

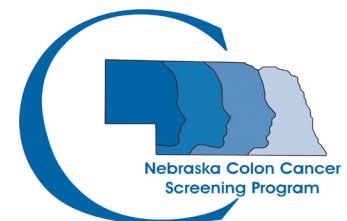
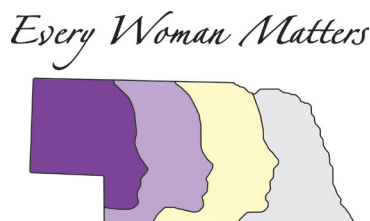
Nebraska Department of Health & Human Services  
Women's & Men's Health Programs

# PROVIDER

## PARTICIPATION MANUAL

July 2019 *(updated January 2020)*

- **Every Woman Matters**
  - WISEWOMAN
  - Nebraska State Pap Program
- **Nebraska Colon Cancer Screening Program**

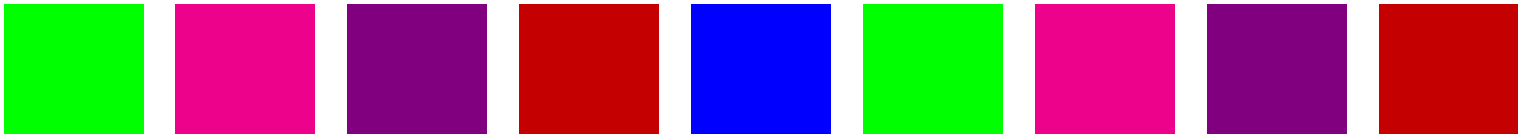


301 Centennial Mall South || P.O. Box 94817 || Lincoln, NE 68509-4817  
**Toll-Free:** (800) 532-2227 || **In Lincoln:** (402) 471-0929 || **Fax:** (402) 471-0913

**EWM E-Mail:** [dhhs.ewm@nebraska.gov](mailto:dhhs.ewm@nebraska.gov) || **EWM Web:** [www.dhhs.ne.gov/ewm](http://www.dhhs.ne.gov/ewm)  
**NCP E-Mail:** [dhhs.nccsp@nebraska.gov](mailto:dhhs.nccsp@nebraska.gov) || **NCP Web:** [www.dhhs.ne.gov/crc](http://www.dhhs.ne.gov/crc) and [www.StayInTheGameNE.com](http://www.StayInTheGameNE.com)

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





# Table of Contents

**Introduction & Overview**

Welcome.....1

Provider Participation.....2

National CLAS Standards ..... 2a-2b

Screening Guidelines.....3-5

**Enrollment & Eligibility**

Program Enrollment & Eligibility.....8

Income Eligibility Scale.....9

**Program & Documentation Guidance**

Enrolling & Determining Service Eligibility for Preventive Screening.....12

    Sample Screening Card.....13-20

Enrolling & Determining Service Eligibility for Diagnostic Screening.....21

    Sample Breast Diagnostic Form.....23-26

    Sample Cervical Diagnostic Form.....27-30

Checklist for Diagnostic Presumptive Eligibility.....22

Enrolling & Determining Service Eligibility for State Pap Plus Program.....31

    Checklist for State Pap Plus Program Eligibility.....32

    Sample State Pap Plus Program Form.....33-34

**Anesthesiology & Hospitals**

Anesthesiology & Hospital Providers Agree to.....35

**Radiology Providers**

Radiology Providers Agree to.....37

Mammography Order Form.....38

**Laboratory Providers**

Laboratory Providers Agree to.....39

Identifying EWM Clients.....40

**Immediate Follow Up of Abnormal Screening Results**

Documentation for Follow Up of Abnormal Results.....41

Clinic Responsibility.....42-43

Documenting the Client’s Refusal of Services.....44-45

Example of How to Read the Follow Up Report.....46

**Treatment Funds**

Application for Treatment Funds.....47

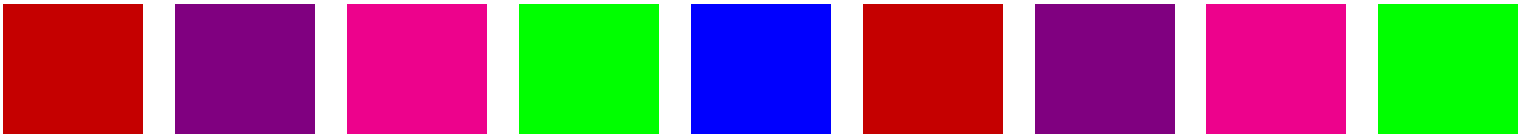
How to Women Qualify for Medicaid Treatment Options.....47

How to Apply for Medicaid & Other Resources.....48

Treatment Resources for Women Ineligible for Medicaid.....49

Treatment Resources.....49





# Table of Contents

## Compensation & Billing

Compensation & Billing .....	51
Anesthesia .....	52
Hospital Claims for Surgical Procedures .....	52
Services Performed in Ambulatory Surgery Centers .....	53
Program Match .....	53
Third-Party Billing.....	53
Remittance Advices (Billing Authorizations) .....	54
Reasonable Effort .....	55
Women’s & Men’s Health Fee For Services .....	55

## Provider Quality Improvement Project

Background .....	57
Public Education and Targeted Outreach .....	58
Diagnostic and Patient Navigation Services .....	58
Partnership Development and Collaboration.....	58
Professional Education .....	58
Data Management and Utilization/Program Monitoring and Evaluation.....	59
Moving Forward (Eligible Clinics, Description, QI Indicators, Payment Structure).....	59

## Program Policies

### General Policies

Supplanting of Federal Funds Under Title X .....	62
Presumptive Enrollment by Family Planning Agencies into Medicaid Treatment Program.....	63
Pre-July 1997 Enrollment Eligibility Clause.....	64
Enrollment for Diagnostic Services Only.....	64
Timely Submission of Claims and Documentation .....	65
Claims to be Held 3 Months .....	66
Lost to Follow Up.....	66
Tribal Clinics Enrollment and Screening.....	67
Non-Nebraska Healthcare Providers .....	67
Payment of Office Visits for Women Under 40.....	68

### Breast Policies

Minimal Standards for Suspicious Abnormal Clinical Breast Exams with Negative Mammography.....	69
Clinical Breast Exam (CBE) for Clients 18-39 Suspicious for Breast Malignancy.....	70
Annual Screening MRI for Clients 18-74.....	71
Breast Discharge Suspicious for Malignancy.....	72
Hereditary Breast Cancer Screening Protocol.....	72
Breast Cancer Screening for Transgender Women and Transgender Men .....	73

### Cervical Policies

Allowable Costs During Cervical Treatments.....	74
Cervical Polyp Removal.....	75
Endocervical Curettage.....	75
Cervical Cancer Follow Up.....	76
Restrictions Regarding Colposcopy Alone for Clients Enrolling for Diagnostic Services.....	76
Management of Women with Cervical Cytological & Histological Abnormalities.....	77
State Pap Plus Program STD Only Enrollment Eligibility Exception.....	77
Cervical Cancer Screening.....	78





# Table of Contents

## Program Policies (Continued)

### Cervical Policies

Eligibility for EWM Diagnostic Services Following an Abnormal Screening through the State Pap Plus Program.....	79
Utilizing State Pap Funds Under LB3212007, Section 107.....	80
Colposcopy Result of CIN I preceded by ASC-US, ASC-H or LSIL Cytology.....	81
Cervical Cancer Screening for Transgender Men.....	81
State Pap Plus Program Enrollment and Documentation.....	82

### Cardiovascular/Diabetes Policies

Cardiovascular/Diabetes Screening.....	83-85
Hypertension Policy for Providers.....	86

## Nebraska Colon Cancer Screening Program

Nebraska Colon Cancer Screening Program.....	87
Colonoscopy Providers Agree to.....	89
Requirements for NCP Enrollment.....	89
Eligibility & Screening Test Determination.....	90
Eligibility Algorithm.....	91
Colon Polyps Algorithm.....	92
Screening Guidelines.....	93
Follow Up & Treatment Algorithm.....	94
Treatment Policy for NCP Clients.....	95
Eligibility Requirements for Adopted Individuals.....	95
Out of State Enrollments.....	96
Clients with Colonoscopy that Have History of Polyps.....	96

Staff & Resources.....	97-106
------------------------	--------

Glossary .....	107-113
----------------	---------





# Welcome!

Nebraska was one of the first 12 programs to receive the Breast and Cervical Cancer Control Grant. Nebraska's program is called the Every Woman Matters program, (EWM). The program screened its first client in 1992. Today the program has 400 provider contracts representing primary care, hospitals, and laboratory providers. Approximately 90% of all primary care providers in the state participate in this program.

The Women's and Men's Health Program, (WMHP), has four screening programs, two federal and two state, for which it provides oversight and programming. Federal programs consist of the Every Woman Matters Program inclusive of the Breast and Cervical Cancer Early Detection and WISEWOMAN, (Well-Integrated Screening and Evaluation for Women Across the Nation). State programs consist of Nebraska Colon Cancer Program; and the State Pap Plus Program. The Breast and Cervical Cancer program is the oldest program established in 1991 and is the foundation from which the other programs are built. Both federal programs are funded through the Centers for Disease Control and Prevention (CDC).

In 2000, the program was one of only 12 programs to receive WISEWOMAN funding. This was a great opportunity to provide more comprehensive healthcare to those women at greatest need and to address secondary risk factors for cancer (diet, exercise, and smoking cessation). Approximately 75% of women receiving breast and cervical cancer screening also receive additional screening for cardiovascular disease and diabetes at the same visit.

In 2005 the program became one of only five in the nation to receive a demonstration grant for colorectal cancer screening. Nebraska was the only program that provided statewide screening. The colon cancer program offers screening to both men and women who are 50-75. In 2014 the program was not awarded a federal grant but continues providing services with State General funds. According to 2013 data, cancer has remained the leading cause of death of Nebraskans for the fifth year in a row. Among Nebraska women, breast cancer is the most common cancer diagnosis in Nebraska, followed by cancers of the lung, colon and rectum, and endometrium.

Between 2009 and 2013, there were a grand total of 7,923 cases of breast cancer diagnosed in Nebraska women. Of these, 1,376 were in situ (i.e., non-invasive) and 6,547 were invasive. Stage of disease at diagnosis strongly affects the prognosis for breast cancer patients. Of the cases of invasive cancer, 63.4% (4,149/6,547) were diagnosed at an early stage. The most recent national data show that the 5-year relative survival rates for female breast cancer are nearly 100% for early stage (local and in situ) diagnoses, but are much lower for later stage (distant) cases (26%).

- **Nebraska's breast cancer incidence rate is 118.7 per 100,000** (Cancer Registry Data 2013)
- **Nebraska ranks 17th in incidence rates across the states**
- **Nebraska's breast cancer death rate is 20.8 per 100,000** (Cancer Registry Data 2013)
- **The Healthy People 2020 goal is 20.7, making Nebraska 1 of 24 states missing the mark by just a fraction.**
- **Nebraska's Overall ranking by States for Mortality is 14th**
- **Nebraska's mammography screening rate for women ages 50-74 screened within the last 2 years with mammography: (BRFSS data 2014) 70.5% ranking 38th out of all 50 states and DC.**
- **When the Every Woman Matters Program began in 1991 Nebraska ranked second from last with a screening rate of 43%**

Since 2004, the Nebraska Colon Cancer Screening Program has provided financial support for colorectal cancer screening to Nebraska residents 50-74 years of age who are uninsured or underinsured and meet the program's eligibility guidelines inclusive of: income at or below 225% of the Federal Poverty guidelines, U.S. Citizenship or legal residence, and as of July 1, 2015 uninsured. The current screening rate, according to CDC BRFSS, is 61.1% of men and women reporting FOBT in last year and/or flexible sigmoidoscopy in last 5 years and FOBT in last 3 years and/or colonoscopy in the last 10 years. When Nebraska began the screening program, the state ranked 47 out of 50 states in colorectal screening. Though screening rates have improved considerably, there is still much work to do to meet 80% by 2018.

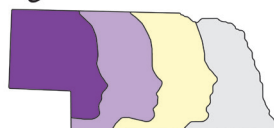


## Provider Participation

Healthcare providers in the state have an opportunity to participate in the Women's and Men's Health Programs, which include the Every Woman Matters Program inclusive of the Breast and Cervical Cancer Early Detection and WISEWOMAN, (Well-Integrated Screening and Evaluation for Women Across the Nation), Nebraska Colon Cancer Program; and the State Pap Plus Program. Providers who participate in the program adhere to the following:

- **Sign a Provider Participation Enrollment Form**  
The enrollment form allows health care providers to participate in the Programs by agreeing to follow procedures described in each direct service section of the program's Provider Participation Manual.
- **Accept the fee schedule**  
See the Compensation and Billing Section for a complete list of services and the program's reimbursement rates.
- **Supply needed data about those screened**  
The program attempts to interfere as little as possible with your facility's standard procedures while collecting important public health information about enrolled clients. This manual describes all documentation needed to participate in the program.
- **Accept quality assurance standards**  
Standards include FDA certification, CLIA '88 certification and other program standards.
- **Submit for reimbursement of procedures according to program guidelines**  
Procedures are reimbursed for enrolled clients according to the guidelines set by the program's funder, the Centers for Disease Control and Prevention. These guidelines are designed to meet the greatest public health need.
- **Participate in financial and program clinical review** to meet quality assurance requirements, including scheduled site visits by Program staff.
- **Maintain professional liability insurance to cover the services provided.**
- **Assure staff participation in professional continuing education** and training necessary to provide competent breast and cervical cancer screening, cardiovascular screening, diabetes screening, and follow up services.
- **Assure that healthcare providers serving the clients of the program have a valid, current license, certification or registration** to practice their profession or occupation as required by state statutes.
- **Maintain appropriate state and federal occupational and facility licenses and certifications** required to perform the services provided.
- **Assure to the extent practicable that each client with abnormal findings receives appropriate treatment and follow up either on site or through referral. Clinics must make three (3) attempts to ensure follow up in a timely manner.**
- **Adhere to Screening Guidelines and other policies set forth in this manual.**
- **Utilize only the contracted providers for referral.**
- **Discuss with client the services that are not covered by the Program and how those services will be paid for.**

*Every Woman Matters*





# National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care

*The National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for health and health care organizations to:*

## **Principal Standard:**

1. Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

## **Governance, Leadership, and Workforce:**

2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.
3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.
4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

## **Communication and Language Assistance:**

5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

## **Engagement, Continuous Improvement, and Accountability:**

9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.
10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.
11. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.
12. Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.
13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.
14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.
15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

For more information and training on CLAS Standards please visit:  
[http://dhhs.ne.gov/publichealth/Pages/healthdisparities\\_index.aspx](http://dhhs.ne.gov/publichealth/Pages/healthdisparities_index.aspx)







# The Case for the Enhanced National CLAS Standards

*Of all the forms of inequality, injustice in health care is the most shocking and inhumane.*  
— Dr. Martin Luther King, Jr.

Health equity is the attainment of the highest level of health for all people (U.S. Department of Health and Human Services [HHS] Office of Minority Health, 2011). Currently, individuals across the United States from various cultural backgrounds are unable to attain their highest level of health for several reasons, including the social determinants of health, or those conditions in which individuals are born, grow, live, work, and age (World Health Organization, 2012), such as socioeconomic status, education level, and the availability of health services (HHS Office of Disease Prevention and Health Promotion, 2010). Though health inequities are directly related to the existence of historical and current discrimination and social injustice, one of the most modifiable factors is the lack of culturally and linguistically appropriate services, broadly defined as care and services that are respectful of and responsive to the cultural and linguistic needs of all individuals.

Health inequities result in disparities that directly affect the quality of life for all individuals. Health disparities adversely affect neighborhoods, communities, and the broader society, thus making the issue not only an individual concern but also a public health concern. In the United States, it has been estimated that the combined cost of health disparities and subsequent deaths due to inadequate and/or inequitable care is \$1.24 trillion (LaVeist, Gaskin, & Richard, 2009). Culturally and linguistically appropriate services are increasingly recognized as effective in improving the quality of care and services (Beach et al., 2004; Goode, Dunne, & Bronheim, 2006). By providing a structure to implement culturally and linguistically appropriate services, the enhanced National CLAS Standards will improve an organization's ability to address health care disparities.

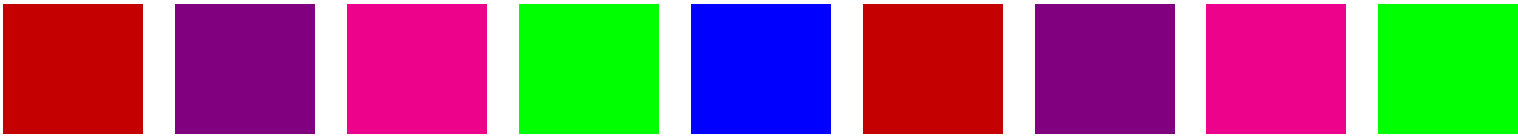
The enhanced National CLAS Standards align with the HHS Action Plan to Reduce Racial and Ethnic Health Disparities (HHS, 2011) and the National Stakeholder Strategy for Achieving Health Equity (HHS National Partnership for Action to End Health Disparities, 2011), which aim to promote health equity through providing clear plans and strategies to guide collaborative efforts that address racial and ethnic health disparities across the country. Similar to these initiatives, the enhanced National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by providing a blueprint for individuals and health and health care organizations to implement culturally and linguistically appropriate services. Adoption of these Standards will help advance better health and health care in the United States.

## Bibliography:

- Beach, M. C., Cooper, L. A., Robinson, K. A., Price, E. G., Gary, T. L., Jenckes, M. W., Powe, N.R. (2004). Strategies for improving minority healthcare quality. (AHRQ Publication No. 04-E008-02). Retrieved from the Agency of Healthcare Research and Quality website: <http://www.ahrq.gov/downloads/pub/evidence/pdf/minqual/minqual.pdf>
- Goode, T. D., Dunne, M. C., & Bronheim, S. M. (2006). The evidence base for cultural and linguistic competency in health care. (Commonwealth Fund Publication No. 962). Retrieved from The Commonwealth Fund website: [http://www.commonwealthfund.org/usr\\_doc/Goode\\_evidencebasecultlinguisticcomp\\_962.pdf](http://www.commonwealthfund.org/usr_doc/Goode_evidencebasecultlinguisticcomp_962.pdf)
- LaVeist, T. A., Gaskin, D. J., & Richard, P. (2009). The economic burden of health inequalities in the United States. Retrieved from the Joint Center for Political and Economic Studies website: <http://www.jointcenter.org/sites/default/files/upload/research/files/The%20Economic%20Burden%20of%20Health%20Inequalities%20in%20the%20United%20States.pdf>
- National Partnership for Action to End Health Disparities. (2011). National stakeholder strategy for achieving health equity. Retrieved from U.S. Department of Health and Human Services, Office of Minority Health website: <http://www.minorityhealth.hhs.gov/npa/templates/content.aspx?vl=1&vlid=33&ID=286>
- U.S. Department of Health and Human Services. (2011). HHS action plan to reduce racial and ethnic health disparities: A nation free of disparities in health and health care. Retrieved from [http://minorityhealth.hhs.gov/npa/files/Plans/HHS/HHS\\_Plan\\_complete.pdf](http://minorityhealth.hhs.gov/npa/files/Plans/HHS/HHS_Plan_complete.pdf)
- U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. (2010). Healthy people 2020: Social determinants of health. Retrieved from <http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=39>
- U.S. Department of Health and Human Services, Office of Minority Health (2011). National Partnership for Action to End Health Disparities. Retrieved from <http://minorityhealth.hhs.gov/npa>
- World Health Organization. (2012). Social determinants of health. Retrieved from [http://www.who.int/social\\_determinants/en/](http://www.who.int/social_determinants/en/)







# Screening Guidelines

For Breast, Cervical and Colon Cancer; Screening services covered for reimbursement must adhere to the U.S. Preventive Services Screening Task Force (USPSTF) Guidelines [www.uspreventiveservicestaskforce.org/](http://www.uspreventiveservicestaskforce.org/)

## What the Grades Mean and Suggestions for Practice

Grade	Definition	Suggestions for Practice
<b>A</b>	The USPSTF recommends the service. There is high certainty that the net benefit is substantial.	Offer or provide this service.
<b>B</b>	The USPSTF recommends the service. There is high certainty that the net benefit is moderate to substantial.	Offer or provide this service.
<b>C</b>	The USPSTF recommends selectively offering or providing this service to individual patients based on professional judgment and patient preferences. There is at least moderate certainty that the net benefit is small.	Offer or provide this service only if other considerations support the offering or providing the service in an individual patient.
<b>D</b>	The USPSTF recommends against the service. There is moderate or high certainty that the service has no net benefit or that the harms outweigh the benefits.	Discourage the use of this service.
<b>I Statement</b>	The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of the service. Evidence is lacking, of poor quality, or conflicting, and the balance of benefits and harms cannot be determined.	Read the clinical considerations section of USPSTF Recommendation Statement. If the service is offered, patients should understand the uncertainty about the balance of benefits and harms.

There is an excellent web based widget for quickly determining what preventive screening recommendations are most beneficial for adults. The widget can be found at: <http://epss.ahrq.gov/PDA/widget.jsp>



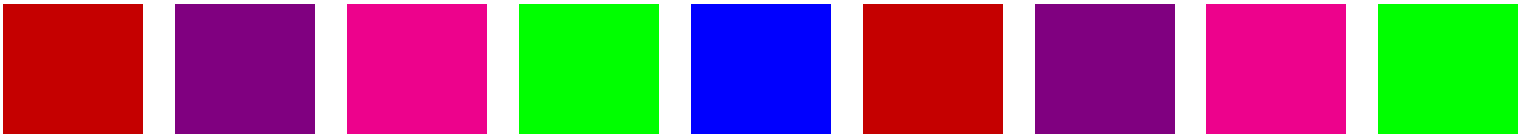
## Coverage Under the Women's and Men's Health Programs

### Every Woman Matters/NE Colon Screening/State Pap Plus Program

Breast Cancer Screening		
Screening with Biennial Mammography for women 50-74 years	<b>B</b>	Covered
Screening with Biennial Mammography for women before age 50	<b>C</b>	Covered 40-49 years of age; The decision to start screening mammography in women prior to age 50 years should be an individual one. Women who place a higher value on the potential benefit than the potential harms may choose to begin biennial screening between the ages of 40 and 49 years.

Cervical Cancer Screening		
Screening with cytology (Pap Test) for women ages 21-65 years every 3 years	<b>A</b>	Covered 21-39 years of age covered through State Pap Plus program
Screening with a combination of cytology and human papilloma virus (HPV) testing for women 30-65 every 5 years	<b>A</b>	40-65 covered through Every Woman Matters program
Screening for cancer in women who have had a hysterectomy with removal of the cervix and who do not have a history of a high-grade precancerous lesion (i.e., cervical intraepithelial neoplasia [CIN] grade 2-3) or cervical cancer	<b>D</b>	Not Covered
HPV testing for women under 30 years of age		
Women younger than age 21		

Colorectal Cancer Screening		
Screening for colorectal cancer using fecal occult blood testing annually beginning at age 50 and continuing until age 74	<b>A</b>	Covered when using Nebraska Colon Program (NCP) issued FOBT kit
Screening for colorectal cancer using colonoscopy beginning at age 50 and continuing until age 74	<b>A</b>	<b>PRE-APPROVAL IS REQUIRED</b> Covered when determined to be the best test based on NCP screening algorithms and pre-approval



**Coverage Under the Women’s and Men’s Health Programs**  
**Every Woman Matters/NE Colon Screening/State Pap Plus Program**  
(continued)

Cardiovascular Disease and Diabetes Screening		
Screening with 2 Blood Pressure readings at least 5 minutes apart	A	Covered for women 40 and up when done in conjunction with breast and/or cervical cancer screening office visit.
Screening with fasting lipoprotein profile (total cholesterol, LDL-C, HDL-C and TG) Women 40-74 annually for those with increased risk		
Screening with Fasting glucose or A1c annually with increased risk		
Risk Reduction Counseling/Behavioral Intervention		
Asking all adults about tobacco cessation interventions for those who use tobacco products.	A	Covered as part of the Breast and Cervical Cancer Office Visit. Encouraged that all tobacco users are referred to the <a href="#">Nebraska Tobacco Free Quitline</a>
Screening all adults for obesity; offer or refer patients with a body mass index (BMI) of 30 kg/m2 or higher to intensive, multicomponent behavioral interventions	B	Covered as part of the Breast and Cervical Cancer Office Visit.





# Enrollment & Eligibility



- Must be a citizen or permanent resident of the United States
- Must meet income guidelines that fall at or below 225% of the Federal Poverty Guidelines
- Must not have health coverage that would pay for preventive screening services
- For the Nebraska Colon Screening Program or the State Pap Plus Program, the client must be a Nebraska resident

**Eligibility criteria to receive services** allowed through EWM, NCP, or State Pap Plus Program is based on age, personal and family health history, and last screening due dates.

Ages	Program	Services
18-74 men and women	State Pap Plus Program	Office visit for STD testing
21-39 years of age women	State Pap Plus Program	Pap Test/Cervical Cancer Screening
18-74 women	EWM	Breast Cancer Diagnostics
21-74 women	EWM	Cervical Cancer Diagnostics
40-74 and up women	EWM	Screening for breast and cervical cancer, hypertension, cardiovascular disease, diabetes, obesity, and smoking
50-74 men and women	NCP	Colon Cancer Screening





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

To be approved for EWM/NCP services, clients must meet income guidelines that fall at or below 225% of the Federal Poverty Guidelines. Guidelines are updated yearly on the 1st of July. For the most current income eligibility information please refer to:

<http://dhhs.ne.gov/EWMforms>

When Screening Cards are sent to clients they will receive a \$5 Donation Form. This is an opportunity for clients to make a \$5 donation back to the program to help other women receive screening services.

### Determining Household Income

Household income is self-reported. No verification or documentation of income is required.

Enrolling clients report their gross annual income before deductions. All income coming into the home that supports the household is to be counted. This includes the following:

- Interest and Dividends
- Alimony
- Public Assistance
- Disability
- Commissions and tips
- Social Security
- Other forms of supplementary income

Those with farm incomes or non-farm self-employment are asked to record the amount of net income after business deductions. This is determined by subtracting deductions and depreciation from gross receipts.

### Determining Household Size

All persons living in the same house and being supported by the income are to be included in the number of people in the household. This includes grandchildren, guardianship, etc. who are supported by the same income.

Roommates who do not share income should not be included in the number of people in the house nor towards the total annual income.





# Program & Documentation Guidance

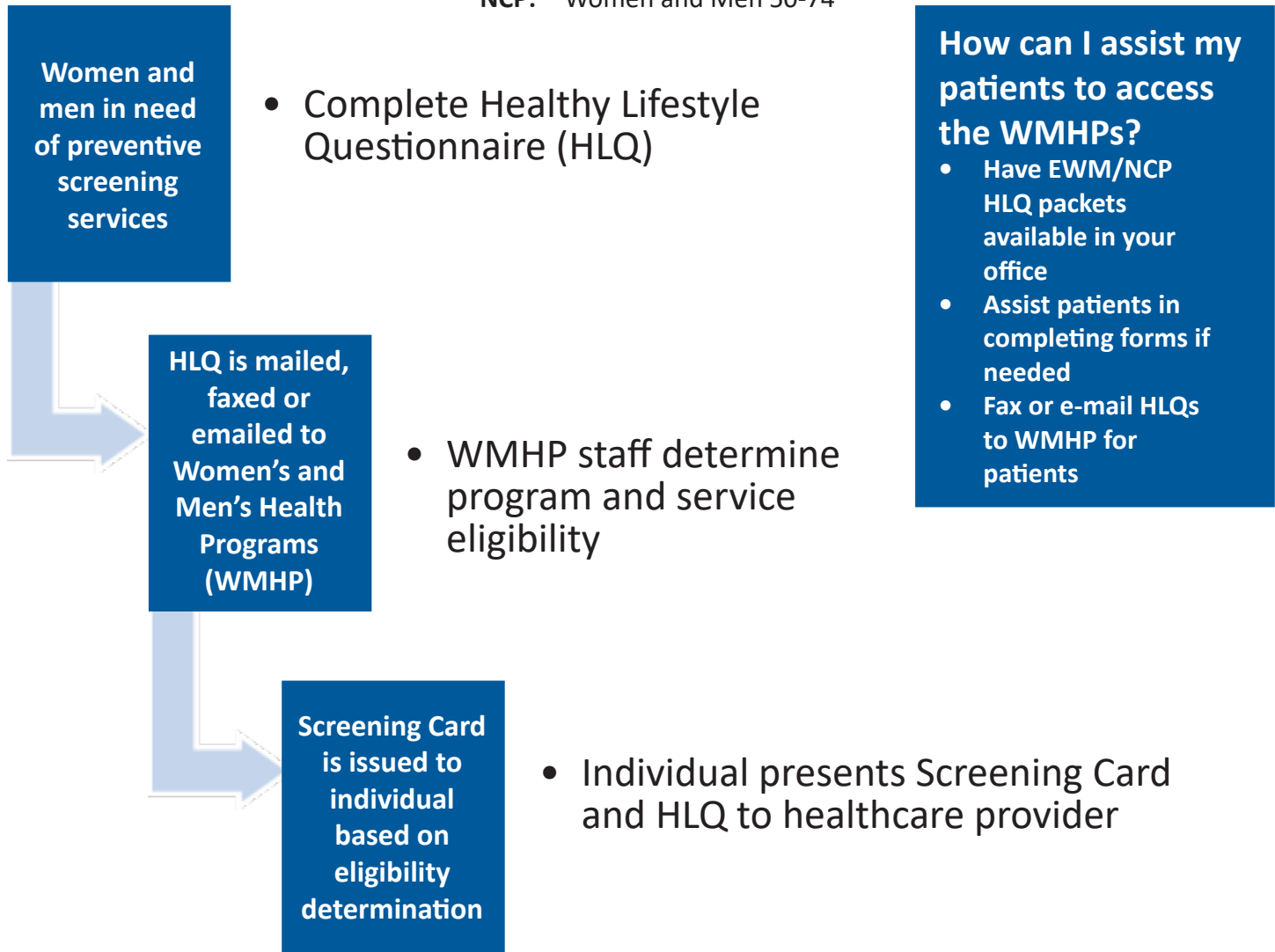


## Enrolling and Determining Service Eligibility

### Preventive Screening

**EWM:** Women 40-74

**NCP:** Women and Men 50-74



When clients present their Screening Cards, all eligibility determinations have been met. Clients are eligible for all services indicated on their Screening Card.

The only screening reimbursable for men through the Women's and Men's Health Programs is colon cancer screening. Men will not present a screening card for services in provider offices.

#### **Guidelines the WMHP follows to determine appropriate screening, follow up and treatment guidelines:**

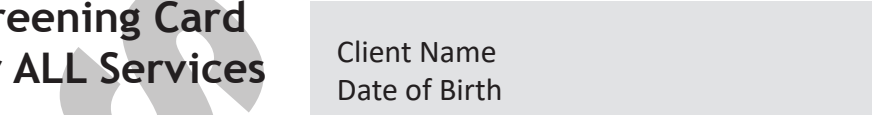
- USPSTF Guidelines; NCP Screening Algorithms;
- ASCCP Consensus Guidelines; NCCN Screening and Diagnostic Guidelines
- JNC VII



## Sample All Services Screening Card

Front of Screening Card

**Front of screening card is the same for all women**



## Screening Card for ALL Services

Client Name \_\_\_\_\_

Date of Birth \_\_\_\_\_


Screening Card Expiration Date \_\_\_\_\_

### Clients - Please fill out this page!

This helps Every Woman Matters find the best tools and services to meet your goals.

Choose one or two areas you want to improve:

☐ Nutrition  
☐ Physical Activity  
☐ Smoking Cessation  
☐ Taking medications as prescribed for high blood pressure  
☐ I don't want to improve anything



How ready are you to make changes?

Check the box by each of the following statements that best describes your behavior.

	Not ready to make a change	Thinking about making a change	Ready to make a change	Already making changes	Made changes and am trying to keep it up
1. Eating More Fruits and Vegetables					
2. Increasing Physical Activity					
3. Quitting Smoking					____ I don't smoke
4. Taking medications as prescribed for high blood pressure					____ I don't take medications for high blood pressure

# Sample All Services Screening Card

Page 2 - (green box) same for all clients  
Front of screening card is the same for all women

## All Services Screening Card

**PROVIDER NOTE:** In order to receive reimbursement, all sections must be completed.

General Clinical Services	CVD/Diabetes Screening
<p>Height: (with shoes off) _____ / _____ ft./in.</p> <p>Weight: _____ lbs.</p> <p>Waist Circumference: _____ inches</p> <p>Hip Circumference: _____ inches</p> <p><b>Note—2 blood pressure readings are required for this visit.</b></p> <p>Blood Pressure (1): _____ / _____ mm Hg</p> <p>Blood Pressure (2): _____ / _____ mm Hg</p> <p>1. Is the client taking blood pressure medication? <input type="checkbox"/> Yes* <input type="checkbox"/> No</p> <p>2. Are you ordering or changing blood pressure medication today? <input type="checkbox"/> Yes* <input type="checkbox"/> No</p> <p>3. Is the client taking cholesterol medication to lower cholesterol? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3a. Is it a statin? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other _____</p> <p>4. Contact us if you would like your client to get a follow-up visit for a blood pressure re-check: <b>(needs prior approval) 1-800-532-2227</b></p> <p><b>*Counsel client on medication adherence for hypertension and check the last box in the section below.</b></p>	<p><b>CVD/Diabetes Screening</b></p> <p><b>Labs can only be done in conjunction with breast and/or cervical screening services.</b></p> <p>Bloodwork Ordered: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Blood Draw Date: _____ / _____ / _____</p> <p><b>Blood draw needs to be within 60 days of today's visit</b></p> <hr/> <p><b>Cholesterol does NOT need to be fasting.</b></p> <p>Total Cholesterol: _____ mg/dl</p> <p>HDL (value not ratio): _____ mg/dl</p> <p>LDL (value not ratio): _____ mg/dl</p> <p>Triglycerides: _____ mg/dl</p> <p><b>ALL clients are now eligible for A1c!</b></p> <p>A1c (preferred): _____</p> <p>OR</p> <p>Blood Glucose: _____ mg/dl (acceptable)</p> <p>Client fasted 9 hrs <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>Cardiovascular Risk Reduction Counseling</b></p> <p>Refer to the questions on the front of this card. Check if counseling completed.</p> <p><input type="checkbox"/> Client counseled on low dose aspirin usage to decrease risk for CVD</p> <p><input type="checkbox"/> Medication Adherence for Hypertension Counseling</p> <p><b>Healthy Behavior Support Services*:</b></p> <p><input type="checkbox"/> Check, Change, Control, Education</p> <p><input type="checkbox"/> Living Well Education</p> <p><input type="checkbox"/> National Diabetes Prevention Program (NDPP)</p> <p><input type="checkbox"/> Tobacco Cessation Counseling</p> <p><input type="checkbox"/> Client Referred to Statewide Quitline at 1-800-QUIT-NOW</p> <p><input type="checkbox"/> Fax Referral to Statewide Quitline at 1-800-QUIT-NOW</p> <p><input type="checkbox"/> Client Refused</p> <p><i>Completion of this section is equivalent to submitting a claim for Risk Reduction Counseling.</i></p>	<p><b>*For more information on Healthy Behavior Support Services (Check, Change, Control, Living Well, and NDPP) available to your clients go to: <a href="http://www.dhhs.ne.gov/nwmforms">www.dhhs.ne.gov/nwmforms</a> (select the Healthy Behavior Support Services Tab)</b></p>

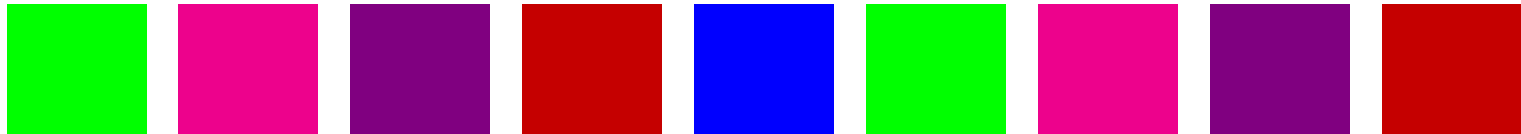


# Sample All Services Screening Card

Page 3 - Tailored to meet the unique needs of each client

**PROVIDERS:** Please check the appropriate box in the screening pap and mammography section.

Screening Pap	Mammography	
<input type="checkbox"/> Pap test performed <i>(place red &amp; white EWM sticker on lab requisition)</i>	<input type="checkbox"/> Mammogram ordered <i>Give client Mammography Order Form</i>	
<input type="checkbox"/> Pap test not performed <i>Mark/for reason</i>	<input type="checkbox"/> Mammogram not ordered <i>If not performed, mark or list reason:</i>	
<input type="checkbox"/> Hysterectomy (with cervix removed) not due to cervical cancer	<input type="checkbox"/> Not age appropriate	
<input type="checkbox"/> HPV test performed <i>(place red &amp; white EWM sticker on lab requisition)</i>	<input type="checkbox"/> Client not at risk (client 40-49)	
<input type="checkbox"/> HPV test not performed	<input type="checkbox"/> Other _____	
Pelvic Exam	Clinical Breast Exam	
<b>Finding:</b>	<b>Finding:</b>	
<input type="checkbox"/> Negative/Benign	<input type="checkbox"/> Negative/Benign	
<input type="checkbox"/> Visible Suspicious CERVICAL lesion	<input type="checkbox"/> Client reports breast symptoms	
<input type="checkbox"/> Not Performed	<input type="checkbox"/> Suspicious for BREAST malignancy <i>Immediate follow up is required beyond mammogram</i>	
Client Risk for Cervical Cancer	Client Risk for Breast Cancer	
<input type="checkbox"/> Average Risk <i>*Definitions on back</i>	<input type="checkbox"/> Average Risk <i>*Definitions on back</i>	
<input type="checkbox"/> High Risk <i>*Definitions on back</i>	<input type="checkbox"/> High Risk <i>*Definitions on back</i>	
<input type="checkbox"/> Not Assessed	<input type="checkbox"/> Not Assessed	
Colon Cancer Screening	<b>**MUST be an approved contracted provider to receive reimbursement.</b>	
<i>The client has already been screened through the NCP:</i>		_____
<input type="checkbox"/> Client is 50-74 and was sent FOBT kit with card		Date of Service for Office Visit
<input type="checkbox"/> Client is 50-74 and NCP is working with client to schedule a colonoscopy		_____
<input type="checkbox"/> NCP is requesting additional information.	Clinician Name <i>(PRINT full name-do not abbreviate)</i>	
<input type="checkbox"/> Client is not eligible for any NCP services due to either being under age 50 or over age 74 OR are not eligible based on personal and/or family history OR have been recently screened.	_____	
<b>CLINICIAN:</b> Discussed with client the importance of:	Clinic Name <i>(PRINT full name-do not abbreviate)</i>	
<input type="checkbox"/> Completing the FOBT kit at home	_____	
<input type="checkbox"/> Returning the FOBT kit in the envelope provided that is marked "LCHD Lab"	City	
<b>Reminders to Clinician:</b>		
<ul style="list-style-type: none"><li>Do NOT give the client a clinic FOBT kit or Digital Rectal Exam (DRE). If a clinic FOBT kit is given or a DRE performed and test results come back positive, NCP cannot enroll the client for a colonoscopy.</li><li>NCP is a screening program NOT a diagnostic program.</li></ul>		



# Sample Cervical Screening Card

Page 1 - Client not eligible for all services i.e. client not eligible for Mammogram

Front of screening card is the same for all women

Cervical Cancer,  
Heart & Diabetes  
Screening Card

Client Name

Date of Birth

Screening Card Expiration Date

Clients - Please fill out this page!

This helps Every Woman Matters find the best tools and services to meet your goals.

Choose one or two areas you want to improve:

☐ Nutrition

☐ Physical Activity

☐ Smoking Cessation

☐ Taking medications as prescribed for high blood pressure

☐ I don't want to improve anything

How ready are you to make changes?

Check the box by each of the following statements that best describes your behavior.

	Not ready to make a change	Thinking about making a change	Ready to make a change	Already making changes	Made changes and am trying to keep it up
1. Eating More Fruits and Vegetables					
2. Increasing Physical Activity					
3. Quitting Smoking					<input type="checkbox"/> I don't smoke
4. Taking medications as prescribed for high blood pressure					<input type="checkbox"/> I don't take medications for high blood pressure

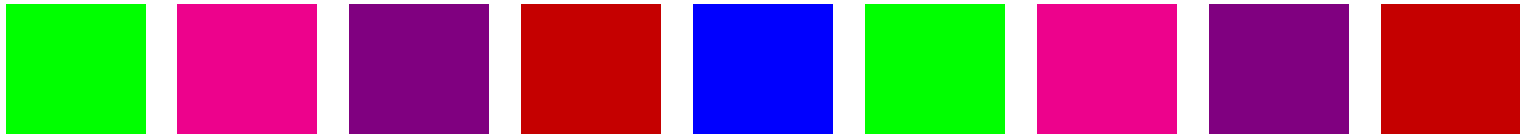
16 - Program Guidance

# Sample Cervical Screening Card

Page 3 - Client not eligible for all services i.e. client not eligible for Mammogram

PROVIDERS: Please check the appropriate box in the screening pap section.

Screening Pap	Client NOT eligible for Mammography this year
<input type="checkbox"/> Pap test performed <i>(place red &amp; white EWM sticker on lab requisition)</i> <input type="checkbox"/> Pap test not performed <i>History/Review</i> <div> <input type="checkbox"/> Hysterectomy (with cervix removed) not due to cervical cancer  <input type="checkbox"/> _____         </div> <input type="checkbox"/> HPV test performed <i>(place red &amp; white EWM sticker on lab requisition)</i> <input type="checkbox"/> HPV test not performed	<p>See back of screening card for USPSTF guidelines</p>
Pelvic Exam	Clinical Breast Exam
<p>Finding:</p> <input type="checkbox"/> Negative/Benign <input type="checkbox"/> Visible Suspicious CERVICAL lesion <input type="checkbox"/> Not Performed	<p>Finding:</p> <input type="checkbox"/> Negative/Benign <input type="checkbox"/> Client reports breast symptoms <div> <input type="checkbox"/> Suspicious for BREAST malignancy  <i>Immediate follow up is required beyond mammogram</i> </div>
Client Risk for Cervical Cancer	Client Risk for Breast Cancer
<input type="checkbox"/> Average Risk <i>*Definitions on back</i> <input type="checkbox"/> High Risk <i>*Definitions on back</i> <input type="checkbox"/> Not Assessed	<input type="checkbox"/> Average Risk <i>*Definitions on back</i> <input type="checkbox"/> High Risk <i>*Definitions on back</i> <input type="checkbox"/> Not Assessed
Colon Cancer Screening	**MUST be an approved contracted provider to receive reimbursement.
<p>The client has already been screened through the NCP:</p> <input type="checkbox"/> Client is 50-74 and was sent FOBT kit with card <input type="checkbox"/> Client is 50-74 and NCP is working with client to schedule a colonoscopy <input type="checkbox"/> NCP is requesting additional information. <input type="checkbox"/> Client is not eligible for any NCP services due to either being under age 50 or over age 74 OR are not eligible based on personal and/or family history OR have been recently screened.	<p>Date of Service for Office Visit</p>
<p>CLINICIAN: Discussed with client the importance of:</p> <input type="checkbox"/> Completing the FOBT kit at home <input type="checkbox"/> Returning the FOBT kit in the envelope provided that is marked "LCHD Lab"	<p>Clinician Name <i>(PRINT full name-do not abbreviate)</i></p>
<p>Reminders to Clinician:</p> <ul style="list-style-type: none"> <li>Do NOT give the client a clinic FOBT kit or Digital Rectal Exam (DRE). If a clinic FOBT kit is given or a DRE performed and test results come back positive, NCP cannot enroll the client for a colonoscopy.</li> <li>NCP is a screening program NOT a diagnostic program.</li> </ul>	<p>Clinic Name <i>(PRINT full name-do not abbreviate)</i></p>
	<p>City</p>



# Sample Breast Screening Card

Page 3 - Client not eligible for all services i.e. client not eligible for Mammogram

Breast Cancer,  
Heart & Diabetes  
Screening Card

Client Name  
Date of Birth

Screening Card Expiration Date

Clients - Please fill out this page!

This helps Every Woman Matters find the best tools and services to meet your goals.

Choose one or two areas you want to improve:

\_\_\_ Nutrition

\_\_\_ Physical Activity

\_\_\_ Smoking Cessation

\_\_\_ Taking medications as prescribed for high blood pressure

\_\_\_ I don't want to improve anything

How ready are you to make changes?

Check the box by each of the following statements that best describes your behavior.

	Not ready to make a change	Thinking about making a change	Ready to make a change	Already making changes	Made changes and am trying to keep it up
1. Eating More Fruits and Vegetables					
2. Increasing Physical Activity					
3. Quitting Smoking					<div>___ I don't smoke</div>
4. Taking medications as prescribed for high blood pressure					<div>___ I don't take medications for high blood pressure</div>

18 - Program Guidance

## Sample Breast Screening Card

Page 3 - Client not eligible for all services i.e. client not eligible for Pap Smear

PROVIDERS: Please check the appropriate box in the mammography section.

Client NOT eligible  
for Screening Pap  
this year

See back of screening card  
for USPSTF guidelines

### Mammography

- ☐ Mammogram ordered  
*Give client Mammography Order Form*
- ☐ Mammogram not ordered  
*If not performed, mark or list reason:*
  - ☐ Not age appropriate
  - ☐ Client not at risk (client 40-49)
  - ☐ Other \_\_\_\_\_

### Clinical Breast Exam

Finding:

- ☐ Negative/Benign
- ☐ Client reports Breast symptoms
  - ☐ Suspicious for BREAST malignancy  
*Immediate follow up is required beyond mammogram*

### Client Risk for Breast Cancer

- ☐ Average Risk: *\*Definitions on back*
- ☐ High Risk: *\*Definitions on back*
- ☐ Not Assessed

### Colon Cancer Screening

The client has already been screened through the NCP:

- ☐ Client is 50-74 and was sent FOBT kit with card
- ☐ Client is 50-74 and NCP is working with client to schedule a colonoscopy
- ☐ NCP is requesting additional information.
- ☐ Client is not eligible for any NCP services due to either being under age 50 or over age 74 OR are not eligible based on personal and/or family history OR have been recently screened.

CLINICIAN:

Discussed with client the importance of:

- ☐ Completing the FOBT kit at home
- ☐ Returning the FOBT kit in the envelope provided that is marked "LCHD Lab"

Reminders to Clinician:

- Do NOT give the client a clinic FOBT kit or Digital Rectal Exam (DRE). If a clinic FOBT kit is given or a DRE performed and test results come back positive, NCP cannot enroll the client for a colonoscopy.
- NCP is a screening program NOT a diagnostic program.

**\*\*MUST** be an approved contracted provider to receive reimbursement.

Date of Service for Office Visit

Clinician Name (*PRINT full name-do not abbreviate*)

Clinic Name (*PRINT full name-do not abbreviate*)

City

# Sample Screening Card

Back Page - same for all clients

EWM/NCP follows the U.S. Preventive Services Task Force (USPSTF) guidelines regarding screening intervals/recommendations. USPSTF information can be found at:  
<https://www.uspreventiveservicestaskforce.org/Page/Name/recommendations>

USPSTF Screening Guidelines			
Cervical Cancer		Breast Cancer	
Women 21-29	Grade: A Screen with cytology (Pap smear) every 3 years.	Women aged 50 to 74 years	Grade: B Biennial screening mammography for women aged 50 to 74 years.
Women 30-65	Grade: A Screen with cytology every 3 years or co-testing (cytology/HPV testing) every 5 years.	Women aged 40 to 49 years	Grade: C The decision to start screening mammography in women prior to age 50 years should be an individual one. Women who place a higher value on the potential benefit than the potential harms may choose to begin biennial screening between the ages of 40 and 49 years.
Colon Cancer			
Men and Women 50-74			Grade: A
Screening for Colon Cancer with any of the following tests:			
<ul style="list-style-type: none"> <li>• FOBT/FIT Annually*</li> <li>• Colonoscopy every 10 years*</li> </ul>			
Other approved tests by USPSTF: <a href="https://www.uspreventiveservicestaskforce.org/Page/Document/Recommendation-StatementFinal/colonrectal-cancer-screening2">https://www.uspreventiveservicestaskforce.org/Page/Document/Recommendation-StatementFinal/colonrectal-cancer-screening2</a>			
*Only Colon Cancer Screening Tests are covered by the Program. See Provider Manual for screening algorithms and pre-approval.			

## CERVICAL Risk Assessment Definitions:

- Average Risk should be reported if risk was assessed and determined to be average risk
- High/Increased Risk should be reported if risk was assessed and determined to be high risk (prior DES exposure and immunocompromised patients)
- Not Assessed should be reported if risk was not assessed, family history was not taken, and/or genetic testing was not done.

## BREAST Risk Assessment Definitions:

- Average Risk should be reported if risk was assessed and determined to be average risk
- High/Increased Risk should be reported if risk was assessed and determined to be high risk (Women with BRCA mutation, a first-degree relative who is a BRCA carrier, a lifetime risk of 20-25% or greater as defined by risk assessment models, radiation treatment to the chest between ages 10-30, or personal or family history of genetic syndromes like Li-Fraumeni syndrome)
- Not Assessed should be reported if risk was not assessed, family history was not taken, and/or genetic testing was not done.

If you have questions, please contact the Nebraska Women's & Men's Health Programs:

Nebraska Women's & Men's Health Programs  
 305 Centennial Mall South ~ P.O. Box 94817  
 Lincoln, NE 68509-4817

Toll Free: 800-532-2227  
 In Lincoln: 402-471-0829  
 Fax: 402-471-0913

Webster: [www.dhhs.ne.gov/EWM](http://www.dhhs.ne.gov/EWM)  
[www.dhhs.ne.gov/CRC](http://www.dhhs.ne.gov/CRC)

Email: [dhhs.wnm@nebraska.gov](mailto:dhhs.wnm@nebraska.gov) (Every Woman Matters)  
[dhhs.wccp@nebraska.gov](mailto:dhhs.wccp@nebraska.gov) (Nebraska Colon Program)

NSL08/OP001421-02; NSL08/OP002040-04

Rev. April 2019

Every Woman Matters



NEBRASKA

Great Life. Great Mission.

STATE OF NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES





## Enrolling and Determining Service Eligibility for Every Woman Matters

### Diagnostic Services

- Breast: Women age 18-74
- Cervical: Women age 21-74
- Breast or cervical cancer abnormalities
- Screened within the last 6 months
- May enroll for Diagnostic Services even with health insurance

#### How can I assure services are covered for my patients?

- Follow Guidance regarding Presumptive Eligibility (pg. 22)
- Complete the diagnostic form in its entirety
- Make sure screening results are included
- Follow standards of care as noted on the diagnostic form

Women screened outside EWM program and found to have abnormal results

- Healthcare staff determine program and service eligibility

Woman determined eligible for services

- Complete either the Breast or Cervical Cancer Diagnostic form
- Forms can be found here: [www.dhhs.ne.gov/EWMforms](http://www.dhhs.ne.gov/EWMforms)

Referral made to specialty provider

- Send Diagnostic form with woman to be completed by specialty physician

Women needing breast MRI must have pre-approval.  
Pre-approval documentation is included as part of the diagnostic form.



## Diagnostic Presumptive Eligibility Checklist

1. **Women ages 18 and up for breast cancer diagnostics after abnormal screening results that occurred within the last 6 months.**
2. **Women ages 21 and up for cervical cancer diagnostics after abnormal screening results that occurred within the last 6 months.**
3. **Breast or Cervical Cancer Diagnostic Form completed in its entirety**
  - Incomplete forms will be returned to the provider office
4. **Income falls within Income Eligibility Scale**
  - Income eligibility scale is found on the Every Woman Matters website:  
<http://dhhs.ne.gov/EWMforms>
5. **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
6. **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)
7. **Medical Release Form is signed and dated by patient (this includes client listing their date of birth and printing their name).**
8. **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
9. **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.**



# Sample Breast Diagnostic Form

Page 1

## BREAST DIAGNOSTIC ENROLLMENT Follow Up & Treatment Plan for Women 18-74



301 Centennial Mall South - P.O. Box 94817  
Lincoln, NE 68509-4817 Fax: 402-471-0913  
1-800-532-2227  
www.dhhs.ne.gov/womenshealth  
Reasonable accommodations made for  
persons with disabilities. TDD (800) 833-7352  
Nebraska DHS provides language assistance  
at no cost to limited English proficient persons  
who seek our services.

### PROVIDER NOTES:

- Clients with insurance **MAY STILL BE ELIGIBLE** for diagnostic services.
- If client is currently enrolled for screening services complete **ONLY** the name and date of birth on pages 3 and 4.
- Diagnostic form instructions may now be found online at [dhhs.ne.gov/ewmforms](http://dhhs.ne.gov/ewmforms)
- Male clients - NOT eligible for screening or diagnostic procedures

Please answer each question and PRINT clearly!

CONTACT INFORMATION	First Name: _____	Middle Initial: _____	Last Name: _____
	Maiden Name: _____ Marital Status: <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Divorced <input type="radio"/> Widowed		
	Birthdate: ____/____/____	Social Security #: ____-____-____	Birth place: _____ City and state or country of birth
	Address: _____ Apt. # _____		
	City: _____	County: _____	State: _____ Zip: _____
	Preferred way of Contact?: <input type="radio"/> Home <input type="radio"/> Work <input type="radio"/> Cell		
	Home Phone: (____) _____	Work Phone: (____) _____	Cell Phone: (____) _____
	<input type="checkbox"/> Yes I want to receive program information by email. Email: _____		

EMERGENCY CONTACT	Contact person: _____	Relationship: _____
	Phone: (____) _____	<input type="radio"/> Home <input type="radio"/> Work <input type="radio"/> Cell
	Address: _____	City: _____ State: _____ Zip: _____

DEMOGRAPHICS	Are you of Hispanic/Latina(o) origin? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	Are you a Refugee? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK* If yes, where from: _____
	What is your primary language spoken in your home? <input type="radio"/> English <input type="radio"/> Spanish <input type="radio"/> Vietnamese <input type="radio"/> Other _____	Highest level of education completed: <input type="radio"/> <9th grade <input type="radio"/> Some high school <input type="radio"/> High school graduate or equivalent <input type="radio"/> Some college or higher <input type="radio"/> Don't Know <input type="radio"/> Don't Want to Answer
	What race or ethnicity are you? (check all boxes that apply) <input type="radio"/> American Indian/Alaska Native Tribe _____ <input type="radio"/> Black/African American <input type="radio"/> Mexican American <input type="radio"/> White <input type="radio"/> Asian <input type="radio"/> Pacific Islander/Native Hawaiian <input type="radio"/> Other _____ <input type="radio"/> Unknown	How did you hear about the program: <input type="radio"/> Doctor/Clinic <input type="radio"/> Agency <input type="radio"/> Newspaper/Radio/TV <input type="radio"/> Family/Friend <input type="radio"/> I am a Current/Previous Client <input type="radio"/> Community Health Worker <input type="radio"/> Other _____

HEALTH HISTORY	Have you ever had any of the following tests?:	
	<b>Pap test</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK* Most Recent Date ____/____/____ The result: <input type="radio"/> Normal <input type="radio"/> Abnormal <input type="radio"/> DK*	<b>Mammogram</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK* Most Recent Date ____/____/____ The result: <input type="radio"/> Normal <input type="radio"/> Abnormal <input type="radio"/> DK*
	Have you ever had a hysterectomy (removal of the uterus)? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK* 2a. Was your cervix removed? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK* 2b. Was your hysterectomy to treat cervical cancer? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK*	Has your <i>mother, sister or daughter</i> ever had breast cancer? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DK*
	Have you ever had cervical cancer? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> DK* When: ____/____/____	Have you ever had breast cancer? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> DK* When: ____/____/____

\*DK - Don't Know/Not Sure

1 - Enrollment

Continue to Page 2 → → →

# Sample Breast Diagnostic Form

Page 2

Finish the section below... read the consent... check a box... then sign & date and you're done!

INCOME & INSURANCE

I will be required to show proof that my income is within the program income guidelines when I am contacted by program staff.  
If I am found to be over income guidelines, I will be responsible for my bills for services received.

What is your household income before taxes? ☐ Weekly ☐ Monthly ☐ Yearly Income: \$ \_\_\_\_\_  
Please Note: Self employed are to use net income after taxes.

How many people live on this income? ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12

Do you have insurance? \* ☐ Yes ☐ None/No Coverage If yes, is it: ☐ Medicare (for people 65 and over)  
☐ Part A only  
☐ Part A and B  
☐ Medicaid (full coverage for self)  
☐ Private Insurance with or without Medicaid Supplement (please list) \_\_\_\_\_

**\*Clients with insurance  
MAY STILL BE ELIGIBLE  
for diagnostic services.**

## Informed Consent and Release of Medical Information

■ You must read and sign this page to be a part of the Every Woman Matters Program.

Version: August 2017

- I want to be a part of the Every Woman Matters (EWM) Program. I know:
  - If I am under the age of 40, I can only receive breast diagnostic tests.
  - I cannot be over income guidelines.
  - If I have insurance, EWM will only pay after my insurance pays.
  - I must be a female (per Federal Guidelines).
  - I will notify EWM if I do not wish to be a part of this program anymore.
- I know that if I am under 40 years of age, I will not be a part of EWM after I have had my breast cancer diagnostic tests.
- I know that if I am 40-74 years of age, I may be eligible for full screening services which may include: breast and cervical cancer screening, screenings for blood pressure, cholesterol, diabetes, and obesity based upon US Preventive Services Task Force and Program Guidelines. I have talked with my health care provider about the screening test(s) and understand possible side effects or discomforts.
- I understand that I may be asked to increase my level of physical activity and make changes to my diet as part of the health education offered to me. I understand that before I make these activity and/or diet changes I am encouraged to talk to my health care provider about any related concerns or questions.
- I have talked with the clinic about how I am going to pay for any tests or services that are not paid by EWM.
- I may be given information to learn how to change my diet, increase activity, and/or stop smoking. EWM may remind me when it is time for me to schedule my screening exams and send me mail to help me learn more about my health.
- Based on my personal and health history, I may receive screening and/or health education materials. I know that if I move without giving my mailing address to EWM, I may not get reminders about screening and education. I accept responsibility for following through on any advice my health care provider may give me.
- My health care provider, laboratory, clinic, radiology unit, and/or hospital can give results of my breast and/or cervical cancer screening, follow up exams, diagnostic tests and/or treatment to EWM.
- To assist me in making the best health care decisions, EWM may share clinical and other health care information including lab results and health history with my health care providers.
- My name, address, email, social security number and/or other personal information will be used only by EWM. It may be used to let me know if I need follow up exams. This information may be shared with other organizations as required to receive treatment resources.
- Other information may be used for studies approved by EWM and/or The Centers for Disease Prevention and Control (CDC) for use by outside researchers to learn more about women's and men's health. These studies will not use my name or other personal information.

CHECK ONE

In order to be eligible for EWM you must be a U.S. Citizen or a qualified alien under the Federal Immigration and Nationality Act. **Please check which box applies to you.**

\* For the purpose of complying with Neb. Rev. Stat. §§4-108 through 4-114, I attest as follows:

- ☐ I am a citizen of the United States.  
OR  
☐ I am a qualified alien under the federal Immigration and Nationality Act. I am attaching a front and back copy of my USCIS documentation. (example: permanent resident card)

I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete, and accurate and I understand that this information may be used to verify my lawful presence in the United States.

SIGN AND DATE

Please Print Your Name (first, middle, last)

Your Signature

month / day / year

month / day / year

Date

Your Date of Birth

Enrollment - 2

# Sample Breast Diagnostic Form

Page 3

## Breast Follow-Up & Treatment Plan

\*Clients with insurance  
MAY STILL BE ELIGIBLE  
for diagnostic services.

<b>Name:</b>	First	MI	Last	DOB
<b>Provider information:</b>	<b>Screening:</b> Clinic that initiated care	Name	City/Phone Number	
	<b>Diagnostic:</b> Clinic that patient was referred to	Name	City/Phone Number	

--Instructions: Please send EWM this form along with corresponding radiology and/or pathology reports when diagnostic workup is complete.--

Ages 18-39	Ages 40-74
<b>Screening history:</b> <b>Clinical Breast Exam Date:</b> ____/____/____ <input type="checkbox"/> Normal/Benign <input type="checkbox"/> Suspicious for breast malignancy	<b>Screening history:</b> <b>Clinical Breast Exam Date:</b> ____/____/____ <input type="checkbox"/> Normal/Benign <input type="checkbox"/> Suspicious for breast malignancy
<b>Diagnostic workup:</b> <input type="checkbox"/> Surgical Consultation Date: ____/____/____ Physician: _____ • If CBE is suspicious, EWM encourages surgical consult before radiology services <input type="checkbox"/> Breast Ultrasound Date: ____/____/____ • Preferred: Referral to surgeon for evaluation and to determine need for u/s • Acceptable: Breast u/s ordered by Primary Care Provider if no surgeon available <input type="checkbox"/> Diagnostic mammogram Date: ____/____/____ • Client must be at least age 30 to have a Diagnostic Mammogram • Diagnostic mammogram alone does not meet standard of care if CBE is suspicious <input type="checkbox"/> Repeat Breast Exam Date: ____/____/____ <input type="checkbox"/> Breast Biopsy type: ____ Date: ____/____/____ <input type="checkbox"/> Breast MRI requires pre-approval See page 4 Date: ____/____/____ <input type="checkbox"/> Consultation/2 <sup>nd</sup> opinion Date: ____/____/____ <input type="checkbox"/> Cytology of breast discharge Date: ____/____/____ <input type="checkbox"/> Client refused Initiate: Client Informed Refusal Form/Service Provider Document	<b>Results of Initial SCREENING mammogram, if applicable</b> Date: ____/____/____ <input type="checkbox"/> BI-RADS 0 – Assessment incomplete <input type="checkbox"/> BI-RADS 1 – Negative <input type="checkbox"/> BI-RADS 2 – Benign finding <input type="checkbox"/> Screening Mammogram was NOT PERFORMED <input type="checkbox"/> BI-RADS 3 – Probably benign <input type="checkbox"/> BI-RADS 4 – Suspicious abnormality <input type="checkbox"/> BI-RADS 5 – Highly suspicious <b>Diagnostic workup:</b> <input type="checkbox"/> Surgical Consultation Date: ____/____/____ Physician: _____ <input type="checkbox"/> Breast Ultrasound Date: ____/____/____ <input type="checkbox"/> Diagnostic mammogram Date: ____/____/____ • Diagnostic mammogram alone does not meet standard of care if CBE is suspicious <input type="checkbox"/> Repeat Breast Exam Date: ____/____/____ <input type="checkbox"/> Breast Biopsy type: ____ Date: ____/____/____ <input type="checkbox"/> Breast MRI requires pre-approval See page 4 Date: ____/____/____ <input type="checkbox"/> Consultation/2 <sup>nd</sup> opinion Date: ____/____/____ <input type="checkbox"/> Cytology of breast discharge Date: ____/____/____ <input type="checkbox"/> Client refused Initiate: Client Informed Refusal Form/Service Provider Document

See table of reimbursable procedures on page 6 to verify coverage

<b>★ Final Diagnosis:</b> This section must be completed before sending in.	<b>Date of final diagnosis or pathology report:</b> ____/____/____	<b>Check one:</b> <input type="checkbox"/> Cancer not diagnosed – no treatment necessary	<input type="checkbox"/> Cancer diagnosed – Please fill out Breast Cancer Treatment section on page 4 <input type="checkbox"/> Ductal carcinoma in situ <input type="checkbox"/> Lobular carcinoma in situ <input type="checkbox"/> Other carcinoma in situ <input type="checkbox"/> Invasive cancer
	<b>Clinic name:</b> _____	<b>Date:</b> ____/____/____	

- Fax to 402-471-0913 or mail to Every Woman Matters, PO Box 94817 Lincoln, NE 68509-4817
- Call us with any questions at 1-800-532-2227. ★ Print out forms online at [www.dhhs.ne.gov/ewmforms](http://www.dhhs.ne.gov/ewmforms)
- Instructions are no longer being printed along with the form. They are now posted online at [www.dhhs.ne.gov/ewmforms](http://www.dhhs.ne.gov/ewmforms)



# Sample Breast Diagnostic Form

Page 4

## Breast Follow-Up & Treatment Plan

<b>Client information:</b>	First Name	MI	Last Name	DOB
<b>Breast Cancer Referral &amp; Treatment</b> (see page 5 bottom right)				
<b>Referral:</b>	Client referred to _____ who will take over care. <small>Clinician and clinic name and city and phone</small>			
<b>Consultation:</b>	Consultation Date to give client options _____			
<b>Treatment:</b>	Treatment regimen consists of _____ (lumpectomy, surgery, chemo, radiation, etc) Treatment date _____			
<b>Refusal:</b>	Cancer treatment refused date _____ Client made informed decision yes/no Reason for refusal: _____			

## Screening MRI Preauthorization Request

**EWM reimburses for screening MRI as an adjunct to screening mammogram and CBE for the clients that meet the following criteria, starting at age 25:**  
Check one or more that apply to the client, and provide appropriate clinical documentation. Fax to 402-471-0913

☐ Previous personal history of breast cancer

☐ Lifetime risk of 20-25% or greater based on family history using the breast cancer tool for women 35+: [www.cancer.gov/bcrisktool/](http://www.cancer.gov/bcrisktool/)  
For women under 35, go to [www.crahealth.com/risk-express](http://www.crahealth.com/risk-express) or call us to run risk report.

☐ Known BRCA1 or BRCA2 mutation  
Date of genetic testing: \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ First-degree relative with BRCA1 or BRCA2 (parent, brother, sister, child) Relative: \_\_\_\_\_  
Date of genetic testing: \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Previous Radiation Therapy to chest, between the ages of 10-30 Age: \_\_\_\_\_ Purpose of radiation: \_\_\_\_\_

☐ Have Li-Fraumeni syndrome, Cowden syndrome, or Bannayan-Riley-Ruvalcaba syndrome, or have first-degree relatives with one of these syndromes.

**Requesting provider information:**  
Clinic name \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Fax #: \_\_\_\_\_

**EWM staff use only.** Request approved: ☐ Yes ☐ No Program signature: \_\_\_\_\_ Date \_\_\_\_\_ Authorization expires one month after date of signature

## Follow-up of Previous Abnormal Finding

**Past results:** why does client need follow-up? →

Last Clinical Breast Exam Result/Finding: ☐ Negative/Benign ☐ Suspicious for breast malignancy Date \_\_\_\_\_

Last Screening or Diagnostic Mammogram Result: \_\_\_\_\_ Date \_\_\_\_\_

Last Breast Ultrasound Result: \_\_\_\_\_ Date \_\_\_\_\_

Last Treatment \_\_\_\_\_ Date \_\_\_\_\_

**6 Month Follow Up:** Only for clients 40-74. What are the client's current results? Please note follow-up is not reimbursable for clients under 40.

**Current results:** →

- Client reports symptoms: ☐ NO ☐ YES, list symptoms \_\_\_\_\_
- DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ Clinical Breast Exam Results (check one): ☐ Negative/Benign ☐ Suspicious for breast malignancy
- DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ Mammogram Results (check one):  
☐ Assessment Incomplete ☐ Negative ☐ Benign ☐ Probably Benign ☐ Suspicious Abnormality\* ☐ Highly Suspicious for Malignancy\*
- DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ Breast Ultrasound Results (check one):  
☐ Assessment Incomplete ☐ Negative ☐ Benign ☐ Probably Benign ☐ Suspicious Abnormality\* ☐ Highly Suspicious for Malignancy\*
- DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ Consultation by \_\_\_\_\_ Clinic Name \_\_\_\_\_
- DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ Biopsy: Type \_\_\_\_\_ Results: \_\_\_\_\_ \*Must do new workup on page 3

Name of Clinic: \_\_\_\_\_ City: \_\_\_\_\_ Date: \_\_\_\_\_

Referral, MRI Request & Follow-up - 4

Referral, MRI Request & Follow-up - 4



# Sample Cervical Diagnostic Form

Page 1

## CERVICAL DIAGNOSTIC ENROLLMENT Follow Up & Treatment Plan for Women 21-74

### PROVIDER NOTES:

- Clients with insurance **MAY STILL BE ELIGIBLE** for diagnostic services.
- If client is currently enrolled for screening services complete **ONLY** the name and date of birth on pages 3 and 4.
- Diagnostic form instructions may now be found online at [dhhs.ne.gov/ewmforms](http://dhhs.ne.gov/ewmforms)

Every Woman Matters

Rev. August 2017



NEBRASKA  
Good Life. Great Mission.

301 Centennial Mall South - P.O. Box 94817  
Lincoln, NE 68509-4817 Fax: 402-471-0913  
1-800-532-2227

[www.dhhs.ne.gov/womenshealth](http://www.dhhs.ne.gov/womenshealth)  
Reasonable accommodations made for persons with disabilities. TDD (800) 833-7352  
Nebraska DHHS provides language assistance at no cost to limited English proficient persons who seek our services.

Please answer each question and **PRINT** clearly!

**CONTACT INFORMATION**

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Maiden Name: \_\_\_\_\_ Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed  
 Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security #: \_\_\_\_-\_\_\_\_-\_\_\_\_ Birth place: \_\_\_\_\_  
 City and state or country of birth  
 Address: \_\_\_\_\_ Apt. # \_\_\_\_\_  
 City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Preferred way of Contact?: ☐ Home ☐ Work ☐ Cell  
 Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_  
☐ Yes I want to receive program information by email. Email: \_\_\_\_\_

**EMERGENCY CONTACT**

Contact person: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Phone: (\_\_\_\_) \_\_\_\_\_ ☐ Home ☐ Work ☐ Cell  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**DEMOGRAPHICS**

Are you of Hispanic/Latina(o) origin? ☐ Yes ☐ No ☐ Unknown  
 What is your primary language spoken in your home?  
☐ English ☐ Spanish ☐ Vietnamese ☐ Other \_\_\_\_\_  
 What race or ethnicity are you? (check all boxes that apply)  
☐ American Indian/Alaska Native  
 Tribe \_\_\_\_\_  
☐ Black/African American  
☐ Mexican American  
☐ White  
☐ Asian  
☐ Pacific Islander/Native Hawaiian  
☐ Other \_\_\_\_\_  
☐ Unknown  
 Are you a Refugee? ☐ Yes ☐ No ☐ DK\*  
 If yes, where from: \_\_\_\_\_  
 Highest level of education completed:  
☐ <9th grade ☐ Some high school  
☐ High school graduate or equivalent  
☐ Some college or higher ☐ Don't know  
☐ Don't want to answer  
 How did you hear about the program:  
☐ Doctor/Clinic  
☐ Agency  
☐ Newspaper/Radio/TV  
☐ Family/Friend  
☐ I am a Current/Previous Client  
☐ Community Health Worker  
☐ Other \_\_\_\_\_

**HEALTH HISTORY**

Have you ever had any of the following tests?:

**Pap test** ☐ Yes ☐ No ☐ DK\*  
 Most Recent Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 The result: ☐ Normal ☐ Abnormal ☐ DK\*  
 Have you ever had a hysterectomy (removal of the uterus)? ☐ Yes ☐ No ☐ DK\*  
 2a. Was your cervix removed? ☐ Yes ☐ No ☐ DK\*  
 2b. Was your hysterectomy to treat cervical cancer? ☐ Yes ☐ No ☐ DK\*  
 Have you ever had cervical cancer?  
☐ No ☐ Yes ☐ DK\* When: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Mammogram** ☐ Yes ☐ No ☐ DK\*  
 Most Recent Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 The result: ☐ Normal ☐ Abnormal ☐ DK\*  
 Has your mother, sister or daughter ever had breast cancer? ☐ Yes ☐ No ☐ DK\*  
 Have you ever had breast cancer?  
☐ No ☐ Yes ☐ DK\* When: \_\_\_\_/\_\_\_\_/\_\_\_\_

\*DK - Don't Know/Not Sure

1 - Enrollment

Continue to Page 2 → → →

*I will be required to show proof that my income is within the program income guidelines when I am contacted by program staff.  
If I am found to be over income guidelines, I will be responsible for my bills for services received.*

What is your household income before taxes? ☐ Weekly ☐ Monthly ☐ Yearly Income: \$ \_\_\_\_\_

Please Note: Self employed are to use net income after taxes.

How many people live on this income? ☐ 01 ☐ 02 ☐ 03 ☐ 04 ☐ 05 ☐ 06 ☐ 07 ☐ 08 ☐ 09 ☐ 10 ☐ 11 ☐ 12

Do you have insurance?\* ☐ Yes ☐ None/No Coverage If yes, it is: ☐ Medicare (for people 65 and over)  
☐ Part A only  
☐ Part A and B  
☐ Medicaid (full coverage for self)  
☐ Private Insurance with or without Medicaid Supplement (please list)

**\*Clients with insurance MAY STILL BE ELIGIBLE for diagnostic services.**

■ You must **read and sign this page** to be a part of the Every Woman Matters Program.

- I want to be a part of the Every Woman Matters (EWM) Program. I know:
  - If I am under the age of 40, I can only receive breast diagnostic tests.
  - I cannot be over income guidelines
  - If I have insurance, EWM will only pay after my insurance pays
  - I must be a female (per Federal Guidelines)
  - I will notify EWM if I do not wish to be a part of this program anymore
- I know that if I am under 40 years of age, I will not be a part of EWM after I have had my breast cancer diagnostic tests.
- I know that if I am 40-74 years of age, I may be eligible for full screening services which may include: breast and cervical cancer screening, screenings for blood pressure, cholesterol, diabetes, and obesity based upon US Preventive Services Task Force and Program Guidelines. I have talked with my health care provider about the screening test(s) and understand possible side effects or discomforts.
- I understand that I may be asked to increase my level of physical activity and make changes to my diet as part of the health education offered to me. I understand that before I make these activity and/or diet changes I am encouraged to talk to my health care provider about any related concerns or questions.
- I have talked with the clinic about how I am going to pay for any tests or services that are not paid by EWM.
- I may be given information to learn how to change my diet, increase activity, and/or stop smoking. EWM may remind me when it is time for me to schedule my screening exams and send me mail to help me learn more about my health.
- Based on my personal and health history, I may receive screening and/or health education materials. I know that if I move without giving my mailing address to EWM, I may not get reminders about screening and education. I accept responsibility for following through on any advice my health care provider may give me.
- My health care provider, laboratory, clinic, radiology unit, and/or hospital can give results of my breast and/or cervical cancer screening, follow up exams, diagnostic tests and/or treatment to EWM.
- To assist me in making the best health care decisions, EWM may share clinical and other health care information including lab results and health history with my health care providers.
- My name, address, email, social security number and/or other personal information will be used only by EWM. It may be used to let me know if I need follow up exams. This information may be shared with other organizations as required to receive treatment resources.
- Other information may be used for studies approved by EWM and/or The Centers for Disease Prevention and Control (CDC) for use by outside researchers to learn more about women's and men's health. These studies will not use my name or other personal information.

I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete, and accurate and I understand that this information may be used to verify my lawful presence in the United States.

Enrollment - 2

# Sample Cervical Diagnostic Form

Page 3

## Cervical Follow-Up and Treatment Plan

\* Clients with insurance MAY STILL BE ELIGIBLE for diagnostic services.

<b>Name:</b>	First	MI	Last	DOB
	<b>Provider information:</b>			
	Screening: Clinic that initiated care			Name City and Phone #
Diagnostic: Clinic that patient was referred to			Name City and Phone #	

Instructions: Please send EWM this form along with Pap test and colposcopy results when diagnostic workup is complete. Must follow current ASCCP guidelines.

Pap results: Find the client's Pap test result below and mark the date of service for the Pap and procedure listed directly underneath. If your client's procedure is NOT listed directly underneath their Pap result, it may not be reimbursable by our program. Call us to discuss.							
Negative	Unsatisfactory	ASC-US	LSIL	ASC-H	HSIL	AGC	Sq. Cell Carcinoma
<b>Date</b> _____ <b>With cervical lesion</b> <input type="checkbox"/> Colposcopy with biopsy <b>Date of service:</b> ____/____/____	<b>Date</b> _____ <b>HPV unknown or HPV-</b> Repeat cytology in 2-4 months. Not eligible for colposcopy.	<b>Date</b> _____ <b>Ages 21-24:</b> Repeat Cytology in 12 months. Must re-enroll in the State Pap Program. Not eligible for colposcopy.	<b>Date</b> _____ <b>Ages 21-24:</b> Repeat Cytology in 12 months. Must re-enroll in the State Pap Program. Not eligible for colposcopy.	<b>Date</b> _____ <b>ASC-H</b> <input type="checkbox"/> Colposcopy with biopsy <b>Date of service</b> ____/____/____	<b>Date</b> _____ <b>Ages 21-24:</b> <input type="checkbox"/> Colposcopy with biopsy <b>Date of service</b> ____/____/____	<b>Date</b> _____ <b>AGC</b> <input type="checkbox"/> Colposcopy with biopsy + ECC and Endometrial biopsy* Both to be done on the same day. <b>Date of Service</b> ____/____/____	<b>Date</b> ____/____/____ Treatment referral to OB/GYN Complete page 4 – cervical cancer treatment section.
<b>HPV+ ages 30+</b> <input type="checkbox"/> Repeat co-testing @ 1 year (must re-enroll in State Pap Program if under 40) <input type="checkbox"/> Colposcopy with biopsy IF HPV 16 or 18 positive <b>Date of service:</b> ____/____/____	<b>HPV+</b> <b>Ages 21-29:</b> Repeat cytology in 2-4 months, no HBV test allowed per guidelines <b>Ages 30+:</b> <input type="checkbox"/> Colposcopy with biopsy <b>Date of service:</b> ____/____/____	<b>Ages 25-74:</b> <b>HPV unknown:</b> Preferred: do HPV testing Acceptable: Repeat cytology at 1 year <b>HPV negative:</b> Repeat co-testing in 3 years <input type="checkbox"/> Colposcopy with biopsy <b>Date of service:</b> ____/____/____	<b>Ages 25-74:</b> <b>HPV negative:</b> Preferred: Repeat co-testing in 1 year Acceptable: <input type="checkbox"/> Colposcopy <b>Date of service</b> ____/____/____ <b>HPV positive or no HPV:</b> <input type="checkbox"/> Colposcopy <b>Date of service</b> ____/____/____	<b>Date</b> _____ <b>Ages 25-74:</b> <input type="checkbox"/> Colposcopy with biopsy OR <input type="checkbox"/> immediate LEEP <b>Date of service</b> ____/____/____	<b>Date</b> _____ <b>Ages 25-74:</b> <input type="checkbox"/> Colposcopy with biopsy OR <input type="checkbox"/> immediate LEEP <b>Date of service</b> ____/____/____	<b>Atypical Endometrial Cells:</b> <input type="checkbox"/> Endometrial and endocervical Sampling. <b>Date of Service</b> ____/____/____ <b>If no endometrial pathology:</b> <input type="checkbox"/> Colposcopy <b>Date of Service</b> ____/____/____	

\* If ≥ 35 years or at risk for endometrial neoplasia. Includes unexplained vaginal bleeding or conditions suggesting chronic anovulation.

☐ Consultation or second opinion: Physician: \_\_\_\_\_ Clinic Name: \_\_\_\_\_ Date of service: \_\_\_\_\_

<b>Final Diagnosis:</b> This section must be completed before sending in. ★	<b>Date of final diagnosis or pathology report:</b> ____/____/____	<b>Check one:</b> <input type="checkbox"/> Inconclusive Results <input type="checkbox"/> Normal/Benign Inflammation <input type="checkbox"/> HPV/Condylomata/Atypia <input type="checkbox"/> CIN I → <input type="checkbox"/> Treatment not indicated	<input type="checkbox"/> CIN II <input type="checkbox"/> CIN III carcinoma in situ <input type="checkbox"/> Invasive Cancer <b>For CIN II and greater, complete pg 4: Cervical Cancer Treatment and Referral</b>	<b>Refusal:</b> <input type="checkbox"/> Client refused diagnostic workup --Did client make informed decision? <input type="checkbox"/> Yes <input type="checkbox"/> No --Initiate Client Informed Refusal Form
	<b>Clinic Name:</b> _____ <b>Date:</b> ____/____/____			

Treatment Plan - 3

- Fax to 402-471-0913 or mail to Every Woman Matters, PO Box 94817 Lincoln, NE 68509-4817
- Call us with any questions at 1-800-532-2227. ★ Print out forms online at [www.dhhs.ne.gov/ewmforms](http://www.dhhs.ne.gov/ewmforms)
- Instructions are no longer being printed along with the form. They are now posted online at [www.dhhs.ne.gov/ewmforms](http://www.dhhs.ne.gov/ewmforms)

- Please submit a copy of the previous pap test when completing this form for prompt processing

# Sample Cervical Diagnostic Form

Page 4

## Cervical Follow-Up and Treatment Plan

**Women under age 40** who require cytology at 1 year as follow-up must enroll in the Nebraska State Pap Plus Program in order for this service to be covered.  
**CIN 2 or 3 with no margins involved:** Repeat co-testing at 12 & 24 months.

<b>Client information:</b>	First Name	MI	Last Name	DOB
----------------------------	------------	----	-----------	-----

Cervical Cancer Treatment & Referral	
<b>Referral:</b>	Client referred to _____ who will take over care. <small>Clinician and clinic name and city</small>
<b>Consultation:</b>	Consultation Date to give client options _____ <small>Consultations can only be reimbursed if provider normally brings clients into the office for consultation.</small>
<b>Treatment:</b>	Treatment regimen consists of _____ (cryotherapy, cone, LEEP, surgery, chemo, radiation, etc) Treatment date _____
<b>Refusal:</b>	Cancer treatment refused date _____ Client made informed decision yes/no Reason for refusal: _____

6 Month Follow-up of Previous Abnormal Finding		
Age 21-24	Age 25-29	Age 30-74
<b>Prior history:</b> Prior Pap test result: <input type="checkbox"/> ASC-H <input type="checkbox"/> HSIL Date: _____	<b>Prior history*:</b> Prior Pap test date: _____ Results _____ Prior Colposcopy date: _____ Results _____ <b>*Must provide prior Pap/Colposcopy reports</b>	
<b>Pap ASC-H, HSIL but no CIN 2 or 3</b> Colposcopy/Cytology at 6 month intervals for 2 years Date _____ Results _____	<b>CIN 2 or 3 with No treatment done</b> Observation – colposcopy and cytology at 6 month intervals for 12 months Date _____ Results _____	<b>CIN 2 or 3 with margins involved</b> Colposcopy and cytology with ECC Re-evaluated at 4-6 months Date _____ Results _____
<b>CIN 2 or 3 with No treatment done</b> Observation – colposcopy and cytology at 6 month intervals for 12 months Date _____ Results _____		
<b>Name of Clinic</b>	<b>City:</b>	<b>Date:</b>

- \* Fax to 402-471-0913 or mail to Every Woman Matters, PO Box 94817 Lincoln, NE 68509-4817
- \* Call us with any questions at 1-800-532-2227. ★ Print out forms online at [www.dhhs.ne.gov/ewmforms](http://www.dhhs.ne.gov/ewmforms)
- \* Instructions are no longer being printed along with the form. They are now posted online at [www.dhhs.ne.gov/ewmforms](http://www.dhhs.ne.gov/ewmforms)

Referral and Follow-Up - 4



## Enrolling and Determining Service Eligibility State Pap Plus Program

- Women and Men 18 and up for office visit in which STD testing is done
- Women 21-39 for Cervical Cancer **Screening**

Women/Men  
in need of  
State Pap Plus  
Program Services

- Healthcare staff determine program and service eligibility

**How can I assure  
services are covered  
for my patients?**

- Follow Guidance regarding Presumptive Eligibility
- Complete the State Pap Plus form in its entirety

Woman/Man  
determined  
eligible for  
services

- Complete State Pap Plus Program form
- Forms can be found here:  
**[www.dhhs.ne.gov/EWMforms](http://www.dhhs.ne.gov/EWMforms)**

Services  
provided

- Send completed State Pap Plus Program form to WMHP



## State Pap Plus Program Checklist

1. **Men and women ages 18 and up for State Pap Plus Program:** in need of STD testing.
2. **Women age 21 and up for State Pap Plus Program:** for cervical cancer screening
3. **State Pap Plus Program form completed in its entirety**
  - Incomplete forms will be returned to the provider office
4. **Income falls within Income Eligibility Scale**
  - Income eligibility scale is found on the Every Woman Matters website:  
<http://dhhs.ne.gov/EWMforms>
5. **Patient has no health coverage for preventive services**
  - Patient has marked no to all health coverage
6. **Patient is a US 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 must be provided with program form (Permanent Resident Card)
7. **Medical Release Form is signed and dated by patient** (this includes client listing their date of birth and printing their name).
8. **Due for screening according to the USPSTF Guidelines/ personal history**
  - Guidelines printed on State Pap Plus Form
  - Increased frequency of cervical cancer screening follows current ASCCP guidelines



# Sample State Pap Plus Program Form

Page 1

## State Pap Plus Program

### \*\*FOR NEBRASKA RESIDENTS ONLY\*\*

#### Ages 18+:

- STD Screening Only - Office visit **only** covered for Women and Men

#### Ages 21-29:

- Cervical Cancer Screening Cytology every 3 years per USPSTF Guidelines

#### Ages 30-39:

- Cervical Cancer Screening cytology every 3 years or co-testing (cytology/HPV testing) every 5 years per USPSTF Guidelines



Version: April 2017

**NEBRASKA**

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

301 Centennial Mall South - P.O. Box 94817  
Lincoln, NE 68509-4817 Fax: 402-471-0913  
1-800-532-2227  
www.dhhs.ne.gov/womenshealth

Reasonable accommodations made for persons with disabilities. TDD (800)833-7352. Nebraska DHHS provides language assistance at no cost to limited English proficient persons who seek our services.

### INSTRUCTIONS: Please answer each question and PRINT clearly!

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_ Marital Status: ☐ Single ☐ Married ☐ Divorced

Birthdate: month / day / year Gender: ☐ Female ☐ Male Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Preferred way of contact?: ☐ Home ☐ Work ☐ Cell

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

☐ Yes I want to receive program information by email. Email: \_\_\_\_\_

**DEMOGRAPHICS**

In case we can't reach you:  
Contact person: \_\_\_\_\_ Relationship: ☐ Spouse ☐ Family/Friend ☐ Other \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ ☐ Home ☐ Work ☐ Cell

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Are you of **Hispanic/Latina(o)** origin? ☐ Yes ☐ No ☐ Unknown Country of origin: \_\_\_\_\_

What is your **primary language** spoken in your home? ☐ English ☐ Spanish ☐ Vietnamese ☐ Other \_\_\_\_\_

What **race or ethnicity** are you?  
(check all boxes that apply)

☐ American Indian/Alaska Native Tribe \_\_\_\_\_

☐ Black/African American

☐ Mexican American

☐ White

☐ Asian

☐ Pacific Islander/Native Hawaiian

☐ Other \_\_\_\_\_

☐ Unknown

Are you a **Refugee**? ☐ Yes ☐ No ☐ DK\* If yes, where from: \_\_\_\_\_

Highest level of **education** completed: ☐ 01 ☐ 02 ☐ 03 ☐ 04 ☐ 05 ☐ 06 ☐ 07 ☐ 08 ☐ 09 ☐ 10 ☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 16+ ☐ GED ☐ Don't Know ☐ Don't Want to Answer

How did you **hear about the program**: ☐ Doctor/Clinic ☐ Family/Friend ☐ Agency ☐ Newspaper/Radio/TV ☐ I am a Current/Previous Client ☐ Community Health Worker ☐ Other \_\_\_\_\_

**INCOME & INSURANCE**

I will be required to show proof that my income is within the program income guidelines when I am contacted by program staff. If I am found to be over income guidelines, I will be responsible for my bills for services received.

What is your **household income before taxes**? ☐ Weekly ☐ Monthly ☐ Yearly Income: \$ \_\_\_\_\_

Please Note: Self employed are to use net income after taxes.

How many **people** live on this income? ☐ 01 ☐ 02 ☐ 03 ☐ 04 ☐ 05 ☐ 06 ☐ 07 ☐ 08 ☐ 09 ☐ 10 ☐ 11 ☐ 12

Do you have **insurance**? ☐ Yes ☐ None/No Coverage If **yes**, is it: ☐ Medicare (for people 65 and over) ☐ Part A and B ☐ Part A only ☐ Medicaid (full coverage for self) ☐ Private Insurance with or without Medicaid Supplement (please list) \_\_\_\_\_

**BREAST & CERVICAL**

1. Have **you** ever had any of the **following tests**?  
Pap test ☐ Yes ☐ No ☐ DK\* Most Recent Date \_\_\_\_/\_\_\_\_/\_\_\_\_ The result: ☐ Normal ☐ Abnormal ☐ DK\*

Mammogram (breast x-ray) ☐ Yes ☐ No ☐ DK\* Most Recent Date \_\_\_\_/\_\_\_\_/\_\_\_\_ The result: ☐ Normal ☐ Abnormal ☐ DK\*

2. Have **you** ever had a **hysterectomy** (removal of the uterus)? ☐ No ☐ Yes ☐ DK\*

2a. Was your **hysterectomy** to treat cervical cancer? ☐ No ☐ Yes ☐ DK\*

3. Has your **mother, sister or daughter** ever had **breast cancer**? ☐ No ☐ Yes ☐ DK\*

4. Have **you** ever had **breast cancer**? ☐ No ☐ Yes ☐ DK\* When: \_\_\_\_/\_\_\_\_/\_\_\_\_

5. Have **you** ever had **cervical cancer**? ☐ No ☐ Yes ☐ DK\* When: \_\_\_\_/\_\_\_\_/\_\_\_\_

\*DK - Don't Know/Not Sure

Continue to Page 2 → → →

# Sample State Pap Plus Program Form

Page 5

## State Pap Plus Program Services

### STD Test(s)

Client is 18+

*\*Office visit **ONLY** covered when an STD test is performed for men and women 18+*

Test(s):

- ☐ Chlamydia
- ☐ Gonorrhea
- ☐ Syphilis

Is this a Pelvic Inflammatory Disease (PID)?

- ☐ Yes ☐ No

### Screening Pap

Client is 21-39 years of age:

- ☐ Screening Pap test performed every 3 years

Client is 30-39 years of age:

- ☐ Screening Pap and HPV co-testing every 5 years

### Pelvic Exam

Mark finding:

- ☐ Negative/Benign
- ☐ Visible Suspicious **CERVICAL** lesion
- ☐ Not Performed

### Surveillance/Follow-Up Pap

- ☐ Follow-Up Pap per current ASCCP guidelines

### US Preventive Services Task Force (USPSTF) Guidelines:

- It is now recommended that cervical cancer screening begin at 21 years of age, regardless of sexual activity or other risk factors.
- Screening with cytology is recommended every 3 years for women 21-29 years of age.
- Clients 30-65 years of age only eligible for Pap test every THREE years with cytology or every FIVE years with co-testing (cytology/HPV).

The office visit reimbursement allows for breast screening and general clinical services to be provided at the same time as STD or Pap test, however, a client **cannot** enroll just to receive these services.

Clinician Name Please write full name - do no abbreviate

Clinic Name

Date of Service for Office Visit

City

### Quick Claim Section

Quick Claims will be entered for all State Pap Plus Enrollments and processed at the current fiscal year rates for EWM. Enrollments will be returned to the clinic if quick claim information is not filled out. Paper claims will not be accepted for State Pap Plus clients.

#### Quick Claim

Patient Acct. Number: \_\_\_\_\_

Check One:

- ☐ STD Office Visit Only
- ☐ New Patient Office Visit
- ☐ Established Patient Office Visit

### HPV Vaccination

How many previous doses of HPV vaccine has the client received? ☐ 0 ☐ 1 ☐ 2 ☐ 3

Did the clinician recommend the client receive a dose of HPV vaccine? (if appropriate) ☐ Yes ☐ No

Did the client receive a dose of HPV vaccine at this visit? ☐ Yes ☐ No

If not, why?

- ☐ Unneeded
- ☐ Refused
- ☐ Scheduled a separate visit
- ☐ Other \_\_\_\_\_

### Clinical Breast Exam

Mark if:

- ☐ Client reports breast symptoms

Mark finding:

- ☐ Negative/Benign
- ☐ Suspicious for **BREAST** Malignancy  
*Immediate follow up is required beyond mammogram*
- ☐ Not Performed

### General Clinical Services

Height: (with shoes off) \_\_\_\_\_ ft./in. ☐ Refused

Weight: \_\_\_\_\_ lbs. ☐ Refused

Waist Circumference: \_\_\_\_\_ inches ☐ Refused

Hip Circumference: \_\_\_\_\_ inches ☐ Refused

Blood Pressure (1): \_\_\_\_\_ mm Hg ☐ Refused

Blood Pressure (2): \_\_\_\_\_ mm Hg ☐ Refused

*2 Blood Pressure readings **MUST** be taken at this visit.  
CDC & JNC VII Guidelines **REQUIRE** 2 blood pressures*

Is client a smoker? ☐ Yes ☐ No

- ☐ Client Referred to Statewide Quitline at 1-800-QUIT-NOW
- ☐ Fax Referral to Statewide Quitline at 1-800-QUIT-NOW
- ☐ Discussed with Client and Client Refused



# Anesthesiology & Hospitals

## Anesthesiology and Hospital Providers agree to:

- Submit claims on American Medical Association approved claim forms.
- Be approved JACHO certified facility.
- Ensure that all medical personnel have appropriate licensure.
- Bill to third-party payors prior to submitting claims to the Program.
- Bill for approved procedures as listed on fee schedule located in the Compensation and Billing Section.
- Accept reimbursement rate as payment in full (See Compensation and Billing Section for reimbursement policies and rates).





# Radiology Providers

## Radiology Providers agree to:

- Submit results using the ACR Lexicon Breast Imaging Reporting System (BIRADS).
- Have received Food and Drug Administration (FDA) certification. Provisional certification is acceptable. Mammography units must provide a copy of the current FDA certification when signing a participation contract with the Women's and Men's Health Programs.
- Provide patient education including recommended screening guidelines and may also include breast self-exam instruction.
- Radiology facilities must complete the processing, interpretation and clinic report preparation and mail their report for each case to the referring healthcare provider within seven days of receipt of the films and to the Program within two weeks.
- Radiology facilities must have a system for immediate notification to the referring provider on the day of diagnosis for all cases interpreted as suspicious abnormality or highly suggestive of malignancy.
- Before payment can be made to either the Radiologist or the Mammography Facility, the Program must have received a Radiology Report in the facility's own format utilizing the ACR Lexicon Reporting System (BIRADS) (Please see the Compensation & Billing Section for more information on billing procedures).



## Mammography Order Form

When any client presents a Mammography Order Form to a participating mammography facility, her eligibility has already been determined and a participating healthcare provider has already seen her for the Screening Visit, including a clinical breast exam.

Only clients bringing the Mammography Order Form are eligible for payment. A Screening Card or other Program forms are not acceptable proof of eligibility.

### How to use the form:

- The referring healthcare provider should have already completed the form including client name and other pertinent clinical information. The Mammography Order Form is valid only for the client to whom it is issued and is not transferable.
- Verify that the client falls within the age guidelines. If the client falls outside of the age guidelines, the Program will not reimburse for mammography or ultrasound, even if she does present a Mammography Order Form.
- The bottom section of the Mammography Order Form may be torn off for provider tracking purposes

### Every Woman Matters Mammography Order

*Every Woman Matters*

**Clinic:** This form must be completed prior to receiving services  
**Facility:** Send a copy of the dictated report to the ordering provider and EWM

April 2017

First Name	Initial	Last Name	Date of Birth	Age
Clinic Site: _____ City: _____ (Please do not abbreviate)				
<b>This is an order for the above patient to receive the following:</b>				
<input type="checkbox"/> Screening Mammogram (only covered for women 40 and over)				
<input type="checkbox"/> 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				
<input type="checkbox"/> Breast Ultrasound (No pre-approval necessary if ordered by a surgeon or radiologist following a diagnostic mammogram in clients 30-39. Please call 1-800-532-2227 if rural area and no surgeon available.)				
<input type="checkbox"/> CHECK HERE IF ADDITIONAL STUDIES MAY BE PERFORMED AS DETERMINED BY THE RADIOLOGIST (Per program policies as stated in Women's and Men's Health Program 2017 Provider Contract Manual)				

RT

LT

Provider Remarks:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Provider signature may serve as an order if facility allows.

Women's and Men's Health Programs - Every Woman Matters Program - 301 Centennial Mall South - P.O. Box 94817 - Lincoln, NE 68509-4817  
Toll-Free: 800.532.2227 - In Lincoln: 402.471.0929 - Fax: 402.471.0913 - Web: www.dhhs.ne.gov/EWM  
#1NUS8DP006278-01-00 #6NUS8DP004863-04-02

Part 1

---

### Billing/Admissions/Patient Registration for Participating EWM Clients

1. This form is only used for EWM clients and should only be accepted by contracted EWM facilities.
2. Part 1 stays with the client to present to the Radiology Department. The Radiology Department can use Part 1 for tracking purposes.  
Client Name: \_\_\_\_\_
3. Part 2 can be torn off and used for Billing/Admissions/Patient Registration purposes.  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Part 2





# Laboratory Providers

## Laboratory Providers agree to:

- Submit Pap test results using the Bethesda System.
- Meet all requirements of the Clinical Laboratories Improvement Act (CLIA) of 1988. Laboratories must provide a copy of their current certification when signing a participation contract with Women's and Men's Health Programs.
- Receive on-site inspection visits by Nebraska Department of Health and Human Services as requested.
- Submit lab results to the Program using the facilities standard laboratory reporting form.
- Complete the processing and interpretation then mail a report for each case to the referring healthcare provider within seven days of receipt of the specimens and to the Program within two weeks.
- Have a system for immediate notification to the referring healthcare provider on the day of diagnosis for all cases interpreted as High grade SIL, squamous cell carcinoma or invasive cancer.
- Have a system for immediate notification to the healthcare provider on the day of diagnosis for all cases interpreted as alert cardiovascular and diabetes screening values. Alert values, as defined by CDC, are: fasting blood glucose  $\leq 50$  mg/dl or  $\geq 250$  mg/dl.



## Identifying EWM Clients

- Clinics affix this red and white sticker (see example of sticker below) to the client's lab requisition form to identify the client as a Program client to the laboratory, if still using paper requisitions.
- Clinics using electronic submission of lab requisitions indicate the Program for billing purposes.
- Before payment can be made, the Program must receive a laboratory report. (See the Compensation & Billing Section for more information on billing procedures)
- Every other month the Program will send requests for missing Pap test reports to the laboratories. (See Follow Up of Abnormal Results Section)

Sticker Example:

**Every Woman Matters**  
**(800) 532-2227**



# Immediate Follow Up of Abnormal Screening Results

## Documentation for Follow Up of Abnormal Screening Results

If a client has had an abnormal exam the Program will need to gather documentation that shows that the client has been followed through to diagnosis and treatment. The Centers for Disease Prevention and Control requires the information as a condition for continued funding.

**The Program requests additional paperwork (Breast Diagnostic Enrollment / Follow Up and Treatment Plan or the Cervical Diagnostic Enrollment / Follow Up and Treatment Plan) to be completed by the Primary Care Provider, OB-GYN, or surgeons office for the following:**

**Pap test findings of:**

- Atypical cells of Undetermined Significance (ASC-US) with +HPV  $\geq 30$  \*
- Low Grade LSIL  $\geq 25$  \*
- Atypical Squamous Cells: Cannot Exclude High Grade SIL (ASC-H)
- High Grade SIL (HSIL)
- Squamous cell carcinoma
- Atypical Glandular Cells (AGC)
- HPV+ 16 18

**OR**

**Pelvic Exam finding of:**

- Suspicious for cervical malignancy

**OR**

**Mammogram findings of:**

- Suspicious abnormality (SAB) - BIRADS category 4
- Highly suggestive of malignancy (MAL) - BIRADS category 5
- Assessment incomplete (NAE)

**OR**

**Clinical Breast Exam suspicious for malignancy**

\* **NOTE: Current** ASCCP Guidelines recommend watchful waiting for Atypical cells of Undetermined Significance (ASC-US), Low Grade SIL, and Cervical Intraepithelial Neoplasia (CIN I) for clients 21-24 years of age.





All program related clinical documentation should be sent to the Program within two weeks of the date the procedure was performed, results were obtained or the client was deemed lost to follow up. **Please do not hold clinical documentation in your system to send together with billing documentation.** Every other month the Program will send a Follow Up Request for missing clinical documentation to healthcare providers and laboratories. Check the dates of follow up reports and respond only to the most recent request.

If you have submitted the requested information within 3 weeks of receiving the Follow Up Report, do not send it again. However, if the information was submitted more than 3 weeks **prior to receiving the Follow Up Report, resubmit the information requested, double checking for the completion and accuracy of your submission.** In order to resolve missing documentation for clients who are at high risk, Program case managers will correspond with participating healthcare provider monthly for clients with the following:

- Pelvic exam suspicious for cervical malignancy  
**Pap test finding of:**
  - ASC-US +HPV  $\geq 30$
  - LSIL  $\geq 25$
  - Atypical squamous cells: cannot exclude high grade SIL (ASC-H)
  - High grade SIL
  - Abnormal Glandular Cells (AGC)
  - Squamous cell cancer
  - HPV+ 16 18**Mammogram finding of:**
  - Suspicious abnormality - BIRADS category 4
  - Highly suggestive of malignancy - BIRADS category 5
  - Assessment incomplete - BIRADS category 0
- Clinical breast exam finding of suspicious for malignancy
- Cervical biopsy or breast biopsy

## Clinic Responsibility

- If there is an error on the Follow Up Report contact the Program by either phone or letter with the Follow Up Report and an explanation of error.
- If you are a healthcare provider and have more than four (4) individuals with missing Pap test results, double check your protocol for identifying program clients. Red and white stickers are to be affixed to all lab requisitions if making a paper request.
- Even if the client's insurance paid for the lab and the Program paid for the office visit, the Program requires a copy of the Pap report.
- **Report of Women Deemed Lost to Follow-Up** - All healthcare providers must make at least three documented attempts at follow up for clients with abnormal results. The documentation must include the dates and types of contacts, as well as the results of the contact. Once a healthcare provider has exhausted all conventional means to contact a client to return for follow up, the client can be deemed lost to follow up. **Failure to show up for a scheduled appointment does not constitute lost to follow up.** The healthcare provider then notifies the Program of the client's status using the Report of Women Deemed Lost to Follow Up. The Program then attempts to locate the client to encourage her to return for follow up care.

Please see Lost to Follow Up Policy on page 66 within the Policy Section.





# Report of Client Deemed Lost to Follow Up

Reasonable accommodations made for persons with disabilities. TDD (800) 833-7352. The Nebraska Department of Health and Human Services provides language assistance at no cost to limited English proficient persons who seek our services.

Version: April 2017

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Date form completed)

NEBRASKA  
Good Life. Great Mission.  
DEPT. OF HEALTH AND HUMAN SERVICES

Every Woman Matters



## Provider Information:

Provider Name \_\_\_\_\_

Clinic Name (Do not abbreviate) \_\_\_\_\_

City \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Phone Number

## Client Information:

Client Name - If name has changed, please list both names \_\_\_\_\_

Client Social Security # \_\_\_\_\_ Client Date of Birth \_\_\_\_\_

Screening/Diagnostic/Exam/Test/Treatment Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Exam/Procedure that is being recommended for follow up: \_\_\_\_\_

## The client is considered lost to follow up ONLY when:

1. Attempted contacted by phone and the phone is disconnected.
2. Current resident of last known address states that they do not know of such a person or the client no longer lives at the last known address.
3. A letter is sent to the client and it returns with "client moved no forwarding address given" or "forwarding has expired."

**DO NOT** use this form for clients that do not show up for scheduled exams.

Contact Date	Type of Contact	Results	Leads
--------------	-----------------	---------	-------

**You must make at least three (3) attempts to locate the client before deeming her lost to follow up.**  
Documentation must include the dates and types of contacts, as well as the results of the contact. Once a provider has exhausted all conventional means to contact a client to return for follow up, the client can be deemed lost to follow up.

**FAILURE TO SHOW UP FOR A SCHEDULED APPOINTMENT DOES NOT CONSTITUTE LOST TO FOLLOW UP.**

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Date provider deemed client was lost to follow up or could not locate client)

Every Woman Matters ~ 301 Centennial Mall South ~ P.O. Box 94817 ~ Lincoln, NE 68509-4817

1-800-532-2227 Fax: (402) 471-0913

E-mail: [dhhs.everywomanmatters@nebraska.gov](mailto:dhhs.everywomanmatters@nebraska.gov) Website: [www.dhhs.ne.gov/ewm](http://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. #5NU58/DP003928-05-00, #5NU58/DP004863-04-00

## Documenting the Clients Refusal of Services



# Service Provider Documentation

Version: April 2017

## Directions for form:

1. Client must fill out Section 1.
2. Providers must fill out Section 2 or 3

### Section 3:

Provider has insured that the client has enough information to make an informed decision by:

Client Informed Refusal given to client: ☐ Yes ☐ No on Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Date Required

Client Informed Refusal given to client by: ☐ Personal Contact / In the Office  
☐ Phone Contact  
☐ Postal Contact

☐ Client returned Client Informed Refusal incomplete.

☐ Client failed to return a signed Client Informed Refusal.

Attempts were made to give information to the client regarding:

- |  |                                    |
|--|------------------------------------|
| <input type="checkbox"/> Diagnostic Services | <input type="checkbox"/> Diagnosis |
| <input type="checkbox"/> Treatment Services  | <input type="checkbox"/> Treatment |

Provider is unsure if the client has or is able to make an informed decision due to one or more of the following reason(s):

- |  |  |
|--|--|
| <input type="checkbox"/> No verbal communication with client | <input type="checkbox"/> Low literacy level            |
| <input type="checkbox"/> Language / Translation issues       | <input type="checkbox"/> Mental / Emotional disability |
| <input type="checkbox"/> Visual / Hearing impairment         |  |

\_\_\_\_\_  
 Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Facility/Clinic/Agency Information - clinician name, clinic name, city name (do not abbreviate)

Name of Person completing this form: \_\_\_\_\_

\_\_\_\_\_  
 Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Facility/Clinic/Agency Information - clinician name, clinic name, city name (do not abbreviate)

Client Name \_\_\_\_\_

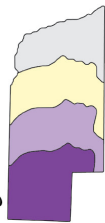
SSN#: \_\_\_\_\_

Name of Procedure/Treatment: \_\_\_\_\_

DOB: \_\_\_\_\_

Nebraska Department of Health and Human Services ~ Women's and Men's Health Programs  
 Every Woman Matters ~ 301 Centennial Mall South, P.O. Box 94817 ~ Lincoln, NE 68509-4817  
 1-800-532-2227 ~ Fax: (402) 471-0913  
 E-mail: dhhs.everywomanmatters@nebraska.gov ~ Website: www.dhhs.ne.gov/womenshealth

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. #5NU58/DP003928-05-00, #5NU58/DP004863-04-00



# Follow-up Report

**Provider:** *Provider/Clinic Who Performed Procedure* (Date Range: \_\_/\_\_/2014 to \_\_/\_\_/2014)  
**Contact Person:** *Provider/Clinic Who Performed Procedure*  
**City:** *City location of Provider/Clinic*  
**Zip Code:** *Zip code of Provider/Clinic*  
**Fax:** *Fax of Provider/Clinic*

**Ran by:** *EWM Staff Name here*  
**Address:** *Address of Provider/Clinic*  
**State:** NE  
**Phone:** *Phone of Provider/Clinic*  
**Email:** *Email of Provider/Clinic*

Client's Name	Med-It ID	DOB	DOS	Procedure	Result	Missing	Documentation Needed
			04/17/2014	Pap Smear	Pending	Sent to Lab	Pap/Lab Report
			03/28/2014	Diagnostic Mammographic Views Dig.	Assessment is Incomplete (BI-RADS 0)	Breast Final Dx.	Breast Followup and Treatment Plan
			04/17/2014	Ultrasound		Breast Final Dx.	Breast Followup and Treatment Plan
			09/05/2013	Colposcopy	CIN III	Cervical Final Dx.	Cervical Followup and Treatment Plan

**Screening and Diagnostic Information**  
 Date of Service of Procedure  
 Procedure performed  
 Result of Procedure performed

**Patient Information**  
 Client's Name  
 Client's Med-It ID  
 Client's Date of Birth

**Clinical Information the Program shows as still needed from the clinic**  
**Missing:** Information missing will be related to the diagnosis or treatment received by the client or could be the program has not received a Pap smear report.  
**Documentation:** Will be the report or the form the program would expect the missing information to be recorded on.



# Treatment Funds

## Application for Treatment Funds

Nebraska's Medicaid Treatment Bill (LB677) passed during the 2001 legislative session. It's effective date was September 1, 2001. Only those women diagnosed with breast or cervical cancer through Every Woman Matters (EWM), after September 1, 2001, are eligible for treatment through Medicaid. This is great news for providers and the women they serve through the program.

This means that the majority of women screened in the program and diagnosed with cancer of the breast or pre-cancer or invasive cancer of the cervix will be eligible for Medicaid coverage. Women entering Medicaid may be eligible for coverage for the duration of their treatment.

## How Women Qualify for Medicaid Treatment Option

- Diagnosed with cancer of the breast or pre-cancer or invasive cancer of the cervix through EWM who are 18-64
- Uninsured
- Citizen or Legal U.S. resident
- Nebraska state resident
- All women may be subject to income verification by program staff



# How to Apply for Medicaid

## Healthcare Provider/Clinic Staff:

1. Complete the Treatment Funds Request form
2. Complete the Breast or Cervical Diagnostic Enrollment/Follow Up and Treatment Plan form
3. Provide copy of Pathology Report
4. If client is born outside of Nebraska a copy of their birth certificate is required. Client must provide a copy of citizenship or naturalization papers (permanent resident card), if client born outside of U.S.
5. Fax or mail all forms to EWM, Attn: EWM Nurse
6. Provider setting up procedure needs to make sure they or the provider referring to is a Medicaid provider
7. All documentation must be submitted (Breast or Cervical Diagnostic Enrollment/Follow Up and Treatment Plan form, Pathology Report, Treatment Funds Request form) by the clinic
8. Call if you have questions at 1-800-532-2227 or fax to 1-402-471-0913

## Client:

1. Provide information to staff as requested for the Breast and Cervical Cancer Medicaid Supplement form
2. Provide information to the clinic
3. Sign and date the Breast and Cervical Cancer Medicaid Supplement form
4. If client is born outside of Nebraska a copy of their birth certificate is required. Client must provide a copy of citizenship or naturalization papers (permanent resident card), if client born outside of U.S.
5. Client can complete this information while at the healthcare provider’s office and the forms can be submitted via fax

This is a collaborative effort between the clinic, client and the Program. Please call the Program at 1-800-532-2227 with questions.

## Treatment Funds Request



In order for your client to access Medicaid or other treatment resources this form must be complete. The following documents are required to initiate the process for financial assistance. Please write in the dates below when the forms/report were sent.

Treatment Funds Request Form completed by provider on:	Date ____/____/____
Breast/Cervical Diagnostic Enrollment, Follow Up and Treatment Plan completed by provider on:	Date ____/____/____
Pathology Report sent on:	Date ____/____/____

For more information see Page 37-39 of the EWM Program Provider Contract Manual.

### Client Information

First Name	Middle Initial	Last Name	Maiden Name
Birthdate ____/____/____		Social Security # ____-____-____	Home/Cell Phone circle one ( ) ( ) Work Phone ( ) ( )
Address _____ _____ _____		City _____	County _____
In what state was the client born:		Primary Language? <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other _____	
Is the client a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, what is the client's immigration status? _____ <small>(Please attach a copy of the client's INS papers, if available)</small>			
Eligibility: Medicare: <input type="checkbox"/> Yes <input type="checkbox"/> No Medicaid: <input type="checkbox"/> Yes <input type="checkbox"/> No Private Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No		Diagnostic Test: Diagnostic Test Date: ____/____/____ Result: <input type="checkbox"/> CIN II <input type="checkbox"/> CIN III <input type="checkbox"/> Cancer in situ (breast or cervical) <input type="checkbox"/> Invasive cancer (breast or cervical)	
If yes, list name of insurance company: _____		Treatment: Scheduled Date: ____/____/____ Performed Date: ____/____/____	

Nebraska Medicaid notifies all clients of acceptance to Medicaid Treatment.

SURGEON/CLINIC: Contact Person: _____	Phone: (____) _____ Fax: (____) _____
Referred By/Clinic: Contact Person: _____	Phone: (____) _____ Fax: (____) _____

See reverse of this form for Points of Importance.





# Treatment Resources for Women Not Eligible for Nebraska Medicaid

Program case managers will work with providers to find treatment resources for which clients may be eligible for.

**Criteria:**

- Diagnosed with cancer of the breast or pre-cancer or invasive cancer of the cervix through the program
- Insured
- All women may be subject to income verification by the program to determine most appropriate treatment resource

## Treatment Resources

- Out of state resident - will be referred to Medicaid services of the state in which they have residency
- American Cancer Society - Patient Services Center 1-888-227-6333
- AVON - Clients must access by calling 1-800-813-4673
- Patient Advocate Foundation (PAF) 1-800-532-5274 - see Staff & Resources Section for more information

## Steps to follow:

1. Complete the Treatment Funds Request form
2. Complete the Breast or Cervical Diagnostic Enrollment/Follow Up and Treatment Plan form
3. Provide copy of Pathology Report
4. Fax or mail both forms to EWM, Attn: EWM Nurse
5. All Program documentation must be submitted (Breast or Cervical Diagnostic Enrollment/Follow Up and Treatment Plan form, Pathology Report, Treatment Funds Request form) by the clinic







# Compensation & Billing

## Compensation and Billing

Before being reimbursed by Women's and Men's Health Programs (hereinafter referred to as Programs), participating healthcare providers agree to provide reports of findings and recommendations which are necessary to compile cancer surveillance data and reports to the funder, the Centers for Disease Control and Prevention. Because collecting this public health data is crucial, before payment is rendered to participating healthcare providers, the Programs must receive the following documents:

- **AMA-Approved Claim Forms** - Claims will be submitted to EWM for reimbursement according to program guidelines using approved AMA Claims Forms.
- **Healthy Lifestyle Questionnaire**
- **Office Documentation Forms - (according to services rendered)**
  - Screening Card
  - Breast Diagnostic Enrollment/Follow Up and Treatment Form
  - Cervical Diagnostic Enrollment/Follow up and Treatment Form
  - Nebraska Colon Cancer Program Follow Up and Treatment Form
  - State Pap Plus Enrollment Form
- **Radiology Reports** - Payment is not rendered to radiologists, Hospitals or Radiology Facilities until the radiology report for the service billed is received.
- **Lab Report** - Payment is not rendered to laboratories until the lab report is received.
  - \* For approved bloodwork, patient's completed screening card must be received by our office and is required for payment.
- **Pathology Report** - Payment is not rendered to pathologist until the pathology report is received.

If you have questions regarding billing and compensation please contact the Program at 1-800-532-2227.





**If you provide services to a client who does not meet program eligibility guidelines, or if you submit for reimbursement of services not in adherence with the Screening Guidelines, the Programs are not liable for payment.** The Programs makes the official determination of age, financial and insurance eligibility for purposes of compensation.

The Programs reimburse participating healthcare providers according to the Fee Schedules. **Participating healthcare providers agree to accept these fees as payment in full. Therefore, you should not bill Program clients for services described in the Fee Schedule.** Any difference in your facility’s standard rates and the Fee Schedule **is not** payable by the Programs and **may not** be billed to the client. **Participating healthcare providers collect no fees from enrolled clients for program services.**

**The Programs pay participating laboratories directly** for Pap tests and biopsies. ***We do not pay clinical healthcare providers a collection fee (CPT 99000) nor should a collection fee be billed to the client.***

The Program will reimburse for lipid panels and blood glucose to participating clinics with in house labs or participating laboratories if clinics send out lab. Affix the Red and White sticker to the lab requisition so lab will bill the Program. Clinics using electronic submission of lab requisitions indicate the Program for billing purposes. Charge for venipuncture is accepted when billing for payable services. Third-party payers should be billed first.

## Anesthesia

Program policies for processing Anesthesia Claims can be found in Attachment 1 - Anesthesia Rates within the Fee for Services Schedules located in the back of this section.

## Hospital Claims for Surgical Procedures

Hospital fees related to services provided during approved surgical procedures are reimbursed at the approved rate set by Nebraska Medicaid. Since Medicaid Rates are not adjusted on a set schedule, hospitals are required to submit a copy of their Medicaid Rate Letter to the Program when a new rate is assigned.

Covered services listed separately on the Fee Schedule will be paid according to the schedule; all other charges related to the approved procedure will be bundled and compensation will be at the Approved Nebraska Medicaid Rate.





# Services Performed in Ambulatory Surgery Centers

The Ambulatory Surgery Center (ASC) payment does not include the professional services of the healthcare provider. These are billed separately by the healthcare provider. Healthcare Providers' services include the services of anesthesiologists administering or supervising the administration of anesthesia to ASC clients and the client's recovery from the anesthesia. The term healthcare providers' services also includes any routine pre- or postoperative services, such as office visits, consultations, diagnostic tests, removal of stitches, changing of dressings, and other services with the individual healthcare provider usually performs.

**The healthcare provider must enter the place of service code (POS) 24 on the claim to show that the procedure was performed in an ASC.** The healthcare provider is paid the rate listed with an asterisk (\*) on the Fee for Service Schedule (These amounts apply when service is performed in a facility setting).

The ASC will submit their claim showing the procedure performed, and will be reimbursed the Group Rate assigned to that procedure.

## Program Match

The Program is required by the program funder, the Centers for Disease Control and Prevention, to obtain \$1 in matching contributions for every \$3 received from the funder. Participating providers agree to accept payment of allowable cost as payment in full. However, you, as a participating provider, agree to show the full amount of the charges on the bill so that the difference can be computed as a matching contribution.

## Third-Party Billing

**The Program is the payer of last resort.** Participating healthcare providers agree to file other third-party claims first. You agree to accept the rates listed on the Fee Schedule **as payment in full.**

If the third-party payment is greater than or equal to the maximum allowable cost described in the Fee Schedule, that amount must be considered payment in full. **Do not bill the Program or the client for services.**

If the third-party payment is less than the maximum allowable costs described in the Fee Schedule, the claim should be sent to the Program, along with a copy of the explanation of benefits from the third-party payer. **Do not bill the client for these services.**



# Remittance Advices (Billing Authorization)

After the Program has reviewed the claims received and processed your account, a Billing Authorization is generated. The payment document is then entered into NIS, the State’s accounting system, and an invoice # is assigned to the payment document, and a copy is mailed to your facility, indicating the services authorized for payment. Once the payment document has been approved by accounting, payment will be issued, either by check or by Electronic Fund Transfer, depending on the system your facility has chosen for payment with the State Treasurer’s office.

**PLEASE NOTE:** the Billing Authorization is mailed separately from the payment. If you receive a paper check, the check stub will include the invoice number which was assigned to the payment document. If you are unable to identify the correct payment document, please complete the Payment Status Form and fax it to (402) 471-0913.

If you billed the Program for services and have not received payment, the Remittance Advice also lists any missing documentation which is delaying payment. **Please respond to only the newest Remittance Advice you have, as it shows all current missing documentation.** It is redundant to retrieve the missing reports from any Remittance Advice other than the most current one. Please keep in mind that it takes approximately two (2) weeks for the Remittance Advice to circulate from the Program through the State’s accounting system - making the Remittance Advice two (2) weeks old by the time you receive it. We acknowledge receipt of missing documentation when payment is authorized from our office the following month.

## PAYMENT STATUS FORM

State of Nebraska, Department of Health and Human Services  
**Women's & Men's Health Programs**  
Every Woman Matters Program (EWM)  
Nebraska Colon Cancer Screening Program (NCP)  
301 Centennial Mall South - PO Box 94817  
Lincoln, NE 68509-4817  
PHONE: 1-800-532-2227 or 402-471-0929  
**FAX: 402-471-0913**  
[www.dhhs.ne.gov/ewm](http://www.dhhs.ne.gov/ewm)

This transmission may include protected health information, under the standards established per the Health Insurance Portability and Accountability Act of 1996, and Neb. Rev. Stat., §68-313. If this information has been received in error, the recipient is directed to return to sender or destroy the information and notify this office of the error immediately. Failure to do so may lead to civil or criminal penalties.

The document will be reviewed and returned within 2 working days.

PROVIDER NAME:			
Name of Contact Person:			
Telephone Number:			
Fax Number:			

COMPLETE THIS SECTION IF YOU HAVE A CHECK AND NEED BACK-UP FOR THAT CHECK  
THE DOCUMENT(S) WILL BE FAXED TO YOU

PAYEE	CHECK NUMBER	INVOICE NUMBER (FOUND ON CHECK STUB)	Check Amount

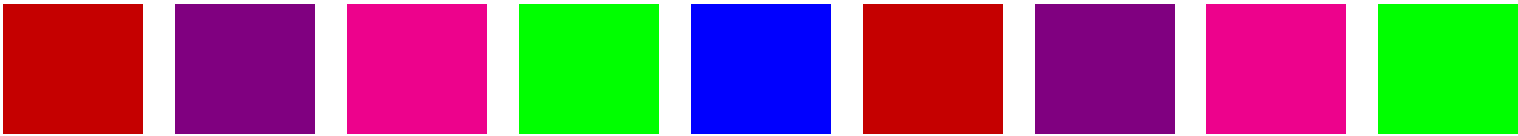
PAYEE	INVOICE NUMBER (FOUND ON UPPER RIGHT-HAND CORNER OF DOCUMENT)	DOCUMENT NUMBER	COMMENTS (EWM to complete this section)

To be completed by EWM Staff:

Date Received:	Date Completed:	By:
----------------	-----------------	-----

Payment Status Form 04-2017





# Filing Deadline

See Timely Submission of Claims and Documentation Policy on page 65.

# Reasonable Effort

The law authorizing the National Breast and Cervical Cancer Early Detection Program states that payment for any item or service cannot be made through this program when payment has been made or can reasonably be expected to be made under other Federal or State programs, insurance policies or by a health maintenance organization (HMO).

Therefore, the Program must make a reasonable effort to make certain that no other State or Federal program, insurance policy or prepaid health program (health maintenance organization) would make any full or partial payment for the services.

- Our reasonable efforts include, but are not limited to:**
- An Explanation of Benefits (EOB) must accompany the claim if a client has other coverage.
  - Asking clients to update their health insurance status prior to issuing a screening card.

If a clinic or hospital resubmits the claim stating that there is no other third party payor, for example, the client’s circumstances have changed since she completed the enrollment form, the Program will accept this and process the claim.

# Fee Schedule

The Fee Schedule is updated annually for the Fiscal Year (July 1, - June 30) and the most current schedule can be found at <http://dhhs.ne.gov/EWMforms>





# Provider Quality Improvement Project

## Background

As more women have obtained preventive health coverage through existing payment sources, (employer insurance, private insurance, health market place, Medicaid, and Medicare) cost related to direct services is no longer the primary barrier for women to receive preventive screening services. Barriers such as: pay loss for time off work, lack of leave time from work, transportation, awareness of personal risk for cancer and cardiovascular disease, knowledge related to guidelines for preventive screening and modifiable risk factors, co-morbidities, family responsibility, fear of results, cultural and language differences all affect the likelihood or delay in obtaining screening services.

Though all of the Women's and Men's Health programs provide direct clinical services to men and women in the form of reimbursements to clinical providers, they also offer an array of other core components that are essential to improving health outcomes among Nebraska men and women.

## Public Education and Targeted Outreach

The program has always provided public education and targeted outreach to vulnerable populations across the state utilizing screening, morbidity and mortality data to identify those populations in greatest need. "While far more women will have insurance, many will still face other serious barriers to timely and effective prevention screening such as low incomes, education, and other cultural, social, geographic or demographic barriers. Having insurance will not change other underlying characteristics. For example, among Medicare recipients, all whom have insurance coverage for screening services, about one-third did not obtain a mammogram in the last two years and screening was lower among poorer, poorly educated and Hispanic women."<sup>1</sup> Education and targeted outreach will become even more important if Nebraska is to ensure real health and economic improvements for the most vulnerable populations.

<sup>1</sup>[http://sphhs.gwu.edu/departments/healthpolicy/dhp\\_publications/pub\\_uploads/dhpPublication\\_42F2DBC5-5056-9D20-3D389C9BFDB67E9B.pdf](http://sphhs.gwu.edu/departments/healthpolicy/dhp_publications/pub_uploads/dhpPublication_42F2DBC5-5056-9D20-3D389C9BFDB67E9B.pdf)



## Diagnostic and Patient Navigation Services

The program currently covers diagnostic costs related to breast, cervical and colon cancer screening and treatment referrals. A crucial and integral service is that of patient navigation and linkage to both medical care and community programs for disease self-management. “After implementation of the ACA, the number of low-income women who are insured will rise appreciably and the lack of insurance coverage will be relevant for a much smaller share of women.”<sup>2</sup> Coverage under the ACA and or Medicaid expansion is expected to cover at least all costs associated with preventive services with an A or B rating under the U.S. Preventive Services Task Force. Women with coverage will still be expected to pay co-pays and deductibles. Costs will continue to be a barrier with those clients having abnormal results. Other barriers will continue to exist as they relate to education, and other cultural, social, geographic or demographic barriers. Currently the program is able to ensure that the majority of women and men receive definitive diagnosis within 60 days of an abnormal screen and have treatment initiated within 60 days of a diagnosis of cancer through active patient navigation.

## Partnership Development and Collaboration

The programs have worked very hard to develop opportunities for collaboration with both internal and external partners to positively affect the health outcomes of Nebraskans across the state. Effective partnerships assist in identifying gaps and needs, improve quality of services, utilize and build on strengths of partners, decrease duplication of efforts, streamline processes and increase efficiencies, and lead to pooled resources having a greater effect on the entire population as well as vulnerable populations within the state’s borders. Examples would be the State’s Breast Cancer Control Plan, The Community Health Hub model and the State’s Health Improvement Plan. As resources begin to decrease for public health programs, the need to be resourceful and work across programs to meet the needs of the population will be even greater.

## Professional Education

Currently the program has over 400 provider contracts that offer clinical services for the screening programs. Though the programs offer reimbursement fee for service for clinical preventive services to providers, the OWMH also provides a credible resource for provider education and offers a variety of continuing education opportunities for providers as it relates to preventive clinical services and the quality of those services. Under the ACA many more individuals will be covered for services, and questions are arising about the capacity of medical providers and systems to serve all the individuals who will become newly eligible. The programs are in a unique position, because of their current relationships with providers, to work with primary care physicians and health systems to assist them in implementing evidence-based strategies and promising practices as noted in the Community Preventive Task Force guide that will improve patient outcomes and quality and timing of appropriate preventive screenings. An example would be the work created through the UNMC College of Public Health’s Policy Academy. Currently activities are being implemented with two Federally Qualified Health Centers.

Through implementation of in office policies for clinical providers around preventive screening the potential impact from the Community Preventive Services Task Force found the following increases to be both impressive and achievable:

- Screening for breast, cervical, or colorectal cancer: median increase of 13.0 percentage points (interquartile interval [IQI]: 11.5 to 30.5 percentage points).<sup>2</sup>

<sup>2</sup> <http://www.thecommunityguide.org/cancer/screening/client-orientedindex.html>







## Data Management and Utilization/Program Monitoring and Evaluation

All of the OWMH programs have strong data components that collect and utilize client demographic, behavioral, clinical screening, diagnostics and treatment and staging information as well as timing and services delivered. Data is also collected relevant to program process and encounters with clients related to case management, patient navigation, education provided, and community linkages. Though the program potentially will no longer be collecting data in order to pay for clinical services there is the opportunity to create robust data systems that assist with patient reminders and provision of tailored health messages to individuals to increase likelihood of screening follow through as well as increasing timeliness of diagnostic and treatment services if needed.

## Moving Forward

Nebraska has received funding to work with clinics to implement health systems change evidence based interventions to increase clinic-level screening rates for breast and cervical cancer screening. Interventions that have been proven to increase screening rates can be found in the Community Preventive Guide and include provider reminders, client reminders, provider assessment and feedback, reducing structural barriers.

Providers participating in the Quality Clinical Improvement project must adhere to the following requirements:

### Eligible Clinics:

1. Every Woman Matters provider
2. Except the bundled payment as payment in full for all clinic services and diagnostic services
3. Must have agreements/processes for payment to laboratory and specialty care related to screening and diagnostic care for each patient navigated through this program
4. Must sign Memorandum of Understanding (MOU) with Women's and Men's Health Program
5. Must present evidence based template for health systems change for approval
6. Must submit required data for quality review prior to payment

### Project Description

#### Phase 1:

Development of referral and or identification processes for women in need of navigation and structural barrier reduction to increase screening rates in communities with disparate health outcomes. Identification and implementation of evidence based systems change within clinics to enhance navigation of women and clinic preventive screening rates. Implement Quality Improvement Project and data submission for bundled payment.

#### Phase 2:

Evaluation, Review, Recommendation, Continuation of bundled payment for quality data, pay structure modified for quality of data, follow up, and referral for treatment services as needed.

#### Phase 3:

Evaluation, Review, Recommendation to modify/adopt/discontinue. Final report on outcomes of project.



**Quality Performance Indicators**

- Comprehensive services received
- >80% receive mammography screening if due
- >90% receive cervical cancer screening according to guidelines
- >90% receive final diagnosis within 60 days of abnormal screening
- >90% have treatment initiated within 60 days of cancer diagnosis
- >80% referred to Healthy Behavior Support Service (Community linkage to NDPP, Living Well, Check.Change.Control, Active Living Every Day)

**Payment structure for Phase 1**

Upon receipt of Quality Improvement Project (QIP) Navigation card, data will be reviewed and entered into MedIt data system by program staff. Receipt of QIP Navigation card will automatically initiate a quick claim in the amount of \$419.

This claim will be processed along with the clinics regular billing claims showing up on the billing authorization. Identified by medical record number provided by clinic staff.





# Program Policies



Nebraska Department of Health and Human Services  
Women’s & Men’s Health Programs Policies

**Begin Date: July 1993**  
**Revised Date: November 2008**  
**Review Date: June 2019**

**Supplanting of Federal Funds Under Title X**

**The following steps shall be taken in order to prevent the supplantation of federal funds under Title X:**

- Family Planning Agencies will actively recruit clients over the age of 40 for cancer screening through Every Woman Matters (EWM)
- Clients under the age of 40 years who request enrollment in EWM will be referred to existing family planning agencies for screening services
- Family planning agencies may enroll clients 18-39 years of age with suspicious clinical breast exam for breast malignancy for diagnostic services (See policy on Page 65). These clients must still meet income- and insurance-eligibility guidelines and are enrolled only temporarily
- Family planning agencies may enroll present clients over 40 years of age in EWM who are immediately referred for breast ultrasound. These clients must still meet income- and insurance eligibility guidelines (See Breast Diagnostic Enrollment/Follow Up and Treatment Plan)

**NO Funding Deficits**

Upon notification from the NDHHS Office of Family Health that **NO Funding Deficits** exist to Title X agencies for the payment of diagnostic and referral for treatment services for breast and cervical abnormalities, Family Planning clients can access Medicaid for treatment resources without enrollment of clients in the EWM program. The following process and paperwork must be followed:

**Funding Deficits**

Upon notification from the NDHHS Office of Family Health of **Funding Deficits** to Title X agencies for the payment of follow up and treatment services for breast and cervical abnormalities, Family Planning clients can be enrolled in the EWM program for diagnostic and referral for treatment services. The following process and paperwork must be followed:

- Client must meet income, insurance and eligibility guidelines of EWM
- Client must be enrolled on either the Cervical Diagnostic Enrollment/Follow Up and Treatment Plan form or the Breast Diagnostic Enrollment/Follow Up and Treatment Plan form. All pages must be complete including Diagnostic Outcome and Treatment Outcome Sections.
- Enrollment forms are to be submitted with all billing attached.





Nebraska Department of Health and Human Services  
Women's & Men's Health Programs Policies

**Begin Date: July 1993**  
**Revised Date: November 2008**  
**Review Date: June 2019**

**Presumptive Enrollment by Family Planning Agencies into Medicaid Treatment Program**

Process for clients needing treatment resources are as follows:

**Treatment Funding Application:**

If client is US citizen, has no creditable insurance for breast and cervical cancer coverage, and is a Nebraska resident, complete the Breast and Cervical Cancer Medicaid Supplement Form and the Treatment Request Form

- Top Section-Client Name, SSN, DOB, Race and Date. **Do not sign or print as EWM Representative.**
- Medicaid Information-Ask client all questions in this section and complete
- Presumptive Eligibility-Complete Provider Representative Information. Client signs/dates the bottom of form.

Once a diagnosis of breast or cervical cancer has been determined, the following forms must be provided:

- Breast and Cervical Cancer Medicaid Supplement Form
- Treatment Request Form
- Diagnostic Enrollment/Follow Up and Treatment Plan form
- client photo identification
- copy of birth certificate if not born in Nebraska
- copy of the Pathology Report and Billing for diagnostic procedure





Nebraska Department of Health and Human Services  
Women’s & Men’s Health Programs Policies

**Begin Date: July 1997**  
**Revised Date: November 2008**  
**Review Date: June 2019**

**Pre-July 1997 Enrollment Eligibility Clause**

Clients 18 through 39 years of age enrolled in Every Woman Matters (EWM) prior to July 1, 1997, remain enrolled in the program. These clients may receive screening office visits and services following the Screening Guidelines as long as they follow the eligibility for women 40-74.

**Begin Date: July 1997**  
**Revised Date: July 2005**  
**Review Date: June 2019**

**Enrollment for Diagnostic Services Only**

Clients 18-74 (breast) and 21-74 (cervical) years of age who meet eligibility guidelines may only enroll in Every Woman Matters (EWM) to receive diagnostic services following the Breast or Cervical Diagnostic Enrollment guidelines. Clients who temporarily enroll are enrolled until the diagnostic procedure is performed, a definitive diagnosis is made and/or treatment is initiated. Clients who temporarily enroll are not eligible to receive screening services and must re-enroll in EWM if they ever need the diagnostic services again or until they reach 40 years of age.





Nebraska Department of Health and Human Services  
Women's & Men's Health Programs Policies

**Begin Date: August 1998**

**Revised Date: June 2014**

**Review Date: June 2019**

### **Timely Submission of Claims and Documentation**

Claims **AND** supporting clinical documentation as required by program policies for Every Woman Matters (EWM) and Nebraska Colon Program (NCP) services provided during the previous Fiscal Year (FY) must be **RECEIVED** by the program by December 31 of the same calendar year.

<b>FY</b>	<b>SERVICE DATES</b>	<b>FILING DEADLINE</b>
17-18	7/1/17 - 6/30/18	12/31/18
18-19	7/1/18 - 6/30/19	12/31/19
19-20	7/1/19 - 6/30/20	12/31/20
20-21	7/1/20 - 6/30/21	12/31/21
21-22	7/1/21 - 6/30/22	12/31/22

Claims received after the filing deadline or that are not payable due to missing documentation will be rejected for "Timely Filing". Claims are allowed by the program that are rejected for "Timely Filing" may not be billed to the client.

#### **APPEALS:**

A written appeal for services denied for timely filing can be submitted to the program up to 1 year from the service date. All appeals for timely filing must include the required documentation for the services provided; and an explanation as to why the claim was not filed within the time period specified above.



## Nebraska Department of Health and Human Services Women's & Men's Health Programs Policies

**Begin Date: June 2000**

**Revised Date: June 2014**

**Review Date: June 2019**

### Claims to be Held 3 Months

Claims that have been received by the Every Woman Matters program, but have remained unpaid for three months due to missing documentation will be denied on the Billing Authorization. If the claim is for payable services the claim can be resubmitted with the proper documentation as long as it meets the Timely Submission of Claims and Documentation policy stated on page 65.

**Begin Date: January 2001**

**Review Date: June 2019**

### Lost To Follow Up

The client is considered lost to follow up when:

- Contacted by phone and the phone is disconnected.
- The current resident of her last known address states that they do not know of such a person or the client no longer lives at the last known address.
- A letter is sent to the client and it returns with "client moved no forwarding address given" or "forwarding has expired".
- The emergency contact has been contacted and he or she is unable to give:
  - an address,
  - a phone number, or
  - they are unable themselves to contact the client.

Once all of the above has been completed, refer to the EWM Central Office or the Case Management Coordinator for referral to the tracing agency.

**Report of Client Deemed Lost to Follow Up**

Nebraska accommodation made for persons with disabilities. TDD (800) 635-7302. The Nebraska Department of Health and Human Services provides language assistance at no cost to limited English proficient persons who seek our services.

**Version: April 2017**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Date form completed)

**Provider Information:**

Provider Name: \_\_\_\_\_

Clinic Name (Do not abbreviate): \_\_\_\_\_

City: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Client Information:**

Client Name - if name has changed, please list both names: \_\_\_\_\_

Client Social Security #: \_\_\_\_\_ Client Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Screening/Diagnostic/Exam/Test/Treatment Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Exam/Procedure that is being recommended for follow up: \_\_\_\_\_

**The client is considered lost to follow up ONLY when:**

1. Attempted contacted by phone and the phone is disconnected.
2. Current resident of last known address states that they do not know of such a person or the client no longer lives at the last known address.
3. A letter is sent to the client and it returns with "client moved no forwarding address given" or "forwarding has expired."

**DO NOT use this form for clients that do not show up for scheduled exams.**

Contact Date	Type of Contact	Results	Leads
<p><b>You must make at least three (3) attempts to locate the client before deeming her lost to follow up.</b> Documentation must include the dates and types of contacts, as well as the results of the contact. Once a provider has exhausted all conventional means to contact a client to return for follow up, the client can be deemed lost to follow up. <b>FAILURE TO SHOW UP FOR A SCHEDULED APPOINTMENT DOES NOT CONSTITUTE LOST TO FOLLOW UP.</b></p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>Date: ____/____/____ (Date provider deemed client was lost to follow up or could not locate client)</p>			

Every Woman Matters ~ 301 Centennial Mall South ~ P.O. Box 94817 ~ Lincoln, NE 68509-4817  
1-800-532-2227 Fax: (402) 471-0913  
E-mail: dhhs.everywomanmatters@nebraska.gov Website: 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 Cervical Cancer Screening Demonstration Program Cooperative Agreements with the Nebraska Department of Health and Human Services. #W2012-00000000-01-00, #W2012-00000000-01-00

# Program Policy







Nebraska Department of Health and Human Services  
Women's & Men's Health Programs Policies

**Begin Date: March 2002**  
**Review Date: June 2019**

### **Tribal Clinics Enrollment and Screening**

Clients attending Tribal clinics will be eligible for the Every Woman Matters (EWM) program if they meet the age, income and insurance guidelines set out in the Client Enrollment and Eligibility Section. Clients attending tribal clinics are not exempt from income eligibility determination.

**Begin Date: July 2003**  
**Revised Date: November 2008**  
**Review Date: June 2019**

### **Non-Nebraska Healthcare Providers**

Healthcare providers are contracted to provide services for Every Woman Matters (EWM) according to program guidelines. Healthcare provider clinics within the state may provide services to eligible clients who routinely seek care in their offices. Non-Nebraska healthcare providers may provide services to eligible Nebraska clients who routinely seek care in their offices.

In the case where a non-Nebraska resident is enrolled in EWM and uses a non-Nebraska healthcare provider, services will **not** be reimbursed. The surrounding states of Kansas, Colorado, Missouri, Wyoming, South Dakota and Iowa have the National Breast and Cervical Cancer Early Detection Program available to their residents.





Nebraska Department of Health and Human Services  
Women’s & Men’s Health Programs Policies

**Begin Date:    September 2014**  
**Review Date:  June 2019**

**Protocol for Payment of Office Visits for Women Under 40**

Initial office visits for women under 40, enrolling in EWM as Diagnostic clients, will be paid for only if the following criteria are met:

- Office visit is for diagnostic purposes only.
  - No well women checks, physicals, or routine screening visits would be eligible.
- Provider determines that additional testing is necessary, such as:
  - Breast ultrasound
  - Diagnostic mammogram in women 30+
  - Biopsy, etc.
- If primary provider determines that the condition is benign and no additional testing is required, then the client would be responsible for payment of the office visit





**Begin Date: August 1998**  
**Revised Date: November 2008**  
**Review Date: June 2019**

### **Minimal Standards for Suspicious Abnormal Clinical Breast Exam (CBE) with Negative Mammography**

The CDC has set minimum acceptable standards for follow up of abnormal clinical breast exams (CBE) in conjunction with a negative ***screening and/or diagnostic*** mammography. All CBEs that are suspicious for malignancy, in conjunction with a negative mammogram, **must** be followed with one or more of the following:

- Surgical consultation
- Breast Ultrasound
- Fine Needle Aspiration / Cyst Aspiration
- Biopsy

**\* Immediate follow up is required.**

- **Diagnostic mammography alone does not meet standards of care.**

**To appropriately ensure that minimal standards for abnormal clinical breast exams are being met, those facilities that do not meet minimal standards are subject to audit.**



Nebraska Department of Health and Human Services  
Women’s & Men’s Health Programs Policies

**Begin Date:   April 2009**  
**Revise Date:   June 2014**  
**Review Date:   June 2019**

**Clinical Breast Exam (CBE) for Clients 18-39 Suspicious for Breast Malignancy**

**The Centers for Disease Control and Prevention recommends that every client 18 years of age and older with a suspicious clinical breast exam be referred to a surgeon.**

**18-39 Years of Age**

The breast ultrasound may be ordered by a surgeon for clients 18-39 who are enrolled in the EWM program if:

- 1.       Screening clinical breast exam is suspicious for breast malignancy.
  
- 2.       Diagnostic mammogram is assessment incomplete requiring further views (30-39 years of age only)
  
- 3.       Radiologist recommends a breast ultrasound after a diagnostic mammogram
  - a.       Radiologist may perform an ultrasound for clients after a diagnostic mammogram.

If you are a **surgeon** you may order a breast ultrasound **without pre-authorization if the above criteria are followed.**

Every Woman Matters (EWM) understands that in rural areas there may not be a surgeon readily available. **In rural areas any healthcare provider may call requesting a verbal approval for a breast ultrasound on behalf of clients 18-39.**

At any time the EWM program may require a chart audit for the purpose of quality assurance or quality control.





Nebraska Department of Health and Human Services  
Women's & Men's Health Programs Policies

**Begin Date: July 2014**

**Review Date: June 2019**

## **Annual Screening MRI for Clients 18-74**

*Pre-authorization is required for reimbursement of this test*

The Centers for Disease Prevention and Control recommends an annual MRI as an adjunct to screening mammogram and CBE for the following groups with high risk of breast cancer:

1. Lifetime risk of breast cancer of 20% - 25% or greater, based on family history using the breast cancer NCI Risk Assessment tool for women 35+: [www.cancer.gov/bcrisktool/](http://www.cancer.gov/bcrisktool/)  
For women under 35, go to [www.crahealth.com/risk-express](http://www.crahealth.com/risk-express) or call us to run the risk report.
2. Known BRCA1 or BRCA2 gene mutation, date of test result may be requested.
3. First-degree relative (parent, brother, sister, or child) with a BRCA1 or BRCA2 gene mutation, date of test result may be requested.
4. Radiation therapy to the chest when they were between the ages of 10-30 years of age. Age at time of radiation and purpose of the radiation may be requested.
5. Have Li-Fraumeni syndrome, Cowden syndrome, or Bannayan-Riley-Ruvalcaba syndrome, or have first-degree relatives with one of these syndromes.

The screening MRI is a covered imaging through the Every Woman Matters (EWM) program if one or more of the above criteria is/are met. At any time the EWM program may require a chart audit for the purpose of quality assurance or quality control. **Pre-authorization is required for reimbursement of this test.** See page 4 of the Breast Diagnostic Enrollment Follow-Up & Treatment Plan Form for instructions.



Nebraska Department of Health and Human Services  
Women’s & Men’s Health Programs Policies

**Begin Date: August 1998**  
**Revised Date: August 2000**  
**Review Date: June 2019**

**Breast Discharge Suspicious for Malignancy**

Breast Discharge Suspicious for malignancy are covered procedures by the Every Woman Matters (EWM) program.

When a breast discharge cytology is performed, the correct Current Procedural Terminology (CPT) code(s) are 88104, 88106, 88107, and 88108. Only one CPT code is payable for each test.

**Begin Date: September 2014**  
**Review Date: June 2019**

**Hereditary Breast Cancer Screening Protocol**

To be implemented only on clients with documented personal history of BRCA1 or BRCA2 gene mutations.

Breast Screening:  
Clients age 25-39 would be eligible for annual breast MRI screening (a screening mammogram is not reimbursed by EWM). Initiation of screening would be individualized based on earliest age of onset in family.

Clients age 40 through 74 would be eligible for annual screening mammogram at the time of her EWM screening visit of immediately afterward, the breast MRI screening alternating 6 months after the screening mammogram.





Nebraska Department of Health and Human Services  
Women's & Men's Health Programs Policies

**Begin Date: July 2017**

**Review Date: June 2019**

## **Breast Cancer Screening for Transgender Women and Transgender Men**

**Transgender Women** (male-to-female) who have taken or are taking hormones and meet all program eligibility requirements, are eligible to receive breast cancer screening and diagnostic services. It is recommended that screening mammography is the primary recommended modality for breast cancer screening in transgender women. It should be performed every 2 years once the age of 50 and 5-10 years of feminizing hormone use criteria have been met. The program may require documentation of hormone use.

**Transgender Men** (female-to-male) may still receive breast cancer screening if they have not had a bilateral mastectomy or a total hysterectomy.

Transgender men who have not undergone bilateral mastectomy, or who have only undergone breast reduction, should undergo screening according to current guidelines for non-transgender women. Since most or nearly all breast tissue may have been removed, mammography for the evaluation of a palpable lesion may not be technically feasible, and alternative methods of screening may be necessary. The risk of breast cancer in residual breast tissues after mastectomy is unknown. Clinicians should engage in dialogue with transgender men who have undergone bilateral mastectomy about the unknown risks associated with residual breast tissue, as well as the possible technical limitation of mammography.



Nebraska Department of Health and Human Services  
Women’s & Men’s Health Programs Policies

**Begin Date:   October 1994**  
**Revised Date: November 2008**  
**Review Date:  June 2019**

**Allowable Costs During Cervical Treatment**

Every Woman Matters (EWM) reimburses participating healthcare providers for performing colposcopy-directed biopsy. EWM does not reimburse for cervical treatment such as LEEP, LEETZ, Laser or Cryotherapy.

When a colposcopy and/or cervical biopsy is performed at the same time as cervical treatment, Every Woman Matters does reimburse for:

- **Colposcopy and/or cervical biopsy** - if the client presents the Cervical Diagnostic Enrollment/Follow Up and Treatment Plan form issued by the healthcare provider who performed the screening and the healthcare provider opts to perform treatment procedures at the same time to ensure that the client completes treatment.
- **Pathology evaluation of the colposcopy and/or of the LEEP**
- **The office visit** - if the client presents the Cervical Diagnostic/Follow Up and Treatment Plan form issued by the healthcare provider who performed the screening and who is referring the client for further evaluation of a cervical problem but has not ordered a specific procedure.

**Neither the office visit nor biopsies from LEEP or LEETZ are covered when performed for treatment following a previous colposcopy and/or cervical biopsy.**







Nebraska Department of Health and Human Services  
Women's & Men's Health Programs Policies

**Begin Date: October 1994**

**Revised Date: June 2014**

**Review Date: June 2019**

### **Cervical Polyp Removal**

Removal and/or biopsy of a cervical polyp is only covered by Every Woman Matters (EWM) when preceded by an abnormal Pap test with results of ASC-US or greater or if unable to obtain a Pap due to a polyp. Consultation with the Centers for Disease Control and Prevention has indicated that while a cervical polyp occasionally may indicate a precancerous lesion, it is most often benign.

EWM reimburses for colposcopy when used to aid in the removal and/or biopsy of a cervical polyp after an abnormal Pap test with results of ASC-US or greater. The pathology charge for the biopsy is also reimbursed.

**Begin Date: December 1995**

**Revised Date: August 2000**

**Review Date: June 2019**

### **Endocervical Curettage**

Endocervical curettage is a covered procedure by the Every Woman Matters (EWM) program. Most often, an endocervical curettage (ECC) is performed at the same time as a colposcopy.

When an ECC is performed at the same time as a colposcopy, the correct Current Procedural Terminology (CPT) code is 57454. Use code 57454 when a colposcopy with biopsy(ies) of the cervix and/or endocervical curettage is performed.

Occasionally, an endocervical curettage (not done as a part of a dilation and curettage) is performed without using a colposcope. In this situation, use CPT code 57505.

However, do not submit claim forms for the same client on the same date of service with both 57454 and 57505. Only one code will be accepted. The pathology charge for the biopsy(ies) of the cervix and endocervix, CPT code 88305, is also covered by the program.

# Cervical Policy





Nebraska Department of Health and Human Services  
Women’s & Men’s Health Programs Policies

**Begin Date:    March 1999**  
**Revised Date: February 2007**  
**Review Date:  June 2019**

**Restrictions Regarding Colposcopy Alone for Clients Enrolling for Diagnostic Services**

- All clients enrolling for diagnostic services for follow up of abnormal Pap test(s) are expected to receive a colposcopy with biopsy to reach a definitive diagnosis.

If extenuating circumstances exist that a client was not able to receive a biopsy at the time of colposcopy, the procedure must be approved before reimbursement can be made. Every Woman Matters Central Office Case Managers can make approvals at 1-800-532-2227.

**Begin Date:    September 2000**  
**Revised Date: June 2014**  
**Review Date:  June 2019**

**Cervical Cancer Follow Up**

The Centers for Disease Control and Prevention have implemented screening guidelines for cervical cancer follow up for all National Breast and Cervical Cancer Early Detection Programs. In order to reach those clients at greatest need and ensure funding for eligible clients, refer to the Cervical Diagnostic Enrollment/Follow Up and Treatment Plan form.





Nebraska Department of Health and Human Services  
Women's & Men's Health Programs Policies

**Begin Date: December 2008**

**Revise Date: June 2014**

**Review Date: June 2019**

**Management of Women with Cervical Cytological & Histological Abnormalities**

The Centers for Disease Control and Prevention (CDC), Every Woman Matters (EWM) Program funder, requires the program to have evidence-based recommendations regarding management of cervical cytological abnormalities.

**EWM will follow the most current American Society for Colposcopy and Cervical Pathology (ASCCP) "Consensus Guidelines for the Management of Women with Cervical Cytological & Histological Abnormalities."**

**Begin Date: December 2019**

**Review Date: February 2020**

**State Pap Plus Program STD Only Enrollment Eligibility Exception**

ALL clients enrolling in the State Pap Plus Program - STD Only must meet eligibility requirements.

- A Nebraska Resident
- 18 years of age or older



Nebraska Department of Health and Human Services  
Women's & Men's Health Programs Policies

**Begin Date: December 2008**

**Revised Date: June 2014**

**Review Date: June 2019**

## **Cervical Cancer Screening**

The cervical screening guidelines for clients enrolled in the Every Woman Matters (EWM) Program will be as follows:

- Clients 30-65 years of age only eligible for Pap test every THREE years with cytology or every FIVE years with co-testing (cytology/HPV) according to the U.S. Preventive Services Task Force guidelines.
- In order for EWM to reimburse **every year** for a Pap test, client must meet one of the following criteria:
  - Most recent Pap test was abnormal (ASC-US or greater)
  - Compromised Immune System (from HIV infection, organ transplant, chemotherapy or chronic steroid use)
  - Intrauterine DES exposure
  - History of Invasive Cervical Cancer

\*Criteria determined by Centers for Disease Control and Prevention (CDC), EWM funder

- EWM Medical Advisory Committee strongly recommends an annual pelvic exam be performed on all clients, even if a Pap test is not indicated. Within the context of EWM, pelvic exams are only reimbursable when done as part of an office visit in which the client receives a clinical breast exam and/or a Pap test.
- EWM will reimburse for one Pap test through the program if client has had a hysterectomy (with cervix removed) for benign reasons.

# Cervical Policy





Nebraska Department of Health and Human Services  
Women's & Men's Health Programs Policies

**Begin Date: November 2007**

**Revised Date: June 2014**

**Review Date: June 2019**

**Eligibility for EWM Diagnostic Services Following an Abnormal Screening through the State Pap Plus Program**

- Client must have been screened through the State Pap Plus Program.
- Clients with insurance are eligible for diagnostic services.
- Refer to Breast or Cervical Diagnostic Enrollment/Follow Up and Treatment Plan form for allowable diagnostic services.
- Client must receive or be referred for a service that is covered under EWM.
  - All services received must follow policies and procedures as noted in the EWM Provider Manual.
  - Services will be documented on the EWM Breast or Cervical Diagnostic Enrollment/Follow Up and Treatment Plan form.
- Receipt of completed Breast or Cervical Diagnostic Enrollment/Follow Up and Treatment Plan will move client from the State Pap Program to Every Woman Matters Diagnostic Program.
- Clients 21-39 must reenroll in State Pap Plus Program for future cervical screening or 6 month follow up per the most current ASCCP Consensus Guidelines.



Nebraska Department of Health and Human Services  
Women’s & Men’s Health Programs Policies

**Begin Date: November 2007**

**Revised Date: April 2017**

**Review Date: June 2019**

**Utilizing State Pap Funds Under LB 321 2007, Section 107**

- Office visit covered when an STD test is performed for men and women 18+

These funds are designated for low income and at-risk women ages 18-39 to be screened for cervical cancer screening (Pap tests) and breast cancer screening (clinical breast exams). Clients enrolled in this program must meet Every Woman Matters income and insurance eligibility guidelines and be Nebraska residents.

This is not an entitlement program and is available to any provider who participates in the EWM Program. Enrollment into the State Pap Program can only be done on a State Pap Program Enrollment Form. No other enrollment forms for EWM are acceptable.

Clients enrolled in this program:

- will **not** be required to pay an annual fee
- will **not** receive regular screening or routine mailed correspondence from EWM
- **will** automatically be enrolled for diagnostic workup for abnormal findings of Pap test or CBE results according to EWM guidelines for diagnostic workup
- will receive cervical follow up per the most current ASCCP consensus guidelines

The only reimbursable services under the State Pap Plus Program are office visits, Pap tests, and HPV tests (Digene Hybrid Capture II [high risk typing only], CPT code 87621) per the most current ASCCP Guidelines. All office visits must be billed using approved AMA Claim Forms with appropriate diagnostic and CPT billing codes per EWM guidelines.

# Cervical Policy





**Begin Date: December 2008**

**Review Date: June 2019**

### **Colposcopy results of CIN I preceded by ASC-US or LSIL Cytology**

In accordance with the 2012 ASCCP (American Society for Colposcopy and Cervical Pathology) Consensus Guidelines regarding Management of Women with Cervical Cytological and Histological Abnormalities, which have been approved by the Every Woman Matters Medical Advisory Committee, clients with colposcopy results of CIN I preceded by ASC-US, or LSIL cytology, follow up is recommended without treatment. Under these circumstances, case managers are instructed to enter "no treatment indicated" and may close the cycle, when the Pathology Report is received indicating CIN I preceded by ASC-US, or LSIL.

**Begin Date: July 2017**

**Review Date: June 2019**

### **Cervical Cancer Screening for Transgender Men**

Transgender men (female to male) are at risk for cervical cancer. Cervical cancer screening for transgender men, including interval of screening age to begin and screening follows recommendations for non-transgender women as endorsed by the American Cancer Society, American Society of Colposcopy and Cervical Pathology (ASCCP), American Society of Clinical Pathologist, U.S. Preventive Services Task Force (USPSTF) and the World Health Organization.

As with non-transgender women, transgender men under the age of 21 should not have pap smears regardless of their age of sexual debut.



Nebraska Department of Health and Human Services  
Women’s & Men’s Health Programs Policies

**Begin Date:    January 2020**  
**Review Date: January 2020**

**State Pap Plus Program Enrollment and Documentation**

In order for Every Woman Matters to meet timeliness performance measures set by our funders, Centers for Disease Control and Prevention (CDC), healthcare providers who provide client services under the State Pap Plus Program need to adhere to the following procedures for submitting State Pap Plus Enrollment and supporting client clinical documentation:

- It is expected that State Pap Plus Enrollments and clinical documentation be sent to the program within two weeks of the date of service.
- All State Pap Plus Enrollments will be returned if date of receipt is greater than 60 days of date of service.
- A Pap report or Pap with HPV report must accompany all State Pap Plus Program Enrollments that have documentation of a Pap test or Pap test with HPV performed, if the date of service is greater than 30 days when received by the program.
- If the program receives a claim from a lab for a Pap test and/or Pap test with HPV testing prior to receiving a State Pap Plus Program Enrollment form, the program may return the claim to the lab without payment after 60 days.
- Furthermore, if the Pap results are abnormal a Cervical Diagnostic/Follow Up and Treatment Plan Form must be attached if diagnostic work up is planned. A pathology report must accompany any Cervical Diagnostic/Follow Up and Treatment Plan Form, if diagnostics have already been completed.







Nebraska Department of Health and Human Services  
Women's & Men's Health Programs Policies

**Begin Date: December 2008**

**Revised Date: June 2019**

**Review Date: June 2019**

## **Cardiovascular(CVD)/Diabetes Screening**

The policy for CVD screening of clients (40-64 yrs) will be as follows:

- **Baseline Screening:** Clients 40-64 years of age will be eligible to receive an initial CVD screening in conjunction with a routine Breast and/or Cervical Screening visit.
  - o Labs should be done within 30 days before or after the screening office visit.

A CVD screening includes ***all of the following*** at each baseline or second screening visit:

- Height/weight measurements
- **Two** blood pressure readings\*
- Waist circumference measurement
- Fasting Total Cholesterol and HDL testing
- Fasting Blood glucose or an A1C test

***Also at each visit:*** Clients and clinicians should engage in dialog regarding tobacco use, medication access and adherence if applicable and risk reduction counseling related to healthy eating and physical activity. Outcomes should be recorded in the Risk Reduction Counseling section of the screening card.

### **A1c Testing for Clients age 40-64**

Clients can have an A1c test paid for by the Every Woman Matters (EWM) program. These clients are eligible to receive an A1c test in conjunction with their initial breast and cervical screening visit and/or at their second required screening visit.

### **\*Blood Pressure Measurement Technique:**

- o Patients should not smoke, exercise, or have caffeine for at least 30 minutes before their blood pressure is measured.
- o Patients should be seated quietly for at least 5 minutes in a chair (rather than on an exam table), with feet on the floor and arms supported at heart level.
- o An appropriate sized cuff should be used (cuff bladder encircling at least 80% of the arm).
- o A mercury sphygmomanometer, a recently calibrated aneroid manometer, or a validated electronic device should be used.
- o At least two measurements should be taken and recorded, separated by a minimum of 2 minutes. If the first two readings differ by more than 5mmHg, additional measurements should be taken.

**Medication Access/Adherence:** Due to federal funding restrictions, the Program cannot assist clients financially with any medication a provider may prescribe for clients. A list of key resources for free or low-cost medications can be found in the Resources section of this manual.

*(Continued on Page 84)*

# CVD/Diabetes Policy





Nebraska Department of Health and Human Services  
Women's & Men's Health Programs Policies

**Begin Date: December 2008**

**Revised Date: June 2019**

**Review Date: June 2019**

### **Cardiovascular(CVD)/Diabetes Screening (continued)**

**Alert Screening Values:** Clinicians are expected to provide appropriate medical evaluation in accordance with national guidelines immediately or within 7 days of alert measurement. See hypertension policy on the following page for follow-up instructions.

Alert values are defined as:

Systolic Blood Pressure > 180 mmHg or Diastolic Blood Pressure > 110 mmHg

Fasting or non-fasting Blood Glucose < 50 mg/dL or > 250 mg/dL

**Completing Screening Services:** Screening services shall be completed on the EWM Program screening card sections as appropriate. Program screening card is to be returned to the EWM Program to assist the Program in meeting requirements for client follow-up, data collection and affiliated billing authorizations.

**Healthy Behavior Support Options:** Once the Program has received a completed screening card and associated lab value data; clients will be contacted with the following extended healthy behavior support options:

**Health Coaching:** Health coaching is an evidence-based strategy to engage clients in conversation that guides them toward sustainable behavior change; particularly related to nutrition, physical activity, and tobacco cessation and medication access/adherence. Clients identified by the Program as "ready to change" will be contacted.

**Referral to Community Based Resources:** Clients will be referred to community based resources that may improve their access to health services; link them with supports for improved nutrition and increased exercise; and ensure all tobacco users are referred to the Tobacco Free Nebraska Quitline\*.

\*At time of screening, clinicians are encouraged to use the Tobacco Free Nebraska Fax Referral to link clients with the statewide quitline for cessation assistance. Fax referral will be attached to Screening Card

# CVD/Diabetes Policy



Nebraska Department of Health and Human Services  
Women's & Men's Health Programs Policies

**Begin Date:** December 2008

**Revised Date:** April 2017

**Review Date:** June 2019

**WISEWOMAN** (Well-Integrated Screening and Evaluation for **WOMen** Across the **Nation**) is a program designed to help women reduce their risk for heart disease and improve their overall health. Its mission is to provide low-income, underinsured, or uninsured 40- to 64-year-old women with the knowledge, skills, and opportunities to improve their diet, physical activity, and other life habits to prevent, delay, or control cardiovascular and other chronic diseases.

***WISEWOMAN extends the EWM Program with these additional preventative health services:***

- Heart disease and stroke risk factor screening, which includes blood pressure, cholesterol, glucose, weight, height, personal medical history, family medical history, and health behavior and readiness to change assessments.
- Lifestyle programs that promote blood pressure control, health eating, tobacco cessation and physical activity.
- Links participants to free or low-cost community-based nutrition, physical activity, and tobacco cessation resources.
- Medical referral and follow-up as appropriate and allowable. Women who had high blood pressure or blood glucose/A1C on their screening visit may be eligible for a follow-up visit to recheck blood pressure or blood glucose.

General Clinical Services	
Height: (with shoes off)	____ / ____ ft./in.
Weight:	_____ lbs.
Waist Circumference:	_____ inches
Hip Circumference:	_____ inches
<b>Note--2 blood pressure readings are required for this visit.</b>	
Blood Pressure (1):	____ / ____ mm Hg
Blood Pressure (2):	____ / ____ mm Hg
1. Is the client taking blood pressure medication?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are you ordering or changing blood pressure medication today?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Is the client taking cholesterol medication to lower cholesterol?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No
3a. Is it a statin? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other _____	
4. Contact us if you would like your client to get a follow-up visit for a blood pressure re-check (needs prior approval) 1-800-532-2227	
* Counsel client on medication adherence for hypertension and check the last box in the section below.	
<b>Cardiovascular Risk Reduction Counseling</b>	
Refer to the questions on the front of this card. Check if counseling completed.	
<input type="checkbox"/>	Client counseled on low dose aspirin usage to decrease risk for CVD
<input type="checkbox"/>	Medication Adherence for Hypertension Counseling
<b>Healthy Behavior Support Services*:</b>	
<input type="checkbox"/>	Check, Change, Control, Education
<input type="checkbox"/>	Living Well Education
<input type="checkbox"/>	National Diabetes Prevention Program (NDPP)
<input type="checkbox"/>	Tobacco Cessation Counseling
<input type="checkbox"/>	Client Referred to Statewide Quitline at 1-800-QUIT-NOW
<input type="checkbox"/>	Fax Referral to Statewide Quitline at 1-800-QUIT-NOW
<input type="checkbox"/>	Client Refused
Completion of this section is equivalent to submitting a claim for Risk Reduction Counseling.	

CVD/Diabetes Screening	
<b>Labs can only be done in conjunction with breast and/or cervical screening services.</b>	
Bloodwork Ordered: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Blood Draw Date: ____ / ____ / ____	
<i>Blood draw needs to be within 30 days of today's visit</i>	
Cholesterol does NOT need to be fasting.	
Total Cholesterol:	_____ mg/dl
HDL (value not ratio):	_____ mg/dl
LDL (value not ratio):	_____ mg/dl
Triglycerides:	_____ mg/dl
<b>ALL clients are now eligible for A1c!</b>	
A1c (preferred): _____	
OR	
Blood Glucose: (acceptable)	_____ mg/dl
Client fasted 9 hrs <input type="checkbox"/> Yes <input type="checkbox"/> No	

# CVD/Diabetes Policy



Nebraska Department of Health and Human Services  
Women's & Men's Health Programs Policies

**Begin Date: July 2017**

**Review Date: June 2019**

## **WW Hypertension Policy for Providers**

The policy for CVD screening of clients (40-64 yrs.) will be as follows:

1. Providers will take 2 blood pressure readings on each client at the time of her well woman visit.
2. Providers will report on the medication status of the client
  - a. If the client is currently taking blood pressure medication
  - b. If provider is ordering or changing blood pressure medication
3. If client is taking BP medication or if provider is ordering or changing BP medication, providers should counsel them on medication adherence and check the box on the screening card for Medication Adherence for Hypertension Counseling.
4. Providers concerned about their client's blood pressure and wanting a re-check should call our office at 1-800-532-2227 for approval of a follow-up blood pressure check.
  - a. Central Office to direct all provider inquiries to WW nurse
  - b. WW nurse will grant requests for follow up on all clients with an average systolic blood pressure of 160+ or an average diastolic pressure of 100+. Clients with blood pressure less than 160/100 will be considered on a case-by-case basis. WW nurse will fax over BP rescreening cards to provider offices once approved.
5. Clients with systolic blood pressures of 180 and over or diastolic pressures of 110 or greater on their EWM screening visit are considered "alert" status. Providers are required to treat their HTN at the time of their screening visit. Follow up is strongly encouraged and will be covered by the program; however, it must be pre-approved (see above).





# Nebraska Colon Cancer Screening Program

Unlike most other cancers, colorectal cancer incidence and mortality have been consistently greater in Nebraska in comparison to the United States as a whole. The Nebraska colorectal cancer incidence rate from 2009-2013 was 43.7 (cases per 100,000 people) compared to the national average of 40.6, while the mortality rate for Nebraska was 16.3 (deaths per 100,000) compared to the national average of 15.1. Fortunately, both the state and national rates of colorectal cancer incidence and mortality have been in steady decline. Screening for colorectal cancer in Nebraska also falls slightly short of the national average with 67.6% of Nebraskans over age 50 ever having had a colonoscopy or sigmoidoscopy in 2014, compared to the national average of 69.1%.

**Healthcare providers are asked to educate their clients on the following facts:**

- Colon cancer is the second leading cause of cancer death in Nebraska.
- This cancer can be prevented when precancerous polyps are removed.
- Early detection saves lives.

**Experience proves that healthcare provider recommendation has a huge impact on screening behavior.**

## **Steps for Enrolling:**

Men and Women (who are 50-74 years of age and fall within program guidelines including age, income, residency, family and personal history) who are interested in enrolling in the Nebraska Colon Cancer Screening Program will:

- Receive a Healthy Lifestyle Questionnaire from Every Woman Matters (EWM)/Nebraska Colon Cancer Screening Program (NCP)
- Complete the form and return them to EWM/NCP.
  - Based on information received, NCP staff will review the form and determine the appropriate screening test (Fecal Occult Blood Test Kit (FOBT) or Colonoscopy)
  - Since NCP is a screening program, some clients, based on personal and/or family history may not be eligible to participate in the program
  - Client will receive notification from NCP



### **FOBT Screening Process:**

- FOBT screening kits will be mailed from the NCP Central Office. When the client has completed the home test and returns the kit to the Central Lab, contracted by NCP to process the kits, the healthcare provider will be notified of the results.
- When the healthcare provider receives the results, the healthcare provider will be responsible for notifying the client. Clients not returning the FOBT kit in a timely fashion will be contacted by NCP.
- Clients with positive FOBT results, from a NCP screening, will receive information from the Central Office regarding the recommended follow up.

### **COLONOSCOPY Screening Process:**

- Clients will be referred to a NCP contracted provider based upon personal and family history and/or positive FOBT kit results that was given to the client by NCP.
- Clients who are eligible for colonoscopy will be notified and must receive services through a NCP contracted provider.

### **NOT ELIGIBLE:**

- A client who reports having pre-existing conditions such as rectal bleeding or having been diagnosed with Inflammatory Bowel Disease (IBD), Familial Adenomatous Polyposis (FAP), Hereditary Non Polyposis Colon Cancer (HNPCC), and Ulcerative Colitis will be referred to the primary healthcare provider for management or for genetic counseling as appropriate.
- Clients reporting a positive FOBT or digital rectal exam (DRE) within the last 5 years are not eligible for participation in the program until they have received a diagnostic workup outside the program. (see Page 90).
- NCP does not pay for treatment if cancer is diagnosed. NCP may navigate treatment options for clients enrolled in the Nebraska Colon Cancer Screening Program (NCP). This will be carried out on an individual basis for services rendered by surgeons and facilities.





# Colonoscopy Providers Adhere to the following:

- Assume responsibility and will refer clients for diagnostic and treatment services
- Have a medical supervisor/director to ensure that healthcare providers are competent and proficient in clinical screening services and related client education and counseling and to ensure that professional credentials are current
- Provide and participate in client education activities with assistance from NCP as needed or requested. The education/counseling includes:
  - importance of colon cancer screening for women and men ages 50-74
  - risk factor information
  - recommendations for positive lifestyle changes
  - counseling on abnormal findings and necessary follow up
- Utilize approved laboratories and approved endoscopists for colonoscopy
- Provide or refer for diagnosis and treatment for any cancer diagnosis and/or gastrointestinal complications

Nebraska Department of Health and Human Services  
Women's & Men's Health Programs Policies

**Begin Date: January 2006**

**Revised Date: June 2014**

**Review Date: April 2017**

## Requirements for NCP Enrollment

- Any Nebraska man or woman is eligible to complete the Healthy Lifestyle Questionnaire (HLQ) form for Every Woman Matters (EWM)/Nebraska Colon Cancer Screening Program (NCP) if they meet the following criteria:
  - Nebraska resident
  - 50 -74 years of age
  - meet program guidelines to include income, age, residency, personal and family history
  - have a primary healthcare provider
- All clients enrolled in the NCP will be required to complete the HLQ on a yearly basis
- The HLQ will be reviewed by the Central Office Staff to determine most effective screening test, according to the guidelines developed by the EWM/NCP Medical Advisory Council and the Colon Cancer Screening Subgroup Committee

# Colon Policy







Nebraska Department of Health and Human Services  
Women's & Men's Health Programs Policies

**Begin Date: January 2006**

**Revised Date: June 2014**

**Review Date: April 2017**

## **Eligibility and Screening Test Determination**

The following guidelines have been developed by the EWM Medical Advisory Committee. Upon completion and review of the Healthy Lifestyle Questionnaire form, screening tests will be provided as follows:

### **Fecal Occult Blood Test (FOBT) Kit**

#### **Personal History:**

- Clients age 50-74 who have not been screened with
  - Fecal Occult Blood Test (FOBT) in last 12 months.
  - Colonoscopy in last 10 years.
  - Sigmoidoscopy in last 5 years.
  - Double Contrast Barium Enema (DCBE) within the last 5 years.
- Clients must be asymptomatic

#### **Family History:**

- Clients age 50-74 with 0 or 1 1<sup>st</sup> degree relative diagnosed over the age of 60 with colon cancer or colon polyps

- \* **Newly enrolled clients reporting a positive FOBT or digital rectal exam (DRE) within the last 5 years are not eligible for participation in the program until they have received a diagnostic workup outside the program.**

### **Colonoscopy**

#### **Personal History:**

- Clients over the age of 50 previously diagnosed with Colon or rectal cancer

#### **Family History:**

- Clients age 50-74 with
  - 1 1<sup>st</sup> degree relative diagnosed with colon cancer under the age of 60
  - 2 or more 1<sup>st</sup> degree relatives over the age of 60 diagnosed with colon cancer
  - 1 or more 1<sup>st</sup> degree relatives diagnosed under the age of 50 with colon polyps
  - 2 or more 1<sup>st</sup> degree relatives over age 50 with colon polyps

### **Education and Referral to Primary Healthcare Provider**

#### **Personal History:**

- Clients **under** the age of 50 that complete and submit the Healthy Lifestyle Questionnaire
- Clients age 50-74
  - Symptomatic with rectal bleeding
  - Previous diagnosis of Crohn's disease, Ulcerative Colitis, Inflammatory Bowel Disease (IBD), Familial Adenomatous Polyposis (FAP), and/or Hereditary Non Polyposis Colorectal Cancer (HNPCC)

#### **Family History:**

- Clients age 50-74 with
  - 2 or more 1<sup>st</sup> degree relatives diagnosed with colon cancer under the age of 60 will be referred for hereditary evaluation for colon cancer.
  - Hereditary Non Polyposis Colorectal Cancer (HNPCC) or Familial Adenomatous Polyposis (FAP)

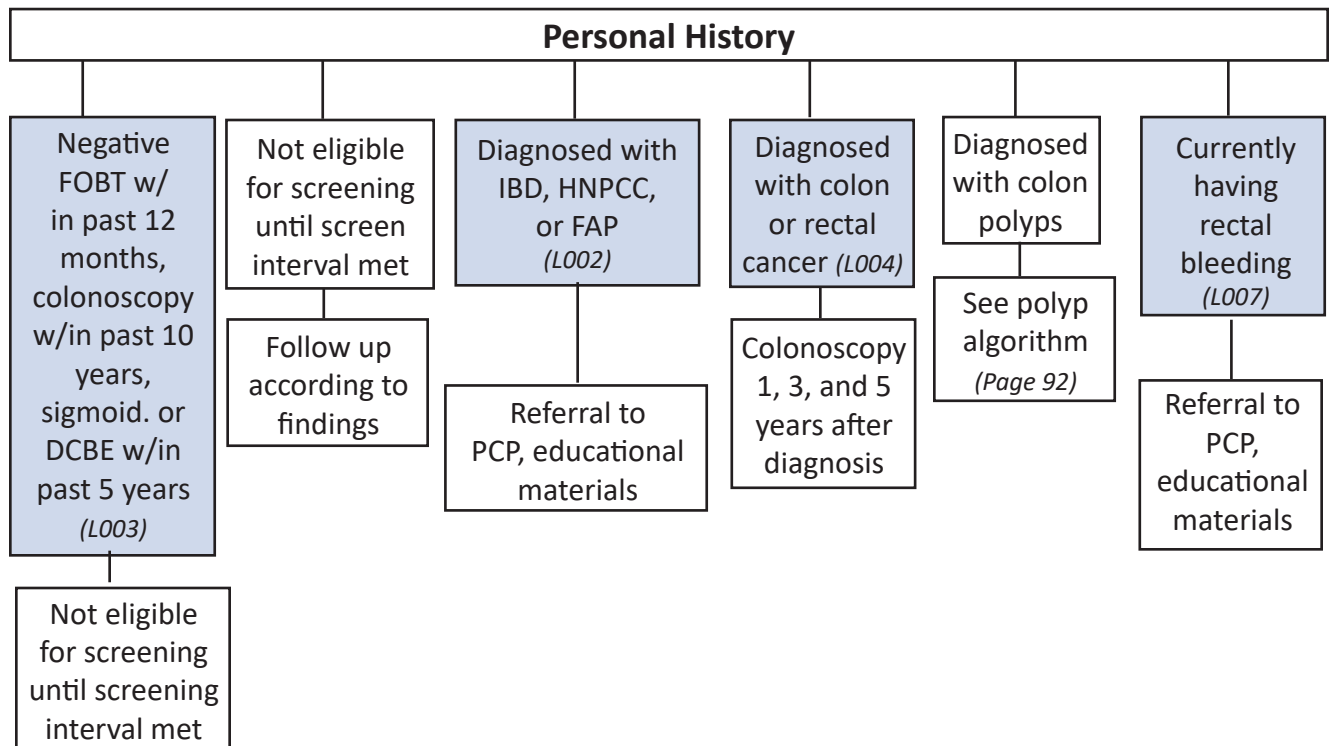
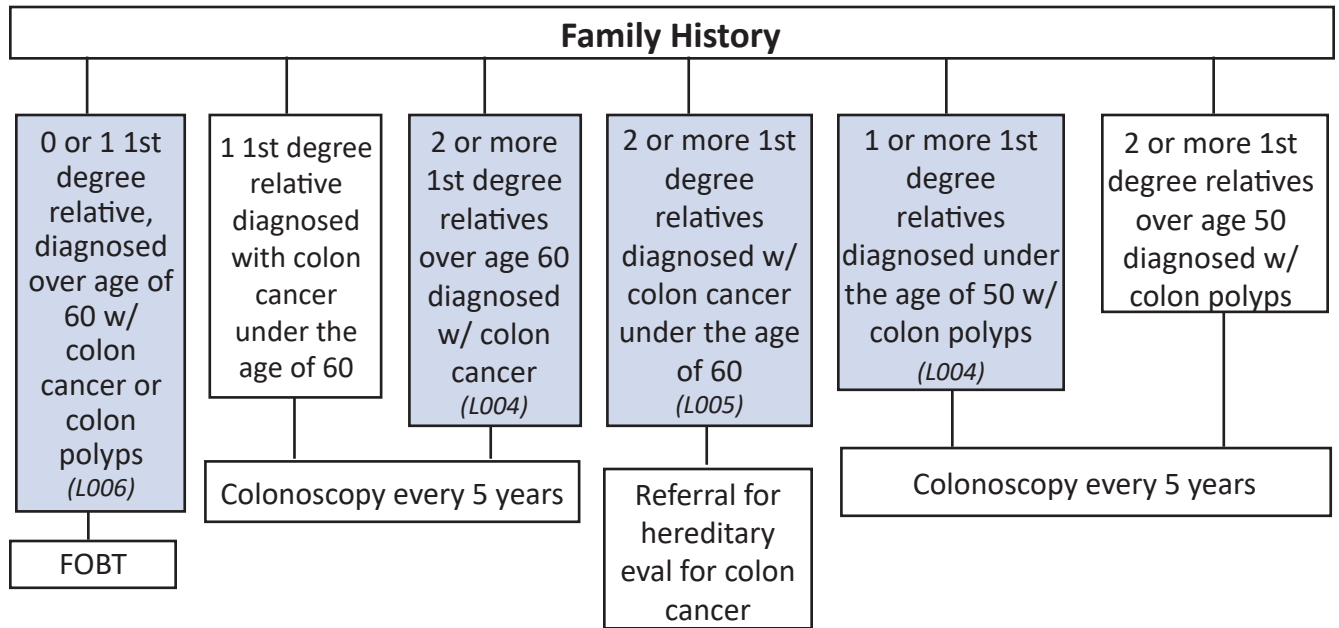
# Colon Policy





# Nebraska Colon Cancer Screening Program

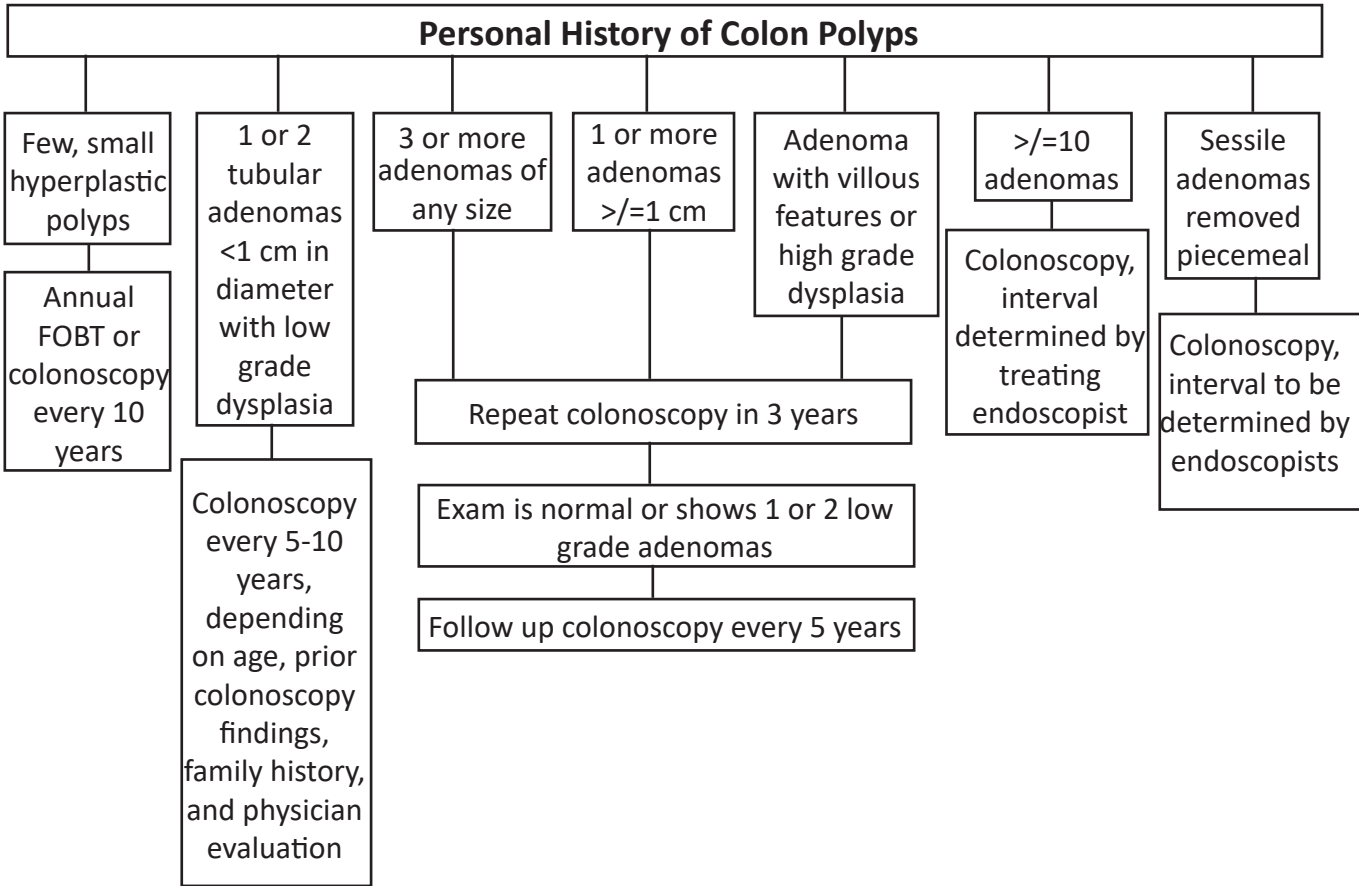
## Eligibility Algorithm





# Nebraska Colon Cancer Screening Program

## Colon Polyps Algorithm



These guidelines assume colonoscopy is completed to the cecum with excellent bowel prep. Incomplete colonoscopy or limited bowel preparation may, in the judgement of the endoscopist, necessitate a repeat colonoscopy at a shorter interval than recommended above.

For those clients with a history of polyps but do not know the type or number of polyps, every effort should first be made to locate medical records that could provide this information. If it is not possible to obtain the necessary information, a base line colonoscopy should be performed at that time with follow up dependent upon those findings and the known family history in conjunction with the recommendations above.





Nebraska Department of Health and Human Services  
Women's & Men's Health Programs Policies

**Begin Date: January 2006**

**Revised Date: June 2014**

**Review Date: April 2017**

## **Screening Guidelines**

The following guidelines have been developed by the EWM/NCP Medical Advisory Committee.

Upon completion of the Healthy Lifestyle Questionnaire and all other criteria is met, screening tests will be provided as follows:

### **Fecal Occult Blood Test Kit (FOBT):**

- Clients over the age of 50 with 0 or 1 1<sup>st</sup> degree relative diagnosed over the age of 60 with colon cancer or colon polyps
- Clients over the age of 50 who have not been screened with FOBT within last 12 months, colonoscopy within last 10 years, sigmoidoscopy or Double Contrast Barium Enema (DCBE) within last 5 years.

### **Colonoscopy for clients over the age of 50 with:**

- 1 1<sup>st</sup> degree relative diagnosed with colon cancer under the age of 60
- 2 or more 1st degree relatives over the age of 60 diagnosed with colon cancer
- 1 or more 1<sup>st</sup> degree relatives diagnosed under the age of 50 with colon polyps
- 2 or more 1<sup>st</sup> degree relatives over age 50 with colon polyps
- At 1, 3, and 5 years after a diagnosis of colon or rectal cancer.

### **Additional Guidelines:**

- Those clients who have 2 or more 1<sup>st</sup> degree relatives diagnosed with colon cancer under the age of 60 will be referred to their primary care physician.
- Those clients who have had a negative FOBT, colonoscopy or sigmoidoscopy, or DCBE within the past 12 months will not be eligible for screening until screening interval has been met.
- Those clients with a previous positive FOBT, sigmoidoscopy, DCBE or colonoscopy, follow up will be according to findings.
- Those clients diagnosed with Crohn's disease, Inflammatory Bowel Disease (IBD), Hereditary Non Polyposis Colorectal Cancer (HNPCC), or Familial Adenomatous Polyposis (FAP) will be referred to primary healthcare provider and offered educational materials.
- Those clients currently having rectal bleeding will be referred to primary healthcare provider and offered educational materials.

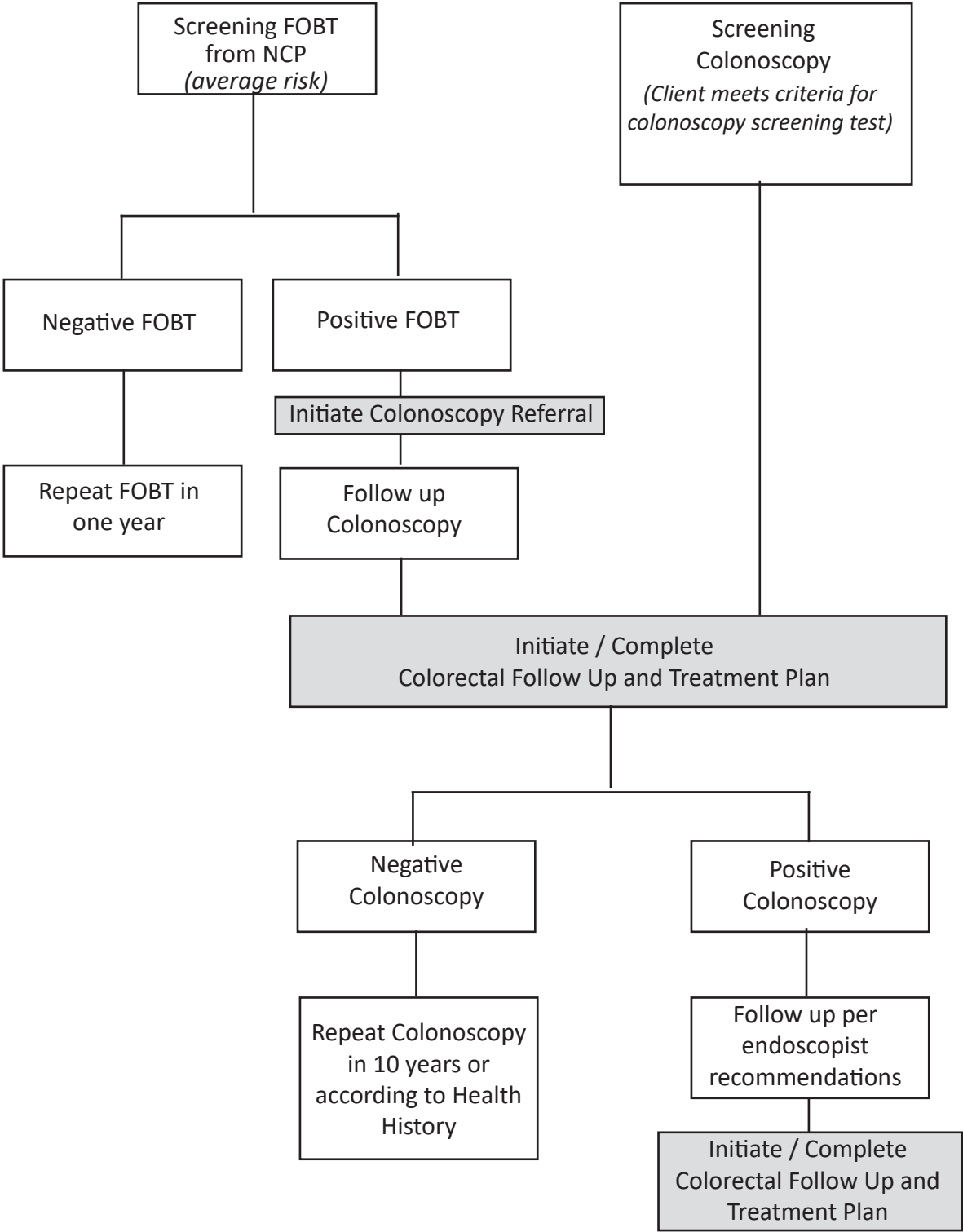
# Colon Policy





# Nebraska Colon Cancer Screening Program

## Follow Up and Treatment Algorithm





Nebraska Department of Health and Human Services  
Women's & Men's Health Programs Policies

**Begin Date: January 2006**

**Revised Date: November 2008**

**Review Date: April 2017**

**Treatment Policy for Nebraska Colon Cancer Screening Program Clients**

Navigate treatment options for clients enrolled in the Nebraska Colon Cancer Screening Program (NCP). This will be carried out on an individual basis for services rendered by surgeons and facilities.

**Begin Date: January 2008**

**Review Date: April 2017**

**Eligibility Requirements for Adopted Individuals**

Individuals, who have met all other eligibility requirements for the Nebraska Colon Cancer Screening Program (NCP) but have not completed the 'family history' section due to being adopted, will automatically be sent an FOBT kit.





Nebraska Department of Health and Human Services  
Women's & Men's Health Programs Policies

**Begin Date: January 2006**

**Review Date: April 2017**

### **Out of State Enrollments**

Individuals who are not a Nebraska resident (even though they may have a primary care provider in Nebraska) are not eligible to enroll in the Nebraska Colon Cancer Screening Program (NCP).

**Begin Date: February 2008**

**Review Date: June 2014**

**Revised Date: April 2017**

### **Clients with Colonoscopy that have History of Polyps**

The Nebraska Colon Cancer Screening Program (NCP) algorithm (on page 91), will be used to determine eligibility date for next colonoscopy unless the endoscopist, who performed the last colonoscopy, has determined a date based on pathology findings and provides such documentation.

If the client has had a colonoscopy and enrollment states she/he had polyps, NCP will request the pathology report from the client.





# Resources

## Nebraska Department of Health and Human Services Women's and Men's Health Programs

**Address:** 301 Centennial Mall South  
P.O. Box 94817  
Lincoln, NE 68509-4817

**Toll-free phone:** (800) 532-2227

**In Lincoln:** (402) 471-0929

**Fax:** (402) 471-0913

**EWM E-Mail:** [dhhs.ewm@nebraska.gov](mailto:dhhs.ewm@nebraska.gov)

**EWM Web:** [www.dhhs.ne.gov/ewm](http://www.dhhs.ne.gov/ewm)

**NCP E-Mail:** [dhhs.nccsp@nebraska.gov](mailto:dhhs.nccsp@nebraska.gov)

**NCP Web:** [www.dhhs.ne.gov/crc](http://www.dhhs.ne.gov/crc)  
[www.StayInTheGameNE.com](http://www.StayInTheGameNE.com)



# Women’s & Men’s Health Staff

Listed below are the staff members of the Women’s and Men’s Health Programs (WMHP) which includes the Every Woman Matters (EWM) Program and the Nebraska Colon Cancer Screening Program. You may call their direct lines or call toll-free at (800) 532-2227.

## Program Administration:

Michelle Heffelfinger, Program Coordinator	<a href="mailto:michelle.heffelfinger@nebraska.gov">michelle.heffelfinger@nebraska.gov</a>	471-0595
Melissa Leypoldt, RN, Program Director	<a href="mailto:melissa.leypoldt@nebraska.gov">melissa.leypoldt@nebraska.gov</a>	471-0314

## Program Staff:

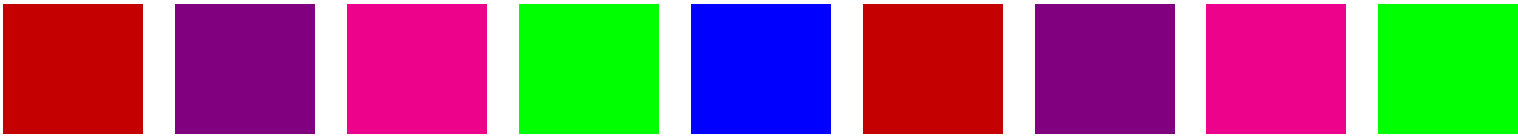
Tracey Bonneau, Marketing Coordinator	<a href="mailto:tracey.bonneau@nebraska.gov">tracey.bonneau@nebraska.gov</a>	471-2922
Nancy Borchers, Screening Recall Coordinator	<a href="mailto:nancy.borchers@nebraska.gov">nancy.borchers@nebraska.gov</a>	471-0564
Jill Crane, Interventions/Billing Specialist	<a href="mailto:jill.crane@nebraska.gov">jill.crane@nebraska.gov</a>	471-6007
Jianping Daniels, MD, PhD, Surveillance Specialist	<a href="mailto:jianping.daniels@nebraska.gov">jianping.daniels@nebraska.gov</a>	471-1693
Cheri Dawdy, Data Entry Specialist	<a href="mailto:cheri.dawdy@nebraska.gov">cheri.dawdy@nebraska.gov</a>	471-1806
Pam Findlay, Finance Coordinator	<a href="mailto:pam.findlay@nebraska.gov">pam.findlay@nebraska.gov</a>	471-6583
Natalie Kingston, Community Health Educator, Sr.	<a href="mailto:natalie.kingston@nebraska.gov">natalie.kingston@nebraska.gov</a>	471-0568
Joey Labadie, Staff Assistant	<a href="mailto:joey.labadie@nebraska.gov">joey.labadie@nebraska.gov</a>	471-6452
Aaron Sweazy, Community Health Educator, Sr.	<a href="mailto:aaron.sweazy@nebraska.gov">aaron.sweazy@nebraska.gov</a>	471-6567

## Nursing Staff:

Margarita Allen, RN, BSN, Case Mgmt Coordinator	<a href="mailto:margartia.allen@nebraska.gov">margartia.allen@nebraska.gov</a>	471-6453
Andrea Riley, RN, BSN, Community Health Nurse	<a href="mailto:andrea.riley@nebraska.gov">andrea.riley@nebraska.gov</a>	471-0561
Patti Schumann, RN, BS, Quality Assurance Coord.	<a href="mailto:patti.schumann@nebraska.gov">patti.schumann@nebraska.gov</a>	471-8691







# EWM Breast and Cervical Cancer Advisory Committee

**Patricia Bauer**  
Omaha, NE

**Carmen Chinchilla-Gutierrez**  
Crete, NE

**Karen Daneu**  
Omaha, NE

**Mary Drudik**  
Burwell, NE

**Preethy Nayar**  
Omaha, NE

**Brandi K Preston**  
Omaha, NE

**Stephanie Sass**  
Omaha, NE

**Jayne Wagner**  
Omaha, NE



These resources are intended to provide information and are not necessarily endorsed by the Programs.

### **Patient Advocate Foundation**

Newport News, VA

(800)532-5274

[www.patientadvocate.org](http://www.patientadvocate.org)

*Specializes in mediation, negotiation and education, on behalf of clients experiencing the following issues:*

*Preauthorization*

*Access to Pharmaceutical Agents*

*Access to Medical Devices*

*Expedited applications for Social Security Disability, Medicare, Medicaid, SCHIPS, and other social programs*

*Plus many other services*

*Debt Crisis*

*Access to Chemotherapy*

*Access to Surgical Procedures*

*Provides professional case managers who negotiate with clients insurers to resolve coverage and benefit issues, patient employers to mediate job discrimination issues and client creditors to facilitate resolution of debt crisis matters. They utilize the AT&T Language Line that enables the case managers to assist clients in 140 languages. Assists clients who are uninsured, underinsured, as well as Medicaid and Medicare recipients to resolve coverage and benefit issues.*

## **CULTURAL COMPETENCY AND LANGUAGE ACCESS RESOURCES**

- **Culturally and Linguistically Appropriate Services in Health Care (CLAS Standards)**[www.omhrc.gov/templates/browse.aspx](http://www.omhrc.gov/templates/browse.aspx) (click on cultural competency, then on national standards) In March 2001, the U.S. Department of Health & Human Services of Minority Health completed a final report of the 14 CLAS standards. Standards provide goals and guidelines so that healthcare providers can ensure that they are providing the best quality care with the goal of eliminating the health disparities that exist across racial and cultural lines.

- Culturally Competent Care (Standards 1-3);
- Language Access Services (Standards 4-7); and
- Organizational Support for Cultural Competence (Standards 8-14)

*Standards 1-3, and 8-13 are Guidelines; Standards 4-7 are Federal Office of Civil Rights 1964 Requirements; and Standard 14 is a Recommendation.*

- **Language Services Associates**

Willow Grove, PA

(800)305-9673

[www.lsaweb.com](http://www.lsaweb.com)

*Provides services 24/7 365 days a year in 180 languages. Other services include: Quick Connections, Multiple Party Conferences, Language Identification Assistance, On site or via phone.*

- **Language Line Services - Certified Medical Interpretation Services**

Monterey, CA

(800)752-9096

[www.language-line.com](http://www.language-line.com)

*Provides services 24/7, 365 days a year in over 150 languages. Other services include: Quick Connections, Multiple Party Conferences, Language Identification Assistance, On site or via phone, Specialize in Health Care Arena.*





These resources are intended to provide information and are not necessarily endorsed by the Programs.

## CULTURAL COMPETENCY AND LANGUAGE ACCESS RESOURCES *(continued)*

- **Nebraska Association for Translators & Interpreters**  
[www.natihq.org](http://www.natihq.org)  
Association e-mail: [nati@natihq.org](mailto:nati@natihq.org)  
Marsha Conroy, Association President, 402-960-2900  
*Serves as a resource and a forum on interaction for language service providers and those who utilize their services.*
- **Regulations for Providing Services to Clients with Limited English Proficiency**  
[www.hhs.gov/ocr/lep](http://www.hhs.gov/ocr/lep)  
*Contact Susan Rhodes, Office for Civil Rights, Health & Human Services, Kansas City, MO with questions about regulations at 800-368-1019. A link to government and non government resources to assist community clinics and health centers to meet the challenge of serving clients with Limited English Proficiency.*

## PROFESSIONAL AND PUBLIC CANCER EDUCATION AND INFORMATION RESOURCES

**American Cancer Society (ACS)**  
(800) ACS-2345 or (800) 227-2345  
(Spanish language services available)  
Omaha: (402) 393-5800  
9850 Nicholas Street, Suite 200  
Omaha, NE 68114  
[www.cancer.org](http://www.cancer.org)  
*A nationwide, community-based, voluntary health organization dedicated to eliminating cancer as a major health problem by preventing cancer, saving lives and diminishing suffering from cancer, through research, education, advocacy and service. Information and some services are available to clients and their families, healthcare providers and the general public. **In addition, loans of breast prosthesis and wigs may be available through your local American Cancer Society Office. (Educational Brochures Available)***

**Look Good....Feel Better** is a program of the American Cancer Society  
(800) 395-5665  
*Designed to help cancer clients cope with changes in appearance due to cancer treatment. These programs are free-of-charge and include a make-up kit courtesy of the Cosmetics, Toiletries & Fragrance Association.*

**American Society for Colposcopy and Cervical Pathology (ASCCP)**  
(800)787-7227  
[www.asccp.org](http://www.asccp.org)  
*Provides the American Society for Colposcopy and Cervical Pathology (ASCCP) Algorithms from the Consensus Guidelines for the Management of Women with Cervical Cytological Abnormalities and Consensus Guidelines on the Management of Women with Histological Abnormalities. Among other services, ASCCP also provides practice recommendations and continuing medical education.*

**Association of Cancer Online Resources**  
[www.acor.org](http://www.acor.org)  
*Provides links to pertinent resources for all types of cancer.*

**AVON Foundation**  
[info@avonfoundation.org](mailto:info@avonfoundation.org)  
[www.avonfoundation.org](http://www.avonfoundation.org)  
*Provides resources for a wide range of breast cancer programs and services, educational outreach and referrals for medically underserved women, as well as information and services regarding domestic violence and emergency relief. Provides an on-line support group.*





These resources are intended to provide information and are not necessarily endorsed by the Programs.

## PROFESSIONAL AND PUBLIC CANCER EDUCATION AND INFORMATION RESOURCES (*continued*)

### **Breast Cancer.Org**

[www.breastcancer.org](http://www.breastcancer.org)

*Provides women diagnosed with breast cancer a comprehensive site that includes information on everything from diagnosis to treatment and beyond. Has a "chat room" to respond to concerns immediately for women who need support from someone who has been there already.*

### **Cancer Care, Inc.**

(800) 813-4673

(Spanish language services available)

[www.cancercare.org](http://www.cancercare.org)

*Provides free, professional support services for anyone affected by cancer. Free one hour teleconferences for cancer clients, their families, and healthcare providers working with people with cancer. People can participate from the office or home to learn more about issues as they relate to cancer.*

### **Cancer Center Helpline, Omaha, Nebraska**

(402)559-9999 or (800)999-5465

(Spanish language services available)

*Free telephone information service provided by Nebraska Medical Center. Educational information and resources for healthcare providers and public available from oncology nurses.*

### **Cancer Support Community**

(888)793-9355

[www.cancersupportcommunity.org](http://www.cancersupportcommunity.org)

[help@cancersupportcommunity.org](mailto:help@cancersupportcommunity.org)

*Support group for people with cancer.*

### **Cancer Survivors Network**

[www.acscsn.org](http://www.acscsn.org) (Click on En Espanol, upper left corner of screen for Spanish)

*Sponsored by the American Cancer Society and deals with survival issues, long term effects of treatment and general support.*

### **Healthfinder**

[www.healthfinder.gov](http://www.healthfinder.gov)

*An award winning Federal Website for consumers, providing on-line publications, clearinghouses, databases, websites, support and self-help groups, as well as government agencies and not-for-profit organizations that produce reliable information to the public.*

### **Krames Patient Education**

(800) 333-3032

1100 Grundy Lane

San Bruno, CA 94066-3030

[www.krames.com](http://www.krames.com)

*One-stop-shop for client education materials in a variety of print and electronic formats available for purchase.*

### **Livestrong Foundation**

[www.livestrong.org](http://www.livestrong.org)

*Lance Armstrong's web site that provides information and encouragement to all cancer clients in partnership with Patient Advocate foundation.*

### **MammaCare Corporation**

(352) 375-0607

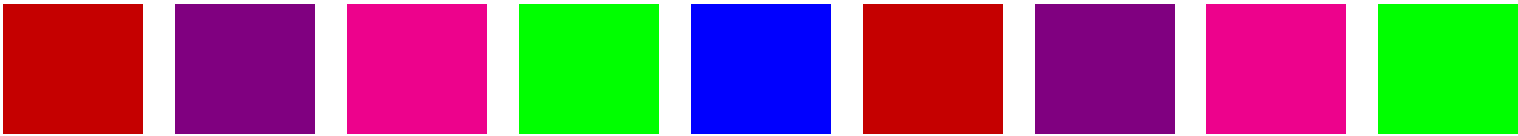
930 Northwest 8th Avenue

Gainesville, FL 32601

[www.mammacare.com](http://www.mammacare.com)

*Provides breast models, clinical breast exam and breast self-exam interactive training systems for both public and professional education. Includes adaptive learning systems for visually and hearing impaired clients. Certified clinical breast examiner training courses are also offered.*





These resources are intended to provide information and are not necessarily endorsed by the Programs.

# PROFESSIONAL AND PUBLIC CANCER EDUCATION & INFORMATION RESOURCES *(continued)*

## Medicare Helpline

CIMRO of Nebraska  
Medicare Rights Helpline  
(800)633-4227 - say the word “Agent” to speak with someone  
*Consumer Questions Regarding Medicare*

## Medline Plus

[www.medlineplus.gov](http://www.medlineplus.gov)  
*A service of U.S. National Library of Medicine and the National Institutes of Health. Site contains information on more than 650 health topics, drug information, a medical encyclopedia, and dictionary, as well as directories, current news and interactive tutorials. (Select articles available in 40 different languages, downloadable in PDF format.)*

## Medscape

[www.medscape.com](http://www.medscape.com)  
*Offers patient and professional information, free professional education including CME’s and CEU’s for healthcare providers, conference coverage, and discussion boards.*

## National Breast Cancer Coalition

(202)296-7477 or (800)622-2838  
[www.natlbcc.org](http://www.natlbcc.org)  
*A national advocacy group that lobbies for increased research funding, access to medical services, and education. Also provides “Guide to Breast Cancer Care” online, which is based on 6 core elements of values, access, information, choice, respect, accountability, and improvement.*

## National Cancer Institute -- Cancer Information Service (NCI -- CIS)

(800)4-CANCER or (800)422-6237  
(Spanish language services available)  
[cancernet.nci.nih.gov](http://cancernet.nci.nih.gov)  
*Supported by the National Cancer Institute to provide accurate and up-to-date information on cancer to clients and their families, healthcare providers and the general public. The NCI can also assist with smoking cessation. The quitline is 1-877-448-7848. (Educational Brochures Available)*

## Nebraska Cancer Research Center

Lincoln, Nebraska  
(402)483-2827 or (800)487-8786  
*Focuses on clinical trials, provides a wig bank and referrals to community resources.*

## National Coalition for Cancer Survivorship

(301)650-9127  
(Spanish language services available)  
(877)622-7937  
(Toll free to order publications only)  
[www.canceradvocacy.org](http://www.canceradvocacy.org)  
*Provides information about survivorship and sources of support for cancer survivors and their families. Their mission is to advocate for quality cancer care for all people touched by cancer.*

## National Comprehensive Cancer Network

(215)690-0300  
[www.nccn.org](http://www.nccn.org)  
*NCCN is an alliance of 21 of the world’s leading cancer centers, working together to develop treatment guidelines for most cancers, and dedicated to research that improves the quality, effectiveness and efficiency of cancer care. Clinical practice guidelines for healthcare providers and cancer treatment and supportive care guidelines for clients and their families are found on this website.*





These resources are intended to provide information and are not necessarily endorsed by the Programs.

## PROFESSIONAL AND PUBLIC CANCER EDUCATION & INFORMATION RESOURCES (*continued*)

### **National Lymphedema Network**

(800)541-3259

[www.lymphnet.org](http://www.lymphnet.org) - email: [nin@lymphnet.org](mailto:nin@lymphnet.org)

*Provides complete information for clients, health-care providers and the general public on prevention and treatment of lymphedema.*

### **National Women's Health Information Center**

[www.4woman.gov](http://www.4woman.gov)

*Gateway for women's health resources and materials for consumers and professionals. Maintained by the U.S. Dept. of Health & Human Services.*

### **National Women's Health Network**

(202)682-2640

[www.nwhn.org](http://www.nwhn.org)

*Provides newsletters and position papers on women's health topics. Conducts paper research and is a strong voice for women's health.*

### **Office of Health Disparities & Health Equity**

(402)471-0152

[www.dhhs.ne.gov/minorityhealth](http://www.dhhs.ne.gov/minorityhealth)

*The Office of Health Disparities and Health Equity (OHDHE) works to equalize health outcomes and eliminate health disparities in Nebraska and works with local and regional health agencies, other state agencies, faith-based organizations, and community-based organizations, to develop minority health training materials, and assist and support minority grantees and organizations working on minority health activities.*

### **Oncolink**

[cancer.med.upenn.edu/](http://cancer.med.upenn.edu/)

*Comprehensive Cancer resource maintained by the University of Pennsylvania Cancer Center. Many links to medical information, psychosocial support, discussion lists, journals and cancer news.*

### **The Nebraska Medical Center, Omaha, Nebraska**

(800)922-0000

[www.nebraskamed.com/services/cancer](http://www.nebraskamed.com/services/cancer)

*Information on types, diagnosis and treatment of different cancers. Very informative for both healthcare providers and clients.*

### **Patient Services Center**

1-888-227-6333

*Case managers assist clients to find resources and financial services.*

### **Physician Data Query (PDQ)**

(800)422-6237

[www.cancer.gov/cancertopics/pdq/cancerdatabase](http://www.cancer.gov/cancertopics/pdq/cancerdatabase)

*National Cancer Institutes comprehensive database - contains peer-reviewed summaries on cancer screening, prevention, genetics, treatment, supportive care, and cancer clinical trials from around the world.*

### **Susan G. Komen Breast Cancer Foundation**

(877)GO-KOMEN - (877)465-6636 (toll free)

(402)502-9279 (Omaha)

(212)712-8027 (for men with breast cancer)

(Spanish language services available)

[www.komen.org](http://www.komen.org)

*Dedicated to advancing research, education, screening and treatment of breast cancer*

**(Educational Brochures Available)**

### **Y-ME, National Breast Organization**

(800) 221-2141 (English) or (800) 986-9505

(Spanish)

[www.y-me.org](http://www.y-me.org)

*A national breast cancer survivor support network. Whenever possible, trained breast cancer survivors are matched to callers by background and experience. Wig and prosthesis bank available.*

### **Young Survival Coalition**

(877)972-1011

[www.youngsurvival.org](http://www.youngsurvival.org)

*An international non-profit for breast cancer survivors and supporters with a focus on women under 40. The Young Survival Coalition's (YSC) educational programs are designed to reach not only our core audience of young women affected by breast cancer but also members of the medical community, friends, family members, caregivers, the breast health community, healthy young women and the general public.*







These resources are intended to provide information and are not necessarily endorsed by the Programs.

# PROFESSIONAL AND PUBLIC CARDIOVASCULAR/DIABETES EDUCATION AND INFORMATION RESOURCES

**WISEWOMAN (Well-Integrated Screening and Evaluation for Women Across the Nation)**  
[www.cdc.gov/wisewoman](http://www.cdc.gov/wisewoman)

**Chronic Disease Management:**  
**Living Well** (Stanford’s Chronic Disease Self-Management Program), a free 6-week program for Nebraskans with or taking care of someone with a chronic disease.  
[www.livingwellne.org](http://www.livingwellne.org)

**Diabetes:**  
**American Diabetes Association Clinical Practice Recommendations**  
For answers to questions call (800) 342-2283  
[www.professional.diabetes.org/ResourcesForProfessionals.aspx?cid=84160](http://www.professional.diabetes.org/ResourcesForProfessionals.aspx?cid=84160)

**CDC Diabetes:** (800)232-4636 [www.cdc.gov/diabetes](http://www.cdc.gov/diabetes)  
•Diabetes Prevention Program: [www.cdc.gov/diabetes/prevention/index.htm](http://www.cdc.gov/diabetes/prevention/index.htm)

**Find a Diabetes Educator** (American Association of Diabetes Educators) (800)338-3633  
[www.nf01.diabeteseducator.org/eweb/DynamicPage.aspx?Site=AADE&WebCode=AADEDiaEduDirectory](http://www.nf01.diabeteseducator.org/eweb/DynamicPage.aspx?Site=AADE&WebCode=AADEDiaEduDirectory)

**National Diabetes Education Program:** has materials, videos, ads, etc to educate people on diabetes, includes resources in many languages and for specific target audiences as well as general public. All information is copyright-free and can be readily used and distributed. (800)860-8747 <http://ndep.nih.gov/>

**Nebraska Diabetes Prevention and Control Program, DHHS**  
(402)471-4411 or (800)745-9311 (ask for Diabetes)  
[www.dhhs.ne.gov/diabetes](http://www.dhhs.ne.gov/diabetes)

**Heart Disease and Stroke:**  
Million Hearts Initiative: <http://millionhearts.hhs.gov/index.html>

CDC Heart Disease and Stroke Prevention: (800)232-4636 <http://www.cdc.gov/dhdsp/>

Nebraska Heart Disease and Stroke Prevention: (800)745-9311  
<http://dhhs.ne.gov/publichealth/HDSP/Pages/Home.aspx>

**Free or Low-Cost Medication Access:**  
**340B Drug Pricing Program & Pharmacy Affairs** - Health Resources and Services Administration (HRSA) requires drug manufacturers to provide outpatient drugs to eligible health care organizations/covered entities at significantly reduced prices. These entities include Federally Qualified Health Centers (FQHCs), Critical Access Hospitals, Local Health Departments, and more. Check the link below for a full list of eligible organizations/covered entities. <http://www.hrsa.gov/opa/index.html>

**Federal Trade Commission (FTC)** - FTC provides useful consumer information regarding prescription savings programs and generic drugs.  
<http://www.consumer.ftc.gov/articles/0063-generic-drugs-and-low-cost-prescriptions>



These resources are intended to provide information and are not necessarily endorsed by the Programs.

## PROFESSIONAL AND PUBLIC CARDIOVASCULAR/DIABETES EDUCATION AND INFORMATION RESOURCES

### Free or Low-Cost Medication Access: *(continued)*

**Medicare Information** - Information about the specific drug plans available in a particular area and about Medicare drug plans in general are available at 1-800-MEDICARE (1-800-633-4227). [www.medicare.gov](http://www.medicare.gov)

**NeedyMeds** - NeedyMeds keeps up-to-date information from pharmaceutical companies on patient assistance programs. (800)503-6897 <http://www.needymeds.org/>

**Partnership for Prescription Assistance** - Helps you access public or private programs most likely to meet your needs. The Partnership for Prescription Assistance offers a single point of access to more than 475 public and private patient assistance programs, including more than 150 programs offered by pharmaceutical companies. Eligibility requirements vary from program to program. Contact the Partnership for Prescription Assistance toll-free at 1-888-331-1002 or at [www.pparx.org](http://www.pparx.org).

**Retail Prescription Program** - Many retail outlets such as Bakers, CVS, Hy-Vee, Rite-Aid, Target, Wal-Mart, and Walgreens offer low-cost medication options. Many discount and retail stores offer prescriptions as low as \$4.00 for a 30-day supply. The local pharmacy or local health department may also make low-cost medication available.

**RxAssist** - Funded by The Robert Wood Johnson Foundation, RxAssist is a web based medication resource center for providers, advocates, consumers, and caregivers. [www.rxassist.org/providers](http://www.rxassist.org/providers)

**RxHelper** - Our mission is to increase awareness of patient assistance and boost enrollment of those who are eligible through a variety of prescription assistance programs. (877)767-3297 [www.therxhelper.com](http://www.therxhelper.com)

**Rx Hope** - RxHope contracts directly with pharmaceutical companies to provide an electronic application process for their patient assistance programs. RxHope provides this service to physicians and patients free of charge. [www.rxhope.com/](http://www.rxhope.com/)

**Rx Outreach** - A nonprofit charity that provides critical medicine for people who can't afford it. Offers more than 500 medications through mail order pharmacy delivered to all 50 states. With support of generous donors, Rx Outreach helped more than 85,000 people each year get the medications they need to stay healthy. (800)769-3880 [www.rxoutreach.org](http://www.rxoutreach.org)

**Note:** Links to non-Federal organizations in this document are provided solely as a courtesy to providers. These links do not constitute endorsement of these organizations or their programs by EWM or the Federal government, and none should be inferred. EWM is not responsible for the content of the individual organizations' web pages found at these links.

### Tobacco Cessation:

Tobacco Free Nebraska [www.quitnow.ne.gov](http://www.quitnow.ne.gov)

- Nebraska Tobacco Quitline Fax Referral Form <http://bit.ly/2mMHjnK>

Smokefree.gov [www.smokefree.gov](http://www.smokefree.gov)

- Smoke Free Women <http://women.smokefree.gov/>
- Smoke Free Espanol <http://espanol.smokefree.gov/>







# Glossary

**1<sup>st</sup> Degree relative:** a first degree relative is defined as a parent, brother, sister, or child.

## A

**Arthritis:** Inflammation of a joint or joints.

**ASC-US:** Acronym for Atypical Squamous Cells of Undetermined Significance. This is a category from the Bethesda classification system that involves the reporting results of cervical cytology.

**ASC-H:** Acronym for Atypical Squamous Cells: Cannot Exclude High-Grade SIL. This is a category from the Bethesda classification system that involves the reporting results of cervical cytology.

**Assessment Incomplete:** The exam or testing done has not provided the radiologist with a definitive diagnosis. Further testing or follow up exam needed. This refers to mammography.

**Assessment Referral:** a client who does not meet eligibility requirements for colon cancer screening due to having one or more of the following conditions: rectal bleeding, Familial Adenomatous Polyposis (FAP), Hereditary Non Polyposis Colon Cancer (HNPCC), or Inflammatory Bowel Syndrome (IBS) and is referred back to the primary care physician or genetic counselor for assessment or management of their condition.

**Atherosclerosis:** Deposits of yellowish plaques containing cholesterol and lipid material that form inside large and medium sized arteries.

**Automated Computer Tracking System (ACTS):** The computer database where information for EWM/NCP clients is recorded and stored.

## B

**Barriers:** Any problem or obstacle that could potentially prevent a client from obtaining necessary screening or treatment (e.g., no transportation, no child care, language barriers that may require an interpreter, etc.)

**Blood Glucose:** The main sugar that the body makes from the three elements of food – proteins, fats, and carbohydrates.

**Blood Pressure:** The force that the circulating blood exerts on the walls of the arteries.





**B** *(continued)*

**Body Composition:** The relative amounts of muscle, fat, bone, and other anatomical components that contribute to a person’s total body weight.

**Body Mass Index (BMI):** A measurement of body mass that is correlated with skinfold thickness and body density.

**BSE:** Acronym for Breast Self-Exam.

**Breast Biopsy:** The removal and examination, usually microscopically, of breast tissue.

**Breast Ultrasound:** A test that uses ultrasonic waves to scan the breast.

**C**

**Cancer-in-situ:** Cancer cells are confined to the original site.

**Cardiovascular:** Pertaining to the heart and blood vessels.

**Case Management:** Coordinated efforts and services intended to assure that a woman receives screening services in the EWM program and, if needed, diagnostic and/or treatment services.

**CCD:** Acronym for Clinical Cardiovascular Disease.

**CDC:** Acronym for Centers for Disease Control and Prevention.

**Cervical Biopsy:** The removal and examination, usually microscopically, of cervical tissue

**CHD:** Acronym for Coronary Heart Disease.

**Cholesterol:** A waxy, fat-like substance present in every cell in the body and in many foods.

**CIN:** Acronym for Cervical Intraepithelial Neoplasia

**CIN I:** Mild dysplasia

**CIN II:** Moderate dysplasia

**CIN III:** Severe dysplasia, cancer in situ

**CIS:** Acronym for Cancer In Situ

**Clinical Breast Exam:** An exam of the breast by a clinician.

**Colonoscopy:** A procedure that allows a doctor to see inside the large intestine to find polyps or cancer. During this procedure, the doctor can remove polyps and some very early stage colon cancers.

**Colposcopy:** An examination of the cervix through a magnifying device to detect abnormal cells.

**Colposcopy with directed biopsy:** Examination of the cervix through a magnifying device with biopsies taken of suspicious areas on the cervix at the time of the exam.

**Conization (Cone):** Excision of a cone-shaped piece of tissue from the cervix. Also called cone biopsy.





### **C (continued)**

**Co-Testing:** The combination of Pap cytology plus HPV DNA testing method for women 30-65 years old.

**Consultation:** Meeting of clinician and client to discuss abnormal screening examination, diagnostic plan and/or treatment options.

**CVD:** Acronym for Cardiovascular Disease.

**Cyst:** Any closed cavity or sac, normal or abnormal, lined by epithelium, and especially one that contains a liquid or semisolid material.

### **D**

**Diabetes:** Diabetes mellitus is a chronic syndrome of impaired carbohydrate, protein, and fat metabolism due to insufficient secretion of insulin or to target tissue insulin resistance.

**Diagnostic Mammogram:** Breast x-rays, which generally include four views of the breasts. Performed when any or all of the following reasons/conditions are present: palpable mass, pain, discharge, and/or breast implants. Also performed as a follow-up exam for suspicious findings obtained during physical examinations or screening mammograms.

**Diagnostic Referral:** a client who has a positive finding on FOBT or according to eligibility criteria is more appropriately screened with colonoscopy and is referred to an Endoscopist.

**Diagnostic Services:** Services rendered to a client who needs follow up after a screening visit that resulted in an abnormal finding.

**Double Contrast Barium Enema (DCBE):** also called barium enema with air contrast. A method used to help diagnose colorectal cancer. Barium sulfate, a chalky substance, is used to partially fill and open up the colon. When the colon is about half-full of barium, air is inserted to cause the colon to expand. This allows x-ray films to show abnormalities of the colon.

**Dyslipidemia:** Disorders of lipoprotein metabolism, including lipoprotein overproduction or deficiency.

**Dysplasia:** Abnormalities of cells or tissue signifying preneoplastic changes characterized by changes in the nucleus and cytoplasm of a cell.

### **E**

**Endocervical Curettage:** The removal of tissue from the inside of the cervix using a spoon-shaped instrument called a curette.

**EWM:** Acronym for Every Woman Matters.

### **F**

**Familial Adenomatous Polyposis (FAP):** a hereditary condition that is a risk factor for colorectal cancer. People with this syndrome develop polyps in the colon and rectum. Often these polyps become cancerous.

**Fasting:** Abstaining from all food and drink.

**Fecal Occult Blood Test (FOBT):** a test for hidden blood in the stool. Hemoccult Sensa II test kits will be used for the Nebraska Program.





**F (continued)**

**Fibromyalgia:** A disorder characterized by muscle pain, stiffness, and chronic fatigue.

**Fine Needle Aspiration:** A method for obtaining cell samples from internal body sites through the utilization of a long needle and syringe.

**Flexible Sigmoidoscopy:** A procedure in which a doctor can look into the rectum and the descending portion of the colon for polyps or other abnormalities.

**Follow Up Visit:** A scheduled repeat visit with a client to reevaluate a condition that was noted at the screening visit.

**G**

**Gout:** Recurrent acute arthritis of peripheral joints caused by the accumulation of monosodium urate crystals.

**H**

**HDL:** Acronym for High-Density Lipoproteins which carry cholesterol in the blood stream.

**Healthy Lifestyle Questionnaire (HLQ):** A behavior and health assessment that is completed by the client at the screening visit that aids the clinician in determining the need for lifestyle interventions to reduce the risk of CVD and diabetes.

**Heart Failure:** A condition where there is insufficient pumping of the heart leading to an accumulation of fluid in the lungs.

**Hereditary Non Polyposis Colon Cancer (HNPCC):** people with this condition tend to develop cancer at a young age without first having many polyps.

**High Grade SIL:** Acronym for a category from the Bethesda classification system that involves high-grade Squamous Intraepithelial Lesions of the cervix that are characterized by moderate to severe dysplasia or CIS.

**HPV:** Acronym for Human Papilloma Virus which is a species of virus that has been associated with the development of cervical cancer.

**Hypertension:** Persistently high arterial blood pressure.

**Hysterectomy:** Surgical removal of the uterus.

**I**

**Inflammatory Bowel Disease (IBD):** chronic inflammatory bowel disease (ulcerative colitis or Crohn’s disease) is a condition in which the colon is inflamed over a long period of time and may have ulcers in its lining. This increases a person’s risk of developing colon cancer.

**Invasive Carcinoma:** Cancer that has spread to other areas of the body from its point of origin.

**Invasive Cervical Cancer:** Cancer that originated in the cervix and has spread to other parts of the body.

**Intervention:** Any measure intended to improve health or alter the course of a disease.

**Irritable Bowel Syndrome (IBS):** A common disorder that affects the large intestine (colon).





## L

**LDL:** Acronym for Low-Density Lipoproteins, which are a combination of a fat and a protein which acts as a carrier for cholesterol and fats in the bloodstream.

**LEEP:** Acronym for Loop Electrosurgical Excision Procedure, which is used to remove abnormal cervical tissue.

**Left Ventricular Hypertrophy:** An enlargement of the left pumping chamber of the heart.

**Lifestyle Intervention:** A conscious change in patterns of eating, exercise or unhealthy habits (e.g., smoking, alcohol intake) to produce a positive change in a person's overall health.

**Lipid Panel:** A group of blood tests that determines risk of coronary heart disease; includes total cholesterol, HDL, LDL, and triglycerides.

**Liquid Based Cytology:** Method of collection for cervical cytology by liquid suspension (e.g., Thin Prep, Sure Path, etc.)

**Low Grade SIL:** Acronym for a category from the Bethesda classification system that involves low-grade Squamous Intraepithelial Lesions that are characterized by mild squamous atypia or mild dysplasia on Pap tests.

**Lupus:** A local or systemic disease that results from an autoimmune mechanism.

## M

**Magnetic Resonance Imaging (MRI):** A technique that uses a magnetic field and radio waves to create detailed images of the organs and tissues within the body.

**Malignancy:** A cancer, especially one with the potential to cause death.

**Mammogram:** A breast screening process/ x-ray of the breast.

**Mastectomy:** A surgical procedure removing all or parts of the breast tissue.

**Metastasis:** Transfer of a cancer cell from an original site of disease to another part of the body with the development of a similar cancer in the new location.

**Metastasisize:** Spread to other parts of the body.

**Metastatic Breast Cancer:** Cancer that originated in the breast and has spread to other parts of the body.

## N

**Needle Core Biopsy:** Type of biopsy in which a needle is inserted into the lump under local anesthesia.

**Neoplasia:** New growth, usually refers to abnormal new growth and thus means the same as tumor, which may be benign or malignant.

**Nephropathy:** Any disease of the kidneys.

**Nutritional Assessment:** The process of assessing an individuals nutritional status by evaluating dietary intake for a period of time.



## O

**Obese:** Having a body mass index (BMI) of 30 or above.

**Outstanding:** Over due, not submitted within prescribed time frames.

## P

**Palpable mass:** A mass that can be felt by palpation.

**Pap Test:** (Papanicolaou Smear) A screening test of the cells of the cervix used to detect early cervical abnormalities.

**PBF:** Acronym for short-term probable benign follow up.

**Pelvic Exam:** An internal physical examination used to detect a variety of gynecological disorders. Includes a visual inspection of the vagina and cervix as well as palpation of the uterus and ovaries.

**PAD:** Acronym for Peripheral Arterial Disease, which is a condition similar to coronary artery disease. In PAD, fatty deposits build up along artery walls and affect blood circulation, mainly in arteries leading to the legs and feet.

**Polyp:** Growth, usually benign, protruding from a mucous membrane.

**Primary Healthcare Provider (PCP):** the doctor a person would normally see first when a problem arises. A primary care doctor could be a general practitioner, a family practice doctor, a gynecologist, a pediatrician, or an internist.

**Preparation:** 1-2 days before a colonoscopy, the process of cleaning out your bowels.

## Q

**Quality Assurance:** Necessary to determine how well needs and expectations are met within available resources, involving all staff members to develop various approaches to implement actions to improve services.

## R

**Risk Factors:** An aspect of personal behavior or lifestyle, environmental exposure, or inherited characteristic which, on the basis of epidemiologic evidence, is known to be associated with a health related condition considered important to prevent.

## S

**Screening Cycle:** A screening cycle begins when a client has a breast or cervical screening exam along with a cardiovascular screening exam on the EWM Program and ends with one of the following:

- normal screening results
- definitive diagnosis of not cancer
- initiation of treatment if client diagnosed with cancer or precancer
- completion of a lifestyle intervention if referred

**Screening Guidelines:** Screening requirements for Every Woman Matters (EWM) for reimbursement by program funder.

**Short term Probable Benign (PBF):** Probably benign follow up, favorable for recovery, but requiring short term follow up. This refers to mammography.





## **S (continued)**

**STD:** Sexually Transmitted Disease

**STI:** Sexually Transmitted Infection

**Stereotactic Biopsy:** Method of obtaining tissue which combines mammography and computer-directed needle placement to evaluate an abnormality that can be seen on a mammogram, but the clinician can't palpate.

**Suggestive of Malignancy:** Probability of malignancy is great and immediate follow up is needed. This refers to mammography.

**Supplantation:** In reference to grant programs that require an assurance that grant funds will be used to supplement and not replace the non-Federal funds that would otherwise be made available for that activity or purpose.

**Suspicious Abnormality:** Abnormality that has a high probability of a cancer diagnosis, (biopsy usually recommended) requiring immediate follow up. This refers to mammography.

## **T**

**Target Organ Damage:** Structural alterations of target organs such as the heart, the brain, the kidney and the arterial vessels that is the result of untreated hypertension which may lead to myocardial infarction, stroke, congestive heart failure, sudden renal failure or death.

**Tracing Service:** Service employed by EWM state program to locate women deemed lost to follow up; used as