Provider Training Q&A

HLQ (Healthy Lifestyle Questionnaire)

1. How to email HLQ securely?
   We will research this and update once a procedure and protocol have been established.
2. Do we give them the HQL and they mail that in?
   For clients not currently enrolled in the EWM or NCP program; clinic staff can provide individual with the HLQ. Client can either complete and return in the enclosed envelope, or clinic staff may assist client and fax, email, or mail form into the program.
3. What will be the turnaround time once you receive the application, how long before the patient will know if they are eligible?
   We have set a standard of 7-14 days with 7 seven days being the goal.
4. How do we order HLQ forms they are not on the order form?
   The HLQ has been added to the order form and you may download it from our website. Or you can write in HLQ form on your existing form. When we send you your order we will send you a new order form.
5. Will already established patients have to fill out the HLQ form?
   Yes, as clients come due for their rescreening exams they are being sent the new HLQ. We will be sending out over 700 HLQs in the first week of July 2014.
6. If so will you mail the form to them or do we as a clinic do that?
   The program is responsible for mailing HLQs to individuals due for rescreening.
7. Will we get the HLQ by clinic or do we have to order this new forms now?
   You will have to order them. Not all clinics assist their clients in this way. We will be sending out a minimal amount upon request. This is a new process and we want to provide an opportunity to receive feedback from providers and clients before printing large quantities.
8. So I need to order HLQ forms for our clinic and give to patients. They fill it out and mail it back to your office and then you will review and then you will send out appropriate screening cards. Is this correct?
   Yes

Eligibility

1. Federal SAVE system – what works for qualified alien?
   Effective July 1, 2014, all qualified aliens who want to apply or use Every Woman Matters or the Nebraska Colon Cancer Screening Program will be **required** to provide a copy of their USCIS documentation, which must be verified through the Federal SAVE program.

   We CAN NOT accept Employment Cards. Clients wanting to participate will need to submit their **Permanent Resident card** and provide us with a readable copy of both sides.
   It is a State law that every individual who selects status of qualified alien must provide proof of status and be verified in the Federal Save system

2. If they check "I am a citizen of the United States", do we need to send any proof such as a government ID to prove citizenship?
   There is no documentation that must be included to verify status if individual marks that they are a citizen of the United States.
3. Is it too late to enroll if the patient has already been diagnosed with cancer?
   There is no clear answer for this question. We work through a number of questions prior to determine eligibility for women with prior diagnosis of cancer. These are handled on a case by case basis.
4. If they show up at clinic without their card can we call you to fax us one?
   If the client has completed a HLQ a screening card may be faxed to the clinic.
5. Do patients need to re-apply if their forms are expired?
   Clients sent rescreening cards from the program in May will have an expiration date of September on their card. You should no longer be seeing clients with old screening cards after September. You may still serve these clients. If a client presents with an expired screening card, she must complete an HLQ and a new screening card will be issued.
6. So I need to order HLQ forms for our clinic and give to patients. They fill it out and mail it back to your office and then you will review and then you will send out appropriate screening cards. Is this correct?
   Yes
7. So the HLQ will be mailed back with their screening card?
   After the program has gathered the appropriate data from the HLQ, the HLQ is sent as part of the screening packet back to patient to be reviewed by the health provider and is the clinic's copy to keep.
8. So there is no longer presumptive visits?
   That is correct.
9. What are the guidelines for patients with insurance?
   As of January 2014 insurance coverage should cover all preventive services with an A or B grade. Women with insurance will no longer be eligible to receive screening services under the program. These women are eligible for diagnostic services if needed as long as they meet income and citizenship guidelines. Co pays and deductibles would be applied to women receiving diagnostic work up.
10. At this time I have several patients daily who come in for a pap and we enroll them in EWM. Now if that happens, if I understand correctly, she will have to enroll through your office first and then reschedule to see me for whatever she qualifies for?
    That is correct.
11. Will you pay for Medicaid patients with a high spend down?
    If they mark on the HLQ that they have Medicaid they are ineligible, if they receive services under Medicaid and have been denied reimbursement due to spend down, the program will reconsider enrollment with an EOB that shows Medicaid denied the claim.

12. Can our clients from Iowa qualify?
    If they routinely come to you for care they would still qualify for the Every Woman Matters Program. They would not qualify for the State Pap Plus program.

13. What about clients who are considered "careful contact" and are receiving services without parental knowledge and are under parents insurance and not wanting them to be notified?
    If they mark on the HLQ that they have insurance they are not eligible.

Service Reimbursement

1. How does the program reimburse the physician office for services & how much is the reimbursement?
   There has been no changes in how we reimburse the office for services. Please see the provider manual on the website for further information.
2. Going forward, we send in the claim, screening card and medical records, correct?
   There has been no change in reimbursement process. Still need claim, screening card, and lab if your facility/clinic performed. No other documentation is required.
3. Would the client still be given the Mammography Order after completing their exam?
   Yes, women are still give the mammography order form if ordered by the clinician to take with her to the mammography facility.
4. Can they still come back for a blood draw, or does it have to be done date of service?
   The screening card state within 30 days.
5. With private insurance, what services would a patient still be eligible for with the EWM Program?
   Possibly diagnostic services if deductible has not been met.
6. What labs do you contract with for CVD and diabetes screening
   A listing of providers and labs is on the website.
7. What about if a patient had a pap or Mammogram done prior to doing the HLQ? Will EWM go back and pay if patient is eligible for pap or mammogram? If so what would be the time frame?
   For mammography only when done within 2 weeks of office visit and the HLQ has been completed.
8. Do you still cover breast ultrasounds and breast biopsies?
   Yes, see provider manual.
9. If a patient has elevated cholesterol or is newly diagnosed with diabetes or HTN, will EWM pay for any follow-up visits and are there any stipulations with it?
   Not at this time.
10. So on AODM patients will it only pay for a glucose or A1C not both???
    A1c only.
11. If I'm reading the form correctly, does the patient have to have cervical or breast screening services at same time as labs--they can't come in for labs only or for a separate lab appointment?
    They need to receive lab in conjunction with an office visit in which they received breast and or cervical cancer screening. They have 30 days from the office visit date. There is no reimbursement for a separate office visit. We will pay for venipuncture in which cholesterol and or glucose/A1c was drawn.
12. The screening form will come to us with the colon cancer screening form marked by your office
    Yes
13. Our physicians don't usually take the waist and hip circumference-should they start?
    Waist to hip ratio is an important tool that helps determine overall health risk. People with more weight around their waist are at greater risk of lifestyle related diseases such as heart disease

and diabetes than those with weight around their hips. It is a simple and useful measure of fat distribution

14. Is it ok to start getting the lab work for our patients again as of July 1st?
    Yes, provided we have issued a screening card.
15. Will the front label still be used to notify clinics what services the patient is eligible for?
    No, the card will state what services we can reimburse for.

16. Will hospital claim status forms change?
    No
17. If a patient forgets the screening form sent to them at home prior to an appointment, can we still call in to the program and get a faxed copy of eligibility?
    Yes, if the HLQ has been completed.
18. So women will not be eligible for a screening mammogram, potentially, until they are 50, if they do not have any risks?
    Program follows USPSTF recommendations graded A and B and CDC guidance allows for biennial screening mammography for the program for women 40-49 following the recommendation below with a C recommendation.

    - For mammography:
    - **The USPSTF recommends biennial screening mammography for women aged 50 to 74 years.**
      Grade: B recommendation.
      - **The decision to start regular, biennial screening mammography before the age of 50 years should be an individual one and take patient context into account, including the patient's values regarding specific benefits and harms.**
        Grade: C recommendation.

19. If a client that is enrolled and it is a year where they do not qualify for mammogram or Pap test will they receive any notification of this? Will they be notified when they are eligible for services?
    They will receive notice within 60 days of a preventive screening due date. We also will inform them if they would call the office directly.

Diagnostic Services

1. What if they already have an outside referral form from another provider office for breast cancer work-up but have not completed enrollment?
   Diagnostic enrollment is unchanged and can be done by the office staff through presumptive enrollment.
2. I have a patient scheduled today that had a pap done at another clinic that is HGSIL. She is only 20. Can I enroll her?
   Presumptive enrollment with the Cervical Diagnostic Form
3. So how would we enroll patients with a family history under 40? Diagnostic?
   MRI of the breast is the only screening test a woman under the age of 40 is eligible for. MRI must be preauthorized and requirements are strictly adhered to. See Breast Diagnostic Form for reimbursement requirements.

State Pap Plus Program

1. Can both men and women over 40 participate in the State Pap Plus Program?
   Enrollment age for State Pap Plus Program is for men and women is 18 and up.

2. Will the state pap still be entered into MEDIT?
   Any provider intending to serve over 50 clients on this program must register and be trained to enter their own data into MEDIT.
3. Are clients aware that they will be responsible for the cost of the STD testing and lab work?
   Clients can only be enrolled in the State Pap Plus Program through presumptive eligibility. The clinic would be responsible for offering the program to its patients and informing them of covered services.

4. What is the procedure for STD testing?
   The EWM program does not set procedures for collection or testing for STD. The only requirement for reimbursement under the program is that the required documentation and eligibility determination is received by the program.
5. Is State pap still only covering certain office visits for STD screening? We don't currently sign some up because the office visit doesn't qualify.
   The fee schedule for the State Pap Program has been amended. There is only one reimbursement rate ($25) regardless of what office visit is coded.

6. I would like to go back to the STD testing. You DO NOT pay for the actual tests, only the office visit?
   That is correct. Coverage is only for the office visit in which a STD is collected for chlamydia, gonorrhea, or syphilis.
7. Do you pay for the Paps on state pap program?
   Yes Pap tests are covered according to the guidelines starting at age 21.
8. What about the patients less than 30 years old for screening Paps?
   Women are eligible for screening Pap tests starting at age 21 through the State Pap Plus program. Women 40 years of age and older can enroll in the Every Woman Matters program for Pap tests. The program follows the ASCCP guidelines.

Program Materials

1. When will new versions of forms be available on line?
   They are available now.
2. Is all this in the new 2014 provider manual?
   Yes and it is available online now.
3. Will we get a copy of the training slides?
   These are posted
4. Could you also on the web recorded version, include some of the Q & A please
   Unfortunately we are missing a piece of software that allows us to convert the recording to a useable format for web use. We are working on obtaining the software.
5. Will we get the HLQ by clinic or do we have to order this new forms now?
   You should order them on the Materials order form.

6. On the reorder form what is the treatment funds request form?
   Sometimes we have or know about available funds for treatment for women who do not qualify for Medicaid. This form is the mechanism to ask for them. There is no guarantee about the availability of funds. This form also gathers information needed to refer a woman to Medicaid if eligible.

7. Can we get the slides and presentation for use with staff?
   The presentation is posted on the website and can be downloaded.
8. you sent a list of different materials we could order so what should we be ordering if we do any of these screenings but send patients out for the diagnostic part such as a ultra sound after a patient has an abnormal mammo

   You will need the mammography order form and the Breast Diagnostic Form. The mammography reporting form has Ultrasound listed as one of the diagnostic follow up tests.

9. Is there any information that the hospital can provide to patients that are currently inpatient? There are a lot of patients that could benefit from this program and I believe it could be beneficial to inform patients whether they're outpatient or inpatient.

   You could distribute the program bookmark, which informs individuals about the program. These are on the materials order form.