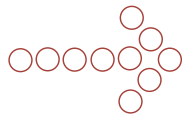
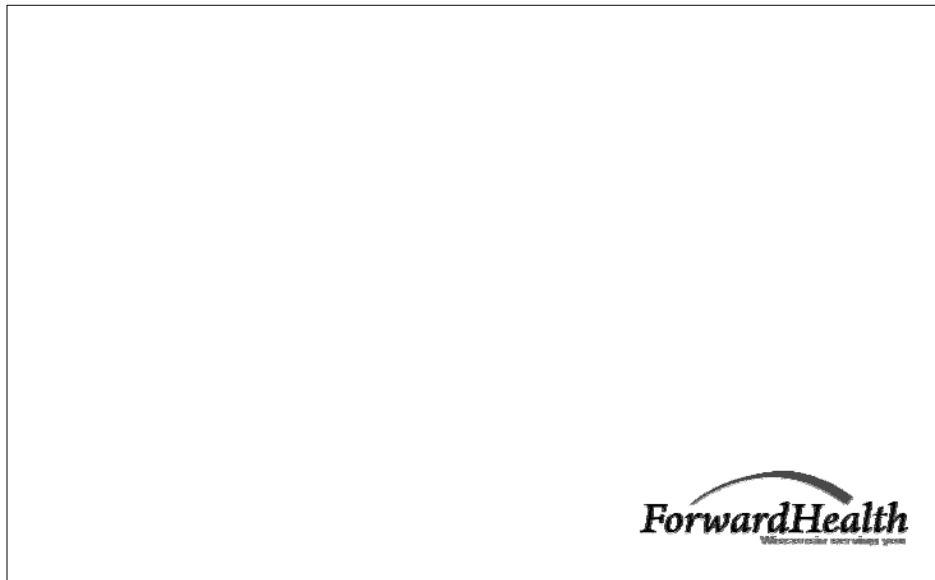


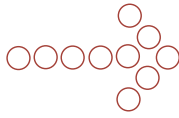
## Activity and Follow-Up Reporting



## Paper ARF and DRF Submissions

- Reminders regarding ARF and DRF paper and electronic submissions were published in Alert 0066. Updates 2008-177 and 2008-178 contain a full set of completion instructions.
- New ARF and DRF forms must be used.
  - Breast and Cervical Cancer Screening Activity Report, F-44723.
  - Breast Cancer Diagnostic and Follow-Up Report, F-44724.
  - Cervical Cancer Diagnostic and Follow-up Report, F-44729.
- 90 days from claim submission date to submit form on paper.
- Forms must be submitted to the following address (Alert 0080):
  - WWWP
  - PO Box 6645
  - Madison WI 53716-0645





## Online ARF and DRF Submissions

- Online ARF and DRF submission now available.
- Accessed through secure area of the provider Portal.
- 90 days from claim submission date to submit form online.



The screenshot shows a web browser window with the URL <https://www.ForwardHealth.wi.gov/WIPortal/Home/Provider%20Login/tabid/37/Default.aspx>. The page header includes navigation links for [wiscnsin.gov home](#), [state agencies](#), [subject directory](#), and [department of health services](#). The main header features the ForwardHealth logo and the text "interChange Provider". A welcome message reads "Welcome » March 29, 2009 10:51 AM" with a [Login](#) link.

The main content area contains a search bar and a "Login to Secure Site" form with fields for "Username" and "Password", and a "Go!" button. Below the form are links for "Logging in for the first time?", "Forgot your password?", and "Account Users Guide".

A prominent warning message in a box states: "You must be logged into the secure area of the provider Portal to access the online ARF and DRF forms." An arrow points from this message to the login form.

Other visible sections include "Provider-specific Resources", "References & Tools", "Related Programs & Services", and "What's New?".

Claims - Mozilla Firefox

File Edit View History Bookmarks Tools Help

https://198.132.184.10/QFE\_WIPortal\_M15662/Claims/tabid/53/Default.aspx

Customize Links Facebook | Home EDS InfoCentre Settings

Home Search Providers Enrollment **Claims** Prior Authorization HealthCheck Max Fee Home Account Contact Information  
 Online Handbooks Site Map

You are logged in with NPI: 1033137815, Taxonomy Number: 208600000X, Zip Code: 54701, Financial Payer:  Search  
 Wisconsin Well Woman

Claims

### Claims

**Claims Submission Options**  
 Providers may submit claims to ForwardHealth electronically or on paper. Providers are encouraged to submit claims electronically as it improves efficiency, reduces billing and processing errors, and allows for the timely processing of payments.

Providers may begin the claim processing function by clicking on the following options.

**What would you like to do?**

- [Claim search](#)
- [Submit Institutional Claim](#)
- [Submit Professional Claim](#)
- [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](#)

**These are the links to the new ARF and DRF forms.**

Done 198.132.184.10

start Clams - Mozilla Firefox Microsoft PowerPoint ... 1:50 PM

Breast Cancer Diagnostic and Follow Up Report - Mozilla Firefox

File Edit View History Bookmarks Tools Help

https://198.132.184.10/QFE\_WIPortal\_M15662/Claims/Breast%20Cancer%20Diagnostic%20and%20Fc

Customize Links Facebook | Home EDS InfoCentre Settings

Claims > [Breast Cancer Diagnostic and Follow Up Report](#)

**Breast Cancer Diagnostic and Follow Up Report**

Breast Cancer Diagnostic and Follow Up Report  
 Required fields are indicated with an asterisk (\*).

**DOCUMENT CONTROL**  
 Document Control Number

**BILLING PROVIDER INFORMATION**

Billing Provider ID\*   
 Billing Provider Name   
 Billing Provider Taxonomy\*   
 ZIP\*

**PERSONAL INFORMATION**

Last Name\*  First Name   
 Middle Initial  Previous Last Name   
 Member ID\*  Date of Birth\*

**ADDITIONAL MAMMOGRAPHIC VIEWS**

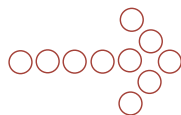
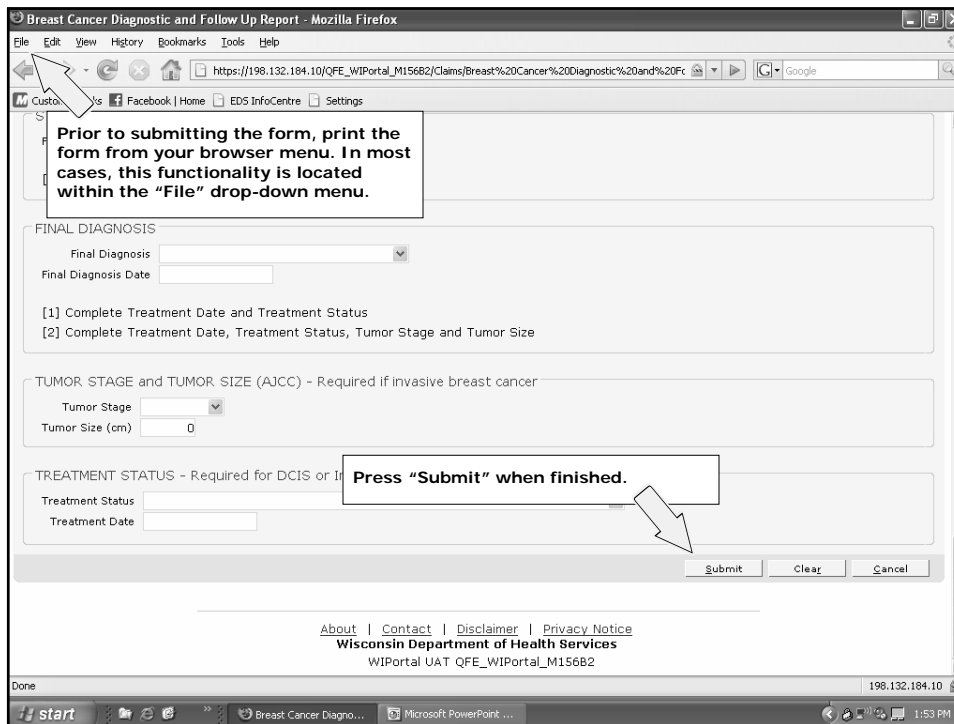
Date Performed   
 Rendering Provider Name   
 Mammogram Results

**This is the top of the form. You can navigate through the form by scrolling down.**

**The information you provide in these two sections must exactly match the information in sections 1 and 2 of the claim form.**

Done 198.132.184.10

start Breast Cancer Diagn... Microsoft PowerPoin... 1:51 PM



## Online ARF and DRF Submission Reminders

- Use the print function from your browser prior to clicking "Submit."
- Send a copy of the screen print to Local Coordinating Agencies (LCAs).
- Submitting multiple online ARF or DRF forms is allowed.
- You may resubmit ARF or DRF forms online.
- Watch for future enhancements to online ARF and DRF functionality.