

**ForwardHealth Partner Portal**  
**For Foster Care/Subsidized Adoption Workers**  
ID Card Status & Requests  
Manual Certification Processing

DRAFT

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# 1 General Portal Information

To access the Partner Portal one must have a logon ID and password. Users can request access through the public page of the ForwardHealth Portal.

The Portal is available 24 hours, 7 days a week and can be accessed from any location with internet.

Users have 3 attempts to login and after the 3<sup>rd</sup> incorrect attempt, their account is locked. You may wait ½ hour for it to reset or contact the Portal Help Desk. (Contact information provided below).

The system will time out if there is no activity for 30 minutes.

- The clock will re-set every time the user hits a button that progresses to another screen or clicks on a link.
- When timed out, you will be taken back to the login page.
- If timed out while completing a manual certification, you will need to start from the beginning of the certification.

Never use the internet page 'Back' button to return to a previous page. You will be taken out to the Portal Home Page.

## Contacts

For	Contact
Password Reset or Technical Issues	Portal Help Desk: 866-908-1363 or wiedi@wisconsin.gov
Paper 3070s	Fax the form to EDS/HP at 608-221-8815, attn. Pat Wagner
Removing HMO from a child's file	Contact EDS/HP Ombuds Staff: 800-760-0001
Guardians to call for ID card requests, general Medicaid and benefit coverage questions, provider issues.	Member Services: 800-362-3002
Problems with private insurance on file	EDS/HP TPL Unit: 608-221-4746 ext. 80058
Linking Member IDs	EDS/HP Elig. Staff: 608-221-4746 ext. 80051

## 2 Checking ID Card Status & ID Card Requests

ID card replacement requests should be done through eWiSACWIS, whenever possible. If that is unsuccessful, you may use the card request function through the portal. Otherwise, the agency staff, or the guardian, may contact Member Services to request a replacement card.

Before requesting a replacement ID card, you may check on the child's current ID card status. Although you are able to see past ID card requests done through e-WiSACWIS, it may not be a complete history of all cards issued to the child.

### Verifying ID card status

Step	Action	Response
1.	Click the <b>iC Functionality</b> tab.	A list of information panels users can access from interChange displays.
2.	Click on <b>Member Information</b> link.	Member ID search screen appears.

The screenshot shows the ForwardHealth interChange Partner portal. The top navigation bar includes links for Home, Search, Partners, Enrollment, Account, Contact Information, Site Map, and iC Functionality (which is highlighted). Below the navigation bar, there is a search box and a 'Search' button. The main content area is divided into several sections:

- Member**: Includes links for Member Search, Member Information, Case Search, Case Information, and Other ID Search.
- Financial**: Includes links for Third Party Liability (TPL) Search, TPL Information, and TPL Related Data.
- Managed Care**: Includes links for Provider Search and Provider Information.
- Claims**: Includes links for Claims Search and Claims Information.
- Prior Authorization**: No links are visible under this section.

The footer of the page contains links for About, Contact, Disclaimer, and Privacy Notice, along with the Wisconsin Department of Health Services logo.

Step	Action	Response
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Step	Action	Response
3.	Enter a valid Member ID in the <b>Member ID</b> field in the Search panel.	
4.	Click <b>Search</b> .	The information page for that Member ID displays.
5.	Scroll down to the <b>Member Maintenance</b> navigation panel and click <b>Member ID Cards</b> .	The <b>Member ID Cards</b> panel displays.

The **Member ID Cards** panel allows you to view all ID cards that have been issued to the member from any requesting source.

The screenshot shows the ForwardHealth interChange Partner portal. The user is logged in as a Foster Care/Adoption Worker. The main navigation bar includes Home, Search, Partners, Enrollment, Account, Contact Information, Site Map, and iC Functionality. The user is logged in as a Foster Care/Adoption Worker. The search panel shows 'Next search by: Member ID' and 'Case Number'. The Member Information section displays details for Member ID 666554440, Name DAVID, JEN, and Active status Active. The Member Maintenance section is active, showing options for Benefit Plan, Member ID Cards, and Worker ID. A callout box points to the 'Member ID Cards' link. The Member ID Cards table shows a list of issued cards with columns for Date Issued, Issue Reason, Card Type, Active Indicator, PAN, Source, and Return Reason.

Date Issued	Issue Reason	Card Type	Active Indicator	PAN	Source	Return Reason
05/22/2009	Damaged	ForwardHealth ID Card	Active	1000000000022166	EBS	00 - Active card, not returned
05/18/2009	Lost	ForwardHealth ID Card	Active	1000000000022052	EBS	00 - Active card, not returned
06/10/2008	Change	ForwardHealth ID Card	Inactive	1000000000003420	PS/2	00 - Active card, not returned
05/29/2008	Damaged	ForwardHealth ID Card	Inactive	1000000000003362	EBS	00 - Active card, not returned
05/20/2008	Change	ForwardHealth ID Card	Inactive	1000000000003328	PS/2	00 - Active card, not returned
05/19/2008	Change	ForwardHealth ID Card	Inactive	1000000000003323	PS/2	00 - Active card, not returned
05/09/2008	Lost	ForwardHealth ID Card	Inactive	1000000000003269	EBS	00 - Active card, not returned
05/06/2008	Change	ForwardHealth ID Card	Inactive	1000000000003259	PS/2	00 - Active card, not returned
04/24/2008	New	ForwardHealth ID Card	Inactive	1000000000003245	PS/2	00 - Active card, not returned

**Active Indicator** will show if a child has one or more active cards. If the child has more than one active card, requests cannot be done through eWiSACWIS or the portal. Member services must be contacted.

Once card replacements are processed, the previous card is inactivated. Even though a card is inactivated, the health care provider can still use it to verify eligibility.

**Source** identifies the source that initiated the ID card to be created. This may be a clerk ID or a system source, such as PS/2. All new/first-time ID cards are created by the system.

Selecting a specific row will provide the address that the card was mailed to. This information is helpful when the child's guardian reports no card was received. **The card is always mailed to the most current address on the child's file.**

*Notes: Currently the child's name that appeared on the card is not provided. This is a future enhancement that will be especially important to verify that a card reflects the correct name in the event of name changes.*

### Requesting a Replacement Card

Step	Action	Response
1.	From the Quick Links panel on the right of the Partner home page, click <b>Replacement ID Card Request</b> .	The <b>ID Card Replacement</b> panel displays.

Step	Action	Response
2.	Enter either the <b>Member ID</b> , or the member's <b>Social Security Number</b> and <b>Date of Birth</b> .	If the Member is not currently eligible, or not found, a message will display.
3.	Click <b>Search</b> .	If a member with eligibility is found, the panel refreshes with two new fields to enter further information.

Step	Action	Response
4.	The ForwardHealth ID card will appear in the <b>Requested Card</b> field. Skip to the <b>Issue Reason</b> field.	
5.	In the <b>Issue Reason</b> field, enter the reason a new ID card is being requested.	
6.	Click <b>Submit</b> .	If there are no problems with the request, a confirmation message will display above the panel.

**Note:** A card cannot be requested for a member without current eligibility at the time of the request, even if they have past or future eligibility on file. This is changing in the future.

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## 3 Enrollment Verification

Users can check a member's eligibility using the **Enrollment Verification** panel in the **Enrollment** section, for summary information, or using **Member Information** in **iC Functionality** for more detailed information.

### Using the Enrollment Verification Panel to Verify Eligibility

Step	Action	Response
1.	From the Partner main menu at the top of the page, click <b>Enrollment</b> .	The <b>Enrollment Verification</b> panel displays.

Step	Action	Response
1.	BadgerCare Plus will appear in the <b>Program</b> field (this is also Medicaid). Skip to the <b>Member ID</b> field.	
2.	Enter either the <b>Member ID</b> , or the member's <b>Social Security Number</b> and <b>Date of Birth</b> .	
3.	Enter the <b>From Date of Service</b> and <b>To Date of Service</b> , which are required fields.	From dates cannot be more than 13 months back from today. Any To dates can be entered but eligibility will only be displayed up to the To date.
4.	Click <b>Search</b> .	The panel refreshes with the Member's eligibility information.

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

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

Program:   
 Member ID:   
 Last Name:   
 First Name:   
 Social Security Number:   
 Date of Birth:   
 From Date of Service\*:   
 To Date of Service\*:

For your reference, the enrollment verification tracking number 0930600005 verifies the enrollment information below only for the following time frame of 11/01/2008 through 11/02/2009.

**Search Results**

**Member Information**

Member ID	9010008869	Name	DCF DEMO
Date of Birth	10/28/2000	County	Dane
Medicare ID		Address	1 W SAFE STREET ANYTOWN WI, 53701

**Benefit Plan**

Payer	Benefit Plan	Effective Date	End Date
MEDICAID	Medicaid for Foster Care (No Copay)	10/01/2009	11/02/2009

**Managed Care Enrollment**

Provider Name	Telephone Number	Effective Date	End Date
DANE COUNTY HUMAN SERVICES	(608)280-2610	10/01/2009	11/02/2009

**Other Commercial Health Insurance**

Group Number	1234	Carrier Name	BLUEGRASS FAMILY HEALTH
Policy Number		Carrier Telephone	(800)787-2680
Policy Holder	DCF DEMO (CHILD)	Effective Date	01/01/2009
PH Date Of Birth		End Date	11/02/2009
PH Address		Coverage Code	MAJOR MED

- The results show the address information, benefit plan eligibility dates, HMO enrollment and private insurance coverage.
- If there is no coverage for the member, a message will display.

**Using iC Functionality to Verify Eligibility**

Step	Action	Response
1.	Click the <b>iC Functionality</b> tab.	A list of hyperlinks to panels available to users displays.

wisconsin.gov home   state agencies   subject directory   department of health services


**ForwardHealth**  
Wisconsin serving you

**interChange**  
Partner

Welcome fcauser » November 2, 2009 7:44 AM [Logout](#)

Home   Search   Partners   Enrollment   Account   Contact Information   Site Map   **iC Functionality**

You are logged in as a Foster Care/Adoption Worker  Search

 [iC Functionality](#)

**Member**

- [Member Search](#)
- [Member Information](#)
- [Case Search](#)
- [Case Information](#)
- [Other ID Search](#)

**Financial**

**Third Party Liability (TPL)**

- [TPL Search](#)
- [TPL Information](#)
- [TPL Related Data](#)

**Managed Care**

**Provider**

- [Provider Search](#)
- [Provider Information](#)

**Claims**

- [Claims Search](#)
- [Claims Information](#)

**Prior Authorization**

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Wisconsin Department of Health Services

Internet 100%

2.	If you know the Member ID, click on <b>Member Information</b> . Otherwise click on <b>Member Search</b> and enter information in any number of the data fields.	
3.	Click <b>Search</b> .	If a member with eligibility is found, the <b>Member Information</b> panel will display.

Next search by:

**Member Information**

Member ID	9010008869	Name	DEMO, DCF	Active	Active
MCI Ind	No	Prev Name		Linked ID	
CARES Pin	000000000	CARES Case	0000000000	Case History	9010008869 10/29/09
Medicare ID		Address	SUE OR JON SMITH	Benefit Plan	FSTMA 10/01/09-12/31/10
SSN	000-00-0000	Address 2	1 W SAFE STREET	Medicare Cov	
Gender	Male	Address 3		Managed Care	CCFMM 10/01/09-11/30/09
Birth Date	10/28/2000	City	ANYTOWN	MC Special Cond	
Death Date		State	WI	TPL	Yes
Age	9	Zip	53701-0000	Lockin	
Race	7 - Not Provided	Alt Address	No	NH Level of Care	
Ethnicity	00 Not Applicable	Phone		Patient Liability	
Language	UND - UNDETERMINED	Phone Type	No Phone	Deductible	
County	13 - Dane	Add Phone		Last HlthChk Scrn	
Tribal Ind	No	Add Type	No Phone	Last HlthChk Dnt	

**Member Maintenance** Select area to add or modify below. Prefs

<a href="#">Member</a> <a href="#">Managed Care</a> <a href="#">Medicare</a> <a href="#">Previous Data</a> <a href="#">HealthCheck</a> <a href="#">SSI</a>	<a href="#">Benefit Plan</a> <a href="#">Member ID Cards</a> <a href="#">Worker ID</a>
---	--

**Base Information**

**Benefit Plan**

Status:  Benefit Plan:

Benefit Plan	Status	Stop Reason	Plan Type	Financial Payer	Effective Date	End Date	Worker ID
STMA Medicaid for Foster Care	Active	None	BNFT	1 Medicaid	10/01/2009	12/31/2010	JEN

Type changes below.

Benefit Plan:  Effective Date:

Status:  End Date:

Stop Reason:

Plan Type:

Financial Payer:  Worker ID:

**-Medical Status Code Data-** Select row below to update -or- type data below to add.

Medical Status Code	Medical Status Code	Medical Status Code	Agency	Site	Medical Status Code
Effective Date	End Date			Status	
33 Foster care, \$, cat ndy	10/01/2009	11/30/2009	DCFS/BPP/FMS	01	Active
56 Subsidized Adoption, cat ndy	12/01/2009	12/31/2010	Dane - FosterCare	20	Active

Select row above to update -or- click Add button below.

- You may select the **Managed Care** hyperlink from the list under **Member**, to see more information on the current HMO enrollment.

You are logged in as a Foster Care/Adoption Worker


[IC Functionality](#)

Next search by: Member ID  Case Number

Member Information			
Member ID	9010008869	Name	DEMO, DCF
MCI Ind	No	Prev Name	
CARES Pin	0000000000	CARES Case	0000000000
Medicare ID		Address	SUE OR JON SMITH
SSN	000-00-0000	Address 2	1 W SAFE STREET
Gender	Male	Address 3	
Birth Date	10/28/2000	City	ANYTOWN
Death Date		State	WI
Age	9	Zip	53701-0000
Race	7 - Not Provided	Alt Address	No
Ethnicity	00 Not Applicable	Phone	
Language	UND - UNDETERMINED	Phone Type	No Phone
County	13 - Dane	Add Phone	
Tribal Ind	No	Add Type	No Phone
Active	Active	Linked ID	
Case History	9010008869 10/29/09	Benefit Plan	FSTMA 10/01/09-09/30/10
Managed Care	CCFMM 10/01/09-11/30/09	MC Special Cond	
TPL	Yes	Lockin	
NH Level of Care		Patient Liability	
Deductible		Last HlthChk Scrn	
Last HlthChk Dntl			

**Member Maintenance** Select area to add or modify below. Prefs ?

<a href="#">Member</a> <a href="#">Managed Care</a> <a href="#">Medicare</a> <a href="#">Previous Data</a> <a href="#">HealthCheck</a> <a href="#">SSI</a>	<a href="#">Member MCO Enrollment History</a>
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**Base Information** ? A

**Member MCO Enrollment History** ? A

MCO ID	MCO Name	MC Program	MC Service Area	Effective Date	End Date	Lock-In Date	Status
69004230	MCD DANE COUNTY HUMAN SERVICES	Children Come First	COUNTY 13 ZIP 53701	12/01/2009	12/31/2009		Inactive
69004230	MCD DANE COUNTY HUMAN SERVICES	Children Come First	COUNTY 13 ZIP 53701	10/01/2009	11/30/2009		Active

Select row above to update -or- click Add button below.

MCO ID	<input type="text"/>	Effective Date	<input type="text"/>
MC Program	<input type="text"/>	End Date	<input type="text"/>
MC Service Area	<input type="text"/>	Lock-In Date	<input type="text"/>
Start Reason	<input type="text"/>	Status	Active <input type="button" value="v"/>

## 4 Manual Certification Screens

e-WISACWIS should always be the first option for adding or updating eligibility. However, when needed, the **Partner Application Forms** is used in place of a paper 3070 form.

Successful manual certification submissions are updated immediately on the iC system and the eligibility data is available for health care providers to verify the child's eligibility.

General tips for using the manual certification:

- On some pages, in addition to the **Previous** and **Next** buttons, you also see a **Cancel** button. This button will take you completely out of the manual certification back to the Portal Home Page.
- If you skip a required field, or if you enter information in a field incorrectly, you will see an error message at the top of the form. You must correct the error in order to proceed to the next page.
- As you progress through the certification, the previous page links will appear right above the panel name. You may click on any of those links to return to that page, rather than having to click on the 'previous' button multiple times. You will not lose any of the data you have entered by going back.

The screenshot displays the ForwardHealth interChange Partner portal. The header includes the logo and navigation links: Home, Search, Partners, Enrollment, Account, Contact Information, Online Handbooks, Site Map, and IC Functionality. A search bar is located on the right. The main content area shows a breadcrumb trail: Partners > Partner Application Forms > Manual Certification. A callout box points to this trail with the text: "Click on any of these links to return to that page." Below the breadcrumb trail, there are links for Initial Information, Verify Member, Case Head Information, Eligible Case Members, and Summary. The Summary section contains the following text:

- The certification has been completed and is ready to submit. If any changes need to be made, please make them now by using this web site's navigation links and command buttons (not the browser's navigation buttons). Once the certification has been submitted, no more changes can be made.
- [Preview your request.](#)  
This preview is a draft PDF version of the manual certification form and should not be submitted via mail or fax. After finalizing the certification request, a version will be available for you to save or print for your records.
- Select "Submit" to finalize the certification request.

At the bottom of the summary section, there are three buttons: Previous, Submit, and Cancel. The footer includes links for About, Contact, Disclaimer, and Privacy Notice, along with the Wisconsin Department of Health Services logo and the text: WIPortal UAT UAT\_WIPortal\_M135A.

## Getting Started

Step	Action	Response
1.	On Partner's main screen, click the <b>Partner Applications Forms</b> link at the right, under <b>Quick Links</b> .	The <b>Partner Applications Forms</b> page displays.

**ForwardHealth** Wisconsin serving you

interChange Partner Welcome TEPcmuser1 > September 29, 2008 2:03 PM [Logout](#)

Home Search **Partners** Enrollment Account Contact Information Site Map IC Functionality

Partners > [Partner Application Forms](#)

**Partner Application Forms**

The applications below are available for online completion.

[BadgerCare Plus Manual Certification -F-10110](#)

The application below can be printed and completed manually.

[Well Woman Medicaid - F-10075](#)

**Quick Links**

- [Online Handbooks](#)
- [Frequently Asked Questions](#)
- [Contacts](#)
- [Links](#)

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Wisconsin Department of Health Services

## Initial Information panel

Step	Action	Response
1.	Click <b>BadgerCare Plus/Medicaid Plus Manual Certification</b> .	The <b>Initial Information</b> panel displays.
2.	<p>Select the <b>Certification Type</b> you wish to complete.</p> <ol style="list-style-type: none"> <li>1. Add a new case or member is used if the child currently has no record on iC.</li> <li>2. Modify or add a new member to an existing case is used when the child has a record on iC.</li> </ol> <p>If in doubt which type to use, select Modify and if the child does not have a record on iC, you will receive a message when you enter his/her ID on the next page. You can then go back and select Add.</p> <p>You can also verify eligibility through e-WISACWIS or using the portal as described previously.</p>	

Each type of certification process will be addressed separately from this point up to the SUBMIT action, at which time both types are processed the same.

### Adding a New Case/Member

Step	Action	Response
1.	Select 'Add a new member to an existing case' from the <b>Initial Information</b> screen drop down.	The <b>Case Head Information Panel</b> will appear.
2.	Complete all required fields and select <b>Next</b> .	

### **Case Head Information Screen**

- Normally, foster or subsidized adoption children are entered as their own case head.
- Particular fields of interest are:
  - The **Case Number**: This field is not active with a new case/member add. Once the manual certification is submitted, the case head will automatically be assigned a member number in the iC system.
  - In the Mailing Address group:
    - ◆ **In Care Of** is the field where you enter the name of the person(s) or institution that receives mail on behalf of the child.
    - ◆ **Street1** and **Street2**, **City**, **State/Zip Code** are your typical address fields.
    - ◆ **County of Residence** is a drop-down list box that you can select from. Please select the county in which the child is actually residing.

You are logged in as a Foster Care/Adoption Worker

[Partners](#) » [Partner Application Forms](#) » [Manual Certification](#)

[Initial Information](#) » [Case Head Information](#)

**Case Head Information**

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

Please enter the name and address information of the person that is considered the primary person of the case.

Case Number

First Name\*     Middle Initial

Last Name\*     Suffix

Certifying Agency Number\*  [ Search ]    Certifying Agency Site\*

Worker ID\*

**Mailing Address**

In Care Of

Street 1\*

Street 2

City\*

State / Zip Code\*   -

County of Residence\*

Step	Action	Response
4.	Once you have completed the required information on the panel, click <b>Next</b> .	The <b>Eligible Case Members</b> panel displays.

### Eligible Case Member Panel

Step	Action	Response
1.	Click <b>Add</b> button in the lower left hand corner of the page.	The <b>Eligible Case Members</b> panel is now in edit mode, meaning users can enter information.

### Eligible Case Member Panel

- This is where all the case members are added for the case that was established on the previous page. Normally, the child will be the only person in his/her case.
- After entering the required fields, check the **Case Head** box, to establish the child as the case head.
- The **Member ID** field is not active for a new Add. Once the process is complete the member will automatically be assigned a member number in the iC system.
- Every member must have a **Begin Date** and an **End Date**. There is also an open end date feature which will establish the end date as 12/31/2299 on the iC file. You cannot enter an end date and also check the open end date box.

**Note:** At the present time, users are not able to cancel eligibility through the portal, unless there is a date of death. Until this is resolved, users may wish to enter an actual eligibility end date rather than using the open end date.

wisconsin.gov home   state agencies   subject directory   department of health services

**ForwardHealth**   **interChange** Partner   Welcome fcauser » November 4, 2009 7:45 AM   [Logout](#)

Home   Search   **Partners**   Enrollment   Account   Contact Information   Site Map   iC Functionality

You are logged in as a Foster Care/Adoption Worker

[Partners](#) » [Partner Application Forms](#) » [Manual Certification](#)

[Initial Information](#) » [Verify Member](#) » [Case Head Information](#)  
[Eligible Case Members](#)

**Eligible Case Members**   ?

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

[Last Name](#)   [First Name](#)   [Member ID](#)   [Medical Status](#)   [Begin Date](#)   [End Date](#)

Type data below for new record.

**Case Member**

Member ID    MCI ID

First Name\* DCF    Middle Initial

Last Name\* DEMO    Suffix

Date of Birth\* 10/28/2000    Gender\* Male

Date of Death    Social Security Number    No SSN

Tribal Indicator

Case Head

**Medical Status Information**

Medical Status Code\* 33 Foster care, \$, cat ndy

Begin Date\* 10/01/2009

End Date 09/30/2010    Open End Date

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**Wisconsin Department of Health Services**  
 WIPortal UAT UAT\_WIPortal\_M195A

Step	Action	Response
2.	Once you've reviewed the information on your completed panel, click <b>Next</b> .	If <b>Next</b> is chosen, you will proceed to the <b>Summary</b> panel. If you wish to verify member information entered, select <b>Previous</b> to return to the Eligible Case Members panel.

## Modifying an existing case

Step	Action	Response
1.	Select 'Modify or add a new member to an existing case on the <b>Initial Information</b> screen drop down.	The <b>Verify Member</b> panel will appear.

## Verify Member Panel

- The Verify Member Panel is used to verify if a specific Case record exists in the system. *This panel will only display with the "Modify" certification type.*

The screenshot displays the ForwardHealth interChange Partner portal. The top navigation bar includes links for 'wisconsin.gov home', 'state agencies', 'subject directory', and 'department of health services'. The main header features the 'ForwardHealth' logo with the tagline 'Wisconsin serving you' and the 'interChange Partner' branding. A user is logged in as 'fcauser' on November 2, 2009, at 8:01 AM, with a 'Logout' link. The main menu includes 'Home', 'Search', 'Partners', 'Enrollment', 'Account', 'Contact Information', 'Site Map', and 'IC Functionality'. Below the menu, a search bar and a search button are visible. The breadcrumb trail shows 'Partners > Partner Application Forms > Manual Certification'. The 'Verify Member' panel is the central focus, containing instructions: 'Required fields are indicated with an asterisk (\*). Please enter the member or case head identification number to verify if an eligibility record currently exists in the ForwardHealth interChange.' A text input field contains the ID '9010008869'. At the bottom of the panel are 'Previous' and 'Next' buttons. The footer contains links for 'About', 'Contact', 'Disclaimer', and 'Privacy Notice', along with the text 'Wisconsin Department of Health Services' and 'WIPortal UAT UAT\_WIPortal\_M195A'. The browser's status bar at the bottom shows 'Internet' and a 'Change Zoom Level' button.

Step	Action	Response
1.	Enter the <b>Member/Case Head ID</b> in the text entry field.	
2.	Click <b>Next</b> .	The <b>Case Head Information</b> panel displays with the current Case Head information populated in the fields.  If the case does not exist, you will receive an error message. You can return to the Initial Information page to change the certification type to "Add"

## Case Head Information Panel

wisconsin.gov home   state agencies   subject directory   department of health services

**ForwardHealth** interChange Partner   Welcome fcauser » November 2, 2009 7:59 AM   [Logout](#)

Home   Search   **Partners**   Enrollment   Account   Contact Information   Site Map   IC Functionality

You are logged in as a Foster Care/Adoption Worker      Search

[Partners](#) » [Partner Application Forms](#) » [Manual Certification](#)

[Initial Information](#) » [Verify Member](#) » [Case Head Information](#)

**Case Head Information** ?

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

Please enter the name and address information of the person that is considered the primary person of the case.

Case Number\* 9010008869

First Name\* DCF   Middle Initial

Last Name\* DEMO   Suffix

Certifying Agency Number\*  [ Search ]   Certifying Agency Site\*

Worker ID\*

**Mailing Address**

In Care Of SUE OR JON SMITH

Street 1\* 1 W SAFE STREET

Street 2

City\* ANYTOWN

State / Zip Code\* WI 53701 - 0000

County of Residence\* 13 Dane

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Internet   100%

## Case Head Information Screen Description

- The existing case head demographic data will display, with the exception of **certifying agency, site** and **worker ID**. You may change the demographic data displayed or make no changes; however, you must enter the certifying agency, site and worker ID information, to proceed to the next screen.
- Required fields are marked with asterisks.

- o The **Case Number** is populated with the current case head ID and name that is on iC. It may be a different ID than the one entered in the previous screen, if the case head has a new number or if the child is in a case under another case head's ID.
- o If a different case head is shown, you should not change the casehead's information to the child's. Instead, complete a paper 3070 and fax it to EDS.
- o The **Certifying Agency Number** and **Site**. Enter your county or certifying agency code plus the two digit site codes
- o In the Mailing Address group:
  - ◆ **In Care Of** is the field where you enter the name of the person(s) or institution that receives mail on behalf of the child.
  - ◆ **County of Residence** is a drop-down list box that you can select from. Please select the county in which the child is actually residing.

Step	Action	Response
4.	Once you have reviewed or modified the information on case head panel, click <b>Next</b> .	The <b>Eligible Case Members</b> panel displays.

### ***Eligible Case Members Panel***

Step	Action	Response
1.	Click on a member in the list to modify information or, if the only thing that changed was the address, click <b>next</b> .	You must select a row to populate the data fields in order to proceed to the next screen, even if no eligibility changes are made.

wisconsin.gov home   state agencies   subject directory   department of health services

**ForwardHealth**   Wisconsin serving you   **interChange** Partner   Welcome fcauser » November 4, 2009 8:03 AM   [Logout](#)

Home   Search   **Partners**   Enrollment   Account   Contact Information   Site Map   iC Functionality

You are logged in as a Foster Care/Adoption Worker

[Partners](#) » [Partner Application Forms](#) » [Manual Certification](#)

[Initial Information](#) » [Verify Member](#) » [Case Head Information](#)  
[Eligible Case Members](#) » [Summary](#)

**Eligible Case Members**

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

Last Name	First Name	Member ID	Medical Status	Begin Date	End Date
DEMO	DCF	9010008869	33 Foster care, \$, cat ndy	10/01/2009	11/30/2009
DEMO	DCF	9010008869	56 Subsidized Adoption, cat ndy	12/01/2009	12/31/2010

Type data below for new record.

**Case Member**

Member ID: 9010008869   MCI ID:

First Name: DCF   Middle Initial:

Last Name: DEMO   Suffix:

Date of Birth: 10/28/2000   Gender: Male

Date of Death:    Social Security Number: 000-00-0000   No SSN:

Tribal Indicator: No

**Medical Status Information**

Medical Status Code\*: 56 Subsidized Adoption, cat ndy

Begin Date\*: 12/01/2009

End Date: 12/31/2010   Open End Date:

Buttons: Clear, Delete, Add Q

Buttons: Previous, Next, Cancel

[About](#) | [Contact](#) | [Disclaimer](#) | [Privacy Notice](#)  
 Wisconsin Department of Health Services  
 WIPortal UAT UAT\_WIPortal\_M195A

### Eligible Case Member in Edit Mode Panel

- If other members appear in the list, along with the child you are updating, you should not use the manual certification through the portal. If you do, all members that appear in the case members list will be updated with the same case head information. Instead, fax a paper 3070 to EDS.
- Many of the fields on this panel are self-explanatory, but a few warrant some discussion:
  - The **Member ID** will populate with the current ID on iC. If MCI ID box is checked, this means the ID displayed is the permanent ID. If not checked, the ID is a temporary/pseudo ID.
  - If extending existing eligibility, click on the row at the top that you wish to extend and change the end date to the new end date.
  - If adding, or changing, eligibility for an existing member, click on any row from the top and overwrite the med stat and date fields that are populated with previous data. **Overwriting the existing information with new data, like med stat and dates, will not alter the existing eligibility in iC.** Instead, the new data will be added to the child's file on iC.
  - Do NOT use the **Add** button to add enrollment for an existing member. The **Add** button is only used to add a new member to a case.

**Note:** At the present time, users are not able to cancel eligibility through the portal, unless there is a date of death. Until this is resolved, users must complete a paper 3070 and fax it to EDS.

Step	Action	Response
2.	Once you've reviewed the information on your completed panel, click <b>Next</b> .	You will proceed to the <b>Summary</b> panel. If you wish to verify member information entered, select <b>Previous</b> to return to the Eligible Case Members panel.

From this point on the process is the same for both certification types

## Summary Panel

The screenshot shows the 'Summary' panel of the ForwardHealth system. The page header includes 'wisconsin.gov home', 'state agencies', 'subject directory', and 'department of health services'. The main header features the 'ForwardHealth' logo and 'interChange Partner' branding. A navigation menu includes 'Home', 'Search', 'Partners', 'Enrollment', 'Account', 'Contact Information', 'Online Handbooks', 'Site Map', and 'IC Functionality'. The breadcrumb trail is 'Partners > Partner Application Forms > Manual Certification'. The main content area contains the following text:

- The certification has been completed and is ready to submit. If any changes need to be made, please make them now by using this web site's navigation links and command buttons (not the browser's navigation buttons). Once the certification has been submitted, no more changes can be made.
- [Preview your request.](#)  
This preview is a draft PDF version of the manual certification form and should not be submitted via mail or fax. After finalizing the certification request, a version will be available for you to save or print for your records.
- Select "Submit" to finalize the certification request.

At the bottom of the panel, there are three buttons: 'Previous', 'Submit', and 'Cancel'. The footer includes links for 'About', 'Contact', 'Disclaimer', and 'Privacy Notice', along with the text 'Wisconsin Department of Health Services' and 'WIPortal UAT UAT\_WIPortal\_M135A'.

## Summary Panel

- This screen is your last chance to go back and make any changes before you **Submit** the update. You can click the **Preview your request** link to display a PDF version of the manual certification form. This is considered a 'draft' copy.
- New case head and member IDs are not populated on the PDF. The IDs will be assigned when once the certification is submitted.



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## 5 Requesting Access to the Portal

- Go to: <https://www.forwardhealth.wi.gov/WIPortal>
- Select the Partners icon

The screenshot shows the ForwardHealth Portal website in a Windows Internet Explorer browser window. The browser title is "ForwardHealth Portal - Windows Internet Explorer provided by DHFS - State of Wisconsin". The address bar shows the URL "https://www.forwardhealth.wi.gov/WIPortal/". The website header includes navigation links: "wisconsin.gov home", "state agencies", "subject directory", and "department of health services". The main content area features the "ForwardHealth Wisconsin serving you" logo and a search bar. A welcome message displays the date "November 2, 2009 10:38 AM" and a "Login" link. The page is organized into several sections:

- Providers:** A list of resources including "Provider-specific Resources", "Become a Provider", "Online Handbooks", "Fee Schedules", "Certification Packets", "Trainings", "Wisconsin Administrative Code", "ForwardHealth Enrollment Data", "Health Care Enrollment", and "Provider Recertification".
- Managed Care:** A list of resources including "Related Programs and Services", "References and Tools", "ForwardHealth Enrollment Data", and "Health Care Enrollment".
- Welcome to the ForwardHealth Portal:** A central text block explaining the portal's purpose as the interface to ForwardHealth interChange, the new Medicaid Management Information System for Wisconsin.
- Hot Topics:** A section with news items: "NEW Medicaid 2009 Provider Recertification on the ForwardHealth Portal", "NEW MCO's - Medicaid Managed Care Service Delivery in Southeast Wisconsin", "ForwardHealth System Generated Claim Adjustments", "Swine Flu (H1N1 flu) Information", "Important Alerts Regarding the Implementation of interChange", and "Important Resources for Implementation".
- Members:** A list of resources including "Member Information", "Find a Provider", and "Member Contacts".
- Partners:** A list of resources including "Find a Provider" and "Related Programs and Services".
- Trading Partners:** A list of resources including "Trading Partner Profile", "PES", and "Companion Documents".

At the bottom of the page, there are links for "About", "Contact", "Disclaimer", and "Privacy Notice", followed by the text "Wisconsin Department of Health Services" and "Production PROD WIPortal M192E5 5-5". The browser's taskbar at the bottom shows the Start button, several open applications (Microsoft Office, Internet Explorer, Microsoft PowerPoint), and the system clock showing "10:43 AM".

The Partner site is specifically designed to provide up-to-date ForwardHealth information and functionality specific to the following partners:

- Income Maintenance Workers/Coordinators
- Katie Beckett Program staff
- FosterCare and Subsidized Adoption workers
- Managed Care Organization Enrollment Brokers
- Child Support staff
- Wisconsin Well Woman Program Local Coordinating Agencies (LCAs)
- Social Security Administration (SSA)
- Aging and Disability Resource Centers (ADRCs)
- Subrogation workers
- Women, Infants, and Children (WIC) workers
- Wisconsin Department of Justice
- MetaStar
- Wisconsin Division of Juvenile Corrections

Partners should log in to the secure Partner Portal using the login area to the right on this page. The secure Partner Portal is designed to provide functions to each partner specific to the partner's relationship to the Department of Health Services and the various ForwardHealth programs as appropriate.

**Accessing the Secure Partner Site**

Many partner users were emailed their login information, you do not need to request access and can immediately enter your login information.

If you did not receive your login information in an email, you will need to request access by clicking the link below and completing the necessary request information.

[Request Secure Partner Site](#)

Click on "Request Secure Partner Site" hyperlink

**Find a Provider**

Search for providers by different criteria such as county, city, state and zip code.

**Related Programs and Services**

Use related programs & services to access information for all ForwardHealth programs as well as other programs and services. [Go >](#)

**Member Resources**

Use Member Resources to access information and resources specific to members of ForwardHealth programs.

- [Member Information](#)
- [Member Contacts](#)
- [Medicaid Brochures/Fact Sheets/Updates](#)
- [Privacy Notices](#)

**Trainings**

Use Trainings to view up-to-date training offerings for your specialty or interest and then register for courses via the web. [Go >](#)

**Login to Secure Site**

**Username**

**Password**

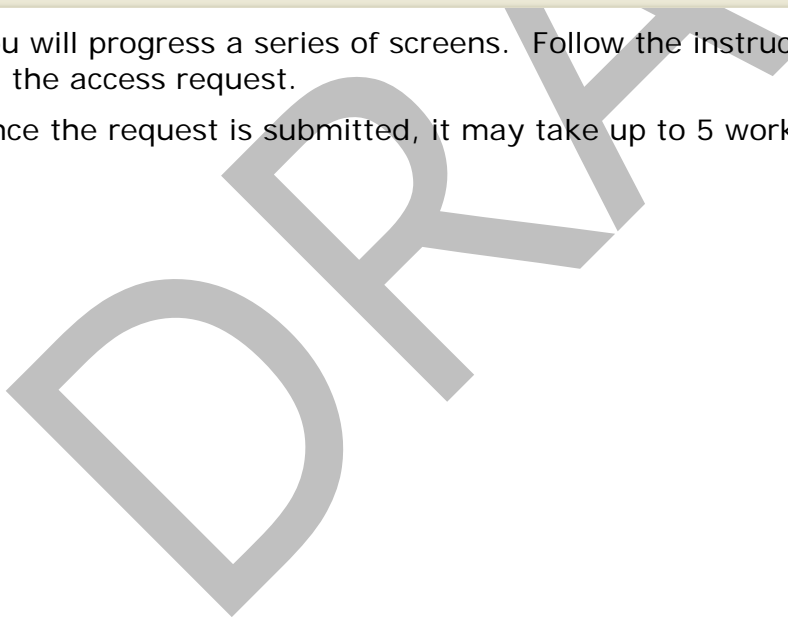
- [Forgot your password?](#)
- [Account Users Guide](#)

**Quick Links**

- [Online Handbooks](#)
- [ForwardHealth Updates](#)
- [Electronic Data Interchange](#)
- [Max Fee Schedules](#)

- [Partner Request Access](#)

- You will progress a series of screens. Follow the instructions in completing all fields on the access request.
- Once the request is submitted, it may take up to 5 working days to be approved.





Search

Welcome » November 2, 2009 10:58 AM

[Login](#)

[Portal Access Request Information](#)

**Portal Access Request Information**

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

- Requested User ID must be Alphanumeric.
- Requested User ID can not begin with a number.
- Requested User ID must be at least 6 characters in length.
- Requested User ID can not be greater than 20 characters.

**User Information**

First Name\*

Last Name\*

E-Mail Address\*

Confirm E-Mail\*

Requested User ID\*

Work Phone Number\*  Ext.

Role\*

Date Requested

**Security Agreement**

The User understands that the Portal Access User Account Agreement (hereinafter "Agreement"), effective today, is made by and between the State of Wisconsin Department of Health Services ("DHS") and users who sign up for an account on this website (hereinafter "User").

WHEREAS, User renders certain professional health care services ("Services") to ForwardHealth members, and submits documentation of those Services to DHS; and,

WHEREAS, DHS, in its implementation of the ForwardHealth program in Wisconsin, provides a System of operational and informational support to respond to User inquiries to exchange certain data, claims, and billing information through electronic communications and through the Internet (hereinafter the "System");

Please check the box if you have read and agreed to Wisconsin's User Security Agreement.

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