

# User Guide

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

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WISCONSIN DEPARTMENT  
*of* HEALTH SERVICES

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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 <https://www.forwardhealth.wi.gov/>.

The screenshot shows the ForwardHealth Portal homepage. At the top, there is a navigation bar with links for 'wisconsin.gov home', 'state agencies', 'subject directory', and 'department of health services'. The ForwardHealth logo is prominently displayed on the left, with the tagline 'Wisconsin serving you'. On the right, there is a 'Report Fraud' button, a search bar, and a welcome message: 'Welcome » February 8, 2022 12:51 PM' with a 'Login' link.

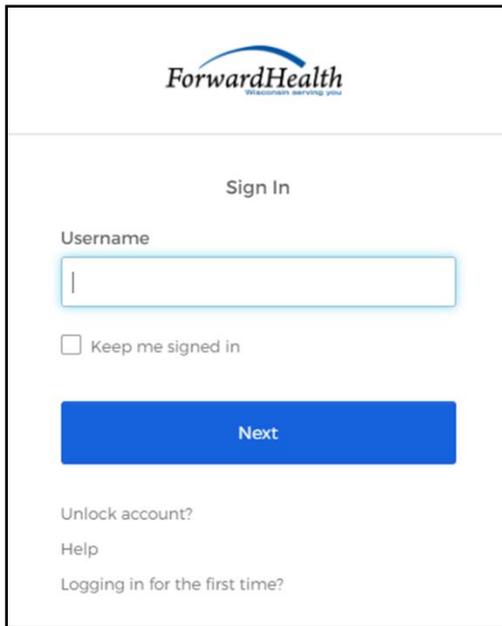
The main content area is divided into several sections:

- Providers:** A list of resources including 'Provider-specific Resources', 'Become a Provider', 'Fee Schedules', 'Wisconsin Administrative Code', 'ForwardHealth Enrollment Data', 'ForwardHealth System Generated Claim Adjustments', 'Health Care Enrollment', 'Provider Revalidation', 'Enrollment Tracking Search', 'Bed Assessment e-Payment', 'Medication Therapy Management Case', and 'Management Software'.
- Acute and Primary Managed Care:** A list of resources including 'Related Programs and Services', 'ForwardHealth Enrollment Data', and 'Health Care Enrollment'.
- Manufacturer Drug Rebate:** A list of resources including 'CMS Medicaid Drug Rebate Program' and 'Pharmacy Information'.
- Welcome to the ForwardHealth Portal:** A central message with a link to 'COVID-19: ForwardHealth Provider News and Resources' and an attention notice: 'Attention: The information included on the ForwardHealth Portal is not intended for members enrolled or looking to enroll in Wisconsin Medicaid programs. Refer to the Department of Health Services website for member-specific information.'
- Members:** A 'Find a Provider' search bar.
- Partners:** A list of resources including 'Find a Provider', 'Related Programs and Services', 'Express Enrollment for Children', 'Express Enrollment Change Request', and 'Waiver Agencies'.
- Trading Partners:** A list of resources including 'Trading Partner Profile', 'PES', 'Companion Guides', 'Medication Therapy Management Case', and 'Management Software Approval Process'.
- Children's Specialty Programs:** A list of resources including 'Birth to 3 Program', 'Children's Long-Term Support Program', 'Katie Beckett Medicaid', and 'Children's Specialty Managed Care Plans'.

At the bottom, there are eight icons representing different services: Providers, Acute and Primary Managed Care, Adult Long-Term Care Programs, Children's Specialty Programs, Trading Partners, Manufacturer Drug Rebate, Partners, and Members.

Figure 1 ForwardHealth Portal Page

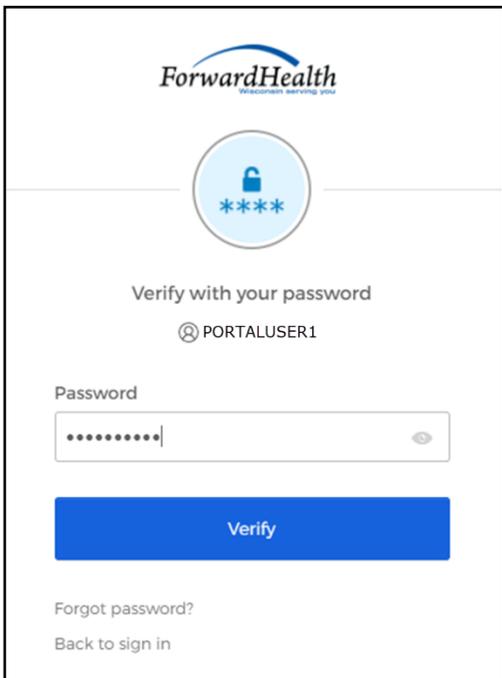
2. Click **Login**. A Sign In box will be displayed.



The screenshot shows the ForwardHealth logo at the top. Below it is the heading "Sign In". There is a "Username" label above a text input field. Below the input field is a checkbox labeled "Keep me signed in". A blue button labeled "Next" is positioned below the checkbox. At the bottom, there are three links: "Unlock account?", "Help", and "Logging in for the first time?".

**Figure 2** Sign In Box

3. Enter the user's username.
4. Click **Next**. A Verify with your password box will be displayed.



The screenshot shows the ForwardHealth logo at the top. Below it is a circular icon containing a lock and four asterisks. The heading "Verify with your password" is centered. Below the heading is the text "PORTALUSER1" with a user icon. There is a "Password" label above a text input field containing eight asterisks and a toggle eye icon. A blue button labeled "Verify" is positioned below the input field. At the bottom, there are two links: "Forgot password?" and "Back to sign in".

**Figure 3** Verify With Your Password Box

5. Enter the user’s password.
6. Click **Verify**. The Secure Partner page will be displayed.

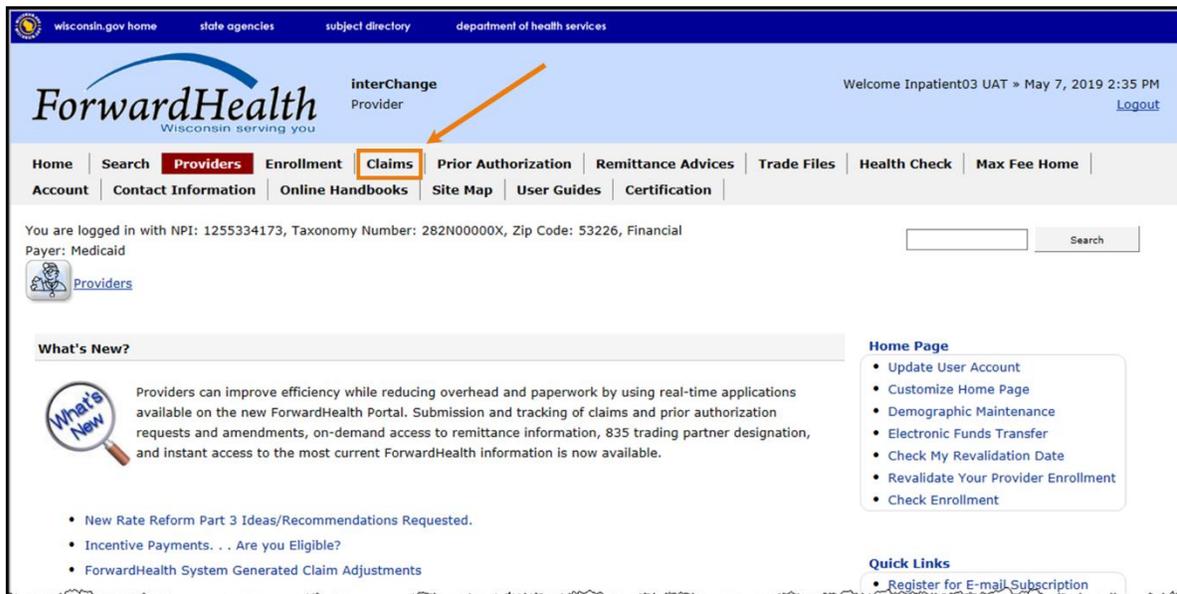


Figure 4 Secure Partner Page

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

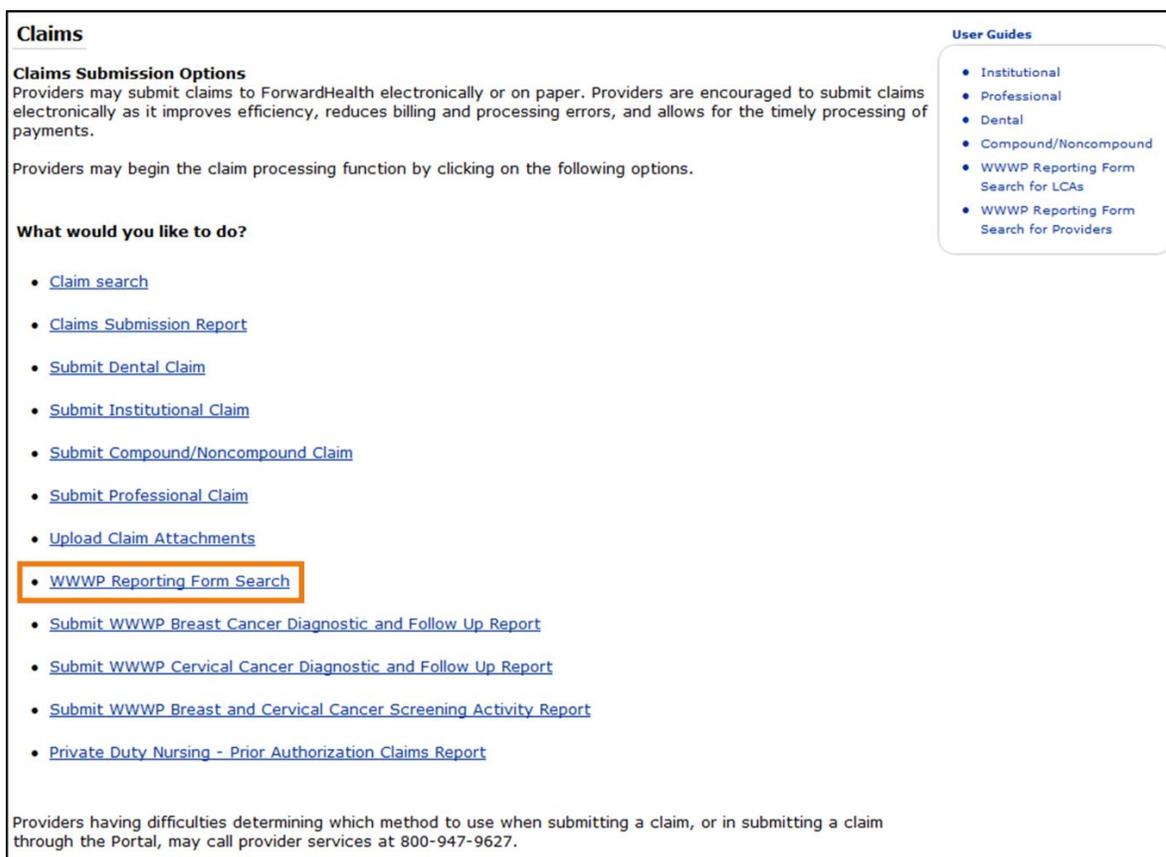


Figure 5 Claims Page

- 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 6** 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 7** Error Message

# 3 Search for Wisconsin Well Woman Program Reporting Forms

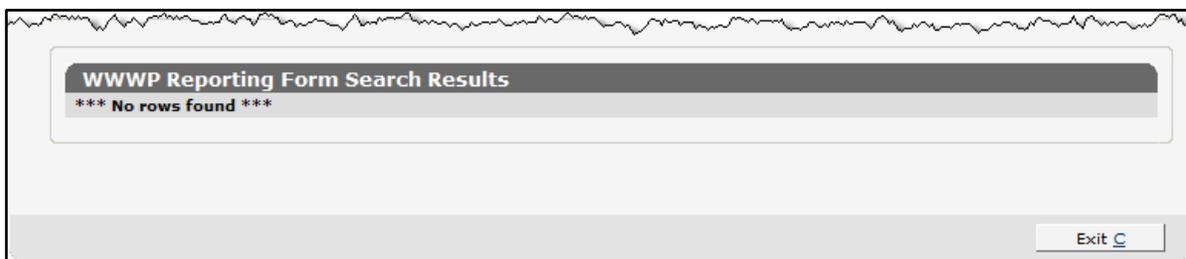
1. In the “Search Criteria” section on the WWWP Reporting Form Search page, you must at minimum enter one of the following:
  - Member ID
  - Control number
  - Form type with “From” and “To” process dates
2. Click **Search**.

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



**Figure 8** Error Message

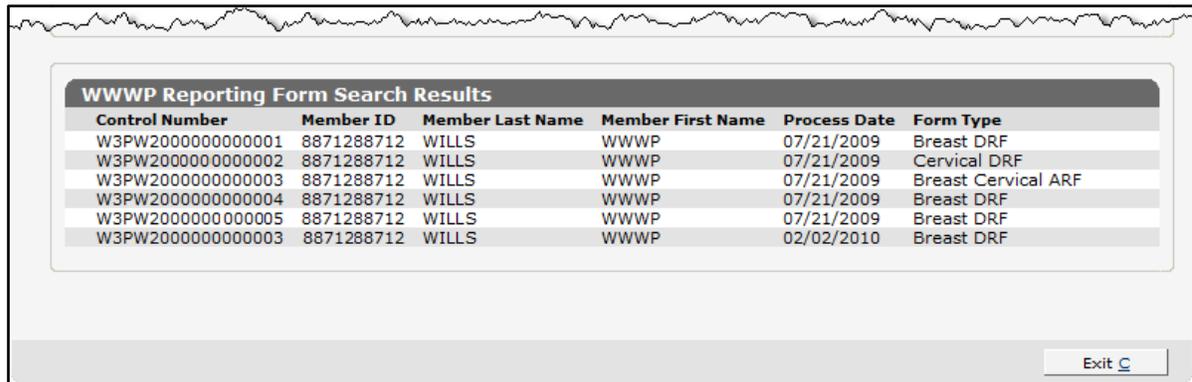
If no results match the search criteria, the “No rows found” message will stay in the “WWWP Reporting Form Search Results” section.



**Figure 9** “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 10** 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 11 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	
<b>WISCONSIN WELL WOMAN PROGRAM</b> <b>BREAST CANCER DIAGNOSTIC AND FOLLOW-UP REPORT (DRF)</b>							
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.							
<b>SECTION I — BILLING PROVIDER INFORMATION</b>							
1. Provider ID	2. Name — Billing Provider	3. Taxonomy Code	4. Practice Location ZIP+4 Code				
0527254221	LAURE M SMITH	100N00000X	54449				
<b>SECTION II — MEMBER PERSONAL INFORMATION</b>							
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					
<b>SECTION III — BREAST DIAGNOSTIC PROCEDURES</b>							
<b>ADDITIONAL MAMMOGRAPHIC VIEWS</b>				<b>FILM COMPARISON</b>			
11. Date Performed (MMDDCCYY)	12. Name — Rendering Provider (Print)	19. RESULT (Check One Box Only)	21. Date Performed (MMDDCCYY)	22. Name — Rendering Provider (Print)	23. RESULT (Check One Box Only)		
		<input type="checkbox"/> Negative (BI-RADS 1) <input type="checkbox"/> Benign Findings (BI-RADS 2) <input type="checkbox"/> Probably Benign — Short-Term Follow up (BI-RADS 3) <input type="checkbox"/> Suspicious Abnormality — Consider Biopsy (BI-RADS 4) <input type="checkbox"/> Highly Suggestive of Malignancy (BI-RADS 5) <input type="checkbox"/> Assessment Incomplete (Findings Require Additional Evaluation) (BI-RADS 6)			<input type="checkbox"/> Negative (BI-RADS 1) <input type="checkbox"/> Benign Findings (BI-RADS 2) <input type="checkbox"/> Probably Benign — Short-Term Follow up (BI-RADS 3) <input type="checkbox"/> Suspicious Abnormality — Consider Biopsy (BI-RADS 4) <input type="checkbox"/> Highly Suggestive of Malignancy (BI-RADS 5) <input type="checkbox"/> Assessment Incomplete (Findings Require Additional Evaluation) (BI-RADS 6)		
<b>BREAST CONSULTATION</b>				<b>FINE NEEDLE ASPIRATION</b>			
14. Date Performed (MMDDCCYY)	15. Name — Rendering Provider (Print)	16. RESULT / RECOMMENDATION (Check One Box Only)	24. Date Performed (MMDDCCYY)	25. Name — Rendering Provider (Print)	26. RESULT (Check One Box Only)		
		<input type="checkbox"/> No Intervention, 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		
<b>BIOPSY</b>				<b>BIOPSY</b>			
17. Date Performed (MMDDCCYY)	18. Name — Rendering Provider (Print)	19. Biopsy Associated Imaging	27. Date Performed (MMDDCCYY)	28. Name — Rendering Provider (Print)	29. RESULT (Check One Box Only)		
		<input type="checkbox"/> Mammogram <input type="checkbox"/> Ultrasound			<input type="checkbox"/> Negative (BI-RADS 1) <input type="checkbox"/> Benign Findings (BI-RADS 2) <input type="checkbox"/> Probably Benign — Short-Term Follow up (BI-RADS 3) <input type="checkbox"/> Suspicious Abnormality — Consider Biopsy (BI-RADS 4) <input type="checkbox"/> Highly Suggestive of Malignancy (BI-RADS 5) <input type="checkbox"/> Assessment Incomplete (Findings Require Additional Evaluation) (BI-RADS 6)		
<b>BIOPSY</b>				<b>BIOPSY</b>			
20. RESULT (Check One Box Only)	<input type="checkbox"/> Normal Breast Tissue <input type="checkbox"/> Other Benign Changes <input type="checkbox"/> Atypical Hyperplasia *Treatment Required		<input type="checkbox"/> Ductal Carcinoma In Situ (DCIS)* <input type="checkbox"/> Lobular Carcinoma In Situ (LCIS) <input type="checkbox"/> Invasive Breast Cancer**		<input type="checkbox"/> Negative (BI-RADS 1) <input type="checkbox"/> Benign Findings (BI-RADS 2) <input type="checkbox"/> Probably Benign — Short-Term Follow up (BI-RADS 3) <input type="checkbox"/> Suspicious Abnormality — Consider Biopsy (BI-RADS 4) <input type="checkbox"/> Highly Suggestive of Malignancy (BI-RADS 5) <input type="checkbox"/> Assessment Incomplete (Findings Require Additional Evaluation) (BI-RADS 6)		
Shading indicates additional follow up required for WWWP.							
30. NOTES							
31. RECOMMENDATION							
<input type="checkbox"/> Follow Routine Screening Schedule: 0 _____ Months		<input type="checkbox"/> Short-Term Follow up: 0 _____ Months		<input type="checkbox"/> Breast Consultation		<input type="checkbox"/> Biopsy	
<input type="checkbox"/> Additional Mammographic Views		<input type="checkbox"/> Ultrasound		<input type="checkbox"/> Fine Needle Aspiration		<input type="checkbox"/> Biopsy	
<input type="checkbox"/> Treatment		<input type="checkbox"/> Lost to Follow up		<input type="checkbox"/> Referred Work-up			
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	
*Must complete Element 33 (Final Diagnosis)							
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.					

Figure 12 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.