

General Policies

(Section A)

Nebraska Department of Health and Human Services
Every Woman Matters
Program Policies

Begin Date: July 1993

Revised Date: November 2008

Review Date: November 2008

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 (no imaging will be reimbursed prior to referral to surgeon). 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, Section 1 and 2)

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 (blue) or the Breast Diagnostic Enrollment/Follow Up and Treatment Plan form (goldenrod). 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
Every Woman Matters
Program Policies

Begin Date: July 1993
Revised Date: November 2008
Review Date: November 2008

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 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.

Planned Parenthood Clinics do not have to submit the Treatment Funds Request form if they do Presumptive Eligibility for Medicaid.

Submit Breast and Cervical Cancer Medicaid Supplement Form, Treatment Request Form, Diagnostic Enrollment/Follow Up and Treatment Plan form, client photo identification and copy of birth certificate if not born in Nebraska, copy of the Pathology Report, and Billing for diagnostic procedure **all together once treatment has been initiated.**

Nebraska Department of Health and Human Services
Every Woman Matters
Program Policies

Begin Date: July 1997

Revised Date: November 2008

Review Date: November 2008

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 on pages 3-1 through 3-21 as long as they remain income- and insurance-eligible.

Nebraska Department of Health and Human Services
Every Woman Matters
Program Policies

Begin Date: March 2002

Review Date: November 2008

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.

Nebraska Department of Health and Human Services
Every Woman Matters
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Begin Date: July 2003

Revised Date: November 2008

Review Date: November 2008

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.

Non-Nebraska healthcare providers can not enroll non-Nebraska residents to participate in the program. Non-Nebraska residents who routinely seek care outside of Nebraska should be referred to that states' National Breast and Cervical Cancer Early Detection Program.

Nebraska Department of Health and Human Services
Every Woman Matters
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Begin Date: July 2004

Revised Date: July 2005

Review Date: October 2008

Program Eligibility of Women with Medicare Coverage

All clients, with Medicare Coverage Part B, are no longer eligible for Enrollment into the Every Woman Matters (EWM) program effective July 1, 2005. The program is restricted from serving these women with Federal dollars.

Clients may be seen for screening services, if they present with program issued Screening Visit Cards. No Screening Visit Cards will be issued to any woman who reports having coverage with Medicare Part B effective July 1, 2005.

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Every Woman Matters
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Begin Date: July 1997

Revised Date: July 2005

Review Date: November 2008

Temporary Enrollment for Diagnostic Services

Clients 18 through 39 years of age who meet income- and insurance-eligibility guidelines may temporarily enroll in Every Woman Matters (EWM) to receive diagnostic services following the Breast or Cervical Diagnostic Enrollment guidelines on pages 2-2 through 2-5. 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
Every Woman Matters
Program Policies

Begin Date: March 1999
Revised Date: February 2007
Review Date: November 2008

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 (EWM) Central Office Case Managers can make approvals at 1-800-532-2227.

Nebraska Department of Health and Human Services
Every Woman Matters
Program Policies

Begin Date: June 2000
Revised Date: March 2002
Review Date: November 2008

Claims to be Held 3 Months

Claims that have been received by the Every Woman Matters (EWM) program, but have remained unpaid for three months due to missing documentation will be returned to the healthcare provider and deleted from the EWM system. If the claim is for payable services the claim can be resubmitted within 30 days with the proper documentation as long as it meets the Timely Submission of Claims and Documentation policy stated on page 10 A-10.

Claims submitted within 30 days with dates of service greater than 120 days and not payable due to missing documentation will be returned. These claims may be resubmitted with proper documentation as long as it meets the Timely Submission of Claims and Documentation Policy on page 10 A-10.

Begin Date: August 1998
Revised Date: February 2007
Review Date: November 2008

Timely Submission of Claims and Documentation

Claims for Every Woman Matters (EWM) services provided during a previous Fiscal Year (FY ends June 30) are no longer accepted after August 31 of the same calendar year (i.e., if a bill is received by EWM on December 10, 2008 for services provided on June 10, 2008, it is not payable and the healthcare provider cannot bill the client). Notification is sent by the EWM Billing Staff of the deadline annually. If the claim was for a service that EWM would have paid with proper documentation, the healthcare provider may not bill the client.

If you are looking for the policy “Minimal Standards for Abnormal Clinical Breast Exams (CBE),” as referenced on the Breast Diagnostic Enrollment/Follow Up and Treatment Plan as Policy 10-10, it is now located on page 10 B-3.

Nebraska Department of Health and Human Services
Every Woman Matters
Program Policies

Begin Date: January 2001

Review Date: November 2008

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.

Breast Policies

(Section B)

Nebraska Department of Health and Human Services
Every Woman Matters
Program Policies

Begin Date: August 1998

Revised Date: February 2007

Review Date: November 2008

Annual Clinical Breast Exams and Screening Mammograms for Clients Over 50 Years of Age

Every client 50 years of age and older who participates in Every Woman Matters (EWM) should receive a **clinical breast exam and a screening mammogram annually**. These exams should be appropriately documented on the Screening Visit Card. EWM will review all Screening Visit Cards to ensure clients over 50 receive a clinical breast exam and have a mammogram ordered annually. The goal is 90% of clients over 50 receive a clinical breast exam and have a mammogram. Those facilities not reaching this goal are subject to audit.

All clients, regardless of age, receiving a mammogram should have a clinical breast exam.

Nebraska Department of Health and Human Services
Every Woman Matters
Program Policies

Begin Date: August 1998

Revised Date: August 2000

Review Date: November 2008

Breast Smears Suspicious for Malignancy

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

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

Nebraska Department of Health and Human Services
Every Woman Matters
Program Policies

Begin Date: August 1998
Revised Date: November 2008
Review Date: November 2008

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:

- ⊙ Repeat CBE (preferably by a breast specialist)
- ⊙ Breast Ultrasound
- ⊙ Fine Needle Aspiration / Cyst Aspiration
- ⊙ Biopsy

*** Immediate follow up is required.**

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.

Begin Date: April 2009

Clinical Breast Exam (CBE) 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

- Reimbursement for breast ultrasound ordered by any clinician needs **preauthorization** for clients under the age of 40, **except** when recommended by a radiologist following a diagnostic mammogram in clients 30-39. **Preauthorization** of breast ultrasound approval is based on funding availability. Clinic staff are required to submit preauthorization information found on page 4 of the Breast Diagnostic Enrollment / Follow Up and Treatment Plan for Women 18-64.

Policies regarding reimbursement are based on available funding. They reflect efforts to deliver the most cost effective public health program serving populations that carry the heaviest disease burden and mortality.

- Computer Aided Detection (CAD) is **NOT** reimbursable.
- Magnetic Resonance Imaging (MRI) is **NOT** reimbursable.

Nebraska Department of Health and Human Services
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Begin Date: December 2008

**Clinical Breast Exam (CBE) in conjunction with
Mammography**

All clients in the Every Woman Matters (EWM) Program, receiving a mammogram, should have a clinical breast exam in conjunction with screening or diagnostic mammography. Mammography is not a stand-alone procedure.*

* Refer to The National Comprehensive Cancer Network Breast Cancer Screening and Diagnosis Guidelines, v.1.2008. www.nccn.org

Cervical Policies

(Section C)

Nebraska Department of Health and Human Services
Every Woman Matters
Program Policies

Begin Date: October 1994

Revised Date: November 2008

Review Date: November 2008

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 nor 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
Every Woman Matters
Program Policies

Begin Date: October 1994
Revised Date: July 2005
Review Date: November 2008

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. 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.

Nebraska Department of Health and Human Services
Every Woman Matters
Program Policies

Begin Date: December 1995

Revised Date: August 2000

Review Date: November 2008

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.

Nebraska Department of Health and Human Services
Every Woman Matters
Program Policies

Begin Date: September 2000

Revised Date: November 2008

Review Date: November 2008

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, Page 3 Section 1. (See Forms & Materials Section Page 11-4)

Nebraska Department of Health and Human Services
Every Woman Matters
Program Policies

Begin Date: December 2008

Cervical Cancer Screening

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

- **ONLY biennial (every 2 years)** cervical cancer screening with **Conventional Pap tests** or **Liquid-Based cytology** for clients with normal/benign results.
- In order for EWM to reimburse **every year** for a conventional or liquid-based 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 NOT reimburse for a Pap test if client has had a hysterectomy (with cervix removed) for benign reasons.

Begin Date: December 2008

Management of Women with Cervical Cytological 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 American Society for Colposcopy and Cervical Pathology (ASCCP) “2006 Consensus Guidelines for the Management of Women with Cervical Cytological Abnormalities.”

- **A description of the guidelines in line-by-line text recommendations** was published in the American Journal of Obstetrics and Gynecology (October 2007; 346-355). The **article and copies of the 2006 algorithms** are available to download under consensus guidelines for the management of women with cytological abnormalities on the ASCCP web site www.asccp.org.
- See algorithms in Cervical Protocols Section of this manual.
- Refer to the Cervical Diagnostic Enrollment/Follow Up and Treatment Plan form, Page 3 and 4 for reimbursable services (See Forms & Materials Section Page 11-4).

Note:

- EWM will **NOT** pay for HPV testing at the same time as the screening Pap test **UNLESS** that Pap test indicates ASC-US results. This is based on CDC’s reimbursement policy.
- If the 2006 ASCCP guidelines indicate cytology at 6 months and 12 months **or** HPV testing at 12 months, EWM will **ONLY** pay for HPV testing at 12 months.
- No 3-month Pap test surveillance/follow-up are indicated in the 2006 ASCCP guidelines, therefore EWM will **NOT** pay for these Pap tests.
- EWM Medical Advisory Committee strongly encourages HPV testing as follow-up to **all** screening Pap test results of **ASC-US**.
 - If HPV results are negative, follow-up is not needed. The client can resume routine screening according to 2006 ASCCP algorithms.
 - EWM will reimburse a return office visit for HPV testing if the client had a conventional Pap with ASC-US results, funded by EWM in last 3 months.

Nebraska Department of Health and Human Services
Every Woman Matters
Program Policies

Begin Date: December 2008

Management of Women with Cervical Histological Abnormalities

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

EWM will follow the American Society for Colposcopy and Cervical Pathology (ASCCP) “2006 Consensus Guidelines for the Management of Women with Cervical Histological Abnormalities.”

- **A description of the guidelines in line-by-line text recommendations** was published in the American Journal of Obstetrics and Gynecology (October 2007; 340-345). The **text from the article and copies of the algorithms** are available to download under consensus guidelines for the management of women with cervical intraepithelial neoplasia or adenocarcinoma in situ on the ASCCP web site www.asccp.org.
- See algorithms in Cervical Protocols Section of this manual.
- Refer to the Cervical Diagnostic Enrollment/Follow Up and Treatment Plan form, Page 3 and 4 for reimbursable services (See Forms & Materials Section Page 11-4).

Begin Date: November 2007
Review Date: November 2008

Utilizing State Pap Funds Under LB 321 2007, Section 107

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.

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

The only reimbursable services under the State Pap Program are office visits, Pap tests, and HPV tests (Digene Hybrid Capture II [high risk typing only], CPT code 87621) per 2006 ASCCP Guidelines. All office visits must be billed using approved AMA Claim Forms with appropriate diagnostic and CPT billing codes per EWM guidelines.

All office visits regardless of billed CPT code will be reimbursed at the rate equivalent to office visit codes 99203 and 99213.

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Every Woman Matters
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Begin Date: November 2007

Review Date: October 2008

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

- Client must have been screened through the State Pap Program.
- Refer to Breast or Cervical Diagnostic Enrollment/Follow Up and Treatment Plan form, Page 3, Section 2 for allowable diagnostic services. (See Forms & Materials Section Page 11-3 and 11-4)
- Client must receive or be referred for a service that is covered under EWM.
 - All services received must follow EWM 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 Breast or Cervical Diagnostic Enrollment/Follow Up and Treatment Plan will move client from the State Pap Program to Every Woman Matters Diagnostic Program.
- Client must reenroll in State Pap Program for future cervical screening.

Begin Date: March 1999

Revised Date: February 2007

Review Date: November 2008

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 (EWM) Central Office Case Managers can make approvals at 1-800-532-2227.

CVD/Diabetes Policies

(Section D)

Nebraska Department of Health and Human Services
Every Woman Matters
Program Policies

Begin Date: July 2006

Revised Date: November 2008

Review Date: November 2008

Access to Medications

The Every Woman Matters Program can not assist clients financially with any medications a provider may prescribe for clients. This is due to federal funding restrictions in place by the Centers for Disease Control and Prevention (CDC).

The EWM Program, in conjunction with the CDC has put together a brochure entitled “Your Medication Needs and the Every Woman Matters Program” available to clients within their screening materials. The brochure is also available on our web-site at www.dhhs.ne.gov/womenshealth/ewm.

Addressing access challenges while clients are receiving their health care exams may ensure compliance with provider medication prescriptions/recommendations. The EWM Program encourages providers to assist their clients with access to sliding fee scales, discounted drug programs and indigent drug programs.

In addition, the following resources have been highlighted in the brochure available to clients. Providers are asked to refer these resources and others which may be of benefit to their clients.

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.

Together Rx Access~

The Together Rx Access™ Card has been created to help qualified individuals and families without prescription drug coverage to save on brand-name prescription drugs and other prescription products, as well as save on a wide range of generic drugs. Eligibility criteria is as follows:

- Not eligible for Medicare
- No prescription drug coverage (public or private)
- Household income equal to or less than: \$30,000 for a single person, \$40,000 for a family of two, \$50,000 for a family of three, \$60,000 for a family of four, \$70,000 for a family of five.
- Legal U.S. resident

Contact the Together RX Access Program toll-free at 1-800-444-4106 or at www.TogetherRxAccess.com

Partnership for Prescription Assistance~

Helps you access public or private programs most likely to meet your needs. May be able to assist in enrollment in more than 475 patient assistance programs, access more than 2,500 medicines and learn how to contact government programs which you may also qualify for to help with prescription medication access. 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 1-888-477-2669 or at www.pparx.org

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Begin Date: July 2006
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Hgb A1c Testing for Clients age 40-64

Clients can have an Hgb A1c paid for by the Every Woman Matters (EWM) program **ONLY** if the client has been previously diagnosed with diabetes. These clients are eligible to receive an Hgb A1c in conjunction with their initial breast and cervical screening visit and/or at their second required screening visit. (See Page 10 D-3 for additional clarification).

Nebraska Department of Health and Human Services
Every Woman Matters
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Begin Date: December 2008

Cardiovascular/Diabetes (CVD) Screening

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

- Clients who have never been enrolled or screened at any time and are 40-64 years of age, will be eligible to receive an initial CVD screening in conjunction with the Breast and Cervical Screening visit.
 - The client should arrive at her appointment fasting. (No food or drink for 9 hours.)
- Clients will be eligible for a second required CVD screening at her next Breast and Cervical screening visit.
 - This visit will be indicated on the label found on the Screening Visit Card.
 - This visit should be 12-18 months after the initial screening visit.
- Previously screened clients who are due for annual rescreening, should be screened according to National Guidelines and based on client risk factors.

NOTE: A CVD screening includes all of the following at each visit:

- Height/weight measurements
- **Two** blood pressure readings
- Waist circumference measurement
- Fasting Total Cholesterol and HDL testing
- Fasting Blood glucose or an Hgb A1C if client is a known diabetic

(Cardiovascular/Diabetes (CVD) Screening Policy is continued on Page 10 D-4)

Begin Date: December 2008

Cardiovascular/Diabetes (CVD) Screening (continued)

- Only labs drawn for clients that meet the above eligibility requirements will be paid by the program. No other follow-up visits or lab work will be payable.

Lab Test	Normal	At Risk/Abnormal	Alert
Fasting Glucose	<100 mg/dL	>100, <375 mg/dL	>375 mg/dL
Total Cholesterol	<200 mg/dL	200-400 mg/dL	>400 mg/dL
HDL	40-59 mg/dL, >60 mg/dL	<40 mg/dL	
Systolic Blood Pressure	<120mm/Hg	120-180 mm/Hg	>180 mm/Hg
Diastolic Blood Pressure	<80 mm/Hg	80-110 mm/Hg	>110 mm/Hg

At a minimum, all clients eligible for CVD Screening must receive total cholesterol and HDL.

- Clients will receive Lifestyle Interventions (LSIs) according to her fasting lab values. NHANES (National Health and Nutrition Examination Survey), and NHLBI (National Heart, Lung, and Blood Institute) recommendations were used to identify alert values for the EWM program.
- Those clients with normal values, as indicated in the table, will be referred to no-cost/low-cost community resources.
- Those clients with at risk/abnormal values, as indicated in the table, will receive four months of intervention management with the Regional Lifestyle Interventionist.
- Those clients with alert values, as indicated in the table, will receive four months of intervention management with the Regional Case Manager.

Clarification:

- All labs must be completed at one time. Labs may be drawn up to two weeks prior to or after the breast and cervical screening visit.
- A CVD follow up visit is any visit that takes place other than at the time of a routine breast and cervical screening visit. A CVD follow up visit is **not** payable through the EWM program.
- A client may return for lab draw **ONLY** if she was not fasting at the initial lab visit. EWM will be monitoring healthcare provider offices to determine if there is a trend in non-fasting client arrivals and will follow up accordingly.
- EWM will **ONLY** pay for a Hgb A1C diabetic test for a client who is a known diabetic when the lab work is done at the time of a cholesterol test.
- Lifestyle Interventions (LSIs) include education and support aimed at improved health behaviors. Primary areas of focus are increased physical activity, improved nutrition and tobacco cessation.

