Wisconsin Well Woman Program Reporting Form Training

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Purpose

Our goal with this training is to educate providers on how to correctly complete and submit the following Wisconsin Well Woman Program (WWWP) reporting forms to reduce delays in claims processing:

- o Breast and Cervical Cancer Screening Activity Report (ARF), F-44723
- o Breast Cancer Diagnostic and Follow Up Report (DRF), F-44724
- o Cervical Cancer Diagnostic and Follow Up Report (DRF), F-44729

Agenda

- o General reporting form information
- o Advantages to using the ForwardHealth Portal
- o Portal submission
- o Breast and Cervical Cancer Screening ARF
- o Breast Cancer DRF
- o Cervical Cancer DRF
- o Paper Reporting Form Information
- o Search Functionality of Reporting Forms
- o Timely Submission of Reporting Forms
- o Reporting Form Instructions and Policy Information
- o Common errors
- o Contacts

General Reporting Form Information

o All WWWP providers are required to complete and submit reporting forms to both WWWP and their coordinating agencies.

o Reporting forms are an essential part of the tracking, follow-up care, and overall case management process; they are also a necessary component of claims processing.

o Providers may submit reporting forms electronically under the Claims tab of the secure Provider area of the Portal at *www.forwardhealth.wi.gov/*.

o The Wisconsin Department of Health Services strongly recommends electronic submission of reporting forms, especially when submitting in conjunction with a claim.

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Advantages to Using the Portal

Submitting WWWP reporting forms on the Portal is the most efficient submission method because it:

o Reduces processing errors due to online editing.

o Reduces clerical errors.

o Reduces returns due to missing information.

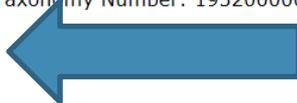o Results in efficient and timely claims processing.

Portal Submission

Portal Submission (Cont.)

What would you like to do?

- Claim search

- Claims Submission Report

- Submit Dental Claim

- Submit Institutional Claim

- Submit Compound/Noncompound Claim

- Submit Professional Claim

- Upload Claim Attachments

- WWWP Reporting Form Search

- Submit WWWP Breast Cancer Diagnostic and Follow Up Report

- Submit WWWP Cervical Cancer Diagnostic and Follow Up Report

- Submit WWWP Breast and Cervical Cancer Screening Activity Report

Breast and Cervical Cancer Screening ARF

Breast and Cervical Cancer Screening Activity Report

Required fields are indicated with an asterisk (*).

DOCUMENT CONTROL

Document Control Number: Auto Populated

BILLING PROVIDER INFORMATION

Billing Provider ID*

Billing Provider Name

Billing Provider Taxonomy*

ZIP* [ ] - [ ]

Note: Billing provider information should match the National Provider Identifier (NPI), taxonomy code, and ZIP +4 code of the physician or clinic that will be billing for the initial exam.

PERSONAL INFORMATION

Last Name*   First Name

Middle Initial   Previous Last Name

Member ID*   Date of Birth*

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Breast and Cervical Cancer Screening ARF (Cont.)

Breast and Cervical Cancer Screening ARF (Cont.)

MAMMOGRAM

Indication for initial mammogram

- [ ] Routine Screening Mammogram
- [ ] Initial mamogram performed to evaluate symptoms, positive CBE result, or previous abnormal mammogram result.
- [ ] Initial mammogram done by a non-program funded provider, patient referred in for diagnostic evaluation.
- [ ] Initial mammogram not done. Patient only received CBE, or proceeded directly for other imaging or diagnostic work-up (use Breast Cancer Diagnostic and Follow-Up Report [DRF], F-44724)

Breast Diagnostic Referral Date [   ]
Date of Initial Mammogram [   ]
Rendering Provider Name [   ]
Screening Mammogram Results [▼]

[1] Additional procedures needed to complete breast cycle.

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Breast and Cervical Cancer Screening ARF (Cont.)

Breast and Cervical Cancer Screening ARF (Cont.)

Breast and Cervical Cancer Screening ARF (Cont.)

HPV TEST

WWWP covers HPV test only as a immediate follow-up to pap test results of ASC-US; 1 year follow up to LSIL.

Date Performed [   ]
HPV Test Results [▼]

BREAST FOLLOW-UP RECOMMENDATION

Follow routine screening schedule ☐ months [0]
Short term follow up ☐ months [0]
Film Comparison to Evaluate
an Assessment Incomplete Mammogram ☐
Additional Mammogram Views ☐
Ultrasound ☐
Breast Consultation ☐
Fine Needle Aspiration ☐
Biopsy ☐

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Breast and Cervical Cancer Screening ARF (Cont.)

Breast Cancer DRF

Breast Cancer DRF (Cont.)

ADDITIONAL MAMMOGRAPHIC VIEWS

Date Performed

Rendering Provider Name

Mammogram Results

FILM COMPARISON

Date Performed

Rendering Provider Name

Film Comparison Results

BREAST CONSULTATION

Date Performed

Rendering Provider Name

Consultation Results / Recommendation

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Breast Cancer DRF (Cont.)

FINE NEEDLE ASPIRATION

Date Performed

Rendering Provider Name

Fine Needle Aspiration Results

BIOPSY

Date Performed

Rendering Provider Name

Biopsy Associated Imaging

Biopsy Results

[1] Treatment Required

ULTRASOUND

Date Performed

Rendering Provider Name

Ultrasound Results

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Breast Cancer DRF (Cont.)

NOTES

RECOMMENDATION

Follow routine screening schedule ☐ months [0]

Short term follow up ☐ months [0]

Additional Mammographic Views ☐

Ultrasound ☐

Breast Consultation ☐

Fine Needle Aspiration ☐

Biopsy ☐

Treatment ☐

STATUS OF FINAL DIAGNOSIS

Final Diagnosis Status [▼]

[1] Must complete Final Diagnosis Section

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Breast Cancer DRF (Cont.)

FINAL DIAGNOSIS

Final Diagnosis [▼]

Final Diagnosis Date [   ]

[1] Complete Treatment Date and Treatment Status

[2] Complete Treatment Date, Treatment Status, Tumor Stage and Tumor Size

TUMOR STAGE and TUMOR SIZE (AJCC)

Tumor Stage [▼]

Tumor Size (cm) [0]

TREATMENT STATUS - Required for DCIS or Invasive Breast Cancer

Treatment Status [▼]

Treatment Date [   ]

[Submit] [Clear] [Cancel]

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Cervical Cancer DRF

Cervical Cancer DRF (Cont.)

Cervical Cancer DRF (Cont.)

ENDOMETRIAL BIOPSY

Date Performed

Rendering Provider Name

Endometrial Results

COLPOSCOPY WITHOUT BIOPSY

Date Performed

Rendering Provider Name

Colposcopy without Biopsy Results

COLD KNIFE CONE

Date Performed

Rendering Provider Name

Cold Knife Results

NOTES

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Cervical Cancer DRF (Cont.)

RECOMMENDATION

Follow routine screening schedule ☐ months [0]

Short term follow up ☐ months [0]

Further Diagnostic Work Up ☐

Treatment [1] ☐

[1] Not covered by WWWP.

STATUS OF FINAL DIAGNOSIS

Final Diagnosis Status [▾]

[1] Must complete Final Diagnosis Section

FINAL DIAGNOSIS

Final Diagnosis [▾]

Final Diagnosis Date [ ]

[1] Complete Treatment Date and Treatment Status

[2] Complete Treatment Date, Treatment Status and Tumor Stage

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Cervical Cancer DRF (Cont.)

Paper Reporting Form Information

o Refer to the Forms page of the Portal to download copies of the paper reporting forms.

o Reporting forms being submitted as part of the claims process should be mailed to the following address:

WWWP
PO Box 6645
Madison WI 53716-0645

Search Functionality of Reporting Forms

o Access to previously submitted forms is available via the secure Providers area of the Portal by selecting the WWWP Reporting Form Search link under the Claims tab.

o Forms submitted via the Portal can be viewed immediately while forms submitted on paper may take a couple weeks before they become available for viewing.

o Results pull back only those reporting forms with an NPI that matches the Portal account being used to do the search.

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Search Functionality of Reporting Forms (Cont.)

o Use one of the following criteria to search for reporting forms:

– Member Identification Number

– Member ID with the From/To Process Date

– Member ID with the From/To Process Date and Form Type

– Control Number

– From/To Process Date with Form Type

o If more than one result is displayed, select one by double-clicking on it.

o Once the PDF of the reporting form is displayed, the file may be printed or saved, if desired.

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Timely Submission of Reporting Forms

o Timely submission of reporting forms is critical for coordination of care and quality case management.

o WWWP protocol requires that a provider contacts the coordinating agency within 10 business days after an abnormal screening result to communicate the results and recommendations for client follow-up appointments and referrals.

o Reporting forms being submitted as part of the claims process must be received by WWWP within 90 days of the claims submission date.

Note: Reporting forms submitted electronically via the Portal are immediately processed.

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Reporting Form Instructions and Policy Information

o *ForwardHealth Updates*

– 2008-177 "ForwardHealth Announces New Screening and Diagnostic Reporting Forms and Claims Submission Procedures for Wisconsin Well Woman Program Professional Services," (Professional)

– 2008-178 ForwardHealth Announces New Screening and Diagnostic Reporting Forms and Claims Submission Procedures for Wisconsin Well Woman Program Services (UB-04) contain requirements for proper completion of reporting forms along with billing instructions.

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Reporting Form Instructions and Policy Information (Cont.)

o Additional guidance is found in the Billing and Reimbursement chapter of the WWWP Policies and Procedures Manual (https://www.dhs.wisconsin.gov/wwwp/manual.htm).

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Reporting Form Instructions and Policy Information (Cont.)

o To ensure that the billing provider information is accurate, check it against the information of the Portal account you are logged into.

o In July 2009, the Department of Public Health issued a memorandum titled "ARF and DRF Exemption for Radiologists, Pathologists, Anesthesiologists and Laboratories" as well as a clarification memorandum to this policy.

o To ensure that the member's personal information is accurate, check enrollment.

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Reporting Form Instructions and Policy Information (Cont.)

o Contact the billing area if there is a discrepancy with what is indicated on the claim.

o The claim will process against the information from the member's ForwardHealth enrollment records.

o The member must contact their coordinating agency to update ForwardHealth enrollment records, if needed.

Reporting Form Instructions and Policy Information (Cont.)

The following six key pieces of information on the reporting form must match exactly with the corresponding information on the claim form.

Section I – Billing Provider Information

o Provider ID: This is the NPI of the billing provider indicated on the claim.

o Taxonomy Code: This is the taxonomy of the billing provider indicated on the claim.

o Practice Location ZIP+4 Code: This is the billing provider's ZIP+4 code information.

Reporting Form Instructions and Policy Information (Cont.)

Section II – Member Personal Information

o Last Name – Member: This is the last name of the member as indicated on the claim.

o Member Identification Number: This is the WWWP member ID as indicated on the claim.

o Date of Birth – Member (MM/DD/CCYY): This is the member's birth date as indicated on the claim.

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Reporting Form Instructions and Policy Information (Cont.)

o In addition to the six key pieces of matching criteria, certain areas of the reporting form need to be completed depending on what procedure code is being billed.

o A claim will stay in a suspend status for 90 days waiting for a reporting form with which to match.

o Reporting forms stay in the system indefinitely waiting for a claim with which to match.

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Common Errors

o Name — Billing Provider (Element 2):

– Information is inaccurate.

– In most cases, this is the name of the group, not an individual.

– Individuals can be noted in the Name – Rendering Provider elements within the sections of the specific procedures.

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Common Errors (Cont.)

o Taxonomy Code (Element 3):

– Information is missing or inaccurate.

– Enter the taxonomy code assigned by ForwardHealth.

– To clarify, taxonomy codes are standard code sets used to provide information about provider type and specialty for the provider's certification.

– ForwardHealth designates a taxonomy code as additional data to be used to correctly match NPI to the correct provider file.

– Taxonomy codes should not be confused with tax ID numbers and are not unique to an individual provider like the NPI is.

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Common Errors (Cont.)

o Member Identification Number field (Element 9):

- Information is inaccurate.

- This field must contain the member ID assigned by ForwardHealth.

- This ID is no longer the member's Social Security number.

- Check enrollment to obtain the most current information.

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Common Errors (Cont.)

o Date of Service (DOS) elements:

– There are many fields that require a DOS on the reporting forms.

– Multiple DOS are allowed throughout the form; however, only one DOS is allowed per field.

Common Errors (Cont.)

ARF

o Matching criteria does not match; the billing provider information on the reporting form does not match the billing provider information on the claim.

o Date of Previous Mammogram (Element 12) is not formatted or indicated properly; this element requires a mm/dd/ccyy date.

o Date of Last Pap Test (Element 24) is not formatted or indicated properly; this element requires a date in MM/DD/CCYY format.

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Common Errors (Cont.)

ARF (Cont.)

o Date of Initial Mammogram (Element 20) is incorrect; indicate the date of the mammogram for which you are currently billing.

o If you complete the Clinical Breast Exam and/or Mammogram section, the Breast Follow-Up Recommendation section must also be completed.

o If you complete the Pelvic Exam and/or Pap Test section, the Clinical Follow-up Recommendation section must also be completed.

Common Errors (Cont.)

Breast DRF

o Recommendation (Element 31) is not completed properly:

– The provider must select at least one recommendation.

– If "Follow Routine Screening" or "Short-Term" is selected then the number of months is required.

o Final Diagnosis (Element 33) is missing a date:

– In addition to selecting the final diagnosis, a date is required.

– It is the date of the final diagnosis, which must be in MM/DD/CCYY format.

o If the provider completes Treatment Status (Element 35): they must enter a date in Treatment Date (Element 36) in MM/DD/CCYY format.

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Common Errors (Cont.)

Cervical DRF

o Recommendation (Element 28) is not completed properly:

– The provider must select at least one recommendation

– If "Follow Routine Screening" or "Short Term" is selected, the number of months is required.

o Final Diagnosis (Element 30) is missing a date:

– In addition to selecting the final diagnosis, a date is required.

– It is the date of the final diagnosis, which must be in mm/dd/ccyy format.

o If the provider completes Treatment Status (Element 32), they must enter a date in Treatment Date (Element 33) in MM/DD/CCYY format.

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Contacts

o ForwardHealth Online Handbook on the Portal at *https://www.forwardhealth.wi.gov/WIPortal/Subsystem/KW/Display.aspx*

o ForwardHealth Provider Services: 800-947-9627

o ForwardHealth Portal Helpdesk: 866-908-1363

o Electronic Data Interchange Helpdesk: 866-416-4979

o Professional Relations Representative:

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Questions

Evaluation

Please complete a short survey regarding the training. Feedback from attendees will be used to enhance future trainings.

https://www.surveymonkey.com/r/7JN5PZV

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Thank You