

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

June 4, 2019

User Guide

Table of Contents

1 Introduction.....	1
2 Navigate to the WWWP Reporting Form Search Page	2
3 Search for Wisconsin Well Woman Program Reporting Forms.....	6

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 in order to use the WWWP Reporting Form Search function.

1. Access the ForwardHealth Portal at www.forwardhealth.wi.gov/.

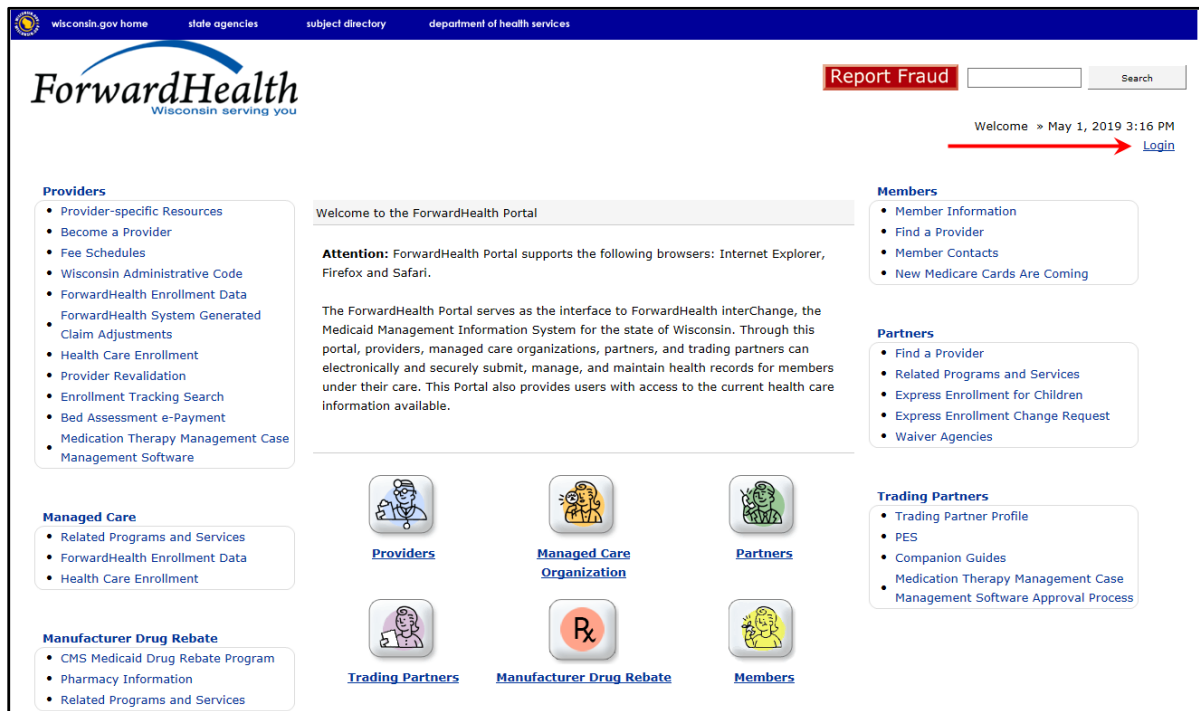


Figure 1 ForwardHealth Portal Page

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 is a 'Go!' button. At the bottom of the box, 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.

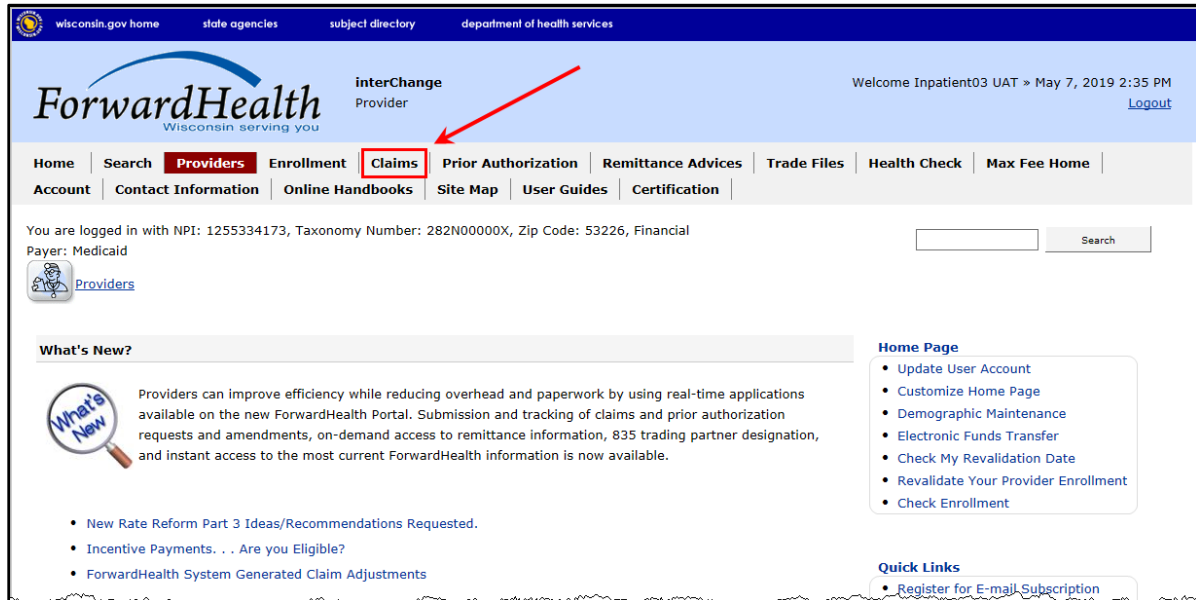
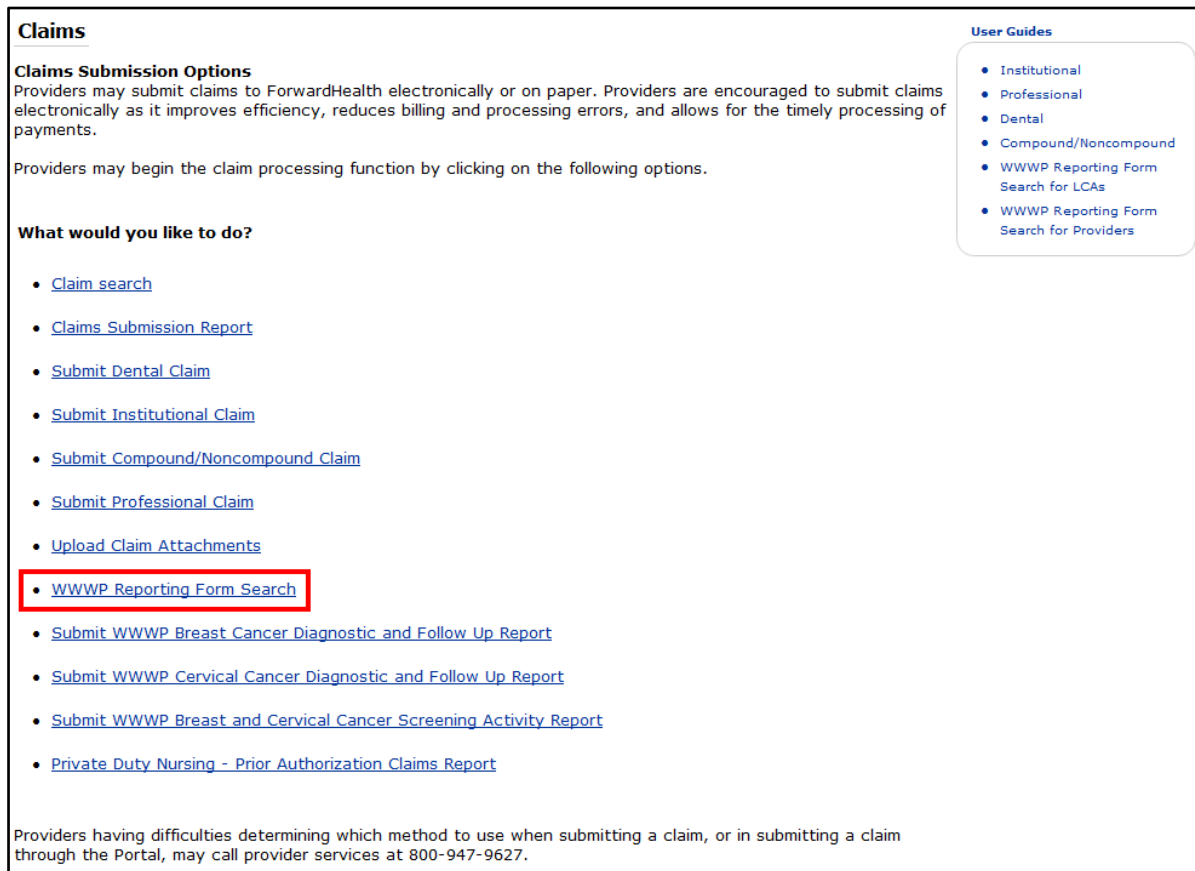


Figure 3 Secure Provider Page

6. 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.

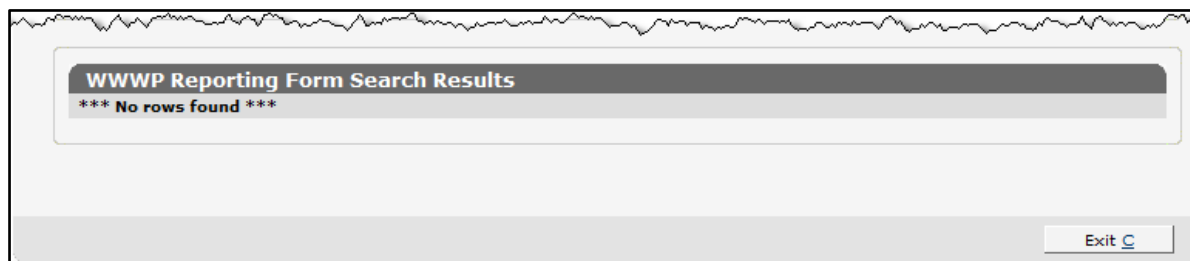
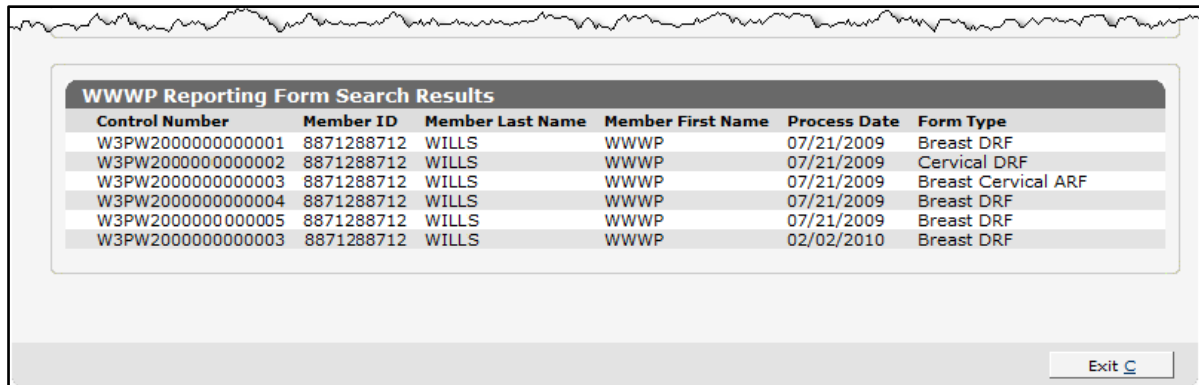


Figure 8 “No rows found” Message

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

At the bottom right of the window, there is an "Exit" button with a keyboard shortcut "C".

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.		BREAST CANCER DIAGNOSTIC AND FOLLOW-UP REPORT (DRF) F-44724 (10/08)		Page 2 of 2	
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	2. Name — Billing Provider	3. Taxonomy Code	4. Practice Location ZIP+4 Code				
007844221	JANE M SMITH	100N00000X	54449				
SECTION II — MEMBER PERSONAL INFORMATION							
5. Last Name — Member		6. First Name — Member		7. Middle Initial — Member			
WILLS		WWWP					
8. Previous Last Name — Member		9. Member Identification Number		10. Date of Birth (MMDDCCYY)			
		8871288712		07/07/1973			
SECTION III — BREAST DIAGNOSTIC PROCEDURES							
ADDITIONAL MAMMOGRAPHIC VIEWS				FILM COMPARISON			
11. Date Performed (MMDDCCYY)				21. Date Performed (MMDDCCYY)			
12. Name — Rendering Provider (Print)				22. Name — Rendering Provider (Print)			
13. RESULT (Check One Box Only)				23. RESULT (Check One Box Only)			
<input type="checkbox"/> Negative (B-RADS 1) <input type="checkbox"/> Benign Findings (B-RADS 2) <input type="checkbox"/> Probably Benign — Short-Term Follow up (B-RADS 3) <input type="checkbox"/> Suspicious Abnormality — Consider Biopsy (B-RADS 4) <input type="checkbox"/> Highly Suspicious of Malignancy (B-RADS 5) <input type="checkbox"/> Assessment Incomplete (Findings Require Additional Evaluation) (B-RADS 0)				<input type="checkbox"/> Negative (B-RADS 1) <input type="checkbox"/> Benign Findings (B-RADS 2) <input type="checkbox"/> Probably Benign — Short-Term Follow up (B-RADS 3) <input type="checkbox"/> Suspicious Abnormality — Consider Biopsy (B-RADS 4) <input type="checkbox"/> Highly Suspicious of Malignancy (B-RADS 5) <input type="checkbox"/> Assessment Incomplete (Findings Require Additional Evaluation) (B-RADS 0)			
BREAST CONSULTATION							
14. Date Performed (MMDDCCYY)				24. Date Performed (MMDDCCYY)			
15. Name — Rendering Provider (Print)				25. Name — Rendering Provider (Print)			
16. RESULT / RECOMMENDATION (Check One Box Only)				26. RESULT (Check One Box Only)			
<input type="checkbox"/> No Interval, Routine Follow up <input type="checkbox"/> Short-Term Follow up <input type="checkbox"/> Biopsy / FNA Recommended				<input type="checkbox"/> Not Suspicious for Cancer <input type="checkbox"/> Suspicious for Cancer <input type="checkbox"/> No Fluid or Tissue Obtained			
BIOPSY							
17. Date Performed (MMDDCCYY)				27. Date Performed (MMDDCCYY)			
18. Name — Rendering Provider (Print)				28. Name — Rendering Provider (Print)			
19. Biopsy Associated Imaging: <input type="checkbox"/> Mammogram <input type="checkbox"/> Ultrasound				29. RESULT (Check One Box Only)			
<input type="checkbox"/> Normal Breast Tissue <input type="checkbox"/> Other Benign Changes <input type="checkbox"/> Atypical Hyperplasia <input type="checkbox"/> Treatment Required				<input type="checkbox"/> Negative (B-RADS 1) <input type="checkbox"/> Benign Findings (B-RADS 2) <input type="checkbox"/> Probably Benign — Short-Term Follow up (B-RADS 3) <input type="checkbox"/> Suspicious Abnormality — Consider Biopsy (B-RADS 4) <input type="checkbox"/> Highly Suspicious of Malignancy (B-RADS 5) <input type="checkbox"/> Assessment Incomplete (Findings Require Additional Evaluation) (B-RADS 0)			
Shading indicates additional follow up required for WWWP:							
30. NOTES							
31. RECOMMENDATION							
<input type="checkbox"/> Follow Routine Screening Schedule: 0 _____ Months <input type="checkbox"/> Additional Mammographic Views <input type="checkbox"/> Ultrasound <input type="checkbox"/> Short-Term Follow up: 0 _____ Months <input type="checkbox"/> Treatment <input type="checkbox"/> Breast Consultation <input type="checkbox"/> Fine Needle Aspiration <input type="checkbox"/> Biopsy							
32. STATUS OF FINAL DIAGNOSIS — Check One Box Only							
<input type="checkbox"/> Complete* <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Member Deceased <input type="checkbox"/> Lost to Follow up <input type="checkbox"/> Refused 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: <input checked="" type="checkbox"/> Breast Cancer Not Diagnosed* <input type="checkbox"/> Lobular Carcinoma In Situ (LCIS) <input type="checkbox"/> Ductal Carcinoma In Situ (DCIS)* <input type="checkbox"/> Invasive Breast Cancer** *Complete Treatment Date and Treatment Status. **Complete Treatment Date, Treatment Status, Tumor Stage, and Tumor Size							
Continued							

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.