

ForwardHealth Provider Portal Wisconsin Well Woman Program Reporting Form Search User Guide

Date Last Updated: February 28, 2012

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1 Introduction

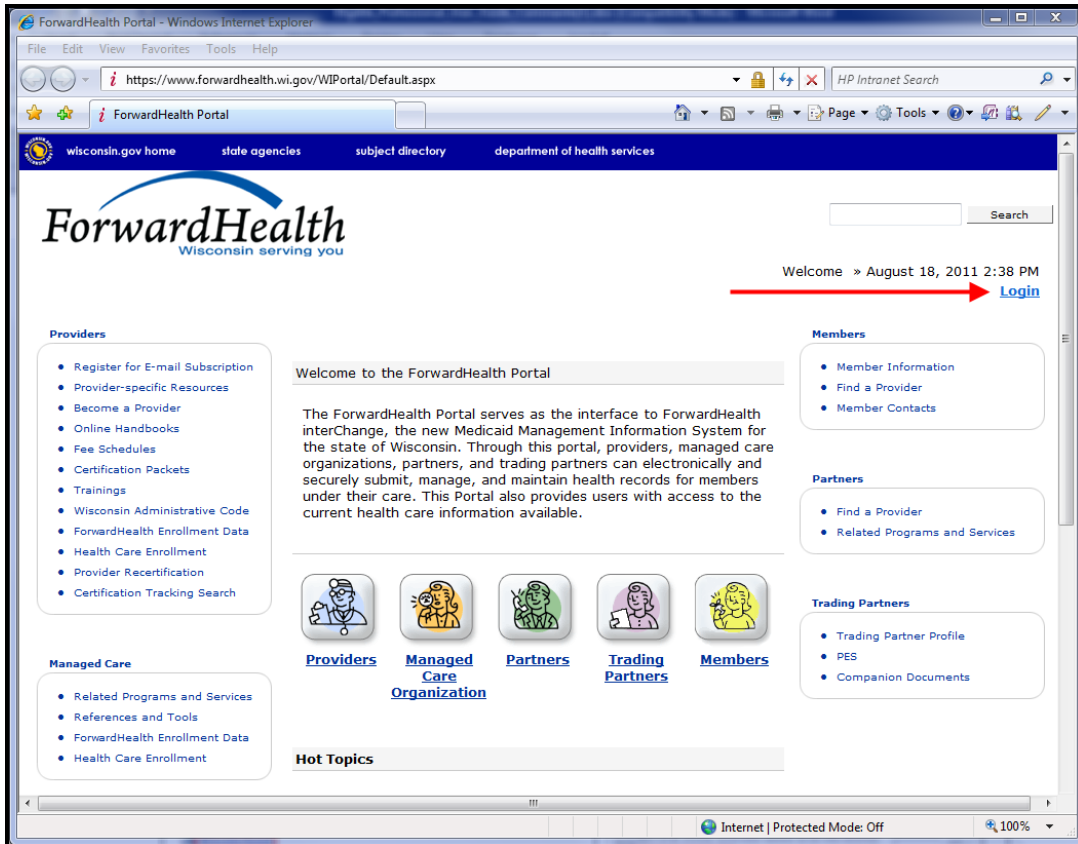
The Wisconsin Well Woman Program (WWWP) covers selected screening procedures related to breast cancer and cervical cancer for low income, uninsured, or underinsured women who qualify and are eligible for enrollment.

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 in order to use the WWWP Reporting Form Search function.

1. Access the ForwardHealth Portal at <https://www.forwardhealth.wi.gov/>.



ForwardHealth Portal Page

2. Click **Login**.

The ForwardHealth Portal Login box will be displayed.

ForwardHealth Portal Login:

Username

Password

- [Logging in for the first time?](#)
- [Forgot your password?](#)
- [Account Users Guide](#)

ForwardHealth Portal Login

3. Enter your username.
4. Enter your password.
5. Click **Go!**

The secure Provider page will be displayed.

wisconsin.gov home state agencies subject directory department of health services

ForwardHealth Wisconsin serving you

interChange Provider Welcome » August 23, 2011 1:50 PM [Logout](#)

Home Search **Providers** Enrollment **Claims** Prior Authorization Remittance Advices Trade Files HealthCheck
Max Fee Home Account Contact Information Online Handbooks Site Map Certification

You are logged in with NPI: 0987654321, Taxonomy Number: 100N00000X, Zip Code: 54449, Financial Payer: Wisconsin Well Woman Search

[Providers](#)

What's New?

Providers can improve efficiency while reducing overhead and paperwork by using real-time applications available on the new ForwardHealth Portal. Submission and tracking of claims and prior authorization requests and amendments, on-demand access to remittance information, 835 trading partner designation, and instant access to the most current ForwardHealth information is now available.

NEW HIPAA Version 5010 and NCPDP Version D.0 Upgrade Information.
NEW HIPAA Version 5010 Companion Guides and NCPDP Version D.0 Payer Sheet.
NEW HIPAA Version 5010 Testing Packets.
NEW Register for E-mail Subscription.

- New Rate Reform Part 3 Ideas/Recommendations Requested.
- Incentive Payments. . . Are you Eligible?
- ForwardHealth System Generated Claim Adjustments

Home Page

- Update User Account
- Customize Home Page
- Demographic Maintenance
- Electronic Funds Transfer

Quick Links

- Register for E-mail Subscription
- Provider-specific Resources
- Designate 835 Receiver
- Online Handbooks
- ForwardHealth Updates
- Fee Schedules
- Forms
- Become a Provider
- Certification Tracking Search
- Training Listing
- Explanation of Benefits (EOBs)
- MAC
- SBS User Guide
- Student Roster File Format

Messages

Category	Subject	Date Sent	Expiration Date	Remove
Alert	ForwardHealth Electronic Funds Transfer: Notice of EFT Account In	07/28/2011	08/27/2011	<input type="checkbox"/>

Claims

ICN	Member ID	From Date of Service	To Date of Service	Claim Type	Status	Amount Billed
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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

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 (*).

Search Criteria

Member ID

Control Number

From Process Date

To Process Date

Form Type

Search *

WWWP Reporting Form Search Results

*** No rows found ***

Exit C

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.

Error Message

3 Search for Wisconsin Well Woman Program Reporting Forms

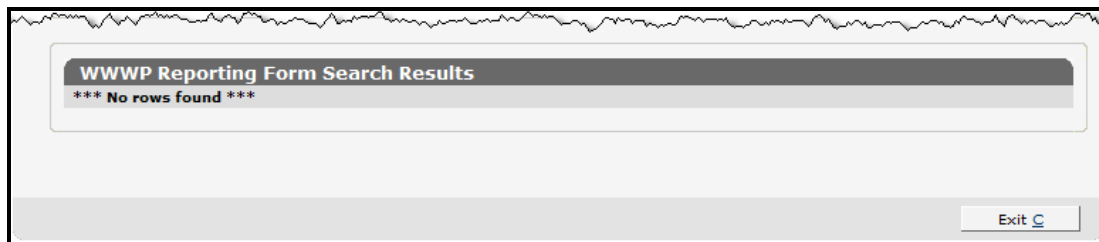
1. In the "Search Criteria" section on the WWP Reporting Form Search page, you must at minimum enter one of the following:
 - Member ID.
 - Control number.
 - Form type with a from process date and to process date.
2. Click **Search**.

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



Error Message

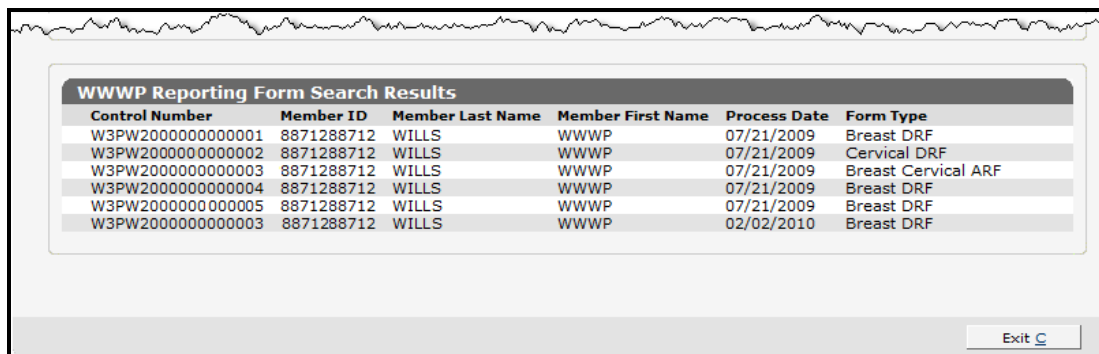
If no results match the search criteria, the "No rows found" message will stay in the "WWWP Reporting Form Search Results" section.



"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.



WWWP Reporting Form Search Results Section

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

3. 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: 8871288712
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: W3PW2000000000003

Provider Information

Provider ID: 0987654321
Name - Billing Provider: JANE M SMITH
Taxonomy Code: 100N00000X
Practice Location Zip+4 Code: 54449-

Member Information

Member Identification Number: 8871288712
Last Name - Member: WILLS
First Name - Member: WWWP
Date of Birth: 07/07/1973

[Additional Mammographic Views](#)

WWWP Reporting Form

4. To view, save, or print the form, click **Print as PDF**.

A new browser window will open displaying a PDF copy of the form.

Wisconsin Well Woman Program Reporting Form Search User Guide

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 8645, Madison, WI 53716-0645.			
SECTION I — BILLING PROVIDER INFORMATION 1. Provider ID: 09272F4321 2. Name — Billing Provider: JANE M SMITH 3. Taxonomy Code: 100N00000X 4. Practice Location ZIP+4 Code: 54445			
SECTION II — MEMBER PERSONAL INFORMATION 5. Last Name — Member: WILLS 6. First Name — Member: WWWW 7. Middle Initial — Member:			
8. Previous Last Name — Member: 9. Member Identification Number: 8871288712 10. Date of Birth (MM/DD/YYYY): 07/07/1973			
SECTION III — BREAST DIAGNOSTIC PROCEDURES			
ADDITIONAL MAMMOGRAPHIC VIEWS 11. Date Performed (MM/DD/YYYY): 21. Date Performed (MM/DD/YYYY):		FILM COMPARISON 22. Name — Rendering Provider (Print):	
12. 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"/> Probable Benign — Short-Term Follow up (BI-RADS 3) <input type="checkbox"/> Suspicious Abnormality — Consider Biopsy (BI-RADS 4) <input type="checkbox"/> Highly Suspicious of Malignancy (BI-RADS 5) <input type="checkbox"/> Assessment Incomplete (Findings Require Additional Evaluation) (BI-RADS 0)	
BREAST CONSULTATION 14. Date Performed (MM/DD/YYYY): 24. Date Performed (MM/DD/YYYY):		FINE NEEDLE ASPIRATION 25. Name — Rendering Provider (Print):	
15. Name — Rendering Provider (Print):		26. RESULT (Check One Box Only) <input type="checkbox"/> No Intervention, Routine Follow up <input type="checkbox"/> Not Suitable for Cancer <input type="checkbox"/> Short-Term Follow up <input type="checkbox"/> Suitable for Cancer <input type="checkbox"/> Biopsy / FNA Recommended	
BIOPSY 17. Date Performed (MM/DD/YYYY): 27. Date Performed (MM/DD/YYYY):		ULTRASOUND 28. Name — Rendering Provider (Print):	
18. Name — Rendering Provider (Print):		29. RESULT (Check One Box Only) <input type="checkbox"/> Biopsy Assisted Imaging <input type="checkbox"/> Mammogram <input type="checkbox"/> Ultrasound 30. RESULT (Check One Box Only) <input type="checkbox"/> Normal Breast Tissue <input type="checkbox"/> Ductal Carcinoma In Situ (DCIS)* <input type="checkbox"/> Other Benign Changes <input type="checkbox"/> Lobular Carcinoma In Situ (LCIS) <input type="checkbox"/> Atypical Hyperplasia <input type="checkbox"/> Invasive Breast Cancer** *Treatment Required **Assessment Incomplete (Findings Require Additional Evaluation) (BI-RADS 0)	
Shading indicates additional follow up required for WWWP.			
31. RECOMMENDATION <input type="checkbox"/> Follow Routine Screening Schedule: 0 Months <input type="checkbox"/> Short-Term Follow up: 0 Months <input type="checkbox"/> Additional Mammographic Views <input type="checkbox"/> Ultrasound <input type="checkbox"/> Breast Consultation <input type="checkbox"/> Fine Needle Aspiration <input type="checkbox"/> Biopsy <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 *Mark complete Element 33 (Final Diagnosis)			
33. FINAL DIAGNOSIS (Required if "Complete" is checked in Element 32 (Status of Final Diagnosis)) Date (MM/DD/YYYY) 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			

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.