Quantity
- ☐ Add Procedure Code / Modifier
- ☐ Change Diagnosis Code
- ☐ Discontinue PA
- ☐ Other (Specify)____________________

11. Description and Justification for Requested Change
Need to change the quantity for this request.

12. Are Attachments Included? ☐ Yes ☒ No
If Yes, specify attachments below.

13. **SIGNATURE** — Requesting Provider	14. Date Signed — Requesting Provider
IAM PROVIDER	10/13/2023

-DRAFT-

DT-PA002-002

Figure 101 Draft PDF Version of the PA Amendment Request

10. Use the browser functions to print or save the amendment request.

    Note: This copy of the amendment request is strictly for recordkeeping.

11. Click **Return to menu** to be redirected to the Prior Authorization page of the Portal.

8 Correct a Returned Prior Authorization

1. On the Prior Authorization page, click **Correct a returned PA**. The Find PA Record page will be displayed.

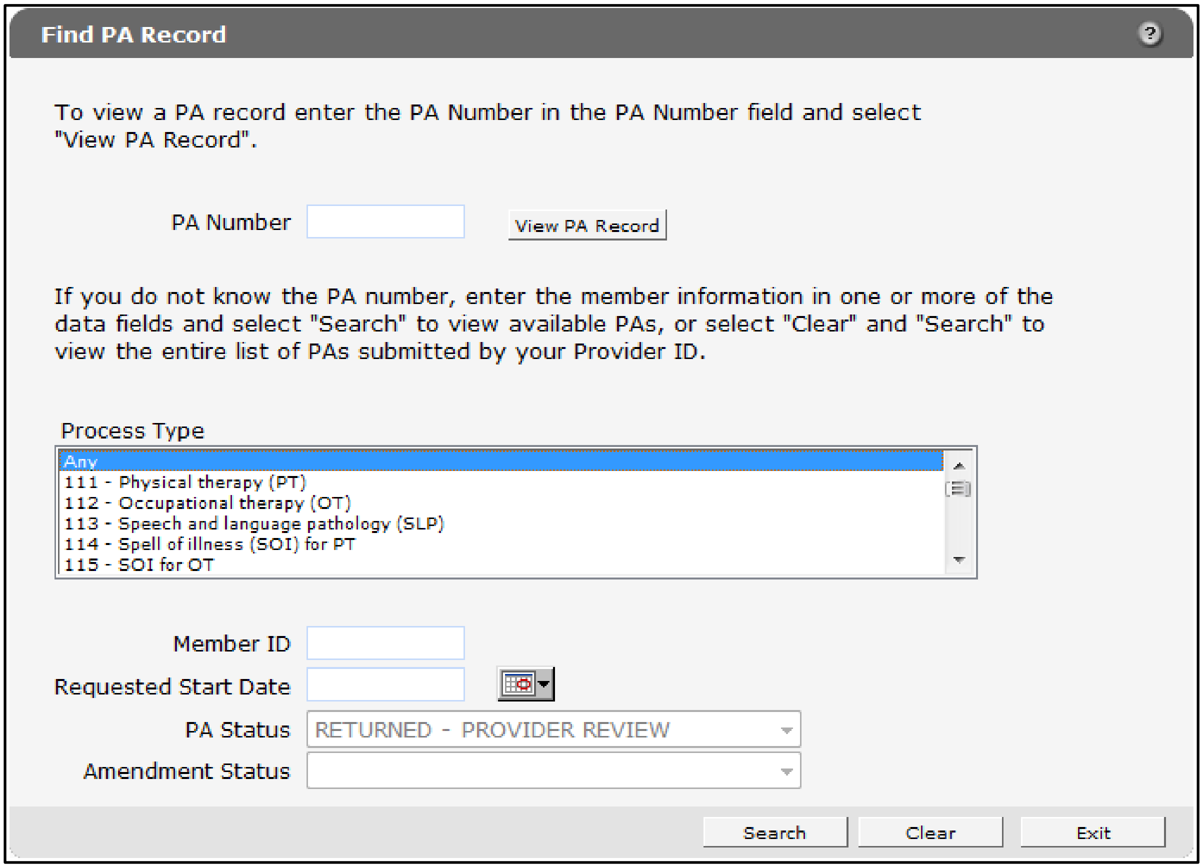


Figure 102 Find PA Record Page

The PA Status field will already be populated with *Returned — Provider Review*.

2. Search for the PA the user wishes to correct.

For information on searching for a submitted PA, refer to the [Check on a Previously Submitted Prior Authorization]() chapter of this user guide.

If the provider searches by PA Number, the PA Record page will be displayed.

If the provider searches by other criteria, the Choose PA Record page will be displayed.

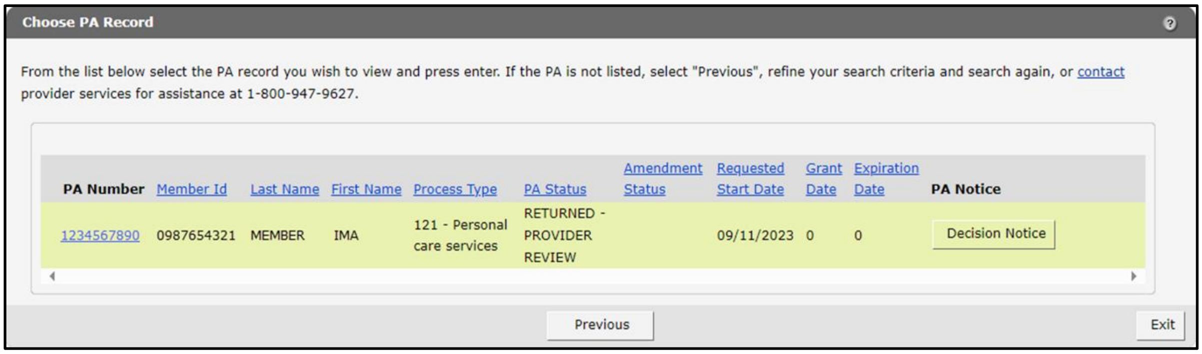


Figure 103 Choose PA Record Page

3. Select the PA request to be corrected. The PA Record page will be displayed.

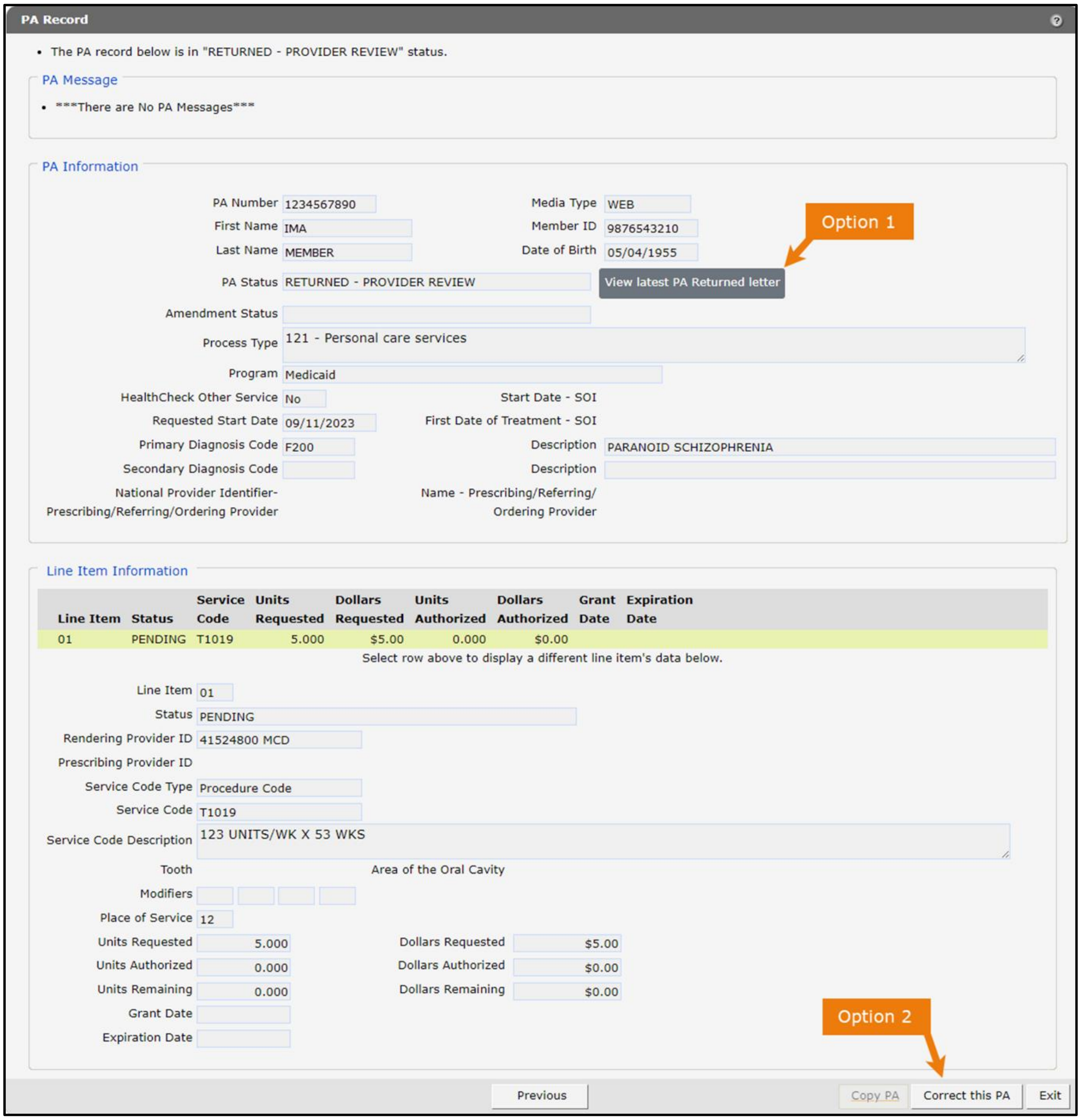


Figure 104 PA Record Page

4. To view the latest PA returned letter, click **View latest PA Returned letter** (Refer to Option 1, Figure 103). An OnBase Document Viewer window will open and display Document Results.

   Note: If only one document is listed, a PDF version of the PA Decision Notice letter will automatically open in the same window.

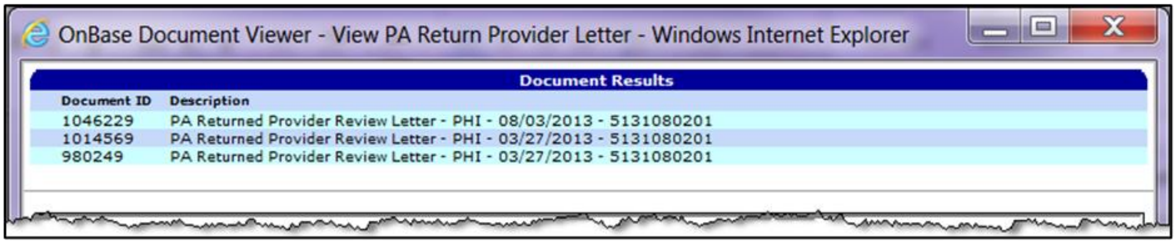


Figure 105 OnBase Document Viewer Window

5. To print or save the Returned Provider Review Letter to a hard drive or network location, use the Print or Save As function of the browser.
6. Close the OnBase Document Viewer and PDF viewer windows.
7. Review the information on the PA Record page.
8. Click **Correct this PA** (on the PA Record Page). A dialog box may be displayed.

Figure 106 Dialog Box

9. Click **Leave**. The Initial Information page will be displayed.

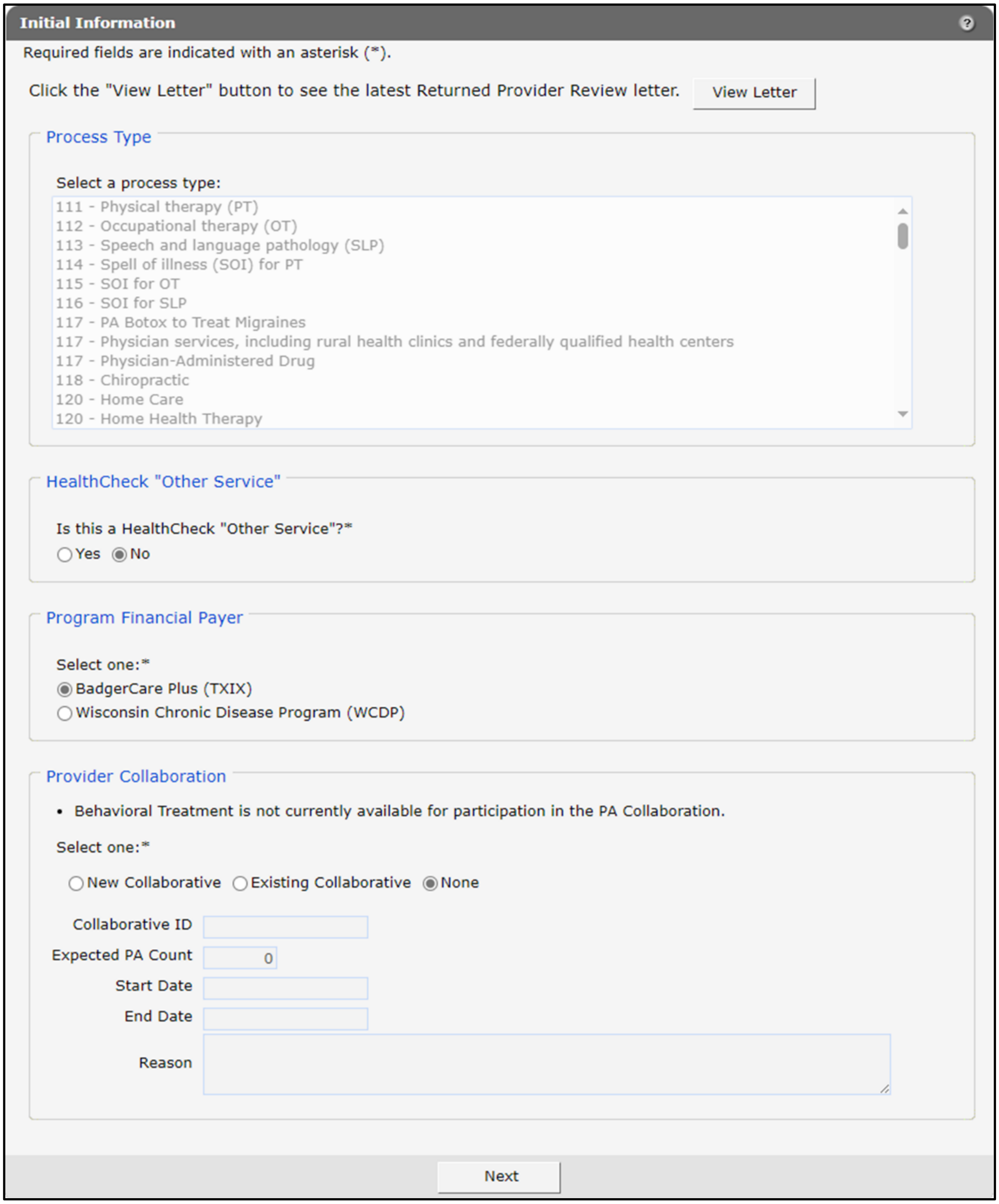


Figure 107 Initial Information Page

10. Click **View Letter** to review the latest Returned Provider Review Letter. Note: Clicking this button performs the same function as the **View latest PA Returned Letter** button in step 4.

11. Close the OnBase Document Viewer and PDF viewer windows.

12. Make any necessary changes on the Initial Information page.

    Note: Changing information on this page will change information that is entered on other PA request pages. Inaccurate information can create delays or problems with processing the resubmitted PA.

13. Click **Next**. If the selected process type has a note associated with it, the Processing Notes page will be displayed.

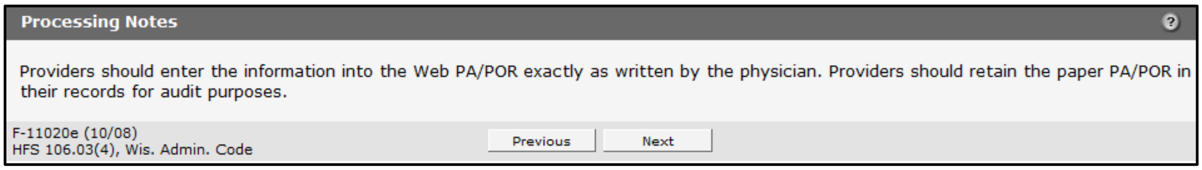


Figure 108 Processing Notes Page

14. Read the note and click **Next**. The Member Information page will be displayed.

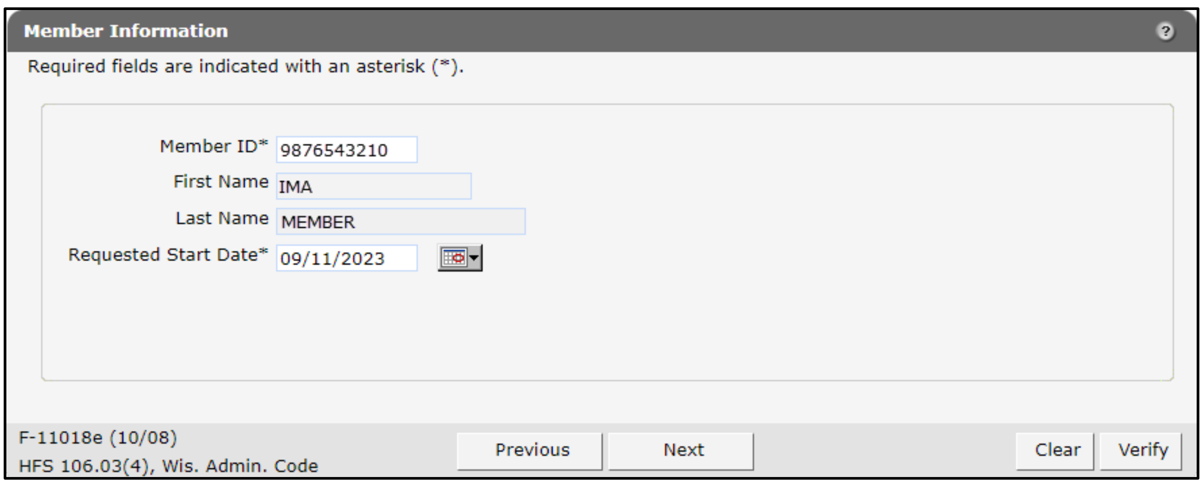
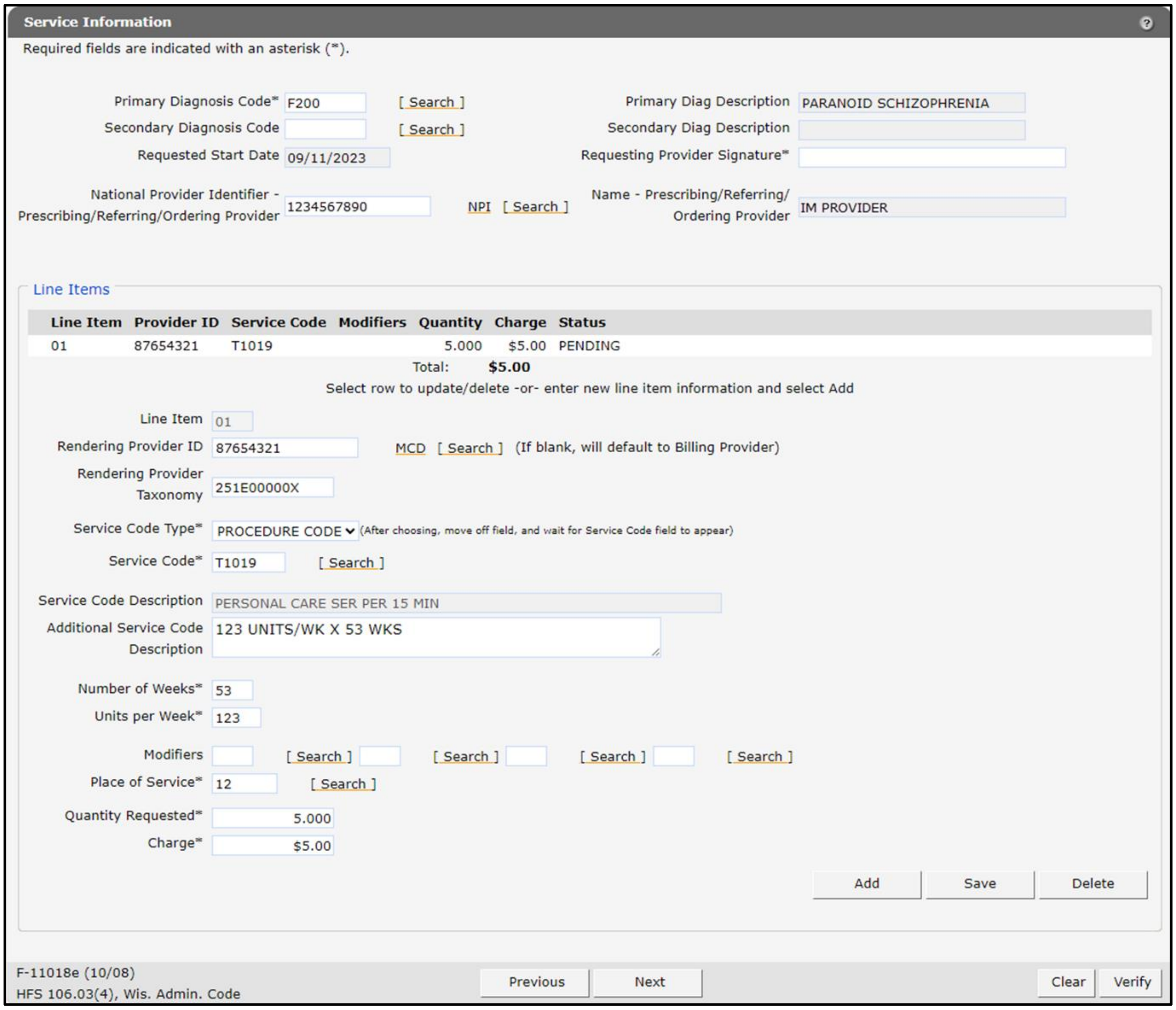


Figure 109 Member Information Page

15. Make any necessary changes on the Member Information page.

16. Click **Next**. The Service Information page will be displayed.



Service Information

Required fields are indicated with an asterisk (*).

Primary Diagnosis Code* F200 [Search] Primary Diag Description PARANOID SCHIZOPHRENIA

Secondary Diagnosis Code [Search] Secondary Diag Description

Requested Start Date 09/11/2023 Requesting Provider Signature*

National Provider Identifier - Prescribing/Referring/Ordering Provider 1234567890 NPI [Search] Name - Prescribing/Referring/Ordering Provider IM PROVIDER

Line Items

Line Item	Provider ID	Service Code	Modifiers	Quantity	Charge	Status
01	87654321	T1019		5.000	$5.00	PENDING

Total: **$5.00**

Select row to update/delete -or- enter new line item information and select Add

Line Item 01

Rendering Provider ID 87654321 MCD [Search] (If blank, will default to Billing Provider)

Rendering Provider Taxonomy 251E00000X

Service Code Type* PROCEDURE CODE (After choosing, move off field, and wait for Service Code field to appear)

Service Code* T1019 [Search]

Service Code Description PERSONAL CARE SER PER 15 MIN

Additional Service Code Description 123 UNITS/WK X 53 WKS

Number of Weeks* 53

Units per Week* 123

Modifiers [Search] [Search] [Search] [Search]

Place of Service* 12 [Search]

Quantity Requested* 5.000

Charge* $5.00

Add Save Delete

F-11018e (10/08)
HFS 106.03(4), Wis. Admin. Code

Previous Next Clear Verify

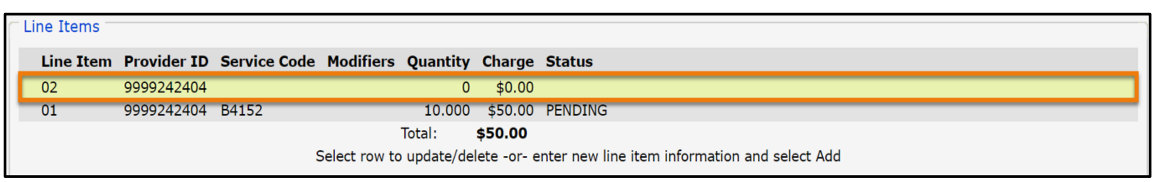
Figure 110 Service Information Page

17. Enter the requesting provider's signature.

18. Make any necessary changes on the Service Information page. To make changes, the user can choose to do the following under the Line Items section of the page:

- Add a line item:

    a. Click **Add** in the lower right corner of the page. A new row will be displayed.



Line Items

Line Item	Provider ID	Service Code	Modifiers	Quantity	Charge	Status
02	9999242404			0	$0.00	
01	9999242404	B4152		10.000	$50.00	PENDING

Total: **$50.00**

Select row to update/delete -or- enter new line item information and select Add

Figure 111 Service Information Page—Line Items Section

a. Enter information in the appropriate field(s).

b. Click **Save** in the lower right corner of the page. The row will be displayed with the updated information.

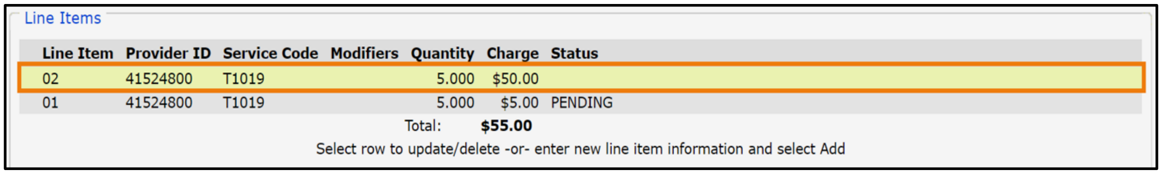


Figure 112 Service Information Page—Line Items Section

- Inactivate a line item:

a. Click the desired row. The information will be displayed.

b. Click **Inactivate** in the lower right corner of the page. A dialog box may be displayed.

Figure 113 Dialog Box

c. Click **OK**. The status of the line item will be marked as inactive in the status column. For technical reasons, once a PA has been submitted, line items cannot be deleted but must be inactivated.

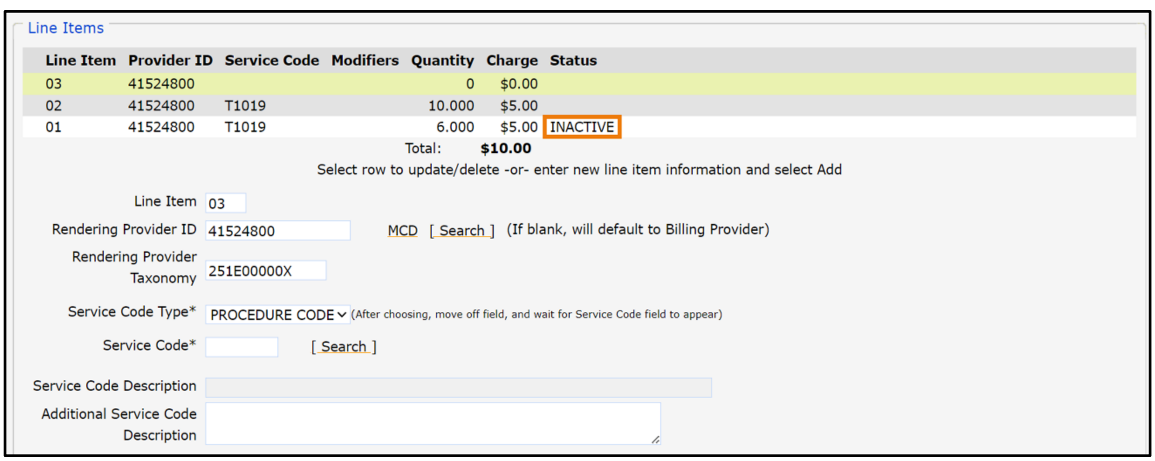


Figure 114 Service Information Page

- Change a line item:

a. Click the desired row. The information will be displayed.

b. Make changes to the appropriate field(s).

c. Click **Save** in the lower right corner of the page. The row will be populated with the updated information.

19. Click **Verify** to update the changes. A message will be displayed at the top of the page indicating if the PA is ready for submission or if an error is found.

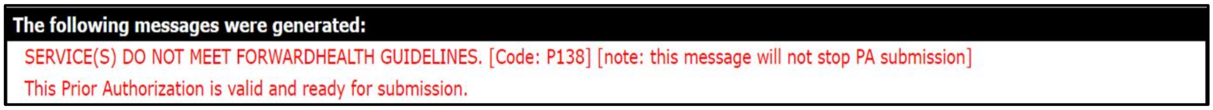


Figure 115 Valid Prior Authorization Message

If there is an error, correct the error and click **Verify** again.

20. Click **Next**. The Required Attachments page will be displayed.

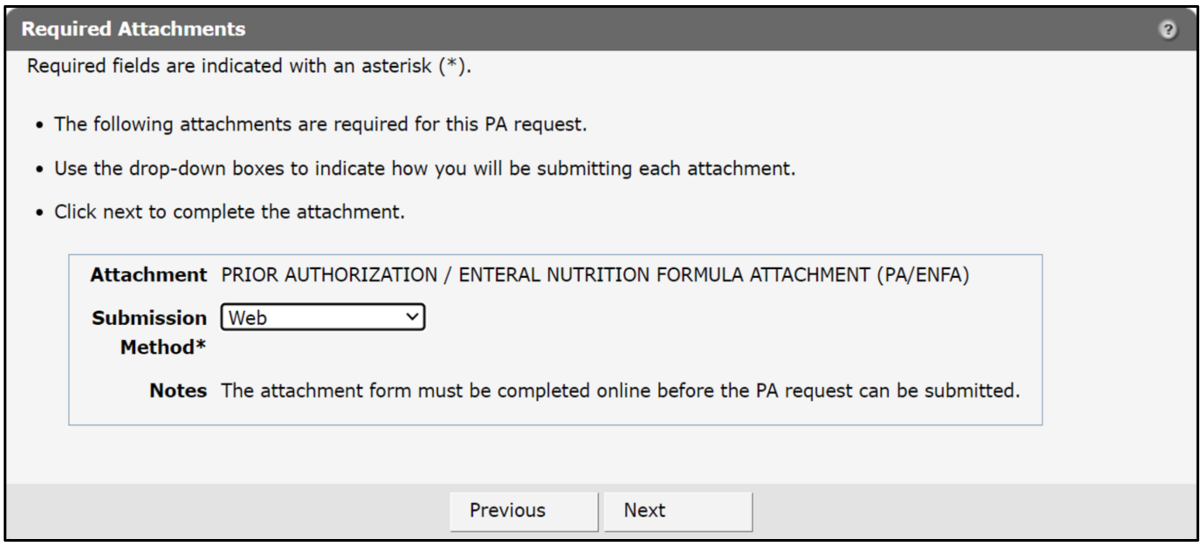


Figure 116 Required Attachments Page

21. Select a Submission Method from the Submission Method* drop-down menu.

   a. If Web is selected, refer to the Submission Method—Web section of this user guide for more information.

   b. If Electronic Upload is selected, refer to the Submission Method—Electronic Upload section of this user guide for more information.

   c. If Mail or Fax is selected, refer to the Submission Method—Mail or Fax section of this user guide for more information.

22. Select **Already Submitted** if the attachment sent for the original PA request is still valid.

23. Click **Next**. The PA Summary page will be displayed.

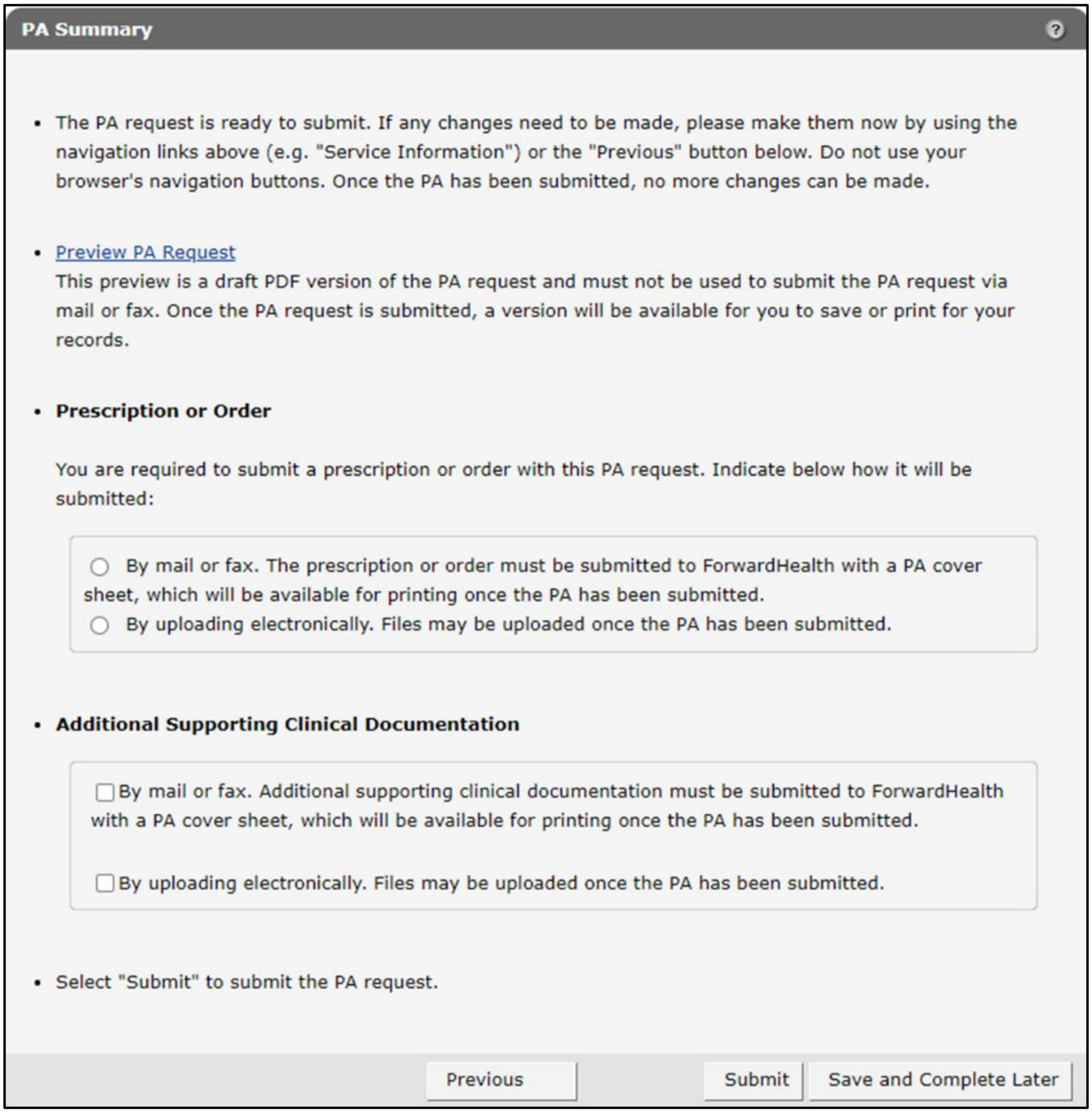


Figure 117 PA Summary Page

24. To view a draft of the PA request, click **Preview PA**. A draft PDF version of the PA request will open in a new window.

25. Review the draft to ensure the entered information is accurate.

26. Close the window.

27. Place a check in the appropriate box indicating how the prescription or order (if required) and additional supporting clinical information is being submitted (by mail or fax or by uploading electronically).

28. Click Submit. A File Upload panel will be displayed.

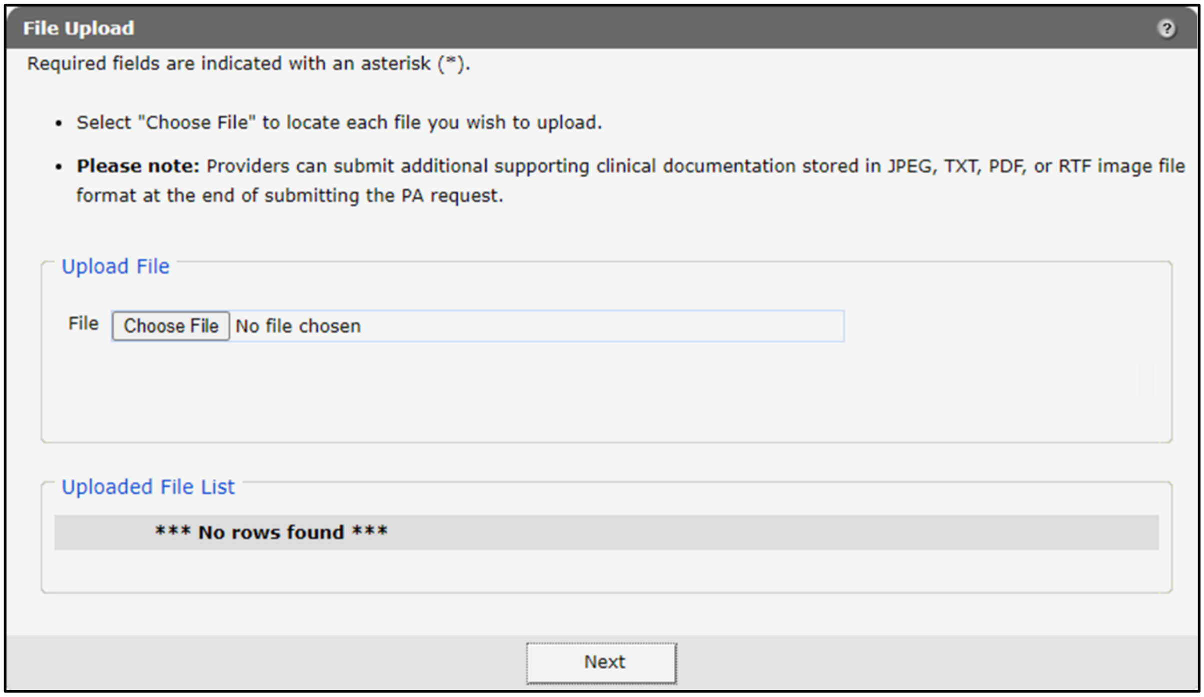


Figure 118 File Upload Panel

a. Under the Upload File section, click **Choose File**.

b. Navigate and double-click the appropriate file(s). A confirmation message will be generated at the top of the page and the uploaded file(s) will be displayed in the "Uploaded File List" section. To remove a file, click the red "**X.**"

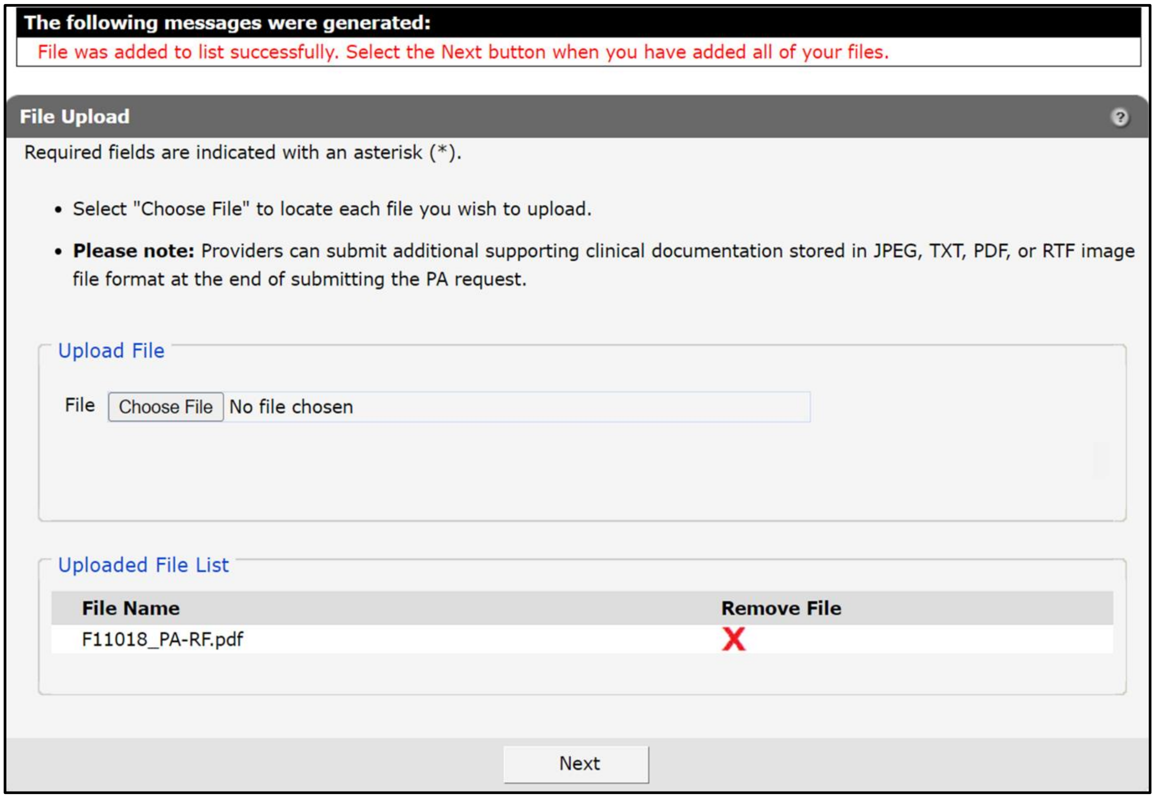


Figure 119 Uploaded File List Section

c. Click Next. The Confirmation of Receipt page will be displayed.

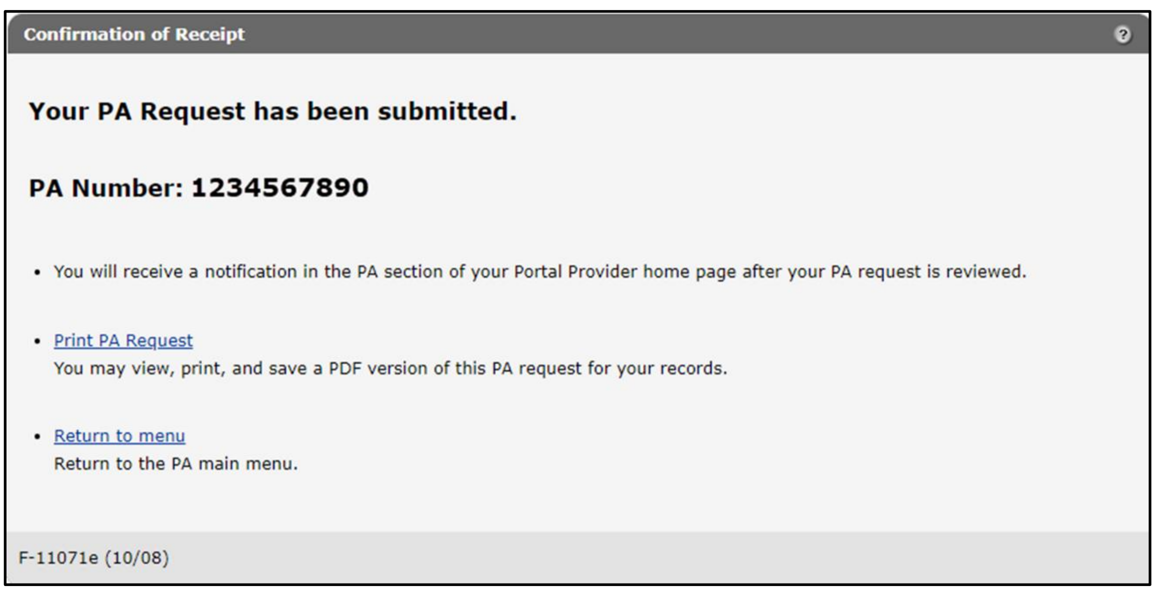


Figure 120 Confirmation of Receipt Page

d. Click **Print PA Request** to view, print, or save a PDF version of the PA request.

29. Click **Return to menu** to be redirected to the Prior Authorization page.

8.1 Extend a Prior Authorization

Providers who have received a Returned Provider Review Letter will have **30 days** to upload the additional documentation requested by adjudicators before their PA request expires and becomes inactive.

Failure to request an extension before a PA request becomes inactive will require a restart of the PA request submission process. Providers will need to submit a new PA request and reupload all documents and information submitted in the original request along with any additional information identified in a Return Provider Review Letter.

To prevent a PA request from becoming inactive, providers will need to submit a document requesting an extension. That document should contain:

1. A request for more time to gather the information requested in the adjudicator’s Return Provider Review Letter.
2. An explanation for why additional time is needed to submit the PA request.

That document must also be in one of the following formats:

- PDF (.pdf)
- Rich Text Format (.rtf)
- Text File (.txt)
- OrthoCAD™ (.3dm) (for dental providers)

Note: Microsoft® Word files (.docx) cannot be uploaded but can be saved and uploaded in .rtf or .txt formats.

A PA request will only remain open for up to **one year**, regardless of how many extensions are requested. If a prescription submitted as part of the PA request expires before the request has been open for one year, the PA request will not be approved until the prescription is renewed.

To upload this letter requesting an extension, please follow the instructions for uploading documents from Chapter 8: Correct a Returned Prior Authorization.

9 Correct a Returned Prior Authorization Amendment

1. On the Prior Authorization page, click **Correct a returned PA amendment**. The Find PA Record page will be displayed.

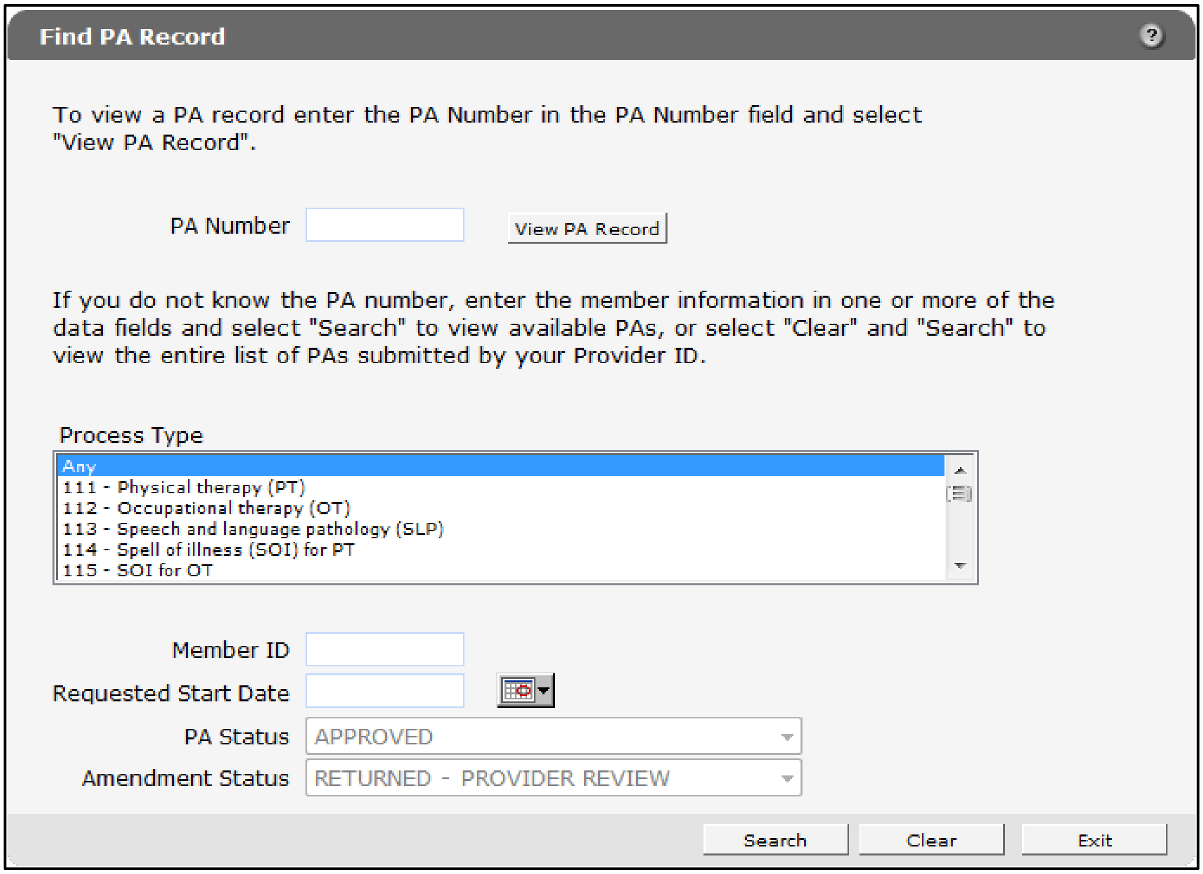


Figure 121 Find PA Record Page

The PA Status field will already be populated with an Approved status and the Amendment Status field will already be populated with a *Returned — Provider Review* status.

2. Search for the PA the user wishes to correct.

For information on searching for a PA, refer to the Check on a Previously Submitted Prior Authorization chapter of this user guide.

If the user searches by PA number, the PA Record page will be displayed.

If the user searches by other criteria, the Choose PA Record page will be displayed. Select the PA request the user wishes to correct.

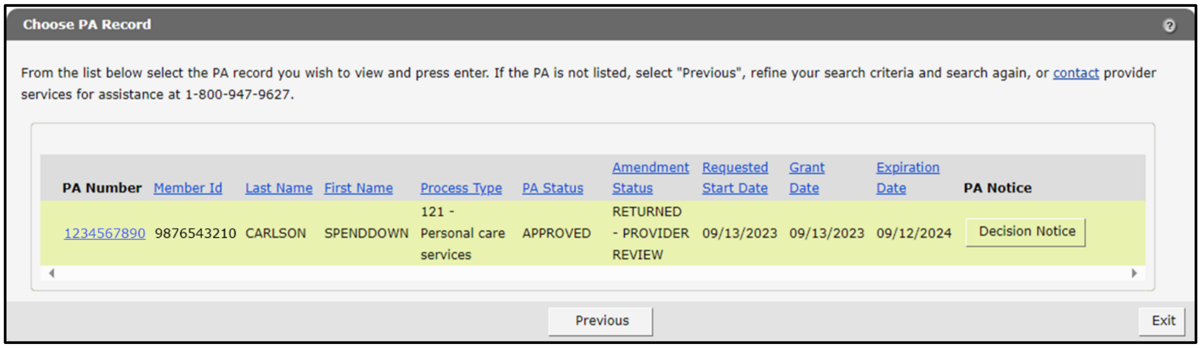


Figure 122 Choose PA Record Page

The PA Record page will be displayed.

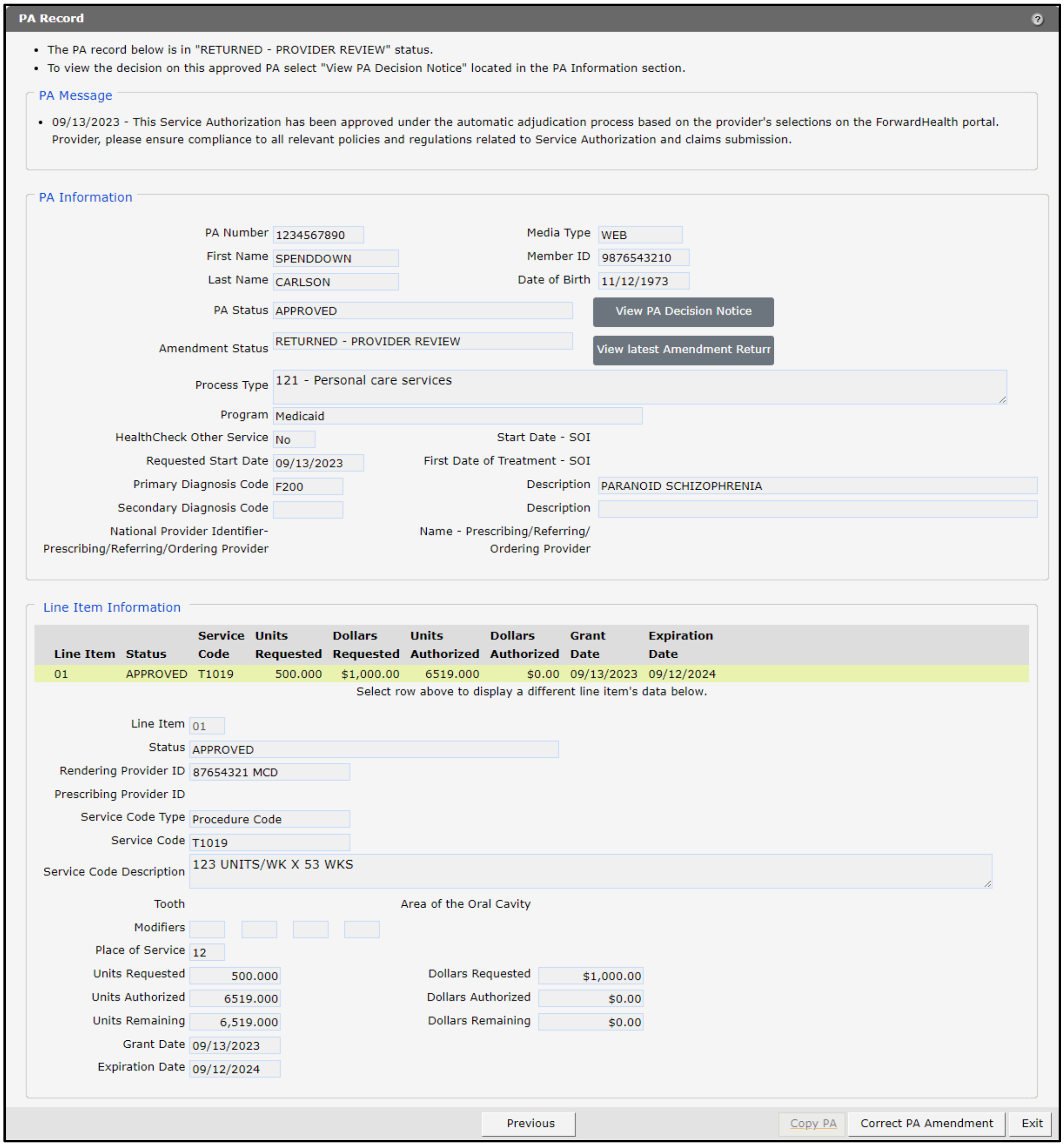
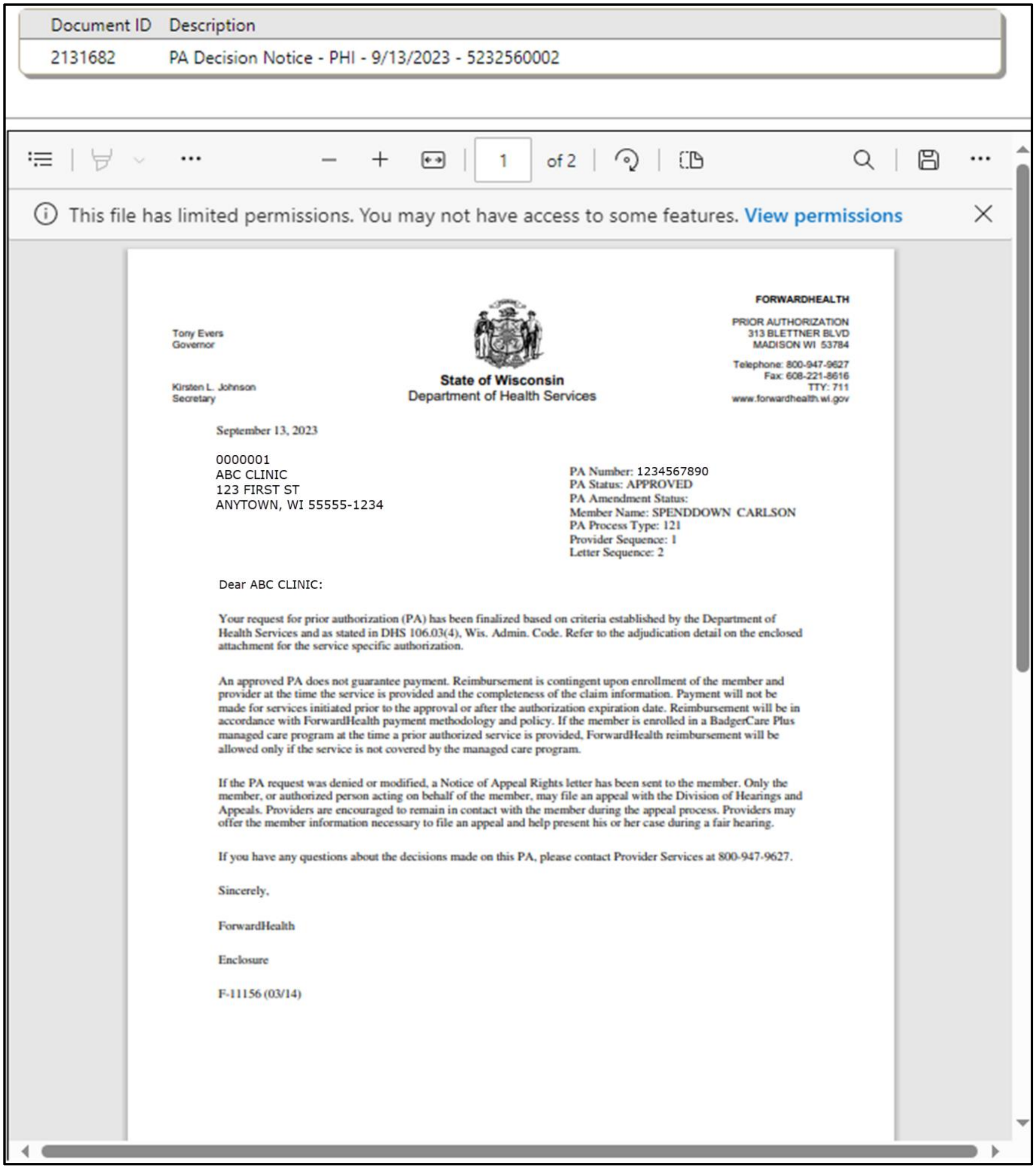


Figure 123 PA Record Page

3. Click **View PA Decision Notice** to view the decision on the approved PA. An OnBase Document Viewer window will open and display Document Results.

   Note: If only one document is listed, a PDF version of the PA Decision Notice letter will automatically open in the same window.



Document ID	Description
2131682	PA Decision Notice - PHI - 9/13/2023 - 5232560002

1 of 2

This file has limited permissions. You may not have access to some features. View permissions

Tony Evers
Governor

Kirsten L. Johnson
Secretary

State of Wisconsin
Department of Health Services

FORWARDHEALTH

PRIOR AUTHORIZATION
313 BLETTNER BLVD
MADISON WI 53784

Telephone: 800-947-9627
Fax: 608-221-8616
TTY: 711
www.forwardhealth.wi.gov

September 13, 2023

0000001
ABC CLINIC
123 FIRST ST
ANYTOWN, WI 55555-1234

PA Number: 1234567890
PA Status: APPROVED
PA Amendment Status:
Member Name: SPENDDOWN CARLSON
PA Process Type: 121
Provider Sequence: 1
Letter Sequence: 2

Dear ABC CLINIC:

Your request for prior authorization (PA) has been finalized based on criteria established by the Department of Health Services and as stated in DHS 106.03(4), Wis. Admin. Code. Refer to the adjudication detail on the enclosed attachment for the service specific authorization.

An approved PA does not guarantee payment. Reimbursement is contingent upon enrollment of the member and provider at the time the service is provided and the completeness of the claim information. Payment will not be made for services initiated prior to the approval or after the authorization expiration date. Reimbursement will be in accordance with ForwardHealth payment methodology and policy. If the member is enrolled in a BadgerCare Plus managed care program at the time a prior authorized service is provided, ForwardHealth reimbursement will be allowed only if the service is not covered by the managed care program.

If the PA request was denied or modified, a Notice of Appeal Rights letter has been sent to the member. Only the member, or authorized person acting on behalf of the member, may file an appeal with the Division of Hearings and Appeals. Providers are encouraged to remain in contact with the member during the appeal process. Providers may offer the member information necessary to file an appeal and help present his or her case during a fair hearing.

If you have any questions about the decisions made on this PA, please contact Provider Services at 800-947-9627.

Sincerely,

ForwardHealth

Enclosure

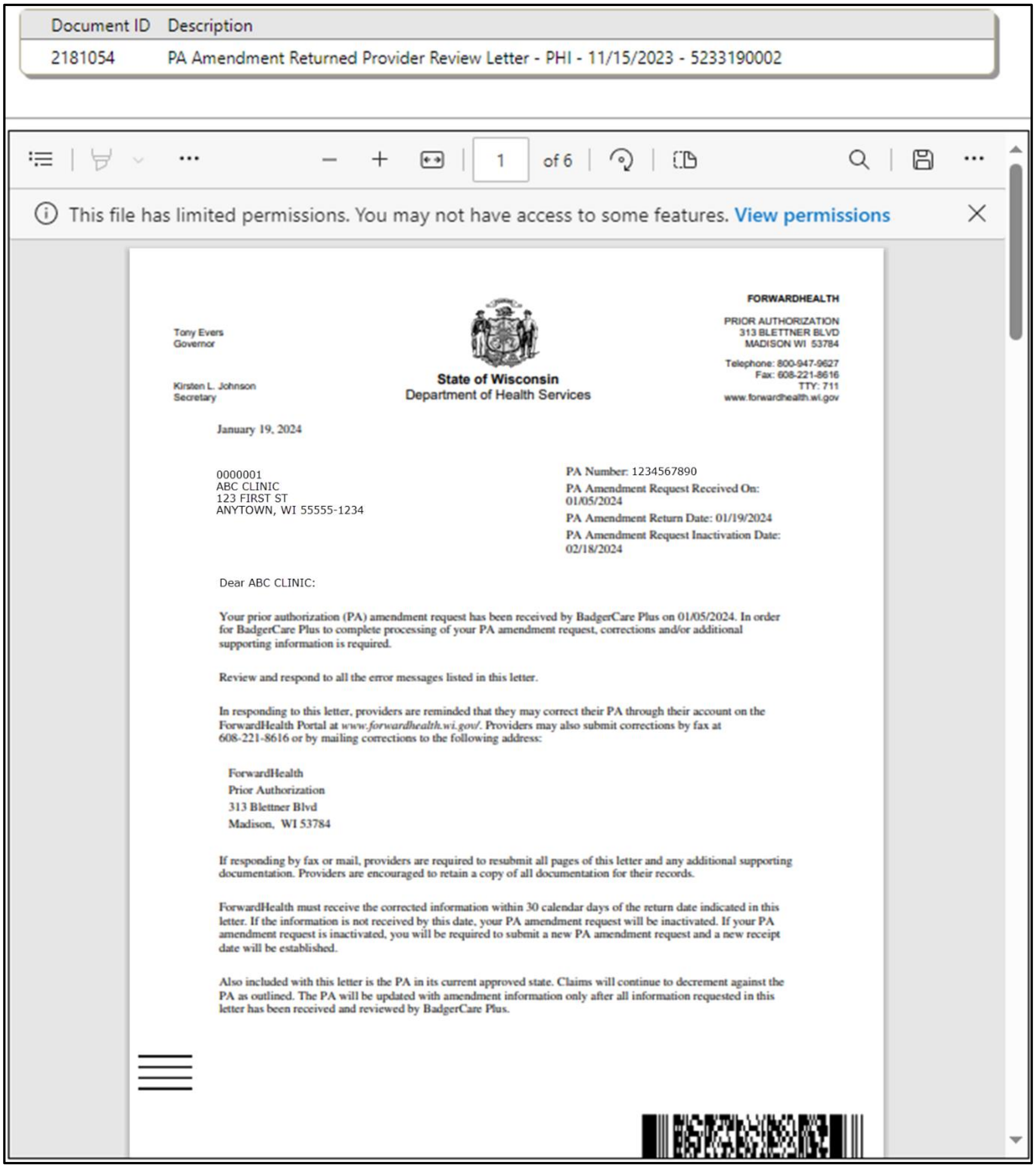
F-11156 (03/14)

Figure 124 OnBase Document Viewer Window

4. To print or save the PA Decision Notice letter to a hard drive or network location, use the Print or Save As function of the browser.

5. Close the OnBase Document Viewer window and the PDF viewer window.
6. Click **View latest Amendment Returned Letter** to view the most recent PA Amendment Returned Provider Review Letter. An OnBase Document Viewer window will open and display Document Results.

   Note: If only one document is listed, a PDF version of the PA Decision Notice letter will automatically open in the same window.



Tony Evers
Governor

Kirsten L. Johnson
Secretary

State of Wisconsin
Department of Health Services

FORWARDHEALTH

PRIOR AUTHORIZATION
313 BLETTNER BLVD
MADISON WI 53784

Telephone: 800-947-9627
Fax: 608-221-8616
TTY: 711
www.forwardhealth.wi.gov

January 19, 2024

0000001
ABC CLINIC
123 FIRST ST
ANYTOWN, WI 55555-1234

PA Number: 1234567890
PA Amendment Request Received On: 01/05/2024
PA Amendment Return Date: 01/19/2024
PA Amendment Request Inactivation Date: 02/18/2024

Dear ABC CLINIC:

Your prior authorization (PA) amendment request has been received by BadgerCare Plus on 01/05/2024. In order for BadgerCare Plus to complete processing of your PA amendment request, corrections and/or additional supporting information is required.

Review and respond to all the error messages listed in this letter.

In responding to this letter, providers are reminded that they may correct their PA through their account on the ForwardHealth Portal at *www.forwardhealth.wi.gov/*. Providers may also submit corrections by fax at 608-221-8616 or by mailing corrections to the following address:

ForwardHealth
Prior Authorization
313 Blettner Blvd
Madison, WI 53784

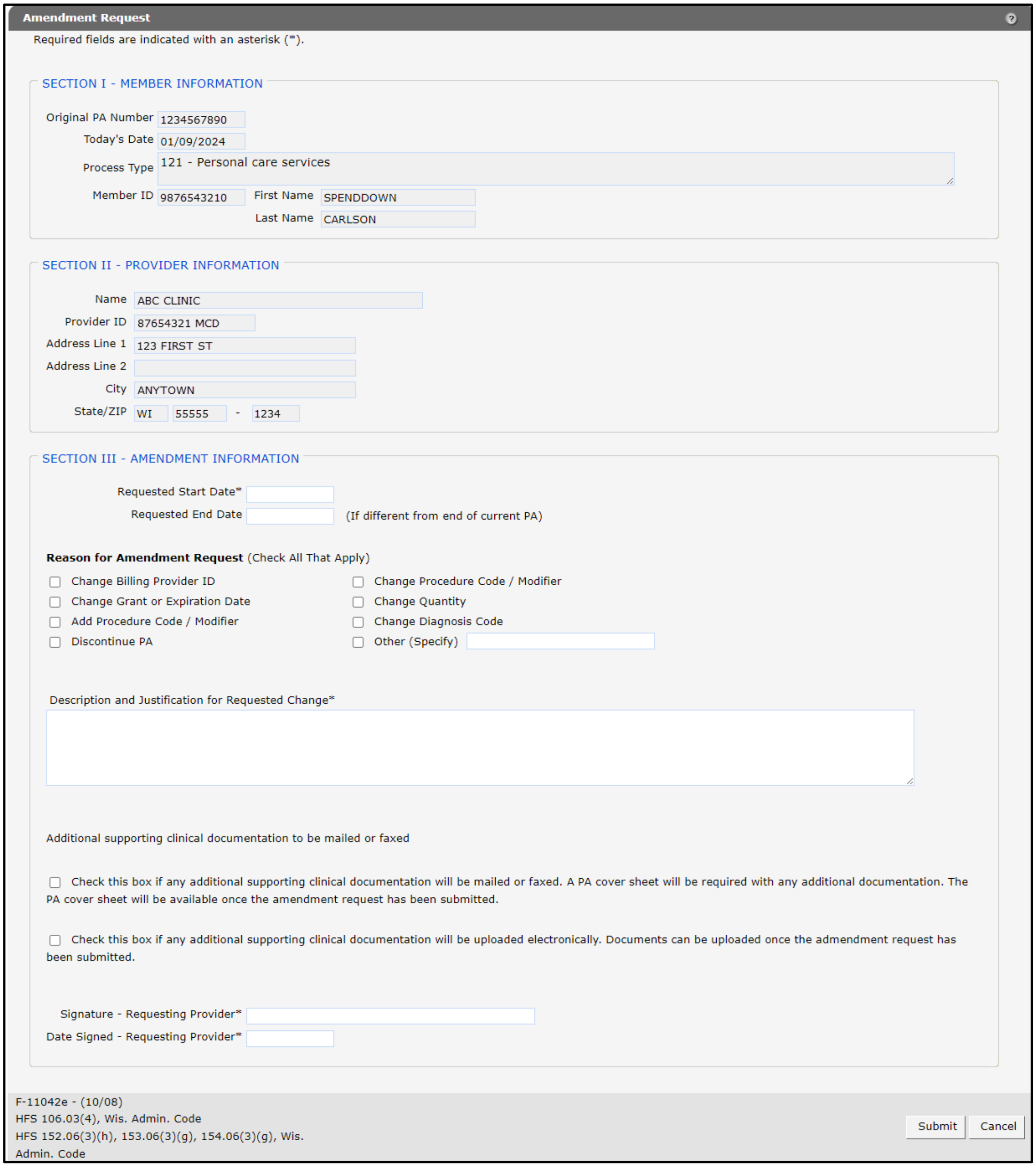
If responding by fax or mail, providers are required to resubmit all pages of this letter and any additional supporting documentation. Providers are encouraged to retain a copy of all documentation for their records.

ForwardHealth must receive the corrected information within 30 calendar days of the return date indicated in this letter. If the information is not received by this date, your PA amendment request will be inactivated. If your PA amendment request is inactivated, you will be required to submit a new PA amendment request and a new receipt date will be established.

Also included with this letter is the PA in its current approved state. Claims will continue to decrement against the PA as outlined. The PA will be updated with amendment information only after all information requested in this letter has been received and reviewed by BadgerCare Plus.

Figure 125 OnBase Document Viewer

7. To print or save the PA Amendment Returned Provider Review Letter to a hard drive or network location, use the Print or Save As function of the browser.
8. Close the OnBase Document Viewer window and the PDF viewer window.
9. Click **Correct PA Amendment**. The Amendment Request page will be displayed.



Amendment Request

Required fields are indicated with an asterisk (*).

SECTION I - MEMBER INFORMATION

Original PA Number 1234567890
Today's Date 01/09/2024
Process Type 121 - Personal care services
Member ID 9876543210 First Name SPENDDOWN
Last Name CARLSON

SECTION II - PROVIDER INFORMATION

Name ABC CLINIC
Provider ID 87654321 MCD
Address Line 1 123 FIRST ST
Address Line 2
City ANYTOWN
State/ZIP WI 55555 - 1234

SECTION III - AMENDMENT INFORMATION

Requested Start Date*
Requested End Date (If different from end of current PA)

Reason for Amendment Request (Check All That Apply)

- Change Billing Provider ID
- Change Grant or Expiration Date
- Add Procedure Code / Modifier
- Discontinue PA
- Change Procedure Code / Modifier
- Change Quantity
- Change Diagnosis Code
- Other (Specify)

Description and Justification for Requested Change*

Additional supporting clinical documentation to be mailed or faxed

Check this box if any additional supporting clinical documentation will be mailed or faxed. A PA cover sheet will be required with any additional documentation. The PA cover sheet will be available once the amendment request has been submitted.

Check this box if any additional supporting clinical documentation will be uploaded electronically. Documents can be uploaded once the admendment request has been submitted.

Signature - Requesting Provider*
Date Signed - Requesting Provider*

F-11042e - (10/08)
HFS 106.03(4), Wis. Admin. Code
HFS 152.06(3)(h), 153.06(3)(g), 154.06(3)(g), Wis. Admin. Code

Submit Cancel

Figure 126 Amendment Request Page

10. In “SECTION III - AMENDMENT INFORMATION,” although not all the fields are required, enter as much information as possible:

    - In the Requested Start Date field, enter the start date requested for the amendment in MM/DD/CCYY format.
    - If the end date is different from the current expiration date, enter the end date requested for the amendment in MM/DD/CCYY format in the Requested End Date field.
    - In the “Reason for Amendment Request (Check All That Apply)” section, check a reason(s) for the amendment request.
    - Enter a note describing and explaining the change in the Description and Justification for Requested Change box (enter information for each reason selected).
    - If additional supporting clinical documentation is needed, check the appropriate box indicating whether the additional documents will be mailed, faxed, or uploaded.
    - In the Signature—Requesting Provider field, enter the signature of the provider that requested the original PA.
    - In the Date Signed—Requesting Provider field, enter the date the amendment request was signed by the requesting provider in MM/DD/CCYY format.

11. Click **Submit**. If no additional clinical documentation is needed, the Confirmation of Receipt page will be displayed.

Figure 127 Confirmation of Receipt Page

12. To view, print, or save the PA amendment request, click **Print amendment request**. A PDF version of the PA amendment request will open in a new window.

DEPARTMENT OF HEALTH SERVICES
Division of Health Care Access and Accountability
F-11042 (07/12)

STATE OF WISCONSIN
DHS 106.03(4), Wis. Admin. Code
DHS 152.06(3(h), 153.06(3)(g), 154.06(3)(g), Wis. Admin. Code

FORWARDHEALTH
PRIOR AUTHORIZATION AMENDMENT REQUEST

Providers may submit prior authorization (PA) requests with attachments to ForwardHealth by fax at (608) 221-8616 or by mail to: ForwardHealth, Prior Authorization, Suite 88, 313 Blettner Boulevard, Madison, WI 53784. **Instructions:** Type or print clearly. Refer to the Prior Authorization Amendment Request Completion Instructions, F-11042A, for detailed information on completing this form.

SECTION I — MEMBER INFORMATION

1. Original PA Number	2. Process Type	3. Member Identification Number
1234567890	121-Personal Care	9876543210

4. Name — Member (Last, First, Middle Initial)
CARLSON, SPENDDOWN

SECTION II — PROVIDER INFORMATION

5. Billing Provider Number
8888888888 NPI

6. Name — Billing Provider
ABC CLINIC

7. Address — Billing Provider (Street, City, State, ZIP+4 Code)
123 FIRST ST
ANYTOWN, WI 55555-1234

SECTION III — AMENDMENT INFORMATION

8. Requested Start Date	9. Requested End Date (If Different from Expiration Date of Current PA)
01/04/2014	02/22/2014

10. Reasons for Amendment Request (Check All That Apply)

- ☐ Change Billing Provider Number
- ☐ Add Procedure Code / Modifier
- ☐ Change Procedure Code / Modifier
- ☐ Change Diagnosis Code
- ☒ Change Grant or Expiration Date
- ☐ Discontinue PA
- ☐ Change Quantity
- ☐ Other (Specify)

11. Description and Justification for Requested Change
Expiration date changed to 02/22/2014 because member was unable to attend some sessions.

12. Are Attachments Included? ☐ Yes ☒ No
If Yes, specify attachments below.

13. **SIGNATURE** — Requesting Provider	14. Date Signed — Requesting Provider
I.M. Requesting Provider	01/02/2014

-DRAFT-

DT-PA002-002

Figure 128 Draft PDF Version of the PA Amendment Request

13. To print or save the PA amendment request to a hard drive or network location, use the Print or Save As function of the browser.
14. Click **Return to menu** to be redirected to the Prior Authorization page of the Portal.

10 Print Prior Authorization Cover Sheet

To generate and print new copies of PA cover sheets for previously submitted PAs, the PA must be in a *Suspended—Provider Sending Information* status and a cover sheet for the specific PA must not have already been sent to ForwardHealth.

1. On the Prior Authorization page, click **Print PA cover sheet**. The Generate PA Cover Sheet page will be displayed.

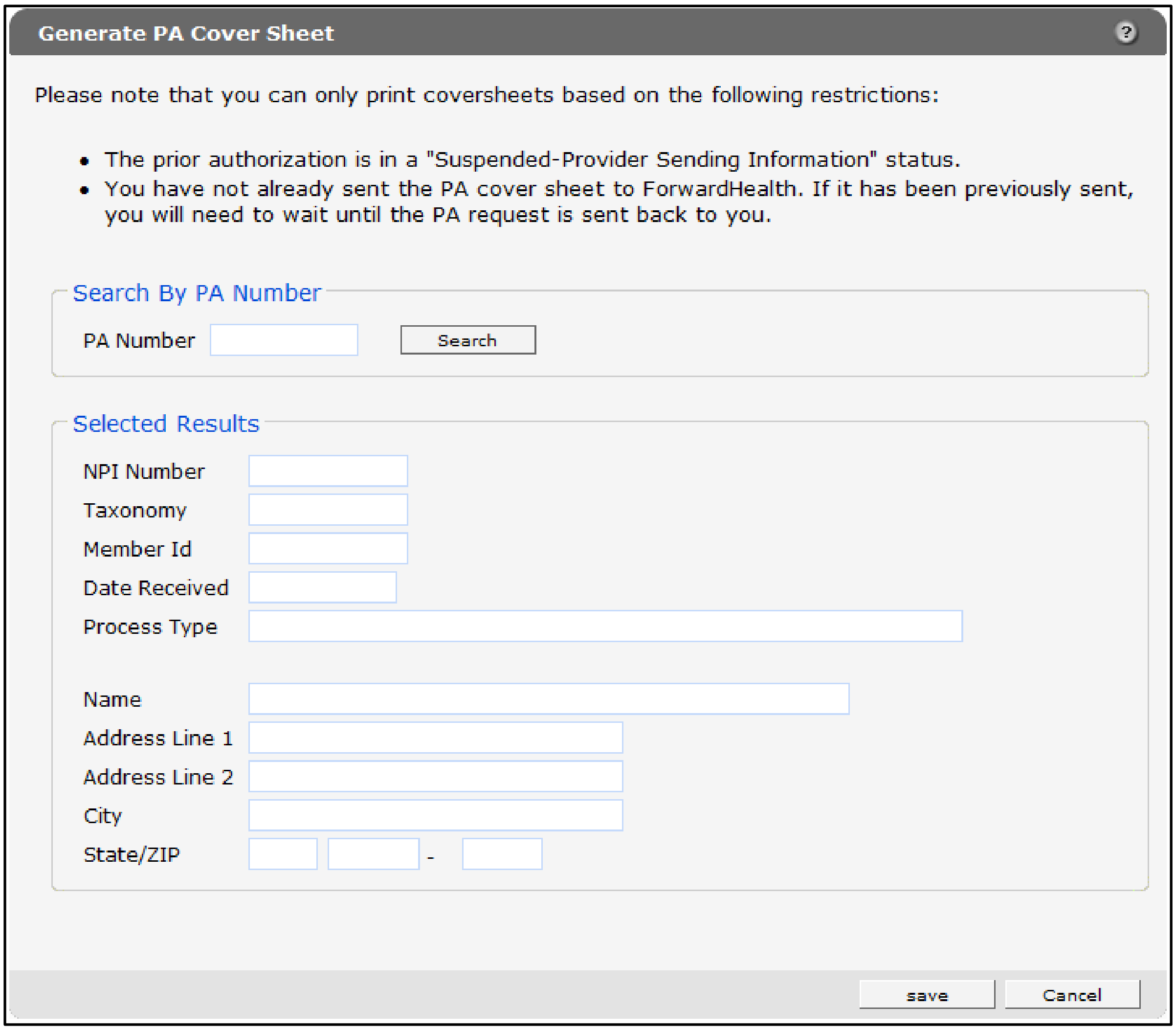


Figure 129 Generate PA Cover Sheet Page

2. Enter a PA number in the PA Number field.

3. Click **Search**.

If the entered PA number is inaccurate or invalid, an error message will be displayed at the top of the page.

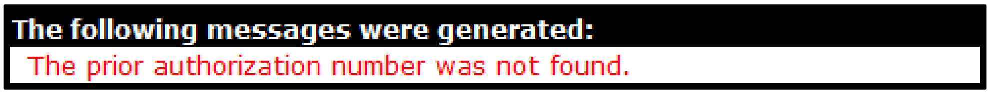


Figure 130 Example Error Message

Ensure the PA number is accurate and click **Search** again. The PA request's information will populate in the fields in the "Selected Results" section.

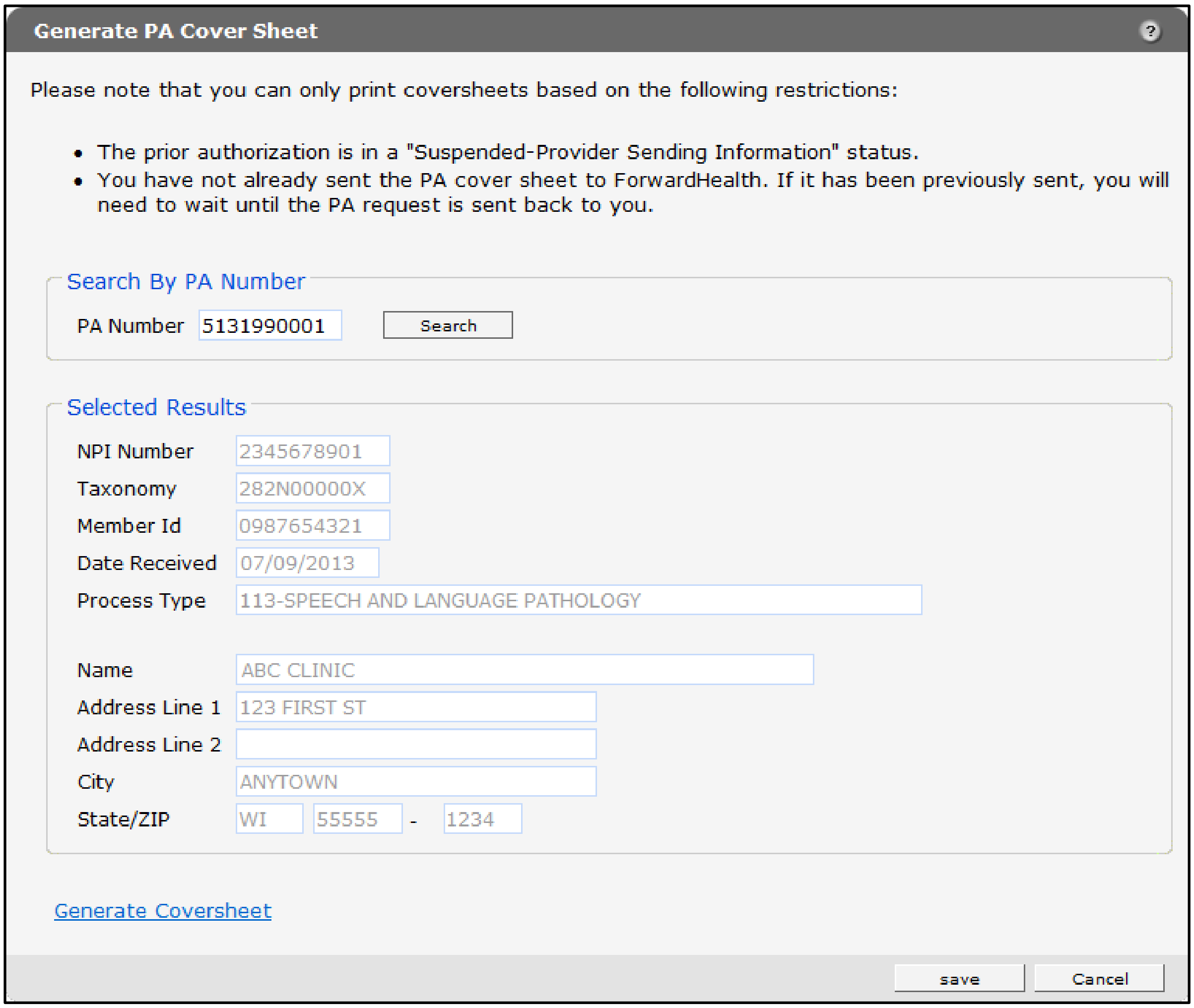
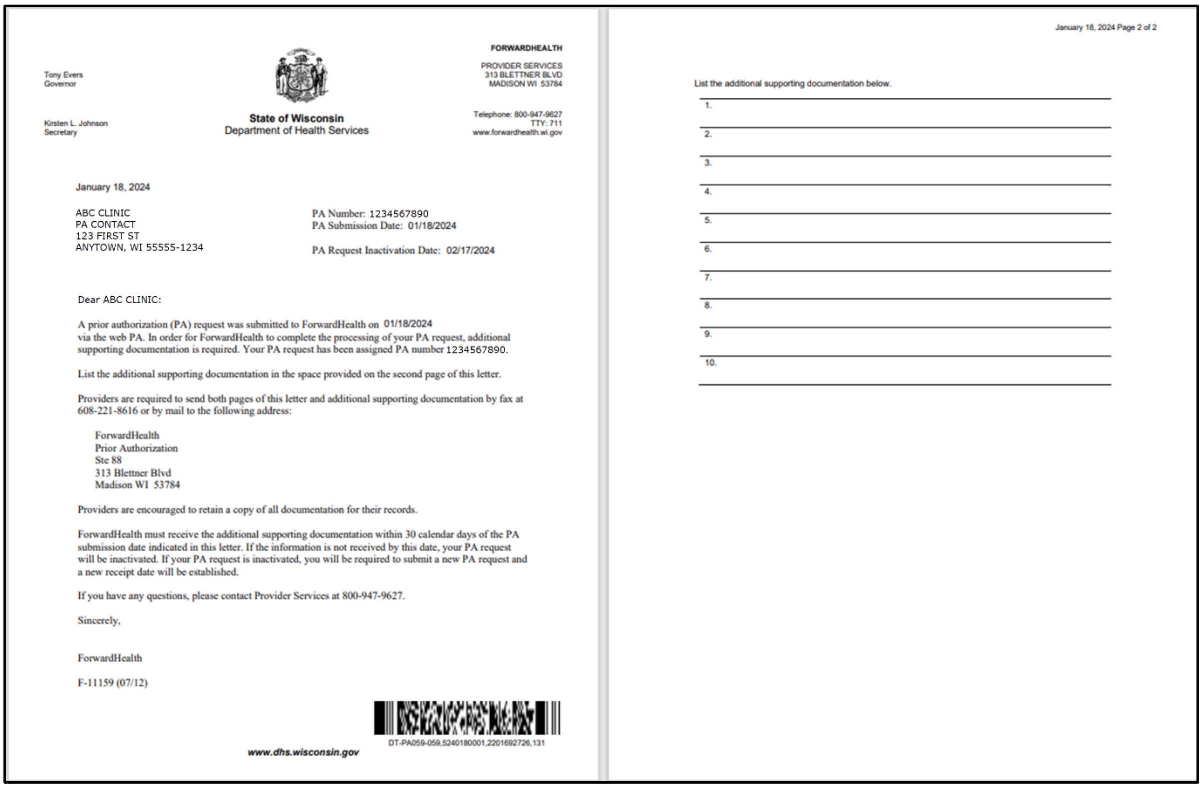


Figure 131 Generate PA Cover Sheet Page With Populated Information

4. Click **Generate Coversheet**. A PDF version of the cover sheet will open in a new browser window.



Tony Evers
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Secretary

State of Wisconsin
Department of Health Services

FORWARDHEALTH

PROVIDER SERVICES
313 BLETTNER BLVD
MADISON WI 53784

Telephone: 800-947-9627
TTY: 711
www.forwardhealth.wi.gov

January 18, 2024

ABC CLINIC
PA CONTACT
123 FIRST ST
ANYTOWN, WI 55555-1234

PA Number: 1234567890
PA Submission Date: 01/18/2024

PA Request Inactivation Date: 02/17/2024

Dear ABC CLINIC:

A prior authorization (PA) request was submitted to ForwardHealth on 01/18/2024 via the web PA. In order for ForwardHealth to complete the processing of your PA request, additional supporting documentation is required. Your PA request has been assigned PA number 1234567890.

List the additional supporting documentation in the space provided on the second page of this letter.

Providers are required to send both pages of this letter and additional supporting documentation by fax at 608-221-8616 or by mail to the following address:

ForwardHealth
Prior Authorization
Ste 88
313 Blettner Blvd
Madison WI 53784

Providers are encouraged to retain a copy of all documentation for their records.

ForwardHealth must receive the additional supporting documentation within 30 calendar days of the PA submission date indicated in this letter. If the information is not received by this date, your PA request will be inactivated. If your PA request is inactivated, you will be required to submit a new PA request and a new receipt date will be established.

If you have any questions, please contact Provider Services at 800-947-9627.

Sincerely,

ForwardHealth

F-11159 (07/12)

DT-PA059-059,5240180001,2201692726,131

www.dhs.wisconsin.gov

January 18, 2024 Page 2 of 2

List the additional supporting documentation below.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

Figure 132 Sample PDF Version of a PA Cover Sheet

5. To print or save the cover sheet to a hard drive or network location, use the Print or Save As function of the browser.

11 Upload Documents for a Prior Authorization

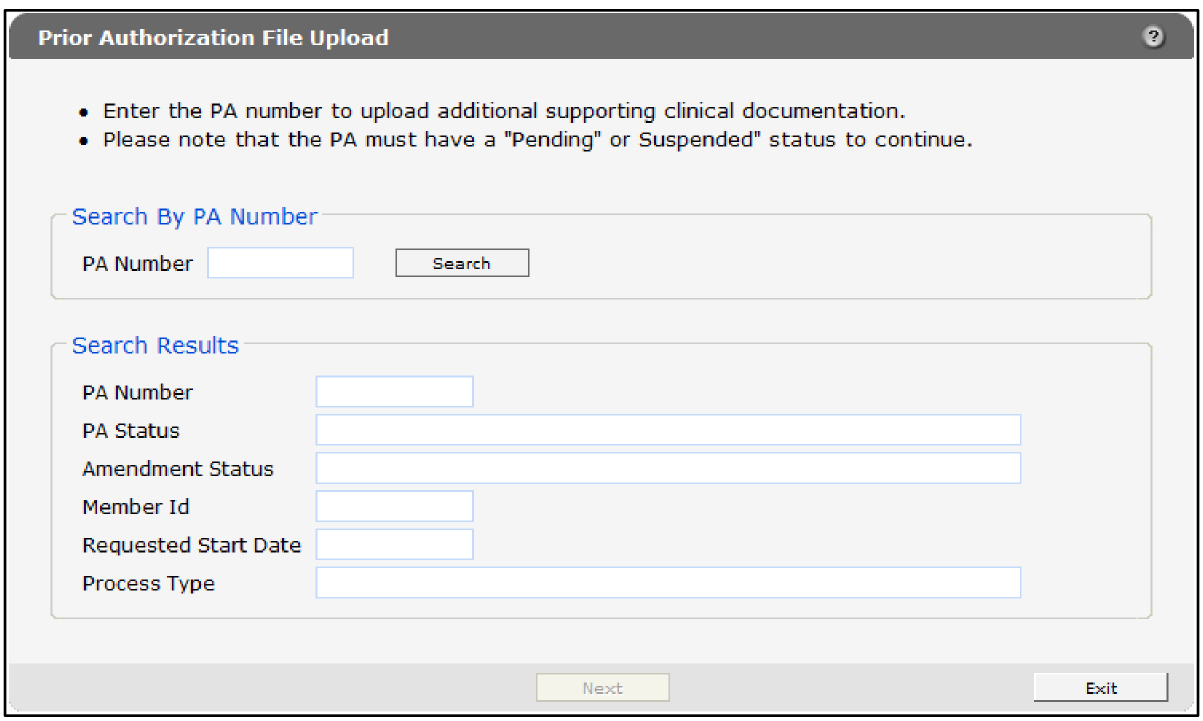
Providers may submit additional clinical documentation for a PA request that is in a *Suspended* or *Pending* status. For PA requests in a suspended status, providers may change the status from *Suspended* to *Pending* before uploading the required documentation.

Providers can upload documents in the following formats:

- Joint Photographic Experts Group (JPEG) (.jpg or .jpeg)
- PDF (.pdf)
- Rich Text Format (.rtf)
- Text File (.txt)
- OrthoCAD™ (.3dm) (for dental providers)

Note*:* Microsoft® Word files (.docx) cannot be uploaded but can be saved and uploaded in .rtf or .txt formats.

1. On the Prior Authorization page, click **Upload documents for a PA**. The Prior Authorization File Upload panel will be displayed.


Prior Authorization File Upload

- Enter the PA number to upload additional supporting clinical documentation.
- Please note that the PA must have a "Pending" or Suspended" status to continue.

Search By PA Number

PA Number Search

Search Results

PA Number
PA Status
Amendment Status
Member Id
Requested Start Date
Process Type

Next Exit

Figure 133 Prior Authorization File Upload Panel

2. Enter the PA number of the pending or suspended PA in the PA Number field.

3. Click **Search**.

   If the PA number is invalid or inaccurate, an error message will be displayed at the top of the page. Correct the error and click **Search** again.

   If the PA number is valid, the PA request's information will populate in the fields in the "Search Results" section.

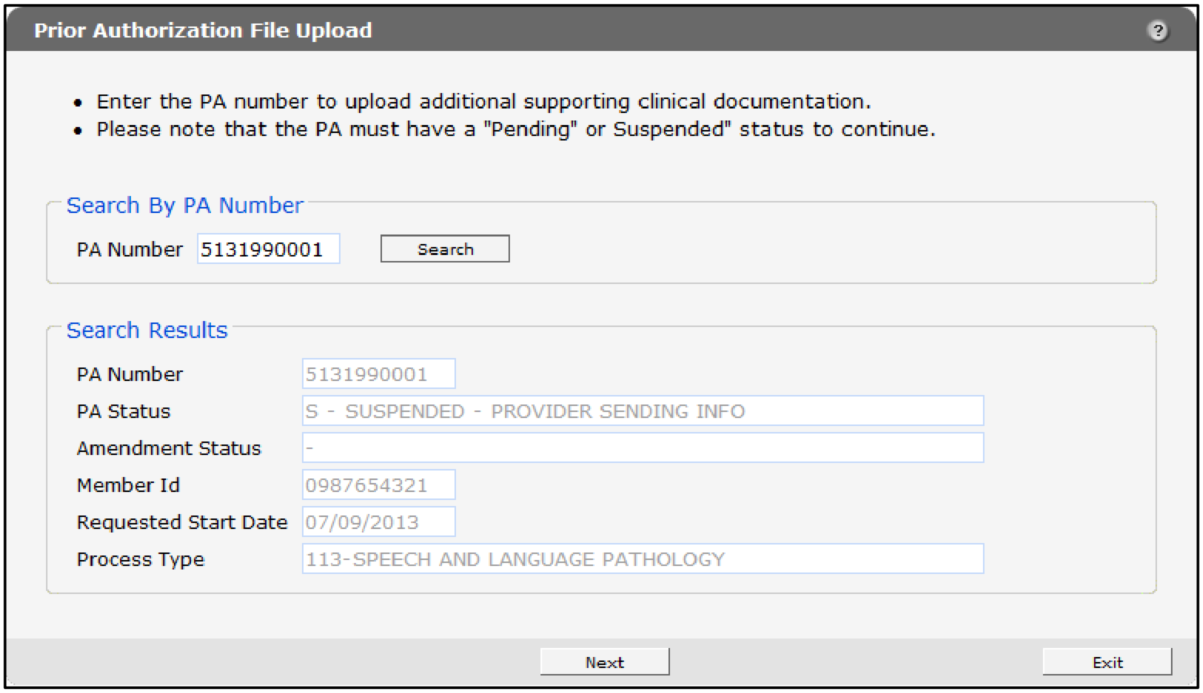


Figure 134 Prior Authorization File Upload Panel With Populated Information

4. Click **Next**. The File Upload panel will be displayed.

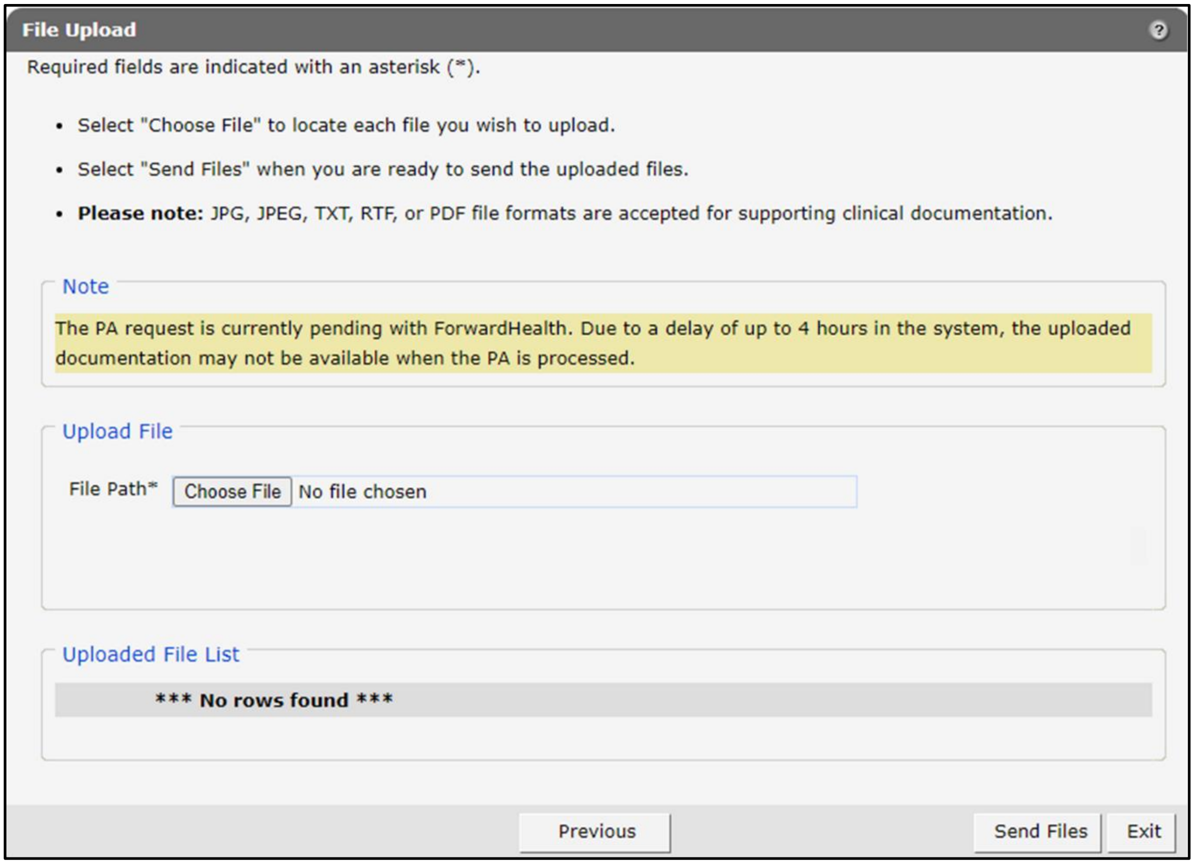


Figure 135 File Upload Panel

5. In the "Upload File" section, click **Choose File**. The Choose file window will be displayed.

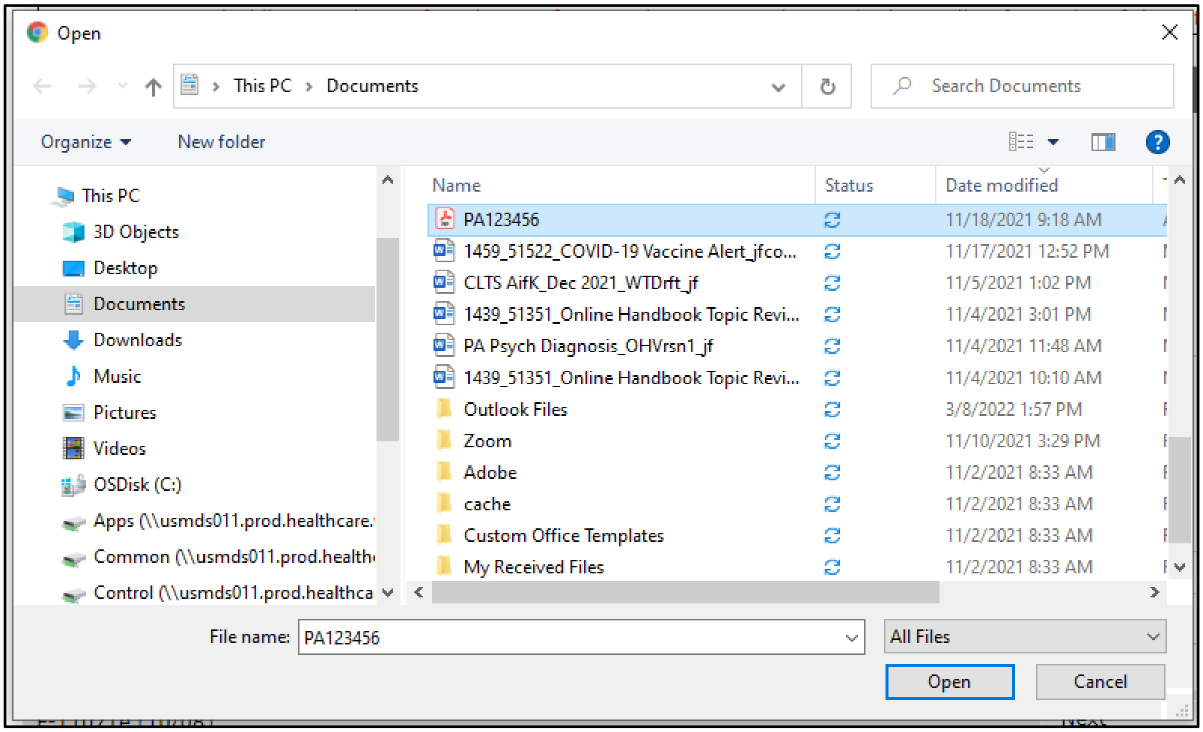


Figure 136 Choose File Window

6. Browse to and select the desired file.

7. Click **Open**.

A confirmation message will be generated at the top of the page and the uploaded file will be displayed in the "Uploaded File List" section. To remove a file, click the red "**X.**"

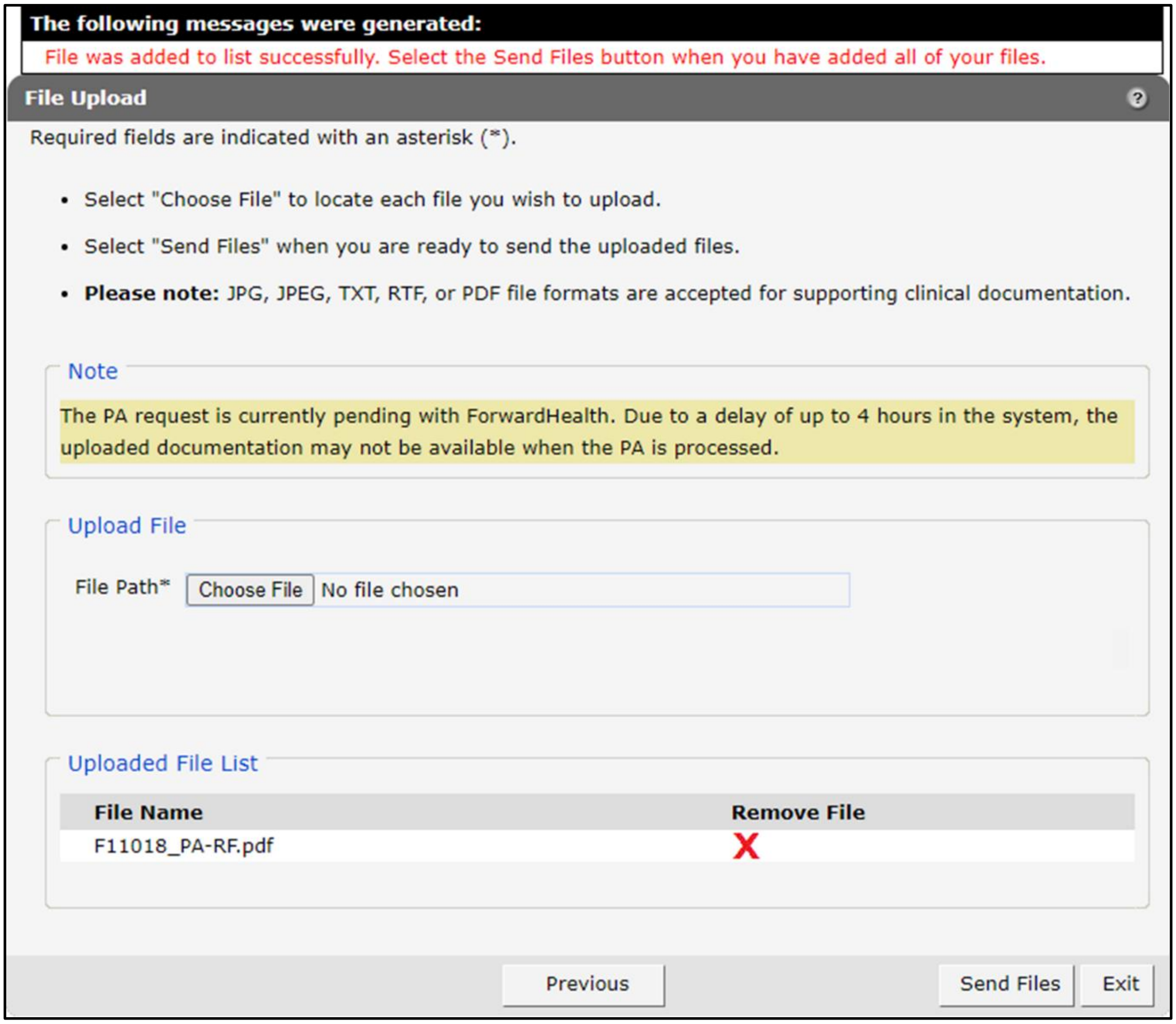


Figure 137 Uploaded File List Section

8. Upload as many files as necessary.
9. When all files have been uploaded, click **Send Files**.
10. Click **Exit** to return to the Prior Authorization page.

    Note: When the PA request is in a pending status and the provider uploads additional supporting clinical documentation, there may be up to a four-hour delay before the documentation is available to ForwardHealth in the system. If the uploaded information was received after the PA request was processed and the PA was returned for missing information, the provider may resubmit the PA request stating that the missing information was already uploaded.

11.1 Change Suspended Prior Authorization Status to Pending

Note: To change a PA status from *Suspended* to *Pending* when there are no additional documents to upload, refer to the Change Suspended Prior Authorization Status section of this user guide.

1. On the Prior Authorization page, click **Upload documents for a PA**. The Prior Authorization File Upload panel will be displayed.
2. Enter the PA number of the suspended PA in the PA Number field.
3. Click **Search**.

   If the PA number is invalid or inaccurate, an error message will be displayed at the top of the page. Correct the error and click **Search** again.

   If the PA number is valid, the PA request's information will populate in the fields in the "Search Results" section.

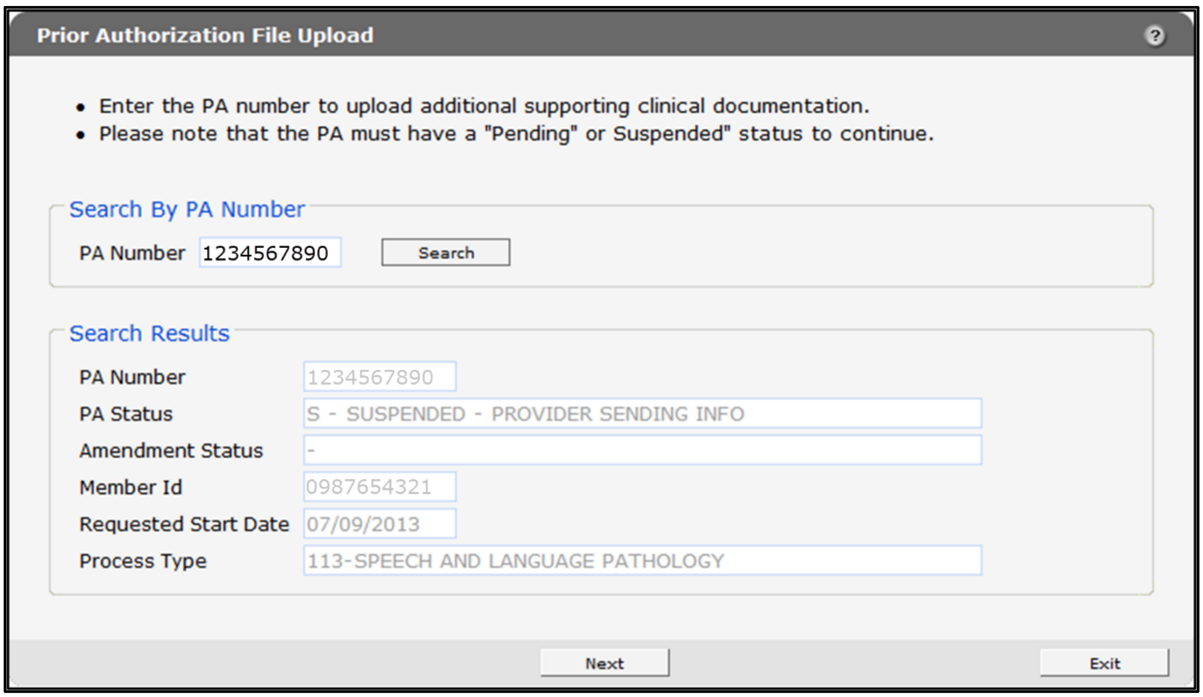


Figure 138 Prior Authorization File Upload Panel With Populated Information

4. Click **Next**. The File Upload panel will be displayed.

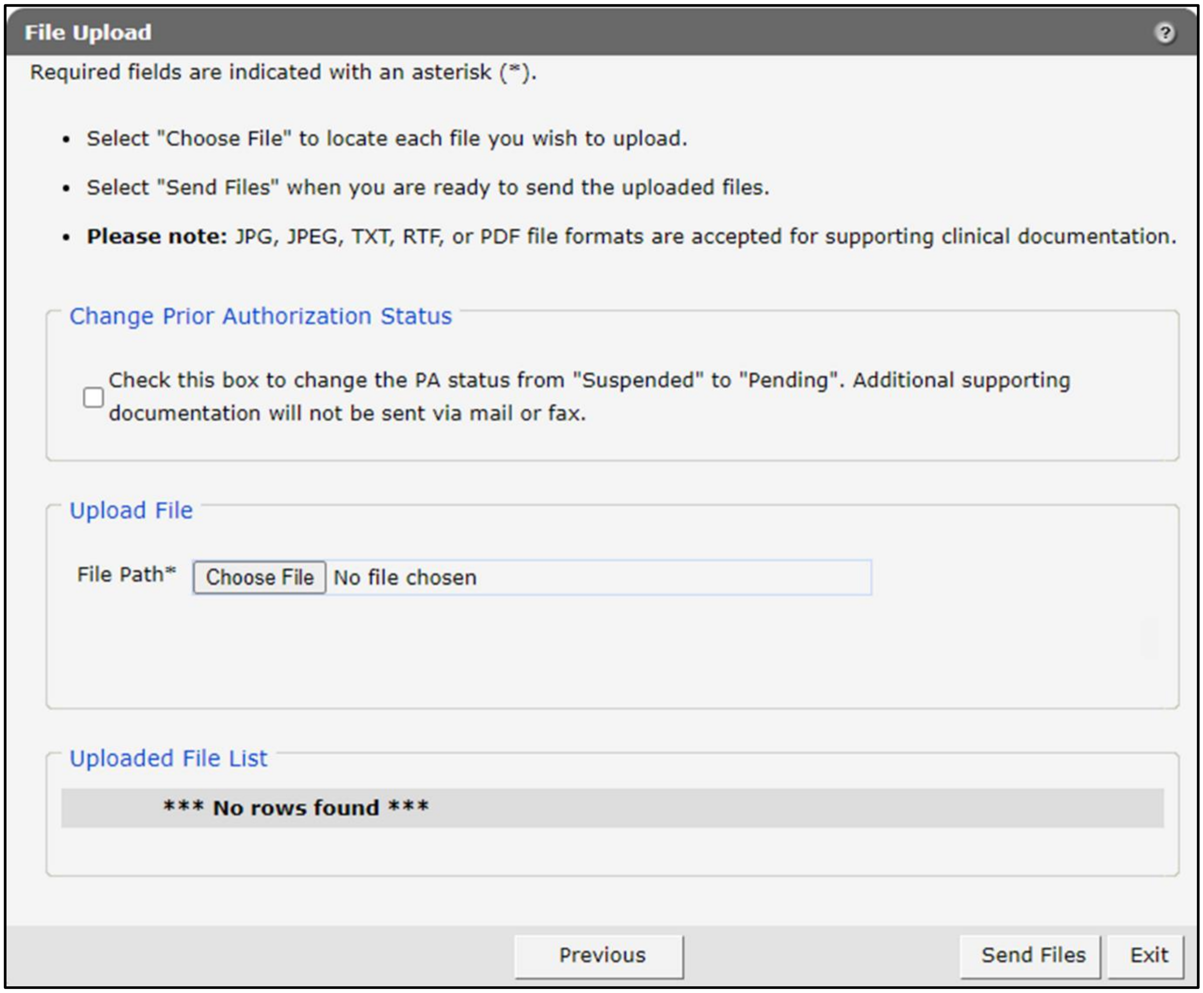


Figure 139 File Upload Panel

5. If no additional supporting documentation is to be sent via mail or fax, check the box in the "Change Prior Authorization Status" section to change the PA status from *Suspended* to *Pending*.

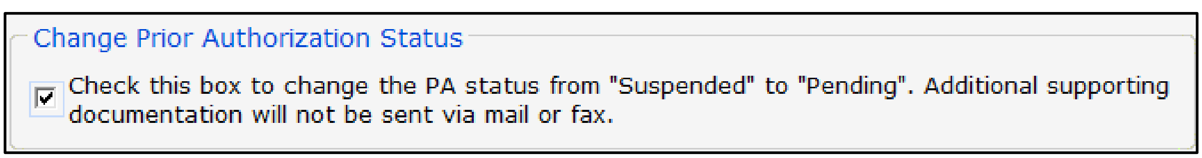


Figure 140 Change Prior Authorization Status Section

Note: The box in the "Change Prior Authorization Status" section must be checked **before** uploading additional supporting documentation.

6. Upload the necessary additional supporting documentation. For more information, refer to the instructions beginning at step 5 of the Upload Documents for a Prior Authorization chapter of this user guide.

12 View Documents for a Prior Authorization

Providers can view documents they upload during the PA process.

1. On the Prior Authorization page, click **View Documents for a PA**. The View PA Documents panel will be displayed.

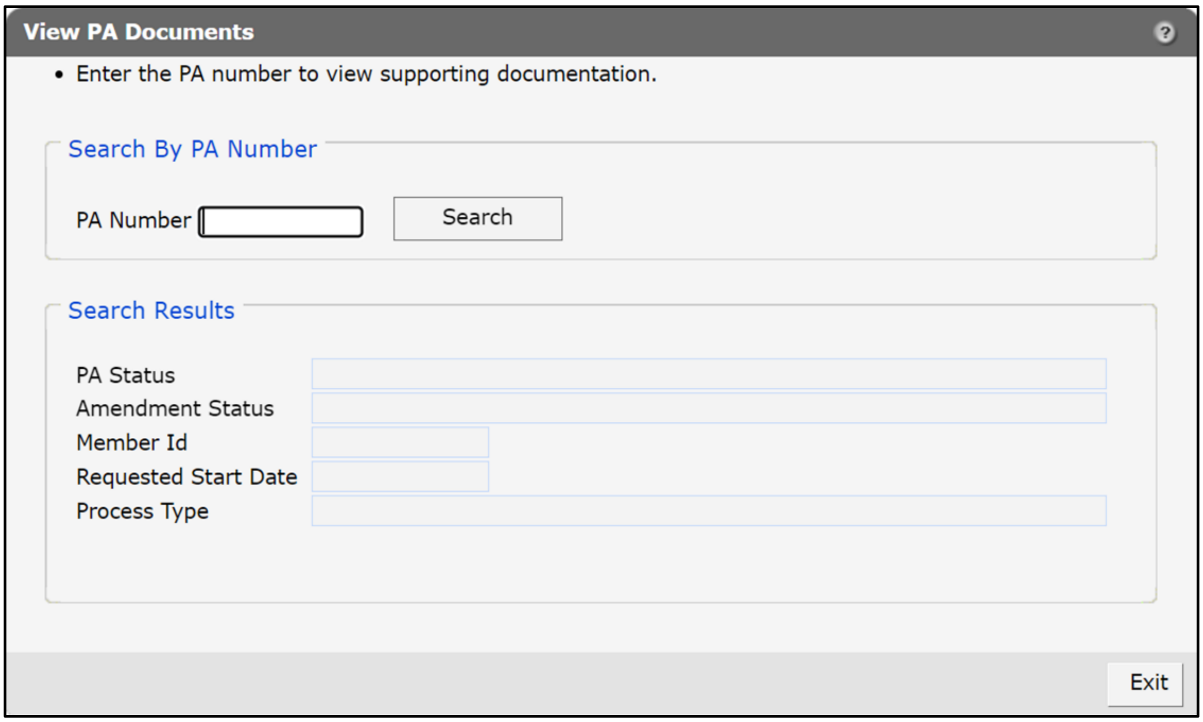


Figure 141 View PA Documents Panel

2. Enter the PA number in the PA Number field to view supporting documentation.
3. Click **Search**.

   If the PA number is invalid or inaccurate, an error message will be displayed at the top of the page. Correct the error and click **Search** again.

If the PA number is valid, the PA request's information will populate in the fields in the "Search Results" section.

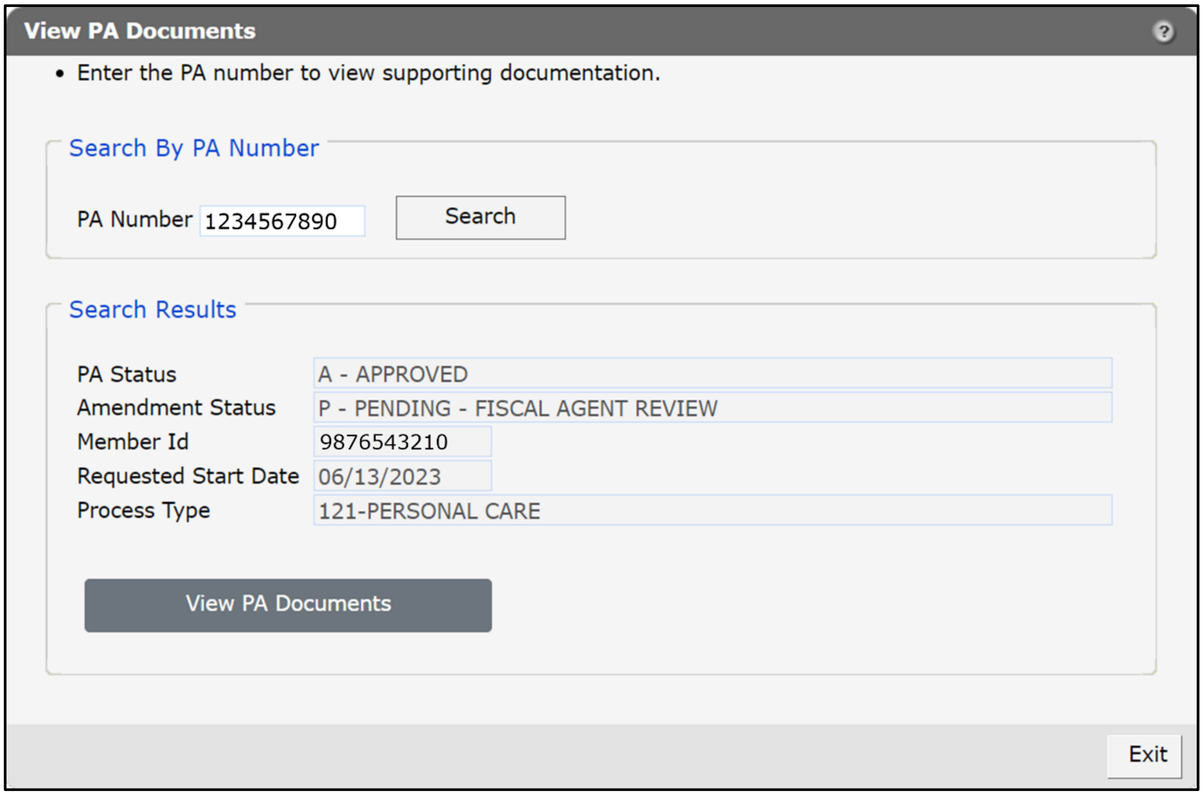
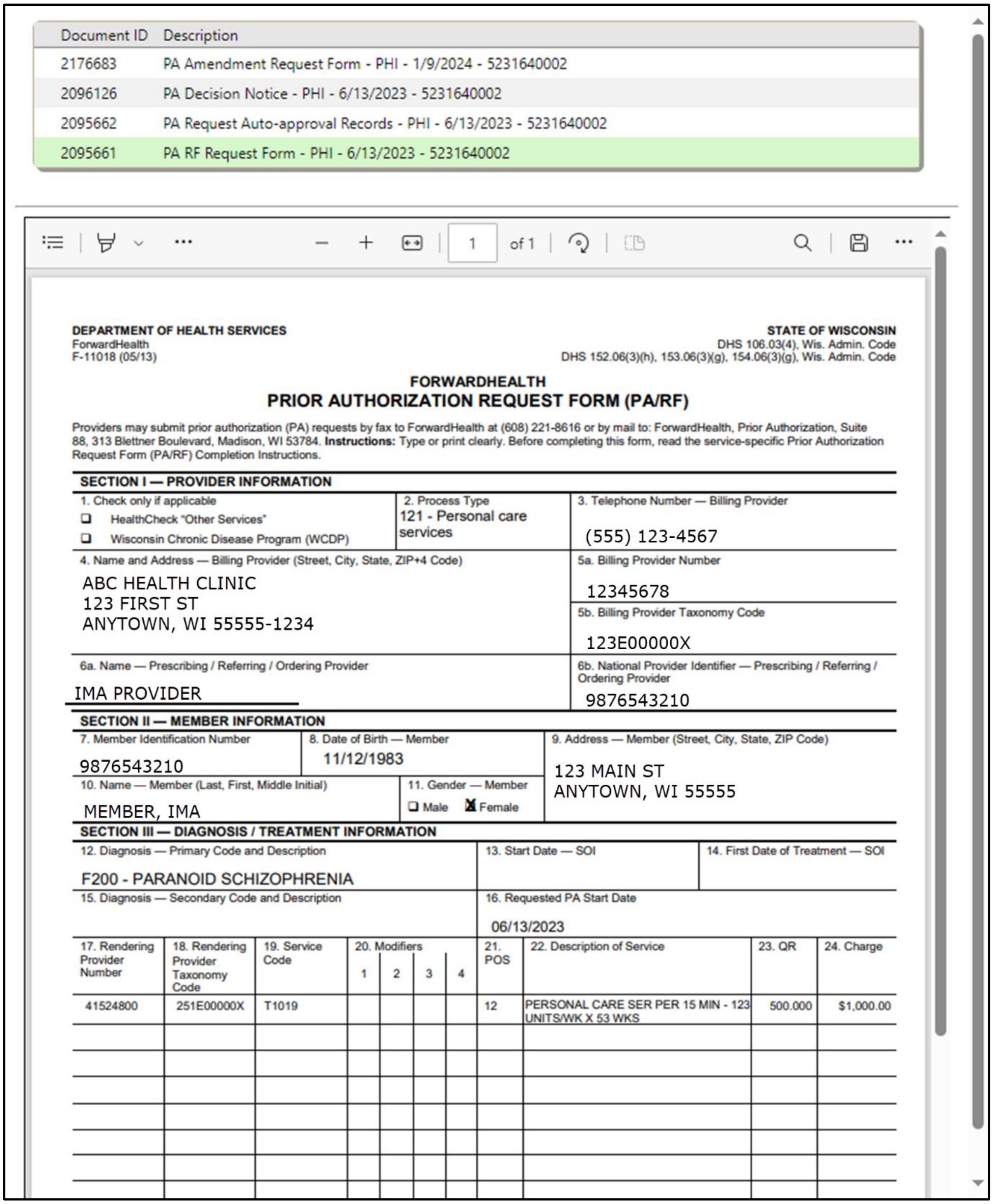


Figure 142 View PA Documents Panel With Populated Information

4. Click **View PA Documents**. An OnBase Document Viewer window will open and display Document Results.

5. Click the appropriate document.

Note: If only one document is listed, a PDF version of the document will automatically open in the same window.



Document ID	Description
2176683	PA Amendment Request Form - PHI - 1/9/2024 - 5231640002
2096126	PA Decision Notice - PHI - 6/13/2023 - 5231640002
2095662	PA Request Auto-approval Records - PHI - 6/13/2023 - 5231640002
2095661	PA RF Request Form - PHI - 6/13/2023 - 5231640002

1 of 1

DEPARTMENT OF HEALTH SERVICES
ForwardHealth
F-11018 (05/13)

STATE OF WISCONSIN
DHS 106.03(4), Wis. Admin. Code
DHS 152.06(3)(h), 153.06(3)(g), 154.06(3)(g), Wis. Admin. Code

FORWARDHEALTH
PRIOR AUTHORIZATION REQUEST FORM (PA/RF)

Providers may submit prior authorization (PA) requests by fax to ForwardHealth at (608) 221-8616 or by mail to: ForwardHealth, Prior Authorization, Suite 88, 313 Blettner Boulevard, Madison, WI 53784. **Instructions:** Type or print clearly. Before completing this form, read the service-specific Prior Authorization Request Form (PA/RF) Completion Instructions.

SECTION I — PROVIDER INFORMATION

1. Check only if applicable
   - ❑ HealthCheck "Other Services"
   - ❑ Wisconsin Chronic Disease Program (WCDP)

2. Process Type: 121 - Personal care services

3. Telephone Number — Billing Provider: (555) 123-4567

4. Name and Address — Billing Provider (Street, City, State, ZIP+4 Code): ABC HEALTH CLINIC, 123 FIRST ST, ANYTOWN, WI 55555-1234

5a. Billing Provider Number: 12345678

5b. Billing Provider Taxonomy Code: 123E00000X

6a. Name — Prescribing / Referring / Ordering Provider: IMA PROVIDER

6b. National Provider Identifier — Prescribing / Referring / Ordering Provider: 9876543210

SECTION II — MEMBER INFORMATION

7. Member Identification Number: 9876543210

8. Date of Birth — Member: 11/12/1983

9. Address — Member (Street, City, State, ZIP Code): 123 MAIN ST, ANYTOWN, WI 55555

10. Name — Member (Last, First, Middle Initial): MEMBER, IMA

11. Gender — Member: ❑ Male ☒ Female

SECTION III — DIAGNOSIS / TREATMENT INFORMATION

12. Diagnosis — Primary Code and Description: F200 - PARANOID SCHIZOPHRENIA

13. Start Date — SOI

14. First Date of Treatment — SOI

15. Diagnosis — Secondary Code and Description

16. Requested PA Start Date: 06/13/2023

17. Rendering Provider Number	18. Rendering Provider Taxonomy Code	19. Service Code	20. Modifiers 1	2	3	4	21. POS	22. Description of Service	23. QR	24. Charge
41524800	251E00000X	T1019					12	PERSONAL CARE SER PER 15 MIN - 123 UNITS/WK X 53 WKS	500.000	$1,000.00

Figure 143 OnBase Document Viewer Window

6. Click any other desired documents.
7. Close the OnBase Document Viewer window.
8. Click **Exit** to return to the Prior Authorization page.

13 View or Maintain a Prior Authorization Collaboration

Providers who request PA under eligible process types can collaborate with other providers on PA request submissions and amendments submitted through the Portal. A PA collaborative links two or more PA requests for a single member together so participating providers can easily view information for all PAs in the collaborative.

The following instructions apply once a PA request has been associated to a new or existing collaborative. For information on initiating or associating a PA request with a collaborative, refer to the Submit a New Prior Authorization chapter of this user guide.

Once all PAs within the collaborative have been attested and signed by the collaborating providers, the collaborative can be submitted for consultant review of the individual PA requests.

Note: PA requests within a collaborative are not eligible for real-time review and approval submission.

13.1 Viewing and Submitting Prior Authorization Collaborations

1. On the Prior Authorization page, click **View / Maintain PA Collaboration**. The PA Collaboration page will be displayed.

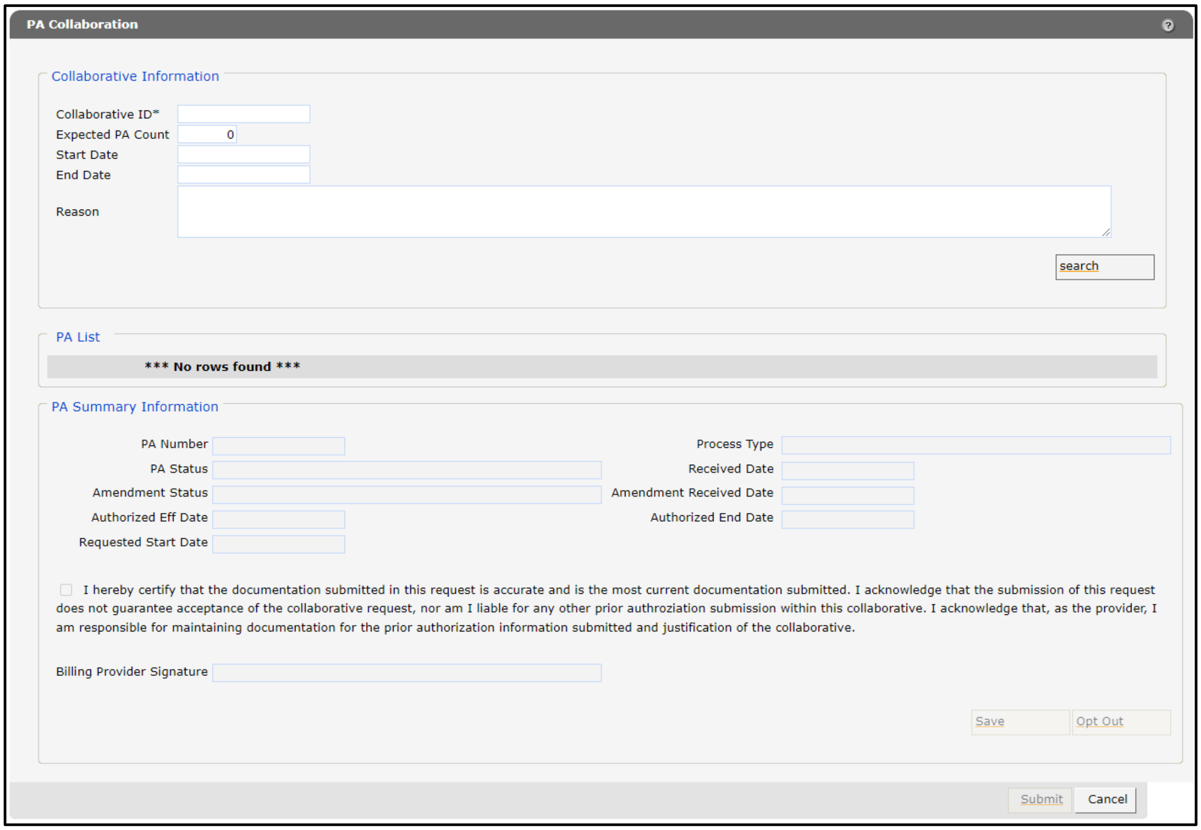


Figure 144 PA Collaboration Page

2. Enter the collaborative ID in the first field. Click **Search**.

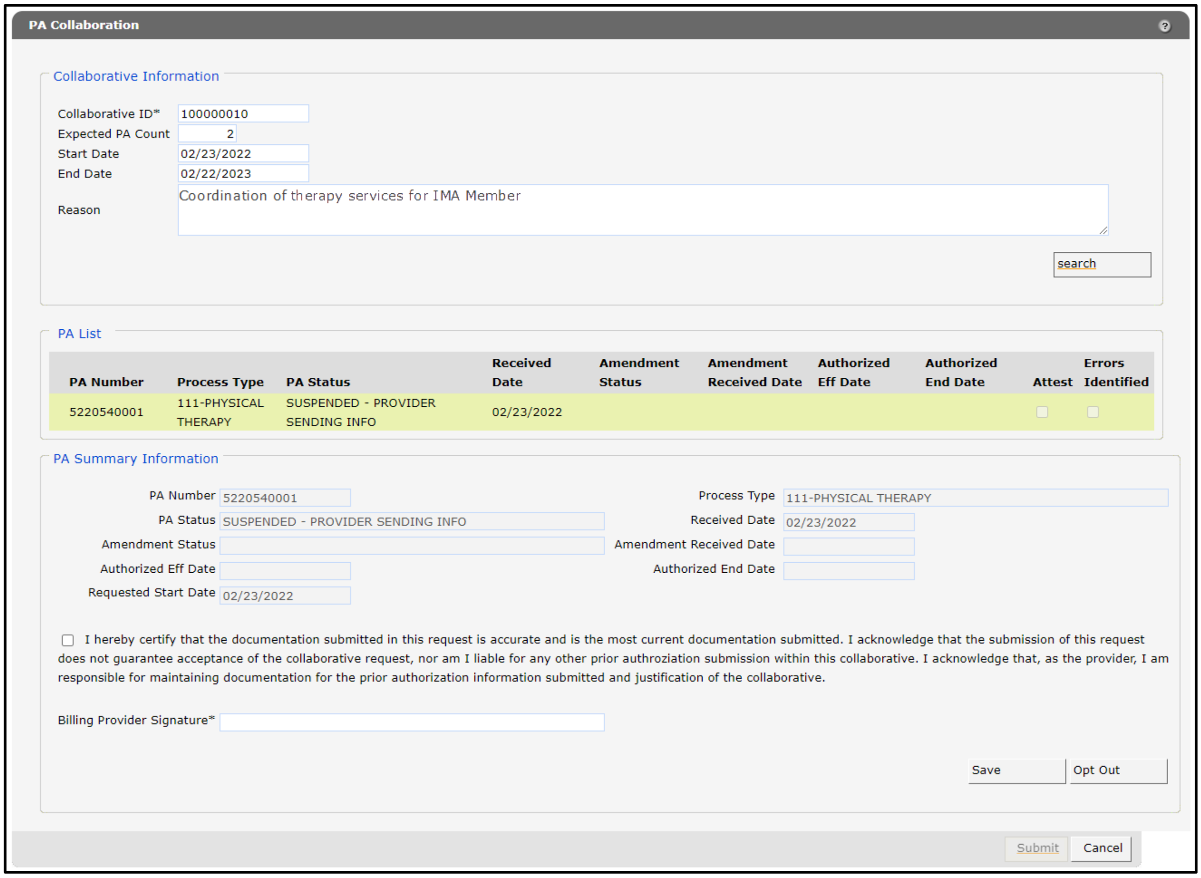


Figure 145 PA Collaboration Page With Populated Information

3. Click the row under the “PA List” section that shows the PA request submitted by the provider. The user will only be able to view summary information for the PA request submitted under their login.
4. Attest to the accuracy of the PA documentation submitted by checking the box next to “I hereby certify that …”
5. Enter the first and last name of the billing provider in the Billing Provider Signature field.
6. Click **Save**.
7. Click **Submit** once all PA requests within the PA collaborative have been attested to and signed.

   Note: The Submit button will be disabled until all PA requests within the collaborative have been attested to and signed. Any provider within the collaborative may submit the collaborative. Consultant review of the individual PAs will not begin until the collaborative has been submitted.

13.2 Opting Out of Prior Authorization Collaborations

Providers may opt out of a PA collaborative even if they have already attested to it. However, once the collaborative has been submitted, the provider is no longer able to opt out using the Portal. To be removed from a PA collaboration that has been submitted, the provider must submit a PA amendment.

1. On the Prior Authorization page, click **View / Maintain PA Collaboration**. The PA Collaboration page will be displayed.

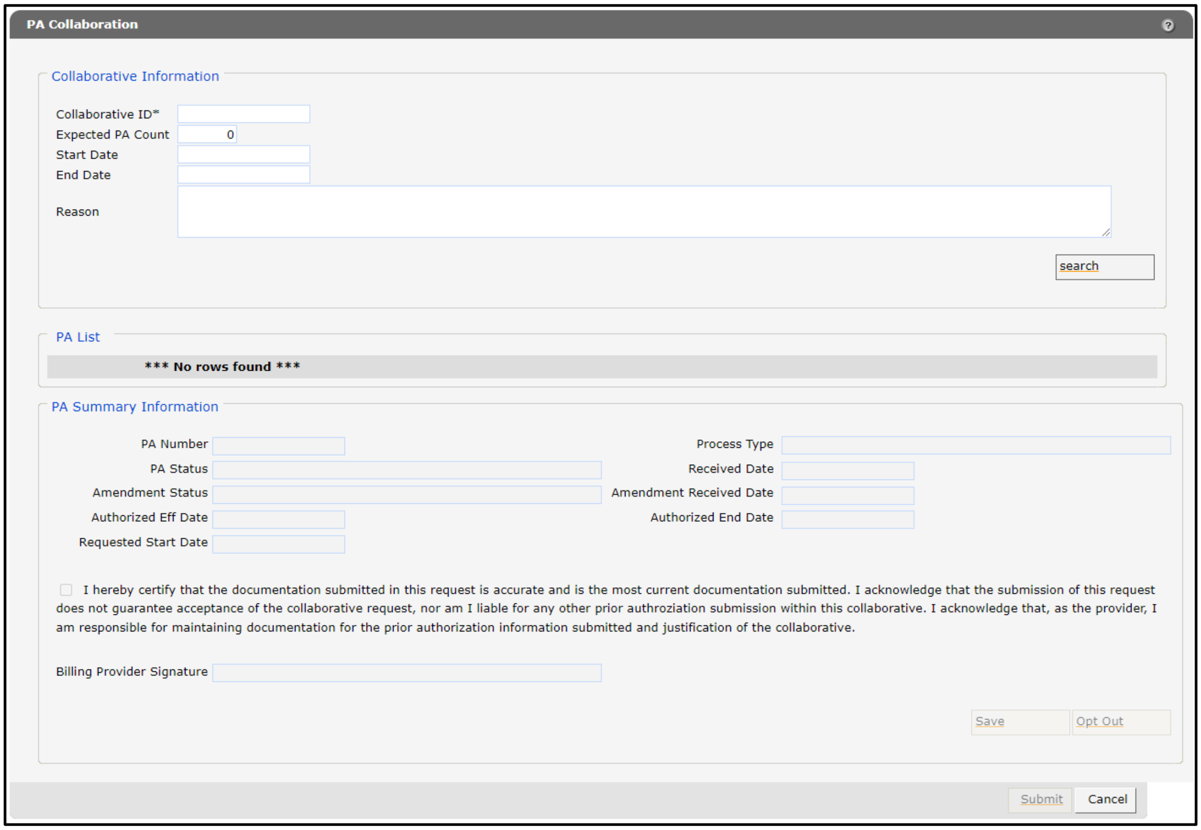


Figure 146 PA Collaboration Page

2. Enter the collaborative ID in the first field. Click **Search**.

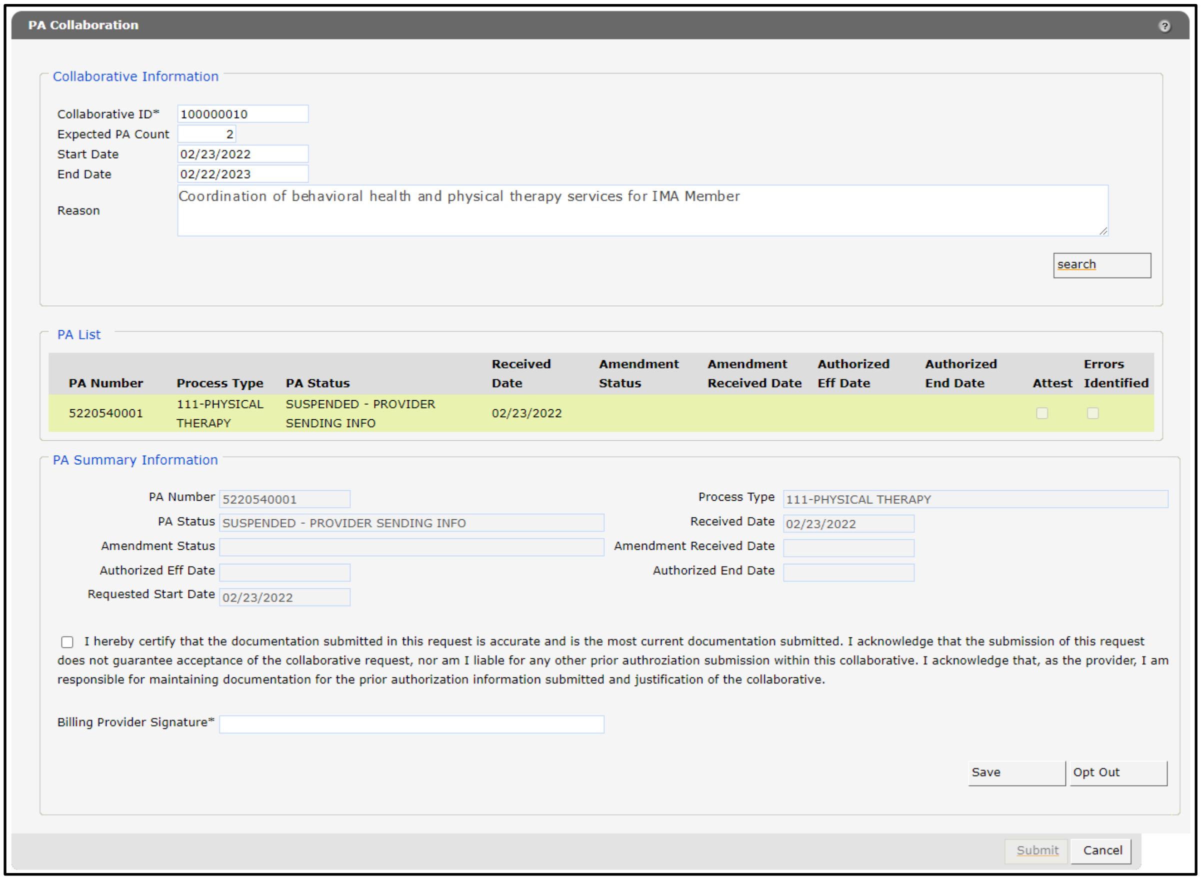


Figure 147 PA Collaboration Page With Populated Information

3. Click **Opt Out** at the bottom of the PA Collaboration page. The screen will refresh and a “Verify Opt Out” section will appear on the page.

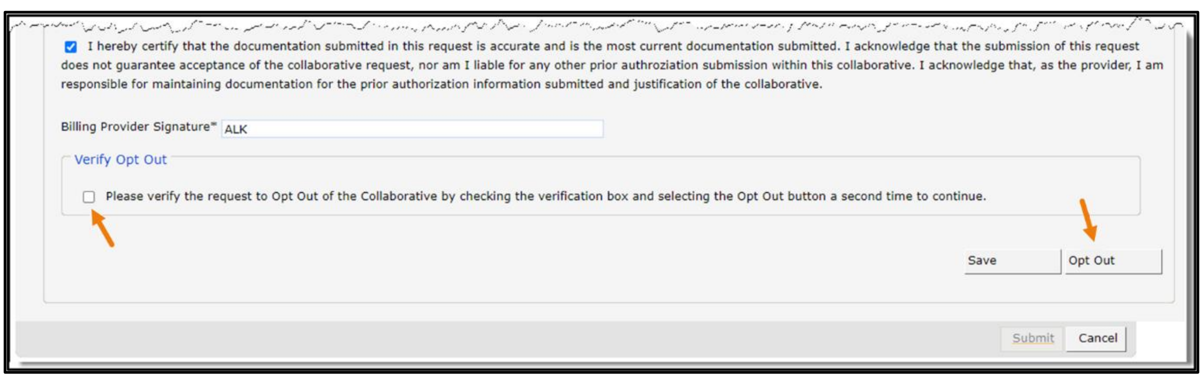


Figure 148 PA Collaboration Page With Verify Opt Out Section

4. Check the box next to “Please verify the request to opt out …” and click **Opt Out** a second time. A message will be displayed at the top of the page that states “Your PA has been successfully removed.”

5. To return to the Prior Authorization page without making changes, click **Cancel**.