EWM Diagnostic Program - Breast

- -How EWM can help your clients with breast concerns
- -What your office needs to do

EVERY WOMAN MATTERS

EWM Diagnostic Program Breast

Who can enroll?*

Diagnostic Enrollment is for women with:

- -breast concerns (pain, lump, etc.)
- -abnormal breast exam
- -abnormal screening mammogram

who are in need of further testing to diagnose whether or not breast cancer is present.

*If your client is 40 or over and has no insurance and needs a screening mammogram, please see our EWM Screening Guidelines for instructions.

Who can enroll in the EWM Diagnostic Breast Program?



EWM Breast Di	agnostic Program Eligibility			
Gender:	Females only			
Age:	18-74 years old			
Income:	Must meet <u>income guidelines</u> (see slide 17 for details)			
Insurance:	 Women with insurance are eligible for the EWM Diagnostic program (but ineligible for screening). See slide 10. Uninsured women are eligible for the diagnostic program as well. 			
Citizenship:	Must be US Citizen or Permanent Resident (See slide 16)			
Health Status:	Must need services to diagnose breast cancer			

What services are covered?

Coverage is determined by the age of the client and the results of screening, following guidelines from the National

Comprehensive Cancer

Network (NCCN).

Procedures covered for women 18-39:

Screening mammogram **not covered** by EWM for women <40

Age	CBE Findings:	Diagnostic Services Allowable for Reimbursement Based on Findings:
18-29	Suspicious CBE (Consultation by surgeon preferred)	 Surgical Consultation (can only be reimbursed if provider normally brings clients in the office for consultation) Breast Ultrasound Fine Needle Aspiration Breast Biopsy Cytology of breast discharge
30-39	Suspicious CBE (Consultation by surgeon preferred)	Same as list above, can also get diagnostic mammogram

Note: Diagnostic mammogram alone does not meet clinical standards of care for those with a suspicious clinical breast exam

<u>Procedures Covered for women ages 40-74:</u>

- If the client did NOT have a screening mammogram, had a breast lump or other cause for concern, see the first row ("No Screening Mammogram and Suspicious CBE").
- If she had a screening mammogram, see the column to the right of the results of the screening mammogram (BI-RADS 0-5) to determine if services are covered.

Age	Screening N	Mammogram Findings	Diagnostic Servi	ces Allowable for Reimbursement Based on Findings
40-74	No Screening Mammogram and Suspicious CBE (palpable mass, etc.) See Diagnostic mammogram findings ->		Diagnostic mammogram BI-RADS 0-3 Diagnostic mammogram BI-RADS 4, 5	 Breast Ultrasound is required (diagnostic mammography alone misses 15-20% of translucent tumors) Fine Needle Aspiration Breast Biopsy Consultation
	BI-RADS 0 - Needs addition	onal imaging evaluation	Comparison of pDiagnostic mamBreast Ultrasour	mogram
	BI-RADS 1	CBE Negative	Routine Screenir	ng
	-Negative or BI-RADS 2 - Benign finding		Breast Ultrasour Fine Needle Asp	
	BI-RADS 3 – F	Probably Benign	Diagnostic mam	mogram or ultrasound at 6 months, then every 6-12 months for 2-3 years
		Suspicious Abnormality or Highly suggestive of malignancy	Consultation (caBreast Biopsy	n only be reimbursed if provider normally brings clients in the office for consultation)

Services EWM does NOT cover

- Breast cancer treatment (more on this later)
- Anything not directly related to diagnosing breast cancer
- Elective excisional biopsies
- Non-cancerous skin lesions on breast or axillary area
- Genetic testing
- ▶ Diagnostic mammograms for women under 30
- Office visits for women under 40 who do not need further testing
- ► Follow-up for women under 40

Enrolling Clients

- Clients never before enrolled in EWM
- Clients already enrolled in EWM



Who can enroll clients into EWM Breast Diagnostic Program?

- ► You can! We'll show you how!
 - We call this process "enrolling clients diagnostically"
- Any EWM contracted provider can enroll clients diagnostically
- Clients do NOT have to be previously enrolled in the program



What if a client comes in with no paperwork?

- ► It's OK!
- Clients do not need to bring in their EWM screening card for diagnostic services
- Clients do not need to bring any paperwork at all
 even if they're not enrolled yet
- You the provider can enroll her diagnostically by using <u>Breast Diagnostic Enrollment Form</u>



What if a client has insurance?

Many EWM Diagnostic clients have health insurance but still need our program to cover extra costs:

- Client is still eligible for the <u>EWM Breast Diagnostic Program</u>
- Must meet all other program criteria
- ► Is not eligible for <u>EWM Screening Program</u> unless insurance does not pay for preventive services
- EWM will cover costs that insurance does not pick up
- Enroll her diagnostically

Having Health Insurance is OK!

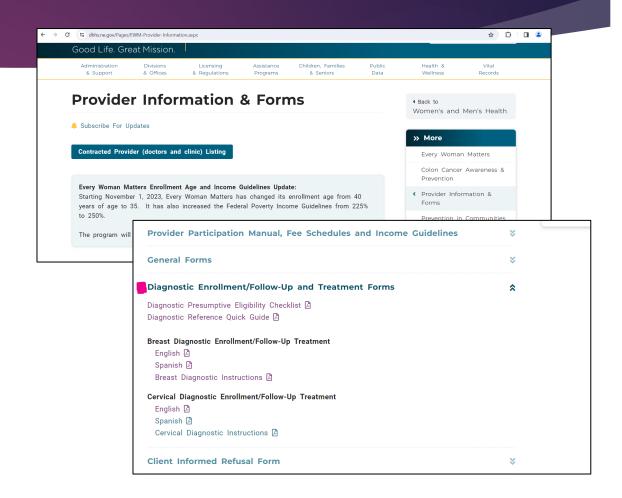
How do I enroll clients?

- Use the <u>Breast Diagnostic</u> <u>Enrollment Form (BDIA)</u>
- Who/what is this form for? This form is to be used ONLY for women with an abnormal breast exam or abnormal screening mammogram that are in need of further testing to diagnose whether or not breast cancer is present.



Where to find our forms

- Forms can be downloaded and printed out from here: www.dhhs.ne.gov/ewmforms
- Bookmark this page!
- Breast Diagnostic forms are available in <u>English</u> and <u>Spanish</u>
- Instructions are no longer printed as part of the form but can be found online



If you have forms in your office...

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- Please check the date in the top right corner
- ▶ We prefer forms dated 2017 or later
- ► The newer the better these forms change frequently as our program eligibility evolves
- Always go to the website for most updated version

Enrolling Clients-Part One



CLIENTS THAT ARE NOT CURRENTLY ENROLLED IN EWM

NEVER BEEN IN EWM BEFORE

OR

 HAVE BEEN ENROLLED IN EWM OVER ONE YEAR AGO AND NEED UPDATED ENROLLMENT INFORMATION

Enrolling Clients Diagnostically

Patients not yet enrolled in EWM

- Your client does not have to be currently enrolled in Every Woman Matters to use the diagnostic form.
- Clients 18-74 with a breast diagnostic issue may be enrolled <u>immediately</u> by using this form as long as they:
 - meet the income guidelines
 - meet citizenship requirements
 - have abnormal screening results within the last 6 months

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Enrolling Clients Diagnostically

Clients not yet enrolled in EWM

In order to be eligible, a client must...



Need services to diagnose breast cancer

- Breast lump, pain, or discharge
- Abnormal breast exam
- Abnormal screening results within the last 6 months.



Meet Income Guidelines

Eligible clients must be within 250% of the Federal Poverty Guidelines.

Current income guidelines can be found at https://dhhs.ne.gov/Documents/EWM Income Guidelines.pdf



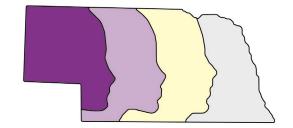
Be a U.S. Citizen or Permanent Resident

Clients must comply with Neb. Rev. Stat. §§4-108 through §§4-114, being either a US citizen or Qualified Alien under the Federal Immigration and Nationality Act.

Qualified Aliens must submit a front and back copy of their Permanent Resident Card with their application.

Income guidelines







Women's and Men's Health Programs Income Eligibility Scale for Every Woman Matters



Effective November 1, 2023-June 30, 2024

Yearly Income

# of People in Household	FREE	\$5.00 Donation
1	0-\$14,580	\$14,581-36,450
2	0-\$19,720	\$19,721-49,300
3	0-\$24,860	\$24,861-62,150
4	0-\$30,000	\$30,001-75,000
5	0-\$35,140	\$35,141-87,850
6	0-\$40,280	\$40,281-100,700
7	Call 1-800	-532-2227

Monthly Income

# of People in Household	FREE	\$5.00 Donation
1	0-\$1,215	\$1,216-3,038
2	0-\$1,643	\$1,644-4,108
3	0-\$2,072	\$2,073-5,180
4	0-\$2,500	\$2,501-6,250
5	0-\$2,928	\$2,929-7,320
6	0-\$3,357	\$3,358-8,393
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.

301 Centennial Mall South ~ P.O. Box 94817 ~ Lincoln, NE 68509-4817
Toll Free: 800-532-2227 ~ Local: 402-471-0929 ~ Fax: 402-471-0913
www.dhhs.ne.gov/EWM

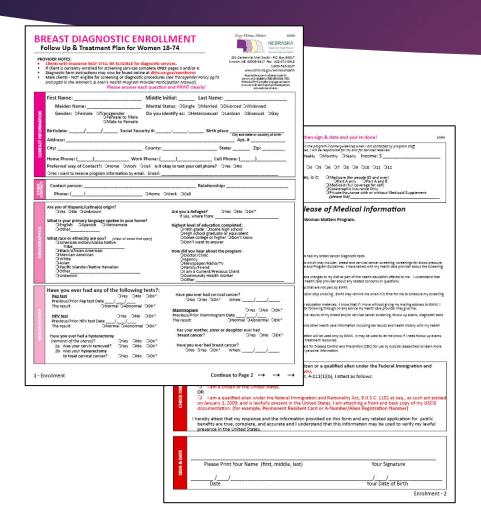




Funds for this project were provided through the Centers for Disease Control and Prevention Breast and Cervical Early Detection Program, Well Integrated Screening and Evaluation for Women Across the Nation, and Colorectal Cancer Screening Demonstration Program Cooperative Agreements with the Nebraska Department of Health and Human Services.

Enrolling Clients Diagnostically

Patients not yet enrolled in EWM



Clients who have not yet enrolled in the program or who have enrolled over one year ago must complete pages 1-2 of the <u>Breast Diagnostic Enrollment (BDIA)</u> with:

- contact information
- demographics
- breast and cervical history
- income and insurance
- citizenship status
- signature (date of signature should be the date of first diagnostic service in order for it to be reimbursed)

Providers can have clients complete pages 1&2 in their office.

Enrolling Clients – Part Two



CLIENTS THAT **ARE** CURRENTLY ENROLLED IN EWM OR THE STATE PAP PLUS PROGRAM

Enrolling Clients Diagnostically

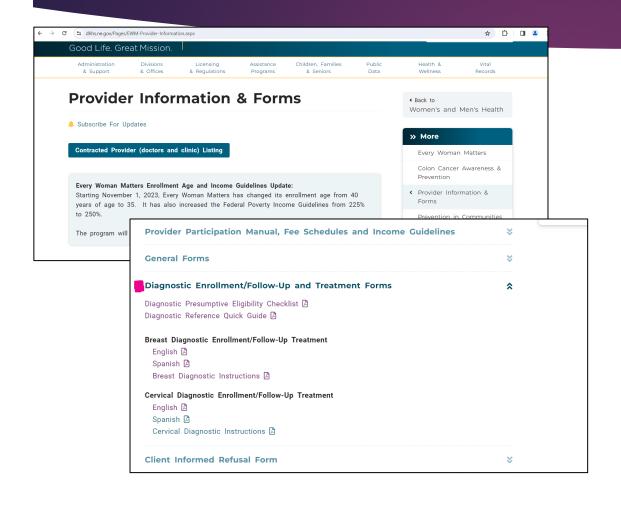
Patients already enrolled in EWM

If your client meets the following criteria, pages 1-2 of the Breast Diagnostic Form (BDIA) **do not** need to be completed or returned:

- Age 35-74 and has recently completed a Healthy Lifestyle Questionnaire and had a EWM well woman screening visit
- Age 18-74 and is currently enrolled in the State Pap Plus Program
- ► Call EWM at 1-800-532-2227 if you are not sure they are an EWM client



NEW! Quick reference guides online!



- ▶ When in doubt, check these out!
- ► Go to <u>www.dhhs.ne.gov/ewmforms</u>
- There is a Checklist and a Reference Guide for eligibility for diagnostic services so you don't need to have all of this memorized
 - <u>Diagnostic Presumptive Eligibility</u>
 <u>Checklist</u>
 - <u>Diagnostic Reference Quick Guide</u>
- Print them off for your clinic

NEW - Quick reference guides



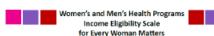
Diagnostic Presumptive Eligibility Checklist

- Women ages 18 and up for breast cancer diagnostics after abnormal screening results that occured within the last 6 months.
- Women ages 21 and up for cervical cancer diagnostics after abnormal screening results that occured within the last 6 months.
- Clients ages 25-39 with documented personal history of BRCA1 of BRCA2 would be eligible for annual breast MRI screening.
- 4. Breast or Cervical Cancer Diagnostic Form completed in its entirety
 - Incomplete forms will be returned to the provider office
- 5. Income falls within Income Eligibility Scale
 - Income eligibility scale is found on the Every Woman Matters website: http://dhhs.ne.gov/EWMforms
- 6. Insurance coverage noted on form
 - Patient may have private insurance and be responsible for co-pays and deductibles
 - Patient cannot have Medicare part B or Medicaid
- 7. Patient is a U.S. citizen or qualified alien under the Federal Nationality Act
 - Patient has marked the box attesting that they are as US citizen or qualified alien
 - Copy of front and back of USCIS documentation provided with program form (Permanent Resident Card)
- Medical Release Form is signed and dated by patient (this also includes listing client date of birth and printing client name).
- 9. Services provided follow program guidelines
 - Guidelines are printed on Diagnostic Forms
 - Program adheres to the current ASCCP Consensus Guidelines for Cervical Abnormalities
 - Program adheres to the NCCN Screening and Diagnostic Guidelines for Breast abnormalities
- The initial visit may be reimbursed by EWM if the provider determines that CBE is suspicious for breast malignancy and additional tests are required to reach a final diagnosis.

Instructions for the Breast and Cerivical Diagnostic Enrollment Forms can be found on the Every Woman Matters website: http://dhhs.ne.gov/EWMForms

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* *must provide front and back copy of Permanent Resident card
Health Status:	Must need services to diagnose breast or cervical cancer
Forms	https://dhhs.ne.gov/EWMForms Only forms printed 2022 or later are accepted (Date found in upper right-hand corner)
Enrollment	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. 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)). CERVICAL can be enrolled as a diagnostic client at the provider's office for diagnostic work up for abnormal pap tests. Cervical enrollments must follow the current ASCCP Guidelines (shown on the Cervical Diagnostic Enrollment Follow Up and Treatment Plan Form (CDIA)).



Effective July 1, 2023-June 30, 2024

	Yearly Incon	ne		Monthly Inco	me
# of People in Household	FREE	\$5.00 Donation	# of People in Household	FFEE	\$5.00 Donation
1	0-\$14,580	\$14,581-32,805	1	0-\$1,215	\$1,216-2,734
2	0-\$19,720	\$19,721-44,370	2	0-\$1,643	\$1,644-3,697
3	0-\$24,860	\$24,861-55,933	3	0-\$2,072	\$2,073-4,662
4	0-\$30,000	\$30,001-67,500	4	0-\$2,500	\$2,501-5,625
5	0-\$35,140	\$35,141-79,065	5	0-\$2,928	\$2,929-6,588
6	0-\$40,280	\$40,281-50,650		0-53,357	\$3,358-7,333
7	Call 1-80	0.532-2227	7	Call 1-80	0-532-2227

Make: When Severing Conts are sent to clients, they will have an apportunity to make the suggested \$1 densition sect to the program to tell women receive screening services.

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



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

Completing Breast Diagnostic Enrollment Forms

	VIDER NOTES:		-	301 Ce	ntennial Mall Sou	rth - P.O. Box 949
·	Clients with insurance MAY STILL BE ELIGIBLE for	or diagnostic se	ervices.	Lincoln,	NE 68509-4817	Pax: 402-471-05 1-800-532-2
:	If client is currently enrolled for screening services Diagnostic form instructions may now be found or	complete ONL	LY pages 3 and/or 4.		www.dhhs.ne.	
	Male clients - NOT eligible for screening or diagno:	stic procedures	s (see Transaender Policy pa7)	3	Reasonable accomm	odation made for
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	Maiden Name:					
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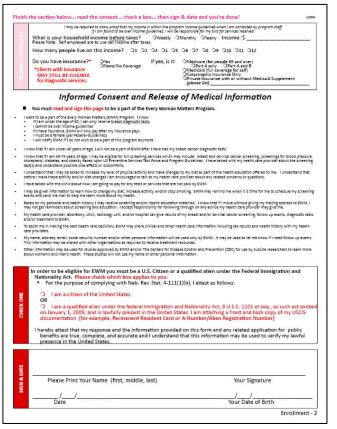
1 - Enrollment

Continue to Page

First, check to make sure client filled everything out on pages 1 and 2

(for clients not already enrolled in EWM)

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Income, attestation, and signature are all required

 Spanish forms available online

	First		МІ	Last	DOB
Provider	Screening: Clinic that initiated care	Name:		City/Phone Number	
nformation:	Diagnostic: Name: Clinic that patient was referred to			City/Phone Number	
Instructions:	Please send this form	to EWM along with corresp	onding	radiology and/or pathology reports wh	nen diagnostic workup is complete.
	Ages 1	8-39		Age	s 40-74
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O Breast Ultrasound	ious, EWM encourages sur	Date:/		Results of initial SCREENING mammo Oscreening Mammogram was NOT PERF OBHRADS 0 - Assessment incomplete OBHRADS 1, 2, and 3 with a suspicious of OBHRADS 4 - Suspicious abnormality OBHRADS 5 - Highly suspicious	ORMED
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			rvices fo	r more information at www.dhhs.ne.go	
Final Diagnos his section mus ompleted before o EWM	t be OCancer e sending OCancer	e: not diagnosed - no treatme diagnosed - Rease complete Bre Ductal carcinoma in situ	ast Cancer	Treatment section on Page 4 or carcinoma in situ OOther carcino	ma in situ Olnvasive cancer

Complete with the client's name, DOB, and screening provider where her CBE was performed (if applicable)

Fill in your clinic's information under diagnostic provider.

Page 3 -Let's get started!

Page 3 of the Breast Follow-up & Treatment Plan can be filled out by any member of the health care team at a primary care, OB/GYN or surgical provider's office.

Treatment Plan - 3

Page 3 – Screening history

Screening history section:

- For patients 18-39, fill out the date and findings of her clinical breast exam.
- For patients 40-74, fill out the date and findings of clinical breast exam as well as the results of the SCREENING mammogram
 - If client 40-74 only got diagnostic mammogram, do NOT put that in screening mammogram section. Check the box for Screening Mammogram NOT PERFORMED and then check the box under it for Diagnostic mammogram.

	First		MI	Last		DOB
Provider	Screening: Clinic that initiated care	Name:		City/Phone Number	er	
Information:	Diagnostic: Clinic that patient was referred to	Name:		City/Phone Number	er	
Instructions:	Please send this form to	o EWM along with corres	ponding r	adiology and/or	pathology reports when	diagnostic workup is complete.
	Ages 18	3-39			Ages 4	40-74
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OBreast Ultrasound	ious, EWM encourages surgio	Date:/		OScreening M OBI-RADS 0 - A OBI-RADS 1, 2, OBI-RADS 4 - S	ammo gram was NOT PERFORN Assessment incomplete , and 3 with a suspicious clinica Suspicious abnormality Highly suspicious	
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Page 3 –Diagnostic workup and Final Diagnosis

- The Diagnostic workup sections show all of the procedures allowable for these women. Check the box with the imaging or diagnostic procedure done and fill in the date of service.
 - Send corresponding clinical documentation or form may be returned to you.
 - Submit all clinical documentation including the enrollment is due within 2 weeks of service.
- Check the final diagnosis and date of diagnosis.
 - If you do not check a final diagnosis, the form may be returned.

	First		MI	Last	DOB
Provider	Screening: Clinic that initiated care	Name:		City/Phone Number	
	Diagnostic: Clinic that patient was referred to	Name:		City/Phone Number	
Instructions:	Please send this form t	o EWM along with corresp	onding	radiology and/or pathology reports when diagno	ostic workup is complete.
	Ages 18	3-39		Ages 40-7	4
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Diseast Ultrasoun Preferred: Refe Acceptable: Br Diagnostic Mamr Client must be Diagnostic man DRepeat Breast Ex Breast Blopsy typ Dreast MRI forway Consultation/2nd DFNA OR OU/S-4	ious, EWM encourages surgi d derral to surgeon for evaluatio east u/s ordered by Primary mogram at least age 30 to have a Dia mmogram alone does not me am ei:	Date:/ Date:/ Date:/ Date:/ Date:/ Date:/ Date:/ Date:/ Date:/	ol clous	Diagnostic mammogram alone does not meet sta ORepeat Breast Exam Date:	up:
★ Final Diagno: his section mus	check one the OCancer n		nt neces	sary	
o EWM	O Du	ictal carcinoma in situ al diagnosis or pathology r		r carcinoma in situ OOther carcinoma in situ	Olnvasive cancer

Page 4 – Breast cancer referral and treatment

If client is diagnosed with breast cancer:

- Mark it on final diagnosis on pg 3
- Indicate type of treatment and where client is being referred (pg 4)
- Fill out <u>Treatment Funds</u>
 Request Form

Client	First	1	MI Last			DOB
nfarmation		Breast Cance	r Referral i	& Treatment		
Referral:	Client referred to	n/Clinic name and city/phone			who will t	ake over care.
Consultation:		e client options:				
Treatment:	Treatment regimen consi	ists of te:			_(lumpectomy, sur	gery, chemo, radiation, etc
Refusal:						ned decision: OYes ONo
		Screening MRI	Preauthori	zation Request		
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Women's Cancer Program

- ▶ If your client is diagnosed with breast cancer through EWM, by Nebraska state statute she may be eligible for Nebraska Medicaid (for at least 6 months) for cancer treatment through the Women's Cancer Program (WCP)
 - ▶ this treatment Medicaid is specific to our program including EWM income guidelines (250% of Federal Poverty Guidelines)
 - clients with a breast cancer diagnosis have access to WCP Medicaid throughout their breast cancer treatment
 - ▶ We provide the client with the WCP Medicaid application
 - clients must not have adequate health insurance in order to be eligible for Medicaid through Women's Cancer Program
 - ▶ If client has insurance that is limited coverage/benefits, we will work with Medicaid to determine if insurance is considered creditable or not. If insurance is deemed not creditable, client may be eligible for WCP.

Women's Cancer Program

If client is diagnosed with breast cancer:

- ► Call EWM at 1-800-532-2227 and ask for the nurse if you have any questions or need to discuss next steps.
- ▶ EWM staff will contact client and send out our Medicaid form.
- ▶ Although not required, we do appreciate a "heads up" phone call so we can get the process of helping your patient to apply for Medicaid started **as quickly as possible**, as this process takes time.
- ► Clinic should submit the <u>Treatment Funds Request Form</u> to EWM.

Page 4 – Screening MRI Pre-authorization request

- Screening MRIs must be preauthorized
 - Contact EWM with questions
 - Approval will be given via fax
- EWM covers MRIs for diagnostic purposes on a case-by-case basis
- Screening MRIs are ONLY for women at high risk of breast cancer
 - Guidelines set by CDC (our funder)

	First	MI	Last	DOB
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	Breast (Cancer Ref	erral & Treatment	Ale
eferral:	Client referred toClinician/Clinic name and city/ph	one		_ who will take over care.
onsultation:	Consultation Date to give client options:			_
reatment:	Treatment regimen consists of Treatment Scheduled Date:		(lump Treatment Performed Date:	pectomy, surgery, chemo, radiation, etc.)
efusal:	Cancer treatment refused date Reason for refusal:		Client	made informed decision: OYes ONo
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Page 4 – Screening MRI Pre-authorization request eligibility criteria

In order to be eligible, client must have documentation of one of the following risk factors:

- Personal history of breast cancer
- Lifetime risk of developing breast cancer of 20-25% or greater using a breast cancer risk tool
 - Must use credible risk assessment tool:
 - ► For women 25+ may use https://ibis.ikonopedia.com/
 - ► For women 35+ may use https://bcrisktool.cancer.gov/
 - Print off results and send in along with request
- ▶ Known BRCA1 or BRCA2 mutation, or 1st degree relative with it
- Radiation to the chest between the ages of 10-30
- ▶ Li-Fraumeni syndrome, Cowden syndrome, Bannayan-Riley-Ruvalcaba syndrome or first degree relative with one of these syndromes

Page 4 – Screening MRI Pre-authorization request

- ▶ To request MRI, submit middle section of page 4 along with clinical documentation of the criterion selected
- Pre-Authorization expires 1 month after signature date

Client	First	MI	Last		DOB
nformation:	344 773	100000	2.0.500		202000
	Breast Car	ncer Refe	erral & Treatment		
eferral:	Client referred to Clinician/Clinic name and city/phone			who will t	take over care.
onsultation	Consultation Date to give client options:				
reatment:	Treatment regimen consists of Treatment Scheduled Date:		Treatment Performed	(lumpectomy, sur Date:	gery, chemo, radiation, etc.
efusal:	Cancer treatment refused date Reason for refusal:			lient made inform	ned decision: OYes ONo
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Screening MRI - FAQ

- ▶ What if my client needs an MRI and does not have any qualifying criteria, or lifetime risk is less than 20%?
 - ▶ If client does not have any of the conditions listed as criterion, she is not eligible for screening MRI through EWM.
- What if I have documentation from a physician that an MRI is strongly recommended?
 - Client still has to meet one of the aforementioned qualifying criteria. Physician recommendation absent of these risk factors does not qualify a client for screening MRI.
 - ▶ There are other resources outside EWM that may be able to help.

Page 4 – Follow-up of Previous Abnormal Finding

- Only for women who need follow-up after a previous finding on ultrasound or mammogram, for example:
 - Those who had findings of "probably benign" and need 6month follow-up
 - ▶ Those who had negative biopsies and need follow-up
- Follow-up is reimbursable ONLY for clients ages 40 74. Client must be enrolled. Call if you are not sure.
- Pre-authorization not needed, but must follow NCCN guidelines
- CBE expected before the follow-up imaging is performed

	First	VII Last	DOB
nformation:			
	Breast Cance	r Referral & Treatment	
teferral:	Client referred to		who will take over care.
onsultation:	Consultation Date to give client options:		
	Treatment regimen consists of Treatment Scheduled Date:		(lumpectomy, surgery, chemo, radiation, etc.) ed Date:
efusal:	Cancer treatment refused date Reason for refusal:		Client made informed decision: OYes ONo
	Screening MRI	Preauthorization Request	
Lifetime risk o www.can Client has Ol First-degree r	onal history of breast cancer of 20-25% or greater based on family history using breagsov/bcrisktoo!/ (for women under 35, go to http: BRCA1	east cancer tool for women 35+: s://ibis.ikonopedia.com/) Date of genetic testing:/ child) Relative:	/ Prons #: Fax #: Date of genetic testing: / /
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Page 4 – Follow-up of Previous Abnormal Finding

- Fill out the previous abnormal finding that your patient needs follow-up from
- Under the 6-month Followup, fill out the date and results of your patient's current findings
- You do NOT have to fill out page 3 if it's a 6-month follow-up, only bottom of page 4.
- Send to EWM along with corresponding clinical documentation within 2 weeks of date of service

Client	First		MI Last			DOB
Information:	334.074		0.000			
		Breast Cano	er Referral &	Treatment		
Referral:	Client referred to	clary/Clinic name and city/phone				ke over care.
Consultation:		ive client options:				
Freatment:	Treatment regimen cor	nsists of Date:		(lu	umpectomy, surge	ery, chemo, radiation, etc.
Refusal:	Cancer treatment refus	sed date				d decision: OYes ONo
		Screening MRI	Preauthoriz	ation Request		
D Lifetime risk of www.can D Client has OF D First-degree n	onal history of breast can of 20-25% or greater base oer.gov/bcrisktool/ (for BRCA1 OBRCA2 Oothe elative with BRCA1 or BR	ncer ed on family history using b women under 35, go to <u>htt</u> er mutation CA2 (parent, brother, sister	reast cancer too ps://ibis.ikonop Date of geneti ; child) Relative:	edia.com/) c testing://	Clinic N	ting provider information: ame 1: testing:
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Only on clients with <u>documented personal history</u> of BRCA1 or BRCA2 gene mutations. EWM will need to see clinical documentation of this.

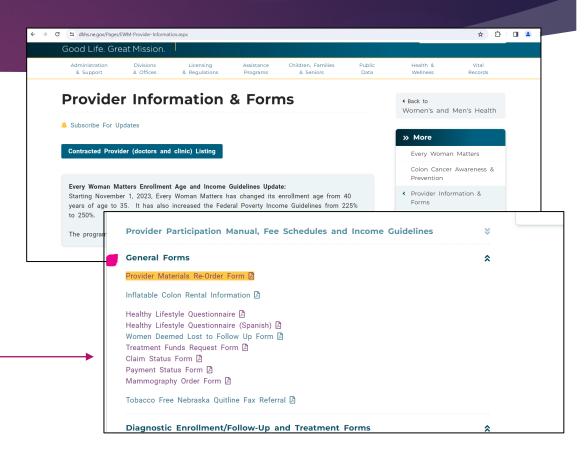
- ► Clients age 25-39: eligible for annual breast MRI screening (a screening mammagram is not reimbursed by EWM).
 - Initiation of screening would be individualized based on earliest age of onset in family.
- Clients age 40 through 74:
 - annual screening mammogram at the time of her EWM screening visit or immediately afterward,
 - breast MRI screening alternating 6 months after the screening mammogram.

Other forms you will need

MAMMOGRAPHY ORDER FORM

Mammography Order Form

- If you are ordering any imaging on a client, you MUST send her with a <u>Mammography Order Form</u>
- Client presents this form to radiology so they know to bill EWM for services
- These forms are found online at <u>www.dhhs.ne.gov/ewmforms</u> -
- If you do not do this, the client will get charged for services



Mammography Order Form

irst N	lame	Initial	Last Name		Date of Birth	Age	
Clinic	Site:			City:			
	(Please	do not abl	breviate)				
			atient to receive the f	ollowing:			
0	Screening Mammogram (only covered for women 40 and over)					4	
0	Diagnostic Mammogram (only covered for women 30 and over) Reimbursement for a diagnostic mammogram for clients 30-39 only with suspicious CBE or previous abnormal mammogram						
0	Breast Ultrasound (No pre-approval necessary if ordered by a surgeon or radiologist following a diagnostic mammogram in clients 30-39. Please call : 800-532-2227 if rural area and no surgeon available.)						
0							
	RT		LT Provide	er Remarks:			
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			/ —				
						*	
					Date:		
	er's Signature:er signature may serve a	s an order	if facility allows.				
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- Fill out client's information
- Select what imaging to order
- Provider signs and dates

Send this form with the client to take with her to get the mammogram or ultrasound done!

Let's talk about processes

What does enrolling a client into the Every Woman Matters Breast Diagnostic Program look like in real life?











Let's Recap – real life scenario

Hi, I have a breast lump but don't have any insurance. Can you help?



We are an Every



What do you need to verify?

Age: needs to be 18-74

Income: see chart

- Citizenship: needs to be a US citizen or Permanent Resident (and we need to have copy of front and back of Permanent Resident card to verify)
- Health: needs services to diagnose breast problem (and she already told you she has a breast lump)
- Insurance: does not matter if she has insurance or not, can enroll either way



Women's and Men's Health Programs Income Eligibility Scale for Every Woman Matters



Effective November 1, 2023-June 30, 2024

Yearly Income

,						
# of People in Household	FREE	\$5.00 Donation				
1	0-\$14,580	\$14,581-36,450				
2	0-\$19,720	\$19,721-49,300				
3	0-\$24,860	\$24,861-62,150				
4	0-\$30,000	\$30,001-75,000				
5	0-\$35,140	\$35,141-87,850				
6	0-\$40,280	\$40,281-100,700				
7	Call 1-800-532-2227					

Monthly Income

# of People in Household	FREE	\$5.00 Donation	
1	0-\$1,215	\$1,216-3,038	
2	0-\$1,643	\$1,644-4,108	
3	0-\$2,072	\$2,073-5,180	
4	0-\$2,500	\$2,501-6,250	
5	0-\$2,928	\$2,929-7,320	
6	0-\$3,357	\$3,358-8,393	
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.

301 Centennial Mall South ~ P.O. Box 94817 ~ Lincoln, NE 68509-4817 Toll Free: 800-532-2227 ~ Local: 402-471-0929 ~ Fax: 402-471-0913 www.dhhs.ne.gov/EWM



Funds for this project were provided through the Centers for Disease Control and Prevention Breast and Cervical Early Detection Program Well Integrated Screening and Evaluation for Women Across the Nation, and Colorectal Cancer Screening Demonstration Program Cooperative Agreements with the Nebrasia Department of Health and Human Services.



How to help – starting from the beginning

Can I ask you your age and income level? And are you a US citizen or permanent resident?

Yes, I am 21 and make \$1200 a month. I am a US citizen.



How to help – starting from the beginning

Great! Looks like you are eligible for Every Woman Matters. We can enroll you once you get here. Let's set up an appointment right away.



Later, at the office

Hi, I am here for my Every Woman Matters appointment. OK. Just fill out pages 1 and 2 of the Breast Diagnostic Enrollment form and the doctor will see you soon.

Make sure all sections are completed.







During the appointment

Hi there. We're going to need to do an ultrasound on your breast lump.

Yes, just make sure you bring this Mammography
Order form with you to your appointment.

That sounds expensive. Will Every Woman Matters cover it?

Great!

After the appointment

What do I do with her Breast Diagnostic Enrollment Form? Do I need to send it to Every Woman Matters right now?

No, you wait until we get the results back of the ultrasound or until we have reached a final diagnosis.

Then you send in the Breast form along with radiology reports.

I knew what services she was eligible for based on the chart on page 3 and the instructions I printed off from the website.

I knew she was
eligible for the
program because I
verified her age,
income, and
citizenship and
knew she needed
to diagnose a
breast problem.

And I was able to get care for my breast problem without having major medical bills!







And that is how it's done!

Reminders

- Instructions are no longer printed. Forms and instructions can be found online at www.dhhs.ne.gov/ewmforms. We update forms frequently. Please go to the website for the latest versions
- Follow-up is not covered for women under 40
- Diagnostic mammograms not covered for women under 30
- Screening MRI must be pre-authorized and must meet criteria regardless of physician's recommendations
- Forms must be complete including final diagnosis and providers must submit copies of all diagnostic tests
- Call EWM at 1-800-532-2227 if you have questions!

Additional Questions regarding Breast Diagnostic Enrollment?

Contact an Every Woman Matters representative:

Women's & Men's Health Programs

1-800-532-2227 toll free

402-471-0913 fax

www.dhhs.ne.gov/womenshealth web

dhhs.ewm@nebraska.gov email

