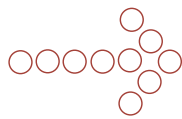
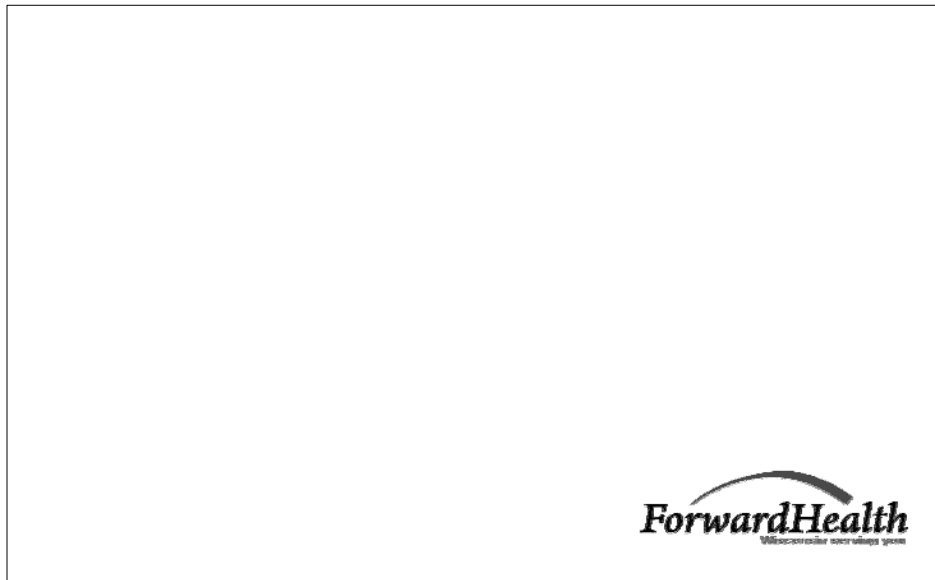


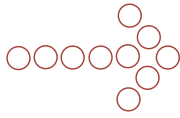
WWWP Claims Submission



WWWP Paper Claims Submission

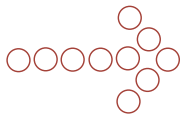
- Claims, adjustments, and ARF/DRF completion and submission instructions.
 - Update 2008-177 (1500 Health Insurance Claim Form).
 - Update 2008-178 (UB-04).
- Paper claims must be submitted to the following address:
 - WWWP
 - PO Box 6645
 - Madison WI 53716-0645
- All initial submissions and resubmissions must meet claim form requirements (including resubmissions of claims from prior to implementation).
- Top claim denial reasons:
 - Member ID number denials (Alert 0057).
 - Provider ID number denials (Alert 0059).





WWWP Claims Billing Reminders

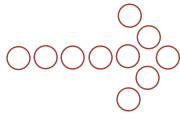
- National Provider Identifier (NPI)/Taxonomy/ZIP+4 Code.
 - Must be on file with ForwardHealth for WWWP.
 - UB-04: Form Locator 1 (Provider Name/Address) and Locator 56 (NPI) must correspond.
 - 1500: Element 33 (Provider Billing Info) and Element 33a (NPI) must correspond.
- Rendering Provider on 1500 (Element 24J):
 - NPI/Taxonomy of rendering provider required as appropriate (if different than Elements 33 and 33a).
 - NPI in white area of element and Taxonomy in shaded area.



WWWP Claims Billing Reminders (cont.)

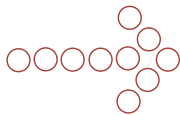
- Payer Name (UB-04):
 - Form Locator 50 A-C.
 - Enter WWWP and then any commercial payers.
 - If a multiple-page claim, only enter payers on the first page.
- Member Identification Number:
 - Form Locator 60 A-C on UB-04 and Element 1a on 1500 claim form.
 - Recommended to use new member ID for claim submission.
 - Social Security number not valid for claim submission.





WWWP Claims Billing Reminders (cont.)

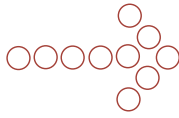
- Member Name:
 - Ensure name matches ForwardHealth files.
 - If a discrepancy, use the name on the ForwardHealth files.
- Check “other” in Element 1, 1500 Health Insurance Claim Form. Do not write anything else.
- Signature:
 - May be computer printed/typed or a signature stamp.
 - Must include date in MM/DD/YY or MM/DD/CCYY format.



WWWP Claims Billing Reminders (cont.)

- Other insurance information:
 - Element 9, 1500 Health Insurance Claim Form.
 - Form Locator 80, UB-04 claim form.
 - OI-P: paid in part or in full by commercial insurance. Indicate paid amount in appropriate field.
 - OI-D: denied by commercial insurance. Only use when a claim was actually billed to commercial insurance.
 - OI-Y: member has insurance but not billed.
 - Correcting inaccurate other insurance information.





WWWP Claims Billing Reminders (cont.)

- Other reminders:
 - Imaging of paper claims (Update 2008-45).
 - Adjustment/reconsideration requests:
 - For claims in a paid status.
 - Updates 2008-177 (professional services) and 2008-178 (institutional services).
 - Denied claims may be resubmitted via the Portal.



Providers can use this page to access up-to-date information about programs covered under ForwardHealth. Links below and to the right offer easy access to key information and tools used most often. Providers should log in to the secure Provider Portal to submit or retrieve information about their account or membership, which may be sensitive and/or fall under the requirements of the Health Insurance Portability and Accountability Act (HIPAA).

You must be logged into the secure area of the provider Portal to access the claims area of the provider Portal.

Login to Secure Site

Username

Password

- Logging in for the first time?
- Forgot your password?
- Account Users Guide

Quick Links

- Request Portal Access
- Online Handbooks
- ForwardHealth Updates
- Provider Representation
- Provider-specific Resources
- Fee Schedules
- Subscribe to Provider Notifications
- Forms

Search - Microsoft Internet Explorer provided by FDS COF

https://192.57.192.179/WIPortal/Claims/Search/tabid/130/Default.aspx

Wisconsin serving you

Home Search Providers Enrollment **Claims** Prior Authorization HealthCheck Max Fee Home Account Contact Information

Online Handbooks Site Map

Claims Search

Required fields are indicated with an asterisk (*).

Provider ID : NPI

Internal Control Number(ICN) Rendering Provider ID

Member ID Claim Type

Old Internal Control Number(ICN)

From Date of Service 10/11/2008 Date Paid

To Date of Service 11/25/2008 Amount Billed \$0.00

Search Results

ICN/Old ICN	Member ID	From Date of Service	To Date of Service	Claim Type	Status	Date Paid	Amount Billed
XXXXXXXXXX	1234567890	10/20/2008	10/20/2008	Professional Xover Claims	DENY	11/28/2008	\$1,000.00
XXXXXXXXXX	1234567890	10/20/2008	10/20/2008	Outpatient Claims	DENY	11/14/2008	\$100.00
XXXXXXXXXX	1234567890	10/20/2008	10/20/2008	Outpatient Claims	DENY	11/14/2008	\$100.00
XXXXXXXXXX	1234567890	10/20/2008	10/21/2008	Professional Claims	DENY	11/10/2008	\$300.00
XXXXXXXXXX	1234567890	10/20/2008	10/21/2008	Professional Claims	DENY	11/10/2008	\$300.00
XXXXXXXXXX	1234567890	10/12/2008	10/12/2008	Professional Claims	DENY	10/17/2008	\$200.00

health Services
portal_M147

start

Internet 100%

5:32 PM

Select the "Claims" tab to access claims information.

Locate the claim you would like to correct by entering information into these fields.

Select the claim you would like to correct by double clicking the appropriate ICN from the search results.

Institutional - Microsoft Internet Explorer provided by FDS COF

https://192.57.192.179/WIPortal/Claims/Institutional/tabid/140/Default.aspx?askClaim=100106194

Wisconsin Department of Health Services

Procedure Amount \$0.00 Copayment Amount \$0.00

Coinsurance Amount \$0.00

Hard-Copy Attachments

*** No rows found ***

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

Attachment Control Number

Transmission

Attachment Type

Description

Delete Add

Claim Status Information

Claim Status DENY

Claim ICN XXXXXXXXXXXX

Denied Date 11/14/2008

Paid Amount \$0.00

EOB Information

Detail Number	Code	Description
1	0770	The Revenue Code is not allowed for the Type of Bill indicated on the claim.
1	0000	Please contact Provider Services.
1	0116	Procedure Code or Drug Code not a benefit on Date of Service.
1	0183	Provider Not Authorized To Perform Procedure.

re-submit Cancel

Wisconsin Department of Health Services
WIPortal UAT UAT_WIPortal_M147

Internet 100%

5:33 PM

The EOB information is located at the bottom of the claim.

Institutional - Microsoft Internet Explorer provided by FDS COF

https://192.57.192.179/WIPortal/Claims/Institutional/tabid/140/Default.aspx?sk=Claim=100106194

Attending Physician* Admission Diagnosis Code 0010 [Search]

Other Physician Covered Days* 1

Medicare Disclaimer no disclaimer Non Covered Days 0

Other Insurance Indicator

Total Charge \$100.00

Discharge diagnosis code Condition Medicare Payer Procedure Occurrence/Span Value

Line Number	Revenue Code	Procedure Code	Units	Charge	Status	Allowed Amount
1	110		1.00	\$100.00	DENY	\$0.00

Select row above to update or click Add button below.

Line Number Revenue Code [Search]

From Date of Service Units

To Date of Service Charge

Procedure Code [Search]

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

Status

Allowed Amount

Delete Add

NDCs for JCode

Medicare Information(Detail)

Line Number 1

Medicare Paid Date Medicare Allowed Amount \$0.00

Medicare Paid Amount \$0.00 Blood Deductible Amount \$0.00

Deductible Amount \$0.00 Copayment Amount \$0.00

Coinsurance Amount \$0.00

Select the detail you wish to change.

Institutional - Microsoft Internet Explorer provided by FDS COF

https://192.57.192.179/WIPortal/Claims/Institutional/tabid/140/Default.aspx?sk=Claim=100106194

Attending Physician* Admission Diagnosis Code [Search]

Other Physician Covered Days* 1

Medicare Disclaimer no disclaimer Non Covered Days 0

Other Insurance Indicator

Total Charge \$100.00

Discharge diagnosis code Condition Medicare Payer Procedure Occurrence/Span Value

Line Number	Revenue Code	Procedure Code	Units	Charge	Status	Allowed Amount
1	110		1.00	\$100.00	DENY	\$0.00

Type changes below.

Line Number 1 Revenue Code* 110 [Search]

From Date of Service* 10/20/2008 Units*

To Date of Service* 10/20/2008 Charge* \$100.00

Procedure Code [Search]

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

Status DENY

Allowed Amount \$0.00

Delete Add

NDCs for JCode

Medicare Information(Detail)

Line Number 1

Medicare Paid Date Medicare Allowed Amount \$0.00

Medicare Paid Amount \$0.00 Blood Deductible Amount \$0.00

Deductible Amount \$0.00 Copayment Amount \$0.00

Coinsurance Amount \$0.00

Change the information accordingly.

Institutional - Microsoft Internet Explorer provided by FDS COF

https://192.57.192.179/WIPortal/Claims/Institutional/tabid/1140/Default.aspx?sa=Claim=100106194

Attending Physician* Admission Diagnosis Code [Search]

Other Physician Covered Days* 1

Medicare Disclaimer no disclaimer Non Covered Days 0

Other Insurance Indicator

Total Charge \$100.00

Discharge diagnosis code Condition Medicare Payer Procedure Occurrence/Span Value

Detail

Line Number	Revenue Code	Procedure Code	Units	Charge	Status	Allowed Amount
1	110		1.00	\$100.00	DENY	\$0.00

Type changes below.

Line Number 1 Revenue Code* 110 [Search]

From Date of Service* 10/20/2008 Units* 1.00

To Date of Service* 10/20/2008 Charge* \$100.00

Procedure Code [Search]

Modifiers [Search] [Search] [Search]

Status DENY

Allowed Amount \$0.00

Change the information accordingly.

NDCs for JCode

Medicare Information(Detail)

Line Number 1

Medicare Paid Date Medicare Allowed Amount \$0.00

Medicare Paid Amount \$0.00 Blood Deductible Amount \$0.00

Deductible Amount \$0.00 Copayment Amount \$0.00

Coinsurance Amount \$0.00

Institutional - Microsoft Internet Explorer provided by FDS COF

https://192.57.192.179/WIPortal/Claims/Institutional/tabid/1140/Default.aspx?sa=Claim=100106194

Hard-Copy Attachments

*** No rows found ***

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

Attachment Control Number

Transmission

Attachment Type

Description

Claim Status Information

Claim Status DENY

Claim ICN XXXXXXXXXXXXX

Denied Date 11/14/2008

Paid Amount \$0.00

EOB Information

Detail Number	Code	Description
1	0770	The Revenue Code is not allowed for the Type of Bill indicated
1	0000	Please contact Provider Services.
1	0116	Procedure Code or Drug Code not a benefit on Date of Service.
1	0183	Provider Not Authorized To Perform Procedure.

Press "re-submit."

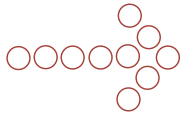
re-submit Cancel

Save

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Wisconsin Department of Health Services

WIPortal UAT_WIPortal_M147



WWWP Electronic Claims Submission

- WWWP claims may be submitted electronically.
- Electronic claims submission options:
 - Trading partner.
 - Provider Electronic Solutions (PES) software.
 - Direct Data Entry via the Portal. The electronic claim forms are located on the Claims page of the secure provider Portal.
- The ability to adjust paid claims via the Portal will be available at a later date.
- Providers may also void claims via the Portal.

