

User Guide

ForwardHealth Portal Other Coverage Discrepancy Report

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WISCONSIN DEPARTMENT
of HEALTH SERVICES

Table of Contents

1 Access the Other Coverage Discrepancy Report	1
2 Add Other Insurance Information.....	4
3 Modify Other Insurance Information.....	12
4 Delete Other Insurance Information	18

1 Access the Other Coverage Discrepancy Report

Portal submission of the Other Coverage Discrepancy Report allows providers to add or modify a member's other coverage information in real time or request a deletion of commercial insurance, Medicare supplemental insurance, and/or long-term care (LTC) only insurance coverage, much like they do on the [paper Commercial Other Coverage Discrepancy Report, F-01159](#).

For Medicare Parts A, B, or D, Medicare Advantage, and/or Medicare Cost discrepancies, use the [Medicare Other Coverage Discrepancy Report form, F-02074](#).

To access the Portal submission method, complete the following steps:

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

Figure 1 ForwardHealth Portal Page

2. Click **Login**. The ForwardHealth Portal Login box will be displayed.

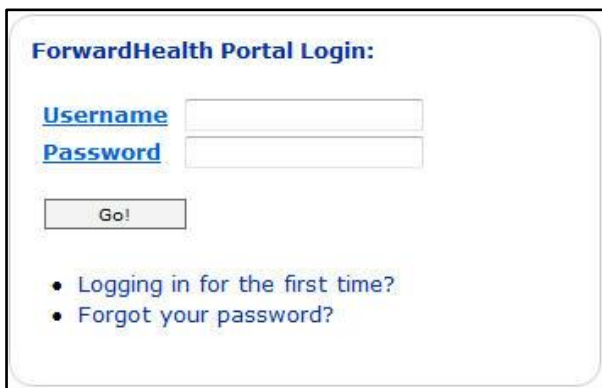


Figure 2 ForwardHealth Portal Login

Note: The login box can also be accessed by clicking the Provider or Managed Care Organization (MCO) icon on the home page of the Portal.

3. Enter the user’s username.
4. Enter the user’s password.
5. Click **Go!** The secure Provider or MCO page will be displayed.

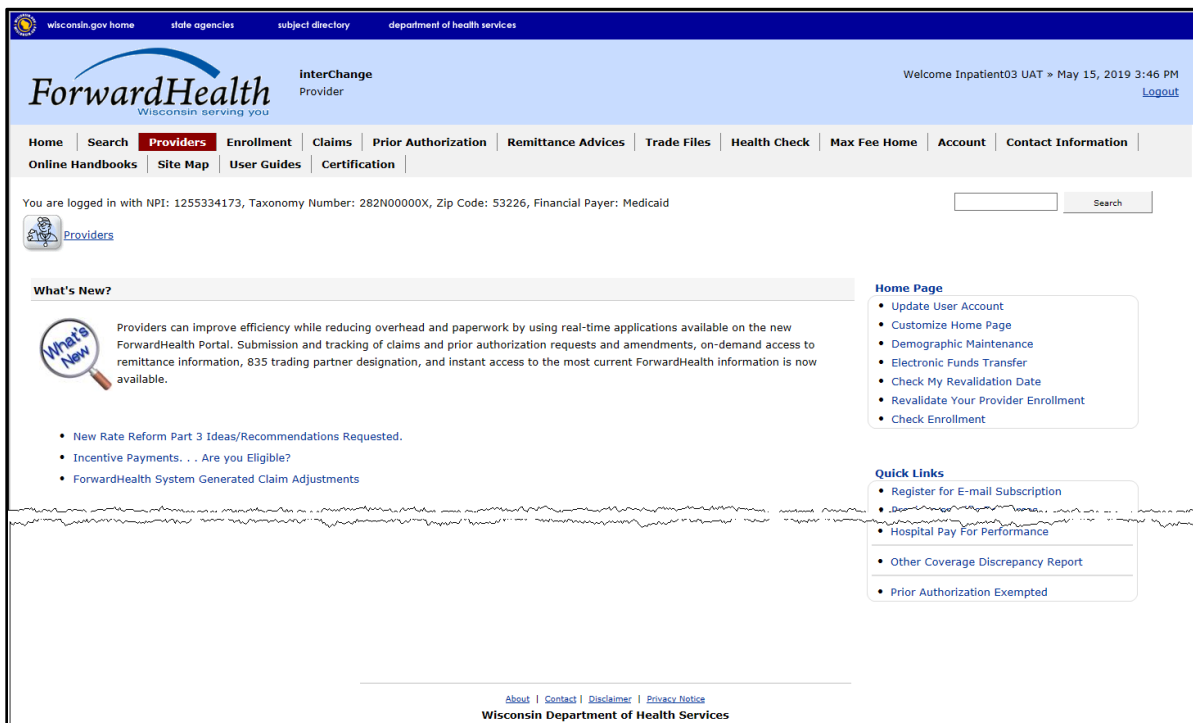


Figure 3 Secure Provider Page

6. Click **Other Coverage Discrepancy Report** in the Quick Links section.

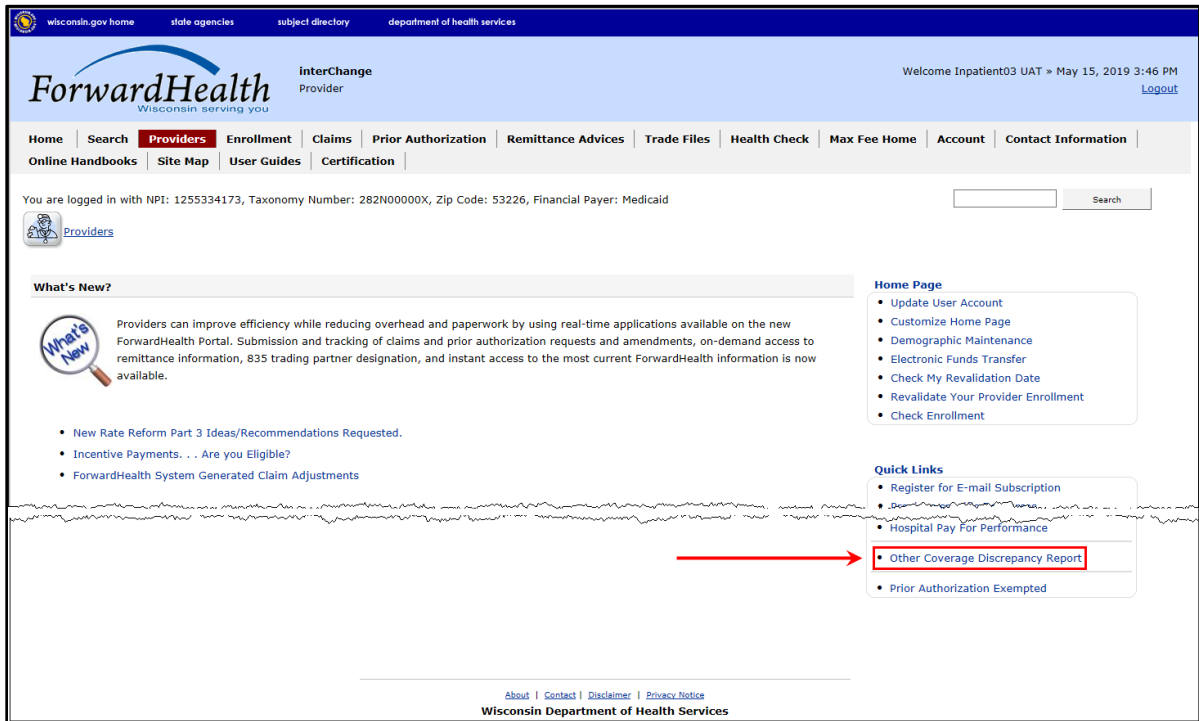


Figure 4 Secure Provider Page

The Other Coverage Discrepancy Report panel will be displayed.

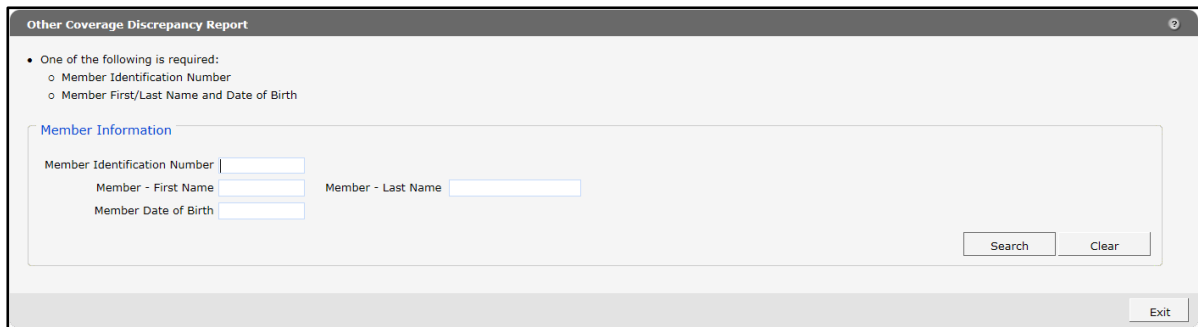
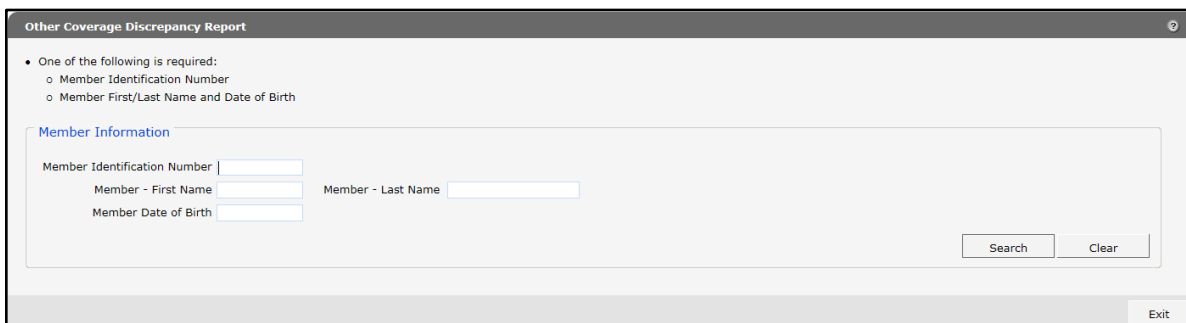


Figure 5 Other Coverage Discrepancy Report Panel

2 Add Other Insurance Information

1. On the Other Coverage Discrepancy Report panel, enter the member's information in the fields.



Other Coverage Discrepancy Report

- One of the following is required:
 - Member Identification Number
 - Member First/Last Name and Date of Birth

Member Information

Member Identification Number

Member - First Name Member - Last Name

Member Date of Birth

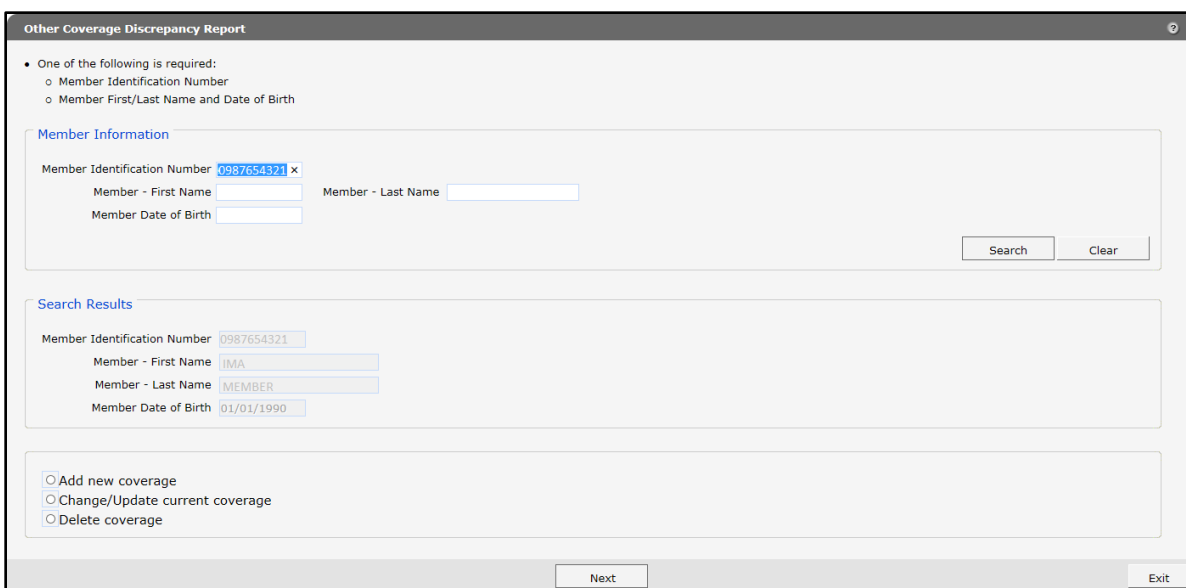
Search Clear

Exit

Figure 6 Other Coverage Discrepancy Report Panel

In order to search, users must enter at least one of the following sets of information into the appropriate fields:

- The member's Member ID
 - The member's first and last names and date of birth (DOB)
2. Click **Search**. The panel will be refreshed and the "Search Results" section will be displayed.



Other Coverage Discrepancy Report

- One of the following is required:
 - Member Identification Number
 - Member First/Last Name and Date of Birth

Member Information

Member Identification Number

Member - First Name Member - Last Name

Member Date of Birth

Search Clear

Search Results

Member Identification Number

Member - First Name

Member - Last Name

Member Date of Birth

Add new coverage

Change/Update current coverage

Delete coverage

Next Exit

Figure 7 Other Coverage Discrepancy Report Panel with Search Results Section

3. Review the member's information to ensure that the correct member has been identified.

- Click the **Add new coverage** radio button, then click **Next**. The Add Policy Coverage panel will be displayed. Required fields are marked with an asterisk (*).

Add Policy Coverage

Member Information

Member Identification Number: 0987654321

Member - First Name: JMA

Member - Last Name: MEMBER

Member Date of Birth: 01/01/1990

Commercial Health Insurance and Medicare Supplement

Insurance Type* Medicare Supplement Commercial Long-Term Care

Carrier Number* [Search]

Name - Insurance Company

Street

City

State/ZIP

Policyholder - Relationship to Member*

Policyholder - Member ID (if applicable)

Policyholder - First Name*

Policyholder - Middle Initial

Policyholder - Last Name*

Policyholder - Social Security Number

Policyholder - Date of Birth*

Policyholder - Gender* Male Female

Group Number

Policy Number*

Coverage Start Date*

Open-Ended Coverage?* Yes No

Coverage End Date

Previous Next Exit

Figure 8 Add Policy Coverage Panel

- Use the radio buttons to select the type of policy being added from the following options:
 - Medicare Supplement
 - Commercial
 - Long-Term Care

6. Enter the insurance carrier's carrier number.

If the carrier number is unknown, click **Search**. The Carrier Number panel will be displayed.

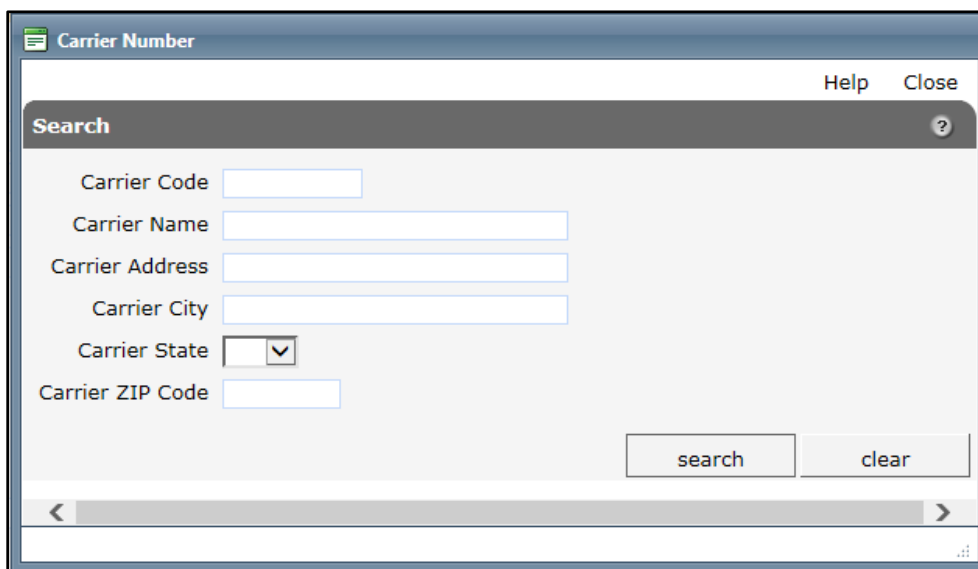


Figure 9 Carrier Number Panel

- a. Enter the insurance carrier's information in the fields and click **search**. The Search Results panel will be displayed.
- b. Select the correct carrier from the search results.

The Add Policy coverage panel will be refreshed, and the insurance carrier's information will be populated in the fields.

7. Select a relationship from the Policyholder — Relationship to Member drop-down menu.

If "Self" is selected, the panel will refresh and populate with the member's information.

If any other relationship is selected, enter the information for the policyholder into the following fields:

- Policyholder — Member ID
- Policyholder — First Name
- Policyholder — Middle Initial
- Policyholder — Last Name
- Policyholder — Social Security Number
- Policyholder — Date of Birth
- Policyholder — Gender

8. Enter the insurance policy information in the following fields:

- Group Number
- Policy Number
- Coverage Start Date
- Open-Ended Coverage?
- Coverage End Date — If “Yes” was selected for Open-Ended Coverage?, this field will remain read only. If “No” was selected for Open-Ended Coverage?, the field will become editable and required.

Note: Dates in the Coverage Start Date and Coverage End Date fields cannot be identical.

9. Click **Next**. Depending on the insurance type selected on the Add Coverage panel, one of the following three Choose Policy Coverage Types panels will be displayed.

Note: Each policy coverage type will only be displayed if the insurance carrier selected on the Add Coverage panel offers that type of coverage.

Choose Policy Coverage Types ?

Commercial Insurance

All Commercial Insurance Coverage Options

OR (select all that apply)

<input type="checkbox"/> Dental	<input type="checkbox"/> Inpatient
<input type="checkbox"/> Dme Purchase	<input type="checkbox"/> Major Med
<input type="checkbox"/> Dme Rental	<input type="checkbox"/> Nursing Home
<input type="checkbox"/> Drug	<input type="checkbox"/> Outpatient
<input type="checkbox"/> Home Health	<input type="checkbox"/> Vision

Previous Next Exit

Figure 10 Choose Policy Coverage Types Panel for Commercial Insurance

Figure 11 Choose Policy Coverage Types Panel for Medicare Supplemental Insurance

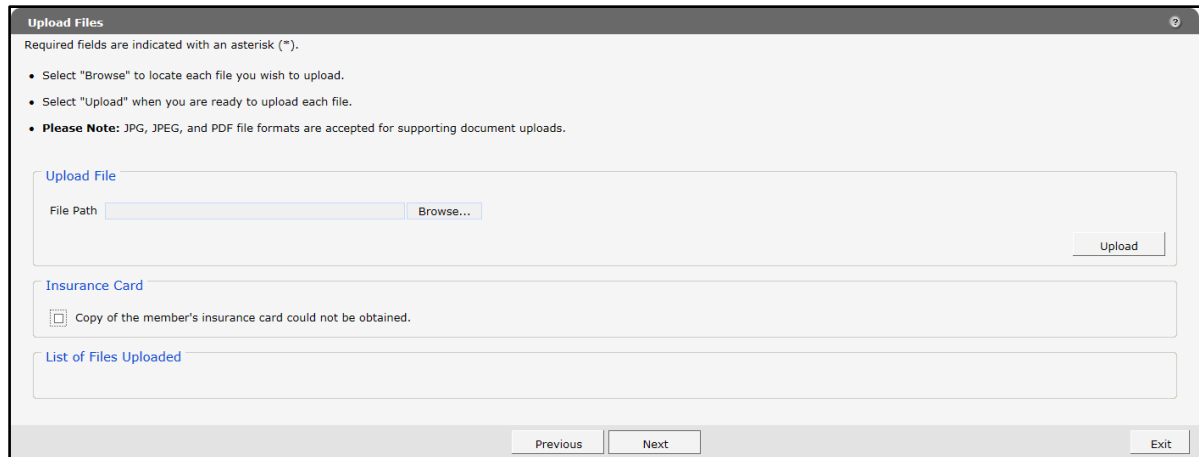
Figure 12 Choose Policy Coverage Types Panel for LTC Insurance

10. Check the appropriate boxes to select the types of coverage that pertain to the policy.
11. Click **Next**. The Report Information panel will be displayed.

Figure 13 Report Information Panel

12. Enter the required information into the fields.

13. Click **Next**. The Upload Files panel will be displayed.



Upload Files

Required fields are indicated with an asterisk (*).

- Select "Browse" to locate each file you wish to upload.
- Select "Upload" when you are ready to upload each file.
- **Please Note:** JPG, JPEG, and PDF file formats are accepted for supporting document uploads.

Upload File

File Path

Insurance Card

Copy of the member's insurance card could not be obtained.

List of Files Uploaded

Figure 14 Upload Files Panel

14. Click **Browse...** to select the JPG, JPEG, or PDF file of the member's insurance card.

15. Once the file has been selected, click **Upload**.

If a copy of the member's insurance card could not be obtained, check the box in the "Insurance Card" section to indicate this.

16. Click **Next**. The Verification panel will be displayed.

Verification

Verification

Member Identification Number 0987654321
Member - First Name IMA
Member - Last Name MEMBER
Member Date of Birth 01/01/1990

Policyholder - Name MEMBER, IMA
Policyholder - Social Security Number
Policyholder - Date of Birth 01/01/1990
Policyholder - Gender Male Female
Policyholder - Relationship to Member Self

Carrier Number 000
Name - Insurance Company XYZ HEALTHCARE
Street 123 MAIN ST
City ANYTOWN
State/ZIP WI 55555 -

Group Number
Policy Number 0000000000

Commercial Insurance

Coverage Start Date 01/01/2017 Coverage End Date 12/31/2299 Open-Ended Coverage? Yes

Dental Inpatient
 Dme Purchase Major Med
 Dme Rental Nursing Home
 Drug Outpatient
 Home Health Vision

Report Information

Name - Individual Completing This Form Im A. Provider
Date Signed 05/23/2017
Telephone Number (456)789-1230 Ext.

Name - Source of Information Included on This Report IMA MEMBER
Telephone Number Source (789)456-1230 Ext.

List of Files Uploaded

*** No rows found ***

Previous Submit Exit

Figure 15 Verification Panel

17. Review the information.

If everything is correct, click **Submit**.

If any information needs to be adjusted, click **Previous** until the appropriate panel for the information is displayed. Edit the information and click **Next** until the Verification panel is displayed again. Verify that the information is now correct. Click **Submit**.

The Other Coverage Discrepancy Report Submitted panel will be displayed, and the information will be added in real time.



Figure 16 Other Coverage Discrepancy Report Submitted Panel

Note: If any conflicts are found in the processing of the submitted report, the following version of the Other Coverage Discrepancy Report Submitted panel will be displayed, and the information will be manually reviewed by ForwardHealth within five to seven business days.

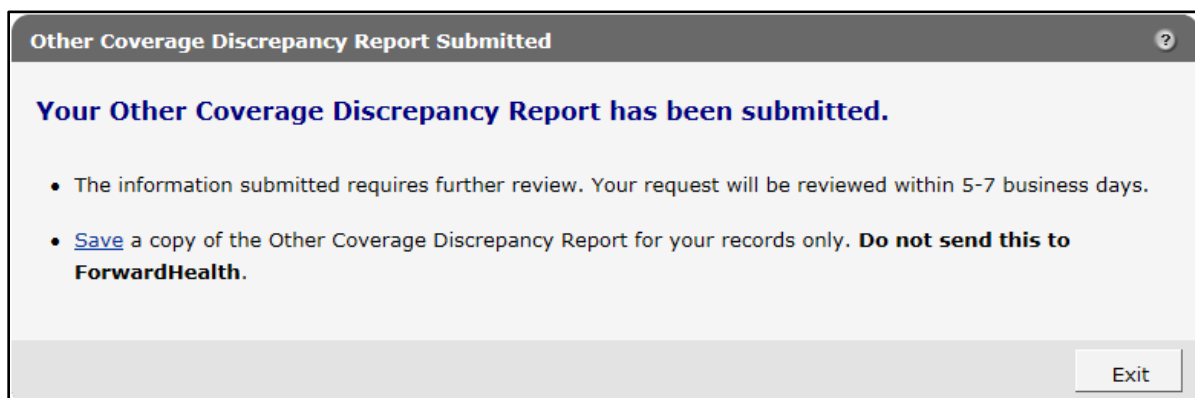


Figure 17 Other Coverage Discrepancy Report Submitted Panel

18. Click **Save** to retain a copy of the form in the member's records.

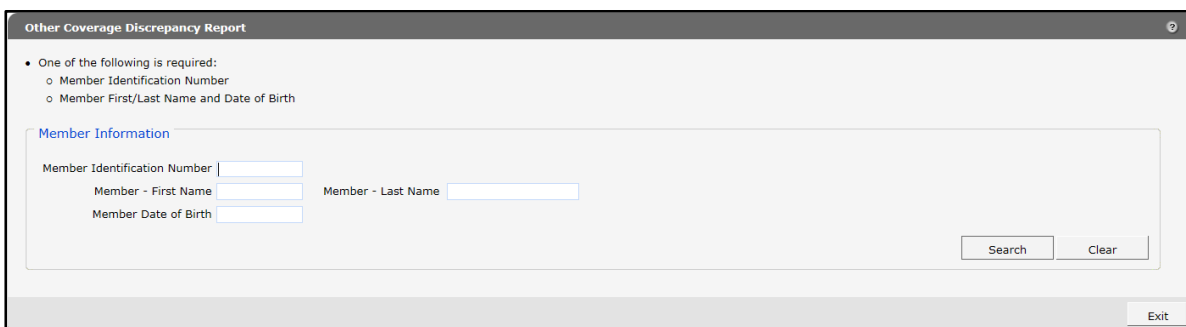
19. Click **Exit**. The secure Provider or MCO page will be displayed.

3 Modify Other Insurance Information

The only portion of a member's existing other insurance record that can be modified is the end date. These steps can also be used to upload new attachments. If any other information has changed, the current record must be end-dated, and a new other insurance record with the current information must be added. If other insurance information was added in error, refer to the instructions in [Chapter 4 Delete Other Insurance Information](#).

Complete the following steps to end-date the record or upload a new attachment:

1. On the Other Coverage Discrepancy Report panel, enter the member's information into the fields.



Other Coverage Discrepancy Report

- One of the following is required:
 - Member Identification Number
 - Member First/Last Name and Date of Birth

Member Information

Member Identification Number

Member - First Name Member - Last Name

Member Date of Birth

Search Clear

Exit

Figure 18 Other Coverage Discrepancy Report Panel

In order to search, users must enter at least one of the following sets of information into the appropriate fields:

- The member's Member ID
- The member's first name, last name, and DOB

- Click **Search**. The panel will be refreshed and the “Search Results” section will be displayed.

The screenshot shows a web form titled "Other Coverage Discrepancy Report". At the top, it lists requirements: "One of the following is required: Member Identification Number or Member First/Last Name and Date of Birth". Below this is a "Member Information" section with input fields for Member Identification Number (0987654321), Member - First Name, Member - Last Name, and Member Date of Birth. A "Search" button is present. The "Search Results" section displays the same fields populated with: Member Identification Number (0987654321), Member - First Name (IMA), Member - Last Name (MEMBER), and Member Date of Birth (01/01/1990). Below the results are three radio buttons: "Add new coverage", "Change/Update current coverage", and "Delete coverage". At the bottom, there are "Next" and "Exit" buttons.

Figure 19 Other Coverage Discrepancy Report Panel with Search Results Section

- Review the member’s information to ensure that the correct member has been identified.
- Click the **Change/Update current coverage** radio button, then click **Next**. The Select Member Policy panel will be displayed.

The screenshot shows a web form titled "Select Member Policy". It includes a note: "Required fields are indicated with an asterisk (*)". Below this is a "Member Policies" section containing a table with the following data:

Member ID	Member Name	Carrier #	Carrier Name	Policy Number	Group Number	Effective Date	End Date
0987654321	MEMBER, IMA	000	XYZ HEALTHCARE	000000000		05/25/2017	12/31/2299

Below the table is a "Selected Policy" section with input fields for Member ID, Member Name, Carrier Number, Carrier Name, Policy Number, Group Number, Effective Date, and End Date. At the bottom, there are "Previous", "Next", and "Exit" buttons.

Figure 20 Select Member Policy Panel

- Select the insurance record to be modified from the “Member Policies” section. The panel will be refreshed, and the policy’s information will populate the fields in the “Selected Policy” section.

6. Review the information to ensure the selected record is correct, then click **Next**. The Change/Update Current Coverage panel will be displayed.

Figure 21 Change/Update Current Coverage Panel

7. Most fields in the Change/Update Current Coverage panel are read-only. The editable fields in this panel are:
- Open-Ended Coverage?
 - Coverage End Date

Note: For the Coverage End Date field to be editable, “No” must be selected in the Open-Ended Coverage? field.

Enter the new end date information in these fields. This date cannot be identical to the coverage start date.

- Click **Next**. The Report Information panel will be displayed.

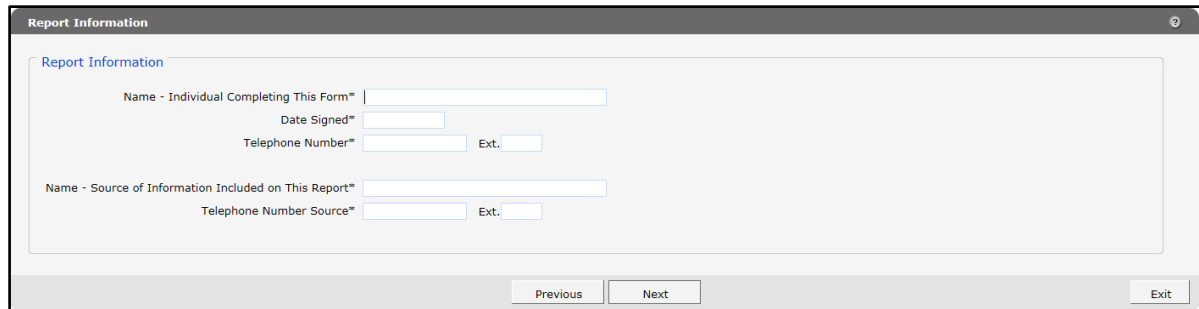


Figure 22 Report Information Panel

- Enter the required information into the fields.
Click **Next**. The Upload Files panel will be displayed.

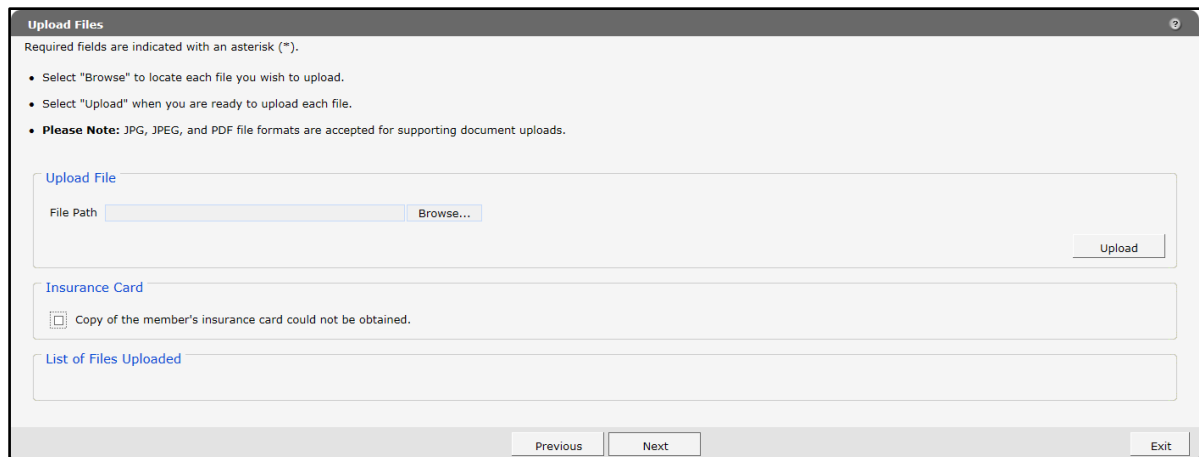


Figure 23 Upload Files Panel

- Click **Browse...** to select the JPG, JPEG, or PDF file of the member's insurance card.
- Once the file has been selected, click **Upload**.

If a copy of the member's insurance card could not be obtained or has already been uploaded in a previous session, check the box in the "Insurance Card" section to indicate this.

12. Click **Next**. The Verification panel will be displayed.

Verification

Verification

Member Identification Number 0987654321
Member - First Name IMA
Member - Last Name MEMBER
Member Date of Birth 01/01/1990

Policyholder - Name MEMBER, IMA
Policyholder - Social Security Number
Policyholder - Date of Birth 01/01/1990
Policyholder - Gender Male Female
Policyholder - Relationship to Member Self

Carrier Number 000
Name - Insurance Company XYZ HEALTHCARE
Street 123 MAIN ST
City ANYTOWN
State/ZIP WI 55555 -

Group Number
Policy Number 0000000000

Commercial Insurance

Coverage Start Date 01/01/2017 Coverage End Date 12/31/2299 Open-Ended Coverage? Yes

Dental Inpatient
 Dme Purchase Major Med
 Dme Rental Nursing Home
 Drug Outpatient
 Home Health Vision

Report Information

Name - Individual Completing This Form Im A. Provider
Date Signed 05/23/2017
Telephone Number (456)789-1230 Ext.

Name - Source of Information Included on This Report IMA MEMBER
Telephone Number Source (789)456-1230 Ext.

List of Files Uploaded

*** No rows found ***

Previous Submit Exit

Figure 24 Verification Panel

13. Review the information.

If everything is correct, click **Submit**.

If any information needs to be adjusted, click **Previous** until the appropriate panel for the information is displayed. Edit the information and click **Next** until the Verification panel is displayed again. Verify that the information is now correct. Click **Submit**.

The Other Coverage Discrepancy Report Submitted panel will be displayed, and the information will be updated in real time.

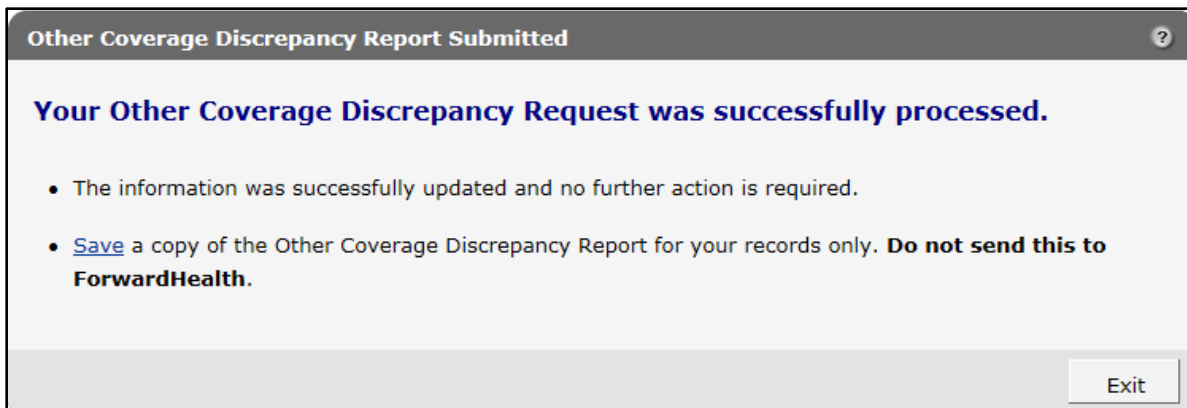


Figure 25 Other Coverage Discrepancy Report Submitted Panel

Note: If any conflicts are found in the processing of the submitted report, the following version of the Other Coverage Discrepancy Report Submitted panel will be displayed, and the information will be manually reviewed by ForwardHealth within five to seven business days.

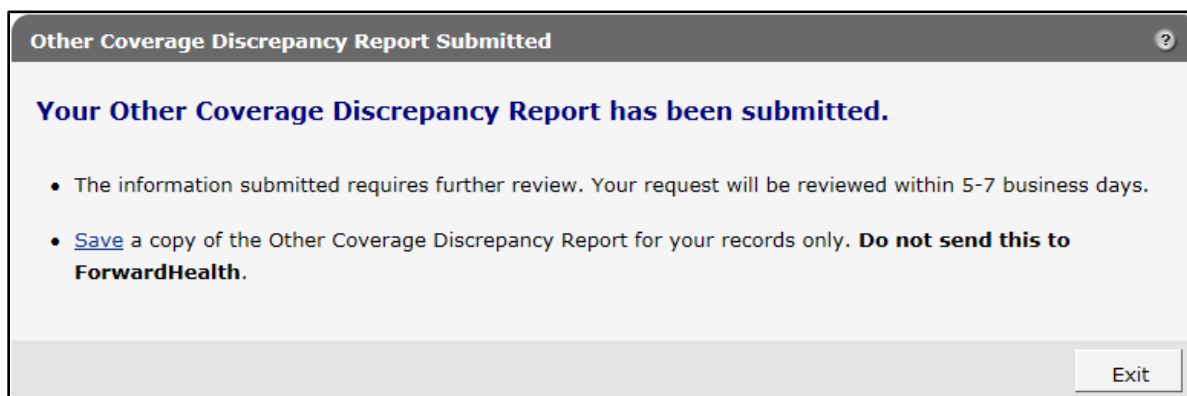


Figure 26 Other Coverage Discrepancy Report Submitted Panel

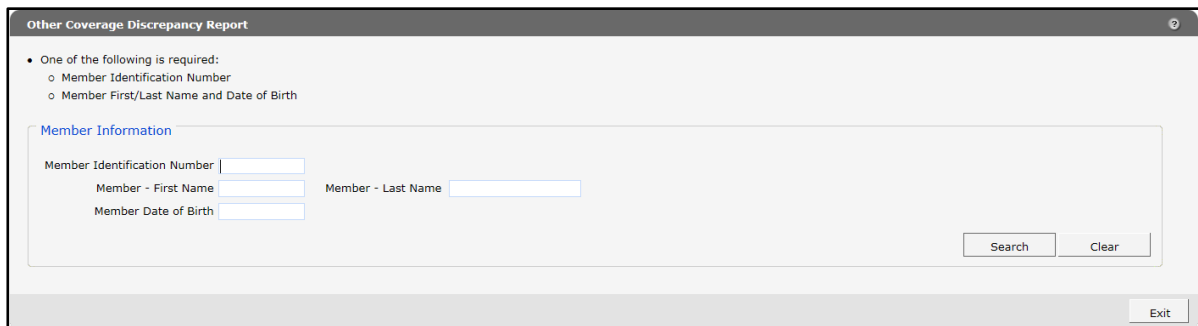
14. Click **Save** to retain a copy of the form for the member's records.

15. Click **Exit**. The secure Provider or MCO page will be displayed.

4 Delete Other Insurance Information

Deleting other insurance information permanently removes it from future editing. Users should only delete information that has been added or modified in error.

1. Enter the member's information into the fields.



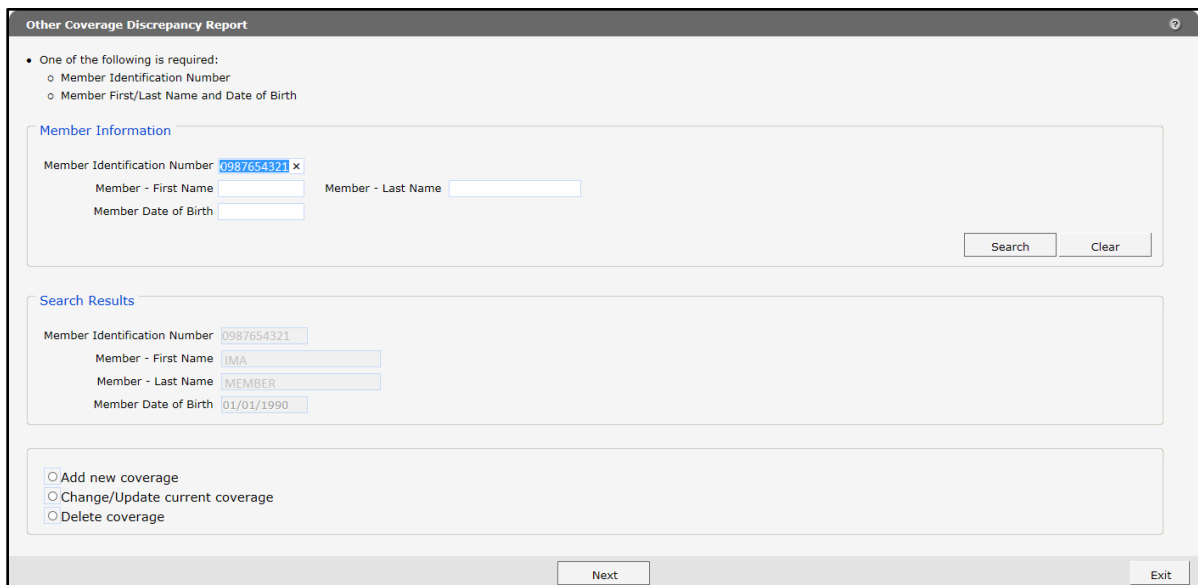
The screenshot shows a web panel titled "Other Coverage Discrepancy Report". At the top, it lists requirements: "One of the following is required:" followed by radio buttons for "Member Identification Number" and "Member First/Last Name and Date of Birth". Below this is a "Member Information" section with four input fields: "Member Identification Number", "Member - First Name", "Member - Last Name", and "Member Date of Birth". There are "Search" and "Clear" buttons at the bottom right of the form area, and an "Exit" button at the bottom right of the panel.

Figure 27 Other Coverage Discrepancy Report Panel

In order to search, users must enter at least one of the following sets of information into the appropriate fields:

- The member's Member ID
- The member's first name, last name, and DOB

2. Click **Search**. The panel will be refreshed and the Search Results section will be displayed.



The screenshot shows the same "Other Coverage Discrepancy Report" panel after a search. The "Member Information" section now has the "Member Identification Number" field populated with "0987654321" and a small 'x' icon. The "Search Results" section is now visible, displaying the following information: "Member Identification Number: 0987654321", "Member - First Name: JMA", "Member - Last Name: MEMBER", and "Member Date of Birth: 01/01/1990". Below the search results are three radio buttons: "Add new coverage", "Change/Update current coverage", and "Delete coverage". The "Next" button is now visible at the bottom center, and the "Exit" button remains at the bottom right.

Figure 28 Other Coverage Discrepancy Report Panel with Search Results Section

- Review the member’s information and ensure that the correct member has been identified.
- Click the **Delete coverage** radio button, then click **Next**. The Select Member Policy panel will be displayed.

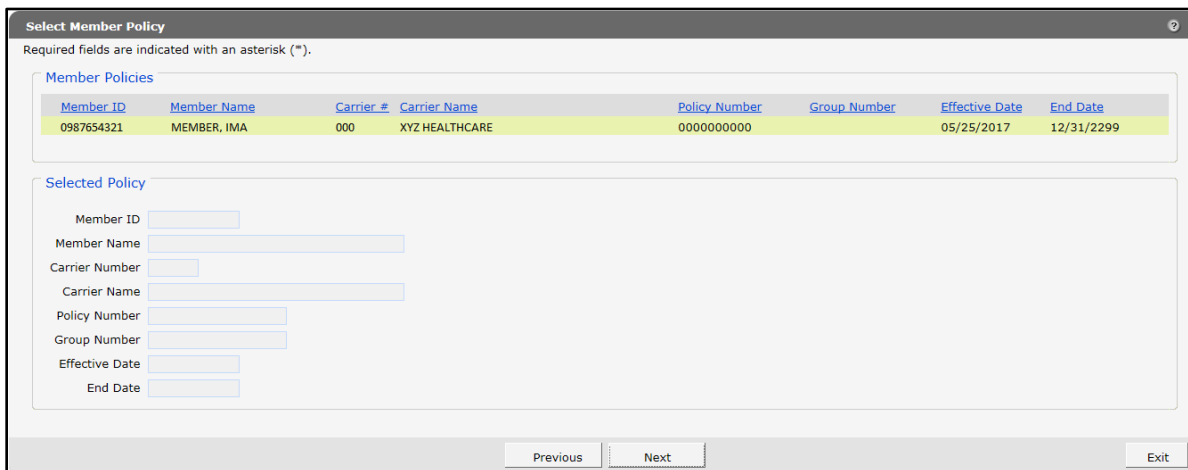


Figure 29 Select Member Policy Panel

- Select the insurance record to be deleted from the “Member Policies” section. The panel will be refreshed, and the policy’s information will populate the fields in the “Selected Policy” section.
- Review the information to ensure the selected record is correct, then click **Next**. The Reason for Deletion panel will be displayed.

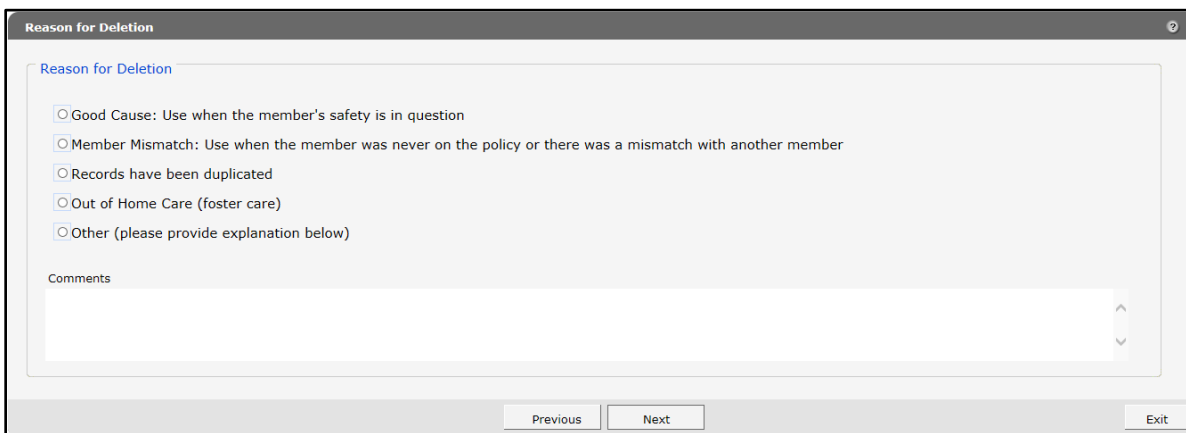


Figure 30 Reason for Deletion Panel

- Select the appropriate reason for deletion using the radio buttons. If “Other” is selected, use the Comments field to indicate the reason for deleting this other insurance record.

- Click **Next**. The Report Information panel will be displayed.

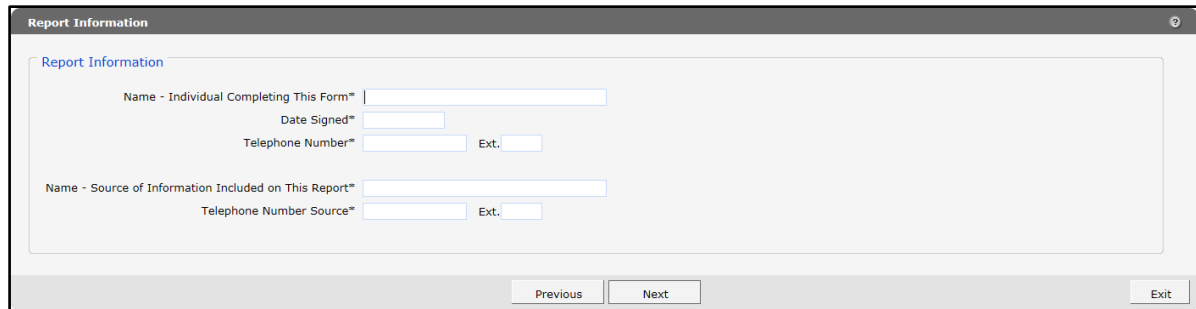


Figure 31 Report Information Panel

- Enter the required information into the fields.
Click **Next**. The Upload Files panel will be displayed.

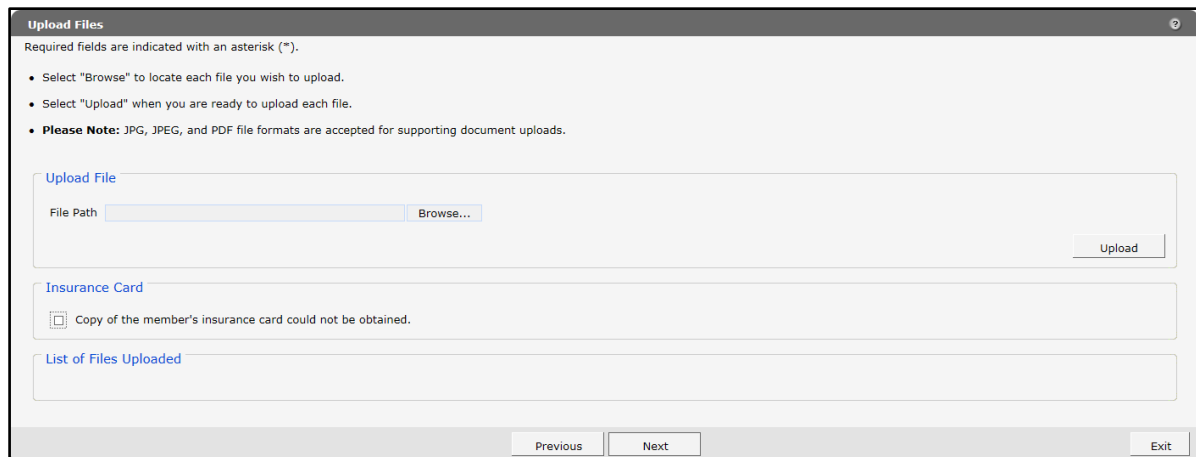


Figure 32 Upload Files Panel

- Click **Browse...** to select the JPG, JPEG, or PDF file of the member's insurance card.
- Once the file has been selected, click **Upload**.

If a copy of the member's insurance card could not be obtained or was already uploaded in a previous session, check the box in the "Insurance Card" section to indicate this.

12. Click **Next**. The Verification panel will be displayed.

Verification

Member Identification Number

Member - First Name

Member - Last Name

Member Date of Birth

Policyholder - Name

Policyholder - Social Security Number

Policyholder - Date of Birth

Policyholder - Gender Male Female

Policyholder - Relationship to Member

Carrier Number

Name - Insurance Company

Street

City

State/ZIP -

Group Number

Policy Number

Commercial Insurance

Coverage Start Date Coverage End Date Open-Ended Coverage?

Dental

Inpatient

Dme Purchase

Major Med

Dme Rental

Nursing Home

Drug

Outpatient

Home Health

Vision

Reason for Deletion

Good Cause: Use when the member's safety is in question

Member Mismatch: Use when the member was never on the policy or there was a mismatch with another member

Records have been duplicated

Out of Home Care (foster care)

Other (please provide explanation below)

Comments

Report Information

Name - Individual Completing This Form

Date Signed

Telephone Number Ext.

Name - Source of Information Included on This Report

Telephone Number Source Ext.

List of Files Uploaded

*** No rows found ***

Figure 33 Verification Panel

13. Review the information.

If everything is correct, click **Submit**.

If any information needs to be adjusted, click **Previous** until the appropriate panel for the information is displayed. Edit the information and click **Next** until the Verification panel is displayed again. Verify that the information is now correct. Click **Submit**.

The Other Coverage Discrepancy Report Submitted panel will be displayed, and the request will be manually reviewed by ForwardHealth within five to seven business days.

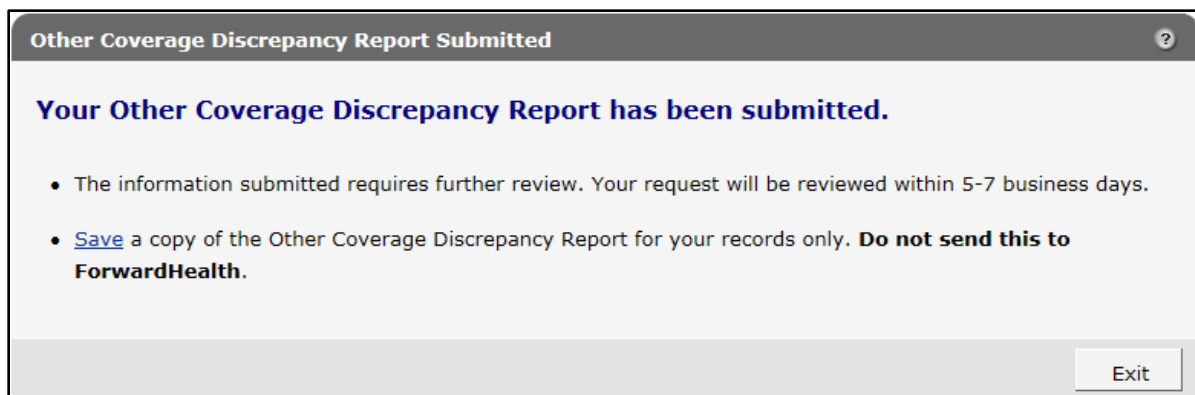


Figure 34 Other Coverage Discrepancy Report Submitted Panel

14. Click **Save** to retain a copy of the form for the member's records.

15. Click **Exit** to be returned to the secure Provider or MCO page.