

# User Guide

## ForwardHealth Provider Portal Wisconsin Well Woman Program Reporting Form Search

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# 1 Introduction

The Wisconsin Well Woman Program (WWWP) covers selected screening procedures related to breast cancer and cervical cancer for low income, uninsured, or underinsured women who qualify and are eligible for enrollment.

The WWWP requires providers to submit forms to report screening and diagnostic procedures for WWWP members either electronically via the ForwardHealth Portal or on paper. Wisconsin Well Woman Program providers have the ability to search for all previously submitted reporting forms using the WWWP Reporting Form Search function available through their secure Provider accounts on the Portal. Reporting forms are displayed as Portable Document Format (PDF) files and can be viewed, printed, or saved to a hard drive or network location.

## 2 Navigate to the WWWP Reporting Form Search Page

*Note:* Providers must be logged in to a WWWP account to use the WWWP Reporting Form Search function.

1. Access the ForwardHealth Portal at [www.forwardhealth.wi.gov/](http://www.forwardhealth.wi.gov/).

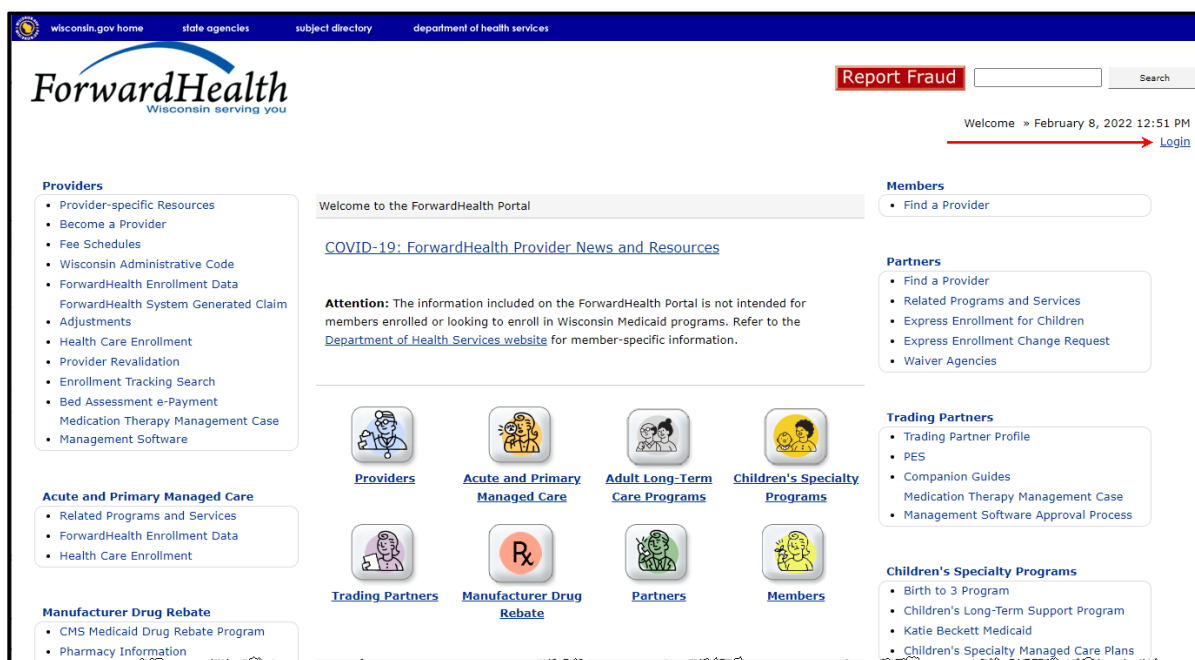


Figure 1 ForwardHealth Portal Page

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

The screenshot shows the ForwardHealth Portal Login box. It has a title 'ForwardHealth Portal Login:' in blue. Below the title, there are two input fields: 'Username' and 'Password'. Below the input fields, there is a 'Go!' button. At the bottom, there are three links: 'Logging in for the first time?', 'Forgot your password?', and 'Account Users Guide'.

Figure 2 ForwardHealth Portal Login

3. Enter your username.

4. Enter your password.
5. Click **Go!** The secure Provider page will be displayed.

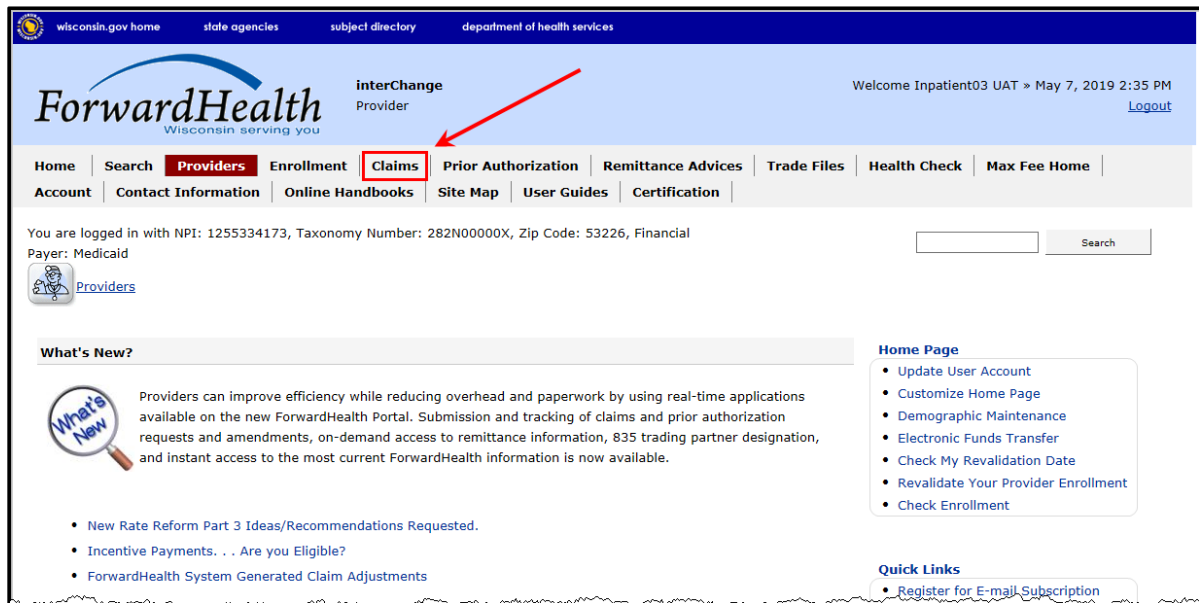
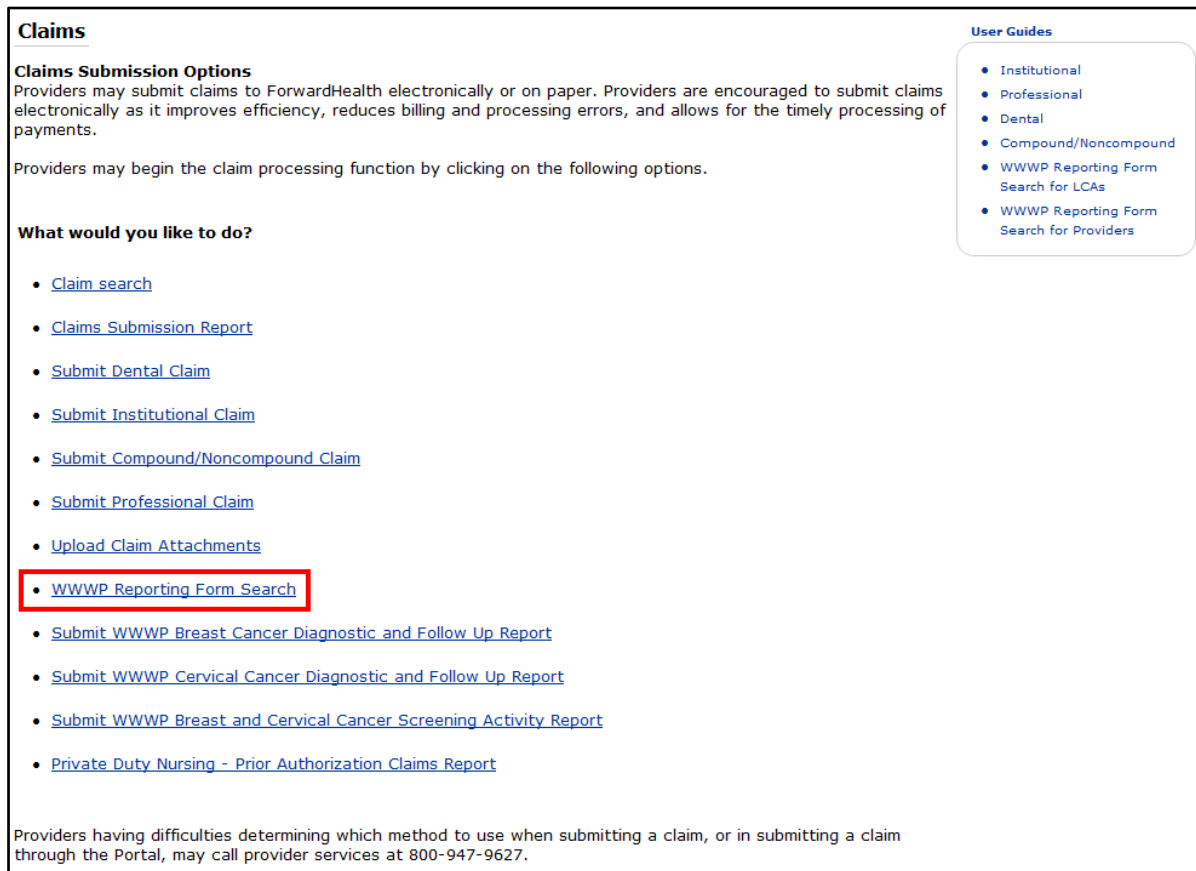


Figure 3 Secure Provider Page

- Click **Claims** on the main menu at the top of the page. The Claims page will be displayed.



**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](#)
- [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](#)
- [Private Duty Nursing - Prior Authorization Claims Report](#)

Providers having difficulties determining which method to use when submitting a claim, or in submitting a claim through the Portal, may call provider services at 800-947-9627.

**User Guides**

- [Institutional](#)
- [Professional](#)
- [Dental](#)
- [Compound/Noncompound](#)
- [WWWP Reporting Form Search for LCAs](#)
- [WWWP Reporting Form Search for Providers](#)

**Figure 4** Claims Page

7. Click **WWWP Reporting Form Search**. The WWWP Reporting Form Search page will be displayed.

**WWWP Reporting Form Search**

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

- [View the WWWP Reporting Form Search User Guide](#)

**Search Criteria**

Member ID

Control Number

From Process Date

To Process Date

Form Type

**Search**

**WWWP Reporting Form Search Results**

\*\*\* No rows found \*\*\*

**Exit**

**Figure 5** WWWP Reporting Form Search Page

If the user is not logged into the Portal with a WWWP account, an error message will be displayed at the top of the page.

**The following messages were generated:**  
You must be a WWWP provider to search the reporting forms.

**Figure 6** Error Message

# 3 Search for Wisconsin Well Woman Program Reporting Forms

1. In the “Search Criteria” section on the WWWP Reporting Form Search page, you must at minimum enter one of the following:
  - Member ID
  - Control number
  - Form type with “From” and “To” process dates
2. Click **Search**.

If incorrect search criteria are entered, an error message will be displayed at the top of the page.



Figure 7 Error Message

If no results match the search criteria, the “No rows found” message will stay in the “WWWP Reporting Form Search Results” section.

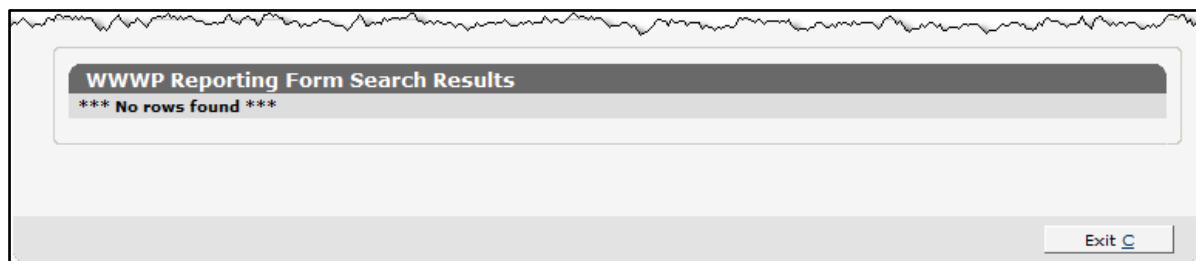
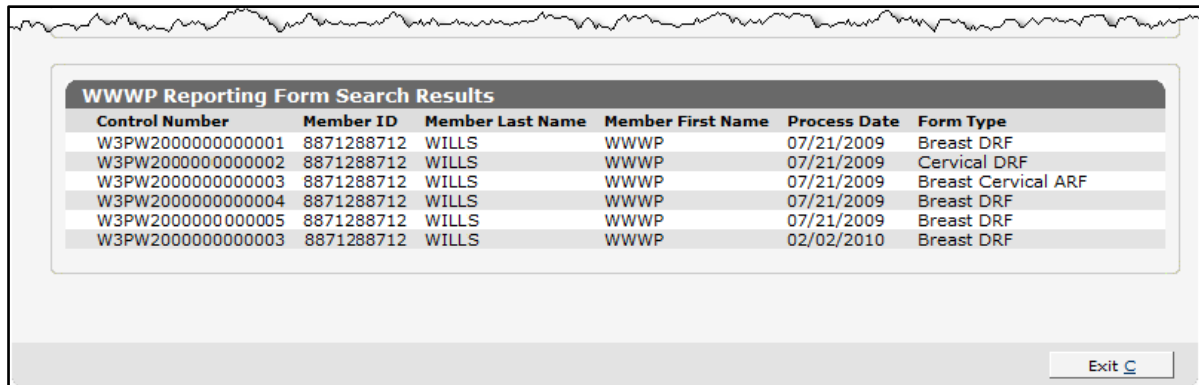


Figure 8 “No rows found” Message

If only one form matches the search criteria, the form will be displayed beneath the “WWWP Reporting Form Search Results” section.



If more than one form matches the search criteria, the results will be displayed in the “WWWP Reporting Form Search Results” section.



The screenshot displays a window titled "WWWP Reporting Form Search Results". Inside the window is a table with the following data:

Control Number	Member ID	Member Last Name	Member First Name	Process Date	Form Type
W3PW2000000000001	8871288712	WILLS	WWWP	07/21/2009	Breast DRF
W3PW2000000000002	8871288712	WILLS	WWWP	07/21/2009	Cervical DRF
W3PW2000000000003	8871288712	WILLS	WWWP	07/21/2009	Breast Cervical ARF
W3PW2000000000004	8871288712	WILLS	WWWP	07/21/2009	Breast DRF
W3PW2000000000005	8871288712	WILLS	WWWP	07/21/2009	Breast DRF
W3PW2000000000003	8871288712	WILLS	WWWP	02/02/2010	Breast DRF

An "Exit C" button is located in the bottom right corner of the window.

**Figure 9** WWWP Reporting Form Search Results Section

*Note:* The results displayed show only forms submitted by the account into which the provider is logged.

- Click a row in the “WWWP Reporting Form Search Results” section to view a particular form. The selected WWWP reporting form will be displayed beneath the “WWWP Reporting Form Search Results” section.

**WWWP Reporting Form Search**
?

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

**Search Criteria**

Member ID

Control Number

From Process Date

To Process Date

Form Type

**WWWP Reporting Form Search Results**

Control Number	Member ID	Member Last Name	Member First Name	Process Date	Form Type
W3PW2000000000001	8871288712	WILLS	WWWP	07/21/2009	Breast DRF
W3PW2000000000002	8871288712	WILLS	WWWP	07/21/2009	Cervical DRF
W3PW2000000000003	8871288712	WILLS	WWWP	07/21/2009	Breast Cervical ARF
W3PW2000000000004	8871288712	WILLS	WWWP	07/21/2009	Breast DRF
W3PW2000000000005	8871288712	WILLS	WWWP	07/21/2009	Breast DRF
W3PW2000000000003	8871288712	WILLS	WWWP	02/02/2010	Breast DRF

[Print as PDF](#)

**Breast Cancer Diagnostic Reporting Form**

**Control Number**

Control Number

**Provider Information**

Provider ID

Name - Billing Provider

Taxonomy Code

Practice Location Zip+4 Code

**Member Information**

Member Identification Number

Last Name - Member

First Name - Member

Date of Birth

[Additional Mammographic Views](#)

Figure 10 WWWP Reporting Form

- To view, save, or print the form, click **Print as PDF**. A new browser window will open displaying a PDF copy of the form.

DEPARTMENT OF HEALTH SERVICES  
Division of Public Health  
F-44724 (10/08)

STATE OF WISCONSIN  
s. 255.075, Wis. Stats.

**WISCONSIN WELL WOMAN PROGRAM**  
**BREAST CANCER DIAGNOSTIC AND FOLLOW-UP REPORT (DRF)**

Instructions: Before completing this form, refer to the Breast Cancer Diagnostic and Follow-Up Report (DRF) Completion Instructions, F-44724A. For reimbursement, send the claim and this completed form to Wisconsin Well Woman Program (WWWP), P.O. Box 9645, Madison, WI 53718-0645.

**SECTION I — BILLING PROVIDER INFORMATION**

1. Provider ID: 0507254221  
2. Name — Billing Provider: LAURE M SMITH  
3. Taxonomy Code: 100N00000X  
4. Practice Location ZIP+4 Code: 54449

**SECTION II — MEMBER PERSONAL INFORMATION**

5. Last Name — Member: WILLS  
6. First Name — Member: WWWP  
7. Middle Initial — Member:  
8. Previous Last Name — Member:  
9. Member Identification Number: 8871288712  
10. Date of Birth (MMDDCCYY): 07/07/1973

**SECTION III — BREAST DIAGNOSTIC PROCEDURES**

**ADDITIONAL MAMMOGRAPHIC VIEWS**

11. Date Performed (MMDDCCYY):  
12. Name — Rendering Provider (Print):  
13. RESULT (Check One Box Only):  
 Negative (BI-RADS 1)  
 Benign Findings (BI-RADS 2)  
 Probably Benign — Short-Term Follow up (BI-RADS 3)  
 Suspicious Abnormality — Consider Biopsy (BI-RADS 4)  
 Highly Suggestive of Malignancy (BI-RADS 5)  
 Assessment Incomplete (Findings Require Additional Evaluation) (BI-RADS 0)

**FILM COMPARISON**

21. Date Performed (MMDDCCYY):  
22. Name — Rendering Provider (Print):  
23. RESULT (Check One Box Only):  
 Negative (BI-RADS 1)  
 Benign Findings (BI-RADS 2)  
 Probably Benign — Short-Term Follow up (BI-RADS 3)  
 Suspicious Abnormality — Consider Biopsy (BI-RADS 4)  
 Highly Suggestive of Malignancy (BI-RADS 5)  
 Assessment Incomplete (Findings Require Additional Evaluation) (BI-RADS 0)

**BREAST CONSULTATION**

14. Date Performed (MMDDCCYY):  
15. Name — Rendering Provider (Print):  
16. RESULT / RECOMMENDATION (Check One Box Only):  
 No Intervention, Routine Follow up  
 Short-Term Follow up  
 Biopsy / FNA Recommended

**FINE NEEDLE ASPIRATION**

24. Date Performed (MMDDCCYY):  
25. Name — Rendering Provider (Print):  
26. RESULT (Check One Box Only):  
 Not Suspicious for Cancer  
 Suspicious for Cancer  
 No Fluid or Tissue Obtained

**BIOPSY**

17. Date Performed (MMDDCCYY):  
18. Name — Rendering Provider (Print):  
19. Biopsy Associated Imaging:  Mammogram  Ultrasound  
20. RESULT (Check One Box Only):  
 Normal Breast Tissue  
 Other Benign Changes  
 Atypical Hyperplasia  
 Lobular Carcinoma In Situ (LCIS)  
 Ductal Carcinoma In Situ (DCIS)  
 Invasive Breast Cancer\*

**ULTRASOUND**

27. Date Performed (MMDDCCYY):  
28. Name — Rendering Provider (Print):  
29. RESULT (Check One Box Only):  
 Negative (BI-RADS 1)  
 Benign Findings (BI-RADS 2)  
 Probably Benign — Short-Term Follow up (BI-RADS 3)  
 Suspicious Abnormality — Consider Biopsy (BI-RADS 4)  
 Highly Suggestive of Malignancy (BI-RADS 5)  
 Assessment Incomplete (Findings Require Additional Evaluation) (BI-RADS 0)

**30. NOTES**

Shading indicates additional follow up required for WWWP.

**31. RECOMMENDATION**

Follow Routine Screening Schedule: 0 Months  
 Additional Mammographic Views  
 Treatment  
 Short-Term Follow up: 0 Months  
 Breast Consultation  
 Fine Needle Aspiration  
 Biopsy

**32. STATUS OF FINAL DIAGNOSIS — Check One Box Only**

Complete\*  
 Pending  
 Member Deceased  
 Lost to Follow up  
 Referred Work-up

**33. FINAL DIAGNOSIS (Required if "Complete" is checked in Element 32 (Status of Final Diagnosis))**

Date (MMDDCCYY) if any box below is checked:  
 Breast Cancer Not Diagnosed\*  
 Lobular Carcinoma In Situ (LCIS)  
 Ductal Carcinoma In Situ (DCIS)  
 Invasive Breast Cancer\*\*  
\*Complete Treatment Date and Treatment Status. \*\*Complete Treatment Date, Treatment Status, Tumor Stage, and Tumor Size

Continued

F-44724

Figure 11 PDF Copy of WWWP Reporting Form

- To print or save the form to your hard drive or a network location, use the Print or Save As function of the browser.