



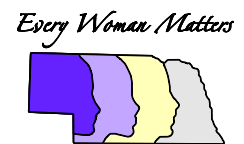
REFERENCE GUIDE FOR PROVIDERS

Qualifying Criteria Quick Guide DIAGNOSTIC SERVICES	
Gender	Females Only
Age	18-74 for Breast Diagnostic Services 21-74 for Cervical Diagnostic Services
Income	Must meet Income Guidelines
Health Insurance	CLIENTS MAY HAVE INSURANCE
Citizenship	Must be a US Citizen or Permanent Resident* <i>*must provide front and back copy of Permanent Resident card</i>
Health Status:	Must need services to diagnose breast or cervical cancer
Forms	https://dhhs.ne.gov/EWMForms Only forms printed 2017 or later are accepted (Date found in upper right-hand corner)
Enrollment	<p>BREAST can be enrolled as a diagnostic client at the provider’s office for diagnostic work up for breast issues or if they have had an abnormal screening mammogram.</p> <ul style="list-style-type: none"> Breast enrollments must follow the National Comprehensive Cancer Network (NCCN) guidelines. If a client has a suspicious clinical breast exam, a diagnostic mammogram alone does not meet clinical standards (shown on the Breast Diagnostic Enrollment Follow Up and Treatment Plan Form (BDIA)). <p>CERVICAL can be enrolled as a diagnostic client at the provider’s office for diagnostic work up for abnormal pap tests.</p> <ul style="list-style-type: none"> Cervical enrollments must follow the current ASCCP Guidelines (shown on the Cervical Diagnostic Enrollment Follow Up and Treatment Plan Form (CDIA)).

Women’s and Men’s Health Programs
Income Eligibility Scale
for Every Woman Matters
Effective November 1, 2023-June 30, 2024

Yearly Income			Monthly Income		
# of People in Household	FREE	\$5.00 Donation	# of People in Household	FREE	\$5.00 Donation
1	0-\$14,580	\$14,581-36,450	1	0-\$1,215	\$1,216-3,038
2	0-\$19,720	\$19,721-49,300	2	0-\$1,643	\$1,644-4,108
3	0-\$24,860	\$24,861-62,150	3	0-\$2,072	\$2,073-5,180
4	0-\$30,000	\$30,001-75,000	4	0-\$2,500	\$2,501-6,250
5	0-\$35,140	\$35,141-87,850	5	0-\$2,928	\$2,929-7,320
6	0-\$40,280	\$40,281-100,700	6	0-\$3,357	\$3,358-8,393
7	Call 1-800-532-2227		7	Call 1-800-532-2227	

Note: When Screening Cards are sent to clients, they will have an opportunity to make the suggested \$5 donation back to the program to help women receive screening services.



PO. Box 94817
Lincoln, NE 68509
Toll Free: 800-532-2227
Fax: 402-471-0913
dhhs.ewm@nebraska.gov

Please call **800-532-2227** to speak with a program Nurse regarding completion of diagnostic forms or to answer diagnostic questions.